

# CHAPTER 6

## Assessment: Overview & Interviewing

### **OUTLINE**

- **Overview**
- **Goals**
- **Sources of information**
- **Assessment interview**
- **Assessing Risk of Violence**
- **Assessing Risk of Suicide**
- **Biases in Assessment**

# ASSESSMENT SETTINGS

Major settings and types of assessment:

– **School**

- Learning disabilities
- Behavioral problems

– **Psychiatric hospitals/clinics**

- Diagnosis
- Treatment planning/recommendations

– **Medical settings**

– **Forensic context**

- NCR & risk & fitness to stand trial
- Treatment planning/recommendations
- Jury selection

– **Industrial / organizational settings**

- Personnel selection

– **Insurance**

- Disability & claims for damages

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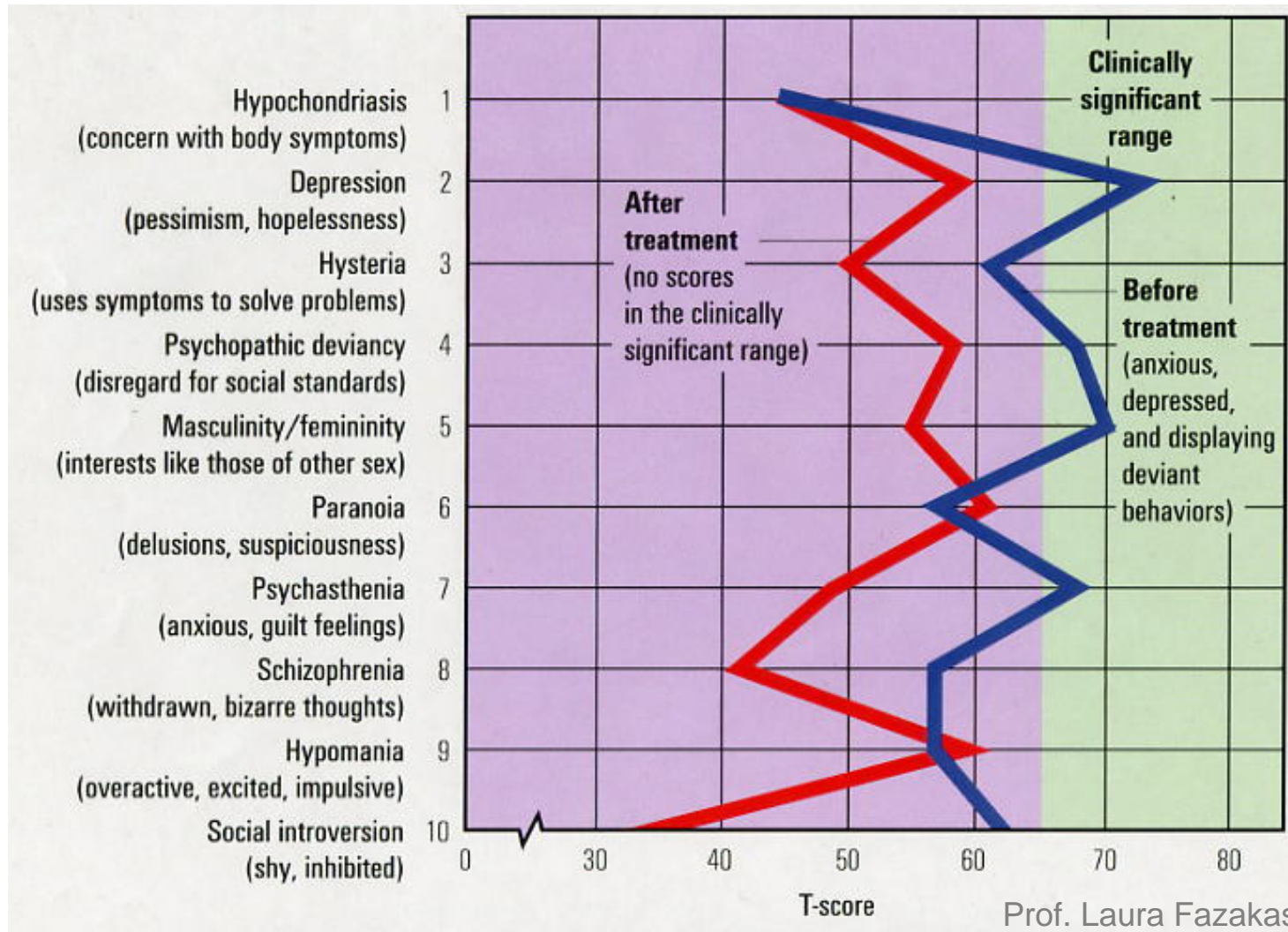
# Examples of Assessment Questions

- Does an elderly patient complaining of memory loss suffer from dementia?
- Does a sad and withdrawn adolescent have a depressive disorder?
- Is an eccentric old man accused of shoplifting competent to stand trial?
- Does a young patient with a history of drug abuse display a subtle brain damage?
- Does a depressed and possibly man suicidal require hospitalization?
- Is a person with mildly deviant personality test scores a good bet for the job of police officer?

# Assessment Implications

- Can be large implications for individual, family and society pending the results of the assessment:
  - institutionalization
  - proceed to trial
  - hired or not hired
  - hospitalized
  - how others respond to the person
  - societal safety
  - whether they get to parent their children
  - diagnostic label

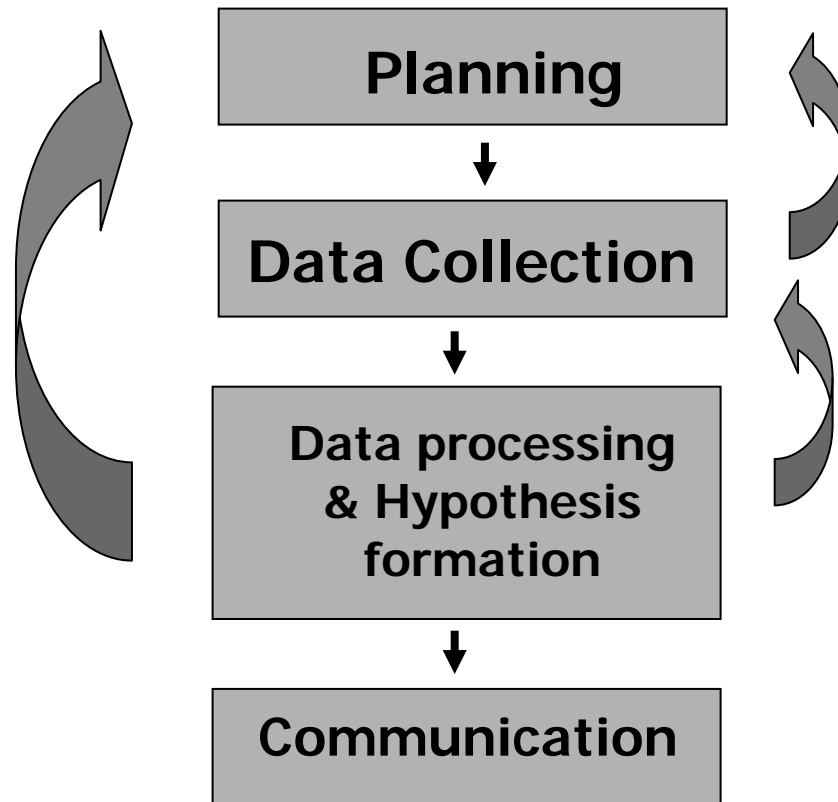
# Assessment & Treatment



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# Assessment Process



# Top assessment tools

Clinical Interview	95%
WAIS-III	93%
MMPI-2	85%
TAT	84%
Rorschach	82%
Bender-Gestalt	80%
Beck Depression Inventory	71%
Peabody Picture Vocabulary	50%
MCMII	49%

# Selecting Assessment Measures

## Psychometrics

- Reliability – consistency in data measurement or agreement
  - Internal consistency
  - Test-retest
  - Inter-rater
- Validity
  - Does it measure what it's supposed to?
  - Content validity – does it assess the entire construct?
  - Criterion validity – correlated with other established criteria?
  - Predictive Validity – what does the score accurately predict?

# Final Product: The Assessment Report

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- **Title and demographics**
- **Source and reason for referral**
- **Tests and procedures**
- **Relevant background**
- **Behavioral observations**
- **Assessment results**
  - **Intellectual functioning**
  - **Personality functioning**
  - **Diagnostic impressions**
  - **Integration of findings**
- **Summary and recommendations**

# Basic Interviewing Skills

- **Focusing**
  - eye contact
  - nonverbal behaviour
- **Effective Inquiry**
  - Open-ended questions
  - Closed-ended questions
- **Reflections**
  - Content
  - Feeling

# Unstructured Interviews

- Flexible
- Captures client's:
  - Interpersonal style
  - Organization/coherence of responses
  - Non-verbal behavior
  - Idiosyncratic behaviors

# Structured Interviews

- Semi-structured format
  - guidelines for conducting the interview
  - flexibility in wording, order, etc
- Highly structured format
  - follow exact order, wording, and coding of each question
  - Minimize the role of clinical judgment, good for beginner interviewers

# Advantages and Disadvantages of Structured Interviews

## • ADVANTAGES

- May look at areas that would otherwise be overlooked
- Higher reliability and validity
- Good for situations where everyone should be asked the same questions

## • DISADVANTAGES

- Can interfere with more relaxed communication
- Can feel like an inquisition
- If just enough time allotted for structured interview, may miss follow-up in important areas

# Assessing Risk of Violence

- Violence: Actual, attempted, or threatened physical harm that is deliberate and non-consenting
- Caused by a host of biological, psychological, and social factors
  - Neurological insult, hormonal abnormality
  - Psychosis, personality disorder
  - Exposure to violent models, attitudes that condone violence

# Risk is Context-Specific

- We never know a person's risk for violence; we merely estimate it assuming certain conditions
  - Assuming institutionalization, assuming release with supervision, assuming release without treatment for substance use...
- Consequently, relative or conditional risk judgments are more useful than absolute or probabilistic risk judgments

# Conventional Approaches

- Professional judgment
  - Unstructured or “clinical”
  - Structured (e.g., HCR-20, SVR-20)
- Actuarial decision-making
  - Psychological tests (e.g., MMPI-2, PCL-R)
  - Risk scales (e.g., VRAG, SARA)

# HCR-20 (structured interview)

- **Historical Scale (past static)**
- H1 Previous Violence
- H2 Young Age at First Violent Incident
- H3 Relationship Instability
- H4 Employment Problems
- H5 Substance Use Problems
- H6 Major Mental Illness
- H7 Psychopathy
- H8 Early Maladjustment
- H9 Personality Disorder
- H10 Prior Supervision Failure
- **Clinical Scale (current dynamic)**
- C1 Lack of Insight
- C2 Negative Attitudes
- C3 Active Symptoms of Major Mental Illness
- C4 Impulsivity
- C5 Unresponsive to Treatment
- **Risk Management Scale (future)**
- R1 Plans Lack Feasibility
- R2 Exposure to Destabilizers
- R3 Lack of Personal Support
- R4 Noncompliance with Remediation Attempts
- R5 Stress

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\* **Note.** Adapted from Webster, Douglas, Eaves, and Hart (1997).

# Levels of Inference

- **Samples**
  - Low level inference – stating what one knows about the client
- **Correlates**
  - Medium level inference – stating what one knows about similar clients
- **Signs**
  - High level inference – stating what one thinks may be underlying the client's behaviour

# PREDICTING SUICIDE

## STATIC FACTORS

- Age
- Gender
- Prior Suicidal Behaviour

## DYNAMIC FACTORS

- Stress
- Symptoms
- Resources (family, church etc.)
- Current Suicide Plan

# Biases: Heuristics

- Availability Bias
  - Memorable cases stand out in memory
- Anchoring bias
  - Emphasis on early information
- Theoretical bias

# Biases

- Patient Status
- Minority Status
- Gender
- Clinical Experience
- Confirmatory Bias
- Hindsight Bias