**Self-Rating for Certification in**

**Child Therapeutic Assessment**

**Prerequisites**

• Licensed for the independent practice of psychology in at least one jurisdiction

• Previous training in family intervention resulting in the ability to think

systemically about child/family dynamics

Please rate yourself on the following criteria as demonstrated in the certification case, where **1 = not proficient, 2 = approaching proficiency, 3 = proficient, and 4 = mastery level proficiency.**

If a skill was not demonstrated in your certification assessment, please rate your competence on that criterion in general.

**1. Competency in Psychological Testing**

Criterion Rating

|  |  |
| --- | --- |
| 1a. Skilled with at least one valid, broad self-report and other-report (e.g., parent/caregiver/teacher) inventory system (e.g., BASC-3, CBCL, M-PACI)  |  |
| 1b. Skilled with at least one valid **scored** performance-based personality test appropriate for use with children (e.g., Rorschach [CS or R-PAS], Roberts Apperception Test [scored], Attachment Doll Play, Wartegg [CWS]) |  |
| 1c. Skilled with at least one broad child cognitive measure (e.g., WISC-V, Woodcock-Johnson Cognitive) and one broad achievement measure (WIAT, WJ-IV Achievement) |  |
| 1d. Skilled at integrating different types of tests with background information, interview data, and behavioral/test-taking observations to make a coherent and developmentally appropriate individual and systemic case formulation |  |
| 1e. Skilled with using play, drawing, or collaborative story-telling techniques as an assessment method |  |
| 1f. Skilled with at least one valid, broad self-report inventory for adults (e.g., MMPI-2, MMPI-2-RF, MMPI-3, PAI, 16PF), to be interpreted in relation to parenting style |  |

Comments:

**2. Initial Sessions**

Criterion Rating

|  |  |
| --- | --- |
| 2a. Skilled at helping caregivers and children (if appropriate) formulate relevant and useful assessment questions |  |
| 2b. Skilled at building a secure relationship with the caregivers through emotional attunement, collaborative communication, and repair of disruptions |  |
| 2c. Skilled at clarifying the contract for the assessment with the caregivers |  |
| 2d. Skilled at gathering background information in a way that helps the family begin to contextualize the child’s and family’s problems in living |  |
| 2e. The session is client-centered and the assessor connects all non-obvious questions to the client’s agenda for the assessment |  |
| 2f. Skilled at engaging each family member and responding to their readiness to change |  |

Comments:

**3. Early Testing Sessions**

Criterion Rating

|  |  |
| --- | --- |
| 3a. Skilled at building a secure relationship with the child through emotional attunement, collaborative communication, and repair of disruptions |  |
| 3b. Skilled at selecting tests that will address the assessment questions  |  |
| 3c. Introduces tests to the child and caregivers as relevant to the assessment questions |  |
| 3d. Administers tests in a standardized manner |  |
| 3e. Skilled at extended inquiries of standardized tests and other child assessment techniques (projective drawings, Fantasy Animal, individualized Sentence Completions) |  |
| 3f. Supports the child’s and caregivers’ affective reactions during the testing sessions, and makes ongoing decisions about whether caregivers should observe child testing sessions |  |
| 3g. Collects information from collateral professionals and other important figures in the child’s life when appropriate, involving the caregivers when possible |  |
| 3h. Supports observing caregivers’ development of a “new story” about their child  |  |

Comments:

**4. Case conceptualization**

Criterion Rating

|  |  |
| --- | --- |
| 4a. Able to integrate test results, observations, and client background to form a coherent case conceptualization |  |
| 4b. Can consider different theories in integrating the assessment findings |  |
| 4c. The case conceptualization is grounded in the data, explains the clients’ and family’s dilemma of change, recognizes the clients’ strengths, and hypothesizes about what the parents and child would need to address current struggles |  |

Comments:

**5. Family Intervention Sessions**

Criterion Rating

|  |  |
| --- | --- |
| 5a. Skilled at using the case conceptualization to plan a family assessment intervention or know when one is not appropriate |  |
| 5b. Frames the family intervention session for the clients in terms of the Assessment Questions |  |
| 5c. Demonstrates flexibility in changing plans if the intervention is unproductive |  |
| 5d. Balances support and firmness in dealing with the parents’ and child’s coping strategies, appreciating and adjusting for variability between caregivers |  |
| 5e. Assessor contains their own insights and helps the clients formulate their own insights |  |
| 5f. Helps clients see systemic aspects of their family interactions and problems in living |  |
| 5g. Supports the child and caregivers emotionally and intervenes if the clients become emotionally overwhelmed during the intervention |  |

Comments:

**6. Summary/discussion sessions**

Criterion Rating

|  |  |
| --- | --- |
| 6a. Effectively plans the summary/discussion session for the caregivers, taking into consideration “levels” of feedback and each family member’s motivation and readiness for change |  |
| 6b. Adapts the plan during the sessions according to the caregivers’ receptivity/reactions |  |
| 6c. Actively involves the caregivers in confirming and modifying findings, attending to the different experiences of each family member involved |  |
| 6d. Responds to the caregivers’ disagreements in a therapeutic manner |  |
| 6e. Helps the caregivers tie assessment findings to daily life of their child and family  |  |
| 6f. Plans and collaboratively discusses results from caregivers’ own testing in relation to their parenting, if it was part of the TA; recognizes and appreciates the way in which caregivers’ personality/ psychopathology influence their parenting |  |
| 6g. Is attuned to the caregivers’ state of overwhelm, and the different experiences of multiple caregivers |  |
| 6h. Ties suggestions for next steps to the assessment questions and findings and goes beyond recommendations for (more) psychotherapy; takes caregivers’ personality/psychopathology/readiness into account when suggesting next steps |  |
| 6i. Collaboratively discusses suggestions for next steps with the caregivers |  |
| 6j. Offers to help the caregivers implement next steps |  |
| 6k. Helps the caregivers to meta-process their experience of their child’s assessment |  |
| 6l. Acknowledges the ending of the assessment |  |

Comments:

**7. Oral/written feedback to child**

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| --- | --- |
| 7a. Skilled at developing feedback for the child (often a story or fable) that resonates with the child and aims to move the child and family forward |  |
| 7b. Involves the parents in discussing the feedback that will be given to the child |  |
| 7c. Skilled at delivering the child feedback to the child and responding to the child’s reaction, input, and affective state, as well as to those of the caregivers |  |
| 7d. Invites the child to modify and/or illustrate the fable (if one is used) |  |

Comments:

**8. Written feedback to caregivers**

Criterion Rating

|  |  |
| --- | --- |
| 8a. Written feedback to caregivers is free of jargon and appropriate for caregivers’ cognitive level and personality |  |
| 8b. Document reflects the child’s and caregivers’ input during feedback sessions |  |
| 8c. Document is both professional and personal  |  |
| 8d. Document shows vitality and creativity; it does not feel “rote” or “boilerplate” |  |
| 8e. Suggestions for next steps reflect the collaboration of the child and caregivers |  |

Comments:

**9. Follow-up Sessions**

Criterion Rating

|  |  |
| --- | --- |
| 9a. Collaborates with the caregivers to set the goals for the session  |  |
| 9b. Inquires about the clients’ reaction to the written feedback |  |
| 9c. Notices and comments on positive changes/strivings |  |
| 9d. Helps the caregivers meta-process the assessment experience |  |
| 9e. Effectively acknowledges the ending of the assessment with both the caregivers |  |

Comments:

**10. Relationship with the referring professional** *(if applicable)*

Criterion Rating

|  |  |
| --- | --- |
| 10a. Maintains a collaborative relationship with the referring professional, avoiding a “one-up” or “one-down” position  |  |
| 10b. Helps the referring professional frame useful questions for the assessment |  |
| 10c. Stays in contact with the referring professional during the assessment |  |
| 10d. Is attentive to the possibility of unhelpful triangulations with the caregivers and referring professional |  |
| 10e. Facilitates the transition of the child and family back to the referring professional after the TA |  |

Comments:

**11. Use of Consultation**

Criterion Rating

|  |  |
| --- | --- |
| 11a. Is aware of own strengths and weaknesses  |  |
| 11b. Seeks consultation and collaboration when appropriate |  |
| 11c. Is open to feedback, while taking own authority |  |
| 11d. Is aware of own reactions to the child and caregivers and uses these therapeutically |  |

Comments: