Chapter 9: Clinical & Mental Health testing & assessment:

- Mental health services (public/private) one of largest employers of psychologists
- Starting point: referral question
- Psychological assessment techniques: history taking, clinical interview, MSE & psychological testing
- Commonly used psychological tests: intelligence, personality, psychopathology, depression, anxiety & stress
- Referral question provides justification/rationale for testing & assessment
- Formulation of a clear & specific referral question facilitates derivation of hypotheses about a case, selection of appropriate psychological assessment instruments, interpretation of results & provision of recommendations (can be facilitated by a referral form with explicit questions about reason for referral, use of assessment results & client's willingness to undertake assessment)
- Begin a case by collecting demographic & biographic data- provide context to understand referral question, interpret result of other data collection procedures, make recommendations & prepare psych report
- Case history data can be obtained in clinical interview
- Collect case history data from number of sources for verification
- Standardized forms facilitate case history data collection
- When gathering case history data: consider- privacy policies of various organizations, legal requirements & ethical guidelines
- Clinical interview is the oldest psychological assessment technique used to collect info (mostly used by clinical psych in mental health setting)
- Clinical interview provides opportunity to build rapport, provide important info, & establish if client has reasonable understanding of what is happening to them & why
- Info the psych can convey during interview include:

1. Purpose & nature of psych assessment
2. What client is expected to do
3. Confidentiality of info collected
4. Need for informed consent
5. Who will have access to collected info & how it will be used

- To conduct successful clinical interview: psych must establish good rapport by being sincere & supportive
- To engage client- techniques:

1. Don't dominate interview
2. Reflect what was said
3. Paraphrasing
4. Summarizing
5. Clarifying
6. Confronting
7. Eye contact
8. Positive posture
9. Nodding

- Most info collected in clinical interview is verbal

- Non-verbal info provided by client:

1. Demeanor
2. How questions answered
3. What is *not* said (e.g. matter-of-fact/flippant style of responding- may be inconsistent with seriousness of content being revealed)

- Clinical psych in mental health setting obtain info:

1. Demographic data
2. Medical history (self & family)
3. Family history
4. Educational & vocational history
5. Psychological history

- MSE unique to mental health setting
- Structured clinical interview schedules: e.g. Structured Clinical Interview for DMS Disorders (SCID)- to ensure relevant info relating to various disorders are adequately covered & asked

❖ Mental Status Exam (MSE):

- Comprehensive set of questions & observations to systematically assess mental state of client
- Includes:

1. Appearance
2. Behaviour
3. Orientation: is client aware of who & where he/she is? Does the client know what time (year, month, date, day, time) it is?
4. Memory: immediate, recent, remote
5. Sensorium: can the client attend & concentrate? Hearing, vision, touch, smell
6. Affect
7. Mood
8. Thought content & thought process
9. Intellectual resources
10. Insight
11. Judgment

- Info gained from MSE & clinical interview- psych can formulate/conceptualize client's problem by referring to systematic clarification system (DSM or International Clarification of Diseases by WHO- further clarify ideas & narrow down/test hypotheses)
- May administer psych tests to finalise assessment
- DSM commonly used in USA, Australasia, Asia
- DSM 1st edition: 1952
- DSM purpose to facilitate communication among mental health professionals
- DSM based on observed behavioural symptoms- can be used by professionals with different theoretical orientations
- No info about treatment or Aetiology included in DSM
- Client is classified in terms of a set of five axes/clinically important factors (DSM):

1. Axis I: clinical disorders (e.g. dementia, substance-related disorders, schizophrenia, mood disorders, anxiety & eating disorders)

2. Axis II: mental retardation & personality disorders: (e.g. antisocial personality disorder, paranoid personality, borderline personality)
3. Axis III: physical or medical conditions that may be relevant to mental disorders: (e.g. epilepsy, cancer, Alzheimer's, Parkinson's)
4. Axis IV: psych & environmental problems: (e.g. stress, financial, marital, occupational) that may affect diagnosis, treatment & prognosis
5. Axis V: global assessment of functioning from 1 to 100

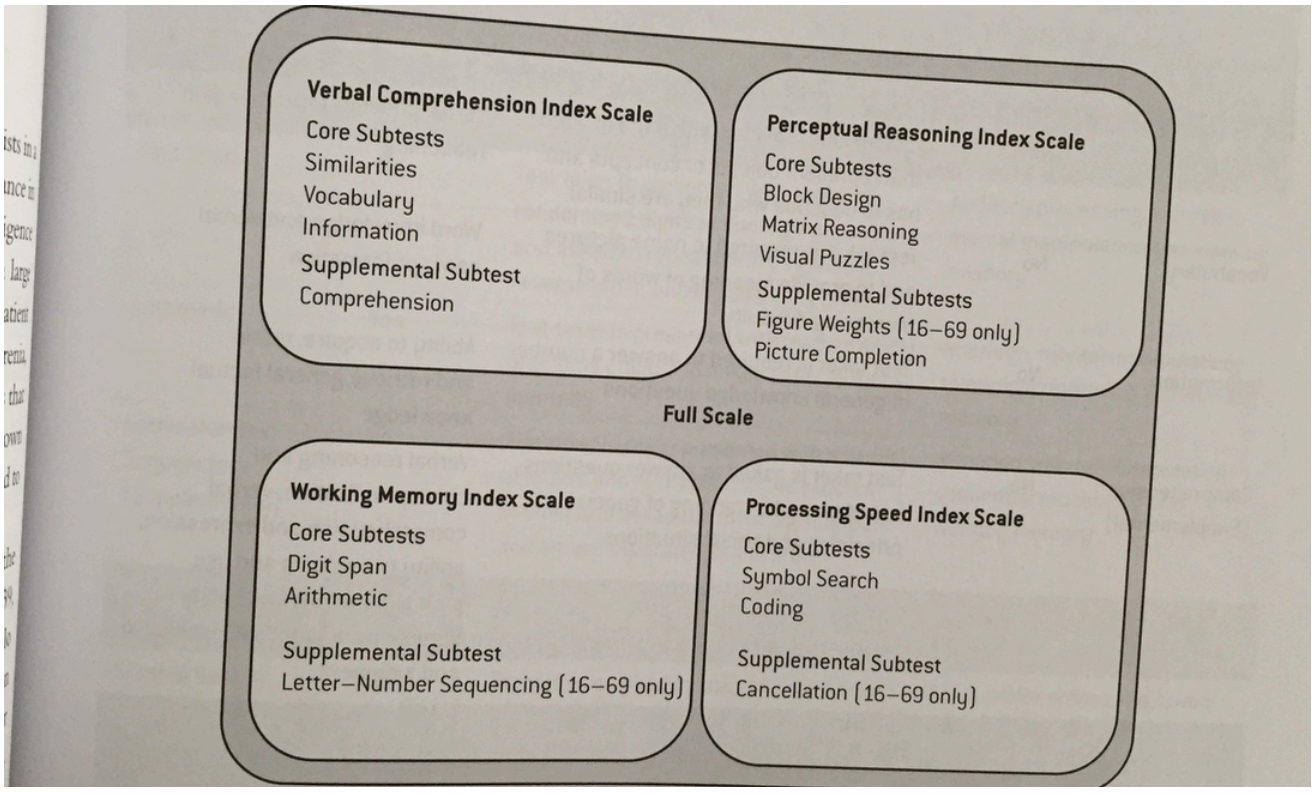
- DSM criticized for being atheoretical, too much based on medical model, < reliability & validity
- New DSM-5 published in 2013

❖ Psychological tests:
❖ Intelligence:

- Binet: intelligence in children
- Psych use measure of general intellectual ability
- David Weschler: battery of tests for adult intelligence (allow classification of intelligence level & aid in narrowing down nature of problem)
- Weschler intelligence definition: aggregate or global capacity of the individual to act purposefully, think rationally, deal effectively with environment
- IQ: implies intelligences is a unitary construct
- Recent models: suggest intelligence is where individuals display a profile of abilities with strengths & weaknesses

❖ Weschler Adult Intelligence Scale:

- Original published as Weschler-Bellevue Intelligence Scale in 1939
- WAIS 1995
- WAIS-Revised (WAIS-R; 1981)
- WAIS-Third Edition (WAIS-III; 1997)
- Adults ages 16-90 years
- WAIS-IV: 2008- assess: psychoeducational disability, neuropsychiatric & organic dysfunction & giftedness (purpose: update norms, co-norm with Weschler Memory Scale 4th ed & Weschler Individual Achievement Test 2nd ed, reduce testing time & improve psychometric properties)



- WAIS-IV: comprises 10 core subtests & 5 supplementary subtests
- In WAIS-IV: 2 subtests in WAIS-III (picture arrangement & object assembly) were dropped, 3 new subtests added (visual puzzles, figure weights & cancellation)
- WAIS-IV: 67 min
- 5 composite scores can be obtained from core subtests:

1. Full scale IQ
2. Verbal comprehension
3. Perceptual reasoning
4. Working memory
5. Processing speed

- Verbal IQ & performance IQ replaced by verbal comprehension index & perceptual reasoning index
- General ability index can be derived from the 3 verbal comprehension & 3 perceptual reasoning core subtests

Table 9.1 Subtests of the WAIS–IV

SUBTEST	TIMED	DESCRIPTION	ABILITIES MEASURED
VERBAL COMPREHENSION SUBTESTS			
Similarities	No	Test taker is provided with pairs of words that represent objects or concepts and has to describe why they are similar	Verbal concept formation and reasoning
Vocabulary	No	Test taker is required to name pictures and to provide meaning of words of increasing difficulty	Word knowledge and verbal concept formation
Information	No	Test taker is required to answer a number of general knowledge questions	Ability to acquire, retain and retrieve general factual knowledge
Comprehension (Supplemental)	No	Test taker is asked to answer questions based on understanding of general principles and social situations	Verbal reasoning and conceptualisation, verbal comprehension and expression, ability to evaluate and use past experience, and ability to demonstrate practical knowledge and judgment
PERCEPTUAL REASONING SUBTESTS			
Block Design	Yes	Test taker is asked to arrange red and white coloured blocks to recreate designs, presented models or pictures	Ability to analyse and synthesise abstract visual stimuli