

Theory and Practice of Psychological Assessment

Module 1: Introduction to Assessment

What is assessment

- Assessment: the methods used to gain understanding, in order to answer some question. E.g.
 - Diagnosis: what label should I give this person?
 - Formulation: how does this person's symptoms work
 - Intervention: how much have I actually helped this person
- Limitless range of applications
 - Describing someone's cognitive abilities
 - Assist in planning and designing interventions
 - Describe relationship between thought, affect and behaviour

Areas of assessment

- | | | |
|------------------------|-------------------|------------------|
| ▪ Intelligence | ▪ Memory | ▪ Attitudes |
| ▪ Behaviour | ▪ Problem solving | ▪ Attribution |
| ▪ Emotion | ▪ Motivation | ▪ Attachment |
| ▪ Academic achievement | ▪ Personality | ▪ Self-esteem |
| ▪ Language | ▪ Coping styles | ▪ Social ability |

Methods in assessment

- Sattler – the four pillars of assessment:

Method	Suggestion
Interviews (self and other)	<ul style="list-style-type: none"> ○ Detailed enquiries about largely qualitative data e.g. stories ○ Multiple sources – client, parents, family, spouse, other professionals
Norm-referenced testing	<ul style="list-style-type: none"> ○ Standardised and normed to a given population ○ Give an objective evaluation of performance, relative to that norm and population ○ Scaled so that each score reflects a rank within the sample ○ Various applications – intelligence, ability etc.
Observation	<ul style="list-style-type: none"> ○ Can be primary or secondary nature e.g. behaviour during an assessment vs. number of jumps ○ Provides qualitative and/or quantitative data ○ Multiple sources – teachers, parents, family and spouses
Information assessments (questionnaires and surveys)	<ul style="list-style-type: none"> ○ Primarily self-report surveys, tests, questionnaires ○ School reports/records, tests from other professionals ○ Monitoring forms/records

- Generally, a multi-modal and multi-source preferred – never just one
- Interview, observation, questionnaires and testing → formulation → diagnosis → reporting
- Application will of course vary, sometimes only single source of information available

Why is (good) assessment so important?



- Unreliable or invalid assessment = unreliable or invalid formulation, diagnosis and treatment

Why is good assessment so hard?

- Good assessment is important but also difficult because:
 1. Interventions require symptoms, but people tell stories
 2. Many highly similar presentations
 3. Many symptoms co-occur (e.g. anxiety and depression)
- Good assessment is often difficult and rarely easy
 - But NOT impossible!

What is good assessment?

- Two primary considerations:

Validity	Reliability
Does it assess what it is supposed to? <ul style="list-style-type: none">○ Construct validity – a test measures what is claims to be measuring○ Criterion validity – extent to which a measure is related to an outcome	Does it assess the same thing each time? <ul style="list-style-type: none">○ Temporal reliability – test/retest reliability○ Internal consistency – correlations between items that measure the same general construct

- Best assessment is that which high validity and reliability
- Variety of other considerations through
 - **Time:** how long does it take?
 - **Cost:** how much does it cost?
 - **Ability:** who is capable of doing this test?
 - **Requirements:** who is capable of administration?
 - **Ease of use:** how difficult is it to give?
- Good assessment will vary here, as some less important than others
 - E.g. may be worth the cost, if it is highly valid

Assessment as process

- Important to recognise that assessment is an on-going process – it is not static
- Someone who walks in and is assessed and then treatment can lead to further presenting systems.

Assessment and diagnostic story (example)

- Diagnostic assessment
 1. Elicit client's story
 2. Separate symptoms from story
 3. Consult DSM-5 or ICD-10
 4. Match symptoms to disorders that fit best
 5. Rule out disorders which do not seem to fit
- Repeat step 1-5 until you are satisfied that:
 - (1) label given is the most accurate available and/or
 - (2) until symptoms no longer meet diagnostic criteria

Summary

- Assessment – broadly, as the methods employ to address some question
 - Can be difficult at times, but not impossible
- Various methods
 - Survey, tests, interviews, observation
 - Use depends on the question at hand
- Good assessment is
 - Valid and reliable (and makes ecological sense)
- Assessment is a process
 - Ongoing and dynamic, changes with treatment

Module 2: Clinical Assessment I

Clinical assessment: methods used to assess individuals at the intra-psychic level

- Inter-psychic tests compare people with one another (e.g. norm-references tests/assessments)
- Intra-psychic tests
 - Beliefs about self, others and world
 - Variation in mood states
 - Type and frequency of coping behaviours
- Goal of inter-psychic assessment: to build an understanding of the problem, which in turn drives treatment/intervention
 - Treatment in turn drives understanding (and repeat)

Clinical interviewing

- Primary method of clinical assessments is the interview
- This is because
 - They're comfortable and non-confronting
 - Allow for detailed qualitative and quantitative data to be gathered
 - Can be standardised (or not)
 - Can be carried out by anyone and/or over time
 - Can be collaborative and conversational
- However, elements of any interview vary in relation to:
 - Nature and setting of problem
 - Focus/scope of the concepts being measured
 - E.g. origins of symptoms vs. maintenance of symptoms
 - We will cover interviewing from within a cognitive and behavioural assessment framework (i.e. CB assessment)

Importance of model in assessment

- To know what to do – you need to understand how something works
- CB framework – derives us with a model on how something like anxiety or depression works
 - E.g. what causes symptoms, what maintains symptoms – thus we will know what information to gather to treat patients

The cognitive-behavioural framework

- Current industry standard
- Factors in CB framework
 - **Cognition** = thoughts, ideas and memories
 - **Affect** = feelings, mood and responses
 - **Behaviour** = actions and reactions
 - **Environment** = everything around us
 - **Biology** = our genetic make-up, predispositions
- Any one of the five factors may influence the other, at any time, in most any way
 - E.g. wake up feeling sick, therefore stay in bed
 - E.g. think I smell bad, feel embarrassed and take shower

Five-factor cognitive-behavioural model

- CB model provides symptom understanding,
 - Therefore, guides assessment, formulation and intervention
 - Example: john presents with a fear of blue M&M's
- Following the CB model, we would want to know
 - What he thinks about blue M&M's
 - How blue M&M's make him feel
 - How he copes with that (behaviourally)
 - What kind of environment he lives in?
 - Are there any biological factors that may explain this fear?
- Model thus guides assessment and interview
 - Information gathered and then entered into our model
 - Leads to understanding of problem (formulation)
 - Understanding leads to effective treatment
 - Treatment in turns refines the model

CB interviewing

- Content of CB interview at the problem level includes many things:
 - Presenting problems
 - History of presenting problems
 - Detailed problem analysis
 - Cognitive, behavioural, physiological symptoms
 - Context and mediating variables
 - Maintenance factors and behaviours