

Alliance University

GCN 602 Measurement and Assessment

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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.

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 that I've learned in this course are identifying the client, the reason for referral, and the interpretation of assessment information, and its validity. While identifying a client in a clinical setting, I would prepare an informed consent for the client to look over, sign, and have a conversation about confidentiality and the state's right to warn; establish a rapport to build a connection with the client by making the client feel comfortable, and assuring them that they're in a safe place.

I would be empathetic to the client's responses and listen attentively. I would discuss the reason for the referral, and any past medical, or psychological conditions with the client or family before asking further questions to gather information concerning the client's expectations, needs, and goals if they choose to proceed. While speaking with the client, I'd use the Mental Status Exam, and observe the client's appearance, mood, motor activity, eye contact, speech, cognition, behavior, thoughts, perception, and judgment, to start the process of defining the client's problem with the client as per the referral, and work toward summarizing the interview and providing the initial clinical formulation with possible diagnosis, while encouraging the client towards our next visit, and explaining what that looks like.

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

An aptitude test measures a person's knowledge and skill levels in a specific area; usually what a person is good at, trained in, and where your skills can be applied in the future; for example, this test may be used in a school or in a workplace to assess the ability to comprehend and execute efficiently what was taught (the SAT test in a school setting, would measure math, reasoning, and language skills, and in a workplace, on the job training would be measured using a computerized aptitude test where applicable). The achievement test is similar to the aptitude test in that it measures a person's knowledge and skill level in a specific area of training and learning based on what was previously accomplished or learned, and an example would be (a comprehensive test in French class).

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

When assessing the client, we must remember to "Do no harm," and only assess what is relevant to the patient's well-being, while keeping the evaluation as simple as possible, so the counselor doesn't complicate the patient's future endeavors unnecessarily, especially in high-risk populations; also that the client is fully informed about the assessment being conducted, and how it will be used, so he or she can make an informed decision concerning their participation in the counseling sessions, while counselors recognize the effects of color, culture, ethnic group, gender, race, and socioeconomic status on test administration and interpretation, so assessments results are placed in proper perspective.

If the client is an immigrant, the counselor must be learned about multicultural diversity and be aware of their own cultural identity, attitudes, and beliefs toward ethnic minorities to avoid biases and misdiagnosis. Counselors must be sensitive to the client's cultural experience, which may include trauma, loss, class displacement, and ethnic beliefs and behaviors that may be uncommon in society to avoid cultural identity misconceptions. Counselors can ask clients to describe grandparents, family origin, religion, traditional roles, skills, as well as languages and customs, during sessions to gain a greater understanding of the client's experience.

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).

Identifying the nature of problems to determine the reasons for assessment is vital because it allows the counselor or practitioner to identify learning, behavioral, psychological, or emotional problems, and consider the appropriate diagnosis, interventions, strengths, weaknesses, and educational planning, necessary for treatment, evaluating, and monitoring of the client.

(b) Choosing and implementing methods of assessment/instruments for data collection (i.e. interviews, tests, observation).

These methods of assessment are vital because they help set a baseline for the client's condition, and may be thorough enough to include projective techniques, parents, rating scales, anecdotal records, spouses, teachers, physicians, and mental health records in order to produce a more in-depth, and objective understanding of the client.

(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).

Evaluating assessment information is vital because the counselor has to document significant findings, that clearly identify the problem, identify and explain discrepancies in information, form a hypothesis of the problem, identify connecting methods and resources, and determine the appropriate information to include in the 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).

Reporting results of the assessment and making recommendations is vital because Counselors qualify any conclusions, diagnoses, or recommendations, made that are based on assessments or instruments with questionable reliability or validity. These results can help the client, counselor, and physician distinguish between physical and mental health issues that may cause similar symptoms.

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

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? My areas of clinical concern are not eating (dramatic weight loss), lack of ability to control the urge to steal (impulse control) falling grades, and skipping school, client understands stealing is wrong but does it anyway, and Fear of being caught, and the wearing of baggy clothes (possibly for hiding stolen goods).
- 2) What inventories would you administer (select at least two)?

In this case, I would use the Barratt Impulsive Scale, which is a 30-item questionnaire and is designed to assess attentional impulsiveness, defined as the (in -) ability to concentrate or focus attention; I would also use the Motor Impulsiveness, or

the tendency to act without thinking, and finally the Non-Planning Impulsiveness, or the lack of future planning forethought or consideration of consequences.

The Impulsivity Scale, also known as 12 (IS-12) is a simplified version of the BIS-II, that focuses on cognitive impulsivity and behavioral impulsivity; in order to determine if the client has negative or positive urgency, lack of premeditation, lack of perseverance, and sensation seeking; in order to make an accurate diagnosis of the client's condition and resolve any other comorbidity.

3) What are your PROVISIONAL diagnoses?

The Client's symptoms tend to mimic Kleptomania, but it needs to be confirmed; there is no significant fear of being caught stealing, no depression or guilt associated with the client's behavior, and the eating disorder may not necessarily be associated with the behavior as well. There's no family history of this disorder, and no substance or alcohol abuse, and this could be ordinary theft with comorbidity of possible bulimia nervosa.

4) What would you include in your treatment goals?

I would recommend that the client follows up with her Physician for a physical concerning her eating disorder to resolve any physical maladies and start cognitive behavioral therapy 2x a week in order to identify unhealthy, negative beliefs, and behaviors, and replace them with healthy behaviors and beliefs. I would also like to see this client attend a self-help support group with young people close to her age once a week; and upon receiving medical diagnoses from her physician, I'd like to recommend Systematic Desensitization and counter-conditioning to practice relaxation techniques and other strategies to learn how to reduce urges in a healthy way towards the future.