

**Psychology 595B: Practicum in Assessment**

(Spring, 2018)

Time: Thursday, 2-5:50

Course Units*:* 4 Units

Place: Psychology Clinic 1030D

Instructor: April Thames, Ph.D.

Office: SGM 520

Electronic mail: thames@usc.edu

Office Hours: By appointment and Tuesdays from 12-1 pm

**Required texts**

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Washington DC: American Psychiatric Association.

Graham, J.R. (2012). *MMPI-2: Assessing personality and psychopathology (5th edition).* New

York: Oxford University Press.

Shea, S.C. (2017). *Psychiatric interviewing: The art of understanding* (3rd edition)*.* New York: Elsevier.

**Note**: *Additional assigned primary readings can be found in the syllabus below.*

*Recommended Readings and Texts:*

Lezak, M.D., Howieson, D.B., Bigler, E.D., Tranel, D. (2012). *Neuropsychological Assessment.* Oxford: Oxford University Press.

Groth-Marnat, G. (2009). *Handbook of Psychological Assessment (5th ed.)* Hoboken, New Jersey: John Wiley & Sons. An e-book version is available through the USC library.

Haynes, S.N., Smith, G.T., & Hunsley, J.D. (2011). *Scientific foundations of clinical assessment.* New York: Routledge.

Goldfinger, K. & Pomerantz, A.M. (2014). *Psychological assessment and report writing (2nd ed).* Sage Publications.

Grading

This course is graded on credit/no credit. Credit will be awarded for the successful completion of the following requirements:

1. Formally present cases and case updates at each case conference according to guidelines in Appendix A.
2. Complete two comprehensive neuropsychological/psychoeducational assessments with that include measures of personality assessment and corresponding reports.
3. Completion of two brief homework assignments concerning MMPI-2 interpretation (toward the end of the course).
4. Four (4) questions from the readings (with each question coming from a different reading) at the beginning of each class. I will then select a few of these questions to be discussed at the outset of the following class. These questions should address broad, conceptual issues raised by the readings. As noted above, grading will be based partly on the quality of these questions.
5. Provide comments or questions for at least one of the cases presented in conference each week.
6. Research and present up-to-date information on one RDOC category (see Appendix A)
7. Research and present on one assessment-related topic (see Appendix A)

**Course Content, Requirements, and Expectations**:

This course is designed to continue graduate training in psychological assessment, case conceptualization, and diagnostic practices. The three principal goals of this course are to (1) permit you to become an educated and discerning consumer of the research and applied literatures bearing on psychological assessment (2) provide you with the fundamental knowledge necessary to administer and interpret commonly used personality measures (e.g., the MMPI-2, structured psychiatric interviews), (3) facilitate experiential learning through which you will acquire the ability to conduct empirically-informed assessments. In particular, you should emerge from this course with an enhanced understanding of both the appropriate uses and limi­tations of psychological measures, and well as with *a heightened appreciation of your own fallibility and limitations as a clinical judge and assessor*.

This class will be divided into **two** components. In the *didactic component* of the course we will focus primarily on theoretical and research issues in the assessment of personality and psychopathology, psychometrics, challenges in clinical judgment and prediction, and practical and methodological issues in the administration and interpretation of specific psychometric instruments (e.g., MMPI-2). The *applied component* of the course will focus primarily on the principles and practice of clinical assessment. Much of the course is dedicated to group supervision (case conference) of comprehensive psychological assessments, and further training in assessment report writing and feedback. Each class meeting will be divided into theoretical discussion of assessment and psychopathology, hands-on practice with assessment tools, and ongoing case presentation and discussion.

In addition to class supervision meetings, you will be meeting one-on-one with your case supervisor on a regular (typically weekly) basis for individual supervision. You should always discuss your case with your supervisor prior to presenting patient data in class. Your individual supervision is the primary source of case supervision and group supervision (case conference) should be considered secondary.

**It is required that you come to case conference each week prepared to formally present any and all new case information after each patient contact.**

**Note:** **Students are expected to come to class prepared to discuss and comment on the assigned readings**. Therefore, you must do the readings before the class meeting each week. Class discussion and participation will constitute a major component of the course. Because the reading load will be heavy, please be sure to allot sufficient time to complete the readings. Also, you are responsible for knowing the syllabus and are expected to have thoroughly reviewed the schedule below with particular attention to the deadlines and assignments. It is your responsibility to anticipate upcoming assignments and deadlines in advance. The expectations for each week of the semester are clearly spelled out below. Any further questions or needed clarifications should be brought to the instructors attention during initial class meetings.

*Also,* I *assume that all students will attend all classes unless they notify me in advance*. Please be sure to notify me in the event of any scheduling conflicts.

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Week 1 (Jan 11th): *Course Overview*

Discussion of course logistics, skills to be learned and expectations. Introduction to the clinic by Dr. Shannon Couture.

In class exercise I: Feedback role-play. Practice giving feedback with an in-class partner with a set of assessment results given by instructor.

In class exercise II: Practice presenting a case in class as if the test scores given are part of a comprehensive work-up.

Week 2 (Jan 18th): *Psychometrics and preparing to conduct a psychological assessment*

Given that the reading load is light this week, take the time to contact and schedule your first patient for assessment. Be sure to schedule the patient far enough in advance to meet with your supervisor prior to the assessment session. Come to the next class meeting prepared to discuss any and all details (even if the referral information is all that is known). You will formally present all new patient data in class after each patient contact.

**Required Readings**

Bem, D.J., & Allen, A. (1974). On predicting some of the people some of the time: The search for cross-situational consistencies in behavior. *Psychological Review*, *81*, 506-520.

Chapters 1& 2: Goldfinger & Pomerantz.

*The trait debate; person-situation interaction*

Mischel, W., & Peake, P.K. (1982). Beyond deja vu in the search for cross-situational consistency. *Psychological Review, 89,* 730-755.

Haynes, S.N., Smith, G., & Hunsley, J. (2011). Validity. (Chapter 3). In *Scientific foundations of clinical assessment*. New York: Routledge.

Kenrick, D.T., & Funder, D.C. (1988). Profiting from controversy: Lessons from the person-situation debate. *American Psychologist, 43*, 23-34

Chapter 4: Goldfinger & Pomerantz

Week 3 (Jan 25th): *The MMPI in assessment of personality and psychopathology*

The idea is for you to study and understand everything you would need to know about the MMPI to administer, score and interpret this scale. It is fairly involved so plan time over the two weeks to read and understand. We will go over everything in class and practice interpreting profiles.

**Required Readings**

Graham book: Chapters 3, 4, 5, 10, 11

Ben-Porath Y.S., McCully, E., & Almagor, M. (1993). Incremental validity of the MMPI-2 Content Scales in the assessment of personality and psychopathology by self-report. Journal of Personality Assessment, 61, 557-575.

Arbisi, P.A., Ben-Porath, Y.S. & McNulty, J. (2002). A comparison of the MMPI-2 validyt in African American and Caucasian psychiatric inpatients. Psychological Assessment, 14, 3-15.

Nagayma Hall, G.C., Bansal, A., & Lopez, I.R. (1999). Ethnicity and psychopathology: A meta-analytic review of 31 years of comparative MMPI/MMPI-2 research. Psychological Assessment, 11, 186-197.

Groth-Marnat chapters 10-14 Please read the following articles in the order they are listed. Come prepared to discuss your perspective of the utility and validity of the restructured clinical scales.

Simms, L.J., Casillas, A., Clark, L.A., Watson, D., & Doebbeling, B.N. (2005). Psychometric evaluation of the Restructured Clinical Scales of the MMPI-2. Psychological Assessment, 17, 345-358.

We will not be formally reviewing projective tests this semester, but those of you who have an interest may wish to complete the following readings during this extra week. Feel free to propose discussion during class the following week, if interested.

*Recommended Readings*

Garb, H.N., Wood, J.M., Lilienfeld, S.O. & Nezworski, M.T. (2002). Effective use of projective techniques in clinical practice: let the data help with selection and interpretation. Professional Psychology: Research and Practice, 33, 454-463.

Lilienfeld, S.O., Wood, J.W., & Garb, H.N. (2012). Why questionable psychological tests remain popular. In S.O. Lilienfeld & W.T. O’Donohue (Eds.) Great Readings in Clinical Science: Essential selections for mental health professionals. Boston: Pearson.

Garb, H.N., Wood, J.M., Lilienfeld, S.O., & Nezworski, M.T. (2005). Roots of the Rorschach controversy. Clinical Psychology Review, 25, 97-118.

Nichols, D.S. (2006). The trials of separating bath water from baby: A review and critique of MMPI-2 Restructured Clinical Scales. Journal of Personality Assessment, 87, 121-138.

Rouse, S.V., Green, R.L., Butcher, J.N., Nichols, D.S., Williams, C.L. (2008). What do the MMPI-2 Restructured Clinical Scales reliably measure? Answers from multiple research settings. Journal of Personality Assessment, 90, 435-442.

Week 4 (Feb 1st): *Taxonomies of personality; higher-order per­sonality dimensions*

**Required Readings**

Haynes, S.N., Smith, G., & Hunsley, J. (2011). Understanding patterns among measures through factor analysis. (Chapter 6). In *Scientific foundations of clinical assessment*. New York: Routledge.

Watson, D., Clark, L.A., & Harkness, A.R. (1994). Structures of personality and their relevance to psychopathology. *Journal of Abnormal Psychology, 103,* 18-31.

\*Kotov, R., Gamez, W., Schmidt, F., & Watson, D. (2010). Linking “big” personality traits to anxiety, depressive, and substance use disorders: a meta-analysis. *Psychological bulletin*, *136*(5), 768.

Week 5 (Feb 8th): The MCMI; Intro to Personality Disorders; Recommendations and Therapies Informed by Assessment

Since we are learning personality tests we need to review personality disorders. Don’t forget to read the DSM criteria. We will have a lot to discuss in class. We will also go over how to make recommendations and how assessment may inform therapies.

**Required Readings**

Groth-Marnat: Chapter 8 (MCMI) and 9

Skodol, A.E., Bender, D.S., Oldham, J.M., Clark, L.A., Morey, L.C., Verheul, R., … Siever, L.J. (2011). Proposed changes in personality and personality disorder assessment and diagnosis for DSM-5 Part II: Clinical Application. Personality Disorders: Theory, Research, and Treatment, 2, 23-40.

DSM-5 Personality Disorders Diagnostic Criteria

Chapter 7: Goldfinger & Pomerantz

*Recommended Readings*

Widiger, T.A. & Samuel, D.B. (2005). Evidence-based assessment of personality disorders. Psychological Assessment, 17, 278-287.

Week 6: (Feb 15th): **No Class International Neuropsychological Society Conference**

Catch up on all readings this week and cases

Week 7 (Feb 22nd): Topics: *Problems and pitfalls in clinical judgment (2) Base rates and Bayes theorem*

*Clinical vs. statistical prediction articles*

**Required Readings**

Haynes, S.N., Smith, G., & Hunsley, J. (2011). Applying psychometric evidence to

clinical decisions (Chapter 4). In *Scientific foundations of clinical assessment*. New York: Routledge.

Dana, J., Dawes, R. M., & Peterson, N. (2013). Belief in the unstructured interview: The persistence of an illusion. *Judgment and Decision Making*, *8*, 512-520.

Chapter 5: Goldfinger & Pomerantz

*Base rates and Bayes theorem articles*

**Required Readings**

Finn, S.E., & Kamphuis, J.H. (1995). What a clinician needs to know about base rates. In J. Butcher (Ed.), *Clinical personality assessment: Practical approaches* (pp. 224-235). New York: Oxford University Press.

Wood, J.M. (1996). Weighing evidence in child sexual abuse evaluations: An introduction to

Bayes’ theorem. *Child Maltreatment, 1,* 25-36.

Mukherjee, S. (2015). Law one. In S. Mukherjee, *The Laws of medicine*: *Field notes from an uncertain science* (pp. 22-35). New York: TED Books.

*Recommended Readings*

Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, *185*, 1124-1131.

Lilienfeld, S.O., Wood, J.M., & Garb, H.N. (2006). Why questionable psychological tests

remain popular. *Scientific Review of Alternative Medicine, 10,* 6-15.

Croskerry, P. (2003). The importance of cognitive errors in diagnosis and strategies to minimize them. *Academic Medicine, 78*, 775-780.

Lilienfeld, S.O. & Lynn, S.J. (2015). Errors and biases in clinical decision-making.

In R.L. Cautin & S.O. Lilienfeld (Eds.), *Encyclopedia of clinical psychology*. New York: Wiley

Chapman, L. J., & Chapman, J. P. (1967). Genesis of popular but erroneous psychodiagnostic observations. *Journal of Abnormal Psychology*, *72*, 193-204.

\*Gigerenzer, G., Gaissmaier, W., Kurz-Milcke, E., Schwartz, L. M., & Woloshin, S. W. (2009). Knowing your chances. *Scientific American Mind*, April/May, 44-51.

Week 8 (Mar 1st): *Conceptual and methodological issues in test construction* *and the challenge of response sets*

**Required Readings**

Burish, M. (1984). Approaches to personality inventory construction: A comparison of merits. *American Psychologist, 39,* 214-227.

Clark, L.A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment, 7,* 309-319.

Smith, G. T., McCarthy, D. M., Zapolski, T. C. B. (2009). On the value of homogeneous constructs for construct validation, theory testing, and the description of psychopathology. *Psychological Assessment, 21,* 272-284.

McGrath, R. E., Mitchell, M., Kim, B. H., & Hough, L. (2010). Evidence for response bias as a source of error variance in applied assessment. *Psychological Bulletin*, *136*, 450- 470.

*Specialized problems in test construction*; *Racial and multicultural issues in personality assessment*

Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we can know: Verbal reports on mental processes. *Psychological Review*, *84*, 231-259.

Haynes, S.N., Smith, G., & Hunsley, J. (2011). The conditional nature of psychometric evidence (Chapter 7). In *Scientific foundations of clinical assessment*. New York: Routledge.

Geisinger, K.R. (1994). Cross-cultural normative assessment: Translation and adaptation issues influencing the normative interpretation of assessment instruments. Psychological

Assessment, 6, 304-312.

Heine, S. J., Lehman, D. R., Peng, K., & Greenholtz, J. (2002). What’s wrong with cross-cultural comparisons of subjective Likert scales: The reference-group problem. *Journal of Personality and Social Psychology, 82,* 903–918.

Chapter 3: Goldfinger & Pomerantz:

Week 9 (Mar 8th): *Culture and its implications for psychopathology, the DSM, and psychometrics Come prepared to discuss cultural issues more broadly in all kinds of psychological assessment contexts.*

**Required Readings**

Reiger, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D.J. (2009). The conceptual development of the DSM-V. American Journal of Psychiatry, 166, 645-650.

Chapters 1-3 Fujii, D. (2017). *Conducting a culturally informed neuropsychological evaluation.*

Thames, A.D., Karimian, A., Steiner, A. (2016). Neuropsychological assessment of ethnic minority children.In S.L. Graves and J.J. Blake (Eds,)*, Psychoeducational assessment and intervention for ethnic minority children: Evidence-Based Approaches* (pp. 133-161).Washington, D.C. American Psychological Association.

*Recommended Readings*

Okazaki, S. & Sue, S. (1995). Methodological issues in assessment research with ethnic minorities. Psychological Assessment, 7, 367-375.

Draguns, J.G. & Tanaka-Matsumi, J. (2003). Assessment of psychopathology across and within cultures: issues and findings. Behaviour Research and Therapy, 41, 755-776.

Week 10 (Mar 15th): Spring Recess

Week 11: (Mar 22nd)RDOC and Review of Childhood Disorders and Assessment

In class exercises: RDOC presentations and discussion

**Required Readings**

Drabick, D.A.G. & Kendall, P.C. (2010). Developmental psychopathology and the diagnosis of mental health problems among youth. Clinical Psychology, 17, 272-280.

Drabick, D.A.G. & Kendall, P.C. (2010). Problems for the book of problems? Diagnosing mental health disorders among youth. Clinical Psychology: Science and Practice, 17, 265-271.

Chapters 8, 9, 10 Goldfinger and Pomerantz

*Recommended Readings*

De Los Reyes, A. & Kazdin, A.E. (2005). Informant discrepancies in the assessment of childhood psychopathology: A critical review, theoretical framework, and recommendations for further study. Psychological Bulletin, 131, 483-509.

Ozonoff, S., Goodlin-Jones, B.L., & Solomon, M. (2005). Evidence-based assessment of autism spectrum disorders in children and adolescents. Journal of Clinical Child and Adolescent Psychology, 34, 523- 540.

Week 12 (Mar 29th): Psychotic Disorders and the neuropsychology of schizophrenia and other major psychiatric disorders

**Required Readings**

Zheutlin AB, Viehman RW, Fortgang R, Borg J, Smith DJ, Suvisaari J, Therman S, Hultman CM, Cannon TD. Cognitive endophenotypes inform genome-wide expression profiling in schizophrenia. Neuropsychology.

Harvey PD, Aslan M, Du M, Zhao H, Siever LJ, Pulver A, Gaziano JM, Concato J. Factor structure of cognition and functional capacity in two studies of schizophrenia and bipolar disorder: Implications for genomic studies.

Dutta, R., Greene, T., Addington, J., McKenzie, K., Phillips, M., & Murray, R.M. (2007). Biological, life course and cross-cultural studies all point toward the value of dimensional and developmental ratings in the classification of psychosis. Schizophrenia Bulletin, 33, 868-876.

Carpenter, W.T. (2009). Anticipating DSM-V: Should psychosis risk become a diagnostic class? Schizophrenia Bulletin, 35, 841-843.

Week 13 (April 5th): Anxiety Disorders and Mood Disorders Discussion: Other psychometric scales for anxiety and related disorders include the CAPS and YBOCS.

**Required Readings**

Friedman, M.J., Resick, P.A., Bryan, R.A., Strain, J., Horowitz, M., & Spiegel, D. (2011). Classification of trauma and stressor-related disorders in DSM-5. Depression and Anxiety, 28, 737-749.

Joiner, T.E., Walker, R.L., Pettit, J.W., Perez, M., & Cukrowicz, K.C. (2005). Evidence-based assessment of depression in adults. Psychological Assessment, 2005, 267-277.

Chapters 11, 12 Goldfinger and Pomerantz

*Recommended Readings*

Carlson, G.A. & Meyer, S.E. (2006). Phenomenology and diagnosis of bipolar disorder in children, adolescents, and adults: Complexities and developmental issues. Development and Psychopathology, 18, 939-969.

Hirschfeld, R.M.A. & Vronick, L.A. (2004). Recognition and diagnosis of bipolar disorder. Journal of Clinical Psychiatry, 65 [suppl 15], 5-9.

Antony, M.M. & Rowa, K. (2005). Evidence-based assessment of anxiety disorders in adults. Psychological Assessment, 17, 256-266.

\*Note: Although we will not cover Substance Abuse, Eating Disorders and Neurobehavioral Disorders formally, you must read the following materials in addition to the DSM-5 criteria to familiarize yourself with these disorders:

Martin, C.S., Chung, T., & Langenbucher, J.W. (2008). How should we revise diagnostic criteria for substance use disorders in the DSM-V? Journal of Abnormal Psychology, 117, 561-575.

Walsh, B.T. & Sysko, R. (2009). Broad categories for the diagnosis of eating disorders (BCD-ED): An alternative system for classification. International Journal of Eating Disorders, 42, 754-764.

Recommended Readings American Academy of Child and Adolescent Psychiatry. (2005). Practice parameter for the assessment and treatment of children and adolescents with substance use disorders. Journal of the American Academy of Child and Adolescent Psychiatry, 44, 609-621.

Becker, A.E., Thomas, J. J., & Pike, K.M. (2009). Should non-fat-phobic anorexia nervosa be included in the DSM-V? International Journal of Eating Disorders, 42, 620-635. Phillips, K.A.,

Wilhelm, S., Koran, L.M., Didie, E.R., Fallon, B.A., Feusner, J., & Stein, D.J. (2010). Body dysmorphic disorder: Some key issues for DSM-V. Depression and Anxiety, 27, 573-591.

Week 14 (Apr 12th): Student readings and presentations

Week 15 (Apr 19th): Student readings and presentations

Week 16 (Apr 26th): Student choice of topic and wrap-up for cases

**Additional Resources**

**Accommodations for Students with Disabilities:**

I hope this course will provide a learning environment in which all students can perform to the best of their abilities. We will make every effort to accommodate the needs of students with disabilities. Please let me know of any special requirements as early in the quarter as possible so that I can ensure that appropriate accommodations are made. This information will be kept private. Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is delivered to me as early in the semester as possible. DSP is located in STU 301 and is open 8:30 a.m.–5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

**Sensitivity and Privacy**

We will be discussing clinical information in this course, including case studies and individual test results. It is expected that you will treat this information with appropriate sensitivity, and that you will keep all clinical information that you learn in the course of our discussions absolutely confidential. Please do not put names or identifying data on any information that you distribute to the class or turn in to me.

**Academic Integrity**

I will not tolerate any plagiarism or misrepresentation in your individual work. All work submitted in this class must be yours and yours alone. You are expected to understand and abide by the principles outlined in Scampus, the student guidebook. The Student Conduct Code is in section 11.00 and recommended sanctions are located in Appendix A. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one’s own academic work from misuse by others as well as to avoid using another’s work as one’s own. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: <http://www.usc.edu/student-affairs/SJACS/>.

**Emergency Preparedness/Course Continuity**

In case of emergency, if travel to campus is difficult, USC executive leadership will announce an electronic way for instructors to teach students in their homes using a combination of Blackboard, teleconferencing, and other technologies. If this situation arises, you will be assigned a "Plan B" project that can be completed at a distance.

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