



Clinical Assessment procedures

Before diagnosis and possible treatment the person has to be assessed in order to discover how and why the person is behaving abnormally. Also, at the end of the treatment, the person may be assessed in order to evaluate the therapy programme. There are three broad clinical assessment techniques: **clinical interviews**, **clinical tests** and **clinical observations**.

Clinical interviews

Interviews are often the first contact between the clinician and the client and are used to find out who the client is, why they are here and what they have come through to be in their current situation (Sullivan 1954). They normally involve detailed information and are used by almost all therapists regardless of their theoretical orientation (for example, psychoanalyst or psychiatrist, counsellor or behavioural therapist).

Interviews can be either **unstructured** or **structured**. In an **unstructured interview** the therapist may ask open questions (*How do you feel about ...?*), following interesting leads and not overly constrain the direction of the discussion. This is an opportunity for the client to express concerns that are important to the client. A **structured interview** involves the therapist following an **interview schedule**, which is a set series of questions designed to probe particular areas of concern and functioning. Most clinicians use both types of interview.

Limitations include that the information is preselected by the client, clients may be unable to provide accurate information, interviewers may be subjective, different interviewers may discover different information about the client due to interpersonal variables and so the validity of the data is in question.

Questions

1. What do you think the advantages and disadvantages of structured interviews might be?
2. What do you think the advantages and disadvantages of unstructured interviews might be?

3. Why might the limitations discussed in this section be problematic for clinicians trying to assess a patient?

Clinical tests

Clinical tests are more focused than interviews, generally. There are more than 500 such tests in use in USA at the moment. Like all tests, they have to be standardised, reliable and valid in order to be trustworthy. Clinical tests can be put into 5 groups:

<p>Projective tests</p>	<p><i>Subjects are presented relatively vague or ambiguous stimuli and are asked to give interpretations, the assumption being that the cues and questions are so vague that subjects must project the meaning onto the stimuli which in turn is taken as an indicator of aspects of their personality. They are used primarily by clinicians influenced by psychodynamic theories (Freud, Jung, Klein, Fromm, Adler, Winnicott). The most widely used are Rorschach's Inkblots, Thematic Apperception Test (TAT) (an ambiguous picture/cartoon is shown and the client says what's going on), sentence completion tests (I wish..., My father..., I love ...) and drawings (e.g. Draw-a-Person test or DAT uses characteristics selected by the client for inclusion being indicative of concerns/functioning of the client).</i></p>
<p>Self-report inventories</p>	<p><i>These are a list of items asking the client to assess or evaluate himself or herself, in an attempt to reveal personality, emotions, feelings, attitudes, beliefs etc.. they can be either broad or narrow in focus. The broad form is a personality inventory and is commonly used by psychodynamic and humanistic therapists. The most widely used such test in USA is the Minnesota Multiphasic Personality Inventory (MMPI) which consists of 550 statements to be labelled true/false/cannot answer. The items make up ten scales including depression, hysteria, paranoia, masculinity/femininity and so on. The scores on these scales are plotted on a chart to reveal a personality profile which is a kind of shorthand summary of the person's condition, easily read by someone trained in interpretation of such charts. Personality tests are subject to response set such as acquiescence (just saying true all the time without thinking about it) or social desirability (giving the answer you think is expected of you). There are numerous narrow self-report inventories, which are most frequently used to give information about a focused piece of functioning and so are used by cognitive and behavioural therapists. Examples are affective inventories to find out about emotional areas such as the Fear Survey Schedule (Geer 1965, in Comer 1995 p 113), social skills inventories such as the Assertive Behaviour Schedule (Cautela and Upper 1976 in Comer 1995 p114), cognition inventories revealing beliefs and assumptions, reinforcement inventories disclosing patterns and strengths of reinforcers in the</i></p>

	<i>client's world.</i>
Psychophysiological tests	<i>Developments in medical science have pointed to states of anxiety being accompanied by physiological changes such as increased heart rate, changes in body temperature and in electrical skin resistance. Since such changes can be measured with accuracy and hence have high reliability they are often assumed to be more precise than interviews, projective tests, self-reporting etc. They are used by behavioural and cognitive therapists in their assessment of how people function with anxiety disorders. Used widely in USA for the assessment of sexual disorders, psychophysiological measurements might involve the use of vaginal or penile plethysmographs, which detect sexual arousal.</i>
Neuropsychological tests	<i>If a psychological disorder is to be treated successfully it is important to know whether it originates in some abnormality in the brain. In addition to taking samples of neurological substances (e.g. spinal fluid) and biopsies, non-invasive techniques are now widespread. A computer axial tomogram (CAT scan) involves taking x-rays of the brain from various angles to give a series of images of thin slices of the brain showing locations and sizes of structures, though it gives no indication of activity. An electroencephalogram (EEG) on the other hand records electrical activity in the brain through the scalp, which may reveal an abnormal brain-wave pattern (dysrhythmia) but gives little indication of location of such activity. Positron emission tomography (PET scan) allows us to watch the brain in action. A harmless substance is injected and allowed to flow to the brain where a machine that detects radioactivity in the substance picks up the activity of the brain by recording the concentration of this substance in parts of the brain. A computer processes the information and presents it in various colours to indicate the intensity of activity. Particular intensities in particular locations are associated with specific disorders. Magnetic Resonance Imaging (MRI) is the most recent development and allows information on location and activity without using radioactive substances.</i>
Intelligence tests	<i>A general intelligence assessment indicates a person's intelligence quotient (IQ) in relation to the rest of the population and so can be used to identify learning difficulties. Their use is surrounded by controversy, however, based on questions about what an IQ score really means. Nevertheless, IQ tests have high reliability, are well standardised and have a good degree of validity when compared to parallel forms. The most widely used tests in USA are the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children and the Stanford-Binet Intelligence Scale.</i>

1. Try out the following tests with a partner (tick the box when you have completed the relevant test):

- θ Rorschach Inkblots
 - θ Thematic Apperception Test
 - θ Draw a person test
 - θ Personality test (any)
 - θ Vaginal/Penile plethysmograph (only kidding!)
 - θ Heart rate
 - θ IQ test (any)
2. Find out some details (e.g. what it might be useful for, what kind of results can you get from it) about the following tests:
 - ϖ MRI
 - ϖ CAT scan
 - ϖ EEG
 3. Which of the tests do you think would be most useful in a clinical setting and why?
 4. Which of the tests do you think would be least useful in a clinical setting and why?

Clinical Observations

A person's functioning can be seen directly through accurate observation. This can take place in a variety of forms. One technique is to use **naturalistic observation**, often using **participant observation**. Another is to use **structured observation** in which the client is watched performing tasks in artificial surroundings so that extraneous variables are controlled. A problem here is that observers may be **over-loaded** in the amount of information they are trying to record. Another difficulty is **observer bias** (the observer is selective in recording data) and another is **observer drift** (the concentration of the observer deteriorates during the observation). **Self-monitoring** may be used too though this may be subject to biased recordings by the client, either because they don't understand the procedure or because they are not motivated to record their actions accurately.

Task

Get into a group of 4. Set up a clinical interview (structured or unstructured) with one person taking the role of the clinical psychologist, one person taking the role of a person with a mental disorder (whichever one they choose) and the other two being the observers. The observers' task is to take notes on the interview so that they can assess the patient and discuss the effectiveness of the clinical interview as a clinical assessment technique.