Clinical Assessment, Diagnosis, and Treatment

CHAPTER SUMMARY

In the “Research in Abnormal Psychology” and “Models of Abnormality” chapters, you read about how researchers build a general understanding of abnormal functioning. Clinical practitioners apply this broad information in their work, but, when faced with new clients, their main focus is to gather individual information about them. To help persons overcome their problems, clinicians must fully understand them and their particular difficulties. This chapter details the procedures of assessment and diagnosis before moving on to the process of 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-5
Is DSM-5 an Effective Classification System?
Call for Change
Can Diagnosis and Labeling Cause Harm?

Treatment: How Might the Client Be Helped?
Treatment Decisions
The Effectiveness of Treatment
Putting It Together: Assessment and Diagnosis at a Crossroads

LECTURE OUTLINE

I. CLINICAL ASSESSMENT: HOW AND WHY DOES THE CLIENT BEHAVE ABNORMALLY?
   A. Assessment is the collecting of relevant information in an effort to reach a conclusion
      1. Clinical assessment is used to determine how and why a person is behaving abnormally and how that person may be helped
      2. 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 an assessment measure; a good tool 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 tool 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 tool
   D. Validity refers to the accuracy of a test’s results
      1. A good assessment tool must accurately measure what it is supposed to measure
      2. There are three specific types of validity:
         a. Face validity—a tool appears to measure what it is supposed to measure; does not necessarily indicate true validity
         b. Predictive validity—a tool accurately predicts future characteristics or behavior
         c. Concurrent validity—a tool’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 or 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 Test, 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)—For adults, there is the original 1945 version or the 1989 revision (MMPI-2); there also is a special version (the MMPI-A) available for adolescents
         (a) The MMPI consists of more than 500 self-statements describing physical concerns; mood; morale; attitudes toward religion, sex, and social activities; and psychological symptoms that can be answered “true,” “false,” or “cannot say”
         (b) The MMPI has items to assess both careless responding and lying
         (c) It derives 10 clinical scales:
            (i) Hypochondriasis: Items showing abnormal concern with bodily functions
            (ii) Depression: Items showing extreme pessimism and hopelessness
            (iii) Hysteria: Items suggesting that the person may use physical or mental symptoms as a way of unconsciously avoiding conflicts and responsibilities
            (iv) Psychopathic deviate: Items showing a repeated and gross disregard for social customs and an emotional shallowness
            (v) Masculinity-femininity: Items that are thought to distinguish male and female respondents
(vi) Paranoia: Items that show abnormal suspiciousness and delusions of grandeur or persecution
(vii) Psychathenia: Items that show obsessions, compulsions, abnormal fears, and guilt and indecisiveness
(viii) Schizophrenia: Items that show bizarre or unusual thoughts or behavior, including extreme withdrawal, delusions, or hallucinations
(ix) Hypomania: Items that show emotional excitement, overactivity, and flight of ideas
(x) Social introversion: 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 test–retest reliability and greater validity than projective tests
      (i) However, they cannot be considered highly valid—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) Few have been subjected to careful standardization, reliability, and/or validity procedures (BDI is one exception)
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 on pp. 108-109 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, fMRI
b. Neuropsychological tests indirectly assess brain function by measuring cognitive, perceptual, and motor functioning on certain tasks
   (a) The most widely used 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 typically comprise tests assessing both verbal and nonverbal skills
      (a) They generate an intelligence quotient
   b. 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 record information accurately
               (ii) 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 psychological problems constitute a particular disorder
   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-5: *Diagnostic and Statistical Manual of Mental Disorders* (5th edition)
   1. The DSM-5 was published in 2013 and features a number of changes from the previous edition, DSM-IV-TR, and the editions prior to that; it lists approximately 500 disorders
   2. The DSM describes criteria for diagnosis, key clinical features, and related features that are often, but not always, present
   3. DSM-5 requires clinicians to provide two types of information:
      a. Categorical—the name of the category (disorder) indicated by the client’s symptoms
         (a) The clinician must decide whether the person is displaying one of the hundreds of disorders listed in the manual
         (b) Some of the most frequently diagnosed are the anxiety disorders and depressive disorders
      b. Dimensional—a rating of how severe a client’s symptoms are and how dysfunctional the client is across various dimensions of personality
         (a) Diagnosticians are required to assess the current severity of the client’s disorder
         (b) For each disorder, various rating scales are suggested
            (i) Example: Severity of Illness Rating Scale
      c. DSM-5 is the first edition of the DSM to consistently seek both categorical and dimensional information as part of the diagnosis, rather than categorical information alone
      d. Clinicians also have the opportunity to provide other information, including relevant medical conditions and special psychosocial problems

E. Is DSM-5 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. The framers of DSM-5 followed certain procedures to help ensure greater reliability than any previous edition
      b. Despite such efforts, critics still have concerns
   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-5 framers also tried to ensure the validity of this edition by conducting extensive literature reviews and running field studies
      b. However, many are still concerned about its validity

F. Call for change
   1. The effort to produce DSM-5 took more than a decade
      a. A task force and numerous work groups were formed in 2006
      b. Between 2010 and 2012, the task force released several drafts online, and clinical researchers and practitioners were asked to offer suggestions
      c. The task force took the online feedback into consideration, and DSM-5 was completed and published in 2013
2. Some of the key changes include additions to and removals of diagnostic
categories, reorganization of categories, and changes in terminology (See pp. 118
and 119 in the text for a partial list of changes.)

G. 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 do away with 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 more than 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—people differ in their problems,
          personal styles, and motivations for therapy; therapists differ in skill,
          knowledge, orientation, and personality; and therapies differ in theory,
          format, and setting

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 helpful than no
          treatment or a 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 (See
          Figure 4-4, text p. 122.)
      (c) Some clinicians are concerned with a related question: Can therapy be
          harmful?
             (i) Therapy does have the potential to be harmful
             (ii) Studies suggest that 5–10 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) Some critics call this a “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, regardless of clinician orientation
   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

4.1. Define clinical assessment.
4.2. Discuss the roles of the clinical interview, tests, and observations in diagnosing mental illness.
4.3. Describe the process of diagnosis using DSM-5 which required both categorical and dimensional information.
4.4. Explain some of the key changes in DSM-5.
4.5. Discuss the dangers of diagnosing and labeling in classifying mental disorders.
4.6. Discuss types and effectiveness of treatments for mental disorders.

KEY TERMS

assessment
classification system
clinical test
diagnosis
empirically supported treatment
idiographic understanding
intelligence quotient (IQ)
intelligence test
mental status exam
neuroimaging techniques
neurological test
neuropsychological test
personality inventory
projective test
psychopharmacologist
psychophysiological test
rapprochement movement
reliability
response inventories
standardization
syndrome
validity
MEDIA RESOURCES

Internet Sites
Please see Appendix A for full and comprehensive references. Sites relevant to Chapter 4 material are:

Created by the American Psychological Association’s Science Directorate, this site offers information on the process of psychological testing and assessment.

http://www.guidetopsychology.com/testing.htm

http://www.guidetopsychology.com/diagnos.htm
These websites, part of the main site—A Guide to Psychology and Its Practice—are maintained by Dr. Raymond Lloyd Richmond and cover clearly the process of psychological testing and diagnosis.

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
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**

**Recommendations for Purchase or Rental**

Films on Demand is a Web-based digital delivery service that has impressive psychology holdings. The catalog can be accessed at [http://ffh.films.com/digitallanding.aspx](http://ffh.films.com/digitallanding.aspx). In addition, the following videos and other media may be of particular interest and are available for purchase or rental and are 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 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, and so on. Alternatively, you can show a video presentation of such an interview.
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. As discussed in the text (see MindTech, text p. 103), the 10 original Rorschach inkblots and common answers are available on Wikipedia. Whether faculty members choose to show these images in class is worthy of a discussion of ethics in and of itself.

“Pretend, for a moment, that you are a . . .”: DSM-5 Assessment

The two-pronged diagnostic process in DSM-5 will likely be confusing to students. Students can realize the importance of both categorical and dimensional assessment when presented with a case example. 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 the use of “additional information” 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. Next, have 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. After 15 seconds, collect the first student’s sheet; after 30 seconds, collect the second student’s sheet; and collect the other two students’ sheets after they have completed the work. 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 one student] did very well when compared to a group of fifth-grade kids I gave these problems to; you are very smart.” Give the student a “Very Smart” certificate. Point to the other student and say, “You did not do so well. The advanced college math students down the hall did much better.” Ask for 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 1 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-I, DSM-II, DSM-III, DSM-III-R, DSM-IV, DSM-IV-TR, and DSM-5. 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 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. NOTE: This activity can be further enhanced by a discussion of the key changes to DSM-5. See text pp. 118 and 119 for a partial list.

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, The Voice, America’s Got Talent, 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 (text p. 105) as a guide, have students discuss the importance of sensitivity to, and awareness of, multicultural “hot spots.”

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 versus them” sense, that is, by promoting the idea that there is a clear-cut 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 on 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). Compare these items with the more standardized, classical personality inventories, such as the MMPI.

Clinical Observations

Have students conduct two different types of clinical observation: naturalistic and self-monitoring. Behaviors to monitor must be preapproved by the 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 websites and complete two clinical tests. 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 culture-bound abnormality (see PsychWatch, text p. 116, for an example).

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 report (3 to 5 pages). Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but they 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 people with mental illness?