

HANDBOOK OF  
Assessment and  
Treatment Planning  
for Psychological  
Disorders

SECOND EDITION

EDITED BY  
MARTIN M. ANTONY  
DAVID H. BARLOW

**HANDBOOK OF ASSESSMENT  
AND TREATMENT PLANNING  
FOR PSYCHOLOGICAL DISORDERS**

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## About the Editors

**Martin M. Antony, PhD, ABPP**, is Professor and Graduate Program Director in the Department of Psychology at Ryerson University in Toronto, as well as Director of Research at the Anxiety Treatment and Research Centre at St. Joseph's Healthcare in Hamilton, Ontario. Dr. Antony has published 28 books and 140 articles and book chapters in the areas of cognitive-behavioral therapy, obsessive-compulsive disorder, panic disorder, social phobia, specific phobia, perfectionism, and related topics. He has received career awards from the Society of Clinical Psychology (Division 12 of the American Psychological Association), the Canadian Psychological Association, and the Anxiety Disorders Association of America. He is a Fellow of the American and Canadian Psychological Associations and past president of the Canadian Psychological Association.

**David H. Barlow, PhD, ABPP**, is Professor of Psychology and Psychiatry and Founder and Director Emeritus of the Center for Anxiety and Related Disorders at Boston University. Dr. Barlow has published over 500 articles and book chapters and over 60 books and clinical manuals—some translated in over 20 languages, including Arabic, Chinese, Hindi, and Russian—primarily in the areas of emotional disorders and clinical research methodology. He has been the recipient of numerous awards, including, most recently, the Career/Lifetime Achievement Award from the Association for Behavioral and Cognitive Therapies. He is past president of the Society of Clinical Psychology and the Association for Behavioral and Cognitive Therapies and past editor of the journals *Clinical Psychology: Science and Practice* and *Behavior Therapy*.

# Preface

In recent years, clinicians have been under growing pressure to provide services in fewer sessions and to demonstrate the effectiveness of their interventions. In the context of this challenge, there has been a proliferation of published treatment guidelines (e.g., National Institute for Health and Clinical Excellence, 2010) and inventories of evidence-based interventions (e.g., Nathan & Gorman, 2007; Society of Clinical Psychology, 2010). Increasingly, those who provide clinical service are recognizing that not all treatments are equally effective for all psychological problems, and many are seeking specialized training to deliver empirically supported treatments (e.g., cognitive-behavioral therapy for anxiety disorders, interpersonal psychotherapy for depression, dialectical behavior therapy for borderline personality disorder).

The increasing emphasis on evidence-based service delivery has important implications for assessment, an essential component of almost every clinician's training and practice. Only through the process of assessment can a practitioner thoroughly identify the parameters of a patient's problem, choose an effective intervention, and measure the outcome of treatment. Just as it is important to select treatments that are supported by controlled research, it is equally important that clinicians use assessment techniques with proven reliability and validity for answering the most pressing assessment questions. However, it is also necessary that assessment strategies be brief, practical, and psychometrically sound for the population and setting where they are to be used.

The purpose of this book is to provide clinicians, researchers, and students from a wide range of disciplines with detailed guidelines for assessing individuals suffering from psychological disorders. In addition, chapters discuss how assessment results can be used to select effective interventions and how a clinician can use standard assessment tools to measure the outcome of treatment.

This book is different from most other books on assessment in a number of ways. First, many traditional psychological assessment texts emphasize general assessment strategies designed to measure broad aspects of personality, cognitive functioning, and psychopathology. Although these traditional, nonspecific strategies for assessment may be appropriate in settings where nonspecific treatments are likely to be

delivered, they often do not provide the information needed to deliver standardized, evidence-based treatments for particular psychological disorders. Instead, selection of an appropriate treatment protocol typically requires that a clinician generate an appropriate diagnosis and select appropriate treatment strategies based on a thorough assessment of relevant symptoms. This book is one of the few assessment texts that are organized around specific problem areas, rather than assessment modalities. It provides clinicians and researchers with suggestions for which instruments to use when assessing individuals with particular psychological disorders.

This book also differs from many others with respect to breadth of coverage. Although there are other books on the assessment of particular conditions (e.g., addictions, posttraumatic stress disorder), this is one of the few books that thoroughly cover the topic of assessment for a full range of clinical conditions. In addition, this book takes the topic of assessment to the next level, by including detailed suggestions regarding how assessment data can be used to plan an effective course of treatment and how specific assessment tools can be used to measure outcome.

In this second edition, all chapters have been thoroughly revised and updated, and three brand new chapters have been added. The first part of this book includes four chapters focusing on principles and practice of evidence-based assessment. Chapter 1 (by Hunsley & Mash) is on the role of assessment in evidence-based practice. Chapter 2 (by Ayearst & Bagby) provides a primer on evaluating the psychometric properties of psychological measures. Chapter 3 (by Bufka & Camp) reviews brief assessments that can be used to screen for specific problems and to measure treatment outcome. Chapter 4 (by Summerfeldt, Kloosterman, & Antony) discusses the use of structured and semistructured interviews to identify particular syndromes. This chapter describes the most popular interviews and reviews the psychometric properties and key features of each.

The second part, making up the bulk of the book, contains chapters that each provide detailed information on the assessment of particular psychological disorders. This section includes chapters on panic disorder and agoraphobia (Chapter 5, by Baker-Morissette, Bitran, & Barlow), specific and social phobia (Chapter 6, by McCabe, Ashbaugh, & Antony), generalized anxiety disorder (Chapter 7, by Campbell-Sills & Brown), obsessive-compulsive disorder (Chapter 8, by Taylor, Abramowitz, & McKay), trauma (Chapter 9, by Steenkamp, McLean, Arditte, & Litz), depression (Chapter 10, by Dozois & Dobson), eating disorders (Chapter 11, by Craighead & Smith), couple distress (Chapter 12, by Abbott & Snyder), schizophrenia (Chapter 13, by Pratt & Mueser), substance use disorders (Chapter 14, by Tucker, Murphy, & Kertesz), personality disorders (Chapter 15, by Widiger & Lowe), impulse control disorders (Chapter 16, by Tolin & Morrison), and insomnia (Chapter 17, by Savard, Savard, & Morin).

Topics covered in most chapters include (1) an overview of the empirical literature on the most popular tools for screening and for assessing the key features of the disorder, (2) practical suggestions for multimodal assessment of individuals suffering from the disorder, (3) assessment in primary care and managed care settings, (4) using the information collected during the assessment to aid in treatment planning, and (5) strategies for assessing treatment outcome. Many of the chapters include detailed tables comparing and contrasting relevant measures, and many chapters also include a detailed case example, illustrating typical assessment procedures.

We would like to thank the authors of each chapter for their outstanding contributions. In addition, a special thanks to Jim Nageotte and the staff at The Guilford Press for their hard work and support for this project.

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**PART I**

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**PRINCIPLES AND PRACTICE  
OF EVIDENCE-BASED ASSESSMENT**



## CHAPTER 1

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# The Role of Assessment in Evidence-Based Practice

JOHN HUNSLEY  
ERIC J. MASH

The most important trend in health care in the past two decades has been the movement to promote evidence-based practices. This movement has occurred across countries and across health professions, with the primary goal being to provide people with the most effective health care services (Institute of Medicine, 2001; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). Effective health care services should not be confused with the quantity or the technological sophistication of such services: for example, numerous studies demonstrate that providing extra health care resources does not necessarily result in improved client outcomes (e.g., Bickman, 1996; Fisher et al., 2003), and that elaborate diagnostic procedures do not necessarily improve upon clinical decisions made with less costly assessment strategies (e.g., Sekhri et al., 2008). Rather, evidence-based practice is about providing the right health care services—services that have been demonstrated to work—for each client's needs.

Although science has formed the basis of models of psychology training and psychological service delivery for many years, organized psychology has only recently begun to embrace the concept of evidence-based practice. A number of divisions of the American Psychological Association have struck task forces to examine and promote the use of research evidence in the provision of psychological treatments (e.g., Chambless et al., 1998; Norcross, 2002), but only in past few years has the American Psychological Association adopted a policy on evidence-based practice in psychology (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006). Evidence-based psychological practice (EBPP) is part of the larger evidence-based practice movement that stresses the integration of systematically collected data, clinical expertise, and client preferences by psychologists when considering service options for clients.

In this chapter, our focus is on the multitude of ways that evidence-based assessment (EBA) informs EBPP and, to a large extent, increases the likelihood that the services clients receive are truly evidence-based. We begin by discussing the nature of EBPP, including both treatment and assessment, and the critical role that EBA plays in ensuring that treatments received by clients are evidence-based. Following a general discussion of the purposes of EBA, we focus on three assessment purposes directly pertinent to treatment: diagnosis, case conceptualization and treatment planning, and treatment monitoring and treatment evaluation. After illustrating some of the key scientific and clinical issues linked to these assessment purposes, we briefly comment on the ways that decision-making aids can serve to reduce the negative effects of biases and heuristics in the provision of psychological services.

### **EVIDENCE-BASED PSYCHOLOGICAL PRACTICE**

Engaging in a truly evidence-based form of practice is a complex and challenging task. As a starting point, psychologists must continually evaluate their knowledge and skills, updating them as necessary in order to remain current with scientific developments. Considerable time and energy must be devoted to continuing education activities, such as reading clinical literature and attending presentations and workshops in areas relevant to one's areas of practice. Given the schedules and workloads of most clinical psychologists, it is all too easy for these activities to be given a lower priority than that assigned to addressing immediate clinical needs of clients and managing the myriad administrative tasks associated with clinical practice.

In addition to staying up to date with scientific developments, EBPP requires psychologists to monitor and appraise their decisions critically as they provide clinical services to clients. Clinical experience can not only substantially assist in providing high-quality services but also result in blind spots and inappropriate habits that negatively affect client care. As we describe later in the chapter, the use of clinical decision-making strategies and aids can help to address such biases and allow psychologists to minimize errors in assessment and treatment. Finally, client characteristics and health service preferences must be at the center of EBPP. Psychological research provides invaluable information about assessment and treatment options, processes, and outcomes. Moreover, an impressive array of assessment instruments and psychological treatments backed by empirical evidence is now available for use with a wide range of disorders and conditions (e.g., Barlow, 2004; Hunsley & Mash, 2008). Yet empirical evidence on these services is typically at the nomothetic level, in which group comparisons are made or general patterns across research samples are observed. To apply the results of the science to a specific client, a balance must be maintained wherein services are not only firmly based on the empirical evidence but also individually tailored to take into account client characteristics, needs, and resources (e.g., Persons, 2008). Additionally, the empirical evidence on these services is most commonly obtained under different conditions than those in which typical clinical services are provided, and services may need to be appropriately tailored to fit the demands and constraints of real-world clinical practice (Kazdin, 2008).

Although EBPP is a relatively new development in the field, some psychologists might argue that it actually brings little that is new to the practice of psychology. After all, training programs are supposed to provide graduate students with knowl-