

summerschool **UTRECHT**

Faculty of Social and Behavioural Sciences
Department of Clinical Psychology

Psychodiagnostics Theory and Skills Training

August 2024



Universiteit Utrecht

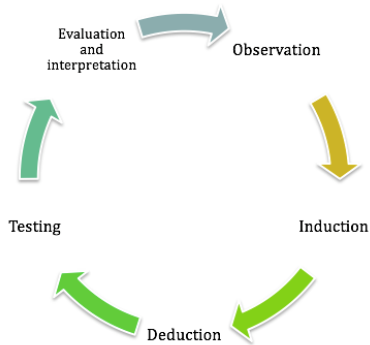
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1. Course Information

This course provides students with theoretical and applied Bachelor-level knowledge on psychological assessment and the diagnostic decision-making process. An essential aspect of diagnostics is that there is no 'cookbook' to perform psychological research. Instead, you have to use critical reasoning and analyzing, and decisions should be based on explicit arguments. So, the main goal is that you learn how the diagnostic process works and what sources can be used to obtain relevant information.

This course was mainly created in 2018 for students that intent to follow the master 'Clinical Psychology', but do not entirely meet the admission requirements. The aim of this course is twofold: First, this course provides students with theoretical knowledge on psychopathology. Students acquire knowledge on most common problems in the clinical field and specific characteristics of psychopathology and explanatory models for psychopathology. Students will also learn how to apply this knowledge for clinical use.



Second, students will acquire theoretical and applied knowledge on psychological assessment and diagnostic decision-making processes. Emphasis is on the diagnostic cycle, a model for psychological decision making. That cycle parallels the empirical cycle, running from induction (formulating testable hypotheses), to deduction (hypotheses), where, as in scientific research, you start with the problem and hypotheses, followed by the research method, results, and conclusions. Students will get acquainted with some assessment instruments, which can be used to test some 'typical' hypothesis in the clinical practice.

Day-to-day program

Nearly every day, there will be online lectures and supervised working groups, including presentations, discussion groups and practice. After that, there will be daily unsupervised working groups to make assignments, work on a case and prepare a presentation. Every day you will be asked to read literature or watch online tutorials on psychopathology and assessment. The knowledge you gain will be used in the assignments, presentations and your portfolio.

There are three types of activities in this course: recorded online lectures, supervised working groups [Q&A lunch sessions and evaluative checkout moment] that include around 12 students and unsupervised subgroups of 3-4 students. During the Q&A Lunch sessions we meet with all students of your working group for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments. During the Check-out sessions we reflect and share announcements for the next day. In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, ask questions regarding the homework, and share the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share.

In the first week, you will learn about the basics of the diagnostic cycle and complaint and causal analyses. We will also give a refresher and exercises in recognizing psychopathology and practice with your skills in gathering information [basic communication skills and clinical interviewing].

In the second week, you will be primarily working on a case in subgroups. During the guided working groups and unguided subgroup meetings the diagnostic cycle of a case will be followed. First, you will be brainstorming about the holistic view ('bigger picture') around the case. Based on that, you will formulate a problem analysis and generate hypotheses. This phase is difficult but crucial; on the one hand, you don't want to miss important information, on the other hand you also have to structure and get an overview. Making the hypotheses definitive (induction) must be scientifically correct; that is, based on solid arguments and recent scientific literature. Next, a selection of diagnostic test material is made. Here it is again important to argue why a test is selected. The tests must be handled efficiently and choices have to be made: What is the minimum number of tests needed to answer the diagnostic question? How much time does it take the patient to complete the tests? What are psychometric qualities of the tests?

As a next step, the subgroups receive the outcomes (test results) from the diagnostic tests that they have selected. On the basis of the test manuals and the literature, these data are interpreted. You will discuss how to draw conclusions and give recommendations as part of the diagnostic cycle. At the end of the course, your subgroup will give a short presentation on the case and will also hand in a diagnostic case report to show your understanding of the diagnostic cycle.

During the guided working groups there are plenty of possibilities to ask questions about the literature, assignments and cases. Because you work together in small groups, you can also learn from each other and experience an instructive and inspiring course!

Learning objectives

After this course:

- You can recognize, describe and explain the most common psychiatric disorders and know how to apply this knowledge for clinical use
- You can describe the stepwise process of psychological assessment (diagnostic cycle)
- You know what it takes to formulate and investigate assessment hypotheses and to decide upon conclusions (decision process)
- You know several psychological measuring instruments and when to use them
- You have had some practice in psychological conversations during diagnostic assessment

2. Coordinators and project-supervisors:

Lonneke van Tuijl and Jaël van Bentum (CPsummerschool@uu.nl)

3. Literature, websites & online environment

How to access the online environment of the summer course?

The summer course will be taught online via Microsoft Teams (MS Teams). This software is currently used for all online education at Utrecht University. To access the course, it is important to follow these steps and **prepare yourself well before the summer course starts**:

1. Make sure you have your UU e-mail address and code provided in a separate e-mail. This gives you access to the right MS Teams channel for the summer course.
2. Check the student manual and follow the steps to install and work with MS Teams:
 - <https://manuals.uu.nl/en/manual/teams-online-onderwijs-student/>
3. Make sure to download and test the software before the start of the summer course:
 - Go to <https://teams.microsoft.com/downloads> and click 'Download Teams'
4. In the [Psychodiagnostics environment on Blackboard](#) you can find all course material. You can access all lectures via a direct link provided under Course Information on Blackboard (do not share this link with anyone outside this course).
5. For the live lecture and all working group/subgroup meetings please make sure to join the link of your group ON TIME. Make sure your camera and microphone work and your internet connection is stable
6. In case you have any problems or questions concerning technical issues you can reach the IT service online via this website:
 - <https://www.uu.nl/en/organisation/information-and-technology-services-its/i-want-to/get-help-and-advice>
 - e-mail: servicedesk@uu.nl

Access to Literature & Documents

Full text articles can be obtained from the University Library that you can access from home (see below).

How to access UU library from home?

When you are searching for literature online, but are not connected to a UU network, you can log in with your Solis ID and password at home. Please make sure to follow the next steps to get access:

1. Go to www.uu.nl/en
2. Go to **library**
3. Go to **online access**
4. Go to **Direct login**
5. Enter your solis-id and password
6. Choose a database of your preference

If you want to open links at home (for example links in the manual), please make sure to follow the 5 steps as described above. After entering your solis-id and password, you can click (again) on the link you want to open.

**Note: Are you logged in with your solis-id and password on a desktop computer or connected to the Eduroam Wi-Fi network of Utrecht University on your own device? Then you have access to all subscription-based online resources of the library. There is no need to follow the steps described above.*

Literature & Websites

[1] Page, A.C. and Stritzke, W.G.K. (2014). **Clinical Psychology for trainees**. Cambridge University Press. *This book will be used also in the other master courses.* You can access the materials for free via the following website:

<http://proxy.library.uu.nl/login?url=http://dx.doi.org/10.1017/CBO9781139857109>

Alternative:

<https://www-cambridge-org.proxy.library.uu.nl/core/books/clinical-psychology-for->

trainees/C953C5D2A028777AC397188F702AFC55

This will direct you to the UU library where you can enter your Solis ID for access.

[2] Molen, van der H.T., et al. [2016]. **Skills in Psychodiagnostics**. Course on www.diskitpsy.com ISBN: 9789462360518

[3] **Online Handbook of DSM5 and differential diagnoses** [only accessible by UU computers]
<http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

[4] Symptoms and treatment of psychological disorders <https://psychcentral.com/disorders/>

[5] **Online Assessment Measures:**

For further clinical evaluation and research, the APA is offering a number of "emerging measures" in Section III of DSM-5. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress, thus serving to advance the use of initial symptomatic status and patient reported outcome (PRO) information, as well as the use of "anchored" severity assessment instruments. Instructions, scoring information, and interpretation guidelines are included.

<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>

[6] **Finding information about psychological tests:** The APA Science Directorate answers hundreds of calls and emails each year from persons trying to locate the right test or find more information about psychological tests. APA neither sells nor endorses testing instruments, but it does provide guidance in using available resources to find psychological tests. Answers to frequently asked questions are provided below and are divided into three topic areas: published psychological tests, unpublished psychological tests and additional information on the proper use of tests.

<http://www.apa.org/science/programs/testing/find-tests.aspx>

[7] **Mental Status Exam**

https://www.youtube.com/playlist?list=PLjrSkZjk1CFCSAjlyVEOanfl1BLPhhQxQ&feature=em-share_playlist_user

[8] **Crash Courses Psychology.**

Get a quick update about several subjects regarding psychopathology and measurement. Especially: #21-#24 and #28-#34. <https://www.youtube.com/playlist?list=PL8dPuuaLjXtOPRkzVLY0jJY-uHOH9KVU6>

[9] **A quick reference guide concerning the intake:**

https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/psychevaladults.pdf

[10] **A good website for finding guidelines:** https://libguides.adelaide.edu.au/psychiatry/treatment_guidelines

[11] **DSM-5 Handbook of differential diagnoses, by the trees and by the tables**

<https://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9781585629992.mf02>

How to get to the DSM5 differential diagnosis book?

- Go to google.com
- Search for worldcat uu
- Click on the first hit/ go to the link:
- <https://utrechtuniversity.on.worldcat.org/discovery>
- Log in with your solisID and password (always needed at your private computer, may be as well at university computers)
- Search for DSM-5 Handbook of Differential Diagnosis

The screenshot shows a search result for "DSM-5 Handbook of Differential Diagnosis" on the WorldCat website. The search bar at the top contains the text "DSM-5 Handbook of Differential Diagnosis" and a search button. Below the search bar, the results show "1. 1.917 resultaten in Libraries Worldwide". The first result is "DSM-5 handbook of differential diagnosis" by Michael B. First, American Psychiatric Association. It is an eBook from 2014. The description states: "The Handbook helps clinicians and students learning the process of psychiatric diagnosis improve their skill in formulating a comprehensive differential diagnosis by providing a variety of...". There is a small image of the book cover and a button labeled "eBook bekijken".

- Click on 'eBook bekijken' for, for example, the differential diagnosis decision trees (chapter 2).

Day-to-Day program

[1] Introduction to Evidence Based Psychological Assessment

	Time	Activity	Description	Location
Monday 19 August	09.30-10.45	Opening group meeting	Online plenary opening of the Summer Course: introduction & explanations of expectations, subgroups "introduction"	MS teams live session
	11.00-12.00	Lecture & Self-study in subgroups	Introduction to Evidence-Based Psychological Assessment: Diagnostic process, complaint analyses and causal analyses Introduction to psychopathological model & work on Portfolio	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Time to check-in with the tutor group & ask potential questions	MS teams live session
	13.30-15.30	Lecture & Self-study in subgroups	Introduction to psychopathological model & work on Portfolio	Independent / in subgroup
	16.00-17.00	Check-out with tutor group	Group meeting with your tutor reflect on portfolio and ask potential questions	MS teams live session

Objectives

- Short introduction to course plan and explanation assignment
- Introduction to diagnostic process and evidence-based assessment, complaint and causal analyses
- Introduction to psychopathological model and classification system such as the DSM-5

Literature

- Page and Stritzke: Chapter 3: Assessing clients

Activities

1. Live Introduction lecture 1a ('Introduction, EBA, Diagnostic process and Psychopathological Model')
2. Meet with your subgroup and get acquainted: What country do you come from? Why did you choose to follow this course or the CP Master next year?
3. Online lectures 1b ('Evidence based psychological assessment') and 1c ('Complaint Analyses'): After having watched these different parts of the lectures you can find questions about the corresponding subjects in your portfolio. You can download the portfolio from "Course Assignments" and save this on your computer – you will answer questions within the portfolio throughout the course and will need to upload it at the end. Together with your subgroup you will discuss the different questions and write down your subgroup answers.
4. Q & A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments.
5. After lunch: Watch the online lectures 1d ('Problem analyses') and 1e ('Explanatory analyses'). (Note: For lecture 1d, chose the video "Day 1d - Problem analyses without mp4's". Pause this video at 10.05 min and watch "Day 1d - categories of mental disorders". Resume the main video and pause again at 13.19 min and watch the videos "Day 1d - cluster A", "Day 1d - cluster B", "Day 1d - cluster C". Return to the main video afterwards.) After having watched these different parts of the lectures you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down
6. Check out time: In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, share questions regarding the homework, the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share. Discuss homework questions with your tutor. Together we check-out, reflect and share announcements for the next day.

[2] Recognizing and Understanding Psychopathology

	Time	Activity	Description	Location
Tuesday 20 August	09.00-11.30	Lecture & Self-study in subgroups	Recognizing and understanding psychopathology DSM-5 & work on Portfolio	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Time to check-in with the tutor group & ask potential questions	MS teams live session
	13.30-15.30	Lecture & Self-study in subgroups	Typical patterns of psychopathology Searching for signs and symptoms and differential diagnoses Searching for working mechanisms of psychopathology & work on Portfolio	Independent / in subgroup
	16.00-17.00	Check-out with tutor group	Group meeting with your tutor to check out the day, reflect on portfolio and ask questions	MS teams live session

Objectives

- Recognizing the signs and symptoms of psychopathology in order to form descriptive and causal hypotheses

Literature

- Persons 2007 CB Case Formulations
- Page and Stritzke: Chapter 5 Linking Assessment to Treatment: Case Formulation, page 61-84
- MacNeil, CA., Hasty, MK, Conus, P. and Berl, M. [2012]. Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. BMC Medicine, 10;11

Activities

- Online lecture ('Case formulations') and practice with recognizing pathology from its signs and symptoms [problem analyses] and differential diagnostics. After having watched the online lecture you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down
- Online lecture ('One Case, Two Formulations Psychodynamic and CBT Perspectives') and practice with case formulation, working mechanisms [coping, personality traits etc.] and theoretical explanation of psychopathology [causal analyses]. After having watched the online lectures you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down
- Q& A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments.
- Home assignment in subgroups: Fill out the document 'Typical patterns of psychopathology' [see Assignments, Day 2 on Blackboard].
Make use of:
 - Morrison, J. [2014]. Chapter 13; Signs and Symptoms in Areas of Clinical Interest. In: The First Interview. Guilford Press, Page 160-186.
 - Psych Central <https://psychcentral.com/disorders/>
 - The Psychology Crash Course; session 28-34.
<https://www.youtube.com/watch?v=vo4pMVb0R6M&list=PL8dPuuaLjXtOPRkzVLY0jJY-uHOH9KVU6>
 - DSM-5 Handbook of differential diagnoses, by the trees and by the tables
<https://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9781585629992.mf02>
- Check out time: In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, share questions regarding the homework, the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share. Discuss homework questions with your tutor. Together we check-out, reflect and share announcements for the next day.

[3] Basic Communication Skills, Intake, Observations, Intake and Therapeutic Alliance and Genograms

	Time	Activity	Description	Location
Wednesday 21 August	09.00-11.30	Lecture & Self-study in subgroups	Gathering information: Intake, basic communication skills, observation, genograms and red flags & work on portfolio	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Time to check-in with the tutor group & ask potential questions	MS teams live session
	13.30-15.30	Lecture & Self-study in subgroups	Mental Status Exam: Watch and learn from the online course Psychiatry Mental Status Exam https://www.youtube.com/watch?v=o_ziBs7jVBu&list=PLjrSkZjk1CFCSAjlyVEOqnfL1BLPhhQxQ & work on Portfolio	Independent / in subgroup
	16.00-17.00	Check-out group session	Group meeting with your tutor to check out the day, reflect on portfolio and ask questions	MS teams live session

Objectives

- Practice with communication skills and observations
- Practice with genograms
- Practice with mental status exam

Literature

- Hughes, A. and Byrne, M.[2—0]. Clinical Intake Interview Guidelines. *The Irish Psychologist*
- Page and Stritzke: Chapter 2 Relating with client
- Page and Stritzke: Chapter 3 Assessing clients
- Mental Status Exam https://www.youtube.com/watch?v=o_ziBs7jVBu&list=PLjrSkZjk1CFCSAjlyVEOqnfL1BLPhhQxQ

Activities

1. Online lecture 3a ('Communication skills') and 3b ('Intake Interviewing') and practice with basic communication skills, observations, Intake and Therapeutic Alliance. After having watched the online lectures you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down.
2. Genograms. Online Lecture [3c] on genograms and making of your own genogram: When a picture is worth a 1000 words <https://www.youtube.com/watch?v=F1tcrVdIYpw> For a clear and simple description of what a genogram is and a great example- the Star Wars Skywalker family is used as the example of how a genogram can display so much more information than a simple family tree (<https://www.youtube.com/watch?v=MuxvG9tbUMs>).
3. Q&A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments.
4. Online Lecture 3e ('Red flags') and discussion on the red flags of diagnostics and how to deal with these.
5. Mental status exam: watch the lecture 3d ('Mental Status Exam')
6. Home Assignment Mental Status Exam. Watch and learn from the online course Psychiatry Mental Status Exam. https://www.youtube.com/watch?v=o_ziBs7jVBu&list=PLjrSkZjk1CFCSAjlyVEOqnfL1BLPhhQxQ
7. Check out time: In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, share questions regarding the homework, the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share. Discuss homework questions with your tutor. Together we check-out, reflect and share announcements for the next day

[4] Intake, Clinical Interviewing and Cultural Competence

	Time	Activity	Description	Location
Thursday 22 August	09.00-11.30	Lecture & Self-study in subgroups	Gathering Information: MINI, clinical interviewing & work on Portfolio. Practice with M.I.N.I. and clinical interviewing and recognizing and understanding psychopathology: Role Play with recognizing psychopathology by means of signs and symptoms of psychopathology	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Time to check-in with the tutor group & ask potential questions	MS teams live session
	13.30-15.30	Lecture & Self-study in subgroups	Cultural competence & work on Portfolio Prepare for the case	Independent / in subgroup
	16.00-17.00	Check-out group session	Group meeting with your tutor to check out the day, reflect on portfolio and ask questions	MS teams live session

Objectives

- Practice with intake and clinical interviewing
- Become sensitive for culture competence
- What are some red flags, and how to deal with them
- Recognizing psychopathology and differential diagnoses

Literature : -

Activities

1. Online Lecture on Clinical Interviewing 4a [MINI and SCID].
2. Role play vignettes: Each student in your subgroup has to roleplay a vignette that they have prepared for in 5 minutes [you can find these vignettes in the folder on Blackboard "vignettes for practice" of day 4]. Another student has to practice with the intake and the MINI. The observer makes notes and looks for signs and symptoms to discuss differential diagnoses.
3. Q & A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments.
4. Online Lecture on Cultural competence 4b. After having watched the online lecture you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down.
5. Practice with a vignette on performing the Cultural Formulation Interview in your subgroups [60 minutes].
6. Preparing the case in subgroups: Preparation, analyses of patient information, referral question and brainstorming regarding problems and complaints. You can find the needed documents in the folder on Blackboard "Preparing case Sally" of day 4.
 - a. Get to know your patient. It is suggested that you read information about your patient: document 'Course of life questionnaire', document 'Referral'
 - b. Make a start with listing the complaints and problems in an orderly and concise manner as they come forward from the anamnesis (in this case the documents 'Course of life questionnaire' and 'Referral')
 - Prepare preliminary working hypotheses. In other words, answer the questions: Descriptive: What is going on? (complaints, problems)
 - Explanatory: What are maintaining factors? (coping, other factors). What personality traits, schemes, and temperament factors contribute to the problem(s)?
 - c. Prepare at least 2 questions per group to ask your patient during the **Intake Q&A session** [that will be tomorrow; Day 5] Think about what kind of information is still missing or is unclear. Keep the idea in mind that you need information to underpin which research questions you will ask and what tests you will administer to your patient. You could, for example, ask questions about: Differential diagnostics, Maintaining factors, such as coping, personality traits, etc.
- What is the state of art of theory and research about the disorder(s) that you consider? Search for and study literature regarding the relevant issues.
- Formulate hypotheses regarding the causal or maintaining factors. Considering the theory of the disorders and /or information from the intake, which causal or maintaining factors could be involved for this patient?
7. Check out time: In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, share questions regarding the homework, the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share. Discuss homework questions with your tutor. Together we check-out, reflect and share announcements for the next day.

[5] Working on the Case: Intake, MSE and Hypotheses

	Time	Activity	Description	Location
Friday 23 August	09.30-10.30	Video presentation of the case	Case introduction: Intake and MS preparing hypotheses; testing with M.I.N.I., Cultural Interview and MSE	Independent / in subgroups
	11.00-12.00	Self-study in subgroups	Working on the Case: Preparation, analysis of patient information and referral question, brainstorming regarding problems and complaints & work on Portfolio	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Time to check-in with the tutor group & ask potential questions	MS teams live session
	13.30-15.30	Lecture & Self-study in subgroups	Formulate hypotheses regarding the causal or maintaining factors Working on the Case: Preparation, analysis of patient information and referral question, brainstorming regarding problems and complaints & work on Portfolio	Independent / in subgroup
	15.30-17.00	Intake Q&A session	Ask additional questions to the client of the case after watching the intake and Working independently in subgroups on the case	MS teams live session

Objectives

- Start preparing the case: Practice with intake, cultural interviewing, MINI, MSE, preparing hypotheses
- Practice with making sound hypotheses

Literature: -

Activities

1. Watch the intake (on BB: 'Interview Materials Sally > Video recordings...') and make additional observations on missing information.
2. Working on the Case:
 - Formulate hypotheses regarding the complaints. Underpin your hypotheses with references and/or information from the observations during the intake.
 - Discussion about working hypotheses with respect to complaints: To which syndromes can certain symptoms belong? Try to organize arguments [pros and cons].
 - Differential diagnostics: carefully consider alternative disorders by making use of your document "typical patterns of psychopathology". And; is there comorbidity?
3. Q & A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments
4. Working on the Case:
 - Watch Lecture 5: Hypotheses
 - Formulate explanatory hypotheses. Underpin your hypotheses with references and/or information from theories that explain the expected disorder[s] ['nomothetic theories about a disorder'] or think of particular coping styles or cognitions and personality styles [idiographic conditioning theories]?
5. Intake Q&A session: You can ask 2-4 additional questions in your subgroups (e.g., about complaints, biography: childhood, current living conditions, work, treatment history, somatic complaints, medication, intoxications, differential diagnostics, maintaining factors, etc.). Also pay attention to what you observe and what your impressions are.
6. The tutor will try to answer from the perspective from the client. You can learn from each other's questions, since everyone prepares different questions.
7. Next week we will work further on the case, and on Monday you'll make an assessment scenario and choose for the different tests. So: Make sure that you are content with your hypotheses. Also already, if you have the time you can start on writing the first 4 parts of the Report.
8. Check out time: In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, share questions regarding the homework, the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share. Discuss homework questions with your tutor. Together we check-out, reflect and share announcements for the next week.
9. Have a great weekend!

[6] Working on the Case: Assessment Scenario and Testing

	Time	Activity	Description	Location
Monday 26 August	09.00-11.30	Lecture & Self-study in subgroups	Search for and read about theory considering the problems of the case. Making an assessment scenario and overview of testing materials & work on Portfolio	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Q&A about the case: testing materials & hypothesis testing	MS teams live session
	13.30-15.30	Self-study in subgroups	Scoring and interpreting test results Check diagnostic scenario's concerning the case and interpret the test results & work on Portfolio	Independent / in subgroup
	16.00-17.00	Check-out group session	Group meeting with your tutor to check out the day, reflect on portfolio and ask questions	MS teams live session

Objectives

- Fine-tuning research questions
- Formulating hypotheses and making an assessment scenario
- Scoring and interpreting test results
- Understanding different testing methods: Learn the pros and cons of various testing methods
- Getting an overview of frequently used testing materials

Literature

Read the Guidelines for the Use of Tests (Nederlands Instituut van Psychologen, Dutch Association of Psychologists, 2017) using this link: <https://www.psynip.nl/en/dutch-association-psychologists/about-nip/psychological-testing-cotan/guidelines-for-the-use-of-tests-ast-nip-2017/>

Activities

1. Online Lecture ('Making an Assessment Scenario') on often used testing materials and making an assessment scenario. After having watched the online lecture you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down. Also see the Online lecture on Personality Assessment and Symptoms Checklists.
2. Portfolio: Discuss 'Guidelines for the Use of Tests [NIP, 2017]
3. Making Assessment Scenario: -also see GRID quality of tests and test results - Choose from the available testing materials [see different documents and online assessment measures in the folder Test Material (under Assignment → Case Sally) tests to [dis]confirm your hypotheses:
 - Go through all manuals in order to learn about the goals of the various scales
 - Write down which questionnaires/instruments you will use [maximum around 500 items]
 - Consider requirements of the research design and assessment criteria (see 'Guidelines case report')
 - State how the hypotheses are tested. Use instruments such as questionnaires, tests, observations, interviews, etc. The instruments can vary in terms of psychometric properties and relevance to the research questions/hypotheses. For each of the questions/hypotheses, state the criteria that must be met in order to reach a conclusion (assessment criteria). If relevant, discuss the considerations and choices made for the use of research resources. This is particularly relevant when using instruments having limited psychometrics or if you are dealing with clients from a non-Western background
4. Q&A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments.
5. Interpreting test material:
 - Which norm group (also termed reference group, in Dutch: norm groep) do you select?
 - How do you prevent errors?
 - How are the test scores translated into a general description?
 - How is the results section divided?
 - How do you weigh the validity of a test?
 - How do the test scores from different tests relate to each other?
 - For instance: 'The SCL-90 reveals that ... is present in the client. This is confirmed/falsified by the results from ...'
6. Form an integrated idea about the meaning of the test results together with all other data
 - Identify the meaning of the various questionnaires and specific constructs
 - Finish describing test results.
 - How do the test scores from the different tests relate to each other?
 - How do you organize the results even better?
 - What to do with discrepancies between test outcomes/conclusions?
 - How do the test scores relate to the other data, such as from the anamnesis?
 - What does this ultimately mean for the hypotheses (acceptance / rejection)
7. Check out time: In order to reflect on the goals for the day every sub-group appoints one representative to summarize the day, share questions regarding the homework, the main challenges and answers to the portfolio questions. Every group representative has a few minutes to share. Discuss homework questions with your tutor. Together we check-out, reflect and share announcements for the next week.

[7] Working on the Case: Finetuning hypotheses, interpreting test results & preparing presentation

	Time	Activity	Description	Location
Tuesday 27 August	09.00-11.30	Lecture & Self-study in subgroups	Integrating the data, drawing conclusions and developing recommendations	Independent / in subgroup
	12.00-13.00	Q&A Lunch session	Time to check-in with the tutor-group & ask potential questions	MS teams live session
	13.30-15.30	Self-study in subgroups	Preparing to present the case: see assignment	Independent / in subgroup
	16.00-17.00	Check-out per subgroup	Per subgroup you sign up for a 10 minute check-out of the day with tutor	MS teams live session

Objectives

- Organize and integrate data according to research questions
- How to deal with incidental findings and disparities
- Answer referral questions

Literature - Page and Stritzke: Chapter 10 page 163-165: Tasks associated with the intake and treatment planning phase'

Activities

1. Online Lecture 7a ('Integrating the data') on integrating the data and drawing conclusions. After having watched the online lecture you can find questions about that subject in your portfolio. Together with your subgroup you will discuss the different questions and write your subgroup answers down.
2. Integrate the data using the in the grid Results [see assignments]
3. Q & A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask questions about the lectures and assignments.
4. Online Lecture 7b ('Presenting the Case'): Tomorrow you have to give a presentation of a maximum of 15 minutes on case formulation [by identifying cognitions, emotions and problem behaviors], the hypotheses, diagnostic scenario, the conclusions and recommendations. An important aspect of good case management is the therapist's ability to communicate to others verbally. The purpose of this case presentation is quality assurance. So, it is presented for the purpose of feedback. To help telling the story students may bring a maximum of 3 PowerPoint slides that visualises the presentation. See the assignment [Files day 7] for additional remarks. Interpreting and integrating the test results and developing recommendations. For preparations on the presentation, read 'Page and Stritzke: Chapter 10 page 163-165: Tasks associated with the intake and treatment planning phase'.
5. Check out time: In order to prepare well for the presentation you can have an individual meeting with your team and tutor. Schedule a meeting of 10 minutes with your tutor.

[8] Presenting the Case, provide feedback & work on the case report

	Time	Activity	Description	Location
Wednesday 28 August	09.30-10.30	<i>In Working groups</i>	<i>Presenting the case to your tutor and fellow students & Reflection on presentations / peer & tutor feedback (round 1)</i>	<i>MS teams live session</i>
	11:00-12.00	<i>In Working groups</i>	<i>Presenting the case to your tutor and fellow students & Reflection on presentations / peer & tutor feedback (round 2) & time to ask additional questions about the case report</i>	<i>MS teams live session</i>
	12.00-13.00	<i>Independent Lunch session</i>	<i>Time to check-in with your fellow students (if you like)</i>	<i>Independent / in subgroup</i>
	13.00-17.00	<i>Self-study in subgroups</i>	<i>Work on finalizing the draft version of the case report for your peer group</i>	<i>Independent / in subgroup</i>
	17.00h	Deadline Draft Case-report	E-mail case report to buddy / peer - group	

Objectives

- Practice in communicating professionally on the client's case (presentation)
- Learn from feedback and consultation

Activities

1. Presentations and feedback: Subgroups present their case to other subgroups within their tutor group. After a maximum of 10 minutes for the presentation, the clock stops, and there will be a up to 10 minutes feedback and consultation. Choose 2 other students to give feedback on the presentation and the clarity of the story told.
2. Work on the report: *Work on finalizing the draft version of the case report for your peer group*
3. Independent lunch session: If you like check in with each other!
4. Work on the report: *Work on finalizing the draft version of the case report for your peer group*: Check Deadlines & submission!
5. **Deadlines & submission**
E-mail your case report to your assigned buddy / peer-group with your tutor in cc. The deadline for the draft version is **Wednesday 28th of August 17.00h**.

[9] Working on Case report and providing feedback to peer-group

	Time	Activity	Description	Location
Thursday 29 August	09.00-12.00	Independent subgroups	Give feedback to the draft versions of the case report of 1 other peer-group	Independent / in subgroup
	12.00h	Deadline Case-report feedback	E-mail feedback case report to buddy / peer - group	
	12.00h-13.00h	Q&A with tutor	Check-in with the group and ask potential final questions	MS teams live session
	13.00h-16.00h	Self-study in subgroups	Work independently on the final version of the case report	Independent / in subgroup
	16.00h	Deadline final version Case-report	E-mail final version case report to tutor	

Objectives

- Practice in communicating professionally on the client's case (report)
- Learn from feedback and consultation

Literature Read "Review Code of Ethics for Psychologists 2015 (see 'Code of Ethics']" to prepare for the final day of the summer course

Activities

1. Peer-feedback: Being a psychologist involves many different tasks and one of them is also being a good colleague and providing effective feedback to colleagues. Providing feedback can occur after treatment sessions, can occur in intervision, and also on written text. The latter is part of the assignment. You provide effective feedback with your group on the draft version of a fellow student's group assignment using the feedback form. The quality of the feedback you provided is helpful for the final case report the students will submit at the end of the summer course. Use the peer feedback Rubric Form [see assignment] to give feedback to your peer-group. Make sure to add suggestions for improvement, not only to summarize + and – per dimension. Check the assignment: Writing the Case report
2. Email feedback case report to buddy/peer group
3. Q & A lunch session: Together we meet with all the students of your tutor group, for an online lunch session with time to do an energizing activity and a moment to ask.
4. Working on the report
5. Email final version case report to tutor: Check Deadlines & submission

Deadlines & submission

With your subgroup you have time to give feedback and fill-out the grading rubric of your peer-group on Thursday-morning 24th of August. The deadline for the feedback to your peer-group is **Thursday 29th of August 12.00h**. In the afternoon of Thursday you can finalize your case report based on the feedback of your peer group. The final version of the case-report has to be e-mailed to your tutor and submitted to the MS teams folder before the deadline of **Thursday 29th of August 16.00h**.

[10] Wrapping up

	Time	Activity	Description	Location
Friday 30 August	10.00-10.30	Online lecture	Watch the short lecture about accountable diagnostics and read the article about Psychologist's Judgements of Diagnostic Activities	Independent
	10.30-11.30	In Working groups	Reflection on learning goals of summer course / discussion peer feedback case report Discussion on the effects of different tests and professional ethic Discussion on 'Fallibility of Tests and Diagnosticians'	MS teams live session in tutor groups
	12:00-13.00	Closing of Summer course in full group meeting	Wrapping it up! Reflection on discussion done in the morning + feedback portfolio & presentation, Closure and saying goodbye	MS teams live session

Objectives

- Be aware of the fallibility of diagnostics
- Evaluation of learned diagnostic competencies

Literature:

- Review Code of Ethics for Psychologists 2015 (see 'Code of Ethics for Psychologists 2015')
- Groenier, M., Pieters, J.M., Hulshof, C.D., Wilhelm, P. & Witteman, C. (2008). Psychologists' judgements of diagnostic activities: deviation from a theoretical model. *Clinical Psychology and Psychotherapy*, 15, 256-265.

Activities

1. Working group discussion on the effects of different hypotheses and different tests. All groups started with the same case. Now have the same case-groups discuss their conclusions. The presented case might be [slightly] different by each subgroup. What does this mean?
2. Discuss the 'Fallibility of Tests and Diagnosticians'. What pitfalls have they encountered?
3. In the Netherlands, it is common practice to have a feedback session with your patient after a psychodiagnostic examination. During this session, you discuss the test results, diagnosis, and treatment plan related to the patient's request for help. What is common practice regarding this final phase in your home country? What is your opinion about these (different) ways of practice (e.g., consider advantages and disadvantages)?
4. Evaluate the course: what have you learned and what will you especially remember?

Assignment Presenting the Case

An important competence of the diagnostician is the ability to communicate to others verbally and in writing:

- who the client is,
- what the presenting problem is [problem analyses],
- what the factors are that cause and maintain the presenting problem [causal analyses],
- and how these factors can be influenced by the proposed treatment plan [indication].

This presentation of the case occurs in two main formats: brief verbal presentations at clinical staff meetings and/or rounds and succinct written intake reports.

Important words here are brief and succinct!

Unfortunately, achieving brevity and succinctness in presenting case information tends to be difficult and as a consequence, diagnosticians often test the patience of their colleagues and supervisors by indulging in discourse about their patients' life journeys, only to end up rushing through what is the most important part of the presentation: An integrative case formulation [Think of the 5P's!].

The primary purpose of a case presentation is quality assurance.

That is, an integrative case formulation and the treatment plan that follows from it are presented to colleagues for the purpose of feedback and consultation.

Therefore, precious presentation time must be used wisely!

Time Planning:

The presentation should be 10 minutes max. (in real life you often have less time). Suggestion:

1-2 minutes: Who the client is and what the presenting problem

1-2 minutes Descriptive and causal hypotheses and how were these tested?

4-5 minutes Case formulation [Think 5 P's]: Integrative description of the results. First give the descriptive conclusions and then how these can be best explained. So, what factors cause and maintain the presenting problem. Preferably make use of an existing theoretical model, such as the cognitive-behavioral model [lecture 2], or the psychopathological model [lecture 1], etc.

1-2 minutes Make clear how the proposed treatment plan will influence the symptoms and its causal mechanisms.

Who will present?

Decide who is going to present, 2 or 3 presenters are recommended. The team members that do not present will answer the questions after the presentation.

How to present?

Design a powerpoint presentation of a few slides. To help telling the story you may bring a maximum of 3 powerpoint slides that visualizes the presentation.

If you want you can also prepare some extra slides to guide the feedback and discussion (that will take a maximum of 10 minutes after the presentation).

Digital format

You present the case during the live MS teams session to your fellow tutor group members and your tutor, on **Wednesday morning 28th of August**. Also: test your presentation beforehand with your team (for the timing and powerpoint visuals).

Assignment Writing a Case Report

An important competence of the diagnostician is the ability to communicate to others verbally and in writing:

- who the client is,
- what the presenting problem is [problem analyses],
- what the factors are that cause and maintain the presenting problem [causal analyses],
- and how these factors can be influenced by the proposed treatment plan [indication].

This report of the case occurs in two main formats: brief verbal presentations at clinical staff meetings and/or rounds and succinct written intake reports.

Important words here are brief and succinct!

What to include in a Case report

See the description on the next pages "Case Report":

1. Client information
2. Reason for registration or assignment
3. Intake
4. Research design
5. Observations or impressions
6. Research
7. Summary and integrative picture
8. Conclusions and advice
9. Evaluation
10. Ethics
11. Appendix: Raw scores
12. Appendix: Reference list

The case report should not be longer than 5 pages excluding the appendix.

Peer-feedback

Being a psychologist involves many different tasks and one of them is also being a good colleague and providing effective feedback to colleagues. Providing feedback can occur after treatment sessions (as you practice after the presentations of all the groups in the online group session with your tutor), can occur in intervision, and also on written text. The latter is part of the assignment. You provide effective feedback with your group on the draft version of a fellow student's group assignment using the feedback form. The quality of the feedback you provided is helpful for the final case report the students will submit at the end of the summercourse. Use the feedback rubric to give feedback to your peer-group. Make sure to add suggestions for improvement, not only to summarize + and – per dimension.

Digital format, submission & deadlines

E-mail your draft report to your peer group and upload the draft version of your case report in the folder of your tutor. The deadline for the draft version is **Wednesday 28th of August 17.00h**. With your subgroup you have time to give feedback and fill-out the grading rubric of your peer-group on Thursday-morning 16th of July. The deadline for the feedback to your peergroup is **Thursday 29th of August 12.00h**. In the afternoon of Thursday you can finalize your case report based on the feedback of your peer group. The final version of the case-report has to be e-mailed to your tutor and submitted to the MS teams folder before the deadline of **Thursday 29th of August 16.00h**.

Peer Feedback Rubric form

Provide feedback to all parts of the assignment. Make sure you provide written feedback in the column labelled Remarks and give an indication if the requirements are met in an insufficient, sufficient or good way (I = Insufficient; S = Sufficient, and G = Good).

Assignment from Students (name/group): _____

Students (name/ group) who provided feedback: _____

Tutor name: _____

Dimension	Questions	Requirements are met: I/S/G	Remarks
Hypotheses	Is there (enough) variation between the hypotheses?		
Structure	Are all the necessary components present in the right order and does the report not exceed the maximum amount of 5 pages?		
Cover page	Is there a cover page including the necessary elements?		
Validity and consistency	Is a clear diagnostic reasoning present?		
	Are questions and hypotheses clearly related and still formulated separately?		
	Are the hypotheses supported by theory?		
	Are the chosen test materials suitable to test the hypotheses?		
	When the quality of test material(s) is of "lower" standard, is this properly explained?		
	Is the integrative story of the case a complete description resulting from associations		

	between different (test) results?		
	Is the conclusion / advice applicable to the current complaints / problems of the case?		
	Is a critical reflection on personal learning and functioning of the writer of the diagnostic report, present in the evaluation?		
	Is an adequate ethical reflection present?		
	Are the test results correctly interpreted?		
	Is there enough variation in literature used and is the quality of the literature of sufficient level (books, empirical papers, protocols)?		
	Is the privacy of the case respected enough in the report?		
Additional remarks/ feedback			

Case Report Assignment

The case report should be written in such a way that it is clear how the conclusions and recommendations based on the research results connect to the questions and diagnostic hypotheses, and which remarks should be placed/made based on a scientific-professional evaluation. The elements of the report relate to the steps that are taken within the course of diagnostic decision-making. The report should make clear that the diagnostician has made responsible use of knowledge sources that are relevant to (clinical) practice. These knowledge sources are theoretical and empirical knowledge in the relevant research field, the database of instruments that qualify for diagnostic research in the relevant field, knowledge about errors and biases of (clinical) judgment and reasoning, and the professional experiential knowledge as documented in guidelines, protocols, and case studies. When explaining the considerations, choices and decisions, reference is made to the literature used. Attention is also paid to the oral and written reports to the clients and / or the clients and how this has expired (the latter can be devised for this case).

The case report contains a maximum of five pages. This excludes the cover sheet, appendix and the reference list.

The case report includes the following elements:

0. Cover sheet
1. Client information
2. Reason for registration or assignment
3. Intake
4. Research design
5. Observations or impressions
6. Research
7. Summary and integrative picture
8. Conclusions and advice
9. Evaluation
10. Ethics
11. Appendix: Raw scores & Reference list

1. Cover sheet

Make a cover sheet for the report. Here you state the confidentiality of the report, the shelf life. Finally, the names of the researchers, the name of the supervisor and the date of the research.

1. Client information

All personal details that are relevant to a case, such as age, gender, family composition, work/ school type, research setting, and notifier must be stated. In the case of an assignment by an organization, the client is the (potential) employee and the organization, usually represented by a manager, director or HR advisor, acts as notifier and client. In the case of an assignment by an organization, the client is the representative of the organization or client. Consider the privacy sensitivity of the information. State explicitly that the data has been anonymized. Do not use names of institutions and/or (client) organizations. Remove or modify names of family members, research data, birth dates, occupation, names of places, and so on.

2. Reason for registration or assignment

The reason for registration or assignment is indicated in a few sentences.

3. Intake

Give a summary, in a few sentences, of information before the start of the research, for example information known from referral letters, forwarded file details and/or a (telephone) intake with the client. Describe the complaint experience (subjective view of the current complaints / problems), the course of the complaints / problems in time, relevant anamnestic data (it is your choice which information about the life history you mention, also intoxications are anamnestic information from the intake, if the source of information is client itself) or vision of the notifier. The intake interview ends with the formulation of concrete goals for help or questions that are in line with the client's complaints or the client's / notifier's vision.

4. Research design

For each goal for help, provide the question and research type. Formulate a number of research questions and hypotheses based on the complaints or questions from the client / notifier. Hereby refer to scientific literature or to published case histories or experiential knowledge. State how the hypotheses or research questions are investigated. Use instruments such as questionnaires, tests, projective techniques,

observations, interviews, possibly supplemented with dossier analysis. The instruments can vary in psychometric quality and relevance for the domain under study. For each hypothesis or research question, state the criteria that must be met in order to reach a conclusion (assessment criteria). If relevant, discuss the considerations and choices made for the use (or not) of research resources. This is particularly relevant when using instruments which psychometric qualities are limited or if you are dealing with clients with a different (cultural) background than for which the instrument was originally intended and/or standardized.

5. Observations and impressions

Describe under 'impressions' the first impressions and observations about the way in which the client presents himself as a person during the research (such as appearance, contact and attitude, complaint presentation and feelings evoked by the researcher, and reactions from the client in case of unintended disruption of the research situation). Describe under 'observations' the way in which the client reacts to the research or test instructions and how the client performs the assignments. Points of interest here are not only the cognitive functioning of the client, but also, for example, his affective and emotional reactions and, in the case of performance tasks, his or her sensory and motor functioning. Only mention observations that are striking and relevant to answering the research questions. It should be noted that in both observations and impressions, both 'positive' and 'negative' findings may be relevant; the first category includes phenomena that automatically catch the eye, the second category concerns phenomena that are striking because of their absence (e.g., *absence of eye contact*)

6. Research

State the results for each research instrument per research question and hypothesis. Indicate how the observations play a role in the interpretation of the results. Indicate to what extent the results meet the pre-formulated assessment criteria. Please state and substantiate which assumptions are accepted, rejected, or retained.

7. Summary and integrative picture

Start the summary with mentioning the application or assignment, followed by a short summary of the findings of the intake and the research results. Then formulate an integrative picture in which findings and research results are related to each other. Present this as an overarching interpretation framework and refer to the knowledge files used to underpin the integration. Avoid unjustified consistency by also including data that does not fit in the picture.

8. Conclusions and advice

Based on the summary and integrative picture, conclusions are formulated, and recommendations made for interventions or possibly further research.

9. Evaluation

In this section you should provide insight into how you used the diagnostic process in this case and what important learning moments were for you. In other words, you are asked to take a look at your case from a transcending / overarching perspective. You reflect on your personal learning and functioning during the progress of the diagnostic process. Which parts / phases went well? What did you find difficult and why? What insights did you gain? This may include professional and personal limitations and/or limits that you have encountered, for example in terms of (level of) expertise, the relationship with the client system, intercultural aspects, dealing with and learning from feedback in supervision, choice of research instruments, and its interpretation, accountability and/or explanation of chosen methods, et cetera.

10. Ethics

In this section you should provide insight into how you dealt with ethical issues in this case and what important learning moments you experienced. Relate to professional ethical aspects, that were applicable on this case. You can think of professional and scientific responsibility, equal treatment and openness towards the client, clarifying the role you hold as a diagnostician, respecting the right to privacy and confidentiality by the client and respecting the boundaries of your own expertise, and limitations of your own experiences. To what extent has the client been treated with respect for independent choices?

11. Appendices

Indicate at all times the test results that are required for an assessment of the interpretation process (standardized scores (deciles, percentiles, T-scores, IQs, reliability intervals, etc.)) and make explicit (if deviating from the manual) which norms have been used. This is allowed both in an appendix and in the report itself, as long as the interpretations and conclusions are transparent and verifiable for the reader. Refer to literature according to APA guidelines. The bibliography is in an appendix to the report.

Extra tips with regard to the report

1. Argumentation: Clients / notifiers do not get any information from only a conclusion. So write a plea in which arguments are given from which a conclusion is drawn. The report will often be used later as a reference, so good argumentation is essential.
2. Scientific support. The psychological report is also a scientific report. Indicate on what information the arguments and conclusions are based. Note, this does not necessarily mean (many) scientific references. It is more about consistently underpinning a statement. (Book of Luteijn: 'Diagnosticians uses both supporting and non-supporting material to test his hypothesis, in other words he comes to a conclusion by weighing 'pros' and 'cons' against each other).
3. Distinction between facts, interpretations, and conclusions. What facts are known, how do you interpret these as an expert (using literature / knowledge from psychopathology) and what conclusions do you attach to these facts?
4. All relevant information should be included and no unnecessary information. Often a lot of data is collected. Consider which information is relevant to display, and which is not.
5. The report must be written in such a way that the conclusions and recommendations based on the research results are clearly in line with the answer to the question and the diagnostic hypothesis
6. In the conclusion, the results of the tests should be integrated where possible and the diagnostic hypothesis / problem should be answered.
7. The conclusion contains recommendations for treatment or further research.
8. The hypotheses must lead to verifiable statements about the behavior or experience of a person.
9. Observations, anamnestic information, and information from informants are also counted as research resources.
10. There should be a justification of the research resources. The sources on which statements are based are mentioned, and the quality of the sources is taken into consideration.
11. A diagnostic report takes time to write and specially to rewrite

Common problems in reports

- I. The reason for registration and diagnostic questions are not distinguished. The diagnostic question is a question that a psychologist can answer with the aid of test material, anamnesis, and observation. This usually involves a specific questions regarding cognitive functions (functioning of memory, concentration, attention, etc.), intelligence, complaints, personality, coping styles, social support, etc. The reason for registration can be very different, for example 'Patient is increasingly sad
- II. The diagnostic question is too vague or cannot be answered by the psychologist. It is your job as a psychologist to come to an answerable and concrete question (in principle in consultation with the referrer)! Also note that a psychologist cannot answer all questions (e.g., Is this person unfit for work?
- III. The question is standard and insufficiently attributed to the patient. It is not the intention that a standard test battery is done with the patient. The question must be concrete and specific, and the measuring instruments must be tailored accordingly.
- IV. The question cannot be answered with the tests taken. For example, the question is: "Which DSM classification applies?" cannot be answered with tests. A DSM classification can only be made on the basis of an interview, preferably a standardized interview.
- V. No answer is given to the question or an answer is given to a non-asked question
- VI. It is the intention that the psychologist in training shows that he/she can relatively independently follow the entire diagnostic process in a proper way, i.e. according to the empirical cycle. Ideally this involves: asking an answerable question, operationalizing the variables included in it (with a choice of reliable and valid measuring instruments), drawing up hypotheses, collecting data, processing results and giving feedback to hypothesis, conclusion, in which an answer is given to the question asked, advice. It is therefore always necessary to pay attention to the relationship between the initial question and the final answer.
- VII. The reports are too long. If the reports are too long, this often has the following causes: The history is described far too extensively. This is for the test study usually not necessary. Include only that information from the patient's history that is directly relevant to answering the questions. Or: the researcher himself does not make a selection in the information and in fact leaves it to the reader/referrer to decide what he/she wants to extract. This is of course not the intention; it is the expertise of the psychologist to briefly summarize the collected information and make the choices
- VIII. The reports are too short. It may be that the student's learning process does not become sufficiently clear
- IX. Method of returning the report is missing. Accountability is lacking about how the patient will receive feedback regarding the findings of the research.