

**Psychology 6320:  
OBJECTIVE ASSESSMENT OF PERSONALITY AND AFFECT**

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**Office Hours:** Tuesdays and Thursdays 12:30pm-1:30pm or by appointment

**Textbook:**

Graham, John R. (2005). *MMPI-2: Assessing personality and psychopathology*(4<sup>th</sup> ed.). New York: Oxford University Press.

**Other Selected Readings:**

Borsboom, D., Mellenbergh, G. J., & van Heerden, J. (2004). The concept of validity. *Psychological Review*, 111, 1061-1071.

**(B&B)** Beutler, L. E., & Berren, M. R. (1995). *Integrative assessment of adult personality*. New York: Guilford.

Clark, L. A., Livesley, W. J., Schroeder, M. L., & Irish, S. L. (1996). Convergence of two systems for assessing specific traits of personality disorder. *Psychological Assessment*, 8, 294-303.

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

Cronbach, L. J. (1990). *Essentials of psychological testing* (5<sup>th</sup> ed.). New York: Harper/Collins.

Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science*, 243,1668-1674.

Groth-Marnat, G. (1997). *Handbook of psychological assessment*. New York: Wiley.

Kleinmuntz, B. (1990). Why we still use our heads instead of formulas: Toward an integrative approach. *Psychological Bulletin*, 107, 296-310.

Koocher, G. P., Norcross, J. C., & Hill (Eds., 1998). *Psychologists' desk reference*. New York: Oxford.

Krueger, R. F. (1999). The structure of common mental disorders. *Archives of General Psychiatry*, 56, 921-926.

**(L&G)** Lanyon, R. I., & Goodstein, L. D. (1997). *Personality assessment* (3<sup>rd</sup> ed.). New York: Wiley.

- Martin, L. R., & Friedman, H. S. (2000). Comparing personality scales across time: An illustrative study of validity and consistency in life-span archival data. *Journal of Personality, 68*, 85-110.
- Mischel, W. (1984). Convergences and challenges in the search for consistency. *American Psychologist, 39*, 351-364.
- Ogles, B. M., Lambert, M. J., & Masters, K. S. (1996). *Assessing outcome in clinical practice*. Needham Heights, MA: Allyn & Bacon.
- Paulhus, D. L. (1991). Measurement and control of response bias. In Robinson, J. P., Shaver, P. R., Wrightsman, L. S. (Eds.) *Measures of personality and social psychological attitudes* (pp. 17-59). San Diego, CA: Academic Press.
- Rogler, L. (1999). Methodological sources of cultural insensitivity in mental health research. *American Psychologist, 54*, 424-433.
- (S&L)** Strack, S., & Lorr, M. (Eds., 1994). *Differentiating normal and abnormal personality*. New York: Springer.

### **Course Description:**

In this graduate course we will learn concepts related to objective assessment of personality and affect/mood. We will discuss the research bases of such assessment and the applications of such assessment to clinical practice.

The purpose of this graduate course is to give students a useful introduction to basic measurement issues in personality assessment, with 'personality' defined broadly. Among the concepts emphasized are reliability, validity, response bias, factor structure, content comprehensiveness, and cross-cultural generalizability. Measurement issues will be explored broadly, and then in their applications to particular models and measures, including those in which the student has special experience or interest. Indeed, the course will employ measures with which the students are familiar as prime examples, and is designed not only to review the present state of personality assessment but also to help (present or future) researchers who will be faced with the task of creating a measure of some construct, or evaluating an existing measure with respect to its measurement properties.

As such, the course objectives are:

1. Review basic measurement concepts and understand the practical implications of these theoretical notions.
2. Become sensitive to ethical and cultural issues as they pertain to assessment and diagnosis.
3. Develop skill in administering, scoring, and interpreting major objective personality and affect psychological tests.
4. Develop diagnostic and psychological report writing skills.
5. Begin to formulate a personal philosophy of assessment and diagnosis.

## Course Requirements and Evaluation:

### 1. Mid-term (20%)

Mid-term exam will be in class-- expect mainly essay questions with an applied emphasis. There is no final exam, but presentations will occur on the final days of classes (see #2).

### 2. Class Presentation (20%)

Each student will present on an objective measure (or group of measures). This presentation should include discussion of the intent of the measure, its psychometric properties, uses, administration and scoring, interpretation, and limits (in populations, interpretability, norms, etc.). A handout should accompany the presentation and must include an outline and list of references.

### 3. Testing administrations and reports (40%)

A total of 5 psychological reports are required. Students will complete at least four administrations of the MMPI-2 (or MMPI-A) and have the option of conducting one administration of the MCMI, PAI, or NEO (if these latter two are available to you) or a 5<sup>th</sup> MMPI. The final two reports of the semester must incorporate other testing data such as results from the Beck Depression Inventory, State-Trait Anxiety Inventory, etc. Remember that you can not give the results of your administrations to your participants since you are only learning to administer these instruments. You will have to recruit your own participants for these tests.

### 4. Class Participation (10%)

Grades: Letter grades will be assigned based on the following:

93-100% = A  
90-92% = A-

87-89% = B+  
83-86% = B  
80-82% = B-

77-79% = C+  
73-76% = C  
70-72% = C-

## Attendance:

This is a graduate course and attendance is required. However, if you are ill or the University is closed for snow, please do not come to class, even if an assignment is due. You may call or email me to inform me of your absence, and other arrangements can be made for turning in your assignments. If your assignment is not complete and you are not ill, please come to class anyway, as our discussions will be relevant to your future practice in psychology. I am not giving you permission to neglect your assignments, because it is imperative that you complete reading and reports as required according to the schedule. However, I am aware of the power of avoidance, and it is important that you attend class, for both external (grade) and internal (learning) reward.

## Accommodations for students with disabilities:

Students with disabilities that require accommodation for this course should contact the instructor. The disability must be documented through the Disability Resource Center (DRC). In cooperation with the DRC, course material may be provided in alternative formats.

## Class Schedule

<b>Date</b>	<b>Topic</b>	<b>Assignments</b>
1/9/07	Course and syllabus review, review of assessment concepts, history of PA	Read syllabus
1/11/07	Intro to personality assessment	L&G Ch. 2 & 3
1/16/07	Introduction to MMPI-2	Graham Ch. 1 & 2
1/18/07	MMPI-2 Interpretation and practice	Graham Ch. 3 & 4
1/23/07	MMPI-2 Interpretation and practice cont.	Graham Ch. 5
1/25/07	MMPI-2 Interpretation and practice cont.	
1/30/07	MMPI-2 Interpretation	Graham Ch. 6 & 7
2/1/07	MMPI-2 and psychometrics	Graham Ch. 8 & 9
2/6/07	MMPI-A, Other populations	Graham Ch. 10
2/8/07	MMPI-2 Interpretation strategies	Graham Ch. 11 & 12 Turn in presentation topic
2/13/07	Psychological report writing	Beutler (B&B, Ch. 2)
2/15/07	Psychological report writing cont.	Gaw & Beutler (B&B, Ch. 9)
2/20/07	No class (Monday on a Tuesday)	
2/22/07	Measurement issues	<b>1<sup>st</sup> MMPI report due</b> Mischel
2/27/07	<b>Mid-term exam</b>	
3/1/07	Validity and cross-cultural generalizability	Rogler Clark & Watson
3/6/07	Factor analysis, the five-factor model	<b>2<sup>nd</sup> MMPI report due</b> Goldberg & Digman (S&L Ch. 11) McCrae (S&L Ch. 2)
3/8/07	Factor structure continued	Krueger Clark, Livesley, Schroeder, & Irish
3/13/07	No class (Spring break)	
3/15/07	No class (Spring break)	
3/20/07	MCMI	Millon & Davis (B&B, Ch. 8)
3/22/07	PAI	Morey & Glutting (S&L Ch. 18)
3/27/07	Selecting appropriate tests	<b>3<sup>rd</sup> Report due</b> Beutler (B&B Ch. 3)
3/29/07	Diagnostic interviewing	Beutler (B&B Ch. 4)
4/3/07	Ethics of assessment	APA Ethics Code Ogles, et al. Ch. 9 Groth-Marnat, pp.46-55
4/5/07	Clinical vs. Actuarial judgment	Groth-Marnat, pp. 22-30 Dawes, Faust, & Meehl Kleinmuntz
4/10/07	Assessment in clinical practice	<b>4<sup>th</sup> Report due</b> Ogles, et al. Ch. 1-3
4/12/07	Assessment in forensics	Graham Ch. 13 L&G pp. 300-308 Koocher, Norcross, & Hill pp. 483-513
4/17/07	Student presentations	
4/19/07	Student presentations	
4/24/07	Student presentations	<b>5<sup>th</sup> Report due</b>
4/26/07	Wrap-up	

**From APA Ethics Code (2002)****9. ASSESSMENT****9.01 Bases for Assessments**

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

**9.02 Use of Assessments**

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

**9.03 Informed Consent in Assessments**

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

#### **9.04 Release of Test Data**

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

#### **9.05 Test Construction**

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

#### **9.06 Interpreting Assessment Results**

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

#### **9.07 Assessment by Unqualified Persons**

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

#### **9.08 Obsolete Tests and Outdated Test Results**

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

### **9.09 Test Scoring and Interpretation Services**

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

### **9.10 Explaining Assessment Results**

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

### **9.11. Maintaining Test Security**

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.