

Psychological assessment

- Clinical interview
- Psychological (Clinical) tests
 - Personality measures
 - Projective vs. objective
 - Response inventories
 - Psychophysiological assessment
 - Neurological & neuropsychological testing
 - Intelligence testing
- Clinical observations

Clinical interview

- Cornerstone of most assessments
- Systematic gathering of information
 - Structured or unstructured
 - What do we want to know?
- Mental Status Exam

Psychological testing

- Personality tests
 - Projective tests
 - Rorschach, TAT, Sentence completion blank, DAP, HTP
 - Objective tests
 - MMPI-2, MCMI, NEO-PI
 - Response inventories
 - BDI, BAI, STAI, SCL-90-R, CES-D, Y-BOCS, MASQ, PANAS

Psychophysiological assessment

- Measure autonomic arousal
 - BP, GSR, HR, Respiration
 - Biofeedback
 - Polygraphs
 - Effective?

Neurological & neuropsychological testing

- Neurological exam
- Neuropsychological tests
 - Batteries
 - Screening tests
- Brain scanning
 - PET, CAT, MRI, fMRI

Intelligence testing

- Full battery tests
 - Wechsler series
 - Stanford Binet IV
 - Leiter
 - Kaufman
- Screening measures
- Diagnosis of Mental retardation
 - Deficits in BOTH cognitive & adaptive functioning must be present

Clinical observations

- Can come from multiple sources
 - More sources = more complete information
 - Rating scales - multiple raters
- Direct clinician observation
 - Interview
 - In the person's environment
 - Controlled/monitored settings

Diagnosis

- Reasons for diagnosing:
 - 1) communication shorthand
 - 2) treatment indications
 - 3) etiology
 - 4) research
 - 5) \$

DSM-IV-TR

- mental disorder defined-behavioral or psychological pattern that has either caused the individual significant distress or has disabled them in at least one significant area of functioning
- specific criteria for each mental disorder

Five axis system

1. clinical syndromes
2. disorders first evident during childhood
3. medical conditions
4. psychosocial&environmental problems
5. global assessment of functioning

*Usually denoted with roman numerals
Axis I, II, III, IV, V*

Axis IV - Psychosocial and Environmental Problems

- Problems with primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care services
- Problems related to interaction with the legal system/crime
- Other psychosocial and environmental problems

Axis V - Global Assessment of Functioning (GAF)

- Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness.
 - 100-91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
 - 80-71 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning(e.g., temporarily falling behind in schoolwork).
 - 50-41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

GAF - continued

- 40-31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 20-11 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10-1 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

Opposition to the Medical Model

- Diagnosis and potential for harm
 - Misdiagnosis
 - Stigma/self-fulfilling prophecies
 - Drapetomania
- Szasz – Charcot & Freud and their studies/ treatment of hysteria
- What is an illness/ disease?
- Psychiatry defining mental illnesses

Factors biasing diagnoses

- context
- expectation
- source credibility
- research diagnoses don't need to be as reliable and valid as treatment diagnosis

- Rosenhan & Spitzer article discussion
