

**BIOGRAPHICAL SKETCH**

NAME: Lisa Jane Rapport

eRA COMMONS USER NAME (credential, e.g., agency login): RAPPORT, LISA J

POSITION TITLE: Professor of Psychology

**EDUCATION/TRAINING**

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date	FIELD OF STUDY
The University of Michigan, Ann Arbor, MI	B.A.	1982	Psychology
University of California, Los Angeles, CA	M.A.	1987	Clinical Psychology
University of California, Los Angeles, CA	Ph.D.	1992	Clinical Psychology
Veterans Affairs Medical Center, Los Angeles, CA	Internship	1989-90	Clinical Psychology
Veterans Affairs Medical Center, Long Beach, CA	Postdoctoral	1991-93	Clinical neuropsychology

**Licensure:** State of Michigan License (Clinical Psychologist): #6301009222

**A. Personal Statement:** My research focuses on psychological and neuropsychological assessment of people with acquired disability, primarily traumatic brain injury, but also including other acute (e.g., stroke) and insidious (e.g., multiple sclerosis and age-related hearing loss) causes. I focus simultaneously on the measurement process (psychometrics) and on predicting clinically-relevant outcomes such as functional independence, well-being, community integration, driving and risk for accident, and the quality of interpersonal relationships. Underlying themes of these projects focus on the role of awareness of deficit as a moderator of outcomes. My research involves multidisciplinary collaboration with physicians, rehabilitation therapists, speech-language and audiology professionals, and psychologists.

I teach in a doctoral program in Clinical Psychology; therefore, an essential focus my work is capacity building (involving and training students in my collaborative research). I have mentored 61 graduate degrees in my laboratory. As PI or integral team member, I have been awarded federal funds (NIDILRR, NIH) to conduct research nine times, as well as numerous foundation grants. My service to the field includes expert panels on psychological assessment and teaching psychological assessment at the graduate level, member of the committee that writes the USA and Canadian licensing board exam in psychology (EPPP examination), and as an accreditation site visitor for doctoral training programs. For many years I have participated in various mentoring of junior colleagues, especially women and persons from other groups that are underrepresented in neuropsychology, formally, informally, and as a journal editor. As a grant review panelist, I have served on numerous federal, state, and foundation review panels for the USA, Canada, United Kingdom, and Australia.

**B. Positions and Honors****Positions and Employment:**

1982 Predoctoral Intern, The Menninger Foundation, Topeka, KS  
8/89 - 7/90 Psychology Intern, Veterans Affairs Medical Center, Los Angeles, CA  
8/91 - 7/93 Research Fellow, Veterans Affairs Medical Center, Long Beach, CA  
8/93 - 4/99 Assistant Professor, Department of Psychology, Wayne State University (WSU), Detroit, MI  
7/98 - present Adjunct Professor, Department of Physical Medicine & Rehabilitation, WSU School of Medicine  
5/99 - 5/06 Associate Professor, Department of Psychology, WSU (tenured 5/99)  
5/06 - present **Full Professor, Department of Psychology, WSU**  
5/99 - 12/11 Editorial Board, Journal of Clinical and Experimental Neuropsychology  
5/00 - present Editorial Board, The Clinical Neuropsychologist  
1/12 - 1/19 Associate Editor, Journal of Clinical and Experimental Neuropsychology  
1/19 - present **co-Editor-in-Chief/Editor-in-Chief, Journal of Clinical and Experimental Neuropsychology**  
9/12 - present Member, Domain I Writing Committee (Biological Bases of Behavior), Association of State and Provincial Psychology Boards, *Examination in the Professional Practice of Psychology (EPPP)*

## Honors:

1980	Phi Beta Kappa, The University of Michigan (Ann Arbor)
1982	Baccalaureate awarded with Highest Honors & Highest Distinction (top 1%)
1986 – 1988	National Institute of Mental Health (NIMH) Health Psychology Trainee, UCLA
1992, 1993	Department of Veterans Affairs Outstanding Performance Awards
1994	Blue Ribbon Award for Research, American Psychological Association (Div. 40)
1997	College of Science Teaching Award, Wayne State University
1998	President's Award for Excellence in Teaching, Wayne State University
2000	President's Exceptional Service Award, Wayne State University
2001	Outstanding Graduate Mentor Award, Wayne State University
2003	Fellow, American Psychological Association (Div. 40, Clinical Neuropsychology)
2005	Fellow, American Psychological Association (Div. 12, Clinical Psychology)
2006	<i>Faculty person you would most like to have your back at a bar fight</i> , WSU Psychology Dept.
2007	<i>Faculty person you would most like to defend you at a trial</i> , WSU Psychology Dept.
2010	Mitchell Rosenthal Award 2010, NIDRR - Traumatic Brain Injury Model Systems (co-author)
2012	Outstanding Graduate Mentor Award, Wayne State University
2013 – 2018	Commendation for Service, Association of State and Provincial Psychology Boards
2019	Spirit of Community – Inspire from Within Award, Wayne State University

## **C. Contribution to Science**

Overview: My contributions to science combine research and education. The focus is generally on the process of assessment, including study of the methodologies, psychometric properties, and ecological validity of measures used in neuropsychology. *Students are denoted in the publication lists via underlining*. Publications on which I am second author are generally thesis or dissertation studies conducted in my research laboratory. Over 80% of my publications include students as coauthor. Thus, my role in publications typically includes that of research mentor. In many cases, the research was funded by my grants or grants on which I collaborated; however, I also mentor students in garnering funding to support their thesis or dissertation research.

[List of Published Work](#) at the National Center for Biotechnology Information (NCBI) [MyBibliography](#) ( $N = 110$ ).

1. **Psychometrics:** A consistent theme throughout my scholarship and mentoring is a focus on psychometric properties of tests, to improve their validity and refine our understanding of their limitations. Essentially, I study the ways in which we measure cognitive abilities and other psychological phenomena, such as emotional competence and well-being. My students and I focus especially on circumstances that limit generalizability of reliability and validity of established measures, such as among special populations (e.g., brain injury and hearing loss) or circumstances (e.g., repeated exposure, demand characteristics such as low or variable effort). The influence of the findings: improved validity of assessment in research and clinical applications. In addition to refereed publications, I have coauthored chapters in classic textbooks on assessment (e.g., Sattler, *Assessment of Children*, 2008, 2014, 2018). My work is cited in the manuals of widely used tests, such as the Wechsler Adult Intelligence Scale (WAIS-IV) and California Verbal Learning Test (CVLT), and in classic texts on assessment (Spreen & Strauss, 2006; Lezak et al., *Neuropsychological Assessment*, 2012). My contributions also include service appointments: I serve on the committee that writes the U.S. and Canada licensure Board Examination in Psychology, Examination in the Professional Practice of Psychology (EPPP), as Editor and editorial board member of highly-ranked journals in my field. Representative across the years:

- a. **Rapport, L.J.**, Brines, D. B., Axelrod, B.N., & Theisen, M. (1997). Full Scale IQ as mediator of practice effects: The rich get richer. *The Clinical Neuropsychologist*, 11(4), 375-380.
- b. Lequerica, A., **Rapport, L.J.**, Whitman, R.D., Vangel Jr., S., Hanks, R.A., & Axelrod, B.N. (2006). Psychometric properties of the Rehabilitation Therapy Engagement Scale when used among individuals with acquired brain injury. *Rehabilitation Psychology*, 51(4), 331-337.
- c. Bashem, J.R., **Rapport, L.J.**, Miller, J.B., Hanks, R.A., Axelrod, B.N., & Millis, S.R. (2014). Comparisons of Five Performance Validity Indices in Bona Fide and Simulated Traumatic Brain Injury. *The Clinical Neuropsychologist*, 28(5):851-875.
- d. Greene, H.A., **Rapport, L.J.**, Millis, S.R., Hanks, R.A., & Williams, M.W. (2015). Rasch Analysis of the Coping Inventory for Stressful Situations in individuals with moderate to severe traumatic brain injury. *Archives of Physical Medicine & Rehabilitation*, 96(4), 659-66.
- e. Wong, C.G., **Rapport, L.J.**, Billings, B.A., Stach, B.A., & Ramachandran, V. (2019). Hearing loss and verbal memory assessment among older adults. *Neuropsychology*, 33(1), 47-59.
- f. **Kanser, R. J.**, Rapport, L. J., Hanks, R. A., & **Patrick, S. D.** (2021). Utility of WAIS-IV Digit Span indices as measures of performance validity in moderate to severe traumatic brain injury. *The Clinical Neuropsychologist*, 1–14. Advance online publication.

2. **Neuropsychological predictors of subjective and objective well-being outcomes:** My research addresses both theoretical and applied aspects of assessment; however, I have favored investigations with applied clinical emphasis. Early in my career, this kind of research was relatively deemphasized in clinical neuropsychology, which neglected the issue of utility in the clinical setting in favor of a purely theoretical focus. My students and I have explored the validity of neuropsychological measures to enhance accuracy in decision making for diagnosis; prediction of functional, emotional, and interpersonal outcomes; and treatment planning. In combination, this applied focus has helped to highlight the value of assessment in benefitting the lives of patients and their families, as well as in reducing costs of disability in the healthcare system and society.

- a. **Rapport, L.J.**, Hanks, R.A., Millis, S.R., & Deshpande, S. (1998). Executive functioning and predictors of falls in the rehabilitation setting. *Archives of Physical Medicine & Rehabilitation*, 79(6), 629-633.
- b. Paradee, C.V., **Rapport, L.J.**, Hanks, R.A., & Levy, J. (2005). Circadian preference, cognitive functioning, and cognitive impairment. *The Clinical Neuropsychologist*, 19(1), 55-72.
- c. Waldron-Perrine, B., **Rapport, L.J.**, Hanks, R.A., Meachen, S-J., Lumley, M., & Hubbarth, P. (2011). Religion and spirituality in rehabilitation outcomes among individuals with traumatic brain injury. *Rehabilitation Psychology*, 56(2), 107-116.
- d. Vangel Jr., S.J., **Rapport, L.J.**, & Hanks, R.A. (2011). Effects of family and caregiver psychosocial functioning on outcomes in persons with traumatic brain injury. *JHTR*, 26(1), 20-29.
- e. Hanks, R.A., **Rapport, L.J.**, Wertheimer, J., & Koviak, C. (2012). A randomized control trial of peer mentoring for individuals with traumatic brain injury and their significant others. *Archives of Physical Medicine & Rehabilitation*, 93(8), 1297-1304.
- f. **Rapport, L.J.**, Wong, C.G., & Hanks, R.A. (2020). Resilience and well-being after traumatic brain injury. *Disability and Rehabilitation*, 42(14), 2049-2055.
- g. Williams, M.W., **Rapport, L.J.**, Sander, A.M., & Parker, H.A. (2020). Pain anxiety and rehabilitation outcome after acquired brain injury. *Brain Injury*, 35(1), 32-40..

3. **Driving after acquired brain injury.** Research on driving after acquired brain injury is a special case of using neuropsychological assessment to predict functional outcomes. Cessation of driving is among the most functionally disabling consequences of acquired brain impairment. Driving restriction is of greater concern to patients than are all other limitations. A combined focus on impaired awareness of deficits and accuracy of self-assessment after brain injury has important safety implications in this regard. Our research has facilitated valid evaluation of fitness to drive and the psychoeducation of patients and their significant others regarding decisions to resume or cease driving after stroke. The goal has been to maximize independence and community integration, while protecting the safety of patients and the public.

- a. Coleman, R.D., **Rapport, L.J.**, Ergh, T., Hanks, R.A., Millis, S., & Ricker, J. (2002). Predictors of driving outcome following traumatic brain injury. *Archives of Physical Medicine & Rehabilitation*, 83(10), 1415-22.
- b. **Rapport, L.J.**, Coleman Bryer, R., & Hanks, R.A. (2008). Driving and community integration after traumatic brain injury. *Archives of Physical Medicine & Rehabilitation*, 89(5), 922-930.
- c. Ryan, K.A., **Rapport, L.J.**, Telmet Harper, K., Fuerst, D., Bieliauskas, L, Khan, O., & Lisak, R. (2009). Fitness to drive in multiple sclerosis: Awareness of deficit moderates risk. *Journal of Clinical and Experimental Neuropsychology*, 31(1), 126-139.
- d. McKay, C., **Rapport, L.J.**, Bryer, R., & Casey, J. (2011). Self-evaluation of driving simulator performance after stroke. *Topics in Stroke Rehabilitation*, 18(5), 549-561
- e. Griffen, J.A., **Rapport, L.J.**, Coleman Bryer, R., Bieliauskas, L.A., & Burt, C. (2011). Awareness of deficits and on-road driving performance. *The Clinical Neuropsychologist*, 25(7), 1158-1178.
- f. Novack, T., Zhang, Y., **Rapport, L.**, ... & Brunner, R.C. (2021). Driving patterns and confidence following moderate-to-severe traumatic brain injury: A TBI Model System study. *Brain Injury*, 35(8), 863-870.

4. **Performance validity and effort in the assessment process.** Patients who do not fully engage in cognitive assessments will appear to have greater deficits than they actually possess. Estimates of feigned impairment in forensic cases such as memory problems associated with TBI approach 40%. Current methods used to evaluate performance validity in TBI assessment are unacceptably inaccurate and vulnerable to coaching. Moreover, TBI commonly impairs motivation in ways that can undermine appreciating the importance of evaluation; thus, misclassification of bona fide TBI as malingering due to poor performance is a risk. This problem is important, because patients who feign impairment unfairly stress the legal and healthcare systems, whereas patients who are inaccurately labeled as malingerers are unfairly denied resources and services they deserve. This line of research has had a positive influence on clinical assessment, especially as it helps to maximize valid allocation of healthcare and other resources to persons with bona fide TBI.

- a. **Rappport, L.J., Farchione, T.J., Coleman, R.D., & Axelrod, B.N.** (1998). Effects of coaching on malingered motor function profiles. *Journal of Clinical and Experimental Neuropsychology*, 20(1), 89-97.
- b. **Miller, J.B., Millis, S.R., Rappport, L.J., Bashem, J.R., Hanks, R.A., & Axelrod, B.N.** (2011). Detection of insufficient effort using the Advanced Clinical Solutions for the Wechsler Memory Scale, Fourth Edition. *The Clinical Neuropsychologist*, 25(1), 160-172.
- c. **Kanser, R.J., Rappport, L.J., Bashem, J.R., Hanks, R.A., & Miller, J.B.** (2017). Strategies of successful and unsuccessful simulators coached to feign traumatic brain injury. *The Clinical Neuropsychologist*.
- d. **Kanser, R.J., Bashem, J., Patrick, S.D., Hanks, R.A., & Rappport, L.J.** (2020). Detecting feigned traumatic brain injury with eye tracking during a test of performance validity. *Neuropsychology*, 34(3), 308-320.
- e. **Patrick, S.D., Rappport, L.J., Kanser, R.J., Hanks, R.A., & Bashem, J.R.** (2021). Performance validity assessment using response time on the Warrington Recognition Memory Test. *Clinical Neuropsychologist*.
- f. **Patrick, S.D., Rappport, L.J., Kanser, R.J., Hanks, R.A., & Bashem, J.R.** (2021). Detecting simulated versus bona fide traumatic brain injury using pupillometry. *Neuropsychology*, 35(5), 472-485.

5. **Emotional competence.** Another focus of my research is on neuropsychological correlates of emotional and interpersonal functioning, including neurobehavioral and receptive impairments in emotion processing. I study ways in which these functions are disrupted by acquired brain injury and disorders such as Attention-Deficit Hyperactivity Disorder, multiple sclerosis, and depression. Included is a focus on caregiver well-being and distress, which we found in several studies is more closely linked to emotional and neurobehavioral impairments than to functional impairments of the persons for whom they care. At its time, a series of our studies on adult ADHD helped to evolve thinking about the disorder and its long-term sequelae. Historically, ADHD was considered circumscribed to childhood years and outgrown. Instead of a primary focus on ways it undermined classroom learning and behavior, our studies focused on enduring psychosocial and cognitive consequences of the disorder, which undermine successful outcomes of adult living, such as interpersonal relationships, employment, and physical morbidity. According to the American Psychological Association, our research on social and emotional competence in adult ADHD was among the top 50 downloads of 2003. This line of work highlights that the most disabling aspects of neuropsychological disorders are not cognitive impairments per se; rather, it is how those impairments undermine well-being and connectedness to others.

- a. **Rappport, L.J., Friedman, S.R., Tzelepis, A., & Van Voorhis, A.** (2002). Experienced emotion and affect recognition in adult attention-deficit hyperactivity disorder. *Neuropsychology*, 16(1), 102-110.
- b. **Friedman, S.R., Rappport, L.J., Lumley, M., Tzelepis, A., Stettner, L., Van Voorhis, A., & Kakaati, L.** (2003). Aspects of social and emotional competence in adult attention-deficit hyperactivity disorder. *Neuropsychology*, 17(1), 50-58.
- c. **Paradee, C.V., Rappport, L.J., Lumley, M.A., Hanks, R.A., Langenecker, S., & Whitman, R. D.** (2008). Circadian preference and facial emotion recognition among rehabilitation inpatients. *Rehabilitation Psychology*, 53(1), 46-53.
- d. **Briceño, E.M., Rappport, L.J., Kassel, M., Bieliauskas, L., Zubieta, J-K., Weisenbach, S., & Langenecker, S.A.** (2015). Age and gender modulate the neural circuitry supporting facial emotion processing in adults with major depressive disorder. *American Journal of Geriatric Psychiatry*, 23(3), 304-313.

#### **D. Ongoing Research Support**

##### **National Institute on Independent Living, Disability and Rehabilitation Research (NIDILRR).**

90DPTB0030. R. Hanks (Project Director). 10/2022 – 10/2027 (\$2,413,892).

*Southeastern Michigan Traumatic Brain Injury System: A Model System of Comprehensive Care for Persons with Traumatic Brain Injury.*

Role: Co-Investigator

The Traumatic Brain Injury Model System (TBIMS) is a national collective of institutions that are leaders in research and treatment of TBI. The TBIMS conducts research on treatment and outcomes from the acute point of injury through reintegration to community living. Each TBIMS contributes to the TBI National Data and Statistical Center and conducts independent and collaborative-sites research, as well as outreach to individuals with TBI and their support networks, healthcare professionals, and the general public.

Role: Co-investigator

##### **National Institute on Independent Living, Disability and Rehabilitation Research (NIDILRR).**

90DPTB0006-01-00 – R. Hanks (Project Director). 10/2017 – 10/2022

*Southeastern Michigan Traumatic Brain Injury System: A Model System of Comprehensive Care for Persons with Traumatic Brain Injury.*

Role: Co-investigator. See the description for the 2022 – 2027 renewal for a description of the TBIMS.

### **Selected Completed Research Support**

#### **National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).**

90IF0092-01-00 – L.J. Rapport (PI). 10/2015 – 10/2018

*Visual gaze and validity of cognitive evaluations.*

This study examines the value of biomarkers (eyetracking, pupillary response and response time) in cognitive assessment of traumatic brain injury.

**Blue Cross Blue Shield of Michigan** 2022010083.SAP—G. Sanders (Graduate student, PI) 9/2022 –9/2023

*Recognition and Memory for Facial Affect After Traumatic Brain Injury.* The study evaluates a novel task for assessing recognition and memory for facial emotion and their relationships to experienced emotion.

Role: Faculty mentor

**Blue Cross Blue Shield of Michigan** 002859.SAP—S.D. Patrick (Graduate student, PI) 9/2019 – 9/2020

*Detecting Simulated Versus Bona Fide Traumatic Brain Injury Using Pupillometry.*

The study examines the incremental predictive value of pupillary reactivity patterns to standard scoring of a performance validity test in discrimination of feigned and bona fide cognitive impairment.

Role: Faculty mentor

**Blue Cross Blue Shield of Michigan** 002864.SAP—M. L. De Iorio (Graduate student, PI) 10/2019 – 10/2020

*Perspective-Taking and Relationship Quality in Traumatic Brain Injury and Caregiver Dyads.*

This study examines perspective-taking abilities of adults with moderate-to-severe TBI and their caregivers, and it examines the relationship between perspective-taking accuracy and relationship quality.

Role: Faculty mentor

**Blue Cross Blue Shield of Michigan.** 002494.SAP—L.J. Radigan (Graduate Student, PI) 10/2018 – 10/2019

*Race and Emotion Perception in Adults with Traumatic Brain Injury*

Examined memory and emotion processing of racially similar and dissimilar faces to enhance understanding of racial differences in facial processing and evaluate the validity of a multicultural facial recognition memory test.

Role: Faculty mentor

**Blue Cross Blue Shield of Michigan.** 2494.SAP—J.G. Grant (Graduate Student, PI). 10/2018 –10/2019

*Predictors of cognitive reserve in multiple sclerosis.*

The study examines the relationship of novel and well-established predictors of cognitive reserve, and the role of cognitive reserve as a buffer of physical and cognitive decline associated with multiple sclerosis.

Role: Faculty mentor

**Blue Cross Blue Shield of Michigan.** 2247.SAP—C.G. Wong (Graduate Student, PI) 9/2015 – 9/2017

*Hearing loss and Verbal Memory Assessment in Older Adults.* The study assessed the role of hearing loss on cognitive test scores among adults with age-related hearing loss and adults with hearing the normal range (under natural conditions and simulated age-related hearing loss).

Role: Faculty mentor.

**NIDILRR.** H133G080064—Hanks (PI) 10/2008 –10/2011

*Neuroanatomical Correlates of Positive Psychology among People with Traumatic Brain Injury: A Biopsychosocial Model.* This study investigated relationships among strengths of character, structurally-imaged estimates of white matter damage in frontal brain regions, psychological resiliency, and outcomes including satisfaction with life and community integration among people with TBI.

Role: Co-PI.

**NIDILRR.** H133G050134 — L.J. Rapport (PI). 11/2005 – 10/2009

*Driving after stroke.* This study examined multiple modalities of assessment of fitness to drive after stroke: cognitive testing, self-report, informant report, driving simulator, and on-road evaluation.

**NIDILRR.** H133G130011—Kalpakjian (PI) 10/2013 – 10/2017

*The Menopause Transition in Women with Traumatic Brain Injury.* This study investigated the menopause transition among women with TBI, and whether the experience differs from non-injured peers, using a large survey and momentary assessment.

Role: Co-investigator (C. Kalpakjian, University of Michigan, PI).