CO 730 Psychological Testing—Cognitive Intellectual Evaluation
Friday 1:15pm - 4:15pm
Instructor: Karen Mason, Ph.D.
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Office hours: Monday 10am-12pm; 2:30pm-3:30pm
Wednesday 8:00am-9:30am
Friday 10-10:30am, 12:15pm-1:15pm

We should take care not to make the intellect our god; it has, of course, powerful muscles, but no personality.
Albert Einstein

Course Description:
This course is designed to provide an introduction to the theoretical framework for and the process of cognitive assessment. Students will administer the Wechsler Intelligence scale for Children (WISC-IV) and the Wechsler Adult Intelligence scale (WAIS-IV). Three screening assessments for neurological and intellectual functioning will be reviewed: Mini Mental Status Exam (MMSE), Trail Making Test (Trails), and the Bender-Gestalt II (Bender).

Course Objectives
As a result of this course students will be able to:

1. Understand the concepts of intelligence and assessment.
2. Administer the WISC-IV, WAIS-IV, MMSE, Trails, and Bender.
3. Interpret the results of the assessments administered.
4. Write useful and comprehensive reports of intellectual assessment.
5. Understand the professional and ethical constraints involved in cognitive assessment.

Required Texts:
Publisher: San Diego


Course Fee
The $100 fee assessed during the registration process includes the use of assessment materials and scoring forms.

How to check out a kit
Kits must be reserved and signed out from Shiri Messina in the Counseling Office. Any one student may sign out only one kit at a time. Because of limited numbers of kits, we will have to work closely together.

Additional Resources of interest


Technical manuals for the Wechsler scales can be purchased from Harcourt Assessment
http://harcourtassessment.com/HAIWEB/Cultures/en-us/default

Everyone Loves Raymond Season #1 Episode #4 “Standard Deviation”

See http://www.indiana.edu/~intell/index.shtml for other sources

**Requirements**

Students are expected to attend **all** classes and to participate actively. *Students will discuss all absences with the instructor.* Students will complete all reading and other assignments. Discuss all late assignments with the instructor. One point will be deducted from all late assignments per day late (including the weekend) and will not be accepted more than 1 week late.

**Assignments**

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 WAIS-IV</td>
<td>10 points each (=30 points)</td>
</tr>
<tr>
<td>2 WISC-IV</td>
<td>10 points each (=20 points)</td>
</tr>
<tr>
<td>2 Trails</td>
<td>5 points each (=10 points)</td>
</tr>
<tr>
<td>1 MMSE</td>
<td>5 points each (=5 points)</td>
</tr>
<tr>
<td>2 Bender-Gestalt</td>
<td>5 points each (=10 points)</td>
</tr>
<tr>
<td>Presentation</td>
<td>15 points</td>
</tr>
<tr>
<td>Reading Statement</td>
<td>8 points</td>
</tr>
<tr>
<td>Devotional</td>
<td>2 points</td>
</tr>
</tbody>
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*Each student will present one 5-minute devotional on a biblical proverb.*

**5 Reports**

The assessment reports are short and **single-spaced** (3-4 pages, 10 pages maximum). Do not use APA style for this report. Use complete sentences. Develop a product that would be useful for the reader. Include the assessment protocol AND A CONSENT FORM. **See Report Guidelines below. (Also see in Sattler ch. 19)**

Report #1: WAIS-IV + Trails
Report #2: WAIS-IV + MMSE
Presentation on alternate Cognitive Assessment Instrument
Prepare a 20 minute presentation on one instrument from the following categories: IQ assessments, e.g., Stanford-Binet Intelligence Scales, Wechsler Memory Scale, Wechsler Preschool and Primary Scale of Intelligence, Kaufman Assessment Battery for Children, Shipley Institute of Living Scale, Raven’s Progressive Matrices; Adaptive, e.g., Vineland; Development Scales, e.g., Bayley, Denver, Devereux; Non-verbal assessments, e.g., Ravens, Leiter; ADHD/Frontal lobe functioning assessments, e.g., Conners, Continuous Performance Tests, Wisconsin Card Sorting Test; Achievement assessments, e.g., Wide Range Achievement Test, Woodcock-Johnson, Differential Ability Scales. Your presentation should include what it measures, sample items, relevant information on the scoring process, and pros and cons of this assessment instrument.

Course Outline with Assignments
All assignments are due the day listed by 4pm.

January 29 Review syllabus. Intelligence vs. wisdom; the importance of standardization; WAIS-IV; standard deviations and confidence intervals.
  1. Read Sattler chapters 14 & 15

February 5 WAIS-IV scoring lab; screening instruments; screening instrument scoring lab
  1. Have a WAIS-IV protocol completed
  2. Read Sattler chapter 19
  5. Go to http://www.angelfire.com/retro/michaelpoon168/trail_making_test.htm or dop.hawaii.edu/resources/Trail%20Making%20Test.pdf for a printable version of Trails

February 12 WISC-IV
  1. Read Sattler chapters 9, 10, 11
  2. Turn in Report #1

February 15-19 Reading Week

February 26 The importance of a relevant history and observations during assessment, making predictions and recommendations; WISC-IV scoring lab; selecting an assessment strategy
  1. Have a WISC-IV protocol completed
  2. Read Sattler chapter 1

March 5 Measurement issues; the constructs of intelligence and emotional intelligence
  1. Turn in Report #2
  1. Read Sattler chapter 4
  2. Optional: take an EQ test at www.queendom.com

March 12 Theories of intelligence
  1. Read Sattler chapters 7 & 8
  2. Go to http://viscog.beckman.uiuc.edu/media/mindhacks.html and view the basketball video. Count how many times the people with WHITE shirts pass the basketball to each other.
March 17 6pm Light supper at my house: 11 Lanes End, Ipswich

March 19 Multiple intelligences versus single “g”; ethical and legal issues
1. **Turn in Report #3**
3. Read Sattler chapters 2 & 3

March 22-26 Reading Week

April 9 Diversity issues; cases.
1. Read Sattler chapters 5
2. Optional: go to https://implicit.harvard.edu/implicit “Demonstrations” and complete the RACE IAT

April 16 Nature versus nurture; diagnosis
1. **Bring a DSM-IV to class**
2. **Turn in Report #4**
3. Read Sattler chapter 6
5. Read DSM-IV criteria for Learning Disorders: 315.00, 315.1, 315.2, 315.9; ADD/ADHD: 314.01, 314.00, 314.01, 314.09, Mental Retardation: 317, 318.0, 318.1, 318.2 and on Delirium (293.0) and Dementia: 290.00-290.43, 294.1, 294.9

April 23 Alternate assessment instruments
1. **Presentations on alternate assessment instrument**
2. Read Sattler chapters 12, 13, 16, 17, 18
3. Optional: Go to http://faculty.washington.edu/chudler/java/ready.html and complete the Stroop Effect Experiment.

May 3 4pm
Last day to submit written assignments or apply to Registrar (not to instructor) for extension if needed. Let the instructor know if you are applying for an extension.
1. **Turn in Reading Statement**
1. **Turn in Report #5**

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**Reading Log**

NAME: _____________________________  Box #: ____________

I have read all the required reading.

________________ ____________
Signature  Date

OR

Of the required reading, I have read _____ % of the reading.
Structure for the report:
The assessment reports are short and single-spaced (3-4 pages, 10 pages maximum).

1. Identifying information (1 point)
   * Omit last names for educational purposes
   * Include information such as the client’s name, date of birth, sex, age (in years and months), race/ethnicity/culture, and grade in school (if applicable)
   * Include the date when the person completed the assessment (choose to include this information here or in the next section)
   * Include the date of the report, the evaluator’s name and the evaluator’s contact information

2. Assessment Instruments (1 point)
   * Include formal and informal assessment instruments administered using the full name of the assessment and acronym in parentheses, if applicable. You must use the acronym once next to the fully spelled out name of the assessment before using the acronym by itself.
   * Consider providing a brief (one to two sentences) description of the assessment

3. Reason for Referral/ Referral Question (1 point)
   * Note if there is a referral source (or self-referred) and why this person is being referred
   * Include specific referral questions.
   * Perhaps include a brief summary of the presenting concern and possible ways the assessment will be used, if applicable
   * Consider writing that the evaluator is completing a requirement for a class and the client volunteered to help the student with practice administering, scoring and interpreting assessment instruments.

4. Background Information/ Relevant History (1 point)
   * Include demographic information, information about the current concern, historical information, medical/mental health information, information about the family, educational/occupational information, strengths, etc (gathered through a clinical interview and/or referral or intake packet)
   * Avoid sharing overly personal information that is not relevant to the type of assessments.

5. Observations during the assessment (1 point)
   * Both descriptive and interpretations (with descriptive support) of behaviors are valuable
   * You could comment on applicable observations such as the client’s physical appearance, reactions to being evaluated, reactions to you, general behavior, activity level, language style, general response style, mood, response to inquiries, response to encouragement, attitude toward self, motor skills, and unusual habits, mannerisms, or verbalizations, persistence level, etc.

6. Validity of results (1 point)
   * Include whether the assessments are believed to be valid and why
   * Mention if and how the administration deviated from standardized procedure. Mention situational factors that affected validity like the examinee being ill.
   * If you believe the results are valid, say “results are considered interpretable.”

7. Assessment Results (2 points)
   * List the IQs in chart format with percentiles and confidence intervals. In the text, repeat this information and provide a classification (e.g., “average,” or “superior,”); explain what the percentile rank and confidence interval mean.
   * Summarize results from each assessment. Describe your findings as hypotheses and do not explain or use raw scores.

8. Interpretation of results (2 points)
   * Focus on integrated themes that emerged and are supported by each assessment. What you want to do in this section (and yes, create a specific section called "Interpretation") is pull together all the significant pieces of that person’s psychological functioning that were generated by the results. Pull together a completely integrated description of that person based on all the results, based on your interview and on your observations. e.g. "Joe functions in the high average range cognitively despite reporting anxiety during the assessments. Bring it all together in one paragraph."
9. Clinical Impressions (1 point)
   * DSM-IV codes and diagnoses by listing Axis I, Axis II, Axis III, Axis IV, Axis V

10. Recommendations (1 point)
    * Be specific about how to remediate each area of weakness (being realistic, practical, and flexible)
    * List them (in order of priority) such as
      1. X should be encouraged to carefully consider how much she is able to do. She may benefit from counseling addressing acceptance of her limitations.
      2. Because of ...., couples therapy is strongly recommended, etc…
    * Do not make recommendations for concerns that you haven’t already addressed in the body of the report. Don’t introduce any new material in this section.
    * Recommend further assessment only if you think it’s necessary. (After all, you just provided an important service, which should yield some recommendations.)
    * Don’t recommend an intervention that can’t be implemented given the family or community resources.

11. Summary (1 point)
    * Precise and concise in a short paragraph—the summary is for a reader who doesn’t read the whole report
    * Consider including one key idea from each section of the report (No new info here)

12. Signature
    * Your name, professional title, and the date
    * Don’t forget to sign it!

13. Consent form (1 point) + all original assessment protocols for review of your scoring (1 point)

Total: 15 points