Week 1 — 4 Pillars of Assessment

SLO1: Explain commonly used psychological assessment instruments, their theoretical foundations and make basic interpretations of results

"Assessment" vs testing, why does it matter? An assessment is the method used to gain information/understanding to answer a clinical question. Applications span cognitive, academic, language, memory, problem-solving, personality, coping, and social abilities. A **Good assessment** → good formulation/diagnosis → effective treatment; poor assessment contaminates downstream decisions.

Norm-referenced tests	Questionnaires/scales/suverys
(e.g., ability): standardised, normed; compare to population; follow manuals strictly, interpret relative standing. You want to understand how the single value fits within the whole group.	dimensional scores; check psychometrics and norms; don't equate screens with diagnoses. Self-reports no need for a clinical professional to administer. The main psychometrics are validity and reliability. A higher score will indicate a construct (personality, well-being state) **They do not diagnose**
Observations	**Interviews**
in-session/naturalistic; multiple informants; quantify where possible. Corroborative → existing supporting evidence Primary → direct observation Qualitative → description of behaviours Quantitative → how many specific behaviours	structured ↔ semi-structured; multi-informant; integrates qualitative detail. Structured → pre-determined set of questions, follow a guideline that provides organised answers Semi-structured → combo of set & open-ended questions with more room for raw, unbiased discussions

Why assessment is difficult (and how to respond)

Clients tell **stories**, interventions target **symptoms**; presentations overlap; comorbidity is common. Use multiple methods/sources and a plan tied to the referral question.

Symptoms exist on a **continuum**; categorical thresholds are imperfect—so pair screens/scales with clinical judgment. You may have a client with a previously diagnosed Major Depressive Disorder (MDD), another cilent with Persistent Depressive Disorder (PDD), but both show up when their symptoms are most intense. Yet… they both have nearly identical depressive symptoms.

Assessment as a process… and most likely a loop

Presenting symptoms → Assessment → Diagnosis & formulation → Treatment & **re-assessment** (reporting). Keep it iterative and hypothesis-driven. When things don't work out, you go back to square one again.

Intake OSCE (8-step micro-checklist): Referral goal → consent/limits → open narrative → risk triage → 5-factor map → measures (justify) → collaterals/observation → summary & next steps.

Readings

Cohen et al., Ch.1: testing & assessment history; standardisation and validity as an "argument from evidence"; testing proliferated from Binet to WWI/II uses.
Love (2018) Diagnostic dilemma: don't over-rely on labels; use formulation; be aware of base rates & confirmatory bias (reading activity flagged in slides).