Clinical Assessment, Diagnosis, and Treatment

Clinical Assessment: How and Why Does the Client Behave Abnormally?

What is assessment?
- The collecting of relevant information in an effort to reach a conclusion
- Clinical assessment is used to determine how and why a person is behaving abnormally and how that person may be helped
  - Focus is idiographic – on an individual person
  - Also may be used to evaluate treatment progress

The specific tools used in an assessment depend on the clinician's theoretical orientation
- Hundreds of clinical assessment tools have been developed and fall into three categories:
  - Clinical interviews
  - Tests
  - Observations
Characteristics of Assessment Tools

To be useful, assessment tools must be standardized and have clear reliability and validity.

- Standardization is the process in which a test is administered to a large group whose performance serves as a common standard (norm) against which individual scores are judged.
- The “standardization sample” must be representative.
- One must standardize administration, scoring, and interpretation.

Reliability refers to the consistency of a test.

- A good assessment tool will always yield the same results in the same situation.
- Two main types:
  - Test–retest reliability:
    - A good test will yield the same results in the same situation.
    - To test for this type of reliability, a subject is tested on two different occasions and the scores are correlated – the higher the correlation, the greater the test’s reliability.
  - Interrater reliability:
    - Different judges independently agree on how to score and interpret a particular test.
Characteristics of Assessment Tools

- Validity is the accuracy of a test’s results
  - A good test must accurately measure what it is supposed to be measuring
  - Three specific types:
    - Face validity – a test appears to measure what it is supposed to measure; does not necessarily indicate true validity
    - Predictive validity – a test accurately predicts future characteristics or behavior
    - Concurrent validity – a test’s results agree with independent measures assessing similar characteristics or behavior

Clinical Interviews

- Face-to-face encounters
  - Often the first contact between a client and a therapist/assessor
  - Used to collect detailed information, especially personal history, about a client
  - Allow the interviewer to focus on whatever topics they consider most important

Clinical Interviews

- Conducting the interview
  - Focus depends on theoretical orientation
  - Can be either unstructured or structured
    - In unstructured interviews, clinicians ask open-ended questions
    - In structured interviews, clinicians ask prepared questions, often from a published interview schedule
    - May include a mental status exam
Clinical Interviews

- Limitations:
  - May lack validity, or accuracy
  - Interviewers may be biased or may make mistakes in judgment
  - Interviews, particularly unstructured ones, may lack reliability

Clinical Tests

- Devices for gathering information about specific topics from which broader information can be inferred
- More than 500 different tests are in use
  - They fall into six categories...
    - Projective Tests
    - Personality Tests
    - Response Inventories
    - Psychophysical Tests
    - Neurological/Neuropsych Tests
    - Intelligence Tests
Clinical Tests

1. Projective tests
   - Require that subjects interpret vague and ambiguous stimuli or follow open-ended instruction
   - Mainly used by psychodynamic practitioners
   - Most popular:
     - Rorschach inkblots
     - Thematic Apperception Test
     - Sentence completion
     - Drawings

Clinical Test: Rorschach Inkblot

Clinical Test: Thematic Apperception Test
Clinical Test: Sentence-Completion Test
- “I wish ___________________________”
- “My father ________________________”

Clinical Test: Drawings
- Draw-a-Person (DAP) test:
  - “Draw a person”
  - “Draw another person of the opposite sex”

Clinical Tests
1. Projective tests
   - Strengths and weaknesses:
     - Helpful for providing “supplementary” information
     - Have rarely demonstrated much reliability or validity
     - May be biased against minority ethnic groups
Clinical Tests

2. Personality inventories
   - Designed to measure broad personality characteristics
   - Focus on behaviors, beliefs, and feelings
   - Usually based on self-reported responses
   - Most widely used: Minnesota Multiphasic Personality Inventory (MMPI)

The MMPI

- 567 items
  - True/False responses
  - 10 Primary scales; 4 validity scales; numerous additional scales
  - Separate norms for male and female, not for age or education (debate whether there should be)
  - Doesn’t appear to be differences for race, income, or occupation

Objective tests

- 2 parts:
  - Validity scales - tell whether the profile is an accurate measure of the subject & whether the subject answered honestly
  - Clinical scales what the test tells about how the subject is clinically
  - Interpretation focuses on codetypes; the two highest clinical scales elevated to a t-score of 65 or higher.
  - This may be supplemented with information from specific content and supplementary scales as well as critical items
Clinical Test: MMPI
Minnesota Multiphasic Personality Inventory

- Comprised of ten clinical scales:
  - Hypochondriasis (HS)
  - Depression (D)
  - Conversion hysteria (Hy)
  - Psychopathic deviate (PD)
  - Masculinity-femininity (Mf)
  - Paranoia (P)
  - Psychasthenia (Pi)
  - Schizophrenia (Sc)
  - Hypomania (Ma)
  - Social introversion (Si)

- Scores range from 0 – 120
- Above 70 = deviant
- Graphed to create a “profile”

Validity Scales

- Omissions
  - ? Scale
- Consistency
  - VRIN, TRIN, Fb
- Accuracy
  - L, F, & K
- Importance in treatment planning

Diagram profile
Fake Good Profile

Defensive Profile
Clinical Tests

2. Personality inventories
   - Strengths and weaknesses:
     - Easier, cheaper, and faster to administer than projective tests
     - Objectively scored and standardized
     - Appear to have greater validity than projective tests
       - Measured traits often cannot be directly examined; how can we really know the assessment is correct?

Clinical Tests

3. Response inventories
   - Usually based on self-reported responses
   - Focus on one specific area of functioning
     - Affective inventories (example: Beck Depression Inventory)
     - Social skills inventories
     - Cognitive inventories

<table>
<thead>
<tr>
<th>Table 3-1</th>
<th>Sample Items from the Beck Depression Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEMS</td>
<td>INVENTORY</td>
</tr>
<tr>
<td>Social ide</td>
<td>0 I don't have any thoughts of killing myself.</td>
</tr>
<tr>
<td></td>
<td>1 I have thoughts of killing myself but I would not carry them out.</td>
</tr>
<tr>
<td></td>
<td>2 I would like to kill myself.</td>
</tr>
<tr>
<td></td>
<td>3 I would kill myself if I had the chance.</td>
</tr>
<tr>
<td>Work</td>
<td>0 I can work as well as before.</td>
</tr>
<tr>
<td>inhibition</td>
<td>1 It takes extra effort to get started at doing something.</td>
</tr>
<tr>
<td></td>
<td>2 I have to push myself very hard to do anything.</td>
</tr>
<tr>
<td></td>
<td>3 I can't do any work at all.</td>
</tr>
<tr>
<td>Loss of lib</td>
<td>0 I have not noticed any recent change in my interest in sex.</td>
</tr>
<tr>
<td>do</td>
<td>1 I am less interested in sex than I used to be.</td>
</tr>
<tr>
<td></td>
<td>2 I am much less interested in sex now.</td>
</tr>
<tr>
<td></td>
<td>3 I have lost interest in sex completely.</td>
</tr>
</tbody>
</table>
Clinical Tests

3. Response inventories
   - Strengths and weaknesses:
     - Have strong face validity
     - Rarely include questions to assess careless or inaccurate responding
     - Few (BDI is one exception) have been subjected to careful standardization, reliability, and/or validity procedures

Clinical Tests

4. Psychophysiological tests
   - Measure physiological response as an indication of psychological problems
     - Includes heart rate, blood pressure, body temperature, galvanic skin response, and muscle contraction
   - Most popular is the polygraph (lie detector)

Clinical Tests

4. Psychophysiological tests
   - Strengths and weaknesses:
     - Require expensive equipment that must be tuned and maintained
     - Can be inaccurate and unreliable
Clinical Tests

5. Neurological and neuropsychological tests
   - Neurological tests directly assess brain function by assessing brain structure and activity
     - Examples: EEG, PET scans, CAT scans, MRI
   - Neuropsychological tests indirectly assess brain function by assessing cognitive, perceptual, and motor functioning
     - Most widely used is the Bender Visual-Motor Gestalt Test

Clinical Test: Bender Visual-Motor Gestalt Test

Clinical Tests

5. Neurological and neuropsychological tests
   - Strengths and weaknesses:
     - Can be very accurate
     - At best, though, these tests are rough and general screening devices
       - Best when used in a battery of tests, each targeting a specific skill area
Clinical Tests

6. Intelligence tests
   - Designed to measure intellectual ability
   - Comprised of a series of tests that assess both verbal and non-verbal skills
   - Generate an intelligence quotient (IQ)
   - Most popular: Wechsler (WAIS, WISC)

Clinical Tests

6. Intelligence tests
   - Strengths and weaknesses:
     - Are among the most carefully produced of all clinical tests
       - Highly standardized on large groups of subjects
       - Have very high reliability and validity
     - Because intelligence is an inferred quality, it can only be measured indirectly

Clinical Tests

6. Intelligence tests
   - Strengths and weaknesses:
     - Performance can be influenced by non-intelligence factors (e.g., motivation, anxiety, test-taking experience)
     - Tests may contain cultural biases in language or tasks
       - Members of minority groups may have less experience and be less comfortable with these types of tests, influencing their results
Clinical Observations

- Systematic observation of behavior
- Several kinds:
  - Naturalistic
  - Analog
  - Self-monitoring

Naturalistic and analog observations

- Naturalistic observations occur in everyday environments
  - Can occur in homes, schools, institutions (hospitals and prisons), and community settings
  - Tend to focus on parent–child, sibling–child, or teacher–child interactions and on fearful, aggressive, or disruptive behavior
  - Observations are generally made by "participant observers" and reported to a clinician
- If naturalistic observation is impractical, analog observations are used and occur in artificial settings

Strengths and weaknesses:

- Reliability is a concern
  - Different observers may focus on different aspects of behavior
  - Careful training and use of observer checklists can help reduce this problem
- Validity is a concern
  - Risk of "overload," "observer drift," and observer bias
  - Client reactivity may also limit validity
  - Observations may lack cross-situational validity
Clinical Observations

- Self-monitoring
  - People observe themselves and carefully record the frequency of certain behaviors, feelings, or cognitions as they occur over time

- Strengths and weaknesses:
  - Useful in assessing infrequent behaviors
  - Useful for observing overly frequent behaviors
  - Provides a means of measuring private thoughts or perceptions
  - Validity is often a problem
    - Clients may not receive proper training and instruction
    - Clients may not record information accurately
    - When people are observed, they often change their behavior

Diagnosis: Does the Client’s Syndrome Match a Known Disorder?

- Using all available information, clinicians attempt to paint a “clinical picture”
- Influenced by their theoretical orientation
- Using assessment data and the clinical picture, clinicians attempt to make a diagnosis
  - A determination that a person’s problems reflect a particular disorder or syndrome
  - Based on an existing classification system
Classification Systems

- Lists of categories, disorders, and symptom descriptions, with guidelines for assignment
- Focus on clusters of symptoms (syndromes)
- In current use in the US: DSM-IV
  - Diagnostic and Statistical Manual of Mental Disorders (4th edition)

The DSM

- Multiaxial
  - Uses 5 axes (branches of information) to develop a full clinical picture
  - People usually receive a diagnosis on either Axis I or Axis II, but they may receive diagnoses on both

The DSM-IV

- Multiaxial
  - Uses 5 axes (branches of information) to develop a full clinical picture
  - People usually receive a diagnosis on either Axis I or Axis II, but they may receive diagnoses on both
The DSM-IV

- **Axis I**
  - Most frequently diagnosed disorders except personality disorders and mental retardation

**Major Axis I Diagnostic Categories**

<table>
<thead>
<tr>
<th>Anxiety disorders</th>
<th>Mood disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorders first diagnosed in infancy and childhood</td>
<td>Substance-related disorders</td>
</tr>
<tr>
<td>Schizophrenia and other psychotic disorders</td>
<td>Delirium, dementia, amnestic, and other cognitive disorders</td>
</tr>
<tr>
<td>Mental disorders due to a general medical condition</td>
<td>Somatoform disorders</td>
</tr>
<tr>
<td>Factitious disorders</td>
<td>Dissociative disorders</td>
</tr>
<tr>
<td>Other conditions that are the focus of clinical attention</td>
<td>Eating disorders</td>
</tr>
<tr>
<td>Sexual and gender identity disorders</td>
<td>Impulse-control disorders</td>
</tr>
<tr>
<td>Adjustment disorders</td>
<td>Sleep disorders</td>
</tr>
</tbody>
</table>

The DSM-IV

- **Axis II**
  - Personality disorders and mental retardation
    - Long-standing problems
- **Axis III**
  - Relevant general medical conditions
- **Axis IV**
  - Psychosocial and environmental problems
The DSM-IV

- **Axis V**
  - Global assessment of psychological, social, and occupational functioning (GAF)
    - Current functioning and highest functioning in the past year
    - 0–100 scale

An example of the DSM in action

- Ax 1 - severe depression, alcohol dependence, in remission
- Ax 2 - narcissistic personality disorder
- Ax 3 – diabetes mellitus (type 2)
- Ax 4 – economic problems (loss of job)
- Ax 5 - current GAF - 55; Highest GAF past year- 75

Are Classifications Reliable and Valid?

- In this case, reliability means different diagnosticians agreeing on a diagnosis using the same classification system
- DSM-IV has greater reliability than any previous editions
  - Used field trials to increase reliability
- Reliability is still a concern
Are Classifications Reliable and Valid?
- In this case, validity means accuracy of information that the diagnostic categories provide.
- Predictive validity is of the most use clinically.
- DSM-IV has greater validity than any previous editions.
- Conducted extensive literature reviews and ran field studies.
- Validity is still a concern.

Can Diagnosis and Labeling Cause Harm?
- Misdiagnosis is always a concern.
- Major issue is reliance on clinical judgment.
- Also present are the issues of labeling and stigma.
- Diagnosis may be a self-fulfilling prophecy.
- Because of such problems, some clinicians would like to do away with diagnoses altogether.

Disease Model
- Symptoms of disease indicate to practitioner (usually medical doctor) that disease/problem may be present.
- Practitioner does tests to determine if person has the disease/problem symptoms indicated.
- Tests confirm presence of disease/problem.
- Disease/Problem treated.
- Broken arm.
Problems with the Disease Model

This is a controversy that is very active today
■ Some argue the medical model is not useful in some cases of psychology
■ It confuses the symptoms with the disease — that is the symptoms are given a label and this label is the disease
■ Person complains of symptoms of depression
■ Assessed for symptoms of depression; crying — yes, sleep problems — yes, hopelessness — yes, etc.
■ “Test” confirms presence of depression
■ Depression treated (and labeled)
■ Did we really confirm?

Diagnosis & classification

■ Reasons for diagnosing:
■ Communication shorthand
■ Treatment possibilities
■ Determine etiology
■ Aid to scientific investigation
■ Reimbursement

The DSM

■ as classification device, groups together objects (people) which have common property or set of properties & aids in accumulating information about the group
■ e.g.: creating a category like Antisocial personality allows us to gather information about this group to use for clinical and research purposes
■ negative side
■ information about individual is lost
■ labels are associated with a stigma and affect a person’s view of him or her self
Criticisms of the DSM System

- DSM system is not functional
  - does not guide/tell therapists how to treat clients
- too many people have disorders
  - not specific enough
- Environmental Catchment Area (ECA) study
- half of people who seek treatment can’t be labeled using current system
- reliability and validity continue to be a problem

The Medical Student Syndrome

- About to look at some serious pathology with many diagnostic criteria
- Some may relate to you
- Beware of Medical Student Syndrome (MSS)
  - Symptoms
    - Noticing the presence of disorders as you read about them
    - Deciding you have a disorder you just read about
  - Consider prevalence rates
  - Consider the idea of a continuum

Clinical Research

- Research is the key to accuracy in all fields
  - Particularly important (and challenging) in the field of abnormal psychology
    - Why important?
    - Why challenging?
What Do Clinical Researchers Do?

Clinical researchers try to discover laws and principles of abnormal psychological functioning:
- Search for nomothetic understanding
  - General or universal laws
  - Use the scientific method to pinpoint relationships among variables

The Case Study

- Provides a detailed description of a person’s life and psychological problems
- Is helpful because it can serve as a source of new ideas about behavior
  - Freud’s theories based entirely on case studies
  - May offer tentative support for a theory
  - May challenge a theory’s assumptions
  - May inspire new therapeutic techniques
  - May offer opportunities to study unusual problems
The Case Study

- Has limitations:
  - Observers are biased
  - Relies on subjective evidence
  - Provides little basis for generalization
- These limitations are addressed by the two other methods of investigation…

The Correlational Method and the Experimental Method

- Do not offer richness of detail
- Allow researchers to draw broad conclusions
- Typically involve observing many individuals
  - Researchers apply procedures uniformly
  - Studies can be replicated
  - Researchers use statistical tests to analyze results

The Correlational Method

- Correlation is the degree to which events or characteristics vary from each other
  - Measures the strength of a relationship
  - The correlational method is a research procedure used to determine this “corelationship” between variables
Correlations Do Not Show Causation

Although research shows that broken homes and crime are correlated, it does not show that broken homes cause crime. The existence of correlation may be the result of both crime and broken homes.

The Correlational Method

- Correlational data can show three types of relationships:
  - Positive correlation = variables change in the same direction
  - Negative correlation = variables change in the opposite direction
  - Unrelated = no consistent relationship

Correlation

Remember: These studies can determine if X and Y go together, but not if X causes Y.

The Correlation Coefficient

High Corr. Size

-1 0 1
The Correlational Method

- Two special forms of correlational study:
  - Epidemiological studies
    - Reveal the incidence and prevalence of a disorder in a particular population
    - Incidence = number of new cases in a given time period
    - Prevalence = total number of cases in a given time period
  - Longitudinal studies
    - Observe one sample of participants on many occasions over a long period of time

The Experimental Method

- An experiment is a research procedure in which a variable is manipulated and the manipulation’s effect on another variable is observed
  - Manipulated variable = independent variable
  - Variable being observed = dependent variable
- Allows researchers to ask such questions as: Does therapy X reduce symptoms of disorder Y?
  - Causal relationships can only be determined through experiments
<table>
<thead>
<tr>
<th>Method</th>
<th>Provides Individual Information</th>
<th>Provides General Information</th>
<th>Provides Causal Inference</th>
<th>Statistical Analysis Possible</th>
<th>Replicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Descriptive Method</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Experimental Method</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>