

Comer 2016: Unit One, Essay Questions (PT. 2)

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5. What Forms of Reliability and Validity Should Clinical Assessment Tools Display?

Everyone in life looks for a sense of authenticity in every sphere of their involvements. This is expectant to be seen in casual friendship, business relationships and even in the products we use in everyday life. This authenticity is also required to be seen in counseling and other forms of clinical work, especially on the basis of the field being a trusting and relational one. In looking for counselors one looks for reliability and validity in credentials, research modes and mannerisms. The same expectation of consistency and legitimacy is required and expected for tools used for measurements and diagnostic arriving sources. Faith in clinical tools exists as clients want to be assured that the clinician is making strides to discovering what should be diagnosed. They also want to be guaranteed they are in a progressive route of total recovery.

With the clinical tools being interviews, tests and observations, the clinician has to consistently develop his prowess in learning in the field. The right questions need to be asked and the right procedures needs to be administered for accuracy of diagnosis. The clinical expert must also be mindful of following universal standards for readings and assessments, as standards set by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) and the International Classification of Diseases, tenth edition (ICD-10), have set universal standards for clinical measurements and assessments.

First impressions in the therapeutic experience is the clinical interview. The clinician is required to be adept as possible in gathering credible data that will lead to the clear diagnosis. This aspect of the counseling session the writer of this assignment is anticipated to be one of the most valuable. He likes setting tones and boundaries in first moments, as this sets a great path for future sessions and generally, the counseling relationship.

6. What Are the Strengths and Weaknesses of Structured and Unstructured Interviews?

One of the greatest downfalls of any system is the when correlating factures of the same is unshaped. This is applicable to grandiose examples such as construction projects and what mean me considered small or everyday experiences such as a mother preparing toddler for an active school day. One composing attribute being missing from the plan can result in a faulty ending experience.

The therapeutic room is also characterized by such standards. When proper procedures are followed, the clinical experience will not only be productive one for the counselor, but in same measure, the client. Quality clinical experience will feature probing that will lead to the desired of proper diagnosis. It is also purpose driven in the sense of the correct questioning will be pre-determined and is more direct in oppose to that of having no boundary, thus allowing the formulation of indirect responses. The clinical experience that is fain and flawed has no bearings features wide range purposeless pursuits.

It is important to note that when the therapeutic experience is governed by proper clinical procedures, the most relevant data will be gathered from the client. It is not unusual for clients to misrepresent themselves both in the sense of providing the wrong information, and also project misrepresentation of their own personality. The goal of the experience is to set proper boundaries where truth can be unearthed. Being also watchful, the clinician is also required to be precise and set the correct tone of warmth that will foster comfort of the client and flow of information. Structure involves control. The client will need to uses his creative ability to make his session one that is engaging and pulling for the client. The counseling experience requires the counselor to be accountable and dependable, having the client assured that they are using the most precise tools for measurements, in an era when so many of these devices malfunction.

7.How Do Clinicians Determine Whether Psychological Problems Are Linked to Brain Damage

Proper probing in every situation is crucial as cause and effects though relative, are never always visible at the first glance. Clinical practice, studies and research will always cause the clinician to view many signs and symptoms, and sometimes the combination of the two-syndromes. Signs are outward signals which can be observed in bodily actions, dress codes and even facial expressions. Symptoms on the other hand are more physiological, meaning they are most times unseen and connected to bodily pains or chronic conditions.

The cause of signs is always connected to symptoms and it is very important for the clinical scientist to be able to detect both, individually, collectively, or correlation-combination of the two. It is important to note that manifestation of outward behavior is sometimes cognitively related. Changes could be occurring in the brain, leading to permanent damage.

When approaching clinical diagnosis, it will be important to note that a multiplicity of problems can lead to health damage. Clinician will sometimes be required to make referrals for medical checks and for the ordering of x-rays and other brain review imagery examinations.

Intelligence Quotient, or IQ, information is also sometimes necessary for a clinician to know. Conducting psychological assessments may indicate the need for such test results, especially in moments when information being received is not cohesive and coherent. Differential diagnosis skills will however enable the clinician to know when factors that are not related to intelligence may produce may influence negatively or positively an IQ test. It is important that other underlining disorders may affect an IQ exam result or even social related issues such as in-exposure to the testing, and other issues such as culture.

8. According to Therapy Outcome Studies, How Effective Is Therapy?

People every day encounter medial mental health problems and require therapeutic treatments. Defining therapy leads one to words and phrases such as, treatment, of mental health, concerns, and, skills building. Therapy is one of the most crucial aspects of the clinical field. More than four hundred forms of therapy are in existence and forms of some type applies to all modes of counseling.

It is meant for rehabilitative treatments to be successful in producing a desired or intended results. This desired achievement leads to realization that all problems and need for therapeutic needs differ. In avid research, it is noted that all forms of therapeutic treatments are necessary and important.

A common question asked by clinicians is whether or not therapy can be dangerous. There are a variety of schools of thoughts around the issue. Research have also yielded different findings. Some have found, from the vantage point of their studies that 50% of people who engage therapy are not helped. Others have had findings to believe that the average person who receives treatment will have better outcomes than non-accepters of the treats, in their rehabilitation journey.