Clinical Assessment, Diagnosis, and Treatment

Chapter 4

Comer, Abnormal Psychology, 8e

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

• Assessment is collecting 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 (i.e., 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
  - To standardize a technique is to set up common steps to be followed whenever it is administered
  - One must standardize administration, scoring, and interpretation

Characteristics of Assessment Tools

- Reliability refers to the consistency of an assessment measure
  - A good tool will always yield the same results in the same situation
  - Two main types:
    - Test-retest reliability – yields the same results every time it is given to the same people
    - Interrater reliability – different judges independently agree on how to score and interpret a particular tool

Characteristics of Assessment Tools

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

• These face-to-face encounters often are the first contact between a client and a clinician/assessor
  — Used to collect detailed information, especially personal history, about a client

• Allow the interviewer to focus on whatever topics they consider most important
  — Focus depends on theoretical orientation

Clinical Interviews

• Conducting the interview
  — Can be either unstructured or structured
    • In an unstructured interview, clinicians ask open-ended questions
    • In a structured interview, clinicians ask prepared questions, often from a published interview schedule
      — May include a mental status exam

Clinical Interviews

• Limitations:
  — May lack validity or accuracy
    • Individuals may be intentionally misleading
  — Interviewers may be biased or may make mistakes in judgment
  — Interviews, particularly unstructured ones, may lack reliability
Clinical Tests

- Tests are devices for gathering information about a few aspects of a person's psychological functioning, from which broader information can be inferred
- More than 500 clinical tests are currently in use
  - They fall into six categories...

1. Projective tests
   - Require that clients interpret vague and ambiguous stimuli or follow open-ended instruction
   - Mainly used by psychodynamic practitioners
   - Most popular:
     - Rorschach Test
     - Thematic Apperception Test
     - Sentence completion tests
     - 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
     • For adults: MMPI (original) or MMPI-2 (1989 revision)
     • For adolescents: MMPI-A

Clinical Test: MMPI

Minnesota Multiphasic Personality Inventory

• Consists of more than 500 self-statements that can be answered “true,” “false,” or “cannot say”
  – Statements describe physical concerns, mood, morale, attitudes toward religion, sex, and social activities, and psychological symptoms
  – Assesses careless responding and lying
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 (Pt)
  – Schizophrenia (Sc)
  – Hypomania (Ma)
  – Social introversion (Si)

• Scores range from 0 to 120
  – Above 70 = deviant
  – Graphed to create a “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
      – However, they cannot be considered highly valid – measured traits often cannot be directly examined – how can we really know the assessment is correct?
    • Tests fail to allow for cultural differences in responses

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
Clinical Tests

3. Response inventories
   - Strengths and weaknesses:
     • Have strong face validity
     • Not all have been subjected to careful standardization, reliability, and/or validity procedures (Beck Depression Inventory and a few others are exceptions)

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

• Neurological and neuropsychological tests
  - Neurological tests directly assess brain function by assessing brain structure and activity
    • Examples: EEG, PET scans, CAT scans, MRI, fMRI
  - Neuropsychological tests indirectly assess brain function by assessing cognitive, perceptual, and motor functioning
    • Most widely used is the Bender Visual-Motor Gestalt Test
  - Clinicians often use a battery of tests

Clinical Tests

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

- Designed to indirectly measure intellectual ability
- Typically comprised of a series of tests assessing both verbal and nonverbal skills
- General score is an intelligence quotient (IQ)
  - Represents the ratio of a person's "mental" age to his or her "chronological" age

**Strengths:**
- Are among the most carefully produced of all clinical tests
  - Highly standardized on large groups of subjects
  - Have very high reliability and validity

**Weaknesses:**
- Performance can be influenced by nonintelligence 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 observations of behavior

• Several kinds:
  – Naturalistic
  – Analog
  – Self-monitoring

Clinical Observations

• Naturalistic and analog observations
  – Naturalistic observations occur in everyday environments
    • Can occur in homes, schools, institutions (hospitals and prisons), and community settings
    • Most focus on parent–child, sibling–child, or teacher–child interactions
    • Observations are generally made by “participant observers” and reported to a clinician
  – If naturalistic observation is impractical, analog observations are used and conducted in artificial settings

Clinical Observations

• Naturalistic and analog observations
  – Strengths and weaknesses:
    • Reliability is a concern
      – Different observers may focus on different aspects of behavior
    • 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 record information accurately
  - When people monitor themselves, 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 psychological problems constitute a particular disorder
  - 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 U.S.: DSM-IV-TR
  – Diagnostic and Statistical Manual of Mental Disorders (4th edition) Text Revision

DSM-IV-TR

• Published in 1994, revised in 2000 (TR)
• Lists approximately 400 disorders
• Describes criteria for diagnoses, key clinical features, and related features that are often, but not always, present

Lifetime Prevalence of DSM-IV-TR Diagnoses

53.6% No disorders
18.7% One disorder
10.4% Two disorders
17.3% Three or more disorders
• 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

• Axis I
  – Most frequently diagnosed disorders, except personality disorders and mental retardation

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### DSM-IV-TR

### Major Axis I Diagnostic Categories

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<thead>
<tr>
<th>Major Axis I Diagnostic Categories</th>
<th>Minor Axis I Diagnostic Categories</th>
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<tbody>
<tr>
<td>Anxiety disorders</td>
<td>Adjustment disorders</td>
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<tr>
<td>Mood disorders</td>
<td>Sleep disorders</td>
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<tr>
<td>Schizophrenia and other psychotic disorders</td>
<td>Delirium, dementia, amnestic, and other cognitive disorders</td>
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<tr>
<td>Substance-related disorders</td>
<td>Personality disorders</td>
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<tr>
<td>Substance-related disorders due to a general medical condition</td>
<td>Personality disorders</td>
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<tr>
<td>Factitious disorders</td>
<td>Mental disorders</td>
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<tr>
<td>Other conditions that are the focus of clinical attention</td>
<td>Eating disorders</td>
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<tr>
<td>Sexual and gender identity disorders</td>
<td>Stated identity disorders</td>
</tr>
<tr>
<td>Adjustment disorders</td>
<td>Sleep disorders</td>
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</tbody>
</table>
DSM-IV-TR

• Axis II
  – Personality disorders and mental retardation
    • Long-standing problems
• Axis III
  – Relevant general medical conditions
• Axis IV
  – Psychosocial and environmental problems

DSM-IV-TR

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

Is DSM-IV-TR an Effective Classification System?

• A classification system, like an assessment method, is judged by its reliability and validity
• Here, reliability means that different clinicians are likely to agree on a diagnosis using the system to diagnose the same client
  – DSM-IV-TR appears to have greater reliability than any previous edition
    • Used field trials to increase reliability
  – Reliability is still a concern
Is DSM-IV-TR an Effective Classification System?

• The validity of a classification system is the accuracy of the information that its diagnostic categories provide
  – Predictive validity is of the most use clinically
  – DSM-IV-TR has greater validity than any previous edition
    • Conducted extensive literature reviews and ran field studies
  – Validity is still a concern

Is DSM-IV-TR an Effective Classification System?

• Beyond concerns about reliability and validity, a growing number of theorists believe that two fundamental problems weaken the DSM-IV-TR:
  – Basic assumption that disorders are qualitatively different from normal behavior
  – Reliance on discrete diagnostic categories

Call for Change: DSM-5

• Given such concerns about DSM-IV-TR, it’s no surprise that a new and improved DSM has been in the works for decades
  – A Task Force and numerous work groups have been at work since 2006
  – A first draft was released online in 2010, with a request for suggestions and a revised draft was released in 2011
Call for Change: DSM-5

- Some proposed changes include additions to and removals of diagnostic categories, reorganizing of categories, and changes in terminology
- The publication of DSM-5 currently is set for 2013

Can Diagnosis and Labeling Cause Harm?

- Misdiagnosis is always a concern
  - Major issue is the reliance on clinical judgment
- Also present is the issue of labeling and stigma
  - Diagnosis may be a self-fulfilling prophecy
- Because of these problems, some clinicians would like to do away with the practice of diagnosis

Treatment: How Might the Client Be Helped?

- Treatment decisions
  - Begin with assessment information and diagnostic decisions to determine a treatment plan
    - Use a combination of idiographic and nomothetic information
  - Other factors:
    - Therapist’s theoretical orientation
    - Current research
    - General state of clinical knowledge – currently focusing on empirically supported, evidence-based treatment
The Effectiveness of Treatment

• More than 400 forms of therapy in practice, but is therapy effective?
  – Difficult question to answer:
    • How do you define success?
    • How do you measure improvement?
    • How do you compare treatments?
      – People differ in their problems, personal styles, and motivations for therapy
      – Therapists differ in skill, knowledge, orientation, and personality
      – Therapies differ in theory, format, and setting

• Therapy outcome studies typically assess one of the following questions:
  – Is therapy in general effective?
  – Are particular therapies generally effective?
  – Are particular therapies effective for particular problems?

• Is therapy generally effective?
  – Research suggests that therapy is generally more helpful than no treatment or than placebo
  – In one major study using meta-analysis, the average person who received treatment was better off than 75% of the untreated subjects
The Effectiveness of Treatment

• Is therapy generally effective?
  – Some clinicians are concerned with a related question: Can therapy can be harmful?
    • It does have this potential
    • Studies suggest that 5-10% of patients get worse with treatment

The Effectiveness of Treatment

• Are particular therapies generally effective?
  – Generally, therapy-outcome studies lump all therapies together to consider their general effectiveness
    • Some critics call this the "uniformity myth"
  – An alternative approach examines the effectiveness of particular therapies
    • There is a movement ("rapprochement") to look at commonalities among therapies, regardless of clinician orientation
The Effectiveness of Treatment

- Are particular therapies effective for particular problems?
  - Studies now being conducted to examine the effectiveness of specific treatments for specific disorders:
    - "What specific treatment, by whom, is the most effective for this individual with that specific problem, and under which set of circumstances?"
  - Recent studies focus on the effectiveness of combined approaches – drug therapy combined with certain forms of psychotherapy – to treat certain disorders