ININVOLVING CHILDREN IN THE ASSESSMENT PROCESS: EXPERIENCES OF A DEVELOPMENTALLY APPROPRIATE FEEDBACK MODEL

Sara Eaton Weeks, MS, LPC-Associate, NCC

Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

May 2021

APPROVED:

Dee Ray, Major Professor
Leslie Jones, Committee Member
Kimberly King, Committee Member
Emily Angus, Committee Member
Natalya Lindo, Committee Member and Chair of the Department of Counseling and Higher Education
Randy Bomer, Dean of the College of Education
Victor Prybutok, Dean of the Toulouse Graduate School
Assessment is a foundational part of counseling practice, which includes the process of providing assessment feedback to those tested. Millions of children are assessed across the United States through the public-school system, hospital, agency, and private practice settings. Though millions of children are assessed yearly, there has been little research surrounding providing assessment feedback with children. In this study, the author qualitatively explored children’s experiences with a developmentally appropriate feedback model, the young children’s assessment feedback (YCAF). Participants included ten 6 to 10-year old children, who had not previously gone through psychoeducational testing within the last year. Participants completed a battery of psychoeducational assessments and the YCAF feedback process. Data sources included session transcriptions, session observation notes, child interviews, parent interviews, and expressive arts observation notes. In order to explore the perceptions regarding the YCAF, the author utilized interpretative phenomenological analysis to understand the children’s feedback experiences. Findings included the following themes: freedom for self-direction, self-concept, therapeutic relationship, affective responses of child, systemic shifts, and developmental considerations. The themes show that the children in this study saw a variety of benefits and experiences surrounding receiving their own personalized, developmentally appropriate assessment feedback.
Copyright 2021

by

Sara Eaton Weeks
ACKNOWLEDGMENTS

So many moments and relationships have come together to help me in my journey to complete my degree. First and foremost, thank you to my wonderful husband, Matthew. Thank you for your constant encouragement and pushing me to finish this degree. You have been a rock through the entire process, and I cannot thank you enough for your support and love. Thank you to my family who have been there and always tried to understand what I am doing and why. Thank you to my Mom, Dad, and Nana for asking questions that showed you cared, praying for me, and getting me to this point in my life. Thanks, Jessica, for acting like I’m a doctor even when I’m not. Thank you to Roy and Queenie who encouraged me to seeking my dreams even if that means quitting altogether. Thank you to Susan and David who always understood my busy schedule and helped make important memories in our time together. Thank you to my committee who have seen me through this process. Dee, for teaching me the depths of assessment. Thank you for editing a million reports and your willingness to meet about each case in this study to help conceptualize and build my understanding of the complexity of assessment and results. Thank you to Leslie who has shown me unconditional positive regard, stuck with me through all of the doubt, and broken-down walls to encourage me to trust in myself. Thank you to Natalya for teaching me your love for qualitative research, and working alongside me throughout our adventures in Little Elm. Thank you to Kimberly for challenging me clinically. Thank you to Emily for modeling you love for Adlerian and assessment. Thank you to Tamara, who has been my assessment buddy from the beginning, spending days working together to grow in our understanding, and dedicating your time to this study. Finally, thank you to my friends who have stayed by my side throughout this entire journey; my Monday night gang, Avanti, the Oakridge Girls, Karlie, TriSara(h)tops, Katie, and Emma; I appreciate each of you for sticking by me.
# TABLE OF CONTENTS

**ACKNOWLEDGMENTS** ............................................................................................................. iii  
**LIST OF TABLES AND FIGURES** ............................................................................................. vi  
**INVOLVING CHILDREN IN THE ASSESSMENT PROCESS: EXPERIENCES OF A DEVELOPMENTALLY APPROPRIATE FEEDBACK MODEL** ................................................................. 1  

- Introduction ......................................................................................................................... 1  
- Benefits of Assessment Feedback .................................................................................. 2  
- Challenges in Presenting Assessment Feedback to Children ...................................... 3  
- Methods of Feedback for Children ............................................................................... 4  
- Purpose of the Study ...................................................................................................... 7  
**Methods** ............................................................................................................................... 7  
- Participants ....................................................................................................................... 8  
- Reflexivity Statement ..................................................................................................... 9  
- Procedures ....................................................................................................................... 10  
- Researcher’s Role and Research Team ......................................................................... 12  
- Data Sources .................................................................................................................. 13  
- Analysis of Data ............................................................................................................. 16  
**Results** ............................................................................................................................... 18  
- Super-Ordinate Theme 1: Freedom for Self-Direction .................................................. 18  
- Super-Ordinate Theme 2: Self-Concept ........................................................................ 24  
- Super-Ordinate Theme 3: Therapeutic Relationship ..................................................... 26  
- Super-Ordinate Theme 4: Affective Responses of Child .............................................. 28  
- Super-Ordinate Theme 5: Systemic Shifts .................................................................... 29  
- Super-Ordinate Theme 6: Developmental Considerations ........................................... 31  
**Discussion** ............................................................................................................................ 34  
- Theme Discussion ............................................................................................................ 34  
- Limitations ....................................................................................................................... 37  
- Clinical Implications ....................................................................................................... 38  
- Conclusion ......................................................................................................................... 40  
**References** .......................................................................................................................... 41
LIST OF TABLES AND FIGURES

Page

Tables

Table 1. Participants ........................................................................................................................ 8
Table 2. Assessment Battery ......................................................................................................... 11
Table 3. Super-Ordinate Themes and Quality Evaluation ............................................................ 19

Figures

Figure 1. Procedures ..................................................................................................................... 10
IN Volt CHILDREN IN THE ASSESSMENT PROCESS: EXPERIENCES OF A DEVELOPMENTALLY APPROPRIATE FEEDBACK MODEL

Introduction

Assessment is a foundational part of counseling practice and one of eight components of CACREP’s common core curriculum for the preparation of counselors (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). Assessment of children has a rich history that has occurred over 4,000 years (Erford, 2013; Hays, 2013; Sheperis et al., 2020; Watson & Flamez, 2015). For children, assessment has been used for centuries to help identify future careers, make appropriate educational placement, and determine intelligence. Approximately 7 million students receive assessments through the public-school system (U.S. Department of Education, 2019). Furthermore, in clinical settings, assessments with children have been used to help determine mental health diagnoses and treatment planning (Sattler, 2018).

Though millions of children are tested yearly, there has been little research surrounding assessment feedback to children following their assessments (Tharinger et al., 2008b; Tharinger & Pilgrim, 2012). Many theorists have spoken about the potential benefits of providing children with assessment feedback (Braaten, 2007; Brenner, 2003; Frick et al., 2020; Groth-Marnat & Wright, 2016; Pollack, 1988; Sattler, 2014; Sheperis et al., 2020), yet there is a lack of empirical research to support their claims. Over two decades ago, Pope (1992) stated assessment feedback may be one of the most neglected processes in the psychological assessment literature. A lack of literature and research in the last 20 years on assessment feedback processes supports the conclusion that exploration of assessment feedback continues to be neglected.
Benefits of Assessment Feedback

Over the past 40 years, theorists and researchers have discussed some of the benefits and consequences of providing assessment feedback. Some of the benefits include (a) connection between the assessor and participant (such as enhancing and accelerating rapport building; Allen et al., 2003), (b) open dialogue (Smith et al., 2007), (c) feeling personally and empathically attended to (Ward, 2008), (d) feeling uniquely understood (Ward, 2008), and (e) positive client experience (Smith et al., 2007). Other benefits related to the assessment process include decreased negative feelings about the assessment process (Allen et al., 2003) and increased motivation to follow recommendations (Smith et al., 2007). Many of the results of previous research on the value of assessment feedback related to the participants’ views of themselves: (a) influencing their self-identity (Davidson et al., 2013), (b) greater sense of self-verification and self-efficacy (Allen et al., 2003), (c) increased self-esteem and self-liking (Allen et al., 2003; Finn & Tonsager, 1992; Holst et al., 2009; Newman & Greenway, 1997), and (d) increased sense of self (Allen et al., 2003). Finally, participants reported (a) increased hope about their problems (Finn & Tonsager, 1992), (b) a decrease in symptoms (Finn & Tonsager, 1992; Newman & Greenway, 1997), (c) moving from self-blame to informed action (Ward, 2008), and a (d) sense of participants and their families feeling better (Smith et al., 2007). The literature available on participants’ experiences of assessment feedback indicated when feedback is given, which, as reported by psychologists (Curry & Hanson, 2010; Smith et al., 2007), is not always done even in current practice, clients benefit in a number of ways.

Similar to noted advantages of providing assessment feedback to adults, assessment experts have identified proposed benefits of providing feedback directly to children. Overall, authors have explained the importance of providing a child feedback, including (a) fulfilling
ethical obligations (Tharinger et al., 2008a), (b) reducing the child’s anxiety (Sattler, 2014), (c) increasing the child’s knowledge of self (Sattler, 2014; Tharinger & Pilgrim, 2012), (d) increasing positive relationships between the client and assessor (Tharinger & Pilgrim, 2012), (e) improving the relationship between the child and parent (Tharinger & Pilgrim, 2012), (f) increasing feelings of collaboration (Tharinger et al., 2008, 2008b; Tharinger & Pilgrim, 2012), (g) increasing assessor’s understanding of the child (Tharinger et al., 2008a), (g) helping build self-esteem (Sattler, 2014), (h) helping develop strategies (Sattler, 2014), (i) increasing positive changes following the assessment process (Tharinger et al., 2008b), and (j) increasing overall satisfaction with the assessment process (Tharinger & Pilgrim, 2012).

Challenges in Presenting Assessment Feedback to Children

Just as the assessment process may look different with children than with adults, the assessment feedback process has also looked different historically. In recent years, feedback has become available to adult clients but has not been provided to children who go through the assessment process (Frick et al., 2020). Typical assessment procedures for children include the provision of direct feedback to the parent rather than the child, leaving uncertainty of what information the child actually receives, if any (Frick et al., 2020). Multiple assessment experts have provided direction for parent feedback following a child’s psychological evaluation (Braaten, 2007; Brenner, 2003; Frick et al., 2020; Groth-Marnat & Wright, 2016; Pollack, 1988; Sattler, 2014; Sheperis et al., 2020). There has been an ethical debate surrounding whether a child should receive feedback, considering their inability to consent to treatment. Authors indicate giving children assessment feedback is challenging due to their cognitive abilities and the struggle to translate feedback into developmentally appropriate presentation for children (Frick et al., 2020). Frick et al. (2020) noted providing assessment feedback to children has been
traditionally overlooked even though children have a right to know their results. Tharinger et al. (2008a) agreed insisting providing children their assessment feedback is both their right as a client and an assessor’s ethical responsibility.

Methods of Feedback for Children

Authors have theorized about ways to conduct child feedback, including the use of metaphors, storybooks, and fables (Beck, 2002; Fischer, 1994; Mercer, 2011; Tharinger et al., 2008a, 2008b; Tharinger & Pilgrim, 2012). Tharinger et al. (2008a) gave general advice reminding clinicians to use the information gathered about the child’s emotional development to determine whether direct feedback could be absorbed. Tharinger et al.’s (2008a) recommendations included attention to matching language to the child’s developmental level and incorporating words the child used during the assessment process. Tharinger et al. (2008a) further suggested, when providing feedback, the assessor’s tone “should be supportive and hopeful” (p. 607). Tharinger et al. (2008a) described a variety of ways in which the child could demonstrate being overwhelmed by the feedback, including, “hyperactive, zoning out, or pushing the information away” (p. 607), and suggested clinicians orally acknowledge the child’s reaction for both the child and parent’s benefit.

Frick et al. (2020) also noted the importance of considering developmentally appropriate presentation of information when providing assessment feedback to children (Frick et al., 2020). Frick et al. warned a potential consequence of sharing feedback with a child is they may give up on something they are not as successful at as opposed to working harder or seeking referrals/recommendations. Frick et al. suggested, when giving results, the assessor should consult with a close adult or the child’s therapist, as that person may be best to relay the results in order for the child to receive them from someone they trust.
Sattler (2014) proposed several considerations when conducting child feedback sessions. Sattler’s (2014) first piece of advice to assessors was to complete the post-assessment feedback interview as soon as possible after the assessment, which may help reduce the child’s anxiety. Sattler (2014) also suggested consideration of the cognitive state of the child, saying children who understand are more likely to find them beneficial. Sattler (2014) further explained that children can benefit from feedback as much as adults to help increase their understanding, self-esteem, and accurate self-appraisal. Assessment feedback can help challenge inaccurate perceptions that some children hold regarding their abilities. Sattler highlighted that the knowledge that comes from explaining assessment results can be beneficial in improving self-evaluation, as well as increase strategies to address concerns. Finally, Sattler reminded clinicians to communicate in a developmentally understandable way and give space for questions and discussion to include the child.

Experiential methods of presenting feedback have been proposed and explored for viability. Tharinger et al. (2008b) described how the use of personalized fables may be one beneficial way to give children feedback. As part of using fables, Tharinger et al. encouraged assessors to create a storyboard for the individualized fable, which would (a) include characters related to the child’s life, (b) introduce the challenge, and (c) come up with realistic solution, with the wise character of the assessor included to explain the challenge to the child. Other considerations included (a) maximizing the effectiveness of the fable through awareness and collaboration, (b) staying within the constraints of the real context and possibilities for each unique child and family system, and (c) including the parents as active participants in the child’s feedback through listening or reading the fable (Tharinger et al., 2008b). Tharinger et al. (2008b) spoke to their experience of giving children feedback and stated they believed it “enhances
positive changes that can follow evaluation” (p. 611). Mercer (2011) followed up Tharinger et al.’s suggestions with a case example that appeared to support the potential benefits of fables when used with children and their families.

Tharinger and Pilgrim (2012) further explored the use of fables in their comparison group study with 32 children. Children in the experimental group received fable-based assessment feedback prior to completing the research measure, and those in the delayed control completed the assessment before being given their individualized fable. The mean age of the children who received the fables with parents was 9 years old ($SD = 1.79$). The assessment feedback intervention included a booklet form with pictures related to the story and personal information about the child. The booklet was written using developmental language and shared in a feedback session that lasted between 15 to 45 minutes following a parent only feedback session. The authors reported that children in the experimental group experienced greater learning about themselves, relationship with their assessor, collaboration with the assessment process, and a sense that their parents learned more about them because of the assessment.

Additional suggestions for providing children assessment feedback include (a) using language the child can understand (Fischer, 1994; Sattler, 2014; Tharinger et al., 2008a), (b) considering the child’s development (Frick et al., 2020; Sattler, 2014), (c) including the child in the creation of the story (Beck, 2002), (d) using the feedback as a therapeutic intervention (Tharinger et al., 2008a), (e) including parents and child (Frick et al., 2020; Tharinger et al., 2008a, 2008b), (f) being supportive (Tharinger et al., 2008), and (g) being aware of the child’s emotional state (Tharinger et al., 2008a). The limited exploration in the literature of assessment feedback with children appears to support its benefits yet indicates the need for further development of methods.
Purpose of the Study

Little information is known about how to give developmentally appropriate feedback to children (Tharinger et al., 2008b). Development, especially cognitive understanding, is important in considering providing feedback to children (ACA, 2014; APT, 2020; Frick et al., 2010). Theorists and experienced practitioners discuss the challenges and uniqueness of providing children assessment feedback, though little research has been conducted to examine a potential developmentally appropriate way for children to receive assessment feedback (Sattler, 2014; Tharinger, 2008b; Tharinger & Pilgrim, 2012). To date, only one empirical study could be found exploring feedback to children following assessment (Tharinger & Pilgrim, 2012).

The purpose of the current study was to examine the experiences of children ages 6- to 10-years-old who received assessment feedback following a psychoeducational battery of intelligence and socioemotional assessments. The Young Children’s Assessment Feedback (YCAF) model was created by a panel of experts as a model to explore the experiences of children who receive assessment feedback through a developmentally focused feedback model. As little information is known about the process and experiences of children who receive assessment feedback, this study was a qualitative exploration of the experiences of children following receiving assessment feedback.

Methods

In this study, I used interpretative phenomenological analysis (IPA) to examine “how people make sense of their major life experiences . . . concerned with exploring experience on its own terms” (Smith et al., 2012, p. 1). Utilizing a qualitative IPA methodological approach to examine children’s experiences of receiving assessment feedback was intended to provide rich, meaningful data, and ultimately enhance assessment practices in serving children ages six to ten.
years old. I specifically focused on children’s experiences of receiving assessment feedback using a developmentally appropriate feedback intervention. The research question guiding my research was: What are the understandings and experiences of 6-10-year-old children who receive feedback using the Young Children’s Assessment Feedback model (YCAF)?

Participants

I selected participants using purposive sampling of two sources, a university clinic serving community clients located in the Southwest United States and social media recruitment. Smith et al. (2012) suggested that “bolder” (p. 52) designs in IPA involve multi-perspective studies that explore patterns of one phenomenon across participants. Although three to six participants is suggested for smaller studies, ten participants allows for deeper account of phenomenon (Smith et al., 2012). I recruited participants based on the following inclusion criteria: (a) between 6 to 10-years-old; (b) reported by parents to be within average to above-average cognitive ability; and (c) not participated previously in assessment services.

Table 1

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isaiah</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Lincoln</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Sabrina</td>
<td>10</td>
<td>Female</td>
</tr>
<tr>
<td>Kaleb</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Ronald</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Collin</td>
<td>7</td>
<td>Male</td>
</tr>
<tr>
<td>Adrienne</td>
<td>9</td>
<td>Female</td>
</tr>
<tr>
<td>Justin</td>
<td>6</td>
<td>Male</td>
</tr>
<tr>
<td>Holly</td>
<td>6</td>
<td>Female</td>
</tr>
<tr>
<td>Brittany</td>
<td>9</td>
<td>Female</td>
</tr>
</tbody>
</table>
I recruited ten participants comprised of six male participants and four female participants. The ages of participants ranged from 6 to 9 with a mean of 8.3 years, including 6 nine-year-olds, 2 six-year-olds, 1 seven-year-old, and 1 ten-year-old. Nine participants identified as White and one identified as bi-racial. Participants sought assessment services for a variety of presenting concerns, including anxiety, depression, ADHD, gifted and talented, etc. Pseudonyms were given to each participant, which are listed in Table 1 with the participants corresponding age, and gender.

Reflexivity Statement

I have experience with child development through my training in my master’s degree in counseling with a focus on play therapy, and doctoral work as a play therapy and assessment specialist. I identify as a White female. I have been trained on psychoeducational assessment through two assessment courses, two assessment statistics courses, and a one-year supervised internship in assessment. Through my experience in working with parents and children, I experienced multiple occasions in which parents asked why a child did not receive direct feedback and expressed interest in their children receiving information from the assessment process. Additionally, parents asked if they should be sharing assessment information with their child, and if so, how they should talk with their child about the findings and results from the assessment process. I have seen the need, in practice, for providing children with feedback, and am aware of the biases that I have surrounding this need. In line with the ideals of IPA, I focused on the participants’ interpretations of the assessment feedback process while acknowledging and bracketing my own perceptions. I sought to recognize the fundamental role I played as the research analyst in the interpretation of meaning in the IPA approach (Smith et al., 2009).
Procedures

My first step was to obtain IRB approval. Data collection procedures are visually depicted in Figure 1.

Figure 1

Procedures

IRB approval → Recruit participants → Screen participants for inclusion criteria → Informed consent, child background form, parent assessments, directions

↑

Parent intake interview → Administer child assessment battery → Parent feedback session → Young Children's Assessment Feedback (YCAF)

↑

Child's Interview → Parent Follow-Up Interview

The current study took place during fall of 2020 in the midst of the COVID-19 outbreak. Study procedures were modified to meet social distancing standards by reducing non-essential in-person contact and ensuring distancing guidelines. I recruited participants from Facebook, including university alumni and counseling-related Facebook groups as well as through a university-based clinic. In accordance with Smith et al.'s (2012) suggestion for IPA studies, referrals were the main source of participant selection. I sought referrals from parents and counselors who perceived identified children to need a psychoeducational assessment, had not received a psychoeducational assessment in the past year, and met the age criteria of 6-to 10-years old. Upon receiving calls from interested parents, I screened potential participants for
match to inclusion criteria. When parents met criteria, I explained details of the research study.

After the children were identified for participation, parents were emailed the informed consent, child background form, parent assessments, and directions to the clinic. Parents were then scheduled for an intake and parent interview. Upon receiving the informed consent, I met with the parent individually over a video-conferencing platform to complete an intake and 1.5 hour parent interview to collect relevant background information on the child participant. All interviews were recorded. The child participant then came in-person to the clinic to go through the assessment process, which includes the assessments listed in Table 2.

Table 2

Assessment Battery

- Wechsler Intelligence Scale for Children—Fifth Edition (WISC-V)
- Woodcock Johnson IV Test of Cognitive Abilities (WJ IV COG)
- Revised Children’s Manifest Anxiety Scale: Second Edition (RCMAS-2)
- Test of Information Processing Skills (TIPS)
- Attention Deficit Disorder Evaluation Scale—Fourth Edition (ADDES-4)
- Child Behavior Checklist-Long (CBC-L 6/18)
- Teacher Report Form (TRF)
- Harter Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSA) or Perceived Competence Scale for Children
- Parenting Stress Index, 4th Edition (PSI-4)
- Child Depression Inventory, 2nd Edition (CDI-2)
- Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI)
- Family drawing
- School drawing
- Parent interview
- Child interview

Upon arriving at the clinic, the child and parent who accompanied the child were screened for Covid-19 using the COVID response procedures prior to entering the clinic. The
researcher then reviewed the research study process with the child and attained assent. The researcher then completed the battery of assessments which were video recorded. The battery consisted of 11 standardized instruments, 2 expressive activities, one parent interview, and one child interview. The battery of assessments, child feedback, and semi-structured interview were all conducted by the same person, the principal investigator. Consistency of the personal interaction with the participant was intentional in order to develop relationship and rapport with the child participant.

Following the assessment procedures, the researcher met with the parents via video-conference approximately one to two weeks following the assessment to review the child’s assessment results in the traditional parent feedback session. Child participants met with the researcher in person the week following their parents’ feedback session to review their unique assessment feedback presented through the YCAF. Child received their YCAF, which was recorded, and observation notes were made by a second research team member. The child was then interviewed directly following the YCAF about their experiences of the feedback given. The child and parent were then prompted to discuss the feedback the child received over the next week. The parent was contacted via video-conference appointment and the researcher conducted a parent follow up interview with one or both parents.

Researcher’s Role and Research Team

The research team was composed of three members fulfilling the roles of primary investigator, observer and coding team member, and auditor. The research team member who served as observer and coding team member was doctoral counseling student who identifies as white female and completed advanced education and experience in child assessment. The third research team member was a White, female counselor educator of 23 years who had extensive
experience in qualitative research and IPA methods. She served as consultant to respond to questions and audit the IPA coding process to ensure further trustworthiness. Prior to the collection of data and throughout the process, bracketing was done through journaling and discussions of participants and biases that emerged.

Data Sources

Data sources included a) recorded YCAF sessions, b) the vision board created by the participant during the feedback process, c) a semi-structured interview with the child, d) a semi-structured interview with the parents, and e) observations of the YCAF session done by a second research team member.

*Young Children’s Assessment Feedback (YCAF)*

The YCAF was developed using an expert panel consisting of (a) four doctoral-level counselor educators with extensive experience in child development and play therapy, all of whom are licensed professional counselors and registered play therapists (RPT); (b) two registered play therapist supervisors (RPT-S); and (c) myself as the principal investigator, a third year doctoral student with training in play therapy and child development and extensive training in assessment including four courses and a year-long clinical internship in assessment. Of the four doctoral-level counselor educators, all have extensive training on child assessment, ranging from 13 to 25 years of assessment work in the field and 4 to 22 years of experience training students on assessment. Of the four doctoral-level counselor educators, one identifies as Afro-Caribbean female and three identify as White females. The YCAF was developed through a multistep panel discussion, including original brainstorming, consultation of literature on assessment feedback with adults and children, consultation of developmental capabilities for sample age, and thorough development of a consensus of final YCAF procedures.
The final version of the YCAF was a flipbook divided into the following categories: academic (What School is Like), relationships (My parents), social skills (How I Get Along with Others), emotional regulation (How I Feel), activities (What I Like to Do), other strengths (Way I Am Creative, Other Ways I Am Awesome), summary (Things About Me to Remember), and recommendations (Here’s What I Can Do At Home, Here’s What I Can Do At School, Who I Can Ask for Help). During the intake, parents were asked to provide pictures of the child that could correspond with the different feedback topics. The YCAF flipbook included pictures of the child, cartoons, and real-life people and animals demonstrating some of the characteristics described in each section. All YCAF sessions were transcribed verbatim and analyzed using IPA.

Vision Board

During the feedback process, the child completed a vision board alongside the assessor who provided feedback. They were given a blank poster board and pictures to cut out as the assessor described the different unique things about the child that matches the flipbook they are given at the end of the feedback to take home with them. The vision board aspect helped the child co-create their understanding of the assessment results as the assessor presented each section of the results with the child. The assessor created unique pictures that matched the areas of the flipbook for the child to include in their vision board.

The children’s vision boards were photographed following their completion and returned to the participants to take with them as a part of the feedback. The research team wrote observational memos about the vision boards. The vision board aided in the description of the feedback process from the child participants to their parents.

Child Semi-Structured Interviews

Semi-structured interviews were conducted immediately following the YCAF
intervention. The interview explored the experience of the children receiving feedback from the child’s perspective. The expert panel and I developed the semi-structured interview questions based in child development, assessment, and qualitative processes used in interviews with children. I used previous literature on interviewing children to gain insight into the logistics (Clark, 2011; Freeman & Mathison, 2009). Following the finalization of the interview questions, the interview was piloted with one child and subsequently revised by the expert panel. The final interview consisted of 10 questions and lasted between 5 to 20 minutes for each participant. All interviews were transcribed and coded using IPA.

Parent Semi-Structured Interviews

Following the conclusion of the child’s interview, the child participant was instructed in front of their parent as follows: “Tell your parent about the feedback you were given today. Show them your vision board and talk about the different parts of it with them.” Approximately one week later, a follow-up interview was conducted with the parents to gain increased understanding of the child’s experiences from parents’ interactions and the child’s explanation of their feedback to the parent. The expert panel and I developed the semi-structured interview questions which consisted of 10 questions and lasted between 10 to 45 minutes for each participant. All interviews were transcribed and coded using IPA.

Observations

Observations of the feedback were transcribed and coded using IPA. The second research team member watched recordings of the YCAF for each participant and created observation notes about the child, assessor, feedback process, and child’s reactions to the feedback for each participant. Observations focused on affective and behavioral cues that were not originally captured in the audio transcription of the YCAF.
Analysis of Data

The coding processes followed Smith et al.’s (2012) model of six steps for IPA analysis, including an iterative an inductive cycle of line by line coding (Smith, 2007), identification of emergent patterns (Eatough & Smith, 2008), dialogues between researchers about meaning (Larkin et al., 2006; Smith, 2004), development of organization and relationship between themes, and a final commentary around the themes (Smith et al., 2012).

The first step included reading and rereading the data collected and the team immersing themselves in a single case. This allowed us to immerse ourselves in the first participant’s data (Smith et al., 2012). We spent significant time with each of the five pieces of data, first examining them individually, then as a collected representation of the first case. Following immersion in the data, we moved to the second step in which we individually engaged in initial coded, including descriptive comments, linguistic comments, and/or conceptual comments (Smith et al., 2012). Descriptive comments focus on what is being said, most similar to phenomenology coding; linguistic comments focus on the language the participant used; and conceptual comments focus on participants overarching understanding of the experience and may be in the form of interrogative questions (Smith et al., 2012).

The third step in analysis was developing emergent themes, which included “mapping the interrelationships, connections and patterns between exploratory notes” (Smith et al., 2012, p. 91). During Step 3, we identified the information that appeared most crucial to participants’ understanding of receiving assessment feedback. This was done through creating concise statements about what is important about various comments the team made about the transcript (Smith et al., 2012).

In Step 4 of the process, we identified connections across the emergent themes (Smith et
al., 2012). Some ways of looking at patterns across themes suggested by Smith et al. include abstraction, subsumption, polarization, contextualization, numeration, and function. We did this by creating a list of themes in chronological order and moving the themes around into clusters to identify the patterns or “superordinate’ themes (Smith et al., 2012).

The next phase in IPA data analysis was moving to the next case (Smith et al., 2012). We repeated steps one through four on the next participant, fully immersing ourselves into the unique participant and bracket the knowledge we developed from the previous case. Step 5 was repeated for the remainder of participants before moving to Step 6.

The final step, Step 6, involved looking for patterns across cases (Smith et al., 2012). This included identifying connections across cases, highlighting specific themes, reconfiguration of themes, and identifying uniqueness among particular cases (Smith et al., 2012). Due to the larger sample size of the study in terms of IPA, we identified recurrent themes and determined across cases which themes emerged across participants (Smith et al., 2012).

We ensured trustworthiness throughout the analysis process by intentionally addressing credibility, transferability, dependability, and confirmability. We increased credibility through the use of a coding team and analyst triangulation (Hays & Singh, 2012). We created a thorough audit trail, used Smith et al.’s (2012) coding system, and wrote reflexive journals and had discussions for confirmability (Hays & Singh, 2012). We conveyed transferability through the comparison of cases bringing up unique and related aspects of the cases and through the use of purposeful sampling. Finally, we gave in-depth information in the data collection and analysis procedures, used triangulation, and created an audit trail to increase dependability and others’ ability to replicate the procedures (Hays & Singh, 2012).

Additionally, I reviewed Smith’s (2011) guidelines for evaluating IPA studies, and
closely adhered to recommendations for trustworthiness including following IPA principles of phenomenology, hermeneutics, and ideography; covering findings with transparency; and clear analysis. Finally, an auditor was used to verify results for further trustworthiness. The auditor reviewed all analysis steps through transcripts, coding, and theme identification following the completion of the analysis process.

Results

The research team identified six super-ordinate themes that emerged from the data including freedom for self-direction, self-concept, therapeutic relationship, affective responses of child, systemic shifts, and developmental considerations. Because of the extensive amount of data involved and the depth at which IPA requires analysis (Smith et al., 2012), multiple themes were identified and comprise the larger super-ordinate themes. Table 3 presents the super-ordinate themes, themes comprising the super-ordinate themes, and the presence of themes among participants.

Super-Ordinate Theme 1: Freedom for Self-Direction

Analysis of the feedback process and children and parent interviews identified freedom for self-direction as the feedback process that allowed the child opportunities (a) for their voice to be heard, (b) to make choices, and (c) to feel a sense of control within the process. All 10 participants expressed a belief in their freedom for self-direction within the feedback process.

This super-ordinate theme was comprised of the themes (a) adapting and correcting feedback; (b) making space for child’s opinions, understandings, and choices; (c) freedom in creating vision board; (d) child assigning meaning; and (e) child’s approaches to struggles.
Table 3

Super-Ordinate Themes and Quality Evaluation

<table>
<thead>
<tr>
<th>Participants</th>
<th>Context of Development</th>
<th>Systemic Shifts</th>
<th>Affective Responses of Child</th>
<th>Superordinate Theme Therapeutic Relationship</th>
<th>Self-Concept</th>
<th>Freedom for Self-Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaleb</td>
<td>Language of the child</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Adrienne</td>
<td>Appropriate delivery of feedback</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sabrina</td>
<td>Age considerations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lincoln</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Justin</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Collin</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Holly</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Brittany</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ronald</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Isiah</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Present for at least 3 participants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Language of the child
- Appropriate delivery of feedback
- Age considerations

- Attitudinal shifts
- Behavioral shifts

- Assessor’s role in therapeutic relationship
- Child’s role in therapeutic relationship
- Collaboration

- Expanding self-concept
- Solidifying self-concept
- Threatens self-concept
- Increased self-esteem

- Adapting and correcting feedback
- Making space for child’s opinions, understandings, and choices
- Freedom in creating vision board
- Child assigning meaning
- Child’s approaches to struggles
Adapting and Correcting Feedback

Overall, there was an openness on the part of the assessor to adapt feedback as the child provided more information about themselves. This reflected a feeling of mutuality in the process, where the children felt comfortable with sharing areas they disagreed on. In some areas that were less concrete—like things the child likes to do, friendships, or people they can trust—the feedback process was open to change and adaptations. This occurred as the child openly corrected feedback or provided additional information about themselves that increased the collaborative nature of the feedback process.

One of the examples the assessor gave to Justin did not fit Justin’s understanding of self, so the assessor corrected the feedback given. They were able to openly dialogue to show they were on the same page because Justin felt comfortable in expressing himself and correcting feedback. The interaction went this way:

Assessor: Some kids are really great at drawing and tying their shoes and making magna-tiles. That's something that's so easy for you. You're really good at it.

Justin: But I'm not good at tying my shoes.

Assessor: Not so good at tying your shoes. Yet.

Justin: I can tie my shoes a little bit, well some.

Assessor: A little bit. But you can do really good at building models and Legos, things like that. Right?

Justin: Mm-hmm (affirmative)

Making Space for Child’s Opinions, Understandings, and Choices

Participants noticed and responded to the assessor checking in on the child’s opinion, reactions, and their understanding of the feedback, which allowed for the adaptations or a deeper discussion and further examples of how the information presented may reflect the child. This
The theme differs from adapting the feedback in that it was the preceding actions of the counselor that led to either further explanation of the solidified feedback or led to the theme of adaption. Through the assessor checking in, and with a general sense of comfort and freedom for self-direction found in the participants, the children displayed opportunities for opinions and choices. Opinions frequently led to adaption of further discussion of the feedback to solidify children’s understanding. Choices were presented and responsibility was returned to the child throughout to solidify the child’s feelings of freedom for self-direction.

After giving Holly feedback about ways she is creative, the assessor checked in with her to see her reactions and opinions. This allowed the child to express agreement, disagreement, or add to the feedback:

Assessor: Is there any other ways you like to be creative?
Holly: Using things in boxes to make little houses.

Finally, some children gave the assessor cues on their own about when they were working on their vision board or ready for the assessor to move to the next. A simple cue that Lincoln gave was, “Done.”

*Freedom in Creating Vision Board*

During the feedback process, observers, children, and their parents reported a feeling from each of the participants that the child felt freedom in self-expression when creating their vision board. This included (a) the ability to choose the things they included or did not include on the vision board, (b) when during the process they started the vision board creation, and (c) the overall design of the vision board. Participants also expressed to the assessor the plans for the creation of their vision boards. Children expressed desires to include important things on their vision board and the importance of having enough space for their self-expression. Overall, the
vision board creation process was unique to each child and demonstrated the child’s freedom for creation.

Adrienne wanted to follow along with the feedback and add the information as it was covered. Even within the parameters she set for herself, she decided to be creative and add things to her vision board that were not given as materials. When working on the section about ways she is awesome, Adrienne said, “I'm going to write on here…. These two. Funny and silly… I got to write my own.” Others shared smaller plans throughout the process. Collin wanted the assessor to know his plan for what he would include, stating, “I'm going to try and cut out all the pictures that I want.” Ronald also expressed his plans before putting them onto his vision board, stating, “Yay! Now I'm going to draw a mega-gigantic smiley face.”

During the feedback process, each child was given one poster board to use to create their vision board. Participants expressed desires for enough space to make their vision board in the way they desired, which may have included making more than one vision board, taping vision boards together, or cropping and being conscientious about the amount of space they were using. Holly noted concern for space, saying, “We may not have room for all the pictures.”

Child Assigning Meaning

Throughout the feedback process, children participated in the feedback through sharing their own examples, allowing the child to relate to the information given and create meaning in the feedback given. Participants felt as though the feedback process was not a one-way deliverance of information from the assessor to the child, but, rather, they felt freedom to openly participate and share their own examples and experiences that matched their self-understanding in relationship to the feedback, which in turn created and solidified meaning in the feedback.
given. Participants sometimes assigned their own meaning to the pictures, which helped in their interpretation and understanding of the feedback.

    Sabrina discussed an example that recently happened at school that aligned with the feedback given and her own self-understanding:

    Assessor: Then the last one is, some kids can solve new problems and puzzles that they've never seen before, and so like even if you have never seen it before, that's something that's easy for you.

    Sabrina: Yeah.

    Assessor: You knew that?

    Sabrina: Yeah, I was in class and nobody else got the word puzzle because it was pretty hard and in like 5 minutes I was first.

*Approaches to Including Struggles*

Each of the participants were offered pictures of all of the feedback offered, which included both strengths and struggles that applied to the child. Some of the children chose not to include their struggles on their vision board, whereas others decided to include the harder feedback. Collin explained, “If I wouldn't like it, I wouldn't put it on here.”

Another child came up with a unique way to include the hard interpersonal feedback that best represented how he felt about it. He created two sides of his vision board, the “Cool” side and the “Boo/Loser” side. He refined his idea from school to “boo” when adding other things that he did not like that were happening in his life.

    Assessor: You do not want to put these ones on there, the ones that are sad and lonely?

    Ronald: I'll put them on the back.

    Assessor: Okay, you think you want to put them on the back.

    Ronald: I'll label the top, like school.
Super-Ordinate Theme 2: Self-Concept

The self-concept theme included considerations around how the feedback process expanded, solidified, or threatened the children’s self-concept and how the feedback increased children’s self-esteem. The super-ordinate theme of self-concept was noted in all 10 participants’ experiences. Several key themes made up the super-ordinate theme of self-concept including (a) expanding self-concept, (b) solidifying self-concept, (c) threatening self-concept, and (d) increased self-esteem.

Adrienne’s parents expressed ways in which the YCAF process played a role in solidifying and expanding Adrienne’s self-concept, bolstering her self-esteem, and exploring multiple aspects of her self-concept by giving specific personalized feedback rather than generalized labels. They explained:

> I think you teased out some of the nuances of ways that she's either smart or talented or whatever, and gave her a little bit more specific examples because people go, “Wow, you're smart.” But then nothing's behind it. And I think you put a lot of tangible things behind it that could help her comprehend it better than being told that.”

**Expanding Self-Concept**

Participants expressed to the assessor or their parent that aspects of the YCAF contributed to gaining new knowledge about themselves, or expanding their self-concept. Kaleb’s parent expressed she believed the process helped her child expand his knowledge of self, specifically on his awareness around his feelings. She said, “I really think he . . . he did learn how to identify when he was sad . . . and that's hard. That's been kind of hard for him.”. Sabrina expressed expanding and solidifying her self-concept through discussion of the reasons behind some of her behavior:

> Assessor: The next one is that you like to take your time to do your work and you do your best when you're given enough time and other people don't rush you to do things.
Sabrina: So that's why I need so much time.

*Solidifying Self-Concept*

Participants expressed to the assessor or their parent that aspects of the YCAF solidified or aligned with their self-concept. Kaleb shared outside information that aligned with feedback, demonstrating solidification of one area of self-concept:

**Assessor:** So, this one right here is some kids can remember so many things for a long time, this is something that's easy for you.

Kaleb: I've always still remember my mom's friend's password to open her gate.

*Threatening Self-Concept*

Through observations of behavior and direct reports to the assessor or the participant’s parent, participants demonstrated that aspects of the YCAF were threatening to their self-concept. This was observed through incongruent behavior, appearing uncomfortable, and openly disagreeing and struggling to accept feedback that had concrete evidence.

An instance where Kaleb heard information that threatened his self-concept resulted in feelings of embarrassment.

**Assessor:** Some kids break the rules when they are bored at school. Sounds like you, like whenever you finished all your work. Is that not right?

Kaleb: When was that?

**Assessor:** I don't know, your teachers say that sometimes after you finish your work, then you just get up or you talk to the other kids while they're working and it kind of distracts them. Is that right?

Kaleb: Yeah.

**Assessor:** Does that make you feel embarrassed to hear that?

Kaleb: Yes.
Increased Self-Esteem

Participants expressed to the assessor or their parents shifts in their self-concept related to increased self-esteem. Children felt affirmed or encouraged by different aspects of the YCAF, which appeared to lead to increased self-esteem. Some parents were concerned that their children mostly focused on the positive self-esteem-building aspects of the feedback as the things they remembered most.

Kaleb’s parent noted she thought her child’s self-esteem grew because of the feedback, stating, “But I think now he's even more so confident in himself that I really can do this and I am good at this.” Adrienne’s parents also expressed how they noticed Adrienne seemed to have taken in a lot of the messages that contributed to her self-esteem. They said, “I think she just seemed positive, and she was just excited and little surprised at all the . . . . She said, ‘Wow, mom, I really didn't know I was awesome in so many ways.’ So, I think maybe having the different words to say, because I think some of those are good to pick out.”

Super-Ordinate Theme 3: Therapeutic Relationship

The therapeutic relationship included safety, connections, and collaboration found within the feedback process. The super-ordinate theme of therapeutic relationship, which was identified in each of the 10 cases, was comprised of three themes: (a) assessor’s role in the therapeutic relationship, (b) child’s role in the therapeutic relationship, and (c) collaboration. Small relational moments throughout the participants feedback sessions resulted in feelings of safety to explore about self and emotions, a sense of connection between assessor and participants, and a feeling of collaboration in the feedback process.

Assessor’s Role in the Therapeutic Relationship

The assessor’s role in the therapeutic relationship was expressed through moments of the
assessor demonstrating a desire to (a) feel connected to the child, (b) understand the child, (c) respond to the child using therapeutic responses, and (d) bring in the assessor’s perception of the child. Additionally, the assessor used some of the child’s language shared in the assessment process to help show the child that the assessor had listened and valued the child’s expressions.

As part of the therapeutic relationship, the assessor demonstrated dialogue indicating a desire to have a better understanding of the child and including clarifying and open-ended questions, such as: “Did I miss anything you like to do? You like to do a lot of different things, right? I probably missed some things you like.” Lincoln responded by saying, “I like to play Roblox.”.

**Child’s Role in the Therapeutic Relationship**

Children, parents, and the observer noted indications of the participants demonstrating a desire for connection with the assessor or noting the relationship was important to the child. The children spent some of their time in the feedback session sharing about themselves, their lives, and emotions with the assessor. Some children used time to process emotions with the assessor, indicating a sense of relational connection and trust that the children found in their relationship with the assessor. Children and parents noted instances in which the child felt seen, heard, understood, and accepted in their relationship with the assessor.

The most common way that children appeared to try to connect with the assessor was through asking her questions about herself. Adrienne asked the assessor about herself and her experience as they went through a challenging feedback piece. Adrienne asked the assessor: “Does that happen to you sometimes, too, where it's like . . . there's a million things, and I have to worry about all of them.” Brittany asked a question of the assessor to try and determine if they had something important in common: “So yeah, I was born in Texas. Yeah, where were you
Collin was asked what his favorite part of the YCAF was he stated, “That I got to spend time with you.”

Collaboration

Children indicated that they felt a sense that they were working together with the assessor. This occurred through the back-and-forth creation and depth of understanding that both the assessor and child grew in their understanding of self. Some of the parents who were interviewed about their children’s experience revealed they believed that the YCAF feedback impacted the child’s self-concept due to the feedback coming from the assessor as a third-party expert. This indicated a sense of collaboration in the way that the feedback was presented to the child therapeutically—and the child’s freedom to direct the sessions overall—resulting in a sense of collaboration that helped the children integrate the feedback. Parents noted the special type of relationship the assessor had with the child that seemed to impact the children’s experiences. Kaleb’s parent noted the feedback was notable because it came from someone other than the parents. They said, “I think but I do think it was nice for him to hear it from somebody else too . . . Not just super proud mom and dad.”

Super-Ordinate Theme 4: Affective Responses of Child

Affective responses ranged from enjoyment and excitement about a variety of aspects of the feedback to curiosity, uncertainty, rejection, anxiety, and avoidance of certain aspects of the feedback. Participants were excited about some parts of the YCAF: (a) the pictures, (b) getting to keep their creations, (c) pride in their vision boards, (d) telling their parents about it, and (e) an overall feeling of enjoyment that surrounded the process. One example came from Holly’s parents who explained, “She had fun making it; I do remember that. . . . I mostly overall got the fact that she enjoyed it.”
Participants expressed excitement surrounding sharing the feedback with either their parent or their personal counselor. Both parents and children reported feelings of excitement from the child that they were able to share the feedback with an important person. Kaleb’s parent shared sentiments, “Well he was really excited. He wanted to tell me when we got home so he could show us everything. So, we sat down. He was actually really excited to come and sit and talk to me and [his father] about it.”

Anxiety was noted through observations of the YCAF process. The observer noted times the children disengaged from the feedback, which could look like (a) telling an off-topic story to avoid the feedback, (b) working on their vision board, or (c) no longer appearing engaged or orally replying to assessor’s feedback. The observer also noted instances of children using the vision board as a physical tensional outlet for their anxiety. During Isiah’s feedback session, there were also a significant number of observations of behaviors demonstrating his anxiety (e.g., squeezing his hands under the table, avoiding eye contact, or rapidly changing the subject when he appeared uncomfortable).

Super-Ordinate Theme 5: Systemic Shifts

One theme strongly reflected in parental interviews was the systemic shift that occurred due to the opportunity for both parents and children to receive feedback. Systemic shifts are the positive changes occurring at the individual, familial, and school levels and in collaboration of mental health care. Nine of the 10 participants identified systemic shifts that occurred due to the child receiving assessment feedback. The systemic shift super-ordinate theme was comprised of two smaller themes: (a) attitudinal shifts and (b) behavioral shifts. Adrienne’s parents explored how their understanding of the child shifted and how that could lead to different behaviors that
they would do in their activities at home and how their child would need to take on some responsibility for changes.

*Attitudinal Shifts*

Parents revealed shifts that happened in their family’s attitude due to the child receiving feedback. Parents expressed shifts in their (a) awareness, (b) understanding of the child, (c) empathy for their child, (d) attunement, and (e) hope they have for their child. Parents noted an increased understanding of their child linked to the fact that both parents and children were given feedback. Some of the increased understanding was directly linked to the parents gaining new knowledge, but additional understanding was gained due to the child gaining their own feedback and from the subsequent reactions, conversations, and sharing that occurred following the child’s YCAF.

The assessor shared with Justin that he is often worried, and Justin shared with his parents that he worries when they yell. Justin’s parent explained: “I think that makes me aware of it, and I didn't realize that he was worrying about getting yelled at. I don't know. So that was kind of surprising, but I was glad he could tell me that. We had a conversation about it. Said things I would try to do better and things that might help me.”

Some of the participants’ parents noted following the YCAF process, parents experienced increased hope for their child. Parents noted the shifts within their child and their child’s gained knowledge from the YCAF process increased their hope. Sabrina’s mother expressed she had hope around a shift in Sabrina’s self-perception, stating, “I think that, hopefully, she heard that she has some intelligence and just needs to take some time to work through those things.”

*Behavioral Shifts*

Parents noted shifts in their own behavior, in their children’s behaviors, and in movement
toward collaboration of care in including school systems and mental health services. Parents also expressed shifts in their own parenting, shifts in their child’s behavior and actions, and an increased opportunity for conversations and connections within the family system. Parents also noted getting others involved, including schools and counselors.

Following Ronald’s feedback, Ronald’s parent was seeing some of the same behaviors Ronald was referred for, and yet, because of the experience, she shifted the ways in which she handled the behaviors. She explained:

I think he needs some extra TLC from us, and he needs extra grace and tenderness and kindness. And so that's what really taking it down to the just practical day-to-day stuff. That's what I've been efforting to do is just be more gracious and try to meet him where he is.

Super-Ordinate Theme 6: Developmental Considerations

In providing children feedback, having the children explore their experiences, and hearing parents’ perceptions of the child’s understanding, developmentally-related aspects continued to be brought to the forefront of the data. Collin’s parent expressed she thought the feedback was delivered on Collin’s developmental level. She said, “It was so age appropriate for him to, you know, on that level he was very able to go through and like explain everything.” Other considerations for developmental consideration included (a) language of the child, (b) appropriate delivery of feedback, and (c) age considerations.

Language of the Child

Parents and children noted experiences related to the language of the child. During interviews with the children, and noted by some parents, some children struggled to verbalize what they remembered or how they felt or generally struggled to find the words to express themselves. Parents noted the YCAF gave their children words to express themselves in ways
they had previously been unable to before their feedback sessions. It should be noted, in presenting the feedback to children, the assessor used the child’s direct words from the assessment process to help the children integrate the information provided.

Noted in both the children participant’s interviews, and in interviews with parents about the child’s experience, the experience of the child struggling to verbalize emerged. Sabrina’s parent explained during their discussion about what Sabrina learned in feedback, Sabrina herself expressed she was having trouble verbalizing the feedback she was given. Sabrina’s mom explained it this way:

And she said, I think her words were more, “I learned a lot about myself, but I don't know how to put it into words.” . . . And I got her to go through the book and kind of show me the book and that helped her to explain a little bit more, but she just really had trouble trying to vocalize that.

**Appropriate Delivery of Feedback**

Observations and interviews indicated parents and children experienced the YCAF as delivered in a developmentally appropriate process. This was noted through (a) observations of playfulness in the delivery of feedback and (b) direct reports that families felt the feedback was at the child’s developmental level, that children valued the tangible nature of the items they received and created, and children were able to remember. Additionally, noted in the interview portion with children, time length of feedback appeared appropriate.

A general sense of playfulness was noted through observations, the YCAF, and the child interviews. Participants shared instances throughout the feedback that expressed the playful nature of the process and how the assessor and child interacted in a playful way, which aligned with the child’s development. The observer noted, during part of Ronald’s YCAF, Ronald was sharing elements of himself with the assessor as the pair were playing catch with a rolled up set of papers Ronald had formed into a ball. The observer noted the playfulness of the relationship
between the assessor and participant, creating comfort and ease for Ronald.

Age Considerations

Some age considerations that were noted in the feedback process included differences between younger participants and older participants. Experiences surrounding children’s ability for abstract or symbolic thinking and children’s focus when creating their vision board reflected their chronological age development. Younger child participants appeared to focus on self and family when creating their vision board while older children in the sample had a focus on friendships and their strengths when creating their vision boards. Justin, a 6-year-old, had a focus on self and family and no focus on friendships. Justin’s focus is illustrated in the following example, “I love my family. I, I love. . . my family”.

Brittany, a 9-year-old, focused on friendships throughout her YCAF process. This included telling in-depth stories about her friends and organizing her vision board to be focused on friendships as her first priority. Adrienne, a 9-year-old, demonstrated a stronger ability for symbolic thinking than younger counterparts. She looked at a picture of a girl with a thought bubble and stated, “This girl is thinking. This is what's going on in her head.” Whereas, other children struggled with symbolic thinking and took the pictures more concretely.

Quality Evaluation

Smith et al. (2012) described their own analysis of IPA as being a creative, balanced, and high-quality research method. In evaluating data, I closely followed the outlined steps in Smith et al. (2012). Specifically, I evaluated data using Smith et al.’s (2012) review of large data sets. An analysis of the large data set is visually predicted in Table C.1 where all themes are evaluated to determine if at least three of the participant cases are present for each super-ordinate theme. This was also met for each underlying theme, and all super-ordinate themes were represented in nine
or 10 of all participant cases. Additionally, I reviewed Smith’s (2011) guidelines for evaluating IPA studies and closely adhered to recommendations for trustworthiness including (a) following IPA principles of phenomenology, hermeneutics, and ideography; (b) covering findings with transparency; and (c) clear analysis. Finally, an auditor was used to verify results for further trustworthiness. The auditor reviewed all analysis steps through transcripts, coding, and theme identification following the completion of the analysis process.

Discussion

Across 10 participants’ coded YCAF sessions, observations of sessions and vision boards, child interviews, and parent interviews, the children’s experiences were divided into six super-ordinate themes: (a) Freedom for Self-direction, (b) Self-concept, (c) Therapeutic Relationship, (d) Affective Responses of Children, (e) Systemic Shifts, and (f) Developmental Considerations. Specifically, participants’ experiences interconnected with overarching foci on the self and experiences of the child, developmental nature of the process, systemic shifts, and the foundation of how the feedback occurred through the therapeutic relationship. Participants revealed shifts within themselves, their systems, and their perceived value of the importance of the YCAF as grounded in development and a therapeutic relationship.

Theme Discussion

Freedom for self-direction was experienced by all of the participants in the current study. As suggested by Beck (2002), the inclusion of the child in the process appeared to meet their needs for self-direction, which aligns with the current studies creation of the vision board. The interactive nature found in freedom for self-direction links to Gass and Brown’s (1992) findings revealing that the interactive nature of feedback with adults allowed them greater understanding and created more likelihood to follow recommendations. Overall, children’s experiences of
freedom for self-direction showed children’s uniqueness in the feedback process and their integral contribution to the meaning-making experience.

Current findings revealed children’s focus on self-concept in the feedback process, which included how feedback supported, threatened, or expanded their self-concept. Davidson et al. (2013) had similar findings in their research on assessment and learning disabilities—that the results influenced their self-identity. Current findings showed that participants experienced an expansion of their self-concepts, demonstrating an alignment with previous research noting an influence on assessment clients’ self-identities. As in previous research (Allen et al., 2003), findings from the current study support the practice that the feedback process led to greater self-discovery, expanding self-concept and self-awareness. Tharinger and Pilgrim (2012), as well as Sattler (2014), encouraged practitioners to provide feedback to children to increase children’s knowledge of self. It appears that both theoretical suggestions and assessment feedback studies with adults, align with the current findings on participants’ experiences of expanding their self-concept. As part of the focus on self-concept, children from the current study revealed a solidification of self-concept. Allen et al. (2003) found similar outcomes in which adult feedback participants reported an increased sense of self following participation in the feedback process.

Some children had experiences of the feedback threatening their self-concept. Ward (2008) discussed this dynamic in reporting that adults’ reactions to experiencing unwanted results included difficulty in processing those results. Sattler (2014) argued that, theoretically, children should be given assessment feedback to help build their self-esteem. Researchers who have studied adult reactions to receiving assessment feedback found that participants reported increased self-esteem following their assessment feedback (Allen et al., 2003; Finn & Tosanger, 1992; Holset et al., 2009; Newman & Greenway, 1997). In the current results, participants
expressed experiencing increased self-esteem after receiving assessment feedback. Overall, children appeared to experience positive benefits related to their self-esteem, self-concept, and self-direction that were similarly found in adult responses to receiving assessment feedback.

Researchers have noted that feedback should be given in a way that recipients, in this case, children, can understand (Fischer, 1994; Sattler, 2014; Sheperis et al, 2020; Tharinger et al., 2008a) and that it is important for feedback to meet children’s cognitive and emotional maturity (Gass & Brown, 1992; Tharinger & Pilgrim, 2012; Tharinger et al., 2008a). This advice appears to be captured in the developmental themes of giving the child words to express themselves, playfulness, and in feedback delivered on the child’s developmental level. Specifically, this was explored in the developmental context of the child and aligned with the theme of self-concept in using the child’s language during the YCAF process. This appeared to be related to how the child took in the feedback, how the feedback related to the children’s self-concept, and the developmental context of the YCAF presentation. Gass and Brown (1992) emphasized the interactive process of providing feedback for remembering, which appears to align with the YCAF findings demonstrating that participants experienced the ability to remember the feedback due to the feedback being delivered on the child’s developmental level.

A super-ordinate theme of Systemic Shifts occurred for the participants when adding to the typical model of parent-only feedback by providing children with their own feedback session using the YCAF. The systemic shifts included attitudinal and behavioral shifts. These shifts align with previous research by Gass and Brown (1992) who found that providing family feedback led to shifts in families having more realistic expectations and increasing support for patients, and Smith et al.’s (2007) research that noted participants and their families felt better following the feedback process. In this study, there were multiple shifts in parental attitudes including shifts in
understanding and support similar to those explored by Gass and Brown. Finally, in line with the current study, previous research on presenting feedback to children also indicated a strengthened relationship between parent and child (Tharinger & Pilgrim, 2012), which was also identified in the current study.

The super-ordinate theme of Therapeutic Relationship appears to reveal the dynamic process through which the feedback process occurred. Previous research on adults and children receiving assessment feedback have indicated the relationship between the assessor and assessee is enhanced through the feedback process (Allen et al., 2003; Tharinger & Pilgrim, 2012). Previous research found that clients were more satisfied and had greater self-esteem when they experienced a positive and empathetic relationship (Holst et al., 2009). Another theme emphasized by participants was the experience of being seen, heard, understood, and accepted by the assessor. Ward (2008), in speaking with adults found that participants experienced feeling uniquely understood and personally and empathetically attended to. These same feelings were expressed in the children and parents’ rendering of the children’s experiences in the YCAF process. Another part of the child’s role included sharing about themselves. Smith et al. (2007) noted that one of the outcomes of providing feedback would be an open dialogue. Finally, researchers and theorists have suggested that, by giving children assessment feedback, children would feel an increased sense of collaboration (Tharinger et al., 2008a; Tharinger et al., 2008b; Tharinger & Pilgrim, 2012), which was seen in the current findings.

Limitations

This research contributed to the limited literature on providing children with assessment feedback. Though there was a rich amount of data due to the number of data sources and number of participants in this study, some limitations have been considered. Children, developmentally,
do not have the same capacity to express themselves verbally as adults do. Therefore, this research sought to have parents also provide information on their child’s experience in receiving YCAF. This may be a limitation to the study due to the amount of information collected directly from the children’s report and the amount of information collected from the parents. It is possible parents may have let their own experiences and perceptions seep into the information that was collected about their child’s experience with the feedback model.

There are also some limitations regarding the population studied. Two-thirds of the participants who volunteered for the study were White, which limits the racial diversity of the sample. Although findings appeared to capture the experiences of the participating children, it is likely that a more diverse sample would yield different experiences. Additionally, the findings of the current study indicate that the participants responded positively to the YCAF experiences. However, research methods preclude any conclusions regarding effectiveness or outcomes related to the YCAF.

Clinical Implications

After examining the experiences of the 10 participants who experienced the YCAF assessment feedback, it appears that providing feedback to children ages 6–10 years old may be beneficial in clinical practice. More specifically, it appears the YCAF method addressed developmental needs while providing children a safe environment to feel (a) the freedom of self-direction, (b) the ability to share themselves, (c) a variety of affective responses, and (d) an expanded self-concept. The YCAF emerges as a possible tool that could be used by clinicians in providing children with assessment feedback. In order to implement the YCAF model, clinicians would need to familiarize, practice, or gain training in providing feedback to children using the model. Training programs could offer educational opportunities to use the YCAF with child
clients and provide supervision for assessment feedback processes.

One clinical implication that emerged from the process and findings is attention to intellectual ability and mood-related concerns. Of the 10 participants, nine of the participants fell in the average to above average range of intelligence. For the one participant who fell below average, he also presented with low self-esteem and a clinical level of depression. The experience of that participant appeared to be an outlier in that he did not appear to have similar experiences in relationship to freedom for self-direction, self-concept, and therapeutic relationship. His parent mentioned more concerns about the participant being unable to take in the information, concerns not present in the other interviews with parents. This observation is consistent with research by Holst et al. (2009) who noted they found that participants with low self-esteem had a low degree of satisfaction with assessment results. It is unknown if the child’s IQ or their depression and low self-esteem might be the cause of the child struggling to take in the feedback. It appears that the YCAF should be used with caution when considering use with children with more severe clinical diagnoses or varying intellectual ability, as this participant struggled to take in the information provided in the feedback.

Furthermore, child developmental abilities also appeared to influence the assessment feedback experience. One of the 6-year-old participants could not read. Her experience also differed from the majority in regards to memory of what was addressed in the YCAF. On some of the pages in the YCAF, there were words and phrases to help the child remember recommendations or words that describe items. It was noted that the child who could not read clung to the symbolism of the pictures presented, whereas most children used the words to remind them of the feedback given—including the labels for each page of what the images represented. Even though she was unable to read, the inclusion of visual mediums and
modification of feedback appeared to benefit her experience.

An additional clinical implication includes preparation of parents to engage in the feedback process. For example, one parent experienced anxiety regarding the information that her child may receive in the feedback, expressing a desire to protect her child from disturbing information. Though the process was explained to parents and they were reminded during their feedback sessions that the assessor would be giving their child feedback alone, this parent expressed anxiety about the child hearing the results without the parent present. The parent also reported heightened concern due to her disagreement with the assessment results. In order to reduce a parent’s anxiety and increase positive engagement in the process, the assessor may offer specific wording about what exactly will be shared with the child. The YCAF was designed for the child to be provided with feedback without the parent present for the purpose of supporting an authentic and unencumbered response to feedback. One-on-one sessions help support the child’s autonomy and strengthens the therapeutic relationship that continues to develop in providing children with their own assessment feedback. However, clinicians will need to balance the emotional world of the parent with the emotional needs of the child through relationally-oriented practice of preparation for the process.

Conclusion

Assessment feedback, an often-neglected topic, has shown many benefits to recipients (Allen et al., 2003; Davidson et al., 2013; Finn & Tonsager, 1992; Holst et al., 2009; Newman & Greenway, 1997; Smith et al., 2007; Tharinger et al., 2008a; Tharinger & Pilgrim, 2012; Ward, 2008). Providing assessment feedback is a challenging undertaking that has little empirical support (Tharinger et al., 2008b; Tharinger & Pilgrim, 2012). Overall, this study explored the experiences of 6 to 10-year old participants following Young Child Assessment Feedback
Participants discussed themes that tended to align with adult’s experiences related to self-concept, systemic shifts, and relational connection with the assessor. Results of the current study are encouraging for clinical practice, in providing a potential way for clinicians to provide developmentally appropriate feedback to children following psychoeducational assessment use.

References


The following includes relevant literature and research related to: (a) assessment, (b) assessment feedback, (c) assessment with children, and (d) assessment feedback with parents and children. The section on assessment includes the history of assessment, types, multiple methods and assessment batteries, assessment data collection categories, purposes of assessment, who is being assessed, counseling ethics and standards related to assessment, the process of assessment, and finally some problems regarding assessment in the field. The exploration of assessment feedback includes research and theoretical discussions surrounding what assessment feedback is and the consequences and benefits of providing assessment feedback to adults. Then an exploration of specifics surrounding assessment of children is covered. Finally, the section on assessment feedback with parents and children includes current practices and research surrounding assessment feedback with parents, and research and conceptual suggestions on assessment feedback with children is presented.

**Assessment**

Assessment is a foundational part of counseling practice. Assessment is one of eight components of CACREP’s common core curriculum for the preparation of counselors (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). Hays (2013) defined assessment as “an umbrella term for the evaluation methods counselors use to better understand characteristics of people, places, and things” (p. 4). Generally speaking, assessment can include valid and reliable tests, observations, interviews, or any way a counselor may gather information about a client. The Standards for Educational and Psychological Testing (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 2014), a collaborative ethical source for all helping professions, defines assessment as “any systematic method of
obtaining information used to draw inferences about characteristics of people, objects, or programs; a systematic process to measure or evaluate the characteristics or performance of individuals, programs, or other entities, for purposes of drawing inferences” (p. 216). The systematic method may include a variety of sources to collect information and gain a more comprehensive view about clients. Leppma and Jones (2013) emphasized the need for multiple methods and sources to gain a clear and comprehensive view of those being assessed.

Assessment is a complex term sometimes confused with testing. Assessment is a comprehensive investigation about clients that involves more than completing a single test on a client with right and wrong answers. Mash and Hunsley (2005) divided assessment into two ideas: (a) assessment process and (b) assessment methods. Assessment process includes the generating and testing of hypothesis through different measures, case formulation, decision making, and integration of the information collected regarding a client. Assessment methods refers to the various tests, questionnaires, observations, and sources used to collect the necessary information on each client (Mash & Husnsley, 2005). The measurement and assessment processes work together to help clinicians gain a better understanding of clients and achieve the various purposes for which assessments are used.

History of Assessment

People have been using assessment for over 4,000 years for a variety of purposes. According to historical accounts (Erford, 2013; Hays, 2013; Sheperis et al., 2020; Watson & Flamez, 2015), the earliest recordings of the use of assessment were over 4,000 years ago in China, around 2200 BCE. These assessments were used to place citizens of China into appropriate jobs based on their abilities, which were assessed every 3 years. Assessment of children began in the ancient Greek era (around 500 BCE) for educational purposes to examine
students’ abilities and aptitude (Erford, 2013; Sattler, 2018; Watson & Flamez, 2015). In the 1500s, Fitzherbert, a British jurist, began identifying learning disabilities using simple assessment measures (Erford, 2013; Sheperis et al., 2020).

Around the same time, in the 1550s, Juan Huarte, a Spanish physician, began studying intelligence (Erford, 2013; Sheperis et al., 2020; Watson & Flamez, 2015). Intelligence testing expanded in the 1800s. Galton, a British scientist and cousin of Charles Darwin, used his cousin’s theory and focused on hereditary intelligence. Cattell, an American psychologist, brought intelligence testing to Pennsylvania and created the term mental test (Erford, 2013; Hays, 2013; Sheperis et al., 2020; Watson & Flamez, 2015).

In 1905, Alfred Binet created the first children’s cognitive ability intelligence test, originally designed to determine if a child had intellectual disabilities or could function in a regular classroom (Erford, 2013; Hays, 2013; Sheperis et al., 2020; Watson & Flamez, 2015). During this same time, after revisions of the Binet-Simon intelligence test, the first calculation for intelligence quotient (IQ) was developed using a child’s mental age divided by their chronological age times 100.

During World War I, intelligence tests were used in the recruitment of soldiers for war with the creation of group intelligence testing, including the Army Alpha and Army Beta tests. During World War I, over 1.5 million recruits were administered tests for selection and placement of military personnel and to identify those with lower intelligence who may cause problems for the military (Hays, 2013; Sheperis et al., 2020).

Career, vocational, and abilities tests thrived during the period after World War I. Parson’s development of vocational guidance (1908-1918) and other abilities tests were used to help recruit for World War II (Hays, 2013; Watson & Flamez, 2015). Educational achievement
tests were being developed simultaneously, from 1897 to 1923. An example of such tests was the creation of the Stanford Achievement Test that measured math, reading, and spelling on a standardized curve (Erford, 2013). During the 1940s, testing focused on personality assessments, including the development of the Minnesota Multiphasic Personality Inventory (MMPI) and projective test like the Rorschach (Watson & Flamez, 2015).

Assessments were scrutinized following their widespread application and the discovery that many instruments were not normed for the population because of the presence of a variety of gender and ethnic biases. Ethics and standards were applied to assessments beginning in the late 1970s to reduce discrimination and increase validity and reliability of measurements (Watson & Flamez, 2015). Assessments continued to be developed, standardized, and revised over the years. The developments in assessment over the past 20 years include the computerization of assessments and greater use of technology. Additionally, the importance of assessment of children has changed with laws like Individuals With Disabilities Education Improvement Act (IDEA, 2004; Sattler, 2014, 2018).

Overall, assessments have been integrated throughout history and used for the purpose of helping identify what people should do in relation to education or career. Children were among the first to be assessed in ancient Greece for the identification of abilities in education, which is still a primary focus of assessment of children today. Assessments have been created and refined and to help answer questions of behavior, mental health, ability, and intelligence.

Types of Assessments

The AERA (2014) has categorized the many types of assessments addressed by their standards as either cognitive or neuropsychological. The types of assessments include abstract reasoning and categorical thinking, academic achievement, cognitive ability executive
functioning, language, learning and memory, motor functions, sensorimotor functions, lateral preference, perception, and perceptual organization and integration. Assessments may also include problem behavior testing, family and couples, personality, social and adaptive behavior, and vocational—including interest, work values, career development, maturity, and indecision. The types of assessments described within the Standards (2014) encompass the assessments most mental health professionals use in their testing procedures. The purpose of assessment is to use testing and other data collection methods to help counselors better understand their clients (Erford, 2013). Better understanding of clients may be the primary purpose of assessment, but the counselor may use assessment for additional purposes.

Multiple Methods Assessments and Assessment Batteries

Assessment often involves more than a single measure conducted to best gain information about a client. Rather, assessment can be seen as a comprehensive process. Sheperis et al. (2020) discussed assessment as a “process that involves the integration of information from multiple data collection methods” (p. 3). The authors additionally discussed the assessment process as using multiple sources to “yield relevant, accurate, and reliable information about an individual” (Sheperis et al., 2020, p. 2) The idea of assessment is not to gain a small amount of information about a client, but rather to gain a greater, comprehensive view of clients. Assessment does not occur in one specific moment, but is a continuous process of gathering information about clients. As part of a thorough assessment process, Sherpis et al. (2020) suggested a counselor may seek to gather information prior to the first face-to-face meeting. Multiple researchers (Frick et al., 2020; Hays, 2013; Leppma & Jones, 2013; Sattler, 2013, 2018; Sherpis et al., 2020; Weiner, 2013) noted comprehensive conceptualization of clients is based in an assessment process that uses ongoing and multiple methods.
A comprehensive view of clients requires collecting information from a variety of sources, which may include both formal and informal assessment tools. A counselor may want to collect information from a variety of sources including the client, family members, teachers, physicians, mental health and other professionals (Leppma & Jones, 2013; Sattler, 2018; Sheperis et al., 2020). Multiple sources and types of information should be gathered during the assessment process to “reduce the risk of limitations and bias from a single assessment method and to increase the potency of the data collected” (Leppma & Jones, 2013, p. 3). Assessors are interested in gaining an accurate picture of clients, and therefore attempt to gain information that is true, valid, and unbiased using multiple measures and reporters. This allows for increased convergent validity when multiple measures demonstrate a clear and cohesive picture of a client, increasing the accuracy of the information an assessor has collected on a client. Leppma and Jones (2013) emphasized the primary source of information in assessment is often the client, who can provide a variety of information using the multi-methodology approach of assessment.

Assessment Data Collection Categories

There are many ways to assess clients, including both formal and informal instruments, which may all provide unique information about clients. Sheperis et al. (2020) divided assessments into three broad categories—interviews, tests, and observations. Formal and informal instruments can be used within each category of assessment. Leppma and Jones (2013) categorized the different types of assessment methods as including “standardized and nonstandardized tests, questionnaires, inventories, checklists, observations, portfolios, performance assessments, rating scales, surveys, interviews, and other measures” (p. 2). Other authors have identified various assessment types, including screening, focused, diagnostic, counseling, rehabilitation, progress evaluation, curriculum-based, school function, intelligence,
ability, personality, interests and values, interpersonal relationships, and career (Hays, 2013; Sattler, 2018; Sheperis et al., 2020). The many types of assessment measures help in creating a full picture of the client being assessed. When discussing assessment and counseling, Erford (2013) insisted assessment was integral in all stages of counseling. The variety of types help assessors pinpoint why they are conducting the assessment and what they are hoping to gain from the collection of information.

Besides the various categories of assessments, there are also a variety of ways to collect information, including group versus individual, paper or computer based, standardized or nonstandardized, speed or power, rating scales, projective assessments, observations, or interviews (Hays, 2013). Assessors can choose from a variety of types of assessments and a variety of ways to administer the chosen assessment.

Purposes of Assessment

When considering the type of assessment and the format an assessor may use, it is first important to consider the purpose of the assessment. Authors appear to agree there are a variety of reasons for conducting an assessment or assessment battery (group of assessments) that would be beneficial for clients and their families. These reasons may include (a) gathering important information about clients, (b) gaining information about the nature of their problems, (c) gaining information about the size and impact of their problem, (d) developing a full understanding of the relationship between the client’s problem and their environment, and (e) exploring past and current experiences (Drummond & Jones, 2013). Erford (2013) explained assessments can be beneficial for determining “how much” of something (i.e., ability, or depression) someone possesses. Further, the counselor can use assessments to identify appropriate interventions for the client, whether it be counseling or referrals. Hays (2013) stated assessments can be used for
problem orientation, problem identification, generation of alternatives, decision-making, and verification. The counselor can also use assessment to understand the client’s strengths and weaknesses.

Authors have agreed the purpose for assessment can be divided into categories. Those categories include screening, diagnosis and case formulation, neuropsychological evaluation, treatment planning and goal identification, prognosis and hypotheses, judicial and government decisions, personal awareness, social identity, psychological health, growth, and progress evaluation or treatment monitoring (AERA, 2014; Erford, 2013; Mash & Munsley, 2013; Sheperis et al., 2020; Watson & Flamez, 2015). Screening could include identifying children who are at risk for a learning or behavioral/emotional problem. Diagnosis and case formation may include using specified assessments to confirm diagnoses and determine the nature of the presenting problem. Neuropsychological evaluation may help support a case for a child or adult client to receive additional services in education or the workplace.

In treatment planning or goal identification, assessments can be used to specify areas to address in treatment and to determine if referrals are necessary to best support a client. Prognosis and hypothesis testing may include “generating predictions about the course of the problems if left untreated” (Mash & Hunsley, 2013, p. 366) and providing recommendations. Judicial and government decisions may include assessments used in court cases, such as ability to testify or custody cases. Personal awareness, social identity, psychological health, and growth assessments may be used to assist a client in gaining information to better understand themselves and their future options, which may include career assessments or general mental health and intelligence/ability assessments. Progress evaluation and treatment monitoring may involve repeating measures over the course of treatment to determine how the problem or symptoms
have changed as well as the effectiveness of the treatment. The ACA *Code of Ethics* (2014) definition of the purpose of assessments aligns with these findings, stating:

> The primary purpose of educational, mental health, psychological, and career assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making, treatment planning, and forensic proceedings. Assessment may include both qualitative and quantitative methodologies. (p. 11)

The use of assessment batteries in the assessment process can include all of these purposes, often decided by the client or referrer.

When considering the purposes of conducting an assessment, Allot et al. (2010) found evidence that “referrers frequently reported clinically meaningful outcomes,” which included diagnostic changes (11%), treatment approach changes (52%), and an increase in the accessibility to services, education, and work (33% among clients referred; p. 15). Referrers, whether parents, mental health professionals, teachers, or the client themselves, report substantive changes following the assessment process.

Who Is Being Assessed

Sacks (1999) estimated Americans take anywhere from 143 million to nearly 400 million standardized tests yearly for education alone, 50 million to 200 million job tests for business and industry, and several million more for government and military jobs. Kamphaus et al. (2000) estimated the government provided assessments to 12% of the population in public schools in 1995, which would indicate over 5 million children completed multidisciplinary psychoeducational diagnosis or assessment. These numbers from over 20 years ago have only increased with the addition of new federal regulations surrounding Individuals with Disabilities Education Act (IDEA), which was enacted in 2001 and most recently updated in 2015. The National Center for Education Statistics (NCES, 2019) reported around 6,677,000 students were
served nationwide under IDEA, which is 13.2% of the 53.1 million children in public education (U.S. Department of Education, 2019). This means nearly 7 million students received assessment batteries to determine their placement in IDEA.

Students who were not placed under IDEA, but who may have received other services (such as 504 accommodations or no accommodations at all), would have been assessed, increasing the total number of children assessed in kindergarten through 12th grade to more than 7 million students. These numbers reflect the children in public education receiving psychological and learning assessments; it does not include adults and private school children who may also have been assessed. Over 7 million children are being assessed yearly, indicating a large need for assessors.

Counseling Ethics and Standards Related to Assessment

Assessments are conducted by many mental health professionals, including psychiatrists, psychologists, and counselors. Sheperis et al. (2020) indicated beyond mental health professionals, assessments are conducted by educators, social health professionals, military personnel, and business leaders. For the purpose of this research, I will be discussing counselors’ use of assessments specifically. Hays (2013) stated counselors make extensive use of assessments for a variety of purposes. There are both state and ethical guidelines regarding counselors’ ability to use assessments.

In a study conducted by Peterson et al. (2014), a random national sample of 926 nationally certified counselors reported using assessment in some way, whether administration, interpretation, or synthesis of assessment results in practice. These numbers indicate assessment is a valuable tool in counseling, even if it is not the main focus of the counselor’s practice. Of those sampled, counselors (clinical mental health, school, and other) reported a mean percentage
of time spent practicing using assessments as 13.98% (SD = 18.47; Peterson et al., 2014). Other studies indicated counselors were involved in assessment (Hood, 2001), with one study indicating school counselors’ involvement as great as 91% (Ekstrom et al., 2004) and another stating school counselors use assessment around 3 times a week (Blacher et al., 2005). Peterson and co-authors found, of their sample, clinical mental health counselors, school counselors, and other counselors (including college, rehabilitation, career, marriage/family, and counselor educators) use assessments at about the same frequency. Though the results indicated counselors are using assessments, the authors also noted most counselors indicated they rarely use them; Peterson et al. (2014) concluded counselors’ lack of training means they do not feel prepared to use assessments more than rarely.

According to AERA Standards (2014), to conduct an assessment, one must be competent in delivering the assessment. This competence can be developed through education, training, and experience often gained in master’s level education. The standards have been followed by individual training program requirements, ACA guidelines, and CACREP standards to help master’s level training programs include guidelines for the requirements to administer assessments.

According to ACA’s Code of Ethics (2014), “Counselors use only those testing and assessment services for which they have been trained and are competent” and “counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services” (E.2.a, E.2.b, p. 11). Therefore, counselors who use assessments are ethically responsible to be appropriately trained, either in their master’s-level training or subsequent training, to administer higher level assessments. Counselors need to
be aware of the application of assessments, the populations to which they apply, and how to administer and score assessments before giving them to clients. This information can be found in the assessment manual and should be covered in a training prior to the use of any assessment.

ACA dedicated an entire section in its *Code of Ethics* (2014) to assessment use, indicating the assessment process is a significant procedure in the field of counseling. The Association for Assessment and Research in Counseling (AARC) has created standards around multicultural assessment; career; marriage, couple, and family; mental health; and substance use counseling (AACE Standards for Multicultural Assessment, 2012; Career Counselor Assessment and Evaluation Competencies, 2010; Marriage, Couple and Family Counseling Assessment Competencies, n.d.; Standards for Assessment in Mental Health Counseling, n.d.; Standards for Assessment in Substance Abuse Counseling, n.d.). These standards help guide those in specialized counseling professions in their use of assessment in their work.

CACREP (2016) has included assessment as one of the foundational areas of learning for each specialty area of practice (i.e., addictions; career; clinical mental health; college; marriage, couple and family; school; rehabilitation). Additionally, CACREP (2016) signified counselors trained in a CACREP program must understand history, basic concepts, validity and reliability, social and cultural factors, ethics surrounding selecting, administering and interpreting, and referrals in relation to assessment. This indicates counselors should be trained on assessment, whether used in their daily practice or not. There is no research thus far surveying how many counselors use assessment as their full-time practice or conduct full-battery assessments as part of their practice.

Test publishers follow the Standards for Educational and Psychological Testing (AERA, APA, NCME, 2014) which indicate that practitioners should use tests in which they have
appropriate training and expertise. Publishers have created a categorization of assessments based on qualifications, the alpha system (APA, 2000; Pearson, 2020). Assessment instruments are differentiated according to their complexity of administration, scoring and interpretation as well as training requirements (APA, 2000). Level A assessments (e.g. vocational proficiency tests) can be bought and administered without any qualifications, and can be interpreted by nonpsychologists (APA, 2000). Level B assessments (e.g. achievement tests, screeners, interest inventories) require specific training for administration, scoring and interpretation which has been specified by publishers as a master’s degree with training in assessment, certification or full membership in a professional organization (e.g. ACA), a degree or license to practice in healthcare or associated field, formal supervised training, or work for an accredited institution (ACA, 2000; Pearson, 2020). Level C assessments (e.g. aptitude, personality, clinical diagnostic tests) are differentiated as tests used for decision making require a doctorate degree in psychology, education, or a closely related field; or licensure or certification to practice in your state in a field related to the purchase; or certification by or full active membership in a professional organization that requires training and expertise in relevant area of assessment (APA, 2000; Pearson, 2020). Counselors may be required to complete additional training to use Level C tests, which include intelligence tests, projective tests, and clinical diagnostic tests (American Psychological Association [APA], 1954; Turner et al., 2001). Therefore, to complete an assessment battery, a master’s level counselor may need to seek additional training or be supervised by someone with a doctorate depending on the individual tests administered, which are typically provided in assessment courses, doctoral-level training, or outside continued education opportunities.

Sheperis et al. (2020) emphasized the need for master’s-level counselors to seek
supervision and to practice assessments for which they are trained prior to administration with clients, especially when it comes to achievement and intelligence tests. Furthermore, Sheperis et al. discussed the importance of reading assessment manuals to better understand the assessment, its use, and how to administer and score the assessment.

With training, master’s-level clinicians have the ability to conduct intelligence tests and clinical diagnostic tests unless state laws directly prohibit this, which varies from state to state. Erford (2013) noted, “The right and responsibility to administer, score, and interpret psychological and educational tests involve the concerted efforts of professional counselors, legislators, state counseling board members, government bureaucrats, test publishers, advocates, professional associations and affiliates, and the public” (p. 11). There are many voices influencing the regulations and training of counselors who wish to use assessments. Ultimately, individual counselors are responsible for adherence to the rules and regulations in their area and to obtain the appropriate training to best select, administer, and score assessments.

Overall, the many bodies for training, creating standards and ethics, and providing general support of the profession of counselors hold assessment as one of the foundations of counseling. These organizations create guidelines and expect counselors to be competent in the use of assessment. Therefore, counselors can use assessment in their practice to serve clients for the many purposes discussed.

**Process of Assessment**

There are multiple theories of assessment, which often form the base of the process of assessment. These include social cognitive theory, ecological systems theory, information-gathering, collaborative, and therapeutic assessment (Finn & Tonsager, 1997; Fischer, 2000; Tharinger et al., 2007; Whitcomb & Merrell, 2013). Each theory has a unique way to bring
together information gathered in an assessment to create a conceptualization of clients. Sattler (2014) discussed theoretical perspectives specifically in relation to behavioral, social, and clinical assessments working with children; these include developmental perspective, normative-developmental perspective, cognitive-behavioral, family-systems, and eclectic.

As previously discussed, there are many types of assessments to choose from when creating a comprehensive battery of assessments. Researchers have insisted multiple assessment methods and sources important in the client’s life should be used, especially when assessing children (Erford, 2013; Hays, 2013; Leppma & Jones, 2013; Miller et al., 2004; Riccio & Rodriguez, 2007; Rudy & Levinson, 2008; Sattler, 2018; Sheperis et al., 2020; Whitcomb & Merrell, 2013).

Researchers each have a unique way of understanding the assessment process. Hays (2013) described it simply for the use of a singular assessment, stating one first selects the test or source of information, administers the test, and finally interprets the test and communicates the findings. Similarly, Sheperis et al. (2020) described the assessment process as identifying the problem, selecting and implementing assessment methods, evaluating the assessment information, and reporting assessment results and making recommendations. In the greater assessment battery, because of the use of more than one assessment, the process may become more complex. Yet, Hays (2013) and Sheperis et al. (2020) emphasized the communication of findings as the most simplistic way of completing the assessment process. Erford (2013) stated the process includes “identifying the reason for referral/stated concern, gathering background information, conducting observations of the client, interpreting test results in light of all other information known about the client, and generating a list of potential interventions that could be employed based on all available information” (p. 20). Weiner (2013) noted the process varies
depending on the purpose of the assessment, the setting of administration, the needs of the client, and the availability of sources and methods of information.

Sattler (2018) provided recommendations for the assessment process and offered an in-depth look at an assessment battery as used for data collection. Sattler described a multimethod approach to assessment, which includes four pillars of assessment data—reference measures, interviews, behavioral observations, and informal assessment procedures, such as clinical observation of the client and family. Sattler divided the process into 11 steps: (a) review referral information; (b) decide whether to accept referral; (c) obtain relevant background information from questionnaires and prior records; (d) interview the child, parents, teachers, and relevant others; (e) observe the child in several settings; (f) select and administer an assessment battery; (g) interpret the assessment results; (h) develop intervention strategies and recommendations; (i) write a report; (j) meet with the child (if appropriate), parents, and other concerned individuals; and (k) monitor the effectiveness of recommendations. Sattler specifically said it is important to provide feedback to the child client if appropriate but did not explain what that may look like nor describe what “if appropriate” means, leaving the reader with no direction as to how to provide feedback to the child or determine which children are appropriate to receive feedback following the assessment process.

Problems With Assessment

Authors indicate a number of issues still remain in relation to assessment. To highlight a few, authors in counseling have focused on the lack of evidence-based assessment, as compared to the way counseling is pushing toward evidence-based treatment in counseling (Mash & Hunsley, 2005). Another issue indicated in literature is too much reliance on test scores for decision-making (Sheperis et al., 2020; Watson & Flamez, 2015). This issue indicates in some
cases clinicians are not looking at a holistic picture of the client and considering the client’s background or culture (Sheperis et al., 2020).

Watson and Flamez (2015) focused on the issues surrounding culturally diverse clients including the norming and assessing clients based on assessments that may not have been normed for culturally diverse populations. As indicated in historical accounts of assessment, assessments have been invalid and unreliable due to administration of assessments to all clients when assessments have been standardized on culturally narrowed populations. Watson and Flamez (2015) suggest that the counselor’s duty is to continuously monitor for the validity and reliability of assessments based on a wide range of diverse clientele. Sheperis et al. (2020) indicated that tests may still be considered biased against certain cultural groups. Additionally, Draguns and Tanaka-Matsumi (2001) discussed issues surrounding the assessment process in relation to culture including how certain cultural characteristics manifest and align with psychological disturbances, cultural barriers to communication, and lack of assessors empathetic understanding of a client from a different cultural background.

Another issue in assessment is the use of computers and technology in relation to the assessment process (Watson & Flamez, 2015). With the influx of test designers using technology to administer, score, and interpret assessments, there have been debates surrounding these new procedures in comparison to traditional methods of assessing participants, and how the shift towards technology affects clients (Watson & Flamez, 2015).

One issue that has been discussed over multiple decades is providing feedback to clients (Fischer, 1972; Pope, 1992; Tharinger et al., 2008a). In more recent years specifically, feedback has become available to adult clients but has not been provided to children who go through the assessment process (Frick et al., 2020). Authors indicate giving children assessment feedback is
challenging due to their cognitive abilities and the struggle to translate feedback into developmentally appropriate presentation for children (Frick et al., 2020). Frick et al. (2020) noted providing assessment feedback to children has been traditionally overlooked even though children have a right to know their results. Tharinger et al. (2008a) agreed insisting providing children their assessment feedback is both their right as a client and an assessor’s ethical responsibility.

Assessment Feedback

Assessment feedback is the process of giving key people the information collected in the assessment process and recommendations that align with the finding from the assessment battery. Over two decades ago, Pope (1992) stated assessment feedback may be one of the most neglected processes in the psychological assessment literature. A lack of literature and research in the last 20 years on assessment feedback processes supports the conclusion that exploration of assessment feedback continues to be neglected. Sheperis et al. (2020) stated, “The assessment process ends with an oral or written report, whereby counselors communicate assessment results to clients (or relevant parties) in a comprehensible and useful manner” (p. 393). Sattler (2018) described the importance of communicating results with parents, child (if appropriate), and the referrer but did not describe how to give feedback or when it is appropriate to give feedback to children. Feedback is most often provided in the form of a written report but can be delivered in an oral feedback session as well.

Hays (2013) included feedback into the overarching idea of communicating findings, suggesting the communication of findings should take place in one or more counseling sessions and should include checking in with the client, providing structure for the interpretation, reviewing the results, integrating the results, and planning for the future (Hays, 2013). Snyder et
al. (2006) suggested feedback sessions should include four aspects of interviewees: (a) strengths of the client, (b) weaknesses, (c) strengths in the client’s environment, and (d) environmental weaknesses.

Sheperis et al. (2020) explained that counselors use feedback sessions to (a) orally review and clarify feedback assessment results; (b) gain any additional information; (c) educate the client, family or stakeholders about what the results mean; (d) continue to build rapport; and (e) provide recommendations. The authors also stated: (a) feedback is usually provided soon after the assessment; (b) people other than the client can be invited to attend (e.g., spouses, parents, primary caregivers, teachers, school administrators); (c) counselors should describe the purpose of the assessment and do their best to explain difficult concepts and limits of tests; and (d) counselors should report the test results in a way the client (and others) can understand.

Lerner and Lerner (2007) theorized the language in which the assessor provides feedback to the client is extremely important, emphasizing the need for the feedback to be useful and non-offensive. Lerner and Lerner also emphasized how language and feedback can be used to promote a working alliance and deeper understanding of the clients assessors serve.

There has been an extensive historical debate and shift in ideology regarding the need for clients to receive the results of their assessments. Historically, only referrers and other qualified practitioners were given the results of assessments. Clients were left without any of the information that resulted from the assessment procedure. Fischer (1972) explained the previous way of thinking was grounded in the medical model, in which the professional was assumed to know more than the client and was more responsible for the client than the client was for themselves. Fischer (1972) stated this ideology is based on the assumption the client did “not have the specialized training necessary to understand [the result]” (p. 365).
There was a shift in the 1970s when the APA released its 1970 policy statement on psychological assessment. The statement revealed the shift in thinking and changed the way assessments and assessment feedback were viewed. As a result of this shift, assessors began reporting assessment feedback directly to clients either through a written report or oral explanation of assessment findings. This APA policy influenced the way professionals thought about results, but it also changed the way assessors regarded clients. Fischer (1972) explained the change as a shift toward “personal responsibility, self-esteem, and purposeful effort” (p. 365), which included providing results to clients using contextual events and the person’s own language.

Another seminal work is Berg’s (1985) theoretical piece on providing client feedback. Berg provided suggestions to clinicians on offering feedback, including (a) using the patient’s language; (b) being clear, direct, and tailoring feedback; (c) starting with the “known” and moving to the “unknown”; and (d) carefully selecting the information discussed with the client. Berg (1985) also hypothesized a clinician should “increase a patient’s understanding of his psychological problems and to reinforce his readiness to accept recommendations and help” (p. 61). Berg offered further tips to address client resistance and create opportunities for client’s self-reflection, thus enabling a feedback loop to increase effectiveness of feedback. Finally, Berg addressed some reactions clients may have to feedback, including (a) helpless perplexity, (b) refutation, (c) disinterest, (d) glib acceptance, and (e) extension of the feedback process due to anxiety. Berg has been cited throughout literature as a resource for how to provide appropriate client feedback and how feedback could be given following the historical shift in ethical standards.

The ACA (2014) also included the importance of sharing results with clients in their most
recent ethical code, which includes a defined section on evaluation, assessment, and interpretation. This includes section E.3.b on Recipients of Results, which states “Counselors consider the client’s and/or examinee’s welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results” (ACA, 2014, p. 11, E.3.b). This ethical guideline is unclear regarding exact recipients of results, including a lack of clarity concerning the provision of assessment results to children. In section E.9.a. the code states,

> When counselors report assessment results, they consider the client’s personal and cultural background, the level of the client’s understanding of the results, and the impact of the results on the client. In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or inappropriateness of the norms for the person tested. (ACA, 2014, p. 12, E.9.b.)

The ethical code is not specific about recipients of results or methods of providing results.

Assessment results are described in the ACA code in terms of informed consent, stating,

> Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand. (ACA, 2014, p. 11, E.3.a)

In a historical theoretical piece, Pope (1992) discussed his beliefs that clients have the right to be told why an assessment is being conducted and to receive feedback about the assessment. Pope (1992) further stated, “The feedback process can be essential to ensuring the client’s right to informed consent to or informed refusal of various psychotherapeutic intervention” (p. 269). Therefore, clinicians should consider (a) how informed consent is directly linked to giving assessment feedback to clients and (b) the ethical interpretations if one is not providing feedback to clients.
Pope (1992) also stated the clinician should be aware of the client’s comprehension of assessment results provided by the clinician and avoid making assumptions regarding the client’s understanding of the provided information. Best practice indicates that clinicians check for understanding when giving feedback which further aligns with ethics related to client understanding of feedback (ACA, E.3.b). Pope (1992) accentuated assessors’ power in the relationship of reporting assessment feedback to a client in stating, “The form in which the test results and their implications are presented can heavily influence how a client will interpret their meaning and will decide what course of action may be most promising” (p. 269). Pope urged counselors to consider their responsibilities, power, and ethics when providing feedback to clients.

Unfortunately, even with the shifts in recommendations given by ACA and APA, there is limited information on frequency, format, and methods involved in the provision of assessment feedback to clients. To date, there are no identified studies on counselors’ use of assessment feedback within ACA literature—how often, how, or why they are providing feedback to clients following assessment. However, other mental health professions have provided literature exploring the extent to which mental health professionals are providing assessment feedback to clients.

Curry and Hanson (2010) conducted a national survey of 468 doctoral-level clinical, counseling, and school psychologists and found assessors provide feedback to clients but inconsistently. The results indicated only 35% of respondents gave oral feedback every time, though 91.7% stated they give oral feedback some of the time, and 2.8% stated they never give oral feedback (Curry & Hanson, 2010). Curry and Hanson also found 8.5% of respondents never gave written feedback, and only 24.8% of respondents reported always giving written feedback.
The results from Curry and Hanson’s survey indicate there are inconsistencies in providing written and oral assessment feedback to clients.

In previous research on providing feedback and the usefulness of feedback according to clinicians, Smith et al. (2007) surveyed 719 psychologists and found 71% of respondents frequently provided in-person assessment feedback to clients and/or their families. When examined more carefully, only 31% of respondents stated they always give a written report, and 49% stated they always provide in-person feedback. Additionally, 41% of respondents indicated they never provide direct feedback to clients or their families (Smith et al., 2007).

These results seem outstanding considering the ethical guidelines in place by both APA and ACA encouraging assessment feedback to clients. The second part of Smith et al.’s (2007) survey examined how respondents felt about the usefulness of assessment feedback to clients. In these results, 72% of respondents stated clients found assessment feedback useful, 72% stated assessment feedback facilitated an open dialogue, 75% stated it helped clients better understand their problems, and 75% stated it resulted in a better client experience. With the significant benefits indicated from practitioners’ experiences of clients, the lack of feedback provision reported by clinicians seems incongruous.

In a historical theoretical piece, Pope (1992) considered some of the downsides to providing feedback, though he insisted clinicians should be providing feedback regardless of consequences. He stated one reason clinicians may not be providing feedback is because they are not being paid to give feedback to their clients. The creation of feedback and the feedback process can sometimes be time consuming. Pope (1992) went on to mention some clinicians may avoid giving feedback because they do not want to be the “bearer of bad news” (p. 268) and may be uncomfortable with the discussion of their findings with clients. Clinicians should be aware of
the potential issues in giving feedback and monitor their reactions surrounding feedback to clients.

Consequences and Benefits of Providing Assessment Feedback

Over the past 40 years, theorists and researchers have discussed some of the benefits and consequences of providing assessment feedback. In the field of counseling, there appears to be a gap in literature on assessment feedback. In a review of counseling literature over the past 10 years, no articles were found on clients’ experiences of assessment or assessment feedback. Therefore, all studies have been taken from psychology field literature. A review of the findings related to assessment feedback follows.

Davidson et al. (2013) examined the assessment process, including assessment feedback, in a qualitative study with five adult participants who were interviewed following a cognitive assessment given by psychologists on a learning disabilities team. They found participants noted the feedback included both strengths and weaknesses; all participants said they learned something new about themselves because of the feedback session, but they were not sure how the information would be used. Davidson et al. (2013) indicated participants took a “passive stance following the assessment” (p. 189); consequently, participants reported “hope and agency” (p. 189) following the assessment process, which included feedback, but those feelings were not maintained. Participants were dependent on clinicians on what to do following the assessment process; specifically, the participants were not sure why the assessments had been administered. Participants were selected based on those who received an assessment in the past 6 months, noting there was no standardization of assessment procedures. The authors concluded the substantial effect of cognitive assessments on the self-identity of people with learning disabilities.
Allen et al. (2003) completed a study with experimental and control groups focusing on adult participants’ experiences related to assessment feedback on rapport and self-enhancement. The study included 83 participants, mostly female and Hispanic, wherein the experimental group received 15 minutes of visual and auditory feedback on their results from the Million Index of Personality Styles (Millon et al., 1994), and the control group received general information about the scale. The findings indicated numerous benefits of receiving feedback, including boosting the rapport-building process, reducing negative feelings surrounding the assessment process, and increasing the amount they valued the information received. More significantly, participants who received feedback also scored higher in comparison to the control group on measures of “greater sense of self-verification and self-efficacy/self-discovery” (Allen et al., 2003, p. 176), higher results on “self-esteem and self-liking” (p. 177), and enhancement on aspects of “sense of self” (p. 177). Because of the nature of the experimental-control design, the authors stated their findings further clarify that the feedback is the change agent, not taking the assessment, the examiner’s credibility, or receiving attention from the examiner (Allen et al., 2003). The authors emphasized just gaining attention is in fact not the reason for increases in self-esteem and self-enhancement, but rather benefits are directly linked to the informational value of the feedback that a participant is receiving (Allen et al., 2003). The authors stated these effects can be generalized to nonclinical populations, as the population selected for this study were college students not seeking assessment for clinical concerns. Allen et al. asserted their research broadened the populations for whom assessments are effective, as previous research had been focused on clinical populations.

In an older study, Bennett-Levy et al. (1994) surveyed consumer experiences of 129 adults who had experienced a neuropsychological assessment in the previous 6 months at one of
five locations. The survey, created by the authors without information on the validity nor reliability of the instrument, consisted of yes/no questions with space for comments. Results indicated 56% of the participants responded they thought the assessment process positive, and 91% indicated positive or neutral (Bennett-Levy et al., 1994). Regarding the feedback, only 68% of participants received feedback, and 59% of respondents indicated they wanted more feedback. Of those who did receive feedback, 67% found it useful, 70% remembered it, and 76% understood the feedback. The authors concluded assessment feedback is beneficial when it is memorable, understandable, and useful.

Two studies (Finn & Tosager, 1992; Newman & Greenway, 1997) explored the effects of providing feedback to participants on their MMPI-2 results. Finn and Tosager (1992) studied 61 participants. Their experimental group took the MMPI-2 and received results, while the control group did not take the assessment but received attention from the examiner to determine if feedback or simply attention was beneficial. The results indicated the experimental group receiving feedback reported a significant decline in symptoms of distress, a significant increase in self-esteem, and felt more hopeful about their problems. These results appeared to be lasting as benefits were maintained immediately following the feedback session and at a 2-week follow-up (Finn & Tosager, 1992). Finn and Tonsanger found participants in the experimental group who completed the MMPI-2 and received a feedback session showed more hopefulness about their problems immediately following the feedback session and reported the effects at the final follow-up.

Because of the significance of the impact of the results and the flaw in design surrounding the control group not taking the MMPI-2, Newman and Greenway (1997) replicated Finn and Tosanger’s (1992) study to include a control group who took the MMPI-2 and received
attention from the clinician rather than feedback. The researchers also used 60 college students, 30 experimental and 30 control, with their control group receiving delayed feedback following the intervention. Newman and Greenway (1997) confirmed the feedback was the beneficial part—not the experimental group’s participation in taking the MMPI-2 nor the attention from the assessor. Specifically, Newman and Greenway found those in the feedback condition (the experimental group) reported significant increases in self-esteem and decrease in their symptomology compared to the control group at a 2-week follow up. Newman and Greenway’s replication with control group reinforced the evidence that assessment feedback can help increase participants’ self-esteem and hope for the future while decreasing the reported symptomology participants report.

In a more recent study, Holst et al. (2009) surveyed 32 adult participants with attention deficit hyperactive disorder (ADHD) and autism spectrum disorder (ASD) regarding their satisfaction with neuropsychological assessment feedback. Their results indicated there was not “any significant relationships between level of satisfaction and diagnosis, age, sex, or number of personality disorders” (Holst et al., 2009, p. 53), indicating those variables should not confound future research on giving assessment feedback. Overall, the findings indicated “patients may become more satisfied and experience an increase in their self-esteem when they experience a positive and empathic relationship with the examiner” (Holst et al., 2009, p. 54). These results suggest an empathetic relationship with the person giving feedback may be necessary for the feedback to be beneficial to the client. The researchers also reported participants “expressed, on average, a rather low satisfaction with both the assessment and the subsequent feedback,” “did not think they had gained new knowledge about themselves,” and that “a low degree of satisfaction was strongly related to low self-esteem” (Holst et al., 2009, p. 54). These
implications suggest assessors may not be giving feedback in a way that is beneficial to participants, especially when assessors are not providing new information or providing information that negatively affects a client’s self-esteem.

In a survey of psychologists who give assessments, Smith et al. (2007) asked 719 psychologists about their experiences with clients’ experiences of assessment feedback. Psychologists in the study indicated assessment feedback “usually or almost always facilitating an open dialogue (72%), helping understand their problems better (75%), and resulting in positive client experiences (75%)” (p. 314). Smith et al. (2007) stated they saw assessment feedback as “enhancing their [client’s] motivation to follow recommendations (52%)” and “that they and/or their family members felt better as a result of feedback (67%)” (p. 314). As previously discussed, though psychologists have seen these significant benefits, many are still not giving feedback consistently.

Donofrio et al. (1999) studied 60 patients who had undergone the assessment process, asking all participants (no control group) about their perceptions of a 1-hour feedback session. Results indicated “no differences in patient evaluations of assessment or feedback based on gender or diagnostic category” (Donofrio et al., 1999, p. 721). Donofrio et al. were among the first to identify that gender and diagnostic category were not confounding variables in studying the assessment feedback process. The researchers found “patient perceptions were unaffected by the training level of the person administering the tests or providing the feedback” (Donofrio et al., 1999, p. 721), removing the idea that status, training, or perceived level of authority of the person delivering the feedback was a significant variable when researching assessment feedback. In Donofrio et al.’s examination, all of the participants reported assessment feedback was helpful with 16.7% reporting it was helpful, and 83.3% indicating feedback was very helpful.
Participants indicated the recommendations they received in assessment feedback were helpful, with 21.7% agreeing it was helpful and 73.3% agreeing it was very helpful (Donofrio et al., 1999).

Ward (2008) examined the assessment feedback processes from the view of both the assessor \((n = 6)\) and the assessee \((n = 6)\) in a qualitative study on experiences of assessment feedback. Both assessees and assessors were young adults \((19-26\) years old for assessee and mid 20s to late 30s years old for assessors) and all were White. The qualitative themes emerging from the participants who were assessed included their views of the assessor, including (a) feeling uniquely understood, (b) ambivalence regarding the assessor’s knowledge, (c) feeling personally and empathically attended to by the assessor, and (d) appreciating assessor’s promotion of collaboration (Ward, 2008).

Regarding unwanted or discordant results, the qualitative themes from Ward’s (2008) research included (a) difficulty processing upsetting results, (b) unwanted results experienced as a loss of possibilities, and (c) uncovering of unspoken knowledge of self. A final global theme from those being assessed was a shift from self-blame to ‘informed action,’ which included initial blaming self and feeling deficient, movement from ‘fatalism’ to ‘autonomy,’ and personalization of feedback and comparison with peers and re-evaluation of self-image (Ward, 2008). The researchers also looked at the assessor’s perceptions of the feedback and identified themes of (a) getting the participant involved in feedback, (b) challenges, (c) indications of success, and (d) experiences of mutative factors in feedback (Ward, 2008). Overall, Ward gained insight into the experiences of young adults receiving feedback and what the experience was like for them.

Gass and Brown (1992) provided a theoretical look at providing assessment feedback to
adults with brain dysfunction. The authors focused on the importance of giving feedback, including helping patients and their families cope with the consequences of brain injury. The authors concentrated on communicating results to the patient and those involved in helping the patient, such as family members, in practical and understandable language as part of the patient’s rights. Specifically, Gass and Brown stated, “Feedback must be tailored to suit the patient's particular cognitive and emotional needs. . . . Other methods, such as a graphic presentation and provision of recommendations in writing, may help. Feedback should be as specific and concrete as possible” (Gass & Brown, 1992, p. 276). Gass and Brown focused on how the interactive process of feedback allows the client greater understanding and more likelihood to follow recommendations, including increased rationalization for treatment.

Gass and Brown (1992) suggested feedback can also be helpful for families, indicating families can have more realistic expectations, which may increase the level of support a patient receives and provide appropriate recommendations for families when symptoms do occur. Gass and Brown identified steps for providing feedback that align with the findings of more recent authors. These steps include (a) reviewing the purpose of testing, (b) defining the tests, (c) explaining test results and behavior, (d) presenting general performance on cognitive domains rather than each test, (e) allowing patient to respond briefly, (f) describing strengths and weaknesses, (g) potentially involving family, (h) addressing diagnostic and prognostic issues, and (i) making recommendations. Gass and Brown focused on a particular adult population that required family participation (similar to the population of 6- to 10-year-old children with multiple diagnoses) due to their cognitive capabilities and limitations of autonomy.

Research on the benefits of providing assessment feedback has been sparse and somewhat theoretical. Still, there have been some important findings in the research that have
focused on the participants’ experience with receiving assessment feedback. Some of the benefits include (a) connection between the assessor and participant (such as enhancing and accelerating rapport building; Allen et al., 2003), (b) open dialogue (Smith et al., 2007), (c) feeling personally and empathically attended to (Ward, 2008), (d) feeling uniquely understood (Ward, 2008), and (e) positive client experience (Smith et al., 2007). Other benefits related to the assessment process include decreased negative feelings about the assessment process (Allen et al., 2003) and increased motivation to follow recommendations (Smith et al., 2007).

Many of the results of previous research on the value of assessment feedback related to the participants’ views of themselves: (a) influencing their self-identity (Davidson et al., 2013), (b) greater sense of self-verification and self-efficacy (Allen et al., 2003), (c) increased self-esteem and self-liking (Allen et al., 2003; Finn & Tonsager, 1992; Holst et al., 2009; Newman & Greenway, 1997), and (d) increased sense of self (Allen et al., 2003). Finally, participants reported (a) increased hope about their problems (Finn & Tonsager, 1992), (b) a decrease in symptoms (Finn & Tonsager, 1992; Newman & Greenway, 1997), (c) moving from self-blame to informed action (Ward, 2008), and a (d) sense of participants and their families feeling better (Smith et al., 2007). The literature available on participants’ experiences of assessment feedback indicated when feedback is given, which, as reported by psychologists, is not always done even in current practice, clients benefit in a number of ways.

Assessment With Children

Assessment has been used with children for centuries to help identify future careers, make appropriate educational placement, and determine intelligence. The use of assessment with children has continued to be essential following passage of educational laws to help children receive services in schools. Assessments with children have been used to help determine mental
health diagnoses and treatment planning (Sattler, 2018). In my review of literature, I discovered assessment with children is rarely studied, other than validating measures currently used to assess children. There are some procedural differences clinicians should consider when assessing children.

As previously discussed, approximately 7 million students are currently served nationwide under the requirements of IDEA, which is 13.2% of the 53.1 million children in public education (NCES, 2019; U.S. Department of Education, 2019). Of those served by IDEA who have been assessed, 18.47% are African American, 1.41% are American Indian, 2.28% are Asian American, 49.7% are European American, 23.33% are Hispanic American, 0.38% are Native Hawaiian, and 3% are two or more ethnicities (U.S. Department of Education, 2019). Children from all races and nationalities are being assessed both in and outside the school setting.

One of the key differences in working with children in counseling or assessment is the issue of informed consent. As stated in the ACA Code of Ethics (2014) and specific state laws, minors do not have the authority to sign informed consents. A clinician is asked to gain the assent of a minor completing the assessment process (ACA, 2014, but parents are included in the assessment process from the beginning, starting with the informed consent. If completing an assessment in the school setting, the IDEA (2004) laws require the school notify a parent that an evaluation will be taking place.

Throughout the process, parents continue to be involved as a major source of information; they are included in the intake interview and often provide all of the demographic and history for the child who is assessed. A parent is typically responsible for transporting the child to the assessment site. Sometimes a parent is the one who explains the assessment process
to the child; other times, it is the clinician who explains to the child why they will be going through the assessment process. Parents are often the only individuals who receive the assessment feedback, an issue discussed in depth later. Overall, the assessment process with children differs significantly from that of adults in that parents are involved throughout the entire assessment process and often give and receive information the child is not privy to during the process.

The reasons parents seek assessment for their children often differ from the reasons adults seek assessment. According to the U.S. Department of Education (2019), children under the IDEA are served for autism, deaf-blindness, developmental delay, emotional disturbances, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments, specific learning disabilities, speech or language disabilities, traumatic brain injury, or visual impairment.

Children are often assessed outside of the school setting in a variety of clinical and mental health settings (Middleton et al., 2017) such as clinics, hospitals, and private practices (Frick et al., 2020). Children can be referred to clinical settings for testing for school placement, to rule out and identify a specific problem, and to increase information about what needs to be done to help a child (Frick et al., 2020). Clinical settings can assess for areas within and outside of those identified by IDEA, help diagnose a child’s difficulties, and make treatment recommendations based on the diagnosis (Frick et al., 2020). Children can be referred for psychoeducational testing in a clinical setting when referrers have concerns about a client’s emotions, development, personality, learning abilities, or academic achievement (Sattler, 2018). Hays (2013) indicated counselors are most likely to assess clients for affective, cognitive, and behavioral concerns.
Clinicians need additional training to conduct assessments with children. According to Sattler (2018), an efficient assessor has a background in testing, statistics, development, personality theory, psychopathology, and clinical and educational interventions. Erford (2013) emphasized the specialized training necessary to assess different specialties in counseling. Assessing children, due to their unique developmental needs and differences, should be considered a specialized area of assessment and may require additional training. Furthermore, test makers may require clinicians have particular training to purchase many of the tests necessary to conduct a psychoeducational assessment with a child. Whereas some areas of knowledge (e.g., testing, measurement, and statistics) are required to assess any client, the specific education and training surrounding child development, psychopathology, and educational and developmentally appropriate clinical interventions are unique to the assessment of children.

Assessment Feedback With Parent and Children

Just as the assessment process may look different with children than with adults, the assessment feedback process has also looked different historically. Although the child is involved in the assessment process to the extent they give assent, complete all of the assessments included in the battery, and are used as a source of information in interviews and observations, assessment feedback has typically been given directly to parents without the presence of the child (Frick et al., 2020). Sattler (2018) stated assessment feedback can be given to a child if appropriate but did not describe what the process may look like nor address the appropriateness of what constitutes an appropriate child and situation in which to give feedback.

There has been an ethical debate surrounding whether a child should receive feedback, considering their inability to consent to treatment. According to the ACA Code of Ethics (2014),
children do not have the ability to consent in the informed consent process, which is done by the parents, but they do have the right and ethical obligation to assent to treatment including assessment. Whereas the ACA Code of Ethics addresses the clinician’s obligation to parents of minors, the code also addresses confidentiality and obligation to the minor as client. As assessment is part of the treatment of a minor, consideration should be given to sharing assessment information with the child as well.

Parent Feedback

Typically, rather than the child directly receiving feedback from the clinician, the parent receives feedback, which they may or may not pass on to the child (Frick et al., 2020). Textbook authors and theorists have provided direction for parent feedback following a child’s psychological evaluation (Braaten, 2007; Brenner, 2003; Frick et al., 2020; Groth-Marnat & Wright, 2016; Pollack, 1988; Sattler, 2014; Sheperis et al., 2020).

In a historical piece, Pollack (1988) was the first to suggest parent feedback be tailored to the intellectual level of the parent. Pollack further recommended the assessor should encourage parents to participate actively, avoid blaming parents, and normalize the child’s behavior whenever possible. Pollack also proposed including information on the child’s strengths. Pollack advised beginning a feedback session by checking in with the parent about what the child may have shared about the assessment process and any additional concerns they may have. Pollack stated therapeutic skills are necessary when working with parents in the feedback process to improve the relationship with parents. In this seminal work, Pollack provided one of the first examples of how to give feedback to parents in a school setting that appears to be generalizable to giving parents feedback for psychoeducation assessments outside of the school setting.

Braaten (2007) noted a rapport-building process typically occurs in the assessment
process prior to feedback sessions with parents. Braaten suggested clinicians use their own
clinical experience to identify what may be beneficial to use in feedback with parents. To
emphasize a strengths-based approach, Braaten proposed feedback begin with strengths and what
the clinician enjoyed about the child, then move to feedback typically focused more on clarifying
and responding to concerns.

Braaten (2007) also stated it is beneficial to restate the referral question to get parents and
the assessor on the same page. Braaten noted parents often “tune out” the remainder of feedback
and emphasized the need for feedback to be brief, direct, and sensitive. Braaten reminded
clinicians to check in with parents in a collaborative way to ensure feedback fits and to gain
insight into the parents’ perceptions—allowing for questions and resistance from parents. The
checking-in process helps the assessor better understand parents’ knowledge and perceptions of
the problem and identify areas in which psychoeducation may be necessary.

According to Braaten (2007), the assessor should provide information in understandable
language and have evidence of results and diagnoses for discussion. Braaten (2007) reminded
clinicians to “repeat major concepts by summarizing the information initially, going back over
the detail, and summarizing again” (p. 77). Repetition and summary serve to confirm information
is presented in a clear, understandable way, thus increasing parental understanding of the
information presented. Braaten advised clinicians to pay attention to parents’ nonverbals and
leave time throughout for parents’ questions to check for parents’ understanding.

Braaten (2007) described a variety of parental reactions and situations for which
clinicians can prepare, such as feeling denial; blaming each other; having parents with mental
illnesses; misunderstanding symptoms; and experiencing frustration, comparison, and false hope
due to inconclusive results. Braaten concluded by suggesting to clinicians that parents should not
leave feedback feeling hopeless and that there should be closure of the process by discussion of a follow-up plan, referrals and questions. Overall, Braaten gave clinicians a brief plan for giving parent feedback and identified certain parental emotions and reactions that may arise during the feedback process.

Frick et al. (2020) proposed, due to diversity of family makeup and caretakers, there is no one way to conduct parent feedback sessions; the assessor should be flexible and focus on the needs of the family in the setting. General guidelines Frick et al. recommended include (a) avoiding deceit, (b) using percentile ranks, (c) allowing parents opportunities to participate and ask questions, (d) anticipating questions, (e) scheduling adequate time, (f) practicing with a variety of diverse families to improve communication, (g) avoiding overly explicit predictions, (h) using good and basic counseling skills, (i) not engaging in counseling beyond the clinician’s level of expertise, (j) anticipating some may not be ready to accept results, and (k) maintaining a positive tone throughout. Frick et al. attempted to provide flexible guidelines while also reminding clinicians feedback sessions may vary with parents because of cultural differences and parental readiness to accept the feedback an assessor may provide.

Groth-Marnat and Wright (2016) contrasted giving feedback to parents of children who have been assessed compared to adult clients who have gone through the assessment process. They recommended the feedback be given in a clear and understandable way, stating “descriptions are generally most meaningful when performance levels are clearly indicated along with behavioral reference” (Groth-Marnat & Wright, 2016, p. 57). Groth-Marnat and Wright focused on the needs and vocabulary, personal characteristics, general education level, knowledge of testing, and potential emotional response of the parent or caregiver who is receiving the feedback related to their child. The authors concluded by reminding the reader the
feedback process can be part of the intervention. The authors focused on the uniqueness of the parents when considering the way in which one would deliver feedback to a family system, focusing on how to make feedback effective, considering different factors of parents’ education and understanding to make results as clear as possible.

Sattler (2014) identified four phases in describing the parent feedback process and general considerations and guidelines for how to approach the session with parents. Sattler encouraged clinicians, during a typical assessment feedback session with parents, to present overall test findings, scores, and diagnoses, while avoiding disclosing child’s direct responses, unless necessary for safety (i.e., suicidal ideation). Sattler also suggested considering the rights of children at older ages by requesting permission to share sensitive information with parents prior to disclosure. Although child permission is not legally required in most cases, clinicians may build stronger trust with child clients if they seek the child’s assent for provision of parent feedback. Sattler’s consideration of child assent is one of the unique instances in the literature in which the child is recognized as the client of focus, encouraging assessors to seek permission from the child when appropriate.

Furthermore, Sattler (2014) reminded assessors of the legal issues surrounding FERPA, stating parents are legally entitled to test protocols. Sattler gave clinicians clear phases for conducting a parent feedback session, which Sattler called a post-assessment interview with parents. The first phase is to establish rapport with the parents or continue to establish rapport. According to Sattler, the second phase of the post-assessment interview involves summarizing assessment results and implications of the findings in a straightforward way. In communicating results, Sattler instructed clinicians, in summarizing and providing clear information to parents or caregivers, focus on (a) referral issues and concerns; (b) specific tests and test results; (c) child’s
strengths and weaknesses; (d) child’s intellectual abilities, academic skills, and behavioral functioning; (e) follow-up decisions that need to be made; and (f) confidence intervals (i.e., context of the range of scores).

Sattler (2014) also advised assessors to be prepared for a variety of things, including parental reactions, explanations of inconclusive findings, their own attitudes, potential pitfalls, and feedback from parents. Sattler encouraged assessors to focus on the child interview, discuss the etiology of the findings, and evaluate parents’ openness and understanding when progressing through the feedback. As Frick et al. (2020) and Groth-Marnat and Wright (2016) affirmed, evaluating parents’ understanding throughout the feedback session appears to be especially important and is a key feature in communicating clear results with parents.

The final two stages of Sattler’s (2014) guide to parent feedback include discussing the assessor-created recommendations and terminating the interview. These stages include encouraging responsibility and a plan of action the parents can take, continuing to evaluate understanding, and reminding parents of clinician availability to discuss results and recommendations in the future if they are struggling to accept or retain the information (Sattler, 2014). Sattler encouraged assessors to consider factors that can affect the feedback session, including attitudes, behavior, understanding of the question, memory, interpretation of events, language, affect, personal likes, dislikes, values, and psychological problems. Sattler provided a clear guide for how to conduct parent feedback sessions that considers a variety of things that could happen during the feedback, with a key focus on parents’ understanding of information.

Sheperis et al. (2020) suggested counselors follow the four stages set by Sattler (2014) yet focused on attitude toward parents during parent feedback, stating clinicians need to be patient and understanding but honest in explaining to parents what tests measure and the
interpretation of results for their child. Whereas Groth-Marnat and Wright (2016) concluded clinicians should focus on descriptions, Sherperis et al. stated percentile ranks, grade equivalent scores, and stanines are easy to explain and are less likely to be misinterpreted. Sheperis et al., as with the other authors, focused on the understanding of the parent but found numbers and relationships to others on a curve gave a clearer understanding to parents rather than descriptions, which may be misunderstood.

Brenner (2003) wrote a theoretical piece on consumers’ perspectives of the assessment process that focused on five suggestions, including (a) eliminating jargon, (b) focusing on the referral question, (c) individualizing assessment results, (d) emphasizing client strengths, and (e) writing concrete recommendations. These recommendations can be applied to the parent feedback sessions, and Brenner (2003) specifically encouraged clinicians to focus on “concrete examples of the client’s behavior” (p. 244) when providing parental feedback. Brenner referred to Pollak’s (1988) recommendations and elaborated with the idea that collaboration with parents in the feedback process and continuing to gather information from parents during the feedback session are beneficial. Overall, Brenner focused on his five suggestions and the importance of parent feedback in clearly communicating information and continuing to gather information throughout the feedback process.

Authors have agreed on the importance of gauging and continuously monitoring parents’ understanding of feedback throughout the parent feedback process (Braaten, 2007; Brenner, 2003; Frick et al., 2020; Groth-Marnat & Wright, 2016; Sattler, 2014; Sheperis et al., 2020). Sattler (2014) and Sheperis et al. (2020) focused on rapport building with parents before communicating results, whereas Braaten (2007) suggested the rapport should have been established prior to the feedback session. Frick et al. (2020), Pollack (1988), Sattler (2014), and
Sheperis et al. (2020) stated therapeutic skills are necessary in providing parent feedback. Authors have emphasized the parent feedback process can be used to gather more information from parents (Braaten, 2007; Brenner, 2003). Some authors have focused on using appropriate language for the parents’ intellect and understanding of materials (Braaten, 2007; Frick et al., 2020; Groth-Marnat & Wright, 2016; Pollack, 1988; Sattler, 2014). Some authors have reminded clinicians to focus on the child’s strengths (Braaten, 2007; Brenner, 2003; Pollack, 1988; Sattler, 2014; Sheperis et al, 2020). Sattler gave specific guidelines and steps to help guide clinicians through the parent feedback process, whereas other authors have focused on general considerations for parent feedback, such as Braaten who considered parents who have mental illnesses themselves. Braaten (2007), Frick et al. (2020), Groth-Marnat and Wright (2016), Sattler (2014), and Sherperis (2020) all discussed potential reactions parents may have to feedback, such as anxiety, rejection of results, defensiveness, denial, anger, embarrassment, or relief.

Assessment feedback to parents should focus on the most pertinent findings (Braaten, 2007; Groth-Marnat & Wright, 2016). Authors seemed to agree one of the most important parts of parent feedback is that parents understand the information presented and that it is presented in a clear manner (Braaten, 2007; Brenner, 2003; Frick et al., 2020; Groth-Marnat & Wright, 2016; Pollack, 1988; Sattler, 2014; Sheperis et al., 2020). Braaten (2007) and Draguns and Tanaka-Matsumi (2003) reminded assessors of the importance of culture in assessment and feedback, such as empathetic considerations of how culture may affect diagnoses, communication, assessors understanding of the client, and presentation of symptoms. Parent feedback is a complex process, and the assessor must be prepared for a variety of possibilities.
Child Feedback

In an extensive review of literature, I found seven conceptual pieces and one experimental study on giving assessment feedback to children (Becker et al., 2002; Fischer, 1994; Frick et al., 2020; Mercer, 2011; Sattler, 2014; Tharinger et al., 2008a, 2008b; Tharinger & Pilgrim, 2012). Among the articles on feedback with children, 5 of the 7 conceptual pieces and the only experimental piece were focused on the therapeutic assessment process, not the psychoeducational assessment process. The Therapeutic Assessment (TA) model (Finn, 2007; Smith et al., 2009; Tharinger et al., 2007) is a specific intervention that blends psychological assessment and brief psychotherapy, with aspects of systemic and narrative theories. Empirical support for TA is focused on adult personality assessments but has been expanded to work with children (Smith et al., 2010; Tharinger et al., 2007). The TA model includes 8 to 10 sessions with the child client (Smith et al., 2010; Tharinger et al., 2007). In contrast, the psychoeducational assessment process typically includes one intake interview with parents, teachers and important others, one assessment meeting with the child, and one parent feedback meeting (Sattler, 2018). Finn and Tonsager (1997) emphasized the difference between information-gathering theories of assessment (e.g., psychoeducation assessment and TA) by stating TA incorporates the therapeutic experience into the assessment process. A counselor using psychoeducational assessment model would use their therapeutic way of being without incorporating family intervention sessions (Sattler, 2018; Tharinger et al., 2007). The recommendations in TA articles generally involve the practice of giving children feedback using fables (Becker et al., 2002; Mercer, 2011; Tharinger et al., 2008a, 2008b; Tharinger & Pilgrim, 2012).

Fischer (1994) was the first author to discuss the use of metaphors in the assessment of children. Fischer suggested assessors use metaphors familiar to the child through culture and
education when providing a child with feedback, and also emphasized using language the family
uses in relationship to the presenting concern. Fischer (1972, 1985, 1994), an early advocate in
the field of psychology for providing assessment feedback to adults, was the first to speak about
using metaphors and language a child can understand when including the child in feedback.
Other researchers expanded and operationalized this practice (Becker et al., 2002; Mercer, 2011;
Tharinger et al., 2008a, 2008b; Tharinger & Pilgrim, 2012).

Becker et al. (2002) discussed the creation of a storybook for a child during the 12-
session existential phenomenological assessment group testing process. Becker et al. built on
Fischer’s (1994) original idea of metaphors by working in a Brazilian context. Becker et al.
provided a conceptual look at how one might create and use a story to give a child feedback in a
group setting. These authors discussed the details about how the storybook should be created,
including binding the book, selecting characters to whom the child can relate, and conveying a
message the assessor wants to convey to the child via story (Becker et al., 2002). Becker et al.
suggested that the feedback be presented in one of the final 12 sessions with the child and that
the child be given a chance to help produce a solution to the end of the story. Becker et al. also
gave a brief case example of a story used with a client.

Tharinger et al. (2008a) discussed including preadolescents in the process of assessment
feedback. The authors used the term “preadolescent” to describe children with younger
developmental capabilities than adolescents and discussed giving feedback to children in general.
The authors provided a thorough rationale for why psychologists should provide feedback to
children, including the following: (a) fulfillment of the APA Code of Ethics and the National
Association of School Psychologists (2000) ethical code; (b) gaining openness, cooperation, and
engagement from parents and children; (c) encouraging the assessor to thoroughly understand,
interpret, and translate findings; (d) facilitating the assessor’s personal and interpersonal
development; and (e) using feedback as a therapeutic intervention for the parents and child
(Tharinger et al., 2008a).

Tharinger et al. (2008a) considered ethics, the parents, the child, and the assessor in
reasons assessment feedback may be beneficial for preadolescents. Unlike presenting the
feedback just to the child, Tharinger et al. suggested using a collaborative model for feedback to
include both the parents and child in the child feedback process. The authors indicated their
reasons for encouraging collaboration include (a) developing a new story for the entire family,
(b) having everyone collaborate to avoid the self-verification process, (c) recognizing that
creating new stories about oneself is hard and emotionally challenging, and (d) drawing on the
strength of families to provide the supportive relationship necessary to help change the client’s
view of self into a new story (Tharinger et al., 2008a).

Tharinger et al. (2008a) gave general advice reminding clinicians to use the information
gathered about the child’s emotional development to determine whether direct feedback could be
absorbed. Tharinger et al. (2008a) discussed the language that should be used in providing
feedback, stating feedback “should be given to the child in language as close as possible to that
of the child” (p. 607) and incorporate words the child used during the assessment process.
Tharinger et al. (2008a) suggested, when providing feedback, the assessor’s tone “should be
supportive and hopeful” (p. 607). Tharinger et al. (2008a) described a variety of ways the child
could demonstrate being overwhelmed by the feedback, including “hyperactive, zoning out, or
pushing the information away” (p. 607), and suggested clinicians orally acknowledge the child’s
reaction for both the child’s and parent’s benefit. Tharinger et al. (2008a) mentioned child
feedback should be given following parent feedback. The authors briefly mentioned a fable may
be beneficial, though no details were provided. The use of fables was described more fully by Tharinger et al. (2008b).

Tharinger et al. (2008b) described how the use of personalized fables may be a beneficial way to give children feedback. The authors did not conduct research on the idea, but they conceptualized why fables may be beneficial and included an example of an individualized fable an assessor may give a child client to help explain assessment findings. According to Tharinger et al., for an assessor to appropriately create and deliver the fable to the child, the assessor must be creative, recognize culture, appeal to the child, and connect information the child shared with the assessor during the feedback process. Tharinger et al. encouraged assessors to create a storyboard for the individualized fable, which would (a) include characters related to the child’s life, (b) introduce the challenge, and (c) come up with realistic solutions, with the wise character of the assessor included to explain the challenge to the child. Other considerations included (a) maximizing the effectiveness of the fable through awareness and collaboration, (b) staying within the constraints of the real context and possibilities for each unique child and family system, and (c) including the parents as active participants in the child’s feedback through listening or reading the fable (Tharinger et al., 2008b). Tharinger et al. (2008b) spoke to their experience of giving children feedback and stated they believe it “enhances positive changes that can follow evaluation” (p. 611). Tharinger et al. believed fables would be most beneficial because they did not think direct feedback would be best for children. Because fables are metaphorical, they bring indirect information to the child.

Mercer (2011) used the ideas of Tharinger et al. (2008a) to discuss the use of therapeutic assessment and giving a child feedback through the use of individualized fables in a community-based setting. Mercer provided a conceptual discussion of the potential successes for using fable
in the community-based setting. The author provided a discussion of the uniqueness of a community-based setting and a case example to support the potential benefits of fables when used with children and their families in the 12-session therapeutic assessment format.

Tharinger and Pilgrim (2012) followed up on the theoretical work of Tharinger et al. (2008b) by conducting an experimental study about fables as a way of providing child feedback. Their study included 32 children, including an experimental and control group. Children in the experimental group received their fable prior to completing the research measure, and those in the delayed control completed the assessment before being given their individualized fable. The mean age of the children who received the fables with parents was 9 years old (SD = 1.79). Children with an IQ of 70 or below were excluded from the sample (Tharinger & Pilgrim, 2012). In the study, the majority of children were diagnosed with ADHD following the assessment process (63%); other prominent diagnoses included central auditory processing disorder and dysgraphia.

Tharinger and Pilgrim (2012) created fables in booklet form with pictures related to the story and personal information about the child. The booklet was written using developmental language and shared in a feedback session that lasted between 15 to 45 minutes following a parent-only feedback session. The authors measured the success of the fables as effective by assessing both the parents and the child. The parents filled out a survey, created by one of the authors, called the Parent Experience of Assessment Survey (PEAS; Finn et al., 2008). The authors did not provide any prior internal consistency data nor a citation for the assessment. Parents also completed the Client Satisfaction Questionnaire (CSQ-8; Larsen et al., 1979), which has an internal consistency between .86–.94. The children were assessed using the Child Experience of Assessment Survey (CEAS; Tharinger & Pilgrim, 2008). This instrument was
reported in an unpublished manuscript. Tharinger and Pilgrim (2012) reported:

Results indicated that children in the experimental group reported a greater sense of learning about themselves, a more positive relationship with their assessor, a greater sense of collaboration with the assessment process, and a sense that their parents learned more about them because of the assessment than did children in the comparison group. (p. 228)

The authors reported several findings about parents: “Parents in the experimental group reported a more positive relationship between their child and the assessor, a greater sense of collaboration with the assessment process, and higher satisfaction with clinic services compared to the comparison group” (Tharinger & Pilgrim, 2012, p. 228). As reported by the authors, having the assessment feedback session with the child improved relationships with the assessor and in the parent-child relationship. The authors reported the intervention improved the child’s and parents’ knowledge about the child. Both parents and children reported greater feelings of collaboration and overall satisfaction with the assessment process due to provision of a child feedback session compared to children and parents in the control group. Tharinger and Pilgrim (2012) were the first to use an experimental group to explore the benefits of child feedback for the child and their family. It is unclear whether giving child feedback in general or in the fable story specifically was beneficial for the child and their family, as no other research on child feedback has been conducted.

Frick et al. (2020) noted the importance of giving children feedback because “the child will likely begin some interventions or experience some changes in his or her environment directly related to the assessment” (p. 375) The authors made clinicians aware of the impacts assessment and recommendations have on the child. The authors explained the most important thing to consider when thinking about giving children feedback is developmentally appropriate presentation of information (Frick et al., 2020). Frick et al. (2020) explained older children’s
assessment feedback may look similar to adults, whereas younger children (about 6 years old) will not understand percentile ranks. Frick et al. warned a potential consequence of sharing feedback with a child is they may give up on something they are not as successful at instead of working harder or seeking referrals or recommendations. Frick et al. suggested, when giving results, the assessor should consult with a close adult or the child’s therapist, as that person may be best to relay the results so the child receives them from someone they trust.

Sattler (2014) gave a theoretical and experiential view of why and how to conduct a child’s feedback session. Sattler’s first piece of advice to assessors was to complete the post-assessment feedback interview as soon as possible after the assessment, which may help reduce the child’s anxiety. The timing of the feedback seems important to Sattler because the child has experienced the assessment and may be expecting the worst if the assessor does not provide feedback immediately. Sattler also considered the cognitive state of the child, saying children who understand the results will find knowing them beneficial. Sattler explained children would benefit from feedback as much as adults to help increase their understanding, self-esteem, and accurate self-appraisal. Sattler went on to explain how some children are inaccurate in their understanding of their abilities, and the knowledge that comes from explaining assessment results can be beneficial in improving self-evaluation and increasing strategies to address concerns. Sattler made a case for why children deserve their own feedback and reminded clinicians to communicate in a developmentally understandable way and give space for questions and discussion to include the child.

Overall, authors have explained the importance of providing a child feedback, including (a) fulfilling ethical obligations (Tharinger et al., 2008a), (b) reducing the child’s anxiety (Sattler, 2014), (c) increasing the child’s knowledge of self (Sattler, 2014; Tharinger & Pilgrim,
(d) increasing positive relationships between the client and assessor (Tharinger & Pilgrim, 2012), (e) improving the relationship between the child and parent (Tharinger & Pilgrim, 2012), (f) increasing feelings of collaboration (Tharinger et al., 2008, 2008b; Tharinger & Pilgrim, 2012), (g) increasing assessor’s understanding of the child (Tharinger et al., 2008a), (g) helping build self-esteem (Sattler, 2014), (h) helping develop strategies (Sattler, 2014), (i) increasing positive changes following the assessment process (Tharinger et al., 2008b), and (j) increasing overall satisfaction with the assessment process (Tharinger & Pilgrim, 2012).

Authors have theorized about ways to conduct child feedback, including the use of metaphors, storybooks, and fables (Beck, 2002; Fischer, 1994; Mercer, 2011; Tharinger et al., 2008a, 2008b; Tharinger & Pilgrim, 2012). Additional suggestions for providing children assessment feedback include (a) using language the child can understand (Fischer, 1994; Sattler, 2014; Tharinger et al., 2008a), (b) considering the child’s development (Frick et al., 2020; Sattler, 2014), (c) including the child in the creation of the story (Beck, 2002), (d) using the feedback as a therapeutic intervention (Tharinger et al., 2008a), (e) including parents and child (Frick et al., 2020; Tharinger et al., 2008a, 2008b), (f) being supportive (Tharinger et al., 2008), and (g) being aware of the child’s emotional state (Tharinger et al., 2008a). The limited exploration in the literature of assessment feedback with children appears to support its benefits yet indicates the need for further development of methods.

Developmental Considerations in Feedback to Children

Although Tharinger and Pilgrim (2012) and Tharinger et al. (2008a) suggested assessment feedback be developmentally appropriate for children by meeting their cognitive and emotional maturity, Frick et al. (2020) noted the developmentally appropriate presentation of assessment feedback can be a struggle for clinicians. Converting complicated results into child-
friendly consumable information is difficult, which may be one reason clinicians avoid providing feedback directly to children (Frick et al., 2020). Frick et al. explained assessors typically provide feedback to parents in complex terms and may therefore be inappropriate to present to children in the same terms, such as the use of percentile ranks or diagnoses. Frick et al. clarified presentation to children may be enhanced by explaining consequences of results, outcomes, or symptoms. Tharinger and Pilgrim proposed assessors should be mindful of their word choice, which can aid in clear understanding for children from a variety of cultures. Tharinger and Pilgrim also encouraged the use of language similar or verbatim to the child’s to increase understanding of results. Frick et al. focused on making the feedback understandable to the child, which indicated the shift in developmental understanding between a parent receiving feedback and a child who has been tested. Tharinger and Pilgrim reminded assessors a child’s emotional and cognitive development may not be equal, indicating assessors should watch for how the child absorbs direct feedback and the child’s emotional state. Frick et al. (2020) reminded clinicians negative feedback can be detrimental to a child and can have destructive effects due to the child’s developmental reasoning skills. For example, if a child is given negative feedback on their social skills, they may choose to pull away from all social interactions as opposed to work on strategies to improve their social skills. For this reason, Frick et al. recommended consultation with other professionals trained in development and potentially including someone close to the child in the feedback process. Tharinger et al. (2008b) suggested direct feedback is not developmentally appropriate and therefore found fables to be indirect enough to serve as a developmental way of providing assessment feedback. Tharinger and Pilgrim further proposed children may tune out during oral feedback; therefore, some sort of visual activity during feedback may be beneficial to keep the child engaged.
Conclusion

To date, research has shown a variety of benefits for adults who have received assessment feedback, including changes to self-concept, symptoms, and self-understanding (Allen et al., 2003; Finn & Tonsager, 1992; Holst et al., 2009; Newman & Greenway, 1997; Ward, 2008); shifts in relationships (Allen et al., 2003; Smith et al., 2007; Ward, 2008); and, finally, their own satisfaction with the assessment process (Bennett-Levy et al., 1994; Donofrio et al., 1999; Holst et al., 2009; Smith et al., 2007). Though benefits have been demonstrated for adults and theorized for children, little empirical research has been done on the implementation of providing assessment feedback to children. Limitations exist on the information known about giving children assessment feedback. A qualitative exploration of the process and experiences of children who receive assessment feedback could lead to greater understanding of the benefits and understandings of children and their families who receive assessment feedback. Additionally, such design would provide further considerations of how to give assessment feedback in a developmentally appropriate way.
APPENDIX B

DETAILED METHODOLOGY
The lack of psychoeducational assessment feedback given to children drives this research. My goal is to explore a way of providing children assessment results in a developmentally appropriate way. The purpose of the current study was to understand the experiences of children who receive assessment feedback. This study included the creation of a feedback protocol for children who participated in a psychoeducational assessment followed by semi-structured interviews to gain an understanding of how children experienced the phenomenon of receiving feedback. In this study, I used interpretative phenomenological analysis (IPA) to examine “how people make sense of their major life experiences . . . concerned with exploring experience on its own terms” (Smith et al., 2012, p. 1). Utilizing a qualitative IPA methodological approach to examine children’s experiences of receiving assessment feedback was intended to provide rich, meaningful data, and ultimately enhance assessment practices in serving children ages six to ten years old. I specifically focused on children’s experiences of receiving assessment feedback using a developmentally appropriate feedback intervention. The research question guiding my research was: What are the understandings and experiences of 6-10-year-old children who receive feedback using the Young Children’s Assessment Feedback model (YCAF)?

Operational Definitions

For this study, I use the following operational definitions of key terms:

- *Young Children’s Assessment Feedback model*—The YCAF is defined as the process of giving children psychoeducational feedback using a described flip book and the child co-creating a vision board about their understanding of the feedback as the assessor explains the results. The YCAF was developed specifically for the purposes of this study.

- *Assessment*—For the purpose of this study, I follow the definition of assessment
defined by *The Standards for Educational and Psychological Testing* (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 2014), which is “any systematic method of obtaining information, used to draw inferences about characteristics of people, objects, or programs; a systematic process to measure or evaluate the characteristics or performance of individuals, programs, or other entities, for purposes of drawing inferences” (p. 216). For the purposes of this study, assessment was operationalized as the assessment battery provided to the child participants.

- **Assessment feedback**—For the purpose of this study, assessment feedback refers to the communication of assessment results orally using visual aids provided to both parents and children at separate occasions through the YCAF model.

**Participants**

I selected participants using purposive sampling of two sources, a university clinic serving community clients located in the Southwest United States and social media recruitment. The university clinic offers an assessment program for community-level clients in which trained doctoral-level counselors administer a psychoeducational assessment battery to children between the ages of 6 to 16 years-old. The clinic provides assessments to families at a significantly reduced cost on a sliding scale. The clinic serves a variety of clients from across a large metropolitan area. In addition to recruitment from the university clinic, I recruited on social media through local counselor-focused Facebook pages (see Appendix G). In accordance with Smith et al.’s (2012) suggestion for IPA studies, referrals were the main source of participant selection.

Smith et al. (2012) suggested that “bolder” (p. 52) designs in IPA involve multi-
perspective studies that explore patterns of one phenomenon across participants. Although three to six participants is suggested for smaller studies, ten participants allows for deeper account of phenomenon (Smith et al., 2012). Following typical IPA procedures for multi-perspective studies, I originally planned for 8-10 participants. I recruited participants based on the following inclusion criteria: (a) between 6 to 10-years-old; (b) reported by parents to be within average to above-average cognitive ability; and (c) not participated previously in assessment services.

I recruited ten participants comprised of six male participants and four female participants. The ages of participants ranged from six to nine with a mean of 8.3 years, including 6 nine-year-olds, 2 six-year-olds, 1 seven-year-old, and 1 ten-year-old. Nine participants identified as Caucasian and one identified as bi-racial. Participants sought assessment services for a variety of presenting concerns, including anxiety, depression, ADHD, gifted and talented, etc. Pseudonyms were given to each participant, which are listed in Table B.1 with the participants corresponding age, and gender.

Table B.1

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isaiah</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Lincoln</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Sabrina</td>
<td>10</td>
<td>Female</td>
</tr>
<tr>
<td>Kaleb</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Ronald</td>
<td>9</td>
<td>Male</td>
</tr>
<tr>
<td>Collin</td>
<td>7</td>
<td>Male</td>
</tr>
<tr>
<td>Adrienne</td>
<td>9</td>
<td>Female</td>
</tr>
<tr>
<td>Justin</td>
<td>6</td>
<td>Male</td>
</tr>
<tr>
<td>Holly</td>
<td>6</td>
<td>Female</td>
</tr>
<tr>
<td>Brittany</td>
<td>9</td>
<td>Female</td>
</tr>
</tbody>
</table>
Reflexivity Statement

I have experience with child development through my training in my master’s degree in counseling with a focus on play therapy, and doctoral work as a play therapy and assessment specialist. I identify as a Caucasian female. I have been trained on psychoeducational assessment through two assessment courses, two assessment statistics courses, and a one-year supervised internship in assessment. Through my experience in working with parents and children, I experienced multiple occasions in which parents asked why a child did not receive direct feedback and expressed interest in their children receiving information from the assessment process. Additionally, parents asked if they should be sharing assessment information with their child, and if so, how they should talk with their child about the findings and results from the assessment process. I have seen the need, in practice, for providing children with feedback, and am aware of the biases that I have surrounding this need. Additionally, I went through a career assessment process at 17 years-old, and remember the impact that receiving feedback had on my own self-understanding, belief in self, and how the feedback empowered me to seek out a career in counseling.

I am trained in play therapy, counseling children, and am able to form relationships with children and demonstrate empathetic understanding, which I believe can be beneficial in presenting children feedback. In line with the ideals of IPA, I focused on the participants’ interpretations of the assessment feedback process while acknowledging and bracketing my own perceptions. I sought to recognize the fundamental role I played as the research analyst in the interpretation of meaning in the IPA approach (Smith et al., 2009).

As an initial step and ongoing process of the IPA research process (Smith et al., 2012), I identified and bracketed applicable personal beliefs, biases, and experiences relevant to the
study. Prior to the current study, I conducted multiple assessments with children who did not receive any type of feedback, and I was involved in parent feedback in which parents described difficulties in knowing how to convey their child’s assessment results to their child. Hence, I believe there is a gap in the field about providing assessment feedback to children and I see the potential benefit of training in child development and assessment to provide feedback directly to the child. My belief and passion for children as clients led me to pursue this study.

Procedures

My first step was to obtain IRB approval. IRB approval is attached (see Appendix E).

Data collection procedures are visually depicted in Figure B.1.

Figure B.1

*Procedures*

IRB approval → Recruit participants → Screen participants for inclusion criteria → Informed consent, child background form, parent assessments, directions

Parent intake interview → Administer child assessment battery → Parent feedback session → Young Children's Assessment Feedback (YCAF)

Child's Interview → Parent Follow-Up Interview

The current study took place during fall of 2020 in the midst of the COVID-19 outbreak. Study procedures were modified to meet social distancing standards by reducing non-essential in-person contact and ensuring distancing guidelines. I recruited participants from Facebook,
including university alumni and counseling-related Facebook groups as well as through a university-based clinic (Appendix F). I sought referrals from parents and counselors who perceived identified children to need a psychoeducational assessment, had not received a psychoeducational assessment in the past year, and met the age criteria of 6-to 10-years old. Upon receiving calls from interested parents, I screened potential participants for match to inclusion criteria (see Appendix G). When parents met criteria, I explained details of the research study.

After children were identified for participation, parents were emailed the informed consent (see Appendix H), child background form, parent assessments, and directions to the clinic. Parents were then scheduled for an intake and parent interview. Upon receiving the informed consent, I met with the parent individually over a video-conferencing platform to complete an intake and 1.5 hour parent interview to collect relevant background information on the child participant. All interviews were recorded. The child participant then came in-person to the clinic to go through the assessment process, which includes the assessments listed in Table B.2. Upon arriving at the clinic, the child and parent who accompanied the child were screened for Covid-19 using the COVID response procedures (see Appendix I) prior to entering the clinic. I then reviewed the research study process with the child and attained assent. The researcher then completed the battery of assessments listed in Table B.2, which were video recorded. The battery consisted of 11 standardized instruments, 2 expressive activities, one parent interview, and one child interview (see Appendix J for full description of battery instruments). The battery of assessments, child feedback, and semi-structured interview were all conducted by the same person, the principal investigator. Consistency of the personal interaction with the participant was intentional in order to develop relationship and rapport with the child participant.
Table B.2

Assessment Battery

- Wechsler Intelligence Scale for Children—Fifth Edition (WISC-V)
- Woodcock Johnson IV Test of Cognitive Abilities (WJ IV COG)
- Revised Children’s Manifest Anxiety Scale: Second Edition (RCMAS-2)
- Test of Information Processing Skills (TIPS)
- Attention Deficit Disorder Evaluation Scale—Fourth Edition (ADDES-4)
- Child Behavior Checklist-Long (CBC-L 6/18)
- Teacher Report Form (TRF)
- Harter Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSA) or Perceived Competence Scale for Children
- Parenting Stress Index, 4th Edition (PSI-4)
- Child Depression Inventory, 2nd Edition (CDI-2)
- Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI)
- Family drawing
- School drawing
- Parent interview
- Child interview

Following the assessment procedures, I met with the parents via video-conference approximately one to two weeks following the assessment to review the child’s assessment results in the traditional parent feedback session. Child participants met with me in person the week following their parents’ feedback session to review their unique assessment feedback presented as YCAF. Covid response procedures were followed at this time (see Appendix I). Child received their YCAF, which was recorded, and observation notes were made by the second research team member (see Appendix K for an example of the YCAF). The child was then interviewed directly following the YCAF about their experiences of the feedback given (see Appendix L). The child and parent were then prompted to discuss the feedback the child received over the next week. The parent was contacted via video-conference appointment and the
researcher conducted a parent follow up interview with one or both parents (see Appendix M).

**Researcher’s Role and Research Team**

The research team was comprised of three members fulfilling the roles of primary investigator, observer and coding team member, and auditor. As the principal investigator, I was joined by a team member who created observations about the YCAF and assisted with the coding of the data. As research team members we have both been trained in courses on assessment, child development, and play therapy. Both of us completed a year-long internship in assessment as well as extensive clinical practice working with children and families. Both coding research team members identify as Caucasian females. As principal investigator, I conducted the assessments, completed the feedback interventions, and completed the semi-structured interviews to ensure a cohesive process and build rapport and trust amongst participants and their families. A research team approach was chosen to ensure trustworthiness and credibility in coding data using IPA. We both completed an independent study of IPA. The third research team member was a Caucasian, female counselor educator of 23 years who had extensive experience in child assessment, qualitative research, and IPA methods. She served as consultant to respond to questions and audit the IPA coding process to ensure further trustworthiness. Prior to the collection of data and throughout the process, bracketing was done through journaling and discussions of participants and biases that emerged. In line with IPA, bracketing is a continuous process that takes place as the research team is exposed to new data and is done to help researchers set aside previous beliefs to fully absorb new ideas (Smith et al., 2012).

**Data Sources**

Data sources included a) recorded YCAF sessions, b) the vision board created by the participant during the feedback process, c) a semi-structured interview with the child, d) a semi-
structured interview with the parents, and e) observations of the YCAF session done by a second research team member.

Young Children’s Assessment Feedback (YCAF)

The YCAF was developed using an expert panel consisting of (a) four doctoral-level counselor educators with extensive experience in child development and play therapy, all of whom are licensed professional counselors and registered play therapists (RPT) or registered play therapist supervisors (RPT-S); and (b) myself as the principal investigator, a third year doctoral student with training in play therapy and child development and extensive training in assessment including four courses and a year-long clinical internship in assessment. Of the four doctoral-level counselor educators, all have extensive training on child assessment, ranging from 13 to 25 years of assessment work in the field and 4 to 22 years of experience training students on assessment. Of the four doctoral-level counselor educators, one identifies as Afro-Caribbean female and three identify as Caucasian females.

The YCAF was developed through a multistep panel discussion, including original brainstorming, consultation of literature on assessment feedback with adults and children, consultation of developmental capabilities for sample age, and thorough development of a consensus of final YCAF procedures. The original YCAF was constructed by myself and one of the expert panel members. A prototype was then created and presented to the full panel of experts for feedback and revisions.

The final version of the YCAF is a flipbook divided into academic, relationships, social skills, emotional regulation, activities, other strengths, summary, and recommendations (see Appendix K). The flipbook uses developmentally appropriate titles including the following:
“What school is like” includes a breakdown of feedback from the cross-battery indices including auditory processing, visual processing, working memory, motor skills, processing speed, crystalized knowledge, and fluid reasoning.

“How I get along with others” includes feedback from the Child Behavior Checklist-Long (CBCL), Teacher Report Form (TRF), child and parent interviews, and The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSA) or The Perceived Competence Scale for Children and addressed social problems, friendships, rule breaking behavior.

“My parents” includes appropriate information about the child-parent relationship identified in the CBCL, Parenting Stress Index, 4th Edition (PSI-4), and child and parent interviews.


“What I like to do” includes information gathered in the parent and child interview about activities in which the child participates outside of school, hobbies, and sports.

“Way I am creative” includes information collected in the parent and child interviews, as well as through observations made by the assessor, again highlighting unique strengths of the child.

“Other ways I am awesome” includes particular strengths identified throughout the interviews and assessment processes, as well as quotes from the child themselves regarding what they like about themselves.

“Things about me to remember” is a summary of the three key points for the child to take away from the feedback process.

“Here’s what I can do at home” includes three home recommendations, which parallel the recommendations given to parents.

“Here’s what I can do at school” includes three school recommendations, which parallel the recommendations given to parents.

“Who I can ask for help” indicates parents, siblings, teachers, grandparents, friends, and supportive people to whom the child can turn for support.

During the intake, parents were asked to provide pictures of the child that could correspond with the different feedback topics. The YCAF flipbook included pictures of the child,
cartoons, and real-life people and animals demonstrating some of the characteristics described in each section.

All YCAF sessions were transcribed verbatim and analyzed using IPA.

Vision Board

During the YCAF session, the child completed a vision board alongside the assessor who provided feedback. They were given a blank poster board and pictures to cut out as the assessor described the different unique characteristics about the child that match the flipbook they are given at the end of the feedback to take home with them. The vision board aspect helped the child co-create their understanding of the assessment results as the assessor presented each section of the results with the child. The assessor created unique pictures that matched the areas of the flipbook for the child to include in their vision board. See examples of YCAF and feedback script in Appendix K

The children’s vision boards were photographed following their completion and returned to the participants to take with them as a part of the feedback. The research team wrote observational memos about the vision boards. The vision board aided in the description of the feedback process from the child participants to their parents.

Child Semi-Structured Interviews

Semi-structured interviews were conducted immediately following the YCAF session. The interview explored the experiences of the children receiving feedback from the child’s perspective. The expert panel and I developed the semi-structured interview questions based in child development, assessment, and qualitative processes used in interviews with children. I used previous literature on interviewing children to gain insight into the logistics (Clark, 2011; Freeman & Mathison, 2009). Following the finalization of the interview questions, the interview
was piloted with one child, age 9, and subsequently revised by the expert panel. The final interview consisted of 10 questions and lasted between 5 to 20 minutes for each participant. See Appendix L for interview questions. All interviews were transcribed and coded using IPA.

Parent Semi-Structured Interviews

Following the conclusion of the child’s interview, the child participant was instructed in front of their parent as follows: “Tell your parent about the feedback you were given today. Show them your vision board and talk about the different parts of it with them.” Approximately one week later, a follow-up interview was conducted with the parents to gain increased understanding of the child’s experiences from parents’ interactions and the child’s explanation of their feedback to the parent. Follow-up interviews were conducted via online-platform. The expert panel and I developed the semi-structured interview questions which consisted of 10 questions and lasted between 10 to 45 minutes for each participant (see Appendix M for interview questions). All interviews were transcribed and coded using IPA.

Observations

Observations of the feedback were transcribed and coded using IPA. The second research team member watched recordings of the YCAF for each participant and created observation notes about the child, assessor, feedback process, and child’s reactions to the feedback for each participant. Observations focused on affective and behavioral cues that were not originally captured in the audio transcription of the YCAF.

Analysis of Data

Interpretative phenomenological analysis (IPA) is a qualitative approach designed to examine “how people make sense of their major life experiences . . . concerned with exploring
experience on its own terms” (Smith et al., 2012, p. 1). This approach uses participants’ reflections of experiences and interpretations Smith et al. (2012) described as “the researcher . . . trying to make sense of the participant trying to make sense of what is happening to them” (p. 3). The IPA process is based on the ideas of phenomenology, hermeneutics, and idiography, meaning IPA is used to focus on what people’s experiences are like, creating interpretations of those experiences, the particular details of experiences, and people within contexts. The IPA process has been used with children to understand children’s experiences with imaginary friends (Majors, 2009) and experiences of domestic violence (Swanston et al., 2013).

The data analysis process was conducted by three-person research team. The coding processes followed Smith et al.’s (2012) model of six steps for analysis, including an iterative and inductive cycle of line by line coding (Smith, 2007), identification of emergent patterns (Eatough & Smith, 2008), dialogues between researchers about meaning (Larkin et al., 2006; Smith, 2004), development of organization and relationship between themes, and a final commentary around the themes (Smith et al., 2012).

The first step included reading and rereading the data collected and the team immersing themselves in a single case. This allowed us to immerse ourselves in the first participant’s data (Smith et al., 2012). We spent significant time with each of the five pieces of data, first examining them individually, then as a collected representation of the first case. Following immersion in the data, we individually initial coded, which included descriptive comments, linguistic comments, and/or conceptual comments (Smith et al., 2012). Descriptive comments focus on what is being said, most similar to phenomenology coding; linguistic comments focus on the language the participant used; and conceptual comments focus on participants overarching
understanding of the experience and may be in the form of interrogative questions (Smith et al., 2012).

In Steps 1 and 2 we immersed ourselves in the data, brainstorming and identifying codes to better understand the experience of the first participant. The third step in analysis is developing emergent themes, which includes “mapping the interrelationships, connections and patterns between exploratory notes” (Smith et al., 2012, p. 91). During Step 3, we identified the information that appeared most crucial to participants’ understanding of receiving assessment feedback. This was done through creating concise statements about what was important about various comments the team made about the transcript (Smith et al., 2012). At this point in the analysis, the emergent themes were in chronological order.

In Step 4 of the process, we identified connections across the emergent themes (Smith et al., 2012). Some ways of looking at patterns across themes suggested by Smith et al. include abstraction, subsumption, polarization, contextualization, numeration, and function. We did this by creating a list of themes in chronological order and moving the themes around into clusters to identify the patterns or “superordinate’ themes (Smith et al., 2012).

The next phase in IPA data analysis is moving to the next case, Step 5 (Smith et al., 2012). We repeated steps one through four on the next participant, fully immersing ourselves into the unique participant and bracket the knowledge we developed from the previous case. Step 5 was repeated for the remainder of participants before moving to Step 6.

The final step, Step 6, involved looking for patterns across cases (Smith et al., 2012). This included identifying connections across cases, highlighting specific themes, reconfiguration of themes, and identifying uniqueness among particular cases (Smith et al., 2012). Due to the larger sample size of the study in terms of IPA, we identified recurrent themes and determined
across cases which participants’ themes emerged under each superordinate theme (Smith et al., 2012). Due to the large sample size, any themes with four or fewer participants represented were removed.

We ensured trustworthiness throughout the analysis process by intentionally addressing credibility, transferability, dependability, and confirmability. We increased credibility through the use of a coding team and analyst triangulation (Hays & Singh, 2012). We created a thorough audit trail, used Smith et al.’s (2012) coding system, wrote reflexive journals and had discussions for confirmability (Hays & Singh, 2012). We conveyed transferability through the comparison of cases bringing up unique and related aspects of the cases and through the use of purposeful sampling. Finally, we gave in-depth information in the data collection and analysis procedures, used triangulation, and created an audit trail to increase dependability and others’ ability to replicate the procedures (Hays & Singh, 2012).

Smith et al. (2012) used both Yardley (2000) and Yin’s (1989) criteria of validity to evaluate IPA’s quality. Smith et al. (2012) discussed how IPA met criteria for sensitivity to context throughout the analysis process, commitment through attentiveness in the analysis, and rigor demonstrated in the thorough nature of the IPA steps. Additionally, Smith et al. (2012) indicated IPA meets Yardley’s (2000) principles of transparency and coherence; transparency is met through the clear nature of the steps described in research write-ups, and coherence is the presentation of a clear argument following analysis and well as the fit between research and theory of IPA. Finally, Smith et al. (2012) indicated IPA meets Yardley’s (2000) principles of impact and importance if the research results in something interesting and important. Smith et al. (2002) additionally reported IPA follows Yin’s (1989) criteria of validity in a paper trail and clear steps of the analysis can be identified following the completion of analysis.
APPENDIX C

UNABRIDGED RESULTS
The research team identified six super-ordinate themes that emerged from the data including (a) freedom for self-direction, (b) self-concept, (c) therapeutic relationship, (d) affective responses of child, (e) systemic shifts, and (f) developmental considerations. Because of the extensive amount of data involved and the depth at which IPA requires analysis (Smith et al., 2012), multiple themes were identified and comprise the larger super-ordinate themes. Table C.1 presents the super-ordinate themes, themes comprising the super-ordinate themes, and the presence of themes among participants. I describe each super-ordinate theme, report prevalence, and illustrate with quotes from interview transcripts.

Super-Ordinate Theme 1: Freedom for Self-Direction

Analysis of the feedback process and children and parent interviews identified freedom for self-direction as the feedback process that allowed the child opportunities (a) for their voice to be heard, (b) to make choices, and (c) to feel a sense of control within the process. All 10 participants expressed a belief in their freedom for self-direction within the feedback process.

One example of expression of the freedom children experienced to be self-directive was Collin’s response to the creation of his vision board. At the beginning of the feedback process, Collin expressed he was eager to start the process of beginning his vision board. The assessor introduced the vision board and provided the choice that Collin could begin if he so desired. He decided to start immediately. The assessor’s openness to Collin’s enthusiasm to begin seemed to allow him to feel a sense of freedom to jump into the process. The interaction:

Collin: I like this page.

Assessor: You like that one? You want to go ahead and cut it out before I even talk about it? That’s fine.

Collin: Yes.
Table C.1

**Super-Ordinate Themes and Quality Evaluation**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Context of Development</th>
<th>Systemic Shifts</th>
<th>Affective Responses of Child</th>
<th>Superordinate Theme Therapeutic Relationship</th>
<th>Self-Concept</th>
<th>Freedom for Self-Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Language of the child</td>
<td>Attitudinal shifts</td>
<td>Assessor’s role in therapeutic relationship</td>
<td>Expanding self-concept</td>
<td></td>
<td>Adapting and correcting feedback</td>
</tr>
<tr>
<td></td>
<td>Appropriate delivery of feedback</td>
<td>Behavioral shifts</td>
<td>Child’s role in therapeutic relationship</td>
<td>Solidifying self-concept</td>
<td></td>
<td>Making space for child’s opinions, understandings, and choices</td>
</tr>
<tr>
<td></td>
<td>Age considerations</td>
<td></td>
<td>Collaboration</td>
<td>Threatens self-concept</td>
<td></td>
<td>Freedom in creating vision board</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increased self-esteem</td>
<td></td>
<td>Child assigning meaning</td>
</tr>
<tr>
<td>Kaleb</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Adrienne</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sabrina</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lincoln</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Justin</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Collin</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Holly</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Brittany</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ronald</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Isiah</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Present for at least 3 participants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

115
Collin also gave signals throughout about how he wanted the assessor to continue with the feedback:

Collin: If you have any more, I'm still listening.
Assessor: Oh okay, I can keep talking?
Collin: Yeah, I'm a good listener.

This interaction indicated Collin felt a sense of control over how the feedback could go and the pacing of the session.

This super-ordinate theme was comprised of the themes (a) adapting and correcting feedback; (b) making space for child’s opinions, understandings, and choices; (c) freedom in creating vision board; (d) child assigning meaning; and (e) child’s approaches to struggles.

Adapting and Correcting Feedback

Overall, there was an openness on the part of the assessor to adapt feedback as the child provided more information about themselves. This reflected a feeling of mutuality in the process, where the children felt comfortable with sharing areas they disagreed on. In some areas that were less concrete—like things the child likes to do, friendships, or people they can trust—the feedback process was open to change and adaptations. This occurred as the child openly corrected feedback or provided additional information about themselves that increased the collaborative nature of the feedback process. Throughout the YCAF process, participants felt free to openly disagree with the feedback that was given by the assessor. In line with the adaption process, the process started with the child correcting or modifying the feedback that was given. In some cases, this was then solidified by follow-up examples; in other cases, adaptations were made.

Kaleb and the assessor openly discussed his view of friendships, and the assessor
modified her understanding and feedback based on Kaleb’s new information:

**Assessor:** Your best friend is (name), and some other kids that you like are (name) and (name), and you guys all play tag at recess, so I put a little tag, some people playing tag.

**Kaleb:** Yes, but I have to cross out (name).

**Assessor:** He's not your friend anymore?

**Kaleb:** Yeah.

**Assessor:** Okay, I'm going to mark it off my thing then.

In another example, Justin was verbal throughout feedback specific to his cognitive assessments, particularly responding to what he believed his strengths were. The assessor used a green and yellow system to help children remember what they are best at, and what they may need some help with. Though Justin scored in the high average range for working memory, he felt it was not his best subject, which aligned with his overall scores and feedback. The assessor was open to adapting the feedback to better align with Justin’s view of self; yet, still fit within the parameters of true feedback. The interaction went as follows:

**Assessor:** Yeah. Some kids who can remember some things for a really long time. That's something that's easy for you or.

**Justin:** Yeah.

**Assessor:** Yeah.

**Justin:** Kind of easy kind of hard.

**Assessor:** You want to do half and half.

Brittany wanted to adapt the feedback for her own memory of what she interpreted the colors to mean:

**Brittany:** Can you make a key for the wall or something I could use?

**Assessor:** You don't think you'll remember which is which?

**Brittany:** No... we should make a key, kind of just scribble, scribble yellow
Assessor: And what should it say?

Brittany: Just like . . . like yes and no.

Here is an example from Lincoln’s YCAF demonstrating the conversational adaption between the assessor and participant when information about the child’s self-perception was revealed:

Assessor: The next one is this running guy. Some kids can do their work really fast. That's something that is okay for you. You can do things pretty fast.

Lincoln: Yeah, well not that fast.

Assessor: Not that fast? Let's do half and half then. It's not like it's hard, but it's not like you're faster than everyone in the room?

Lincoln: Yeah.

One of the examples the assessor gave to Justin did not fit Justin’s understanding of self, so the assessor corrected the feedback given. They were able to openly dialogue to show they were on the same page because Justin felt comfortable in expressing himself and correcting feedback. The interaction went this way:

Assessor: Some kids are really great at drawing and tying their shoes and making magna-tiles. That's something that's so easy for you. You're really good at it.

Justin: But I'm not good at tying my shoes.

Assessor: Not so good at tying your shoes. Yet.

Justin: I can tie my shoes a little bit, well some.

Assessor: A little bit. But you can do really good at building models and Legos, things like that. Right?

Justin: Mm-hmm (affirmative)

Making Space for Child’s Opinions, Understandings, and Choices

Participants noticed and responded to the assessor checking in on the child’s opinion,
reactions, and their understanding of the feedback, which allowed for the adaptions or a deeper discussion and further examples of how the information presented may reflect the child. This theme differs from adapting the feedback in that it was the preceding actions of the counselor that led to either further explanation of the solidified feedback or led to the theme of adaption. Through the assessor checking in, and with a general sense of comfort and freedom for self-direction found in the participants, the children displayed opportunities for opinions and choices. Opinions frequently led to adaptation of further discussion of the feedback to solidify children’s understanding. Choices were presented and responsibility was returned to the child throughout to solidify the child’s feelings of freedom for self-direction. Though the YCAF model was semistructured, none of the feedback sessions looked identical due to the children making choices in the process of the pace of the feedback session. Some choices about the child’s pace included when the assessor would give feedback versus the child working on the vision board and if this would be done on its own time or simultaneously.

The assessor picked up on different cues in the participants’ nonverbals, such as hesitation in Adrienne’s voice, that caused a check-in with the child’s reactions:

Assessor: You can learn from this way of teaching, right, you think?
Adrienne: Yeah.
Assessor: It's okay?
Adrienne: It's not my favorite.
Assessor: Right.
Adrienne: . . . but it works.
Assessor: Exactly. So, I was going to put it in yellow because it's not your favorite, but it works.

After giving Holly feedback about ways she is creative, the assessor checked in with her to see
her reactions and opinions. This allowed the child to express agreement, disagreement, or add to the feedback:

Assessor: Is there any other ways you like to be creative?

Holly: Using things in boxes to make little houses.

The assessor provided choices to the participants throughout, including setting up the process, such as this excerpt from Adrienne’s YCAF: “If you want to put them on your vision board you can choose if you'd like to do that, okay?” The assessor also set up the process in such a way that the participants had an opportunity to offer opinions and adapt the feedback. During Sabrina’s session the assessor stated, “I want you to tell me if something doesn't sound like it's you or it doesn't sound right, okay?”

Adrienne began taking the lead of her pacing and session when the assessor first checked in with how she wanted the process to go.

Assessor: So, if you want I can wait until you're done cutting, or how do you want to do it?

Adrienne: I'm going to say keep talking.

Similarly, Justin took the lead over the session as soon as he saw the pictures he was able to use for his vision board and decided to start working on his vision board before the assessor explained the feedback.

Assessor: And so here's some different things that you can use to make your vision board. I'll keep this vision board down here in case you need another one. And I have these that are all pictures. You're already going to use a color.

Justin: I am going to use a [inaudible] one . . . . I'm going to cut this out.

Assessor: You already know you want to cut them out. Okay . . . . You want to cut any more? You want me to tell you about your book?

Justin: My book.

Holly similarly considered her choices and changed her mind, leading the assessor at her pace.
Assessor: Do you want to go ahead and put any pictures on, or do you want me to keep talking through your book?

Holly: You can keep talking through all of that.

Assessor: Okay. Then you'll put pictures when you're ready?

Holly: I might put the unicorn.

Finally, some children gave the assessor cues on their own about when they were working on their vision board or ready for the assessor to move to the next. A simple cue that Lincoln gave was, “Done.”

Freedom in Creating Vision Board

During the feedback process, observers, children, and their parents reported a feeling from each of the participants that the child felt freedom in self-expression when creating their vision board. This included (a) the ability to choose the things they included or did not include on the vision board, (b) when during the process they started the vision board creation, and (c) the overall design of the vision board. Participants also expressed to the assessor the plans for the creation of their vision boards. Children expressed desires to include important things on their vision board and the importance of having enough space for their self-expression. Overall, the vision board creation process was unique to each child and demonstrated the child’s freedom for creation.

Throughout the feedback process, it seemed important to participants to share their plans for the vision boards they were creating. Adrienne talked throughout her YCAF explaining ways in which she wanted to make her vision board just how she planned it. The following is an excerpt of an exchange about Adrienne’s plan for adding the next picture to her vision board:

Adrienne: This girl is going to be hard to cut out.
Assessor: You think so? Oh, you want to cut around the edges instead of making it a square around here?

Adrienne: I could just do that. And then make it a lot quicker.

Assessor: Yeah.

Adrienne: I just need to save my space. I don't like cutting things in big squares.

Assessor: Oh, okay. You’d rather cut close to them.

Adrienne: Closer. And if I can't be exactly close, then [inaudible] I just like turning it. It's easier to cut it when they . . . .

Justin also liked to talk through his plans for his vision board and what he was doing as he completed it. He talked with the assessor throughout. Here is one example:

Justin: And this will need one dot of glue because it is so small. Okay.

Assessor: Oh, it stuck to your fingers too.

Justin: Now I am going to label my picture.

Assessor: Okay.

Justin: I . . . like . . . reading.

Holly talked throughout her vision board creation, explaining what she was doing as she went or telling about the pictures she was including. This was a common experience for the participants. Here is a brief example:

Holly: I'm going to cut this off.

Assessor: Oh. Then it'll be skinnier. Found a plan.

Holly: Like cutting off a pizza crust.

Assessor: Yeah. You don't like pizza crust.

Holly: I do.

Assessor: Oh, okay.

Holly: Now we can put it right there.

Assessor: All right. Found the perfect place for it.
Holly: I might not use tape.

Others shared smaller plans throughout the process. Collin wanted the assessor to know his plan for what he would include, stating, “I'm going to try and cut out all the pictures that I want.” Ronald also expressed his plans before putting them onto his vision board, stating, “Yay! Now I'm going to draw a mega-gigantic smiley face.”

During the feedback process, each child was given one poster board to use to create their vision board. Participants expressed desires for enough space to make their vision board in the way they desired, which may have included making more than one vision board, taping vision boards together, or cropping and being conscientious about the amount of space they were using. Holly noted concern for space, saying, “We may not have room for all the pictures.” Ronald also voiced his concern for space before deciding to make two vision boards, saying, “I don’t really have enough room.”

Adrienne talked through the thinking process of what she might do if she did not have enough room to express herself in the way she wanted, by including a large number of pictures.

Adrienne: I'm not sure if I’ll need another vision board or not. But I think I might.
Assessor: Okay. We'll put it right here if you need one.
Adrienne: And we could tape the two together.
Assessor: Mm-hmm [affirmative].
Adrienne: And it'd be like one picture.
Assessor: Yeah.
Adrienne: One vision board divided into two.
Assessor: Into two. Putting some background on?
Adrienne: Yeah, just so I have more room.
Assessor: Mm-hmm [affirmative].
Adrienne: And I really want to fit it all under one picture.

Assessor: Into one, okay. So your goal is to try and get everything to get in one.

During the process, Justin had many plans for how he would like to arrange his pictures and feedback. As he created, he decided he needed more space on two occasions to best express himself:

Assessor: So, you want to put that one on there. Do you need an extra vision board or are you going to find a spot?

Justin: I think I need a new color

And later stating,

Justin: I think I’m gonna have a family vision board.

Assessor: Okay. So you don't want. I just want to check. You don't want to add any of these pictures.

Justin: Maybe I’ll make a third vision board.

Assessor: You'd like to make a third vision board. Okay. What color?

One way that freedom in creation of the vision board was observed during the feedback process was through what the children chose to include. When Lincoln was starting his vision board, he was immediately independent and drawn to adding his faith first that had not yet been discussed in the feedback. The interaction went,

Assessor: Yeah. These are only from this page but you can cut out any of the ones around you if you'd like.

Lincoln: God's first.

Assessor: You're choosing to do God first.

Lincoln: Always.

Assessor: So, all the pictures on the table I'm going to talk about at some point during your book, but you want to make sure that God goes on there first?

Collin and the assessor discussed how Collin had chosen to add his favorite things to the vision
board as they go through the feedback. Collin wanted to make sure that the assessor noted his family is included in his favorite things, and they are significant in what he has added:

Collin: I'm looking for the German one.

Assessor: The German one. You wanted to put that one on there? Okay. Seems like you're kind of putting them on there in order of your favorite things that you see. Like you wanted to put your friends on there first, and then the Dallas stars and then Miss [counselor] and now German.

Collin: You're missing a key thing.

Assessor: Oh, I said your friends. No, I thought all those were your friends but this is also your family.

Collin: You were about to just end this, not my family.

After including the pictures she liked provided to her, Brittany decided to create a list of “About Me” that included some important things she wanted to have on her vision board that were not represented in the pictures that the assessor had provided. She stated, “Well, I can write some stuff, I guess. That's something you didn't put on here.”

Child Assigning Meaning

Throughout the feedback process, children participated in the feedback through sharing their own examples, allowing the child to relate to the information given and create meaning in the feedback given. Participants felt as though the feedback process was not a one-way deliverance of information from the assessor to the child, but, rather, they felt freedom to openly participate and share their own examples and experiences that matched their self-understanding in relationship to the feedback, which in turn created and solidified meaning in the feedback given. Pictures were given as part of the YCAF and vision board process. Participants sometimes assigned their own meaning to the pictures, which helped in their interpretation and understanding of the feedback.
Kaleb’s confidence and self-esteem allowed him to share a significant number of outside examples that matched his understanding of himself and different aspects of feedback. His outside examples helped him in producing his own meaning behind the feedback given:

Assessor: Okay. The next one is all about ways that you are creative.
Kaleb: Easy.
Assessor: You already know?
Kaleb: Legos.

Sabrina discussed an example that recently happened at school that aligned with the feedback given and her own self-understanding:

Assessor: Then the last one is, some kids can solve new problems and puzzles that they've never seen before, and so like even if you have never seen it before, that's something that's easy for you.
Sabrina: Yeah.
Assessor: You knew that?
Sabrina: Yeah, I was in class and nobody else got the word puzzle because it was pretty hard and in like 5 minutes I was first.

Holly shared an example of her understanding of the feedback the assessor was explaining:

Assessor: Some kids can remember so many things for a long time. That is something that's pretty normal for you, right? You can remember things? . . because you remembered every one of those pictures.
Holly: We went to Disneyland once, and that was like 2 years ago.
Assessor: Oh. And you could remember it?

Participants were each given cartoon or symbolic images for different aspects of their feedback. Because of the symbolic nature of some of the feedback pictures, some children drew their own meaning for the pictures. During Collin’s feedback he expressed his meaning for the picture, and the assessor shared her own meaning as well:

Collin: Oh, this is the one about my favorite animal, right?
Assessor: That's your favorite animal?

Collin: Yeah, right? That's what that's for?

Assessor: No, that one's about sometimes you fight with your mom at home.

Approaches to Including Struggles

Each of the participants were offered pictures of all of the feedback offered, which included both strengths and struggles that applied to the child. Some of the children chose not to include their struggles on their vision board, whereas others decided to include the harder feedback. One participant created a unique way to indicate the differences between the feedback or aspects they liked and those they did not like.

Some of the children avoided putting on pictures of struggles that were explored in the feedback. One example of that occurred when Collin explained, “If I wouldn't like it, I wouldn't put it on here.” Another example was Brittany, who focused on the positive aspects of feedback to include on her vision board. The assessor freely let the child decide if she would or would not include the interpersonal feedback, and Brittany decided to throw it away rather than adding it to her vision board. Brittany said, “I am probably not going to use this.” The assessor responded, “So you didn't want to use the picture of nervous, but you do want to use some other ones.”

Some of the children chose to include all of the pictures provided, even the things that they were struggling with. Adrienne said, “I’m putting every single picture in.” Sabrina noted even though she disagreed with the information, she planned to include it on her vision board:

Assessor: So you're not going to want to put this one on there?

Sabrina: Well, I'm going to put them all on there.

Assessor: Oh, okay, but you just disagree?

Sabrina: Yeah.

Assessor: What do you disagree with?
Sabrina: I disagree with all those. Finally, one child came up with a unique way to include the hard interpersonal feedback that best represented how he felt about it. He created two sides of his vision board, the “Cool” side and the “Boo/Loser” side. He refined his idea from school to “boo” when adding other things that he did not like that were happening in his life.

Assessor: You do not want to put these ones on there, the ones that are sad and lonely?

Ronald: I'll put them on the back.

Assessor: Okay, you think you want to put them on the back.

Ronald: I'll label the top, like school.

Super-Ordinate Theme 2: Self-Concept

In analyzing data of the child’s immediate responses to feedback, their interviews, and parent interviews, the super-ordinate theme of self-concept emerged. The self-concept theme includes considerations around how the feedback process expanded, solidified, or threatened the children’s self-concept and how the feedback increased children’s self-esteem. The super-ordinate theme of self-concept was noted in all 10 participants’ experiences.

In a follow-up interview with Lincoln’s parent, they noted the overall experience seemed to encourage Lincoln’s self-esteem and solidify his strong sense of self-concept. They stated,

And I asked him, "What else did you learn about yourself?" And he said, “I'm really special, and I'm really popular.” . . . And I was like, “I don't think that came from your discussion with her, I think you thought that already, but okay.” . . . I mean, overall, he was super excited because he, yeah, it confirmed his thoughts or feelings about himself.

Adrienne’s parents also expressed ways in which the YCAF process played a role in solidifying and expanding Adrienne’s self-concept, bolstering her self-esteem, and exploring multiple aspects of her self-concept by giving specific personalized feedback rather than generalized labels. They explained:
I think you teased out some of the nuances of ways that she's either smart or talented or whatever, and gave her a little bit more specific examples because people go, “Wow, you're smart.” But then nothing's behind it. And I think you put a lot of tangible things behind it that could help her comprehend it better than being told that. And there's some lessons that I think are tied to that, either we teach a lot doing your best and this kind of stuff. And she can see now that there's a lot of categories of things that are important for her. And then there's things that are important about her. Like her mental health is important and we value that. I think that was another proof point of that. I think she sees that.

Several key themes made up the super-ordinate theme of self-concept including (a) expanding self-concept, (b) solidifying self-concept, (c) threatening self-concept, and (d) increased self-esteem.

Expanding Self-Concept

Participants expressed to the assessor or their parent that aspects of the YCAF contributed to gaining new knowledge about themselves, or expanding their self-concept. Sabrina expressed expanding and solidifying her self-concept through discussion of the reasons behind some of her behavior:

Assessor: The next one is that you like to take your time to do your work and you do your best when you're given enough time and other people don't rush you to do things.

Sabrina: So that's why I need so much time.

Holly disagreed with feedback that was given, noting it did not match her experience of the assessment process, and then the assessor gave feedback that matched the standardized results. After consideration, it appeared Holly was able to expand her self-concept and think of another example that matched this new understanding of self. The interaction was as follows:

Assessor: That was something that was pretty easy for you whenever we would do the blocks and we would do puzzles on the iPad. That was pretty easy for you.

Holly: Not the blocks.
Assessor:  Not the blocks? You thought that was hard?

Holly:  Well the hard ones . . .

Assessor:  The hard . . .

Holly:  . . . like where those little points come in.

Assessor:  The points were really hard ones. They were for big kids, like age 12. You even tried hard, even though you're only six. Do you have any questions about any of those?

Holly:  No.

Assessor:  Okay. Okay. We'll keep talking then.

Holly:  Well, I do help friends in class.

Kaleb’s parent expressed she believed the process helped her child expand his knowledge of self, specifically focused on his awareness around his feelings. She said, “I really think he . . . he did learn how to identify when he was sad . . . and that's hard. That's been kind of hard for him.”

Solidifying Self-Concept

Participants expressed to the assessor or their parent that aspects of the YCAF solidified or aligned with their self-concept. Kaleb shared outside information that aligned with feedback, demonstrating solidification of one area of self-concept:

Assessor:  So, this one right here is some kids can remember so many things for a long time, this is something that's easy for you.

Kaleb:  I've always still remember my mom's friend's password to open her gate.

Some feedback that was given to Ronald aligned with his current view of self, and it was easy for him to incorporate into his self-concept. An example follows:

Assessor:  Some kids are really great at building Legos and other things that require motor skills. This is something that is super easy for you and that you are really great at.
Ronald: Yes, that is very true.

Assessor: That is very true. I'm going to go like this because it's super, super easy for you.

Ronald: And I think it's really fun.

Collin expressed examples that aligned with some areas of feedback given, indicating the feedback solidified his self-concept:

Assessor: Some kids can remember so many things for a long time. This is something that is really easy for you. You're really good at that.

Collin: I'm really good at that because when I was 3 I remember from Florida.

Assessor: Yeah. You have memories like that, but you also remember vocabulary words, you know how to read, [and] you really like to learn different languages like Spanish and German.

Assessor: This one is some kids have memorized a lot of different facts that they learned at school. That's something that's easy for you.

Collin: Yeah, I easily memorize the facts, and I'm really good at doing this.

Threatening Self-Concept

Through observations of behavior and direct reports to the assessor or the participant’s parent, participants demonstrated that aspects of the YCAF were threatening to their self-concept. This was observed through incongruent behavior, appearing uncomfortable, and openly disagreeing and struggling to accept with feedback that had concrete evidence, such as standardized intelligence testing.

An instance where Kaleb heard information that threatened his self-concept resulted in feelings of embarrassment.

Assessor: Some kids break the rules when they are bored at school. Sounds like you, like whenever you finished all your work. Is that not right?

Kaleb: When was that?

Assessor: I don't know, your teachers say that sometimes after you finish your work,
then you just get up or you talk to the other kids while they're working and it kind of distracts them. Is that right?

Kaleb: Yeah.

Assessor: Does that make you feel embarrassed to hear that?

Kaleb: Yes.

When explaining the standardized intelligence test results, Ronald rejected the feedback that is given in relation to his memory. It does not fit his understanding of self nor the label his family has placed on him as having a poor memory. Because the results contradicted his view of self, we observed him reject the feedback that threatened his self-concept:

Assessor: Okay. So, this one right here is that some kids can remember things for a long time. I learned that this is something that is pretty easy for you.

Ronald: No.

Assessor: It's not right?

Ronald: No.

Assessor: It's not? That's funny because whenever we were doing all those different tests together, you remember?

Ronald: Yeah.

Assessor: And you remember things a lot longer than most kids can.

Ronald: Yeah, but not at my house.

Isiah had one opinion of himself in relation to how he remembered things at home, but when the assessor explained some of the things they did together that showed the opposite, he agreed and then provided another example that disagreed with the feedback given, demonstrating incongruence because of the potential threat to self-concept. His self-concept was grounded in the belief he is not smart, but the assessor provided counter-examples grounded in standardized findings. At first Isiah appeared to take in the information but then retreated into his beliefs that he is not smart and cannot remember by providing an additional example. The interaction was as
follows:

Assessor: So, the next thing is this one. Some kids can remember things for a really long time, and what I learned about you is that you have a really good memory. You had remembered a lot of different things that you learned in school, but whenever I see your face it looks like you’re not quite sure about that?

Isiah: [nods] I only remember important stuff—what my name is, how old I am.

Assessor: You do remember important stuff and you remember like different vocabulary words that you learned in school, and you remember how different patterns went together, is that right?

Isiah: [nods] hmmm.

Assessor: Yeah, okay.

Isiah: But when I, when it comes to my dad’s taking me on his motorcycle, I have to write something on a sticky note and put it on my door and make sure my cat’s in my room and close it.

Increased Self-Esteem

Participants expressed to the assessor or their parents shifts in their self-concept related to increased self-esteem. Children felt affirmed or encouraged by different aspects of the YCAF, which appeared to lead to increased self-esteem. Some parents were concerned that their children mostly focused on the positive self-esteem-building aspects of the feedback as the things they remembered most.

Kaleb’s parent noted she thought her child’s self-esteem grew because of the feedback, stating, “But I think now he's even more so confident in himself that I really can do this and I am good at this.”

Adrienne’s parents also expressed how they noticed Adrienne seemed to have taken in a lot of the messages that contributed to her self-esteem. They said, “I think she just seemed positive, and she was just excited and little surprised at all the . . . . She said, ‘Wow, mom, I
really didn't know I was awesome in so many ways.’ So, I think maybe having the different words to say, because I think some of those are good to pick out.”

Collin’s parents noted the feedback seemed to give Collin increased self-esteem by labeling some of the things he is good at. They explained, “I think going along with—well he was very proud of himself for being like intelligent and you know being great at hockey and—but I think putting into words that he enjoys learning German.”

Adrienne’s parents explained, although Adrienne included all aspects of the feedback on her vision board, she focused on the positives in explaining the feedback to them. Adrienne’s parent demonstrated this by saying:

That was a harder thing for her to say, and that was not what she wanted to highlight, though, either. She did not want to dwell on saying, “I feel lonely or I feel sad or I feel anxious.” She glossed over those pretty fast. . . . So, she wanted to elaborate more on the things that she liked than those other little things.

Super-Ordinate Theme 3: Therapeutic Relationship

The impact the therapeutic relationship had on the participants was revealed through the observations and discussions the children had with the assessor and their parents. The therapeutic relationship included safety, connections, and collaboration found within the feedback process. The super-ordinate theme of therapeutic relationship, which was identified in each of the 10 cases, was comprised of three themes: (a) assessor’s role in the therapeutic relationship, (b) child’s role in the therapeutic relationship, and (c) collaboration.

An example of the common interactions between assessor and child during Collin’s feedback showed some important aspects of the relationship, including (a) the continuation of the relationship, (b) the assessor remembering important information about the child, and (c) the child’s reaction to feeling seen and important. The interaction went this way:

Collin: This is [friend’s name].
Assessor: [Friend’s name] from across the street?
Collin: No, not that one.
Assessor: Oh, the other [friend’s name]. That’s right.
Collin: You remember there's two of them!

Small relational moments throughout the participants’ feedback sessions resulted in feelings of safety to explore (a) self and emotions, (b) a sense of connection between assessor and participants, and (c) a feeling of collaboration in the feedback process.

Assessor’s Role in the Therapeutic Relationship

The assessor’s role in the therapeutic relationship was expressed through moments of the assessor demonstrating a desire to (a) feel connected to the child, (b) understand the child, (c) respond to the child using therapeutic responses, and (d) bring in the assessor’s perception of the child. Additionally, the assessor used some of the child’s language shared in the assessment process to help show the child that the assessor had listened and valued the child’s expressions.

After an elongated time in which Lincoln was working silently on his vision board, the assessor checked in with him and asked about one of the pictures. The observer noted this appeared to be an instance in which the assessor was trying to reconnect with the child by using information the child had previously told the assessor. She asked,

The top one? I was wondering. . . . I thought it must have been a pretty recent picture because you look pretty much the same and your baby sister's in it, too, and she hasn't been around that long, right?

This helped Lincoln open up about his family and recent celebrations.

As part of the therapeutic relationship, the assessor demonstrated dialogue indicating a desire to have a better understanding of the child and including clarifying and open-ended questions. The assessor provided multiple opportunities for the participants to express
themselves and checked in with her understanding of the child. One way this was done was through engaging in open-ended questions, such as: “Did I miss anything you like to do? You like to do a lot of different things, right? I probably missed some things you like.” Lincoln responded by saying, “I like to play Roblox.”

As noted in observations and dialogue between the child and assessor during the YCAF process, the assessor brought in her own perceptions of the child as part of the feedback. During Adrienne’s feedback on how she is creative, the assessor noted something that she experienced with the child during the assessment process that was not noted by the parents or child. The assessor stated, “And then I thought you were funny, so I thought this was you being funny in the picture.” The observer noted the child demonstrated “joy” in the assessor sharing her perception of the child.

The assessor also brought in relational moments from the assessment process that highlighted the children’s strengths. This was demonstrated in the assessor’s feedback to Sabrina:

Because you make me laugh a lot whenever you tell the different stuff to me. . . . And some things that I learned about you, that you are awesome about being funny, so I put that because I thought you were funny.

As part of the observation process, it was noted how the assessor used therapeutic responses throughout the interactions with the child such as reflecting content, feeling, using immediacy, returning responsibility, and offering choices. Throughout the conversational process with Adrienne, the assessor used therapeutic responses to enhance understanding of the child and help the child feel seen and understood. In a discussion about one of the pictures she was cutting reflections were used throughout:

Adrienne: Those donuts are delicious. [Brother] didn't eat them because they were dipped in butter. He doesn't like butter, and he doesn't like cheese.
Assessor: Oh my goodness. Two things you love.

Adrienne: He likes cheese, but he doesn't. Sometimes he complains about it, sometimes he loves it. I don't get it.

Assessor: That’s kind of hard to understand.

Adrienne: Butter is always like, ugh. It's in a lot of things but he doesn’t know it. But he doesn't taste it. If he even sees it makes . . . .

Assessor: Makes you so mad.

Child’s Role in the Therapeutic Relationship

The therapeutic relationship is a two-way relationship, with both the investment of the assessor and the desire from the child to be in connection with the assessor. Children, parents, and the observer noted indications of the participants demonstrating a desire for connection with the assessor or noting the relationship was important to the child. The children spent some of their time in the feedback session sharing about themselves, their lives, and emotions with the assessor. Some children used time to process emotions with the assessor, indicating a sense of relational connection and trust that the children found in their relationship with the assessor. Children and parents noted instances in which the child felt seen, heard, understood, and accepted in their relationship with the assessor.

The most common way that children appeared to try to connect with the assessor was through asking her questions about herself. Adrienne asked the assessor about herself and her experience as they went through a challenging feedback piece. Adrienne asked the assessor: “Does that happen to you sometimes, too, where it's like . . . there's a million things, and I have to worry about all of them.” Collin also asked the assessor questions about herself: “Do you know some Spanish?,” “Do [your family] like McAlister's?,” and “Have you been to Rockfish?” Brittany asked a question of the assessor to try and determine if they had something important in common: “So yeah, I was born in Texas. Yeah, where were you born?” Ronald also asked the
assessor many questions about herself to gauge if they were similar, such as, “What’s your favorite Chinese food?”

Through Sabrina’s feedback session she shared about herself and demonstrated a desire to be connected to the assessor. This was most evident in Sabrina labeling her vision board with her own name and the assessor’s name. Sabrina asked, “How do you spell your name?” before including the assessor and her own name as the heading for her vision board. Sabrina’s parent also expressed Sabrina’s relationship with the assessor was important to her, telling the assessor, “I know she said, she's like, ‘Why can't we come back here? I want to go see her again.’”

When Collin was asked what his favorite part of the YCAF was he stated, “That I got to spend time with you.” Collin directly noted the importance of the relationship between the assessor and the child.

Participants found opportunities in the YCAF to share about themselves with the assessor. Participants shared about outside aspects of themselves and their lives. Some of the pictures sparked conversations that allowed the children to tell more about themselves and their experiences. Other times, it appeared to be the environment and therapeutic relationship that encouraged children to open up about things that were not included in the pictures that were out in front of them—but that felt important to share with the assessor. After going through the feedback and discussing how friendships have been hard to create, Adrienne wanted to share with the assessor some progress she has made in the area of friendships:

Adrienne: That I'm real excited that my parents said yes that I could go to [name]'s sleepover, and maybe.
Assessor: You get to go to a sleepover?
Adrienne: It’s on the 24th!
Assessor: Oh my gosh, that's on Saturday. You get to go do that at [name]'s?
Adrienne: Yeah.
Assessor: Your first sleepover.
Adrienne: Yeah. My mom finally said I could.
Assessor: She did, you're really excited about that?
Adrienne: Very.

Due to the safety that participants found within their relationship with the assessor, participants chose to use some of their time in the YCAF to process emotions surrounding the feedback or other important things happening in their life outside of the feedback. Additionally, some of the children processed ways to cope with the information that was discussed in the YCAF. Through the process of the YCAF, Adrienne and the assessor were able to talk through many aspects of the child, and she processed some of what her anxiety meant in the big picture of her self-concept. Adrienne was able to identify ways she could cope by saying, “That I think of a lot of different things, do a lot of different things, and have a lot of anxiety, but there are ways to solve it, like swimming and volleyball, get all my anxiety out.”

Ronald was also able to openly talk through how challenging it has been for him to talk with his family about how sad he is. Ronald and the assessor talk through potential people he does feel safe talking with to have continued emotional support after the feedback session.

Assessor: Another person that you told me that you kind of like that's an adult is [friend]'s dad. Maybe he's also somebody that you could talk to if you needed to. But it has been kind of hard to talk to them about stuff?
Ronald: Yeah . . . My babysitter.
Assessor: You feel like you can talk to your babysitter?
Ronald: Yeah. She's the best.

As indicated by parent’s perception of children’s experience, observations, and child’s direct report, participants indicated feeling seen, heard, understood, or accepted. Adrienne’s parents
explained they felt that, by the assessor including the holistic view of the child, including harder interpersonal feedback and strengths, Adrienne felt understood. They elaborated that allowing Adrienne to include all parts of herself was important to being accepted. Adrienne’s parent said:

I think she also liked being heard that she could put that sadness on there. She didn't get the feedback from you or us of like, “Oh, you don't have to put that on there. Is that really how you feel? Let's get a smile on there.” So I think she felt heard about that. Sabrina’s parent noted “she said she was surprised that you knew as much about her as you did.” This comment may have indicated a feeling of being seen by the child. Sabrina’s parent followed up later in the interview with similar sentiments expressing how Sabrina felt understood by the assessor. She said, “I could see that she really liked how much you were able to pick up on and felt like you understood what she was going through. Even though she can't put it into words, you got it.”

Ronald’s parents expressed the experience was one in which Ronald felt heard and validated. They said, “I could tell that he felt attended to and heard and proud of himself for certain things that you guys talked about as being strengths of his.” They continued later in the interview with the importance of the space they felt their child received in the feedback session to experience some of the emotions he hasn’t been able to express at home. They said:

I think it probably validated some of the negative things he's been experiencing and gave him a place, whether he's going to articulate that to me or not. I would think it gave him a place to put those on the table and say, “Here's all this good stuff, but then here's all this stuff that maybe isn't so good and it's okay.”

Collaboration

In the participant cases there was a sense of collaboration in the YCAF, indicated by the child; they felt a sense that they were working together with the assessor. This occurred through the back-and-forth creation and depth of understanding that both the assessor and child grew in their understanding of self. Parents also noted the importance of the assessor being a third-party
expert in providing the child feedback. This added to the sense of integration and collaboration, in that the child had a special type of relationship with the assessor that impacted the feedback.

Sabrina recruited the help of the assessor to create her vision board. She took the lead, but worked together with the assessor to complete her vision board:

**Sabrina:** Can you help me cut them out?

**Assessor:** Mm-hmm [affirmative].

**Sabrina:** You can cut this one off.

Similarly, when Ronald came up against a challenge, he did not hesitate to recruit the assessor’s help in assisting in the creation of his vision board:

**Ronald:** Can you cut out one, because I've got to put it down.

**Interviewer:** So, what do you need me to cut out?

**Ronald:** So, two, I like this one.

Collin and the assessor worked together to add something to his vision board that was not included in the set of pictures the assessor provided. The exchange included both the assessor as participant and the child as taking the lead for how the assessor could help him:

**Collin:** I wish we had a picture of Leo.

**Assessor:** You wish we did? Do you want me to write Leo's name on a piece of paper for you to cut out?

**Collin:** Could you write it on here?

**Assessor:** Oh on here? Sure. What color would you like?

**Collin:** Blue.

Some of the parents who were interviewed about their children’s experience revealed they believed that the YCAF feedback impacted the child’s self-concept due to the feedback coming from the assessor as a third-party expert. This indicated a sense of collaboration in the way that the feedback was presented to the child therapeutically—and the child’s freedom to
direct the sessions overall—resulting in a sense of collaboration that helped the children integrate
the feedback. Parents noted the special type of relationship the assessor had with the child that
seemed to impact the children’s experiences.

Kaleb’s parent noted the feedback was notable because it came from someone other than
the parents. They said, “I think but I do think it was nice for him to hear it from somebody else
too . . . Not just super proud mom and dad.” Adrienne’s parents also noted how important it was
for the child that the feedback came from the assessor as opposed to her parents. Adrienne’s
parent expressed it this way:

I think the good part about it was, was to hear it from a third party she would see you as
an expert, that being you, as opposed to from mom and dad. So I think that part . . . was
pretty positive for her because, “Oh you're my parents, you're supposed to say that.” Kind
of a thing could occur. Where if you say it, it's like, “Well, I don't think they're supposed
to say it.” You can say what you're supposed to say, not what she thinks. So, I think that
was very positive for her to hear such a comprehensive set of things in one session;
having that part of the feedback was very good.

Justin’s parents also noted it was good to hear the feedback from someone other than his parents.
They explained:

I think maybe also that . . . this thing about we feel that sometimes he lacks confidence to
hear some good things about himself from not your parents. I think it was good, right?
That, I think registers a little bit.

Collin’s parent also expressed the importance of the information coming from the assessor. They
explained:

It’s not just something that, you know, mom or dad told him or, you know, mom or dad’s
friends told him. . . . It was something that this other person; like it is real it is true. . . .
So, I think that was really especially for him because he’s just so in his head about things.

Super-Ordinate Theme 4: Affective Responses of Child

As a response to the YCAF, children demonstrated a range of emotional responses to the
feedback. Affective responses ranged from enjoyment and excitement about a variety of aspects
of the feedback to curiosity, uncertainty, rejection, anxiety, and avoidance of certain aspects of the feedback. Participants were excited about some parts of the YCAF: (a) the pictures, (b) getting to keep their creations, (c) pride in their vision boards, (d) telling their parents about it, and (e) an overall feeling of enjoyment that surrounded the process. One example came from Holly’s parents who explained, “She had fun making it; I do remember that. . . . I mostly overall got the fact that she enjoyed it.” The spectrum of emotional reaction is demonstrated in the themes that follow.

Participants exhibited enjoyment of the process whether it came from direct report to the assessor or parent or was observed in (a) their behavior of engagement in the process, (b) working hard on their vision board, or (c) demonstrating behavioral cues linked to positive feelings. Adrienne’s parents perceived that Adrienne enjoyed the process of the YCAF through what she shared with her parents. They explained, “She clearly had a good time doing it. That's what I took away from that.” Justin’s parents also indicated he enjoyed the process. They noted, “Well, I think he liked getting to do it. I actually think he liked that, that he got to do something that [his siblings] didn't. I think that gave him a little bit of a pride thing, maybe.”

Participants expressed excitement surrounding sharing the feedback with either their parent or their personal counselor. Both parents and children reported feelings of excitement from the child that they were able to share the feedback with an important person. Kaleb’s parent shared sentiments that expressed Kaleb’s excitement surrounding sharing the feedback that he learned with his family. Kaleb’s parent stated:

Well he was really excited. He wanted to tell me when we got home so he could show us everything. So, we sat down. He was actually really excited to come and sit and talk to me and [his father] about it.

Lincoln’s parent noted a sense of excitement when sharing his vision board with them as well.
Lincoln’s mom said, “He was really excited about it. He showed me his vision board, and said he
got to choose the pictures and, but he did it with you, and he was excited about it.” Justin’s
parents expressed, “And then as he went through his vision boards, he delightedly told us. He
read them all to us, you know?” Brittany’s parents said, “She talked about it all day. . . . she
really liked it! . . . It was fun, and look at my picture, and look at this and I did it this way.”

For Adrienne, her parents expressed that she was excited to share the feedback with both
of them but also had a desire to share her feedback with her individual counselor. Following
Adrienne’s parent feedback session, they took her to a counselor and the feedback was important
for Adrienne to bring in and talk about with her counselor and her parents.

Participants expressed being excited about the pictures the assessor included in the YCAF
that were available for the child to add to their vision board. Parents and children alike noted the
children enjoyed the pictures as an important part of the experience. Isiah was immediately
drawn to the pictures available for creation of his vision board. They allowed for increased
discussion of his experiences, and he said upon first seeing them, “This is bringing up lots of
memories I don’t remember.”

Participants demonstrated excitement around getting to keep their flip book and vision
board to take home with them. Children directly noted this to the assessor and shared the
excitement with parents. Adrienne was unsure if she would be able to take the tangibles home
with her; upon clarifying the information she was excited:

Adrienne: I get to take that home?
Assessor: This? Yes.
Adrienne: So, I get a vision board and that?
Assessor: You do.
Adrienne: Wow.
Parents and participants reported children felt encouraged by the information they learned in the YCAF. Following Lincoln’s feedback, when explaining his vision board and what happened in the YCAF to his mom, he came away feeling encouraged. Lincoln’s parent stated, “And then he was like, ‘She said my brain is great.’ So, I know you didn't use those words, but in his mind it was like a brain check, and he pretty much felt like he got a good check.”

Participants expressed pride in the vision board they created during the YCAF process. This pride in their creation was both directly expressed to the assessor and to parents who reported about their child’s pride in the vision board they created. Justin’s parents expressed how important the vision board seemed to be for Justin. They concluded by stating, “He certainly was proud of his vision boards.” Collin looked at his vision board midway through the feedback, and expressed pride in his creation, stating, “Look at how much stuff I already cut out!” Brittany concluded her feedback session with pride, saying, “I'll tell my mom that I made so many things so small that I could even write on the words!” Brittany’s parents also expressed, “She seemed proud about what she made.”

Ronald displayed pride in his vision board throughout the process. He noted, “This is one of the best signs ever.” He proudly displayed the vision board to the assessor and two-way mirror. At the end of the interview, the assessor asked to take a picture for the study, and he was eager for her to show everyone the vision board:

Assessor: Can I take a picture of your board? Yeah, okay?
Ronald: Share it with everyone you know!
Interviewer: Share it? I don't know if I can share it with everyone I know.
Ronald: Well, just try to share it with everyone you know! . . . I'm definitely going to want to pin this.
Assessor: That, you like that a lot.
Ronald: This is probably my favorite.

Some of the children responded to the YCAF with uncertainty or surprise at some of the information shared with them. Children typically reported surprise and uncertainty related to information that was not already within their awareness. One common example was participants’ hesitancy to agree, trying to determine if the feedback really fit for them. A common response and indicator of uncertainty in the process was reflected in Ronald’s interaction with the assessor:

Assessor: This one that's like a running brain means that some kids can do their schoolwork really fast. This is something that's harder for you, and you would much rather take your time. Does that sound right?

Ronald: Well, sort of.

The pictures that were within the YCAF and presented to the children to choose to add to their vision board drew reactions of curiosity and surprise for some of the participants. Participants were curious about how the assessor got pictures of them, their family, and friends. Participants were also surprised when first presented with the pictures, appearing and reporting surprise that the assessor had a variety of pictures from their life.

Kaleb: Where did you find these pictures at?

Holly: Did you draw this or did you print it?

Adrienne: When did you talk to my parents and get all this stuff?

Collin: Lots of different pictures!

Justin: Woah! Those are my teachers . . . .

Justin’s parent expressed, “He said he was surprised that you had pictures of us and him.”

Anxiety was noted through observations of the YCAF process. The observer noted times the children disengaged from the feedback, which could look like (a) telling an off-topic story to avoid the feedback, (b) working on their vision board, or (c) no longer appearing engaged or
orally replying to assessor’s feedback. The observer also noted instances of children using the vision board as a physical tensional outlet for their anxiety. One example of a sudden shift to focusing on vision board due to anxiety occurred in Ronald’s feedback session. The assessor shared a hard piece of feedback. Ronald agreed but then quickly changed the subject and focused on his vision board and appeared anxious:

Assessor: This last one is that some kids feel lonely at school, and you’ve been kind of feeling like that lately. So, do all of those kind of sound right?

Ronald: Yeah. . . . I like using tape better.

During Isiah’s feedback session, there were also a significant number of observations of behaviors demonstrating his anxiety (e.g., squeezing his hands under the table, avoiding eye contact, or rapidly changing the subject when he appeared uncomfortable). One example of Isiah changing the subject when he became anxious went this way:

Assessor: I talked to your mom and dad, too, and it seems like they have started to notice that you are feeling more sad lately and like you are feeling like you can’t do your school work [Isiah nods], and so they are a little bit worried about you. They wanted me to tell you that they understand that you are feeling sad. [Isiah is looking down at the ground no longer making eye contact with assessor.] What do you think about that?

Isiah: [grumble] Yeah?

Assessor: Seems like you are almost getting nervous right now [mimics clients tight hand squeezing he is doing under the table].

Isiah: [shakes head no]

Assessor: No? [pause] What are you thinking about?

Isiah: I just want to teach my cat how to do tricks.

Both parents and the participants directly indicated there were certain parts of the feedback the children avoided sharing, which typically revolved around emotional or interpersonal struggles the child was experiencing.

Sabrina was open to sharing her feedback to her parent, but did not want to share the
feedback to her teacher.

Assessor: So, if you had to tell your teacher, what would you tell them that you learned about yourself today?

Sabrina: Nothing.

Assessor: You wouldn't tell them anything?

Sabrina: No.

Assessor: Okay.

Sabrina: That's my business, not hers.

Assessor: So, you don't want to share any of it with your teacher?

Sabrina: No.

Assessor: You want to keep it all to yourself and your family?

Sabrina: Yeah.

Ronald also indicated, besides the assessor, he was having a hard time sharing the parts of feedback related to his feelings. In the recommendations section, when the assessor suggested he talk to his mom or dad, or his teacher, he was resistant to sharing:

Assessor: And then the last one is to talk with your mom or dad when you're feeling nervous or sad. Do you think that's something you feel like you would do, or is that hard?

Ronald: It's kind of hard.

Interviewer: Kind of hard, yeah... And then a couple things you can do at school. I put your teacher on here. Ask your teacher for extra time if you need it, because you can do all things; you're really smart. Continue to be my awesome self and make new friends at my new school, and talk to my teacher if I need help. What do you think about that? Do you feel like you can talk to your teacher?

Ronald: It's kind of hard.

Interviewer: It's hard? Yeah.

Ronald: I'm going to write a boo sign.

In the follow-up interview with Ronald’s parent, they expressed that Ronald did not share much
of the interpersonal feedback with them. They said:

I tried to get a little bit out of him, but he just brushed over some of the negative stuff. To me again, that says there may be things in there that he's processing that he just didn't feel like talking about or maybe know how to articulate.

The parent noted Ronald did not share the information on anxiety and sadness that the assessor had shared with the parents in their feedback session. They also mentioned Ronald’s desire that they did not share the information with his teachers: “When I said when we talked a little bit about asking his teacher for help or telling his teacher, he was like, ‘No, I don't want to do that.’”

Some of the child participants had a strong rejection reaction to some part of the feedback given during their YCAF. This was observed in body language and through oral reports directly to the assessor. Sabrina was honest and blunt about her reactions to the assessor indicating she needed to go to school. She rejected the recommendations that the assessor gave her. The interaction went as follows:

Assessor: Okay and then remind others that you would like more time to think through your work, that's my other clock. Then some things you can do at school, go to school. What do you think of that one?

Sabrina: I don’t like that one.

Assessor: You disagree with it. Ask a teacher for more time to think through your work because teachers are supposed to allow that.

Sabrina: I can’t do that.

Super-Ordinate Theme 5: Systemic Shifts

One theme strongly reflected in parental interviews was the systemic shift that occurred due to the opportunity for both parents and children to receive feedback. Systemic shifts are the positive changes occurring at the individual, familial, and school levels and in collaboration of mental health care. Nine of the 10 participants identified systemic shifts that occurred due to the child receiving assessment feedback. The systemic shift super-ordinate theme was comprised of
two smaller themes: (a) attitudinal shifts and (b) behavioral shifts. Adrienne’s parents explored how their understanding of the child shifted and how that could lead to different behaviors that they would do in their activities at home and how their child would need to take on some responsibility for changes. In a thoughtful and playful reflection of what they learned about Adrienne from their feedback and her responses to her own feedback, Adrienne’s parents discussed:

Parent 2: And, I forget, if Adrienne is not looking at it like that, it's like, "Well, make friends in Girl Scouts and it's okay to be a little immature and laugh at things. You don't need to be the class clown, but it's great to do some of that because that's how you'll make the friends." If you're just there with, okay, how fast can we make these... What are these sit upon bucket things, just do the process, you'll miss the fun. And I think I'll use that lesson to make sure that I remind her about the fun and to make sure we have fun when we do stuff too, sometimes. Next time, if I plant a flower I'll throw dirt at her or something. I'm kidding.

Parent 1: Yeah. Spray her with the water.

Parent 2: But the idea that it's fun sometimes, because I know both of us can be serious people too. Maybe she reflects on that. If I'm working, it's work. So, we need her to balance herself and not feel like I can't do that.

Attitudinal Shifts

Parents revealed shifts that happened in their family’s attitude due to the child receiving feedback. Parents expressed shifts in their (a) awareness, (b) understanding of the child, (c) empathy for their child, (d) attunement, and (e) hope they have for their child. Parents noted an increased understanding of their child linked to the fact that both parents and children were given feedback. Some of the increased understanding was directly linked to the parents gaining new knowledge, but additional understanding was obtained from the child gaining their own feedback and from the subsequent reactions, conversations, and sharing that occurred following the YCAF.
Justin’s parents discussed something that shifted their view of Justin that he shared with them following his YCAF session. The assessor shared with Justin that he is often worried, and Justin shared with his parents that he worries when they yell. Justin’s parent explained:

I think that makes me aware of it, and I didn't realize that he was worrying about getting yelled at. I don't know. So that was kind of surprising, but I was glad he could tell me that. We had a conversation about it. Said things I would try to do better and things that might help me.

Collin’s parents also explored how the child’s feedback and assessment process allowed for a greater understanding of Collin. They said:

[It has] been really helpful seeing, because what we see at home can vary so much from what they see at school and what other adults see when they are working with him. So, just seeing all of those puzzle pieces put together and like the whole Collin—not just the Collin that we see, you know—and seeing maybe why certain things happen the way they happen. I'm excited.

Isiah’s parents noted shifts in their understanding of Isiah following his feedback session, especially due to his reactions of receiving positive feedback and his expression of the feedback being only negative. They explained:

I've noticed that he, I guess I'm more aware now, that he doesn't accept positive feedback. And, I guess because that's made us aware of that, I've been noticing it a lot more at home. Yeah, he just can't take; he starts looking away. We were telling him how great he did at football the other day—and I mean he did phenomenal at football—and we were telling them all the good things that he did, and we were so excited, and the whole time he was just like, I don't know, it seem painful to him. And I'm like, “Bud, come on.” And so anyways, I guess the point is, is we're now more aware of that also, where I hadn't noticed that before.

Some of the participants’ parents noted following the YCAF process, parents experienced increased hope for their child. Parents noted the shifts within their child and their child’s gained knowledge from the YCAF process increased their hope. Sabrina’s mother expressed she had hope around a shift in Sabrina’s self-perception. She hoped Sabrina’s self-esteem had shifted because of the feedback given, stating, “I think that, hopefully, she heard that she has some
intelligence and just needs to take some time to work through those things.” She followed up later in the interview with more instances that she was hopeful: “I'm hopeful; I don't know for sure, but I'm hopeful that she gained a little bit more insight into herself to be able to understand some of the emotions and what she needs to do for herself.”

Lincoln’s parents noticed shifts within Lincoln following his feedback session. They noticed other people were also noticing the shifts, which encouraged them and seemed to instill and increased sense of hope. They said:

He's actually been doing better work at home, which is amazing. I don't know. I don't know. Yeah. He's just been, even the nanny was like, “He's doing his work a lot faster than he was before.” So, I don't know if that little bit of positive reinforcement just kind of helped him feel like he can do this at home or, I don't know. That just, I think the encouragement was really, really good for him to be more productive instead of kind of like dragging his feet and disobeying a lot.

Behavioral Shifts

Parents noted shifts in their own behavior, in their children’s behaviors, and in movement toward collaboration of care in including school systems and mental health services. Parents also expressed shifts in their own parenting, shifts in their child’s behavior and actions, and an increased opportunity for conversations and connections within the family system. Parents also noted getting others involved, including schools and counselors.

Following Lincoln’s feedback session, parents began to notice shifts within him, which encouraged them to make shifts in their parenting. They explained:

I think I've never pointed out to him what his strengths are, how he learns best, or that he is really smart, and I think that it helped him be able, and it helps us to be able, to focus on those strengths for him. So, this week we've just been reiterating like, “You're so smart, you can do this,” and he's actually been doing better work at home, which is amazing.

Following Ronald’s feedback, Ronald’s parent was seeing some of the same behaviors Ronald was referred for, and yet, because of the experience, she shifted the ways in which she
handled the behaviors. She explained:

I think he needs some extra TLC from us, and he needs extra grace and tenderness and kindness. And so that's what really taking it down to the just practical day-to-day stuff. That's what I've been efforting to do is just be more gracious and try to meet him where he is. And the other day he was upset about something and he started to try to fight his sister, like literally punch, hit, kick. I mean, and I had to physically restrain him. And then I was like, "Let's just go for a walk." So what I maybe would have done would have been, “Can you please go to your room until you calm down?” We went for a walk and we just talked about it.

She also mentioned that it caused a shift in both parents, explaining, “It forced us to slow down and really attend to the things that we've been seeing in him.”

Following parent feedback and Adrienne’s YCAF, both Adrienne and her parents made shifts in approaching one another. Parents began to note Adrienne’s needs and how they would be able to address those needs with their other responsibilities. They said:

Lately, Adrienne has been asking for more one-on-one time to tell us things at times that aren't always easy because we're trying to make dinner or this or that or . . . , and so I got to find a way to make a little bit of time when she wants it. Because if I ask her sometime, “Hey, what's up? What are you doing?” “Oh, I'm fine. I'm all good.” She's not picking up. But when she wants our attention, I noticed she gets really frustrated if I don't give it to her. Even if I've got three kids talking to me. So, I'm trying to help her a little with that; yet, have her understand, “Hey, love to hear about that, but can it wait 5 minutes because” . . . and have her just think, “Well, I'm not important.” You know that type of thing. I've noticed that more in the last 2 weeks than I have.

When Holly returned home after her feedback, she began applying one of the recommendations that she and the assessor discussed in her feedback, to spend more time with her father. Her dad noticed the shift in Holly, which was a shift for their parent-child relationship. He said:

Since she has been home I feel like she has been a lot more interested in doing things with me . . . you know I mean she likes “Oh, I miss you” but not that clingy, the wrong word but interested in specifically doing things with me again . . . . She definitely has been more, uh, vocal about like “I wish you and I could do this.”

Lincoln’s parent described a few changes the family had already enacted following
Lincoln’s feedback session. The parent noted a new understanding of the child and actions they took following the understanding shift. They noted some of the recommendations made to the parents and Lincoln were already being put to use and helpful. Lincoln’s parent said:

I think so much of it is behavior that he was like, maybe underperforming because we've been at home, and he's just this social guy. And so, when I asked him to rewrite the two pages using even better handwriting, he really, he's capable. And so, I think it's, and I also had him do like a dot-to-dot thing, which he thought was babyish, but just like drawing the line from dot to dot and you make like with a Bible story. But I've found those two things to be helpful this week and just helping him use the writing skills and the pencil to paper. That's what we need.

Parents noted because of the child receiving feedback there were new opportunities for conversations that had not occurred prior to both the child and parent having the feedback. Parents noted there were more moments for conversational connections due to a mutual knowledge of the feedback, which encouraged new discussion and sharing between the child and their parents. Following Sabrina’s feedback, she and her mom were able to talk more openly about Sabrina’s worry and processing speed. Because Sabrina had been given feedback that her mom also had been given, there was a new ease to the dialogue. Sabrina’s mom was able to gain new understanding of Sabrina because of the conversations that occurred following the YCAF. Sabrina’s mom expressed it this way:

And I asked her about that and she said, “Well, if the teacher says, 'Okay, just take as much time as you need.’” She said, “I do really good. But if it’s one of those and she says, 'Okay, you have 5 minutes left.’” She said, “I panic. I get sick to my stomach. And I look down.” And she said, “I just rush through it and I'll end up with a 50 on that test or something.”

Ronald’s parent expressed that on the drive home from the feedback session, after she knew what Ronald had explored with the assessor, she felt able to talk about all the changes that Ronald and the family had gone through. She expressed that she acknowledged her child’s feelings, shared about her own experience, and tried to normalize for her child. She said:
When we were in the car on the way home, I just said, “Buddy, it's so normal for you to feel this way. When you go through a whole lot of change, it's hard, and there's been times when Mom and Dad have had those same feelings of maybe not wanting to make a change and knowing that it had to happen anyway.” And I just tried to normalize some of the ways that he was feeling, so he didn't maybe feel even more different.

Participant’s parents noted that following the child’s feedback other systems began to shift. There was a focus on the collaboration of care, which included (a) children and parents recruiting help, (b) changes in the child’s school system, (c) recruiting mental health care services, or (d) creating new conversations within the existing systems. Kaleb’s parent noted following the feedback, the family had a new conversation about the child’s desire for a shift to occur at school based on the information he learned. She explained, “I asked him even I said do you want to be tested for GT again? He was like, ‘Yeah, I do.’ Okay. Perfect. I was like I guess did they make you feel super smart.”

Sabrina’s mom took action to work with the school after she and Sabrina received their feedback. Sabrina’s parent expressed the confusion that Sabrina had around asking for more help and tried to advocate to the school on her behalf.

And speaking of processing, I think she brought that up, but she said she didn't want to ask for more time at school because there's a new girl that's there. And on Monday, the day before she came to see you, that one had to have more time. And she was out in the hallway just sobbing because she was going to have to spend part of her recess time finishing her test. And their teacher was out there saying, “No, I want you to understand, it's not a punishment. You're not in trouble. It's just because you need more time.” And I finally had a meeting with our school assistant principal. And that was one of the things that I brought up to her. And she appeared as though it made sense to her. I said, “No matter how you try to spin that, it feels like a punishment to them.” . . . And like I said, I feel like I saw a little flicker, like maybe that made sense to her that they're not going to want to ask to give up some of their free time.

Justin’s parents explained following Justin’s feedback they followed up with the recommendation for counseling. They noted in the follow-up interview:

He saw Miss [counselor] today, the counselor that we found and started seeing. I asked her. I was like, “Can you do a little bit play therapy with him. Here's what we saw.” And
that kind of stuff. So, she met with him this afternoon.

Super-Ordinate Theme 6: Developmental Considerations

The YCAF was designed to be a model that fits children’s developmental needs. In providing children feedback, having the children explore their experiences, and hearing parents’ perceptions of the child’s understanding, developmentally-related aspects continued to be brought to the forefront of the data. Developmental considerations is the theme that identifies how experiences children had during the process of the assessment feedback appeared to be grounded in the child’s developmental level. Collin’s parent expressed she thought the feedback was delivered on Collin’s developmental level. She said, “It was so age appropriate for him to, you know, on that level he was very able to go through and like explain everything.” Other considerations for developmental consideration included (a) language of the child, (b) appropriate delivery of feedback, and (c) age considerations.

Language of the Child

Parents and children noted experiences related to the language of the child. During interviews with the children, and noted by some parents, some children struggled to verbalize what they remembered or how they felt or generally struggled to find the words to express themselves. Parents noted the YCAF gave their children words to express themselves in ways they had previously been unable to before their feedback sessions. It should be noted, in presenting the feedback to children, the assessor used the child’s direct words from the assessment process to help the children integrate the information provided.

Noted in both the children participant’s interviews, and in interviews with parents about the child’s experience, the experience of the child struggling to verbalize emerged. In some cases, children struggled to verbalize the feedback that was given to them or the emotions they
were feeling. This process drew attention to the developmentally aligned idea that children may struggle to express themselves orally and was noted by both the assessor and participants’ parents. Sabrina’s parent explained during their discussion about what Sabrina learned in feedback, Sabrina herself expressed she was having trouble verbalizing the feedback she was given. Sabrina’s mom explained it this way:

And she said, I think her words were more, “I learned a lot about myself, but I don't know how to put it into words.” . . . And I got her to go through the book and kind of show me the book and that helped her to explain a little bit more, but she just really had trouble trying to vocalize that.

It was noted by parents or children that the YCAF process gave the children the words they needed to help express themselves. The feedback process gave the child increased words to share parts of themselves they were already familiar with or new considerations they learned during the feedback. Kaleb’s parent noted the feedback and family discussion around feedback was the first instance in which her child was able to talk through some of the more challenging interpersonal struggles that he was going through. She explained:

So, we were talking about all the pictures, and he was like in that one just looks really sad. Like, “Oh is that there because you get sad sometimes?” He goes, “Yeah, I do. I guess sometimes you feel like, “Yeah, I do. But I also feel like this one.” So, it was nice that he could like a label and actually visualize something.

Collin’s parent also expressed the importance of the YCAF giving Collin the words to express himself. They said:

I think it was really good for him to have certain things put into words and like verbalize it because he, especially with what he’s feeling right now, that he’s been anxious about things and that he’s been worried and being able to put into words those things so that he understands, like once you start saying things aloud it becomes easier to deal with.

Sabrina’s parent expressed that Sabrina had trouble in verbalizing the feedback she received, but being able to take the flipbook and vision board home with her was helpful in Sabrina’s expression of the feedback. She stated:
I just, I think that the vision board and the flip book and those things are helpful to her since she couldn't put it into words, but she could go through the pictures and she could explain to me what the pictures were and what they meant. And I think eventually that'll all start to click with her.

One of the techniques used by the assessor in presenting the feedback to children was the assessor using the children’s language and direct quotes from interviews and the interactions the assessor and child had together. Throughout the feedback with Kaleb—who sometimes struggled with incongruence—the assessor used the child’s own language to deliver feedback that may have been perceived as challenging. Here is an example of the assessor using the child’s language: “The things you told me about your dad is that you think that he is lazy and you don't get to spend time with him when he's on his iPad.”

During more challenging interpersonal feedback, the assessor tried to include as many of the direct words that children used to describe themselves. This allowed the assessor to demonstrate acceptance of all parts of the child. An example of this was during Sabrina’s feedback, when the assessor used a phrase Sabrina used to describe herself: “reach my limit.” The assessor said, “Some kids get mad and fight and that is you when you reach your limit.” Another example of that occurred in Collin’s feedback in which the assessor stated, “At home, sometimes you break the rules because you like to do things your own way, and that voice inside your head gets kind of loud sometimes.”

Appropriate Delivery of Feedback

Observations and interviews indicated parents and children experienced the YCAF as delivered in a developmentally appropriate process. This was noted through (a) observations of playfulness in the delivery of feedback and (b) direct reports that families felt the feedback was at the child’s developmental level, that children valued the tangible nature of the items they received and created, and children were able to remember. Additionally, noted in the interview
portion with children, time length of feedback appeared appropriate.

A general sense of playfulness was noted through observations, the YCAF, and the child interviews. Participants shared instances throughout the feedback that expressed the playful nature of the process and how the assessor and child interacted in a playful way, which aligned with the child’s development. The observer noted, during part of Ronald’s YCAF, Ronald was sharing elements of himself with the assessor as the pair were playing catch with a rolled up set of papers Ronald had formed into a ball. The observer noted the playfulness of the relationship between the assessor and participant, creating comfort and ease for Ronald to share about his life. Collin used silly voices throughout to catch the assessor’s interest and be silly. There was a sense of playfulness between the assessor and Collin when not talking about the assessment results. Here was one example:

Assessor: I don't know. It's like you predicted the future, huh?
Collin: I am a mind reader.

It was noted by parent perceptions and child interviews that the feedback was on the child’s developmental level or that the feedback was delivered in a way that the child was able to remember the information presented. Kaleb’s parent expressed the belief that her child was able to understand the feedback due to the developmentally appropriate way the feedback was delivered. She said:

And I think the way that it was presented really did help him understand instead of just, you know, like okay, well, showing him that, well, this is what we found you know in this. . . . I think making it so interactive so that he could understand it more because he was able to tell us everything that was in that flip book.

She also expressed:

The stuff that he learned he could comprehend and remember it instead of coming home and being, you know, the one I don't remember what we talked about because sometimes at school like what you do at school. I don't remember.
Justin’s parents expressed they were surprised that their 6-year-old so vividly remembered some of the feedback. They explained:

I asked him. I said, "Okay, so did [the assessor] give you any words that were described to you or anything like that?" And he said, "Yeah." He listed off his five words—cuddly, creative, storyteller, builder, and sweet or whatever. And he's like, "That's all I can remember." I was like, "Oh, okay. That's all you can remember." . . . I was just like, "Okay. Well, that's what he remembers." So, I was like, "Okay, I'll remember those," or whatever. Then I got home and I looked at his book and his vision board, and I was like, "Oh, you remembered those five words exactly." Whatever. I mean, it was just unique that he. . . . Those resonated with him. He picked up those, and he likes those five words. He was really positive about it.

Parents noted the tangible nature of the flipbook and vision board were important developmental considerations that would assist in continued remembering for both the child and their family. Lincoln’s parents expressed the vision board was beneficial in helping Lincoln solidify his understanding of the feedback. They stated:

I think the vision board helped him solidify, because he said, “She talked to me about how I learn, and I learn good from listening, and I learn better from, what did he say?” From listening, and then there was another one, and then he said, “I learn best from doing. . . . Oh, from seeing; I learn good from listening, I learn better from seeing, but I learn best from doing.”

Later in the feedback they reiterated how important the tangible nature of both the vision board and the flip book were to Lincoln, noting:

He loved the vision board and thought that was really cool. I think he also, he didn't say that he liked the book, but he was really proud of it, and came in smiling really big and showed me, and we went through it together. So, I think both of those tangible things that he could come home with just helped solidify it for him.

Collin’s parents also expressed how valuable they felt the tangible nature of the YCAF was to the child and their family. They explained it would be something the child and family could look back on and noted the different sections the parent felt demonstrated a holistic view of Collin:

I really liked that it was um the book really surprised me I mean I was so impressed by
that because it was I felt like it was so well done it was not just, it was really for him... so he can take that and he can look back at it and I loved that I had, um, like the suggestions in there for him like things to think about and remember, but it wasn’t like a whole book that was just like this is what you need to do. I thought it was a really good blend of everything—this is what we know about you and this is how it makes you feel and this is what we can do for it and just kind of all together... I loved that he has this book because he can keep it up in his room and he can refer back to it and we can refer back to it with him... and it can just become a part of not really your routine but something that we go over every once in a while and like check in.

Finally, length of time was noted as meeting developmental capabilities. In a few cases, typically during the interview, children reported, questioned, or were observed to be disengaged due to the length of time required for the interview following the YCAF. Following the YCAF portion, when the interview was beginning, Holly noted the process when adding in the interview was too long for her 6-year-old capacity. It was noted by the observer that the YCAF took her 45 minutes, and, when the interview began, Holly asked, “How long is this going to take?” During the interview portion, it became clear that Collin had run out of attention and energy. He was engaged and seemed to have energy throughout the YCAF, but as the interview went on his attention dwindled:

Assessor: Okay. Is there anything else you're going to tell them about?
Collin: Nope that's it. I'm done.
Assessor: Falling over, and going to sleep?
Collin: Yeah, no more questions.

Age Considerations

Some age considerations that were noted in the feedback process included differences between younger participants and older participants. Experiences surrounding children’s ability for abstract or symbolic thinking and children’s focus when creating their vision board reflected their chronological age development.
Younger child participants appeared to focus on self and family when creating their vision board while older children in the sample had a focus on friendships and their strengths when creating their vision boards. Justin, a 6-year-old, had a focus on self and family and no focus on friendships. Justin’s focus is illustrated in the following example:

Justin: I love my family. I, I love... my family
Assessor: Family. I love my family. [silence]
Justin: I think I’m gonna have a family vision board.

Brittany, a 9-year-old, focused on friendships throughout her YCAF process. This included telling in-depth stories about her friends and organizing her vision board to be focused on friendships as her first priority. Adrienne, a 9-year-old, demonstrated a stronger ability for symbolic thinking than younger counterparts. She looked at a picture of a girl with a thought bubble and stated, “This girl is thinking. This is what's going on in her head.” Whereas, other children struggled with symbolic thinking and took the pictures more concretely. For example, Sabrina struggled with the symbolism of an apple representing her teacher.

Assessor: I put your teacher, but I didn't have a picture of them so I put a little apple for them.
Sabrina: She doesn’t like. . .I don't know if she likes apples, but I don't care.

Quality Evaluation

Smith et al. (2012) described their own analysis of IPA as being a creative, balanced, and high-quality research method. In evaluating data, I closely followed the outlined steps in Smith et al. (2012). Specifically, I evaluated data using Smith et al.’s (2012) review of large data sets. An analysis of the large data set is visually predicted in Table C.1 where all themes are evaluated to determine if at least three of the participant cases are present for each super-ordinate theme. This was also met for each underlying theme, and all super-ordinate themes were represented in nine
or 10 of all participant cases. Additionally, I reviewed Smith’s (2011) guidelines for evaluating IPA studies and closely adhered to recommendations for trustworthiness including (a) following IPA principles of phenomenology, hermeneutics, and ideography; (b) covering findings with transparency; and (c) clear analysis. Finally, an auditor was used to verify results for further trustworthiness. The auditor reviewed all analysis steps through transcripts, coding, and theme identification following the completion of the analysis process.
This appendix includes the conceptual, clinical, and research implications that emerged from the findings addressed in this study. Following a psychoeducational battery and standard protocol giving parents feedback on their children’s results, I sought to explore children’s experiences in receiving feedback using the Young Children’s Assessment Feedback (YCAF) model. Children ages 6 to 10 and their parents discussed the children’s experiences with the YCAF. As a result, the findings derived from these discussions reflect the guiding question: What are the understandings and experiences of 6- to 10-year-old children who receive feedback using the Young Children’s Assessment Feedback model?

Across 10 participants’ coded YCAF sessions, observations of sessions and vision boards, child interviews, and parent interviews, the children’s experiences were divided into six super-ordinate themes that represented the children’s experiences with receiving feedback using the YCAF. The themes were (a) Freedom for Self-direction, (b) Self-concept, (c) Therapeutic Relationship, (d) Affective Responses of Children, (e) Systemic Shifts, and (f) Developmental Considerations. Specifically, participants’ experiences interconnected with overarching foci on the self and experiences of the child, developmental nature of the process, systemic shifts, and the foundation of how the feedback occurred through the therapeutic relationship. Participants revealed shifts within themselves, their systems, and their perceived value of the importance of the YCAF as grounded in development and a therapeutic relationship. This chapter builds on the interpretations of the findings in relation to literature and the broader context of assessment practices. Additionally, I discuss limitations, recommendations, future directions for the practice of assessment feedback, and future research in assessment with children.

Freedom for Self-Direction

Freedom for self-direction was experienced by all of the participants in the current study.
The results explored how the child had freedom for self-direction during their YCAF sessions. The feedback was adapted and corrected, and the assessor made space for the child’s opinions, understandings, and choices. During the sessions (a) children had freedom in creating their vision boards, (b) children assigned meaning throughout the YCAF, and (c) the children had unique approaches to struggles. Creating the vision board appeared to be a freeing experience for children as evidenced by their enthusiasm and ownership of their creations. As suggested by Beck (2002), the inclusion of the child in the process appeared to meet their needs for self-direction.

All of the children in this study provided additional information about themselves and their experiences and had space for adaption of feedback with the new information collected. Freedom for self-direction allowed the children to give opinions, assign meaning, and adapt or correct feedback. This finding links to Gass and Brown’s (1992) focus revealing that the interactive nature of feedback with adults allowed them greater understanding and created more likelihood to follow recommendations. Though there was no follow-up in the current study to determine if the children and their families followed recommendations, the interactive process could have provided similar effects. Overall, children’s experiences of freedom for self-direction showed children’s uniqueness in the feedback process and their integral contribution to the meaning-making experience.

Self-Concept

Current findings revealed children’s focus on self-concept in the feedback process, which included how feedback supported, threatened, or expanded their self-concept. Davidson et al. (2013) had similar findings in their research on assessment and learning disabilities—that the results influenced their self-identity. Current findings showed that participants experienced an
expansion of their self-concepts, demonstrating an alignment with previous research noting an influence on assessment clients’ self-identities. As in previous research (Allen et al., 2003), findings from the current study support the practice that the feedback process led to greater self-discovery, expanding self-concept and self-awareness. Tharinger and Pilgrim (2012), as well as Sattler (2014), encouraged practitioners to provide feedback to children to increase children’s knowledge of self. It appears that both theoretical suggestions and assessment feedback studies with adults, align with the current findings on participants’ experiences of expanding their self-concept.

As part of the focus on self-concept, children from the current study revealed a solidification of self-concept. Often children provided examples to explain their view of self, indicating that they could identify how their behaviors were consistent with how they see themselves. Allen et al. (2003) found similar outcomes in which adult feedback participants reported an increased sense of self following participation in the feedback process.

Some children had experiences of the feedback threatening their self-concept. This related closely to children’s affective responses of uncertainty, surprise, anxiety, rejection, and avoidance. Berg (1985) discussed how adult clients may react negatively to feedback and suggested moving from things the client knows into the unknown. Ward (2008) also discussed this dynamic in reporting that adults’ reactions to experiencing unwanted results included difficulty in processing those results. This may be similar to the affective and threatened responses to self-concept that were experienced by participants in this study. Sattler (2014) explained that children are sometimes inaccurate in their understanding of their abilities and that assessment feedback could be beneficial in improving self-evaluation. This theory, in relation to the current finding, may indicate the threats in self-concept may lead to further expansion of self-
concept and more accurate understanding of their abilities.

Sattler (2014) argued that, theoretically, children should be given assessment feedback to help build their self-esteem. Researchers who have studied adult reactions to receiving assessment feedback found that participants reported increased self-esteem following their assessment feedback (Allen et al., 2003; Finn & Tosanger, 1992; Holset et al., 2009; Newman & Greenway, 1997). In the current results, participants expressed experiencing increased self-esteem after receiving assessment feedback. Parents and children expressed feelings of affirmation, encouragement, and overall increased self-esteem as a result of the YCAF process. Participants expressed excitement about sharing the feedback with parents and therapists as well and expressed feeling encouraged by the feedback process. Both responses appear to be linked to an overall increase in the child’s self-esteem. Current participants’ reports seem to align with findings related to adults receiving assessment feedback; the children expressed experiencing increased self-esteem as a result of the YCAF process.

Affective Responses of Child

Tharinger et al. (2008a) discussed the importance of being aware of children’s emotional state in providing children with assessment feedback. The current findings showed that children experienced many affective responses to being given assessment feedback. The range of affective responses varied: (a) enjoyment of part of the process; (b) excitement about pictures, keeping creations, and sharing feedback; (c) feeling encouraged; (d) pride in their poster; (e) avoidance of sharing aspects of feedback; (f) uncertainty about feedback; (g) rejection of feedback; (h) anxiety; and (i) curiosity around pictures and other children’s responses to the feedback process. Children’s emotional states were considered and appeared to play a significant role in their experience of the YCAF process.
Overall, children appeared to experience positive benefits related to their self-esteem, self-concept, and self-direction that were similarly found in adult responses to receiving assessment feedback (Allen et al., 2003; Davidson et al., 2013; Finn & Tosanger, 1992; Gass & Brown, 1992; Holset et al., 2009; Newman & Greenway, 1997). Children also expressed a variety of affective responses to the feedback, some of which have been explored in adult research and others that appear to be unique to the current research’s deep exploration of the children’s experiences. Finally, the children’s experiences of the YCAF in using their own language appeared to link the children’s self-concept to their overall developmental levels and understandings, which will be explored further in developmental context.

Developmental Considerations

Due to the participants’ ages, there was some variation in how they took in feedback. Developmental considerations included (a) language of the child, (b) appropriate delivery of feedback, and (c) age considerations. Development played a role in the way the feedback was given and also emerged through the super-ordinate theme of Developmental Considerations.

Researchers have noted that feedback should be given in a way that recipients, in this case, children, can understand (Fischer, 1994; Sattler, 2014; Sheperis et al, 2020; Tharinger et al., 2008a). This advice appears to be captured in the developmental themes of giving the child words to express themselves and in feedback delivered on the child’s developmental level. When considering giving children assessment feedback, theorists have suggested using language the child could understand (Becker et al., 2002; Fischer 1972, 1985, 1994; Mercer, 2011; Tharinger et al., 2008a, 2008b; Tharinger & Pilgrim, 2012). This was explored in the developmental context of the child and aligned with the theme of self-concept in using the child’s language during the YCAF process. Observations of the YCAF process revealed evidence of using the
child’s language in all YCAF sessions. This appeared to be related to (a) how the child took in the feedback, (b) how the feedback related to the children’s self-concept, and (c) the developmental context of the YCAF presentation.

Many theorists have emphasized the use of language as an important aspect of the assessment feedback (Fischer, 1994; Lerner & Lerner, 2007; Tharinger et al., 2008a; Sattler, 2014; Sheperis et al., 2020). More specifically, Berg’s (1985) seminal piece on providing assessment feedback to adults emphasized using the client’s language, and Tharinger et al.’s (2008a) piece suggested using a child’s direct words in the feedback process. The current study revealed the prevalence and experiences of the children in noting the use of the child’s language in providing YCAF.

Researchers have noted that giving feedback to children can be a struggle for clinicians (Frick et al., 2020) and that it is important for feedback to meet children’s cognitive and emotional maturity (Gass & Brown, 1992; Tharinger & Pilgrim, 2012; Tharinger et al., 2008a). The current research noted a sense of playfulness in the feedback, this insight appears to align with previous research about the importance of children’s cognitive and emotional maturity. Frick et al. (2020) stated that the most important thing in presenting feedback to children is having a developmentally appropriate presentation. This appears to have been addressed in the YCAF model through language of the child, age considerations, and appropriate delivery of feedback. Gass and Brown (1992) emphasized the interactive process of providing feedback for remembering, which appears to align with the YCAF findings demonstrating that participants experienced the ability to remember the feedback due to the feedback being delivered on the child’s developmental level.

One aspect of the developmental context demonstrated in the creation of the children’s
posters was the polarization of younger children’s focus on family, whereas older children tended to focus on friends. The discrepancy was evident when comparing younger children’s focus on pictures of family on their board while older children’s pictures focused on friendships. These findings align with the social development of children, who around age eight shift from a focus on their family to a focus on their friends (Rathus, 2006; Ray, 2016).

Other developmental concepts that arose in the experiences of children receiving YCAF included (a) the children’s age considerations surrounding concrete thinking in relationship to symbolic representation and (b) children’s struggle to verbalize themselves in interviews and presenting feedback to their parents. The concrete thinking appears to align with Piaget’s (1932, 1969) concrete operational stage—into which many of the children fell—and the preoperational stage into which the 6-year-old participants fell. These findings also align with Gesell’s (2011) theory of language and ability for abstraction development characteristic of the age range of participants.

Age considerations included length of time of the feedback session. Though this occurred during or towards the end of the interview, it is important to note that a few children had reached their time capacity. It seems as though 45 minutes to an hour was the maximum time that 6- to 10-year olds were able to engage in a feedback session. This was also noted in Tharinger and Pilgrim’s (2012) work on providing children assessment feedback; some kids may tune out as a response to feedback. Tharinger and Pilgrim described this response as an inability to take in feedback, but, in the current study, it was noted as inability to continue to maintain attention following 45 to 60 minutes of the YCAF and following interview.

Systemic Shifts

In current assessment procedures, clinicians have interpreted legal and ethical guidelines
of assessment to provide parents feedback following their child’s assessment (Frick et al., 2020). In the current study, feedback was given to the parents prior to giving feedback to the child participants to follow current ethical, legal, and clinical recommendations. Throughout interactions with parents following the child’s feedback and interviews, it appeared beneficial that the parents were given feedback first. Feedback to parents appeared to influence their understanding of the children’s experiences somewhat, in that parents had certain expectations surrounding what the child might hear. Parent responses to their children’s reports of their feedback may have been influenced by the parent’s previous knowledge of the assessment results.

A super-ordinate theme of Systemic Shifts occurred for the participants when adding to the typical model of parent-only feedback by providing children with their own feedback session using the YCAF. The systemic shifts included attitudinal and behavioral shifts. These shifts align with previous research by Gass and Brown (1992) who found that providing family feedback led to shifts in families having more realistic expectations and increasing support for patients. In this study, there were multiple shifts in parental attitudes including shifts in understanding and support similar to those explored by Gass and Brown. Other attitudinal shifts explored by participant parents included shifts towards the parents’ increasing empathy and attunement to their child following the child’s assessment feedback session. Previous research on presenting feedback to children also indicated a strengthened relationship between parent and child (Tharinger & Pilgrim, 2012).

Behavioral shifts in this study included (a) parents efforts in working with the child’s school system and (b) increased collaboration of care with mental health professionals—both seeking and collaborating with existing mental health professionals. Previous literature on adults
receiving feedback indicated that they are more likely to follow recommendations and seek action (Gass & Brown, 1992; Smith et al., 2007; Ward, 2008), consistent with our findings that outside systemic shifts directly linked to recommendations given to parents and children. In previous research on giving adults their own assessment feedback, Finn and Tosanger (1992) stated that participants felt increased hope about their problems. In the current research, children did not speak specifically about increased hope, but participants’ parents expressed that they personally had increased hope regarding their child following the child’s feedback session. This was also noted in Smith et al.’s (2007) research that noted participants and their families felt better following the feedback process. This may also be related to the findings that adults who receive assessment feedback have a decrease in symptoms (Finn & Tonsager, 1992; Newman & Greenway, 1997), as one parent specifically noted their child had decreased symptomatic behaviors after the assessor gave the child personalized feedback.

Overall, the experiences of systemic shifts in participants’ families, mental health, and school communities appear to be a significant indicator of the importance of providing feedback to children. Attitudinal and behavioral shifts, including children’s relationships with their parents, parent understanding, school, and mental health shifts, all appear to align with adult research findings and demonstrate benefits that highlight the benefits of clinicians engaging in providing feedback to children.

**Therapeutic Relationship**

The super-ordinate theme of Therapeutic Relationship appears to reveal the dynamic process through which the feedback process occurred. Previous research on adults and children receiving assessment feedback have indicated the relationship between the assessor and assessee is enhanced through the feedback process (Allen et al., 2003; Tharinger & Pilgrim, 2012). This
concept was explored through both observations of the assessor’s role in the therapeutic relationship as well as the child’s role in the therapeutic relationship. The assessor used therapeutic responses to strengthen assessor understanding of the child as well as strengthen the relationship. Previous research found that clients were more satisfied and had greater self-esteem when they experienced a positive and empathetic relationship (Holst et al., 2009). The current findings may show the link between the therapeutic relationship and positive self-esteem, which were both expressed in the experiences of the children who were given feedback using the YCAF.

Another theme emphasized by participants was the child’s role in the Therapeutic Relationship and experience of being seen, heard, understood, and accepted by the assessor. This appears to be an emphasis that demonstrates the importance of the therapeutic relationship created in the assessment process. Parents spoke about how the feelings of being seen and understood were unique to the feedback experience and the impact it had on their child. Ward (2008), in speaking with adults being assessed and their assessors, found that participants experienced feeling uniquely understood and personally and empathetically attended to. These same feelings were expressed in the children and parents’ rendering of the children’s experiences in the YCAF process. The experience of being uniquely understood by the assessor through the process of receiving assessment feedback appeared to be impactful to the children who participated in the feedback sessions.

Another part of the child’s role included sharing about themselves. This sharing appears linked to the therapeutic relationship and facilitated the assessor in helping the child feel seen and understood. Smith et al. (2007) noted that one of the outcomes of providing feedback would be an open dialogue. This was the case with children who participated in the YCAF where the
pictures, vision board, feedback, and therapeutic relationship appeared to foster a safe space to share about themselves in an open dialogue. This sharing included description of the children’s (a) emotions, (b) experiences, and (c) opinions and perceptions of the feedback that was shared with them. This appeared to be bolstered by the trust found in the therapeutic relationship and to foster a sense of openness and collaboration between the child and assessor.

Within the super-ordinate theme of Therapeutic Relationship, children experienced the subtheme of Collaboration. Collaboration between the assessor and child in the feedback process was noted through working together on their vision boards and through the ebb and flow of the child leading and the assessor providing information. Children are in a vulnerable position in society, in that they are often not given feedback and not given the voice to share their opinions on assessments that have been used to collect information on them (Frick et al., 2020). The sense of collaboration appears to be a strength created within the therapeutic relationship that provides the child a voice. Researchers and theorists have suggested that, by giving children assessment feedback, children would feel an increased sense of collaboration (Tharinger et al., 2008a; Tharinger et al., 2008b; Tharinger & Pilgrim, 2012). In Ward’s (2008) qualitative study of client experiences, adults noted their appreciation of assessor’s collaboration. Though it cannot be determined if the children appreciated the collaboration, children experienced a sense of collaboration with the assessor.

Limitations

This research contributed to the limited literature on providing children with assessment feedback. Though there was a rich amount of data due to the number of data sources and number of participants in this study, some limitations have been considered. Children, developmentally, do not have the same capacity to express themselves verbally as adults do (Landreth 2012).
Therefore, this research sought to have parents also provide information on their child’s experience in receiving YCAF. This may be a limitation to the study due to the amount of information collected directly from the children’s report and the amount of information collected from the parents. It is possible parents may have let their own experiences and perceptions seep into the information that was collected about their child’s experience with the feedback model.

There are also some limitations regarding the population studied. Two-thirds of the participants who volunteered for the study were White, which limits the racial diversity of the sample. Although findings appeared to capture the experiences of the participating children, it is likely that a more diverse sample would yield different experiences. Additionally, the findings of the current study indicate that the participants responded positively to the YCAF experiences. However, research methods preclude any conclusions regarding effectiveness or outcomes related to the YCAF.

Clinical Implications

After examining the experiences of the 10 participants who experienced the YCAF assessment feedback, it appears that providing feedback to children ages 6–10 years old may be beneficial in clinical practice. More specifically, it appears the YCAF method addressed developmental needs while providing children a safe environment to feel (a) the freedom of self-direction, (b) the ability to share themselves, (c) a variety of affective responses, and (d) an expanded self-concept. The YCAF emerges as a possible tool that could be used by clinicians in providing children with assessment feedback. In order to implement the YCAF model, clinicians would need to familiarize, practice, or gain training in providing feedback to children using the model. Training programs could offer educational opportunities to use the YCAF with child clients and provide supervision for assessment feedback processes.
One clinical implication that emerged from the process and findings is attention to intellectual ability and mood-related concerns. Of the 10 participants, nine of the participants fell in the average to above average range of intelligence. For the one participant who fell below average, he also presented with low self-esteem and a clinical level of depression. The experience of that participant appeared to be an outlier in that he did not appear to have similar experiences in relationship to freedom for self-direction, self-concept, and therapeutic relationship. His parent mentioned more concerns about the participant being unable to take in the information, concerns not present in the other interviews with parents. This observation is consistent with research by Holst et al. (2009) who noted they found that participants with low self-esteem had a low degree of satisfaction with assessment results. It is unknown if the child’s IQ or their depression and low self-esteem might be the cause of the child struggling to take in the feedback. It appears that the YCAF should be used with caution when considering use with children with more severe clinical diagnoses or varying intellectual ability, as this participant struggled to take in the information provided in the feedback.

Furthermore, child developmental abilities also appeared to influence the assessment feedback experience. One of the 6-year-old participants could not read. Her experience also differed from the majority in regards to memory of what was addressed in the YCAF. On some of the pages in the YCAF there are words and phrases to help the child remember recommendations or words that describe items. It was noted that the child who could not read clung to the symbolism of the pictures presented, whereas most children used the words to remind them of the feedback given—including the labels for each page of what the images represented. Although the child could not read, she was able to remember many aspects of the feedback simply using the pictures. Even though she was unable to read, the inclusion of visual
mediums and modification of feedback appeared to benefit her experience.

An additional clinical implication includes preparation of parents to engage in the feedback process. For example, one parent experienced anxiety regarding the information that her child may receive in the feedback, expressing a desire to protect her child from disturbing information. Though the process was explained to parents and they were reminded during their feedback sessions that the assessor would be giving their child feedback alone, this parent expressed anxiety about the child hearing the results without the parent present. The parent also reported heightened concern due to her disagreement with the assessment results. In order to reduce a parent’s anxiety and increase positive engagement in the process, the assessor may offer specific wording about what exactly will be shared with the child. The YCAF was designed for the child to be provided with feedback without the parent present for the purpose of supporting an authentic and unencumbered response to feedback. One-on-one sessions help support the child’s autonomy and strengthens the therapeutic relationship that continues to develop in providing children with their own assessment feedback. However, clinicians will need to balance the emotional world of the parent with the emotional needs of the child through relationally-oriented practice of preparation for the process.

Research Implications

Future research on providing children assessment feedback is needed. Previous research is limited to one model (i.e., the therapeutic assessment model; Tharinger & Pilgrim, 2012) providing children approximately 9 years-old with feedback using fables. Future research might examine a two-group comparison of the YCAF model using an experimental group and a control group. A mixed-methods or quantitative design, including standardized measures with larger sample sizes, could further validate and enhance transferability of findings.
Future research might also examine the age variations between children ages 6–12 years old. The current research examined the experiences of children ages 6–10 in receiving assessment feedback. A future mixed methods study, with standardized measures and a large sample size with participants in each age group, could further expand understanding of the experiences of children at each age. Such a study could further enhance knowledge for clinicians about children of certain age groups and expand transferability. Additional depth-oriented and longitudinal or follow-up research could provide insight into the long-term benefits and experiences of children who receive assessment feedback, including their application of recommendations and any long-term effects that providing children with assessment feedback has on the child and their system.

Training approaches may focus on providing children with assessment feedback. Future research could focus on developing and evaluating training programs on children’s assessment feedback and clinicians-in-training or clinicians-in-practice experiences with providing children assessment feedback. Clinician’s comfort and skills could be examined qualitatively.

Further research is needed to explore the effects that cognitive characteristics, intelligence, and various diagnoses (e.g., Autism Spectrum Disorder, depression, anxiety, learning disabilities) have on the impact of providing feedback. Exploring the experiences and impacts of children’s cognitive abilities and diagnoses on the assessment feedback process would increase clinician understanding and expand transferability. Overall, the current study was the first step in providing clinicians a developmentally appropriate psychoeducational assessment feedback model to use in their testing of children.
APPENDIX E

IRB APPROVAL
July 8, 2020

PI: Deanne Ray
Study Title: Involving Children in the Assessment Process: Experiences of a Developmentally-Appropriate Feedback Model
IRB # IRB-20-341

Dear Dr. Deanne Ray:

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), the UNT Institutional Review Board has reviewed your proposed project titled “Involving Children in the Assessment Process: Experiences of a Developmentally-Appropriate Feedback Model.” The submitted protocol is hereby approved for the use of human subjects in this study.

Your informed consent document can be found in the Study Details section under the Attachments tab in Cayuse IRB. Please store them in a secure location and use the approved copy for your study subjects.

Any and all changes to an approved research study must be submitted for review and approval prior to implementing the change(s) into the research study.

Please contact the Office of Research Integrity and Compliance at 940-565-4643, if you wish to make changes or need additional information.

COVID-19 is having an impact on normal operations and procedures at UNT. Please follow all UNT rules and procedures regarding your human research studies, including cessation of face-to-face interactions with participants, during this time.

Note: Please do not reply to this email. Please direct all questions to untirb@unt.edu

Sincerely,

[Signature]

Gabe Ignatow, Ph.D.
Professor
Chair, Institutional Review Board
APPENDIX F

SOCIAL MEDIA RECRUITMENT FLIER
FREE PSYCHOEDUCATIONAL ASSESSMENT

If your child is between the ages of 6 and 10 and has NOT been through psychoeducational assessment in the past year. You may qualify to participate in a research study examining the effects of a developmentally appropriate feedback model for psychoeducational assessment.

Eligible subjects will undergo parent interview, one day psychoeducational assessment battery, parent feedback, child feedback and interview, and follow-up parent interview.

Subjects will be not be compensated, but will receive free psychoeducational testing and assessment report (over a $1000 value).

Principal Investigator: Dr. Dee Ray, PhD, LPC-S, RPT-S, NCC
For more information, please contact Sara Weeks at the Center for Play Therapy (940)565-3864
APPENDIX G

INITIAL PARENT PHONE SCREENER
Parent Name:
Child Name:
Child age:
Parent phone #:
Parent email address:
Location:
What time child gets out of school:

Blurb about what the research is about:
The purpose of this study is to look at your child’s experiences of a developmentally appropriate feedback model following a psychoeducational assessment battery. This study will answer the question: What are the understandings and experiences of 6-10 year-old children who receive feedback using the Developmental Assessment Feedback?

The total duration of the research study will be approximately four weeks from the time of the initial parent interview to the end of the study. You will participate in an intake, parent interview, parent feedback, and follow-up interview regarding your child’s experience. Your child will participate in a 30-minute feedback session, a 30-minute interview, and one 5-hour psychoeducational assessment battery.

Requirements of research participation: Child between ages 6 to 10 years old. Has not been tested in the past year. Commitment to attend all parts of the assessment process.

Calendar and scheduling:
I will email you the informed consent for you to sign and email back to me. As well as a background form for you to complete and send back to me prior to the parent interview/intake session.

| Parent interview date and time: |  |
| Assessment date: |  |
| Parent feedback date and time: |  |
| Child feedback and interview time: |  |
| Parent follow up interview and time: |  |
APPENDIX H

INFORMED CONSENT
TITLE OF RESEARCH STUDY: Involving Children in the Assessment Process: Experiences of Developmentally Appropriate Feedback Model

RESEARCH TEAM: Sara Weeks, University of North Texas Department of Counseling and Higher Education, (940) 565-3864, SaraEaton2@my.unt.edu. This project is part of a student study being conducted under the supervision of Dr. Dee Ray, University of North Texas Department of Counseling and Higher Education, (940) 565-3864, Dee.Ray@unt.edu.

Your child is being asked to participate in a research study. Taking part in this study is voluntary.

The investigators will explain the study to you and will answer any questions you might have. It is your choice whether or not you allow your child to take part in this study. If you agree to have your child participate, and then choose to withdraw your child from the study, that is your right, and your decision will not be held against you.

Your child is being asked to take part in a research study about their experiences of receiving psychoeducational assessment feedback.

Participation in this research study involves your child participating in a 30-minute feedback session, and a following up interview regarding their experiences which will require approximately 30 additional minutes to complete. Additionally, a follow up parent or guardian interview will be conducted on your perceptions of your child’s experience which will require approximately 30 minutes to 1 hour to complete. More details will be provided in the next section.

You might want to participate in this study if you want to support the knowledge of children’s experiences in receiving assessment feedback. However, you might not want to participate in this study if you do not want your child to know the results of their psychoeducational assessments or to be interviewed about their experience receiving feedback following their assessments.

You may choose to participate in this research study if you have a child between the ages of 6 and 10 years old, who has not gone through the psychoeducational assessment process in the past year.

The reasonable foreseeable risks or discomforts to your child if you choose to allow him/her to take part is: discomfort in receiving information about their assessment results or when sharing feelings or personal experiences in the feedback session, which you can compare to the possible benefit of increased awareness of their own strengths and areas of growth and increased awareness of their own and other’s feelings, thoughts, and needs. Your child will not receive compensation for participation. Instead of your child being in this research study, other choices may include receiving standard psychoeducational assessment services from the Child and Family Resource Clinic.

DETAILED INFORMATION ABOUT THIS RESEARCH STUDY: The following is more detailed information about this study, in addition to the information listed above.
PURPOSE OF THE STUDY: The purpose of this study is to look at your child’s experiences of a developmentally appropriate feedback model following a psychoeducational assessment battery. This study will answer the question: What are the understandings and experiences of 6-10 year-old children who receive feedback using the Developmental Assessment Feedback?

TIME COMMITMENT: The total duration of the research study will be approximately three weeks from the time of the initial parent interview to the end of the study. You will participate in an intake, parent interview, parent feedback, and follow-up interview regarding your child’s experience. Your child will participate in a 30-minute feedback session, a 30-minute interview, and one 5-hour psychoeducational assessment battery.

STUDY PROCEDURES: Allowing your child to participate in this research study will include this list of actions that will we will ask you and your child to consider before engaging in the research:

1. Please read carefully the parental informed consent and child assent, and be sure to contact the research team with any questions or concerns you may have.

2. If you grant permission for your child’s participation, you will be asked to complete a 1.5 to 2-hour parent intake and interview about your child’s academic, developmental, and medical history.

3. The student researcher will conduct an approximately 5-hour psychoeducational assessment battery on your child.

4. You will be asked to return for a parent feedback session on the results of your child’s assessments.

5. Your child will be asked to return for a developmentally appropriate child feedback session on the results of their psychoeducational assessments.

6. Your child will be asked to allow the student researcher to interview him/her about their experience with their assessment feedback.

7. Following the child feedback and interview, you will be interviewed about your perceptions of your child’s experience of the assessment feedback process.

All parts of this study will take place through the Center for Play Therapy at the Child and Family Resource Clinic. Your and your child’s participation is completely voluntary. You may discontinue participation at any time.

AUDIO/VIDEO/PHOTOGRAPHY:

- [ ] I agree to have my child video recorded during the research study.
- [ ] I agree that the video recording can be used in publications or presentations.
- [ ] I do not agree that the video recording can be used in publications or presentations.
- [ ] I do not agree to have my child video recorded during the research study.
You may not participate in the study if you do not agree to be video recorded. The recordings will be kept with other electronic data in a secure UNT OneDrive account for the duration of the study.

**POSSIBLE BENEFITS:** We expect that children participating in psychoeducational assessment will be increasingly aware of their own strengths and areas of growth academically, socially, and emotionally. We expect that parents who participate will increase their understanding of their child’s academic functioning, socio-emotional functioning, familial relationships, and overall child’s strengths. These possible positive outcomes may contribute to the child’s healthy functioning. The results of this study may further provide counselors across the nation with knowledge regarding the need to include children in the psychoeducational assessment feedback process.

**POSSIBLE RISKS/DISCOMFORTS:** If you experience excessive discomfort when completing the research activity, you may choose to stop participating at any time without penalty. Your participation in this study involves risks to confidentiality similar to a person’s everyday use of the internet. The researchers will try to prevent any problem that could happen, but the study may involve risks to the participant, which are currently unforeseeable. UNT does not provide medical services, or financial assistance for emotional distress or injuries that might happen from participating in this research. If you need to discuss your discomfort further, please contact a mental health provider, or you may contact the researcher who will refer you to appropriate services. If your need is urgent, helpful resources include Denton County MHMR 24 hour crisis hotline at 940-387-5555.

Your child might experience discomfort when sharing their feelings or personal experiences in the assessment feedback process. Your child decides what to create and share during the feedback and interview process. Your child will not be asked any questions that are not intended to facilitate his/her growth. You may experience discomfort when sharing your feelings or personal experiences in the research study. You will not be asked any questions that are not intended to increase understanding of your child’s experiences. Participating in research may involve a loss of privacy and the potential for a breach in confidentiality. Study data will be physically and electronically secured by the research team. As with any use of electronic means to store data, there is a risk of breach of data security. Remember that you and your child have the right to withdraw any study procedures at any time without penalty, and may do so by informing the research team.

**COMPENSATION:** No compensation will be offered for participation in this study. There are no alternative activities offered for this study.

**CONFIDENTIALITY:** Efforts will be made by the research team to keep you and your child’s personal information private, including research study records, and disclosure will be limited to people who have a need to review this information. All paper and electronic data collected from this study will be stored in a secure location on the UNT campus and/or a secure UNT server for at least three (3) years past the end of this research in a locked cabinet at the Center for Play Therapy of the Counseling Program at the University of North Texas. Research records will be
labeled with a code and the master key linking names with codes will be maintained in a separate and secure location.

The results of this study may be published and/or presented without naming you or your child as a participant. The data collected about your child for this study may be used for future research studies that are not described in this consent form. If that occurs, an IRB would first evaluate the use of any information that is identifiable to you, and confidentiality protection would be maintained. The assessment, feedback, and interviews will be video recorded and your child’s expressive art from the interviews will be stored with other data collected. At the end of this study, the videos or pictures of the art may possibly be shown in professional presentations/publications for educational purposes. Identity information will not be revealed when video recordings or art are shown. Although we will not use identifying information when video recordings are shown in educational settings, your child’s face can be seen which means we cannot guarantee anonymity. Pseudonyms that have no sound similarity to your child’s name will be selected in place of your child’s name. You may choose to withdraw your consent at any time and your child’s video recordings and art will not be used.

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records, as described here and to the extent permitted by law. In addition to the research team, the following entities may have access to your records, but only on a need-to-know basis: the U.S. Department of Health and Human Services, the FDA (federal regulating agencies), the reviewing IRB, and sponsors of the study.

CONTACT INFORMATION FOR QUESTIONS ABOUT THE STUDY: If you have any questions about the study you may contact Sara Weeks, (940)565-3864 or Dr. Dee Ray, (940)565-3864. Any questions you have regarding your rights as a research subject, or complaints about the research may be directed to the Office of Research Integrity and Compliance at 940-565-4643, or by email at untirb@unt.edu.

CONSENT:

- Your signature below indicates that you have read, or have had read to you all of the above.

- You confirm that you have been told the possible benefits, risks, and/or discomforts of the study.

- You understand that your child does not have to take part in this study, and your refusal to allow participation, or your decision to withdraw will involve no penalty or loss of rights or benefits.

- You understand your child’s rights as a research participant and you voluntarily consent to allow your child to participate in this study; you also understand that the study personnel may choose to stop your child’s participation at any time.

- By signing, you are not waiving any of [you and] your child’s legal rights.

Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.
*If you agree to participate, please provide a signed copy of this form to the researcher team. They will provide you with a copy to keep for your records.
My name is Sara Weeks.

I am doing a research study, and would like to ask you to be a part of my study. Research studies help us to learn and test new ideas. I am going to give you a paper to read that will tell you all about our research study. You can ask us questions at any time.

We want to include you in this research study because we are trying to learn more about what you think about hearing about yourself, your strengths, and the different tests that we did on the assessment day. You can decide if you want to be part of this research study. I will tell you more to help you to decide.

If you say yes to be included in this study, you will hear about all the different tests that you took, create a vision board, and tell me about what it was like to do those things. You will also have one day of doing different activities with me.

Sometimes, it may be hard for you to do an activity or share what it was like for you to hear about yourself and say how you feel. You may learn new things about yourself, your family, and your strengths during our time together.

Please talk with your parents about your decision. We will also check with them to see if it is okay for you to be included in this study. Even if your parents say yes, you can still at any time decide not to be included.

If you decide not to be in this study, you do not have to. Being in this study is up to you and no one will be mad or upset even if you choose later not to continue and stop before you are finished. That is okay.

You can ask me questions that you have about the study now. If you have a question later that you did not ask now, you or your parents can call or email me, or you can ask me when I see you next time.

Verbally ask the child: Would you like to be in this research study? If you say “yes” then you agree to be in this study

If you would like to be part of this study, please sign your name below.

__________________________
Printed Name of Child

__________________________                                _______________
Signature of Child      Date

__________________________                                _______________
Signature of Investigator                         Date
APPENDIX I

COVID RESPONSE PROCEDURES
- Parent will contact therapist by phone at Center for Play Therapy to let the therapist know that the parent has arrived.

- Therapist will meet child or parent (depending on who is being interviewed) at car and walk to assessment room.

- Therapist will walk child back to car to return to parent.

- Therapist will meet with only one child or two parents for feedback sessions. Therapist will wear a mask. Child or parent will be provided mask if they do not have one. Therapist will set limits with child regarding the requirement of wearing a mask. “You don’t like your mask but your mask is for keeping on.”

- The assessment room will be set up for the child or parent and therapist to be 6 ft apart.

- Hand sanitizer will be at entrance of assessment room. Child and therapist must use sanitizer going in and leaving the assessment room.

- Each material in the assessment room will be sanitized before and after each feedback session.

- Parent will complete the counseling clinic COVID-19 screening questionnaire attesting that the child’s temperature has been checked and that the child demonstrates no symptoms (see attached).

- The therapist will review the questionnaire before taking child to assessment room. If the parent reports that the child’s or parent’s temperature was not taken within 8 hours or the child or parent exhibits any symptoms, the child and parent will be sent home. The therapist will follow up to reschedule by phone.
APPENDIX J

PSYCHOEDUCATIONAL BATTERY
Wechsler Intelligence Scale for Children—Fifth Edition

The Wechsler Intelligence Scale for Children—Fifth Edition (WISC-V; Wechsler, 2014) is a clinical instrument for assessing the intelligence of children. The instrument is designed for children ages 6 years 0 months through 16 years 11 months. It is comprised of 21 subtests, including 10 primary subtests, nine of which will all be used within the assessment battery (i.e. Block Design, Coding, Digit Span, Figure Weights, Matrix Reasoning, Picture Span, Similarities, Symbol Search, and Visual Puzzles); six secondary tests, two of which will be used in the assessment battery (i.e., Cancellation and Picture Concepts). Estimates of internal consistency for subtests and process scores averaged across age levels from .80 to .94, and average coefficients fall between .88 to .96 (WISC, 2014).

Woodcock-Johnson IV

The Woodcock-Johnson IV (WJ IV) is a collection of three distinct individually administered test batteries which include the Woodcock Johnson IV Test of Cognitive Abilities (WJ IV COG), the Woodcock-Johnson IV Test of Achievement (WJ IV ACH), and the Woodcock-Johnson IV Test of Oral Language (WJ IV OL; Schrank et al., 2014). For this psychoeducational battery, the clients will be given the letter-pattern matching, story recall, concept formation, visual auditory learning, and pair cancellation subtests from the WJ IV COG in alignment with the Cattell-Horn-Carroll (CHC) cross battery theory of cognitive abilities (Carroll, 1997; Flanagan et al., 2013).

The WJ IV is a group of tests appropriate for ages 2 to 90+ year olds (Schrank et al., 2014). The WJ IV was validated using a normative sample of 7,416 individuals and based on the most current CHC theory and developmental stages (Schrank et al., 2014). The reliability coefficients of the WJ IV were high (38 of 39 $\alpha = .80$ or higher, 17 were $\alpha = .90$ or higher), and
the median internal consistency specifically for the WJ IV COG was $\alpha = .97$ (Schrank et al., 2014).

**Revised Children’s Manifest Anxiety Scale: Second Edition**

The Revised Children’s Manifest Anxiety Scale: Second Edition (RCMAS-2) is used to diagnose overall anxiety in children (Reynolds & Richmond, 2008). The assessment consists of the scales Total Anxiety, Physiological Anxiety, Worry/Oversensitivity, Social Concerns/Concentration, and Defensiveness (Reynolds & Richmond, 2008). The RCMAS-2 demonstrates acceptable validity and reliability ranging from $\alpha = .75$ to $\alpha = .92$ on individual subscales (Reynolds & Richmond, 2008).

**Test of Information Processing Skills**

The Test of Information Processing Skills (TIPS) is a measure to determine how well a client can retain and retrieve visual and auditory information for ages 5 to 90 years (Webster, 2009). The TIPS consists of four parts including Visual Modality, Auditory Modality, Delayed Recall, and Word Fluency and can be divided into these parameters: ordered an unordered recall, short-term memory, working memory 1, working memory 2 (Webster, 2009). Validity of the TIPS was confirmed using similar processing tests and linking the TIPS to academic tasks. Reliability coefficients fell between .67 to .91 for children ages 5 to 10, and .73 to .94 for children ages 11 through 19 (Webster, 2009).

**Attention Deficit Disorder Evaluation Scale—Fourth Edition**

The Attention Deficit Disorder Evaluation Scale—Fourth Edition (ADDES-4) is a behavioral rating scale designed to assess children ages 4 to 18 for characteristics of ADHD (McCarney & Arthaud, 2013). The ADDES-4 has two subscales, inattention and hyperactivity-
impulsivity, which align with the DSM-5 ADHD diagnosis (DSM-5, APA, 2013; McCarney & Arthaud, 2013). The ADDES-4 consists of a home version, given for parents to complete regarding their child’s behavior, and a school version for the child’s teacher to fill out. Correlations between the two scales fall at .82 (home) and .80 (school; McCarney & Arthaud, 2013). Reliability scores reported were $\alpha = .98$ for home and $\alpha = .96$ for school, and validity appeared to be good in relation to the DSM-5 and other measures of ADHD (McCarney & Arthaud, 2013).

**Child Behavior Checklist-Long**

The Child Behavior Checklist-Long (CBC-L 6/18) is a measure in the Achenbach System of Empirically Based Assessments (ASEBA) group of measurements that is a parent report of children’s behavior for ages 6 to 18 (Achenbach, 1994; Achenbach & Rescorla, 2001). The assessment includes 120 Likert scale questions that include empirically based syndrome scales and DSM-oriented scales (Achenbach & Rescorla, 2001). Content, construct, and criterion validity were found acceptable, and reliability was an average of $\alpha = .8$ (Achenbach & Rescorla, 2001).

**Teacher Report Form**

The Teacher Report Form (TRF) is the corresponding teacher report of child behavior directly linked to the CBC-L report for parents and is used for children ages 6 to 18 (Achenbach & Rescorla, 2001). The TRF parallels the questions on the CBC-L and is used to evaluate syndromes and DSM diagnoses. There is acceptable validity and reliability ($\alpha = .85$; Achenbach & Rescorla, 2001).
Harter

The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSA) is a self-competence scale for children preschool to second grade (Harter et al., 1980). The assessment consists of four scales including cognitive competence, physical competence, peer acceptance, and maternal acceptance portrayed in pictures the child self-identifies as being most like them (Harter & Pike, 1984). Alpha correlations for the PSPCSA are adequate ($\alpha = .87-.88$), though a factor analysis revealed the subscales did not factor separately in terms of different types of competence (Harter & Pike, 1984).

The Perceived Competence Scale for Children is the corresponding self-competence scale for children in third through ninth grade (Harter, 1982). The scales include cognitive, social, physical, and global self-worth and are selected by the child in a Likert-scale form. The measure was validated through an oblique factor analysis, and reliability coefficients ranged from .73 to .86 on subscales (Harter, 1982).

Parenting Stress Index, 4th Edition

The Parenting Stress Index, 4th Edition (PSI-4) is a tool for “identifying parent/child systems experiencing stress known to have harmful effects on children’s emotional development” and is used for children age 1 month to 12 years (Abidin, 2012, p.1). The PSI-4 consists of a child domain and parent domain; the child domain includes six subscales: distractibility/hyperactivity, adaptability, demandingness, mood, acceptability, and parent reinforcement (Abidin, 2012). The parent domain consists of seven subscales including competence, depression, attachment, health, isolation, role restriction, and spouse/partner relationship (Abidin, 2012). The PSI-4 has been translated into 40 languages and has well-
established reliability ($\alpha = .96$ child domain, $\alpha = .98$ parent domain) and validity determined by a factor analysis and evaluated by content experts.

**Child Depression Inventory 2nd Edition**

The Child Depression Inventory, 2nd Edition (CDI-2) is a self-report inventory for depressive symptoms for children aged 7 to 17 that examines content and severity of depressive symptoms (Kovacs, 2011). The CDI-2 was developed for use in a larger, comprehensive evaluation of a client’s overall wellness and symptoms. Discriminant validity was assessed ($F < .001$), and internal consistency was assessed for subscales ($\alpha$ ranged from .67 to .91) and total score ($\alpha = .82$; Kovacs, 2011).

**Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition**

The Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI) consists of three tests Visual Perception, Motor Coordination, and Visual Motor Integration for ages 2 to 100 years (with norms for those 2 to 18 years of age; Beery et al., 2010). The Visual and Motor tests are considered supplemental tests that parse out the unique aspects of the visual and motor skills of the child, while the VMI focuses on the integration of both visual and motor components and is often used in the procedures for determining special education qualifications (Beery et al., 2010). The VMI has been developed over the past 40 years and has strong validity and reliability ($\alpha$ ranged from .88 to .99; Beery et al., 2010).

**Family Drawing and School Drawing**

The family and school drawings can be used as an ice breaker at the beginning of the child’s assessment and can additionally be used as a hypothesis generating and information gathering tool with children ages 5 to 16. The assessor gives the child a blank piece of paper with
the instruction “draw your family doing something” or “draw your school with you and others doing something.” During the psychoeducational battery, the clinician does not use this assessment as a projective, though a psychologist may choose to use it in that way. Therefore, the assessor uses it merely to gain additional information about the child and their perceptions of their home and school as more of an observational or interview type assessment.

Parent Interview

The parent interview is a nonvalidated measure used to help gain a child’s history similar to an intake interview. It focuses on the child’s presenting concern, family history, developmental history, medical history, academic history, and the child’s strengths. It is a 1- to 1.5-hour interview collecting all relevant information about the child the assessor may need to fully understand the case prior to doing the psychoeducational assessment battery with the child.

Child Interview

The child interview is a nonvalidated interview measure modeled from Shulman and Mosak’s Life Style Inventory (1988). It explores the child’s perceptions and beliefs about themselves, their families, their relationships, and family constellations. The interview explores the child’s early recollections, wishes, and strengths. It is used to gain information about differences in perception the child may have from their parents and to build rapport with the child while gaining additional background information.
APPENDIX K

EXAMPLE YOUNG CHILDREN’S ASSESSMENT FEEDBACK
Hi ____________ (child’s name). Remember when we were together before and I had you do all those different games and tests and asked you questions about yourself? Well today we are going to talk about what I learned about you from all of those things. So as we are going through this I will be telling you about some things that may be hard for you and some things that may be easy for you. But I want you to tell me if you something doesn’t sound like you.

While I am flipping through this book that you get to take home with you I want you to make something to help you remember what we talked about today: a vision board. I have this poster here, and a bunch of pictures that I found that will help me tell you about what I learned... even some of you that your mom/dad gave me. How does that sound?
Notes: This section combines the findings from the WISC, WJ, TIPS, VMI—similar to the cross battery results.
Options would be: working memory, motor skills, visual processing, auditory processing, processing speed, crystalized knowledge, fluid reasoning.
The assessor is circling or exing in different colors on their own copy as they talk.

Script: These are some of the things that I learned about you when we did some of the things on the iPad. These things talk a little bit about how you learn and what school is like for you.
1) Some kids do really well when the teacher talks a lot in class, because they learn through hearing.
   This is/is not how you learn best

2) Some kids do really well when they get to read or the teacher writes things down or shows pictures of what they are teaching, because they learn through seeing.
   This is/is not how you learn best
3) Some kids can remember so many things for a long time.
This is something that is easy/hard for you.

4) Some kids are really great at drawing, tying their shoes, playing ball, and other things that require motor skills.
This is something that is easy/hard for you.

5) Some kids can do their school work really fast
This is something that is easy/hard for you.

6) Some kids have memorized a lot of different facts that they learned at school
This is something that is easy/hard for you.

7) Some kids can solve new problems and puzzles that they have never seen before
This is something that is easy/hard for you.
How I get along with others

<table>
<thead>
<tr>
<th>STRENGTH/EASY FOR YOU</th>
<th>CHALLENGE/HARD FOR YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Can include pictures of their friends, if they have a lot of friends or a little friends, rule breaking behavior, global self-worth</td>
<td></td>
</tr>
</tbody>
</table>

Note: this includes feedback received on the CBC-L, TRF, Harter, parent and child interview
- Can include pictures of their friends, if they have a lot of friends or a little friends, rule breaking behavior, global self-worth

Script: This is some things that I learned about how you get along with others
You have a lot/a little friends
It is easy/hard for you to make friends
Your best friend is ____ and you guys like to ______
You break the rules a little/a lot
You feel pretty awesome about who you are and like yourself/ You don’t feel so great about things about you and don’t like yourself that much
My _______ (Parents in their words)

This will be a picture related to PSI and familial relations from parent interview

Note: This will be a picture related to PSI and familial relations from parent interview describing the parent/child relationships

You really like your mom and dad/ You and you mom and dad are not getting along right now
Some things you told me you like about your mom:
Some things you told me you like about your dad:

Seems like at home your mom/dad notices that _______ (from psi/cbc)
Note: This will come from the CBC-L/TRF, ADDES, RCMAS, CDI

1) Some kids get really nervous sometimes, this is like you
2) Some kids are mad and fight, this is like you
3) Some kids feel sick a lot, have headaches, stomachaches, etc, this is like you- this especially happens when ______
4) Some kids have trouble concentrating, this is like you
5) Some kids feel like they have. A lot of energy in their bodies and it is hard to sit still, this is like you
6) Some kids feel really sad, or sad a lot of the time, this is like you
7) Some kids get so mad they yell and fight with their parents, this is like you
## What I like to do

<table>
<thead>
<tr>
<th>STRENGTH/EASY FOR YOU</th>
<th>CHALLENGE/HARD FOR YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Can be a picture of them playing a sport if they are involved in one, or a cartoon of that sport</td>
<td></td>
</tr>
</tbody>
</table>

From CBC-I, parent interview and child interview  
Can be a picture of them playing a sport if they are involved in one, or a cartoon of that sport

Script: I learned a lot about some of your favorite things that you like to do.  
Some things you like are X, Y, Z.
### Ways I am creative

<table>
<thead>
<tr>
<th>STRENGTH/ EASY FOR YOU</th>
<th>CHALLENGE/ HARD FOR YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be a picture they brought in or a cartoon of drawing, dancing, singing, any hobby they may have</td>
<td></td>
</tr>
</tbody>
</table>

From CBC-I, parent interview and child interview and observations of the child throughout assessment

Can be a picture they brought in or a cartoon of drawing, dancing, singing, any hobby they may have

Script: Kids are creative in a lot of different ways. Some ways you are creative are ________ (drawing, painting, singing, hobby, when you don't know a question you still try hard, you always know how to make people laugh, etc)
Other ways I am awesome

- Provided picture that parents bring to intake, or find image

This comes from strengths that are reported on cbc-1, parent interview, child interview and that assessor observed

Script: There are a lot of ways that you are awesome, some things I want to tell you I learned your awesome at are __, __, __.
Things about me to remember

- Top three things in picture form

Note: Top three things in picture form

Script: So we talked about a lot of different things about you today, and there are three things that I want you to remember most about what we learned from our day together... those are ____, ____, _____.


Here's what I can do at Home

- Start Play Therapy. I can talk to my new counselor about the things that are bothering me.
- Check my picture board to-do list to help remind me of what to do when I wake up in the morning.
- Spend one on one time with mom on Wednesday afternoons. I get to pick my favorite board game!

Note: Home recommendations in developmentally appropriate language.

Script: So now that we know these things about you here are a few things I talked with your parents about that you can do at home to make you feel your best!

1
2
3
Here’s what I can do at School

- Go to the ‘lunch bunch” group with Ms. Counselor and tell the group about how much I love dinosaurs.
- Take 3 big deep bubble breaths before my math test.
- If I do not have enough time to finish my math test, remind Ms. Teacher I need extra time to do my best.

Note: Home recommendations in developmentally appropriate language.

Script: So now that we know these things about you here are a few things I talked with your parents about that you can do at school to make you feel your best!

1
2
3
Who I Can Ask for Help

- This is where pictures will go of the child and family members, as well as a list of people such as: mom, dad, sibling, grandparent, aunts, uncles, counselor's name, school counselor, teacher's name

This is where pictures will go of the child and family members, as well as a list of people such as: mom, dad, sibling, grandparent, aunts, uncles, counselor's name, school counselor, teacher's name

Script:

Sometimes things get really hard. These are some people that you can ask for help if things get hard or you need help.

Do you have any questions about what we talked about today?
APPENDIX L

CHILDREN’S SEMI-STRUCTURED INTERVIEW QUESTIONS
1. Tell me about your board. After they’ve completely finished responding, follow up with “what’s this one for?” while pointing at different pictures if they didn’t explain them after prompt.

2. When you look at your board, how do you feel?

3. What’s your favorite part of your board?

4. What’s your least favorite part (or what do you not like) about your board?

5. I’m going to go back through the pages of this booklet and ask you what you think. It won’t take very long. What do you like or not like about this page? (Ask for each page)

6. Now, we’ve gone through everything. If you had to tell your parent (use mom/dad if they have them rather than generic parent), what would you tell her/him/them that you learned about yourself today?

7. If you had to tell your teacher, what would you tell her/him that you learned about yourself today?

8. What’s your favorite thing that you learned about yourself today? What’s a thing you didn’t like that you learned about yourself today?

9. What parts were confusing for you to hear about?

10. Is there anything else you want to tell me about our time here together today?

Remember to reflect after most of their responses to make sure you heard correctly, help them feel understood, and allow them processing time to add if they want to.
APPENDIX M

PARENT SEMI-STRUCTURED INTERVIEW QUESTIONS
1. Tell me about what your child shared with you about the feedback process?
2. Do you have any sense of what emotions your child experienced when receiving feedback?
3. Do you feel like your child learned anything new about themselves? If so what do you think they learned?
4. After hearing what your child learned in feedback and what you learned in feedback, was there anything new you learned about your child from what they told you?
5. Is there anything you thought was missing from your child’s understanding (you learned in your feedback or in general)?
6. What were some things your child told you about making the vision board?
7. What if anything were some things your child expressed liking about the feedback experience?
8. What, if anything, were some things your child expressed disliking about the feedback experience?
9. What were some things your child gained from the feedback experience?
10. Is there anything you would like to add about your child’s experience of the feedback given, making the expressive art, or the process?


