

# Clinical Assessment, Diagnosis, and Treatment

## TOPIC OVERVIEW

### **Clinical Assessment: How and Why Does the Client Behave Abnormally?**

Characteristics of Assessment Tools  
Clinical Interviews  
Clinical Tests  
Clinical Observations

### **Diagnosis: Does the Client's Syndrome Match a Known Disorder?**

Classification Systems  
DSM-IV-TR  
Is DSM-IV-TR an Effective Classification System?  
Can Diagnosis and Labeling Cause Harm?

### **Treatment: How Might the Client Be Helped?**

Treatment Decisions  
The Effectiveness of Treatment

### **Putting It Together: Renewed Respect Collides with Economic Pressure**

## LECTURE OUTLINE

### **I. CLINICAL ASSESSMENT: HOW AND WHY DOES THE CLIENT BEHAVE ABNORMALLY?**

- A. What is assessment?
  - 1. Assessment is the collecting of relevant information in an effort to reach a conclusion
    - a. Clinical assessment is used to determine how and why a person is behaving abnormally and how that person may be helped
    - b. The focus of assessment is idiographic, that is, on an individual person

- c. Assessments also may be used to evaluate treatment progress
- B. The specific tools used in an assessment depend on a clinician's theoretical orientation
- C. Hundreds of clinical assessment tools have been developed and fall into three categories:
  1. Clinical interviews
  2. Tests
  3. Observations

## II. CHARACTERISTICS OF ASSESSMENT TOOLS

- A. To be useful, assessment tools must be standardized and have clear reliability and validity
- B. To standardize a technique is to set up common steps to be followed whenever it is administered
  1. One must standardize administration, scoring, and interpretation
- C. Reliability refers to the consistency of a test; a good test will always yield the same results in the same situation
  1. There are two main types of reliability:
    - a. Test-retest reliability
      - (a) To test for this type of reliability, participants are tested on two occasions and the scores are correlated
      - (b) Because a good test will yield the same results in the same situation, the higher the correlation, the greater the test's reliability
    - b. Interrater reliability
      - (a) Different judges independently agree on how to score and interpret a particular test
- D. Validity refers to the accuracy of a test's results
  1. A good test must accurately measure what it is supposed to be measuring
  2. There are three specific types of validity:
    - a. Face validity—a test appears to measure what it is supposed to measure; does not necessarily indicate true validity
    - b. Predictive validity—a test accurately predicts future characteristics or behavior
    - c. Concurrent validity—a test's results agree with independent measures assessing similar characteristics or behavior

## III. CLINICAL INTERVIEWS

- A. Interviews are face-to-face encounters and often are the first contact between a client and a clinician/assessor
  1. They are used to collect detailed information, especially personal history, about a client
  2. They are useful because they allow the interviewer to focus on whatever topics he/she considers most important
- B. The focus of an interview depends on the interviewer's theoretical orientation
  1. Interviews can be either unstructured or structured
    - a. In unstructured interviews, clinicians ask open-ended questions
    - b. In structured interviews, clinicians ask prepared questions, often from a published interview schedule
      - (a) These types of interviews also may include a mental status exam—a systematic assessment of the client's awareness, orientation to time and place, attention span, memory, judgment and insight, thought content and processes, mood, and appearance
- C. What are the limitations of clinical interviews?
  1. Interviews may lack validity or accuracy; individuals may be intentionally misleading
  2. Interviewers may be biased or may make mistakes in judgment
  3. Interviews, particularly unstructured ones, may lack reliability

## IV. CLINICAL TESTS

- A. Clinical tests are devices for gathering information about specific topics from which broader information can be inferred

- B. There are more than 500 different tests in use, falling into six categories:
1. Projective tests
    - a. These tests require that subjects interpret vague and ambiguous stimuli or follow open-ended instructions
    - b. They are used mainly by psychodynamic practitioners
    - c. The most popular are the Rorschach test, Thematic Apperception Test, Sentence Completion, and Drawings
    - d. What are the merits of projective tests?
      - (a) They are helpful for providing “supplementary” information
      - (b) They rarely have demonstrated much reliability or validity
      - (c) They may be biased against minority ethnic groups
  2. Personality inventories
    - a. Usually self-response, these tests are designed to measure broad personality characteristics and focus on behaviors, beliefs, and feelings
    - b. The most widely used is the Minnesota Multiphasic Personality Inventory (MMPI)
      - (a) The MMPI consists of 550 self-statements describing physical concerns; mood; morale; attitudes toward religion, sex, and social activities; and psychological symptoms which can be answered “true,” “false,” or “cannot say”
      - (b) The MMPI has items to assess both careless responding and lying
      - (c) It derives ten clinical scales:
        - (i) Hypochondriasis (HS): Items showing abnormal concern with bodily functions
        - (ii) Depression (D): Items showing extreme pessimism and hopelessness
        - (iii) Conversion hysteria (Hy): Items suggesting that the person may use physical or mental symptoms as a way of unconsciously avoiding conflicts and responsibilities
        - (iv) Psychopathic deviate (PD): Items showing a repeated and gross disregard for social customs and an emotional shallowness
        - (v) Masculinity-femininity (Mf): Items that are thought to distinguish male and female respondents
        - (vi) Paranoia (Pa): Items that show abnormal suspiciousness and delusions of grandeur or persecution
        - (vii) Psychasthenia (Pt): Items that show obsessions, compulsions, abnormal fears, and guilt and indecisiveness
        - (viii) Schizophrenia (Sc): Items that show bizarre or unusual thoughts or behavior, including extreme withdrawal, delusions, or hallucinations
        - (ix) Hypomania (Ma): Items that show emotional excitement, overactivity, and flight of ideas
        - (x) Social Introversion (Si): Items that show shyness, little interest in people, and insecurity
      - (d) Scores on the MMPI range from 0–120; Scores above 70 are considered deviant
      - (e) Scores are graphed to create a “profile”
    - c. What are the merits of personality inventories?
      - (a) They are easier, cheaper, and faster to administer than projective tests
      - (b) They are objectively scored and standardized
      - (c) They appear to have greater validity than projective tests
        - (i) Measured traits often cannot be directly examined—how can we really know the assessment is correct?
      - (d) Tests fail to allow for cultural differences in responses
  3. Response inventories
    - a. Response inventories usually are self-response measures that focus on one specific area of functioning:

- (a) Affective inventories: measure the severity of such emotions as anxiety, depression, and anger
      - (i) One of the most widely used affective inventories is the Beck Depression Inventory (BDI)
    - (b) Social skill inventories: ask respondents to indicate how they would respond in a variety of social situations
      - (i) These inventories usually are used by behavioral and sociocultural clinicians
    - (c) Cognitive inventories: reveal a person's typical thoughts and assumptions
      - (i) These inventories usually are used by cognitive clinicians and researchers
  - b. What are the merits of response inventories?
    - (a) Response inventories have strong face validity
    - (b) They rarely include questions to assess careless or inaccurate responding
    - (c) Few (BDI is one exception) have been subjected to careful standardization, reliability, and/or validity procedures
- 4. Psychophysiological tests
  - a. Psychophysiological tests measure physiological response as an indication of psychological problems
    - (a) This includes measurement of heart rate, blood pressure, body temperature, galvanic skin response, and muscle contraction
  - b. The most popular psychophysiological test is the polygraph (lie detector)
  - c. What are the merits of psychophysiological tests?
    - (a) These tests require expensive equipment that must be tuned and maintained
    - (b) They also can be inaccurate and unreliable
      - (i) This weakness is described in more detail in A Closer Look on p. 100 of the text
- 5. Neurological and neuropsychological tests
  - a. Neurological tests directly assess brain function by assessing brain structure and activity
    - (a) Examples: EEG, PET scans, CAT scans, MRI
  - b. Neuropsychological tests indirectly assess brain function by assessing cognitive, perceptual, and motor functioning
    - (a) The most widely neuropsychological test is the Bender Visual-Motor Gestalt Test
  - c. What are the merits of neurological and neuropsychological tests?
    - (a) These types of tests can be very accurate
    - (b) These tests are, at best, only rough and general screening devices
      - (i) They are best when used in a battery of tests, each targeting a specific skill area
- 6. Intelligence tests
  - a. Intelligence tests are designed to indirectly measure intellectual ability and are typically comprised of a series of tests assessing both verbal and nonverbal skills
    - (a) They generate an intelligence quotient (IQ)
  - b. The most popular of the intelligence tests are the Wechsler scales (WAIS, WISC)
  - c. What are the merits of intelligence tests?
    - (a) These are among the most carefully produced of all clinical tests
    - (b) They are highly standardized on large groups of subjects, and, as such, have very high reliability and validity
    - (c) Performance can be influenced by nonintelligence factors (e.g., motivation, anxiety, test-taking experience)
    - (d) Tests may contain cultural biases in language or tasks
    - (e) Members of minority groups may have less experience and be less comfortable with these types of tests, influencing their results

## V. CLINICAL OBSERVATIONS

- A. Clinical observations are systematic observations of behavior
- B. There are several different kinds:
  - 1. Naturalistic and Analog
    - a. Naturalistic observations occur in everyday environments, including homes, schools, institutions (hospitals and prisons), and community settings
    - b. Most focus on parent-child, sibling-child, or teacher-child interactions
    - c. Observations generally are made by “participant observers” and reported to a clinician
    - d. If naturalistic observation is impractical, analog observations are used and occur in an artificial setting
    - e. What are the merits of naturalistic and analog observations?
      - (a) Reliability is a concern as different observers may focus on different aspects of behavior
      - (b) Validity is a concern
        - (i) There is a risk of “overload,” “observer drift,” and observer bias
        - (ii) Client reactivity also may limit validity
        - (iii) Observations may lack cross-situational validity
  - 2. Self-monitoring
    - a. People observe themselves and carefully record the frequency of certain behaviors, feelings, or cognitions as they occur over time
    - b. What are the merits of self-monitoring?
      - (a) Self-monitoring is useful in assessing both infrequent behaviors and overly frequent behaviors
      - (b) It provides a means of measuring private thoughts or perceptions
      - (c) Validity often is a problem:
        - (i) Clients may not receive proper training and instruction
        - (ii) Clients may not record information accurately
        - (iii) When people monitor themselves, they often change their behavior

## VI. DIAGNOSIS: DOES THE CLIENT’S SYNDROME MATCH A KNOWN DISORDER?

- A. Using all available information, clinicians attempt to paint a “clinical picture”
  - 1. This picture is influenced by their theoretical orientation
- B. Using assessment data and the clinical picture, clinicians attempt to make a *diagnosis*—a determination that a person’s problems reflect a particular disorder or syndrome
  - 1. This diagnosis is based on an existing classification system
- C. Classification systems are lists of categories, disorders, and symptom descriptions, with guidelines for assignment, focusing on clusters of symptoms (syndromes)
- D. In current use in the United States is the DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders (4th edition, Text Revision)
  - 1. The DSM-IV was published in 1994 and revised slightly in 2000 (TR); it lists approximately 400 disorders
  - 2. The DSM describes criteria for diagnosis, key clinical features, and related features which are often but not always present
  - 3. The DSM is multi-axial, that is, it uses 5 axes (branches of information) to develop a full clinical picture
    - a. People usually receive a diagnosis on either Axis I or Axis II, but they may receive diagnoses on both
      - (a) Axis I: most frequently diagnosed disorders except personality disorders and mental retardation
      - (b) Axis II: Personality disorders and mental retardation
        - (i) Long-standing problems
      - (c) Axis III: Relevant general medical conditions
      - (d) Axis IV: Psychosocial and environmental problems
      - (e) Axis V: Global assessment of psychological, social, and occupational functioning (GAF)

- (i) Currently and in past year
- (ii) 0–100 Scale
- E. Is DSM-IV-TR an Effective Classification System?
  1. A classification system, like an assessment method, is judged by its reliability and validity
  2. Reliability in this context means that different clinicians are likely to agree on a diagnosis using the system to diagnose the same client
    - a. DSM-IV-TR appears to have greater reliability than any previous editions due to the extensive use of field trials
    - b. However, reliability still is a concern
  3. Validity in this context means an accuracy of the information that its diagnostic categories provide; predictive validity is of the most use clinically
    - a. DSM-IV-TR has greater validity than any previous editions due to extensive literature reviews and field studies
    - b. However, validity still is a concern
  4. Beyond concerns about reliability and validity, a growing number of theorists believe that two fundamental problems weaken the DSM-IV-TR:
    - a. The basic assumption that disorders are *qualitatively* different from normal behavior
    - b. The reliance on *discrete* diagnostic categories
  5. With such concerns, DSM-V certainly will include some key changes, but the new edition is not imminent
- F. Can Diagnosis and Labeling Cause Harm?
  1. Misdiagnosis is always a concern because of the reliance on clinical judgment
  2. Also present is the issue of labeling and stigma; for some, diagnosis may be a self-fulfilling prophecy
  3. Because of these problems, some clinicians would like to cease the practice of diagnosis

## VII. TREATMENT: HOW MIGHT THE CLIENT BE HELPED?

- A. Treatment decisions
  1. Treatment decisions begin with assessment information and diagnostic decisions to determine a treatment plan
    - a. Clinicians use a combination of idiographic and nomothetic information
    - b. Other factors important for determining a treatment plan are:
      - (a) Therapist theoretical orientation
      - (b) Current research
      - (c) General state of clinical knowledge—currently focusing on empirically supported, evidence-based treatment
- B. The effectiveness of treatment
  1. There are over 400 forms of therapy in practice, but is therapy effective?
    - a. This is a difficult question to answer:
      - (a) How do you define success?
      - (b) How do you measure improvement?
      - (c) How do you compare treatments—treatments differ in range and complexity, therapists differ in skill and knowledge, clients differ in severity and motivation, etc.
  2. Therapy outcome studies typically assess one of the following questions:
    - a. Is therapy in *general* effective?
      - (a) Research suggests that therapy is generally more effective than no treatment or than placebo
      - (b) In one major study using meta-analysis, the average person who received treatment was better off than 75 percent of the untreated subjects
      - (c) Some clinicians are concerned with a related question: can therapy be harmful?
        - (i) Therapy does have the potential to be harmful
        - (ii) Studies report that approximately 5 percent of clients get worse with treatment

- b. Are *particular* therapies generally effective?
  - (a) Generally, treatment outcome studies lump all therapies together to consider their general effectiveness
    - (i) One critic has called this the “uniformity myth”
  - (b) It is argued that scientists must look at the effectiveness of particular therapies
    - (i) There is a movement (“rapprochement”) to look at commonalities among therapies
- c. Are *particular* therapies effective for *particular* problems?
  - (a) Studies now are being conducted to examine the effectiveness of specific treatments for specific disorders:
    - (i) “What specific treatment, by *whom*, is the most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?”
  - (b) Recent studies focus on the effectiveness of combined approaches—drug therapy combined with certain forms of psychotherapy—to treat certain disorders

## LEARNING OBJECTIVES

1. Define clinical assessment and discuss the roles of the clinical interview, tests, and observations.
2. Summarize the axis approach of the DSM series and describe the general features of DSM-IV-TR.
3. List the major classification of disorders from Axis I of the DSM-IV-TR.
4. Discuss the dangers of diagnosing and labeling in classifying mental disorders.
5. Discuss types and effectiveness of treatments for mental disorders.

## KEY TERMS

analog observation  
 assessment  
 battery  
 Bender Visual-Motor  
   Gestalt Test  
 CAT scan  
 classification system  
 clinical interview  
 comorbidity  
 concurrent validity  
 diagnosis  
 Draw-a-Person (DAP) Test  
 DSM-IV  
 EEG  
 face validity  
 field trial  
 idiographic understanding  
 intelligence quotient (IQ)  
 intelligence test  
 interrater reliability

mental status exam  
 Minnesota Multiphasic  
   Personality Inventory  
   (MMPI)  
 MRI  
 naturalistic observation  
 neuroimaging techniques  
 neurological test  
 neuropsychological  
   test  
 observer bias  
 observer drift  
 observer overload  
 participant observer  
 personality inventory  
 PET scan  
 predictive validity  
 projective test  
 psychopharmacologist  
   (pharmacotherapist)

psychophysiological test  
 rapprochement movement  
 reactivity  
 reliability  
 response inventories  
 Rorschach test  
 self-monitoring  
 sentence-completion test  
 standardization  
 structured interview  
 syndrome  
 test  
 test–retest reliability  
 Thematic Apperception  
   Test (TAT)  
 therapy outcome study  
 uniformity myth  
 unstructured interview  
 validity

## MEDIA RESOURCES

### Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

#### Video Cases and Discussions:

- How do clinicians arrive at a diagnosis?
- See neuroimaging in action.
- What causes aggression and violence?

#### Practical, Research, and Decision-Making Exercises:

- Assessing and labeling in everyday life
- Uncovering the effects of expectations on observations

### PowerPoint Slides

Available at the Instructor's site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 4. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as "fill-in" items. Answer keys and suggestions for use also are provided.

### DSM-IV-TR Masters

- B-3, B-4 What's New in DSM-IV-TR?
- B-5, B-6 Axis I Disorders in DSM-IV-TR
- B-7, B-8 Global Assessment of Functioning (GAF) Scale

### Internet Sites

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 4 material are:

<http://www.queendom.com>

<http://www.psychtests.com>

These two sites, run by the same parent company, offer many versions of different psychological tests. Some tests mirror more famous (and expensive) assessments and tout solid psychometrics while others are strictly for fun. There is a fee to use some of the more detailed measures.

### Mainstream Films

Films relevant to Chapter 4 material are listed and summarized below.

Key to Film Listings:

**P** = psychopathology focus

**T** = treatment focus

**E** = ethical issues raised

**Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matters.**

*An Angel at My Table*

This 1990 film by Jane Campion recounts the autobiographical tale of New Zealand poet Janet Frame who was misdiagnosed with schizophrenia and spent eight years in a mental hospital. **P, T, E, serious film**

*Nuts*

This 1987 film stars Barbra Streisand as a prostitute charged with murder facing not incarceration but commitment to an institution. **P, T, E, serious/commercial film**

#### Other Films:

*Captain Newman, MD* (1963) treatment. **P, T, serious film**

*A Fine Madness* (1966) personality disorders, lobotomy. **P, T, serious/comedy film**

*The Exorcist* (1973) clinical assessment, diagnosis, and treatment. **P, T, commercial/serious film**

*Igby Goes Down* (2002) dysfunctional family. **P, serious film**

*Serial* (1980) therapy. **P, T, comedy**

*Tender Is the Night* (1962) therapy. **P, T, E, commercial/serious film**

*They Might Be Giants* (1971) schizophrenia, treatment. **P, T, E, commercial/serious/comedy film**

*A Woman under the Influence* (1974) institutionalization and ECT. **P, T, E, serious film**



## Comer Video Segments

Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 4.

## Recommendations for Purchase or Rental

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

*Hillcrest Family: Studies in Human Communication—Assessment Interviews 1–4*

This is a series of films consisting of four separate interviews of the Hillcrest family by four psychiatrists.

Educational Media Collection

Box 353090

University of Washington

Seattle, WA 98195-3090

Scheduling: (206) 543-9909

Preview: (206) 543-9908

Reference: (206) 543-9907

*Psychiatric Interview #18: Evaluation for Diagnosis*

*Psychiatric Interview #21: Evaluation for Diagnosis*

Educational Media Collection

Box 353090

University of Washington

Seattle, WA 98195-3090

Scheduling: (206) 543-9909

Preview: (206) 543-9908

Reference: (206) 543-9907

# CLASS DEMONSTRATIONS AND ACTIVITIES

### Personality Inventories

Bring to class examples of personality inventories, projective tests, and intelligence tests. Discuss the most important aspects of each test. Try to include items from the tests mentioned in this chapter, such as the MMPI, Rorschach Inkblot, and TAT. Elicit student reactions to the content of the tests. Ask the question, Are these tests valid today? Request suggestions from the class on how to improve these specific examples you have presented.

### Mental Status Exam

Solicit a volunteer from class as a participant in a mental status exam [Note: Choose carefully!] Demonstrate the technique of establishing rapport and the systematic evaluation of client awareness, orientation, etc. Alternatively, a video presentation of such an interview can be shown.

### Projective Testing

Bring in, display, and discuss the “results” seen in fake Rorschach inkblots. Some manufactured board games include such cards and some popular press books are projective in nature.

### “Pretend, for a moment, that you are a . . .”: DSM-IV Multi-axial Assessment

Multi-axial assessment can be confusing to students who do not understand its relevance. Students can realize the importance of multiple axes when discovering for themselves the importance of Axes III and IV in particular. Present yourself as a patient seeking psychotherapy for depression or anxiety. Tell students that you recently have had medical problems and that you have experienced some stressful life events. Present fairly severe instances of both, and ask which is more relevant to the treatment being planned by them. A disagreement will likely ensue about which is more important, leading to a general consensus that both are important. Discuss Axes III and IV within this context.

### Role-playing an Interviewer

Divide students into small groups and tell them to role-play as counselors. Each student is to develop a list of things he or she would most want to know about a client at the end of the first session together. Next, have the students share their lists and develop one master list. Discuss what their impressions of the important information are and why.

## The Importance of Standardization

All tests must be standardized if a person's score is to be compared to others. This means giving the same test in the same fashion to all who take it; it also means comparing a person's scores to an appropriate comparison group. The importance of these can be demonstrated easily.

Ask for four volunteers to do the following. Hand each of them a sheet with several multiplication problems (e.g.,  $325 \times 27$ ). The numbers should be the same, but some should be presented in a row and others in column format (the manner in which they need to be written to do the problem). Ask each student to do the problems. Collect the sheet after 15 seconds for the first student, after 30 seconds for the second, and after completion for the other two students. Compare the results and ask the first two for their reaction (they will complain that they weren't given as much time). With the latter two, state this: "You [point to student] did very well when compared to a group of fifth-grade kids I gave these problems to; you are very smart" [give student a "Very Smart" certificate]. "You [point to other student] did not do so well. The advanced college math students down the hall did much better" [don't give student a "Very Smart" certificate]. Ask their reactions.

This activity can be used to introduce the standardization of administration necessary for the WAIS, the Rorschach, and the MMPI.

## Neuropsychological Testing

A growing area of assessment in the past two decades is neuropsychological testing. Several simple neuro-

psych tests can be brought to class (or created), such as the Trail-Making Tests (two tests: in the first, the patient draws lines through a series of numbers in circles in consecutive order; in the second, numbers and letters are alternated, i.e., 1-A-2-B-, etc.). The Finger-Tapping Test is also easy to demonstrate (i.e., how many times can a person tap his or her index finger in a set amount of time, usually one minute). Simple tests such as these, when administered to many people, can reveal whether the parts of the brain are working well together (e.g., the part of the brain that alternates numbers and letters). Persons with neurological problems (such as injuries) may have difficulty with these tasks, depending on whether that part of the brain is being tested.

## Evaluating the DSM Series

Compile and show the lists of disorders from DSM, DSM-II, DSM-III, DSM-III-R, DSM-IV, and DSM-IV-TR. The increase in material since the DSM-I is quite dramatic and worth discussing. Ask students to discuss why each edition has more material than the prior editions. One explanation is that our society is becoming more disordered. An alternative explanation is that the mental health profession has become more specific and inclusive of true problems. A third is that the profession "wants" more problems to increase business. An interesting disorder to trace through the series is schizophrenia.

# SUGGESTED TOPICS FOR DISCUSSION

## Validity

Ask students for examples of each of the following kinds of validity they have experienced in college: face validity, predictive validity, content validity, and construct validity. Ask them to provide examples of situations in which proper validity standards were not met.

## Reliability and Ratings

Ask students to cite examples of ratings used in the media or everyday life (e.g., Television's *American Idol*, *Dancing with the Stars*, *The Bachelor*; movie ratings, interpersonal ratings of attractiveness, etc.). Discuss the reliability (or lack thereof) of such scores.

## Projective Testing

Have students discuss types of "projective" tests they have seen or taken. Some common examples include

looking for shapes in the clouds, looking at abstract art, and some magazine, book, and Internet tests. One could stretch the topic to include reactions to films with ambiguous endings (e.g., *Unfaithful*).

## Multicultural Psychology

Using Table 4-1 (p. 97 in the text) as a guide, have students discuss the importance of sensitivity to, and awareness of, multicultural "hotspots."

## Diagnostic Categories: Criticisms and Advantages

It is useful to have a discussion of the rationale and criticisms of diagnoses. This activity works best by starting with criticisms of diagnoses, which are easier for students to generate. After generating criticisms,

point out that diagnostic labels are necessary and request guesses as to why.

#### Criticisms

- Diagnoses can give scientists and clinicians a false sense of having explained behavior. For example, a clinician might claim that his patient is highly suspicious because he has a paranoid disorder, but this tells us nothing about why the patient is paranoid. Likewise, to say that a patient is suicidal because of her depression does not aid in either understanding or helping the patient.
- Diagnoses can be used to rationalize or excuse certain undesirable behaviors.
- Diagnoses can and sometimes do stigmatize persons, creating an “us vs. them” sense, that is, by promoting the idea that there is a clearcut distinction between normal and abnormal behavior.
- Diagnoses may be “sticky,” influencing others’ perceptions of subsequent behavior, as exemplified in the Rosenhan study.

#### Advantages

- Scientific: Science relies upon a common language and categorization. Agreed-upon categories or names for illnesses are necessary to facilitate research into their etiology and treatment.

Agreeing on findings from studies of depression or schizophrenia would be very difficult if scientists did not agree on what these disorders are and are not.

- Clinical: The presence of an illness is indicated by giving someone a diagnosis. If there is no diagnosis, then the person has no illness. Thus, diagnoses tell clinicians when to initiate treatment and when treatment should be terminated (because the person is better). Likewise, diagnoses can tell us what treatment might be effective.
- Legal significance: Defining abnormal behavior helps us determine when a person is responsible for his or her behavior. On March 30, 1981, John Hinckley, Jr. shot and seriously wounded President Ronald Reagan outside a hotel in Washington, D.C. In May 1982 a jury declared Hinckley innocent by reason of insanity.

### Personality Tests and Job Screening

A trend that appears to be increasing in recent years is the tendency of companies to use personality tests in the application screening process for prospective hires. Ask students to share such experiences. Explore the types of questions asked and what the students thought of the tests. Ask the class to discuss the pros and cons of using personality tests in this situation.

## ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

### Media and Personality Testing

Have students collect questionnaires from popular magazines or self-help books (definitely give a deadline, and consider giving extra credit). On an overhead transparency, compare these items with the more standardized, classical personality inventories, such as the MMPI.

### Abnormal Psychology Student Tool Kit Video Questions

As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the on-line assessment feature. The results of these quizzes report to the site’s built-in grade book.

### Clinical Observations

Have students conduct two different types of clinical observation: naturalistic and self-monitoring. Behaviors to monitor must be preapproved by the instructor.

### Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 4 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

### Essay Topics

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

- (1) Design a research study using clinical observation as the means of data collection. Address the issues associated with clinical observation and be sure to specify naturalistic or analog with support for your decision.
- (2) Visit the Queendom.com or Psychtests.com Web site and complete two clinical tests (see *Between the Lines*, p. 98 in the text, for some examples).

Compare and contrast the two in terms of reliability and validity. Do you feel confident in the results of the assessment? Why or why not?

- (3) How would you grade the tests you take in school? That is, how reliable and valid are they? What about tests you see in newspapers or magazines? Attach some examples.

### Research Topics

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

- (1) Research the MMPI and report on its validity, reliability, and utility in different populations.
- (2) Conduct a “Psych Info” search and write an annotated bibliography on new assessment tools for a particular diagnosis (e.g., alcohol dependence, anorexia nervosa)
- (3) Research and report on “Oppression and Mental Health: The Politics of Labeling” (see Eye on Culture, p. 112 in the text)
- (4) Conduct a Web site review of some sites similar to those listed in Psych Watch on p. 115 in the text.

Compare the information to more objective and science-based sites on the same topics (see Appendix B for suggestions).

### Film Review

To earn extra credit, have students watch one (or more) of the mainstream films listed earlier in this chapter and write a brief (3–5) page report. Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker make or take? What is the message (implicit or explicit) concerning the mentally ill?

### Crossword Puzzles

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #4.

### Word Searches

As a homework assignment or for extra credit, have students complete and submit Word Search #4.