Alliance University
GCN602 Measurement and Assessment
Final Exam

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. 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.

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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.

Concept 1: Reviewing the differences and strengths of open-ended versus close-ended questions solidified the importance of knowing when and how to use them. During the intake assessment, I will focus on assigning an accurate diagnosis and collaboratively creating the most appropriate and effective treatment plan in relation to the presenting symptoms. To do so, it is important that open-ended questions are asked to give clients the opportunity to provide unrestrained, thorough, and detailed answers. Sometimes, close-ended questions may be more favorable, especially if I want clear specific answers. When appropriate, I will follow-up close-ended questions with open-ended ones to get a better understanding of certain answers.

Concept 2: While assessments are necessary for multiple reasons, learning when and how they can be problematic has been one of the most important takeaways for me. Knowing and understanding the problems of assessments does not necessarily make them any less important; instead, acknowledging the possible flaws helps us better serve our clients. For instance, standardized test may not always yield accurate results when language and cultural barriers exist between the test and the test-taker. During the intake assessment, before recommending an assessment, assessing for potential issues that may arise for the client can help the client and the counselor avoid inaccurate and unhelpful test results. The cost of ignoring potential cultural barriers can lead to poor treatment plans and inappropriate referrals.

Concept 3: The concept of treatment matching was very helpful to learn about. I will be beginning practicum in two weeks, and I will keep in mind some important lessons I have learned. Rather than only focusing on the client's weaknesses or problems, I will also equally consider their strengths. As I am gathering information during the intake assessment to inform the treatment plan, I will make note of areas in the client's life where they showed resiliency, relied on support systems, used more healthy coping mechanisms, and modified their maladaptive behaviors into more adaptive ones. When weaknesses and strengths are equally taken into consideration, the treatment plan will be focused on both strengthening and working on the weaknesses as well as utilizing and increasing the strengths.

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

Aptitude tests are used to predict future performance in specific domains whereas achievement tests are used to measure acquired or current skills in a certain area. A well-known aptitude test is the SAT; while it measures the student's current mathematical, reading, and writing abilities, similar to that of an achievement test, the main purpose of SATs is to use the results as a predictor of the student's readiness for college-level work. SAT scores are used by most colleges to determine if the student meets the baseline requirements to simply be considered as a possible candidate. On the other hand, class exams and quizzes are usually achievement tests because they measure what the student has learned within a specific time period. For example, my middle school math class would give out weekly quizzes to test if we learned that week's lesson. A poor grade was not used to determine how we would do in next year's math class.

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

Before administering tests, clients have the right to receive an explanation about the purposes of the test, the type, if the results will be shared with others, and what the results could be used for. It would be unethical for counselors and test-administrators to miss any of these steps. If the client is ill-informed, they cannot give genuine consent. Another ethical issue related to clinical assessments is the right to confidentiality. As counselors, it is our duty to keep the test results private and secure, and they should only be discussed with the client. Only when the client consents can we share the results with a third party or if they have been subpoenaed.

As mentioned previously, ignoring cultural barriers can impact the results of assessments as well as misinform treatment plans, referrals, and reason for discharge. It is imperative that counselors consider the myriad of intersecting factors before administering and interpreting test results. If a language barrier exists, the results will not accurately reflect the client's level of functioning. If the client takes a test that is well below or above their current level of education, the results will be inaccurate. If the test is inquiring about anxiety, but the questions are not consistent with how the client defines and experiences anxiety, the results will be worthless. All these scenarios and more will need to be considered with the client before considering which clinical assessments will be used.

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 collections (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 assessment and making recommendations (i.e. description of 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.

Every step of the assessment process is paramount to counseling because each one informs the other until the counselor arrives at a unique treatment plan that best fits each client. To begin, the counselor needs to identify the presenting problems and determine which specific assessments are most relevant to these issues. What area of function is in question: cognitive, behavioral, emotional, social, academic, or vocational? Ascertaining what the problem area is will help the counselor narrow down which assessments best fit the client's unique circumstances and traits. In what form will the instrument be administered? If the client is a child showing symptoms of ASD, assessments that require observation during play may yield the most accurate and reliable results. If the client is an adult with anxiety related to vocation, interviews and tests may produce helpful results. The counselor should ask

themselves what the purpose of the assessment is and what population it is intended for, as well as what it is that they want to find out from the data when selecting the instrument: Is it the client's response, natural behavior, or performance level compared to the average? Depending on the type of test, the counselor may or may not be the individual delivering and grading the test. Once the counselor has the assessment information, the counselor must evaluate and share the findings with the client. Without a clear understanding of what the results indicate, the counselor will be unsuccessful at developing an effective treatment plan. Moreover, the counselor will be breaking ethical codes and doing a disservice to the client if the interpretation is incorrect. Improper referrals and recommendations could be made at the expense of misunderstanding the findings. Each one of these steps intertwine with each other to better inform the counseling process. If any one of these steps are done incorrectly, the subsequent steps are at risk for being wrong, ultimately, leading to client mistreatment.

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?
    a. The following areas are of clinical concern: Rachel's frequent shoplifting behaviors; the worsening of her behavior over the past year; her capability to understand that this is a problem but being unable to stop; the decline of her grades and poor school attendance; her weight loss in the past year; the unusual choice of clothing; and the lack of eating.
2) What inventories would you administer (select at least two)?

   a. Based on her presenting symptoms and the reports from all the parties, I would recommend the Eating Disorder Inventory-3 (EDI-3) and the Kleptomania Symptom Assessment Scale (K-SAS).

3) Provide a rationale for why you would administer the selected inventories.
4) What are your PROVISIONAL diagnoses? **(COMBINED ANSWER FOR 3+4)**
   a. I would administer the EDI-3 because Rachel has lost 15 pounds in the past year, has gone days without eating according to her stepmother, and has often dressed in baggy clothing, which may not be her usual attire. She also meets the normative group characteristics for this test: she is 14 years old, which is within the age range, and she meets some of the criteria for eating disorders, specifically, anorexia nervosa. Based on these factors, one of the provisional diagnoses would be anorexia nervosa, but of course, further testing and sessions will be necessary to confirm this. Another provisional diagnosis could be kleptomania, in which I would administer the K-SAS. Her stealing behavior, the worsening of this behavior, and the frequency at which it occurs may warrant a test such as K-SAS. Proper and thorough testing is necessary to rule out ordinary theft. Because the client is an adolescent undergoing expected changes and life transitions, the theft could be attributed to these natural changes. Evaluating what the client has stolen in the past, the reasons for doing so, and her understanding of rules and consequences could help determine if she is showing symptoms of kleptomania or ordinary theft.
5) What would you include in your treatment goals?
   a. Based on the provisional diagnoses, one of the treatment goals would be restoring the client to a healthy body weight. This includes talking about body image, self-esteem, balanced nutrition, self-care, and physical activity, as well as working together to change distorted beliefs about eating, physical appearance, and identity. Another goal would be to find out the purpose of stealing: Is it to rebel, express anger, or feel pleasure and gratification? Discussing how the urges to steal feel in the body is another treatment goal. If the client is better able to pinpoint these urges as they occur, we can work on controlling and reducing them in healthier ways. Once we have an accurate diagnosis, the treatment goals will be more precise and effective. It is possible that the client may have comorbidities, which would then alter the treatment plan.