

**Final GCN 602: Measurement and Assessment**

Tanya Bray

Department of Mental Health Counseling, Alliance University

GCN 602: Measurement and Assessment

Dr. A'tasha Christian

March 27, 2023

### Multiple Choice

1. C
2. D
3. B
4. A

### Short Answer

1. The three most important concepts I learned throughout this course were validity, reliability, and interpreting. All three of these concepts refer to ideas counselors must get right not just to do a good job but to avoid doing harm.

Validity “refers to whether the claims and decisions made on the basis of assessment results are sound, meaningful, and useful for the intended purpose of the results” (Sheperis, Drummond, & Jones). In other words, the test measures what we want it to measure. Assessments used correctly to measure what we are purporting it measures, can be essential tools to keep subjectivity out of the intake assessment. Reliability is when a test consistently shows the same results. The test can be relied on to be accurate across populations. If assessments are not reliable, they should not be used. And finally interpreting the assessments correctly is the third important concept taught in this course.

If assessments are used incorrectly or unethically, by not being used in a valid or reliable manner or being interpreted wrong, these mistakes can follow clients into the rest of their lives. If these three concepts are used correctly, they can greatly increase our effectiveness as counselors and are essential tools in our practice.

2. “Aptitude tests and intelligence tests are often used for predictive purposes, whereas achievement tests measure what has been learned and are most often used for descriptive purposes and assessment of growth and change.” (Sheperis, Drummond, & Jones)

Aptitude tests seek to quantify a person’s future success. The Armed Services Vocational Aptitude Battery (ASVAB) is an example of an aptitude test. The assessment seeks to anticipate where a service member would best fit during their service and is taken before the service member starts their placement. The SAT or ACT are both achievement tests. They test how well a student has done throughout their high school career. The interesting part about this is that both of these tests are used by colleges to forecast how well a student will do in the future as if they are aptitude tests. Many career assessments are aptitude tests that seek to discern natural ability in an effort to assist clients in finding the correct field to most take advantage of those abilities.

3. The DSM-5 is based on a medical model and so careful consideration must be taken before giving a client a diagnosis when using any assessment to diagnose. Ethically we must be aware that this label can follow clients for the rest of their lives. The medical model places some dependence on medicine to cure and as clinicians we must be always be aware of evidence-based practices and treatment, focusing on what studies show is the best treatment and assessment. For instance when I gave a fellow student an assessment on procrastination, I learned studies showed the assessment used before that assessment, concentrated on the wrong area and therefore even if the assessment was reliable, it turned out to lead counselors in the wrong direction for treatment.

There are also several phenomenon which lead to multicultural mistakes in assessments, including, confirmation bias, cultural bias and gender bias. Studies have also shown any test given verbally, “especially those dealing with vocabulary and general information,” tend to have cultural bias which is why nonverbal tests are more appropriate (Sheperis, Drummond, & Jones).

4(a) As clinicians, we must take our cues from our clients. We should not and cannot make assumptions as to what has brought the client to treatment and what the client wants to change in their lives and how they want to change it. Otherwise we may end up creating more problems and leaving our clients worse off or even retraumatizing them by acting as one more agent in their lives who is not listening to them. We must use all the methods and mechanisms at our disposal, assessment tests, intake information, interviews. All of these together can help us get a full picture of our client.

4(b) Tried and true assessments are valid and reliable but only if we choose the right one for the issue our client has expressed. If we choose the wrong test we can misdiagnose clients. For instance if a mother reports her son lies to her and is seeking help with him, it would not be helpful to have the son take a test asking if he lies. We would want to use a test of observation or interview teachers and the son to evaluate the validity and context of the mother’s observations.

4(c) Tests are tools. They can be used incorrectly or scored incorrectly. Clients can have response styles that alter tests especially self-reporting tests. High- or low-test results should be combined with interviews and other evidence to evaluate the interpretation of the assessment. The goal is to find convergent information in order to ensure any diagnosis is sound and well grounded. At the beginning of treatment, diagnosis are only preliminary and should be treated as hypothesis. Outlying information should be examined and kept in mind in case further assessment shows more inconsistencies which lead to a different diagnosis in the future.

4(d) The counselor client relationship has again and again been shown to be the most important part of treatment. The therapeutic alliance must be maintained and cultivated. Assessments are only part of a picture. When discussing results with the client it is important to be open to client input. Client’s have invaluable information on their own lives and studies have shown that people do better in treatment when they have a say and are integral in developing treatment plans (motivational interviewing). Counselors must bring the facts they have to support their hypothesis and come with alternative solutions for the client to choose from going forward in treatment.

#### References for Short Answer

Sheperis, Carl J.; Drummond, Robert J.; Jones, Karyn D.. Assessment Procedures for Counselors and Helping Professionals (The Merrill Counseling Series) (p. 149). Pearson Education. Kindle Edition.

#### Case Conceptualization

1. The client has several areas of concern including shoplifting from stores or stealing from fellow students, her grades are slipping, she is losing weight/wearing baggy clothing. She has a step-mother which could indicate the death of her mother or absence of her birth mother. Each of these facts may not be an indicator of a deeper issue but they may be a sign that there is one and each must be explored.

2. I would use the Eating Disorder Examination Questionnaire -Short (EDE-QS) and the Barratt Impulsivity Scale 11 (BIS-11)

3. Eating disorders often have basis in other events in client's lives, so it would be beneficial to have an assessment clarify if the client has an eating disorder and then if she does, explore what has happened in her life that could have contributed to this. The Barratt Impulsivity Scale 11 (BIS-11) would be used to evaluate the motivating factors behind the client's stealing. The test has been used widely for many years to help assess affective disorders. A great number of studies continue to be done using the test to "explore the social consequences and behavioral correlates of individual differences in impulsivity" (Reise et al., 2013). The first assessment, the BIS-1 was released in 1959 and it has been altered ten times since showing it is a very vigorous and tried test. The 10<sup>th</sup> version was honed to include "three major subtraits of impulsivity: motor, cognitive, and non-planning." (Reise, et al., 2013). Both tests can lead to a greater understanding of the client's circumstances.

4. Provisional Diagnosis:

307.1 Anorexia Nervosa

302.32 Kleptomania

5. I would find group therapy for the client's possible eating disorder and individual therapy to explore any issues the client may feel uncomfortable sharing in a group setting. The individual therapy would include CBT for both provisional diagnoses and education and skill-building.

Treatment plan goals would be for the client to:

Cease stealing

Increase her food intake

A more detailed specific plan would be developed with the client.

#### References for Case Study

Reise, S. P., Moore, T. M., Sabb, F. W., Brown, A. K., & London, E. D. (2013). The Barratt Impulsiveness Scale-11: reassessment of its structure in a community sample. *Psychological assessment*, 25(2), 631–642. <https://doi.org/10.1037/a0032161>