In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. The phone number is 270.745.5004 [270.745.5121 V/TDD] or email at sarc@wku.edu. Please do not request accommodations directly from the professor or instructor without a letter of accommodation (LOA) from The Student Accessibility Resource Center.

Western Kentucky University (WKU) is committed to supporting faculty, staff and students by upholding WKU’s Title IX Sexual Misconduct/Assault Policy (#0.2070) at https://wku.edu/eoo/documents/titleix/wkutitleixpolicyandgrievanceprocedure.pdf and Discrimination and Harassment Policy (#0.2040) at https://wku.edu/policies/hr_policies/2040_discrimination_harassment_policy.pdf. Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121.

Please note that while you may report an incident of sex/gender based discrimination, harassment and/or sexual misconduct to a faculty member, WKU faculty are “Responsible Employees” of the University and MUST report what you share to WKU’s Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU’s Counseling and Testing Center at 270-745-3159.

All students are strongly encouraged to get the COVID-19 vaccine. In accordance with WKU policy, all students must call the WKU COVID-19 Assistance Line at 270-745-2019 within 4 hours of testing positive for COVID-19 or being identified as a close contact to someone who has tested positive. The COVID Assistance Line is available to answer questions regarding any COVID-19 related issue. This guidance is subject to change based on requirements set forth by federal, state, and local public health entities. Please refer to the Healthy on the Hill website for the most current information. www.wku.edu/healthyonthehill

Course Description/Prerequisites:
Prerequisite: PSY 560 and permission of instructor.
Personality diagnosis using objective and projective techniques with emphasis on current research interpretation, and communication of assessment information.

Required Texts:

Tests:
Bender Visual Motor Gestalt Test, Second Edition (BVMGT-II)
Behavior Assessment Scale for Children, Third Edition (BASC-3)
House/Tree/Person Projectives (HTPP)
Mini-Mental Status Exam (MMSE)
Minnesota Multiphasic Personality Inventory, 3rd Edition (MMPI-2)
Minnesota Multiphasic Personality Inventory, Adolescent (MMPI-A)
Neuroticism, Extraversion, Openness Personality Inventory, Third Edition (NEO-PI-3)
Personality Assessment Inventory, Adolescent (PAI-A)
Wechsler Abbreviated Scales of Intelligence (WASI)
Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)
Wide Range Achievement Test, Fifth Edition (WRAT-5)
Woodcock Johnson Tests of Achievement, Fourth Edition (WJ-IV)

Objectives of the course:
By the end of the course, students will:
1. develop the basic and advanced skills needed to evaluate personality;
2. have been exposed to various personality theories, the application of such theories to the assessment process, and current controversies in personality assessment;
3. develop skills as observers and refined their behavioral assessment skills;
4. develop skills in personality assessment using a variety of techniques, including interview skills, objective tests, projective tests, and observational methods;

5. develop interpretive skills with a variety of assessment techniques and instruments;

6. learn how to integrate information from personality assessment with other psychological data to form a basis for psychological diagnosis;

7. have been exposed to the strengths and weaknesses of using clinical diagnostic labels.

8. be able to integrate all such information into a meaningful and understandable picture of the client which focuses on both strengths and weaknesses;

9. learn how to create appropriate recommendations for the client based on both the client's strengths and weaknesses as well as the environment in which the client must operate;

10. be able to integrate all information into a meaningful report that can be used by parents, teachers, or the client, if age appropriate;

11. learn how to communicate the assessment information to the client and/or the client's family in an understandable and useful form;

12. explore how culture and diversity influence the assessment measures chosen as well as the results gained during the evaluation; and

12. discuss important ethical concerns associated with personality assessment and be able to apply ethical principles to their work.

**Evaluation:** Grades for the class will be calculated from the percentage of points earned out of the 1100 possible. The following percentages of total points will be used to determine exam and semester grades: >92.5 = A, 92.49-84.5 = B, 84.49-75.5 = C, 75.45-69.5 = D, < 59.5 = F. This means that >1017 points = A, 1016-930 points = B, 929-831 points = C, 830-765 points = D, <765 points = F.

**Instructor Qualifications:**

Dr. Grieve is a clinical psychologist who has been licensed as a Psychologist in the Commonwealth of Kentucky since 2003. He has a small weekly private practice in which he conducts psychotherapy and assessment. He regularly conducts personality assessments through his private practice and attends continuing education seminars on personality assessment.

**Required Activities/ Sources of Points:**

1. Conduct 2 complete adult personality assessments on other individuals, including clinical interview, intelligence assessment, mental status evaluation, projective personality measures, and objective personality measures, and write complete psychological evaluations for each of the assessments. These assessments will be performed with adult students (one traditional undergraduate student [22 years old or younger] and one nontraditional undergraduate student [25 years old or older]). **Students will not be allowed to complete assessment batteries on people they know prior to the evaluation.** Each of these assessments is worth 153 points total. Together, the personality assessments comprise about 27.8% of the final grade. There are two parts to the personality assessments: the individual protocols (6 protocols worth up to 12 points each, or 72 points total) and the final integrated report (worth 81 points).

2. Conduct 1 complete adolescent personality assessment on a child between the ages of 13 and 17, including clinical interview with the child and parents, intelligence assessment, mental status evaluation, projective personality measures, and objective personality measures, and write complete psychological evaluations for each of the assessments. **Students will not be allowed to complete assessment batteries on people they know prior to the evaluation.** This assessment will be worth 153 points total and will comprise about 13.9% of the final grade. There are two parts to the personality assessments: the individual protocols (6 protocols worth up to 12 points each, or 72 points total) and the final integrated report (worth 81 points).

3. Each student will be assessed with each instrument prior to discussing it in class. The tests will be administered by the instructor and will be scored by the student. All personality instruments will be administered; students will not complete intelligence assessment (I assume you are all genius level—or could at least score at genius level on these tests). This series of assessments will comprise a fourth personality assessment that will be worth 141 points total (approximately 12.8% of the total grade). As with the previous assessments, this will also be broken down into the individual protocols (5 at 12 points each for 60 points) and the final integrated report (81 points).

As the APA Code of Ethics indicates that such a personality assessment for students must not be a requirement (see Standard 7.04), students will have the option of selecting another adult to evaluate instead of themselves. Students will still be expected to complete the assessment instruments; the data will just not be integrated into a final report.

**Note:** All final integrated reports will be due on the final day of class. Late protocols or reports will not be accepted and students will not earn points for the missing components. All assessment and report writing will be done in accordance with the American Psychological Association's ethical guidelines. **FAILURE TO ADHERE TO ETHICAL STANDARDS COULD RESULT IN DISMISSAL FROM THE COURSE AND A GRADE OF F.**

4. Each student will videotape two (2) clinical sessions over the course of the semester. Each videotape will be worth 50 points for a total of 100 points (approximately 9% of the final grade). These interviews will be in addition to other protocols that the student is performing. In other words, students will not be turning in reports associated with the videotapes, just the videotaped interview. The timing of the videotaping will be determined during the first class session, but no student will have to turn in more than one (1) videotape in any given week. Students must pass both videotapes at an 80% criterion; students who do not pass both at an 80% criterion will be required to submit subsequent videotapes until they receive two scores of at least an 80% criterion. **ONLY THE FIRST TWO TAPES WILL COUNT TOWARD THE FINAL GRADE; HOWEVER, FAILURE TO COMPLETE THIS REQUIREMENT WILL RESULT IN FAILURE OF THE COURSE.** Videotapes will be graded upon the student's
ability to develop rapport with the client, student's professionalism, and the student's ability to conduct an appropriate clinical interview, including asking appropriate questions, avoiding inappropriate questions, and asking appropriate follow-up questions.

(5) There will be **weekly in-class quizzes** which will be worth **200 points total** (approximately 18.1% of the total grade). These quizzes will cover the readings for the week as well as evaluate students’ ability to diagnose clients.

(6) There will be an **in-class/take-home final** worth **200 points total** (approximately 18.1% of the total grade). Students will be given raw information from a client and will be asked to score the protocols during the final class period. In addition, the client will be available during the Final Exam period for a clinical interview. Students will be able to take the scored information home with them to interpret, with the final report due at the close of business on Friday of Finals Week.

(7) Competency in administration of all tests covered. Videotape or audio tape administration of indicated testing sessions may be required to assure competency. Please note that no one will pass the course without satisfactorily completing (80% criterion) two entire assessments, including administration, scoring, interpretation, recommendations, and report writing.

**Psych. Assessments of Adults (2 @ 153 pts) = 306 pts**  
Psychological Assessment of Adolescent = 153 pts  
Psychological Assessment of Self = 141 pts  
Weekly Class Quizzes = 200 pts  
Videotapes (2 @ 50 pts) = 100 pts  
Final Exam = 200 pts  
Total = 1100 pts

**Attendance:** You are adults and do not need my supervision. To that end, I will not take attendance during specific class periods. Attendance is not mandatory. However, you will not be allowed to make up the missed class activities; if you miss class, you will not earn the points for that week’s quiz. In addition, you will be responsible for the materials presented in class, and will miss out on valuable practice time. Therefore, if you miss class, you will need to make arrangements to get lecture notes from a classmate and/or schedule practice time with myself. Only in extremely rare instances will I give out my notes to a person who misses class.

**Assessment Batteries:**

**Adult (17+):**
- **IQ/Achievement:** WAIS-IV (WASI)/WJ-IV (WRAT-5)
- **Visual Perceptual:** BVMGT-II
- **Mental Status:** MMSE
- **Personality:** Clinical Interview, MMPI-A, MMPI-I, NEO-PI
- **HTPP**

**Adolescent (13-17):**
- **IQ/Achievement:** WISC-V (WAIS-IV; WASI)/WJ-IV (WRAT-5)
- **Visual Perceptual:** BVMGT-II
- **Mental Status:** MMSE
- **Personality:** Clinical Interview

**Report Preparation:**

1. Each report will consist of the actual protocol for the instrument administered, including responses and scoring, a page of hypotheses generated from the scores obtained, and an integrated summary report of the client's performance on that instrument plus behavioral observations. Students will complete protocols for the IQ/Achievement (including BVMGT), the Clinical Interview, the MMSE, the HTPP, the BASC (for adolescents only), the PAI (for adolescents only), the MMPI, and the NEO-PI (for adults only). Examples of each type of report required will be given out in class.

2. We will use pseudonyms for the clients that you assess. Students need to get into the habit of writing reports using real names. However, I do not want the actual names of the clients anywhere on any of the reports. Full names will have to be on the Informed Consent Document, however.

3. Students will attach to each of the reports the scoring form that follows. These can either be hand written or photocopied. I reserve the right to deduct points for an inability to follow instructions if the forms are not attached. I have placed a sheet of forms on the web site that can be printed for each individual client.

4. At this point in your career you will be expected to make no errors in scoring (e.g., counting dots, adding, looking up values in charts). Every type of error made will result in the loss of 1 point to the Scoring/Administration score. Numerous instances of the same type of error may result in the loss of more than 1 point (i.e., 5 instances of miscounting could result in the loss of 2 points; 3 if the miscounting was extraordinarily egregious). Making a number of different types of errors will most certainly result in a number of points being deducted.

5. Errors in the administration of the different assessments will result in a deduction of points. The more egregious the error, the more points will be deducted.

6. The Grammar score includes spelling, grammar, and punctuation. Remember, how you compose your written communication reflects upon you. This score is a negative score. I expect that graduate students will use appropriate grammar in writing reports and will not reward what I believe is expected behavior (though I do not hesitate to punish the inappropriate behavior of poor grammar, spelling, and punctuation).

7. When performing a clinical interview, students will be graded on their ability to ask appropriate questions and follow up on major diagnostic criteria. Similarly, omitting important questions or areas of inquiry will result in the deduction of points.

8. Professional Writing includes the manner in which information is presented. For example, using appropriate clinical terms and avoiding slang both fall under this category. Unprofessional writing will be penalized at 0.5 points per instance. In addition, the hypotheses generated for each report will be included in this category. Hypotheses will be graded.
on quality and breadth. Missing major indicators in the instruments will lead to a deduction of points.

(9) Late protocols will automatically lose 1 point for each day they are late. This time includes weekends. Therefore, a protocol due on Friday but turned in on Monday will have 5 points deducted from it. Timeliness in turning in the protocols will ensure timeliness in returning the protocols. Remember, procrastination (or other reasons for completing a protocol at the last minute) on the part of the student does not make an emergency on the part of the instructor.

**Final Integrative Report Preparation:**

(1) The final reports will include all of the initial reports given to the client as well as a substantial integrative summary. I reserve the right to deduct points for an inability to follow instructions if the forms are not attached. I have included below a sheet of forms that can be photocopied for each individual client. Examples of final reports will be given out in class.

(2) Students will attach to each of the protocols the scoring form that follows. These can either be hand written or photocopied.

(3) The Final Integrative Report will be graded on nine different areas: Organization; Grammar/ Punctuation/ Spelling; Professional Writing; Background Information; IQ/Achievement/MMSE; Behavioral Observations; Personality Measures; Diagnosis; and Recommendations. Please note that the final report based on the student’s own information will not include an assessment of intelligence or achievement but will include a mental status exam.

(3a) **Organization** refers to the layout of the report. This deals with how well the report follows the recommended organization, whether all parts of the report were included, how well the report flows together both at the inter-paragraph and intra-paragraph levels.

(3b) **Grammar, Punctuation, and Spelling** are important in being able to effectively communicate in a written manner. You will not be able to communicate good ideas if they are poorly written. Points will be deducted for every error of grammar, punctuation, or spelling noted in the reports.

(3c) **Professional Writing** refers to the style of writing used in the reports. You are writing professional reports to be used by other professionals and your style should reflect that.

(3d) **Background Information** is the backbone of any personality report. You will be expected to gather extensive background information. To the extent that the information was not gathered, points will be deducted from the score.

(3e) **Intelligence/ Achievement.** Intelligence and achievement assessment, as well as mental status of the client, are important parts of a personality assessment. The score on this category will reflect how well the student was able to perform each of these assessments.

(3f) **Behavioral Observations and the Mini-Mental Status Exam** are also very important to a personality report. The score on this category will reflect how well the student was able to observe and report information necessary for each of the areas.

(3g) **Personality Measures.** These tests include the MMPI, NEO-PI, HTPP, BASC, and other objective follow-up tests. Such instruments are the heart and soul of a personality assessment and students should be able to interpret and present results from these instruments succinctly and accurately. The score on this area will reflect how well students are able to do just that.

(3h) **Diagnosis.** Refers to the ability to recognize important diagnostic information and include an appropriate diagnosis of the client at the conclusion of the report. Included in this category is the ability to complete the appropriate diagnosis based the current version of the *Diagnostic and Statistical Manual of Mental Disorders*. Also included in this category is the ability to summarize the findings accurately and succinctly using the appropriate format.

(3i) **Recommendations** are the ultimate goal of the personality assessment. Students will be evaluated on how well they are able to create appropriate recommendations for the client's issues.
# APPROXIMATE CLASS SCHEDULE AND ASSIGNMENTS

I reserve the right to assign additional readings. It is the responsibility of the student to remain at least one week ahead in the readings. Protocols will be due the last class meeting of the week.

<table>
<thead>
<tr>
<th>Week/Dates</th>
<th>Lab Topic</th>
<th>Lecture</th>
<th>Readings</th>
<th>Activities</th>
<th>Protocols Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2: 1/23 &amp; 1/25</td>
<td>Interview Tech's</td>
<td>A Brief Word About the DSM-5; Why We Do Personality Assessment; What is Involved in Personality Assessment</td>
<td>Groth-Marnat &amp; Wright (2016), Ch 2 Jones (2010)</td>
<td>Administer Interview</td>
<td>none</td>
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<tr>
<td>Week 5: 2/13 &amp; 2/15</td>
<td>Mini-Mental Status Exam</td>
<td>Measures of Mental Status Polanksi &amp; Hinkle, 2000 Banos &amp; Franklin, 2002</td>
<td>Administer Bender, HTPP Administer MMSE</td>
<td>3rd &amp; 4th Interview 1st Bender/HTPP</td>
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<td>Week 6: 2/20 &amp; 2/22</td>
<td>WJ-IV</td>
<td>WJ-IV Manual</td>
<td>Administer Bender, HTPP Administer MMSE Administer IQ/Achievement Administer MMPI-2 or MMPI-RF (Self)</td>
<td>2nd &amp; 3rd Bender/HTPP 1st MMSE</td>
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<tr>
<td>Week 7: 2/27 &amp; 3/1</td>
<td>Administration of the MMPI-2</td>
<td>BASIC Manual MMPI-2 Manual Groth-Marnat &amp; Wright (2016), Ch 7</td>
<td>Administer IQ/Achievement Administer MMSE Administer MMPI-2 or MMPI-RF</td>
<td>4th Bender/HTPP 2nd MMSE</td>
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<td>Week 8: 3/6 &amp; 3/8</td>
<td>Interpretation of the MMPI-2</td>
<td>The Person-Situation controversy.</td>
<td>Harkness, McNulty, Ben-Porath (1995) Pervin Ch 3 Sellbom et al. (2010)</td>
<td>Administer IQ/Achievement Administer MMPI-2 or MMPI-RF</td>
<td>3rd MMSE 1st IQ/Achievement</td>
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<td>Week 9: 3/20 &amp; 3/22</td>
<td>Interpretation of the MMPI-2; Administration of the BASC</td>
<td>The concept of self</td>
<td>Pervin Ch 7 BASIC Manual APS Manual</td>
<td>Administer MMPI-2 or MMPI-RF Administer MMPI-A Administer BASC Administer PAI-A Administer NEO-PI-3 (self)</td>
<td>4th MMSE 2nd IQ/Achievement 1st MMPI-3</td>
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<tr>
<td>Week 10: 3/27 &amp; 3/29</td>
<td>Administration &amp; Interpretation of the MMPI-A</td>
<td>Administration of the NEO-PI-3</td>
<td>3rd IQ/Achievement Test 2nd &amp; 3rd MMPI-3</td>
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<td>Administration and Interpretation of the NEO-PI-3</td>
<td>MMPI-A Manual Ashton &amp; Lee (2005)</td>
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<td>The unconscious; Concluding The Great Rorschach Controversy</td>
<td>Groth-Marnat &amp; Wright (2016), Ch 10</td>
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<td></td>
<td>Pulling It All Together; How to Integrate Your Reports</td>
<td>Sutin et al. (2013)</td>
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<td></td>
<td>Final Touches</td>
<td>Administer NEO-PI-3</td>
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<td></td>
<td>Final Touches</td>
<td>1st NEO-PI-3 Manual</td>
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<td></td>
<td>Final Touches</td>
<td>Only MMPI-A</td>
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<td></td>
<td>Final Touches</td>
<td>2nd NEO-PI-3 Manual</td>
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<tr>
<td></td>
<td>Final Touches</td>
<td>Only BASC/PAI-A 1st Full Report</td>
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<td></td>
<td>Final Touches</td>
<td>2nd Full Report</td>
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<tr>
<td></td>
<td>Final Touches</td>
<td>3rd NEO-PI-3 2nd Full Report</td>
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<tr>
<td></td>
<td>Final Touches</td>
<td>3rd &amp; 4th Full Report</td>
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**Final:** For the Final Exam, I will have a pseudoclient attend one session. You will receive a referral form for him or her. You will need to do a clinical interview and score out the tests given to the pseudoclient earlier in the day during the first class period. The final report will be due by close of business on the Friday of Final Exam week.

The Final Exam will be graded as follows:

- Participation in Interview: 50 pts.
- Scoring of Tests: 60 pts.
- Written Report: 90 pts.
- Total: 200 pts.

Be sure to turn in a Report Record Sheet (the same sheet as you turn in with your written reports) with the Final Exam Report.

**Class Format:** It is well known that the standard lecture format is a relatively poor method of teaching. Numerous studies have shown that learning is increased when classes involve active participation of students and provide immediate feedback regarding that participation. The lecture method, on the other hand, is the epitome of passive behavior for most students. The procedure that we will follow is designed to make use of some of what is known (and/or I think) about how to increase learning.

The class will be broken into a lecture component (usually on Mondays) and a lab component (usually on Wednesdays). I have planned less for lecture and/or lab for those weeks in which we will not meet on a Monday or Wednesday. I expect that students will have done the assigned readings and I will ask questions about them in class as well as on the weekly quizzes. The lab portion of the course will be spent either practicing the administration of the instruments or (more often) discussing interpretation of the instruments. You will need to do assessments outside of class time. I will also use the lab time to review videotaped interviews with students. This will be in a group format so all can learn from the good things that others do.