



Clinical Assessment



What is Assessment

Assessment is the collecting of relevant information in an effort to reach a conclusion.

- It is used to determine how and why a person is behaving abnormally and how that person may be helped.
- The focus of assessment is idiographic that is on an individual person.
- Assessment also may be used to evaluate treatment progress.

The specific tools used in an assessment depend on a 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

- Validity- refers to the accuracy of a test's results
 1. Face validity
 2. Predictive validity
 3. Concurrent validity
- To standardize a technique is set up common steps to be followed whenever it is administered.- scoring and interpretation
- Reliability
 1. Test retest reliability
 2. Inter rater reliability

Need and Purpose of Assessment

- Most commonly carried out for clinical and therapeutic process, to establish a diagnosis and formulation of the individuals problems and to plan their care and treatment.
- This may be done in a hospital, in an outpatient setting, or as a home based assessment.
- To better understand the individual.
- To predict behavior.
- To plan out the treatment.
- To evaluate treatment outcome.

Steps in the assessment purpose

1. **Deciding what is being assessed**

- Process begins with a series of questions like is there a significant psychological problem? What is the nature of this person's problem? Is the problem primarily one of the emotions, thought or behavior? What are the possible causes of the problem? What is the course of the problem likely to be if it goes untreated? What type of treatment is likely to be the most helpful?
- These questions come in part from the client and are called the "referral questions" questions that led the client to refer the psychologists.

2. Determining the goals of assessment-

- In this, the formulation of the psychologists goal is different for a particular case.
- Psychologists are confronted with a number of choices as they carry out the assessment process.
- Goals may include diagnostic classification determination of the severity of a problem, risk screening for future problems and evaluation of the effects of treatment, and prediction about the likelihood of certain types of future behaviors.

3. Selecting standards for making decisions-

- Knowing what to measure is only part of the process of assessment.
- A psychologist must also know what to do with the information once it is collected.
- Making decisions about the information is essential and decision and judgements require point of reference for comparison.
- Standards are used to determine if a problem exists, how severe a problem is and whether the individual has evidenced improvement over a specified period of time.

- Comparison can be made to standards that involve other people (normative standards) or to the self at other points in time (self referent standards)
- When working with an individual, a psychologist is drawing on the idiographic traditions. This process involves the discovery of what is unique about the person given her or his history, current personality structure and present environment conditions.
- In arriving at impression the individual however the psychologist is frequently required to make judgement about the person in comparison to most other people. In doing so, the psychologists draw the nomothetic traditions of laws and rules that apply to the behavior of people in general.

4. Collecting data-

As psychologist make decisions about which aspects of the person environment system are most relevant to measure, they must also decide which of any methods will be used to assess the targets that have been studied.

These choices include the use of structured and unstructured clinical interviews, reviews of the individual's history from school or medical records, measurement of psychological functioning. A wide array of psychological tests, selfr reports.

Interviews can be relatively open ended following the preferences or style of the individual psychologist, or highly structured in which a series of questions are asked in a prescribed manner and order regardless of who administer the interview. Literally hundred of psychological tests have been developed, most of which are administered by a psychologist to a client on an individual basis; a smaller number of administered in a group format.

Psychological tests include measures of intelligence assessments of neuropsychological functioning, objective tests of personality and projective methods of assessing personality.

Self report measure have been designed to assess symptoms of specific problems such as depression, stressful life events, current concerns and problems or perceptions of relationships with others.

5. Making decisions-

The information obtained in the psychological assessment process is valuable only to the extent that it can be used in making important decisions about the person or persons who are the focus of assessment.

The goals of assessment- diagnosis, screening, prediction and evaluation of intervention- determine the types of decisions that are made.

The decisions that are made on the basis of psychological assessments can have profound effects on people's lives.

The process of making decisions is complex and the stakes are high. Therefore, it is important to understand the factors that influence the decisions and judgements made by clinical psychologist and ways to optimize the quality of these decisions.

6. Communicating the information-

After collecting information that is relevant to the evaluation of an individual and the environment in which she or he functions, scoring the measures that were used and interpreting the scores, the psychologist is faced with the final task of clinical assessment: communicating this information and interpretations to the interested parties.

The communication typically takes the form of a written psychological report that is shared with the client and professionals (physicians, teachers and other mental health professionals), a court or family members who are responsible for the client.

The challenges for psychologists in conveying assessment information are many, including the need to be accurate, to provide an explanation of the basis for their judgement, and to communicate free of technical jargon.

Domains of assessment

1. **The clinical interview and physical exam**

- **Clinical interview**- most common clinical assessment method

It may be structured or semistructured.

- **Mental Status Examination-**

Appearance and behavior

Thought processes

Mood and affect (depressed for several days)

Intellectual functioning (academic history, specific questions)

Sensorium (are they alert, are they relate to person, place and time, date or year)

- **Physical Examination**

Physical domains-

Developmental history, Family, Medical, Mental health, Academic, employment, criminal, relationships, sexual, medications, hospitaliations, legal (for eg. rule out medical history- substance use)

2. Behavioral Assessment and observation-

- **Behavioral assessment-**

Focus on the present- here and now

Focus on direct observations of behavior environment relations

Purpose is to identify problematic behaviors and situations

Identify antecedents, behaviors and consequences

- **Behavioral observations and behavioral assessment-**

Can be either formal or informal

Self monitoring versus others observing

Problems of reactivity using direct observation methods

Observational assessment focuses on A= antecedents. B=Behavior, C= Consequences

3. Psychological testing and projective tests-

- **Psychological testing**- must be reliable and valid
- **Projective testing**- projective aspects of personality on to ambiguous test stimuli.

Roots in psychoanalytic tradition

Require high degree of clinical influence in scoring and interpretation

Examples include Rorschach, TAT

Reliability and validity data tend to be mixed.

- **Objective tests-**

Test stimuli are less ambiguous.

Roots in empirical tradition

Requires minimal clinical inference in scoring and interpretation.

Objective personality test- MMPI, MMPI2, Million clinical multiaxial inventory, personality assessment inventory

Objective intelligence test- WAIS-IV, WISC-IV, Stanford Binet

Rapport Building

W= welcome client

E= Engage client in warm environment

L= listen to client story

C= Communicate a caring presence

O=Observe key behaviors and messages(like client looking around)

M= Merge key ideas and weave into assessment

E= Explore key ideas in the subsequent assessment

Formal assessments

It is systematic, preplanned data based tests that measure what and how well the students have learned.

E.g. standardized tests, criterion referenced tests, norm referenced test, achievement test, aptitude test

Informal assessment

It is the spontaneous form of assessment that can easily be incorporated in the day to day classroom activities and that measure the student's performance and progress. Informal assessments are content and performance driven.

For e.g. checklist, observation, rating scale, case studies, case reports

Difference between formal and informal assessment

FORMAL ASSESSMENT

Structured

Static

Standardized

Episodic

Product based

Knowledge testing

INFORMAL ASSESSMENT

Flexible

Dynamic

Individualized

Continuous

Process based

Progress measuring

Informal assessment cannot completely replace the formal assessment. We need both, as one complements the other, in depicting accurate pictures of our students. We can use either type (depending on the intended purpose) to improve teaching and learning. The type of assessment we should use should match the intended purpose of the assessment. For example, if we want to assess the students' academic achievement and compare it with other students, then we can use the formal assessment. If we want to use assessment to monitor students' progress and help them maximize their own learning, or use assessment to improve instruction, then we can use the informal assessment.

Characteristics of good formal assessment

Valid

Reliable

Comprehensive (should cover all areas)

Easy to administer

According to Sundberg and Tayler (1962)

1. **Preparation**- in which the clinician learns of the patients problem, negotiates the referral questions and plans further steps in assessment.
2. **Input**- during which data about the patient and his situations are collected.
3. **Processing**- during which the material collected is organised, analysed, interpreted.
4. **Output**- during which the resulting study of the person is communicated and decisions as to further clinical actions are made.

References

<https://www.usd232.org/site/default.aspx?PageType=3&ModuleInstanceID=10065&ViewID=9fc4dc78-f943-4224-8465-6c780e58f4df&RenderLoc=0&FlexDataID=10939&PageID=99>

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