

Gail Baker
Final Exam
Alliance University
GCN602
Measurement and Assessment
bakerg@allianceu.edu

Professor: A'tasha Christian

TA: Erin Coleman

Multiple Choice

Please highlight your selected answer.

1. Your supervisor suggests that you give your client a Beck's Depression Inventory (BDI) Test. This is a(n) _____.

- a. aptitude test
- b. intelligence test
- c. self-report test**
- d. achievement test

2. Self-report tests like the Beck Depression Inventory:

a. Consistently and accurately measure its intended criterion regardless of internal or environment factors

- b. Depend much on the present state of the person taking it
- c. May not always be accurate

d. Both b and c

3. Reliability tells:

- a. if a test measures what it says it measures.
- b. how consistently a test measures an attribute.**
- c. if the client can be trusted.
- d. where the counseling process should focus.

4. Validity tells: A

- a. if a test measures what it says it measures.**
- b. how consistently a test measures an attribute.
- c. if the client can be trusted.
- d. where the counseling process should focus.

1. What are the three most important concepts that you learned throughout this course that you can apply in a clinical setting? Give an example of how you would apply the concepts learned to conduct an intake assessment.

The three most important concepts I've learned throughout this course for a clinical setting are clinical assessment, diagnosing a client, and treatment. According to (Corey, 2019), assessment consists of evaluating the relevant factors in a client's life to identify themes for further exploration. Diagnosis, which is sometimes part of the assessment process, consists of possibly identifying a specific mental disorder based on a pattern of symptoms that leads to a specific diagnosis described in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (American Psychiatric Association, 2013a), the official guide to a system of classifying psychological disorders and generally referred to as the DSM-5. Both assessment and diagnosis are intended to provide direction for the treatment process. In applying these concepts, one must collect information from the client to learn about the client's history, so one can effectively determine diagnosis and treatment of the client if the client may need one, and assuming that one may need one there are numerous approaches a counselor can use to treat their client. While conducting the intake assessment the counselor is measuring reliability, validity, and standardization.

2. Compare and contrast aptitude tests and achievement tests. Provide an example of each and why it would be that particular test.

In research, Whiston (2009) explained that achievement tests are used to assess what an individual has learned or acquired. A common example of an achievement test that assesses what a test taker has learned is the Wide Range Achievement Test, 10th edition (WRAT5). The WRAT5 is used as a screening test to determine if additional comprehension tests are required (p. 238). In contrast, aptitude tests are used to predict future performance and evaluate an individual's potential ability to learn new tasks (Whiston, 2009, p. 272). A common example of an aptitude test is the Scholastic Assessment Test (SAT). The SAT is the most commonly used aptitude test for colleges attempting to determine future success with potential students (Whiston, 2009, p. 273). Aptitude and achievement tests are similar because they standardize results by determining strengths and abilities. However, the fundamental difference between the two is that aptitude tests measure future potential, whereas achievement tests measure past learning.

3. Discuss at least two ethical and multicultural considerations for clinical assessments.

There are many ethical and multicultural considerations a counselor can discuss in clinical assessment when dealing with clients but ethical considerations are when a counselor is faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of objective decision based on the circumstances and welfare of all involved (ACA, 2014). and multicultural considerations counselors select and

use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on tests, and they place test results in proper perspective with other relevant factors (ACA, 2014). Counselors must be aware of their own bias toward their client's racism, stereotyping, and discrimination to be effective in service to a diverse population. Counselors must better their understanding of different cultural clients. Multicultural considerations are moral reasoning, cultural competence, beneficence/nonmaleficence, and respect for persons and their communities.

4. Assessment process in clinical mental health counseling involves four key steps (Drummond, Sheperis, & Jones, 2015):

- (a) Identifying the nature of problems/reasons for assessment (i.e. cognitive, behavioral, emotional, social, academic, or vocational).
- (b) Choosing and implementing methods of assessment/instruments for data collection (i.e. interviews, tests, observation).
- (c) Evaluating assessment information (i.e. scores, interpretation, and information integration including documenting findings, identifying convergent findings, explaining discrepancies, formulating a hypothesis, and making an assessment report).
- (d) Reporting results of the assessment and making recommendations (i.e. description of the assessed client, making a hypothesis, providing supporting methods and sources data, recommending possible solutions).

Briefly explain why each aforementioned step is vital in the assessment and counseling process.

The four key steps in the assessment process are:

1. The presenting problem
2. A description of symptoms and level of current functioning
3. A history related to the presenting problem
4. Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnosis

Case Conceptualization

Rachel is a 14-year-old girl who has recently been caught shoplifting. She was reported to her school by a store clerk who recognized her uniform and had caught her stealing clothes. The police were also informed and gave Rachel a warning at the police station. Her father and stepmother were appalled, having caught her previously with other students' property in her school bag earlier in the year. She was banned from going out with her friends and was

given extra chores. After promising she would never steal again, she was allowed to see her friends again and the chores went back to normal.

The first time Rachel had been caught stealing was when she had just turned twelve; just over two years ago. She has been caught on seven occasions since then, including her most recent incident. Her stepmother suspects she has stolen on more occasions than this and doesn't believe that the first time she was caught was the first time she'd stolen. This is the first time that Rachel has stolen from a store though; this information is agreed upon by both Rachel and her parents. All parties agree that this is the most serious incident so far. Rachel says that she knows stealing is wrong and her parents have tried driving this home to her. Having the police involved in the most recent episode of stealing made her realize that she could get into trouble with people other than her parents and teachers, but "the police were softer" on her than her parents and teachers ever had been, presumably because her father is a police officer as well.

Rachel's parents report that her behavior has worsened significantly over the past year. Her grades have fallen to slightly above failing and she frequently skips school. Rachel has lost about 15 pounds in the past year and she often dresses in baggy clothing. Her stepmother shared that Rachel can go "days it seems" without eating.

Based on the information provided, please answer the following:

1) What areas are of clinical concern?

There are many clinical areas of concern for Rachel's behavior that have worsened significantly in her disruptive behavior which leads to conduct disorder over the past year. Rachel has lost about 15 pounds in the past year, and she goes days without eating. Which could have become an eating disorder. Rachel has been stealing from classmates and now stores.

2) What inventories would you administer (select at least two)?

As a counselor, the inventories I would administer are the disruptive behavior conduct disorder of stealing and why Rachel is losing 15 pounds in the past year I would look into an eating disorder.

3) Provide a rationale for why you would administer the selected inventories.

My concern for Rachel is to know why this recent episode of stealing has become your norm, failing grades, leaving school, and what's causing these effects. Then I would want to find out why you go days without eating and why you are losing weight.

4) What are your PROVISIONAL diagnoses?

Conduct Disorder: Deceitfulness or Theft

Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

312.89 (F91.) Unspecified onset: Criteria for a diagnosis of conduct disorder are met, but there is not enough information available to determine whether the onset of the first symptom was before or after age 10 years.

Avoidant/Restrictive Food Intake Disorder: replaces and extends the DSM-IV diagnosis of feeding disorder in infancy or early childhood.

An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concerns about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

307.59 (F50.8) Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).

5) What would you include in your treatment goals?

In spite of the provisional diagnoses in Rachel's current history, it is recommended that she participate in a counseling session. Considering Rachel's age long-term treatment would be advised to help her in future guidance. In treating Rachel's behavior cognitive and behavioral therapy (CBT) would fit her criteria. Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment.

Reference

2014 ACA Code of Ethics - *American Counseling Association*.

https://www.counseling.org/docs/default-source/ethics/2014-code-of-ethics.pdf?sfvrsn=2d58522c_4.

American Psychiatric Association, DSM-5. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). American Psychiatric Publishing. Retrieved from

Corey, G., Corey, M. S., & Corey, C. (2019). *Issues and Ethics in the Helping Professions*. Cengage Learning.

“What Is Cognitive Behavioral Therapy?” *American Psychological Association*, American Psychological Association, <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.

Whiston, S. C. (2009). *Principles and applications of assessment in counseling* (3rd ed.). Belmont, CA: Brooks/Cole, Cengage Learning