

ASSESSMENT TECHNIQUES

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By

Dr. Priyanka Kumari

Assistant Professor

Institute of Psychological Research and Service

Patna University

Contact No.7654991023;

E-mail- drpriyankakumari1483@gmail.com



Mental health researchers and clinicians employ a variety of assessment techniques and tools to ascertain psychological functioning, including interviews and tests of cognitive and personality functions. Which tools and techniques are used depends on the purpose of the assessment.

Clinical Interview

An important tool used to assess psychological functioning is the clinical interview, a meeting between clinician and patient during which the clinician asks questions related to the patient's symptoms and functioning.

A clinical interview provides two types of information:

1. The content of the answers to the interview questions, and
2. The manner in which the person answered them.

Questions may focus on symptoms, general functioning, degree and type of impairment, and the patient's relevant history.

In an unstructured interview, the clinician asks whatever questions he or she deems appropriate, depending on the patient's responses. In contrast, in a structured interview, the clinician uses a fixed set of questions to guide the interview.

Advantage

The advantage of an unstructured interview is that it allows the clinician to pursue topics and issues specific to the patient. However, different clinicians who use this approach to interview the same patient may arrive at different diagnoses, because each clinician's interview may cover different topics and therefore gather different information.

Disadvantage

Problem with unstructured interviews is that the interviewer may neglect to gather important information about the context of the problem and the individual's cultural background.



A structured interview is likely to yield a more reliable diagnosis because each clinician asks the same set of questions. However, such a diagnosis may be less valid, because the questions asked may not be relevant to the patient's particular symptoms, issues, or concerns. That is, different clinicians using a structured interview may agree on the diagnosis, but all of them may be missing the boat about the nature of the problem and may diagnose the wrong disorder.

A semi structured interview combines elements of both of the other types: Specific questions guide the interview, but the clinician also has the freedom to pose additional questions that may be relevant, depending on the patient's answer to the standard questions.



Observation

All types of interviews provide an opportunity for the clinician or researcher to observe and make inferences about different aspects of a patient:

Appearance-signs of disorders can sometimes be noted by carefully observing subtle aspects of a person's appearance. For example, patients with the eating disorder bulimia nervosa may regularly induce vomiting; as a result of repeated vomiting, their parotid glands, located in the cheeks, may swell and create a somewhat puffy look to the cheeks. Such patients may also have scars on their hands where repeated exposure to stomach acid has damaged the skin (which occurs when they put their hands down their throats to induce vomiting).

Behavior- The patient's body language, facial expression, movements, and speech can provide insights into different aspects of psychological functioning.

Emotions- What emotions does the patient convey? The clinician can observe the patient's expression of distress (or lack thereof) and emotional state (upbeat, "low," intense, uncontrollable, inappropriate to the situation, or at odds with the content of what the patient says).

Movement- The patient's general level of movement—physical restlessness or a complete lack of movement—may indicate abnormal functioning.

Speech- Clinicians observe the rate and contents of the patient's speech: Speaking very quickly may suggest anxiety, mania, or certain kinds of substance abuse; speaking very slowly may suggest depression or other kinds of substance abuse.

Mental processes- Do the patient's mental processes appear to be unusual or abnormal? Does the patient appear to be talking to someone who is not in the room, which would suggest that he or she is having hallucinations? Can the patient remember what the clinician just asked? Does the patient flit from topic to topic, unable to stay focused on answering a single question?

Behaviors observed during a clinical interview can, in some cases, provide more information than the patient's report about the nature of the problem. In other cases, such observations round out an assessment; it is the patient's own report of the problem—its history and related matters—that provides the foundation of the interview.



Patient's Self-Report

Some symptoms cannot be observed directly, such as the hallucinations that characterize schizophrenia, or the worries and fears that characterize some anxiety disorders. Thus, the patient's own report of his or her experiences becomes a crucial part of the clinical assessment.

At some point in the interview process, the clinician will ask about the patient's history—past factors or events that may illuminate the current difficulties. For example, the clinician will ask about current and past psychiatric or medical problems and about how the patient understands these problems and possible solutions to them. The clinician will inquire about substance use, sexual or physical abuse or other traumatic experiences, economic hardships, and relationships with family members and others. This information helps the clinician put the patient's current difficulties in context and determine whether his or her psychological functioning is maladaptive or adaptive, given the environmental circumstances.



Some patients, however, intentionally report having symptoms that they don't actually have or exaggerate symptoms they do have, either for material gain or to avoid unwanted events (such as criminal prosecution)—such behavior is the hallmark of malingering.

Most patients intend to report their current problems and history as accurately as possible. Nevertheless, even honest self-reports are subject to various biases. Most fundamentally, patients may accurately report what they remember, but their memory of the frequency, intensity, or duration of their symptoms may not be entirely accurate.

Another bias that can affect what patients say about their symptoms is reporting bias—inaccuracies or distortions in a patient's report because of a desire to appear in a particular way. In some cases, patients may not really know the answer to a question asked in a clinical interview.

Semi structured Interviews

A semi structured interview format is asking a list of standard questions but formulating their own follow-up questions. The follow-up questions are based on patients' responses to the standard questions. One set of questions that assesses a patient's mental state at the time of the interview is the mental status exam.

In a mental status exam, the clinician asks the patient to describe the problem, its history, and the patient's functioning in different areas of life. Other standard questions in the mental status exam probe the patient's ability to reason, to perform simple mathematical computations, and to assess possible problems in memory and judgment.

The clinician uses the patient's answers to the standard questions to develop hypotheses about possible diagnoses and difficulties with functioning, and then asks other questions to obtain additional information.

People from other cultures may answer some of the questions in a mental status exam in unconventional ways, and clinicians must take care not to infer that "different" is "abnormal."

The mental status exam assesses cognitive, emotional, and behavioral functioning broadly, and the standard questions are not designed to obtain specific information that corresponds to the categories in DSM-IV-TR. The interviewer can arrive at a diagnosis based on answers to both standard and follow-up questions, but the goal of the mental status exam is more than diagnosis: It seeks to create a portrait of the individual's general psychological functioning.

The mental status exam contrasts with another semi structured interview format—the Structured Clinical Interview for DSM-IV, Axes I and II (SCID-I and SCID-II; which is generally used when the interview is part of a research project and is designed to assist the researcher in diagnosing patients according to the DSM-IV-TR.

Based on the patient's responses, the interviewer can readily determine which disorder is the most appropriate diagnosis. Clinical interviews provide a wealth of information, about the patient's symptoms and the patient's general functioning, as well as about the context in which the symptoms arose and continue. However, a thorough clinical interview can be time-consuming and may not be as reliable and valid as assessment techniques that utilize tests.