UNIT 3  PSYCHOLOGICAL ASSESSMENT

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3.1 INTRODUCTION

Psychological tests help to identify mental disorders in a standardized, reliable and valid manner. With the use of variety of tests, a diagnosis can be formulated. Psychological assessment refers to the process involved in collecting information about persons and using it to make important predictions and inferences about his cognition and personality. Psychological tests are means of assessing psychological characteristics. A psychological test is essentially an objective and standardized measure of a sample of behaviour. Psychological tests are like tests in any other science, as observations are made on a small but carefully chosen sample of an individual’s behaviour. In this respect, the psychologist proceeds in much the same way as the biochemist that tests a patient’s blood. The diagnostic or predictive value of psychological tests depends on the degree to which it serves as an indicator of a relatively broad and significant area of behaviour. The psychological test is a standardized measure that implies uniformity of procedure in administering and scoring the test. The testing conditions are also controlled.

3.2 LEARNING OBJECTIVES

After going through this Unit, you will be able to discuss the:

- Objectives of psychological assessment;
- Various types of psychological tests, that includes neuro-cognitive assessment and assessment of personality and psychopathology;
• Assessment for children; and
• The ethical concerns in psychological testing.

### 3.3 OBJECTIVES OF PSYCHOLOGICAL ASSESSMENT

The objectives of psychological assessment are as follows:

a) **Diagnosis:** Psychological assessment helps to identify and understand the individual's symptoms by providing evidence for psychopathology, thought disorder, signs of organicity or personality profile. This includes determining the nature and severity of any maladaptive behaviour. The diverse and often conflicting bits of information about the individual’s personality traits, behaviour patterns, environmental demands, are integrated into diagnostic formulation.

Patients often have co-morbid conditions such as schizophrenia, depression, anxiety, personality disorder or organic brain syndrome. The clinical presentation of these co-morbid conditions often, are not presented in the clear cut manner and thus, cause problems in making the diagnosis. Psychological tests help in identification of co-morbid conditions.

b) **Assessment of premorbid and present level of functioning:** The foremost goal of assessment is to identify the problem help in a basic understanding of the individual’s, intellectual functioning, personality characteristics, environmental pressures and resources.

It is also important to understand the person and his problems in the social context in which the individual operates.

c) **To elicit causative and maintaining factors of maladaptive behaviours:** There is a complex interaction of psycho-social and biological factors in the etiology of many psychiatric disorders as in any other medical disorder. At present, there is shift of focus on understanding and treating the underlying causes, and factors that could maintain the maladaptive behaviour like addiction. Often the underlying etiological factors are psychosocial factors operating at an individual level or in the family dynamics, or in the job situation. These factors are often not reported by the patient, as they do not recognize an association between psychosocial problems and illness.

d) **Treatment planning:** The assessment provides a basis for making decisions concerning the best treatment programme, be it hospitalization, the use of medication or psychotherapy, the modification of family patterns, or some other approach. The initial assessment also provides a baseline for comparison, later with other measures obtained during and following treatment. This is important but sometimes, forgotten aspect of assessment. It makes it possible to check on the effectiveness of an ongoing treatment programme, to see if modifications may be needed. It also allows for comparison of the relative effectiveness among different therapeutic and preventive approaches. This is important not only in treating the individual, but also in conducting the research that can advance our understanding of the disorders themselves, as well as the development of new and more effective assessment and treatment techniques. All of which ultimately, will enhance the prognosis for individuals suffering from psychological disorders. Furthermore, the importance of assessment has increased dramatically as the demand for accountability in therapy has grown. Assessment is not necessarily a onetime venture, it is an ongoing process.
e) **Research:** Psychological tests are essential part of research methodology in psychiatry, as they are reliable, valid and standardized tools to assess behaviours. In research, rating scales and questionnaires are used, as they can be administered with minimum training, have objective scoring and interpretation.

f) **Planning of rehabilitation:** While planning rehabilitation for patients with psychiatric illness or neurological disorders, handicaps, head injury patients, psychological assessment helps what would be the best level of job for the patient. If rehabilitation plans are not made and executed then chances of relapse or developing psychiatric problems are higher. At present, in most of the medical centres, more attention is being focused in helping patients to rehabilitate. This requires an understanding of patient’s level of cognitive functioning, i.e., attention, memory, intelligence, aptitude, interest and adaptability. The psychological testing can provide valuable information on all of these aspects, which can be used in planning the rehabilitation.

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**Check Your Progress 1**

**Note:**

i) Read the following question carefully and answer in the space provided below.

ii) Check your answer with that provided at the end of this unit.

1) List various situations where psychological assessment is required.

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### 3.4 TYPES OF PSYCHOLOGICAL ASSESSMENT

Psychological assessment involves neurocognitive assessment (intelligence and memory), personality profile and psychopathology. The tests are selected according to the aim of assessment, e.g., diagnosis, rehabilitation or research. In a clinical setting, these tests are given on an individual basis. Observation of behaviour during testing is as important as the test performance, as the non-verbal clues indicate useful information like motivation, persistence, and concentration.

#### 3.4.1 Neuro-cognitive Assessment

This comprises of cognitive functions, namely, attention, concentration, perception, memory and intelligence. Some of the examples of these tests are as follows:

1) **Attention and Concentration:** All cognitive functions are dependent on attention span and ability to sustain attention. Clinically, attention can be assessed through observation during history taking and in interview sessions. Formally it can be assessed by asking the patient to repeat digits forward and backward. Forward digits are started from 3 and continued till 8-9 digits. The test is stopped after two consecutive failures. Backward digits are given from 2 to 8. The digits should not be presented either very fast or very slow. The ideal rate of presentation should be one digit per second. These can also be assessed on the subtest of Wechsler’s Adult Intelligence Test namely, Digit span and Digit Symbol test.

The other methods used to assess attention and concentration is letter cancellation, colour cancellation, counting 20 to 1 backwards and serial subtraction 40-3.
2) **Perception:** Bender Visual Motor Gestalt Test is a simple and short method of assessing organicity and visuomotor coordination, useful for both children and adults. This test consists of simple 9 designs printed against a white background on a separate card, which are to be copied by the patient on unlined paper. Objective scoring system is available. Evaluation of the protocol depends both in the form of the reproduced figures and on their relationship to each other. Probably, the most frequent clinical use for the test with adults is as a screening device for detecting signs of organicity.

3) **Memory:** In many psychiatric patients memory deficit is one of the symptoms. To assess this deficit, standardized and reliable method is required. Memory tests help to assess degree of impairment in memory functions. They also provide a baseline on which treatment programme can be planned specifically to enhance memory. An ideal test of memory should estimate deficits in all types of memory processes and should suggest anatomical localization as well as the etiological nature of the pathology. There are no biological tests that indicate memory deficits. The currently available memory tests are PGI Memory scale, Wechsler Memory Scale III. It is partly covered in Verbal Intelligence Scale also. The test consists of both verbal items and nonverbal items. Some of the subscales in memory tests are as follows:

**Digit Span Test:** All memory tests and The Wechsler’s Adult Intelligence Scale include a Digit Span Subtest in which an increasing number of digits are presented for immediate verbal recall. The digits are recalled both in a forward and a reverse order. The rate of presentation for all digits is 1 second per digit. In the Number Span technique, the patient is given increasingly longer number of sequences. However, each succeeding sequence differs from the one before it in its last number, e.g., 6-2, 6-2-4, 6-2-4-8, and so forth. It is reported that young adults could recall an average of 9.06 numbers, whereas older persons (> 65 years) could retain only 5.87 numbers.

**Letter Span Test:** These tests are similar to the digit span tests except that letters are substituted for digits. The norms for letter span are 6.7 letters for people in their 20s and 6.5 letters for people in their 50s.

**Memory for sentences:** An average adult can correctly recall sentences of 24 or 25 syllables in length. The Stanford-Binet Scales include a sentence memory test at several age levels, beginning with 12 syllable sentences for 4-year-olds, 16 to 19-syllable sentences for 11-year-olds, and 20-syllable sentences for 13-year-olds. The syntax and vocabulary become more complex at higher age levels.

**Memory for Paragraph and Stories:** It is generally not possible to memorize a paragraph or a story word by word. However, most people can recall the ideas presented in the paragraph using some of their own words and some from the actual presentations, omissions, additions, elaborations, and shifts in the story’s sequence. Several methods of scoring have been suggested. Rapaport, et. al. (1968) developed a system in which they scored all segments of the story as correct in which “the change does not alter the general meaning of the story or its details”. They also included a four-point “distortion score” that reflects the extent of minor alterations as accurate “meaningful memories”.

Several of the paragraphs and stories that have been standardised for testing immediate and delayed recall include stories in the Stanford-Binet Test, the Wechsler Memory Scale, the Babcock Story Recall Test, and the Cowboy Story.
Wechsler memory scale III is most popularly used test, it is simple and assesses practical memory. This test is used all over the world. It consists of the following seven subtests:

a) **Personal and current information**: The participant is asked for age, date of birth, and identification of current and recent public officials.

b) **Orientation**: It is assessed by questions about the time and place.

c) **Mental control**: This subcategory is designed to test automatism, such as repeating the alphabet and simple conceptual tracking as in counting by fours from 1 to 53.

d) **Logical memory**: This subtest includes immediate recall of verbal ideas from two paragraphs. The examiner first reads the two paragraphs but stops after each paragraph to get the subject’s immediate recall. Paragraph A contains 24 memory units or ideas and paragraph B contains 33. The subject is given one point of credit for each correct idea recalled. The total score is the average recalled and extends upto 23.

e) **Digit span**: This subtest differs from the Digit Span Subtest of the Wechsler’s Adult Intelligence Scale by omitting the three-digit trial of digit forward and the two-digit trial of digit backward and not giving score credits for performance of nine or eight backward.

f) **Visual reproduction**: Each of the three cards with a printed design is shown for 5 seconds following each exposure, the patient draws that he remembers of the design. This is an immediate recall test but some examiners also recommend a delayed trial.

g) **Associate learning test**: This subtest consists of ten words, of which six are called “easy” as they have common associations such as “baby-cries” and the other four pairs are uncommon or “hard” associations such as “cabbage-pen”. The list of the word pairs is read three times. The subject tries to recall as many pair associates as he can remember after each reading. The total score is on half the sum of all correct associations to the easy pairs plus the sum of all correct associations to the hard pairs. The highest possible score is 21.

PGI memory scale: This scale has been standardized by Pershad for Indian population. It is used on both literate and illiterate adults and older persons. It has ten subtests, namely remote memory, recent memory, mental balance, attention and concentration, delayed recall, immediate recall, verbal retention for similar pairs, verbal retention for dissimilar pairs, visual retention, and recognition. There are 10 objects in first stimulus card of recognition test. The card is presented for observation for 30 seconds, and then second stimulus card having 20 objects is presented. The patient has to recognize the objects given in the first card. This test has objective scoring, and norms according to age and gender.

**Memory questionnaires**: For assessment of working memory simple questionnaires can also be used. The content of these questionnaires is related to historical facts, salient life events, and memory of specific situations on the basis of repeated experience with every day memory tasks. Generally, immediate recent and remote memory is assessed. These terms also are referred to as short term and long-term memory.
Brief Cognitive Rating Scale (BCRS) (Reisberg et al, 1983): Patients with Alzheimer’s disease show a fairly uniform decline on BCRS, which utilizes seven, rating categories for each of the five axis. Several other diagnostic categories such as mania and acute anxiety will cause some deficits on the concentration axis. The five axes include the following: concentration and calculating ability, recent memory, past memory, orientation, functioning and self-care. Items in each axis are scored from information obtained during a clinical interview with the patient in the presence of spouse or the caretaker.

4) **Intelligence:** Assessment of intelligence is the most common referral received by the psychologist. Intelligence tests are divided into verbal tests and performance tests. Some of the commonly used tests of intelligence are as follows:

**Wechsler’s Adult Intelligence Scale (WAIS)** is the most widely used intelligence scale. It consists of verbal performance scales of which are further subdivided into subscales. The details of these subscales are as follows:

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>Block Design</td>
</tr>
<tr>
<td>Comprehension</td>
<td>Picture Completion</td>
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<tr>
<td>Arithmetic</td>
<td>Picture Arrangement</td>
</tr>
<tr>
<td>Similarities</td>
<td>Object assembly test</td>
</tr>
<tr>
<td>Digit Span</td>
<td>Digit Symbol substitution test</td>
</tr>
</tbody>
</table>

Vocabulary

(Indian Adaptation of both of these verbal (Pershad & Verma) and performance (Ramalingaswamy) scales are available)

**Bhatia’s Battery of Performance Test of Intelligence:** The test was constructed by Dr. C.M. Bhatia in Agra, India. This test measures performance intelligence. The test consists of five subtests that are loaded with the general factor (G) and a specific factor (S). These are:

a) Koh’s block design test consisting of 10 designs. The time limit for the first 5 designs is 2 minutes and for the next 5, it is 3 minutes. The test is the measure of perceptual motor coordination, mental coordination and ability for analysis and synthesis.

b) Alexander’s Pass along test, which consists of 8 designs. The time limit for the first four designs is 2 minutes and for the next four is 3 minutes. It provides with the measure of spacial, perceptual and motor coordination.

c) Pattern drawing test it consists of 8 items starting from a simple square. The participant should draw each pattern without lifting the pencil and without re-tracing. It measures motor coordination, perceptual motor ability, imagery and spacial component.

d) Immediate memory subtest has 2 sub parts. In part 1 the participant is to recall the digits as provided to him whereas, in the second the participant is to recall them backwards.

e) Picture construction test consists of 5 items. It measures the ability to apprehend relations, mental imagery and conceptualize part of the whole.
Standard Progressive Matrices (SPM): This test was developed by Raven and has three forms. Besides Standard Progressive Matrices, there are Coloured Progressive Matrices and Advance Matrices. SPM has five sets of matrices, with 12 patterns in each set. The age range on which the test can be administered is 12 years onwards. This test is considered a culturally fair test, as familiarity with any specific language is not required. This has an objective scoring and intelligence is expressed in terms of percentile ranks. The task is to choose the missing insert from the given alternatives. The easier items require accuracy of discrimination, the more difficult items involve analogies, permutations and alternations of pattern and other logical relations.

Kaufman Brief Intelligence Test (KBIT): which is a brief, individually administered measure of verbal (vocabulary subtest) and non verbal (Matrices subtest) intelligence. This is new test to assess intelligence. It can be used with those aged 4-90 years old and takes between 15-30 minutes to administer. It can be useful in a variety of settings including clinical, educational, vocational, and research settings. The current second edition generates three scores: Verbal, Non Verbal and an overall IQ composite.

3.4.2 Assessment of Personality and Psychopathology

Clinical assessment of personality and psychopathology is a complex task and it is one of the most critical aspects of working with emotionally disturbed individuals. Personality testing is done for many reasons. Its aim is to assess what the person is usually like in thoughts, feelings and behaviour patterns. Personality tests tap individual differences of reacting to certain situations.

The thoroughness and accuracy of assessment can determine the extent to which an individual’s problems are understood and how well his or her needs are met through therapy. In recent years, objective assessment has grown more popular and important due to its varied applications and advantages, e.g., quantification in improvement, research, consumer protection etc. Personality tests most often refers to measures of emotional states, personality type and traits e.g. introversion-extroversion, interpersonal relations, interests, motivation and attitudes. Psychopathology is assessed in personality tests, it is inferred from the deviations from normalcy and there are specific rating scales to assess Personality tests are in form of: (a) Rating Scales, (b) Questionnaires, (c) Projective Tests and Semi Projective Tests. All these tests have their own advantages’ as well as disadvantages. Generally, a test is selected according to the aim of the assessment. Some of the commonly used personality tests are as follows:

3.4.2.1 Rating Scales

To measure psychopathology objectively rating scales can be used. Rating scales enable the observer to indicate not only the presence or absence of a trait or behaviour, but also its prominence. The rating scales are generally of two types self-rating scales and observer rating scales.

Beck’s Depression Rating Scale and Hamilton Rating Scales are commonly used to measure depression. Anxiety can be measured on State and Trait Anxiety Scale and Hamilton Anxiety Scale.

Brief Psychiatric Rating Scale (BPRS) is the most widely used rating scale for recording observations in clinical practice and in psychiatric research. The BPRS provides a structured and quantifiable format for rating clinical symptoms such as somatic concern, anxiety, emotional withdrawal, guilt feelings, hostility, suspiciousness, and unusual thought patterns. It contains 18 scales that are scored from ratings made by the clinician following an interview with the patient. The distinct patterns of behaviour
reflected in the BPRS rating, enable clinicians to make a standardized comparison of their patients’ symptoms with the behaviour of other psychiatric patients. The BPRS has been found to be an extremely useful instrument in clinical research, especially for the purpose of assigning patients to treatment groups on the basis of similarity in symptoms.

### 3.4.2.2 Questionnaires

**The Minnesota Multiphasic Personality Inventory (MMPI)** is certainly among the most widely used psychodiagnostic instrument. The test consists of 550 unique items whose content ranges from psychiatric symptoms to political and social attitudes. As such, many researchers have felt that the MMPI can be a particularly useful diagnostic measure in instances where there is a denial of problems. The ten basic clinical scales of MMPI include: HS: Hypochondriasis, D: Depression, HY: Hysteria, Pd: Psychopathic deviate, Mf: Masculinity - femininity, Pa: Paranoia, Pt: Psychasthenia, Sc: Schizophrenia, Ma: Hypomania, Si: Social Introversion scale.

**The Sixteen Personality Factor Questionnaire (or 16PF)** is a personality measure that is most commonly used in India. It is available in many regional languages also. This personality questionnaire was developed over several decades of research by Raymond B. Cattell and his colleagues. The 16 personality factors were derived on the basis of factor analysis. The 16PF test gives scores on both the five second-order global traits which provide an overview of personality at a broader, conceptual level, as well as on the more-numerous and precise primary traits, which give a picture of the richness and complexity of each unique personality.

**Eysenck Personality Questionnaire** measures only three dimensions of personality namely, introversion- extraversion, neuroticism, psychoticism and lie score. This questionnaire consists of 86 items and has been commonly used in research studies in India.

**The Revised NEO Personality Inventory or NEO PI-R** is a personality inventory consisting of 240-item to measure Five Factors, namely, Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience. Additionally, the test measures six subordinate dimensions (known as ‘facets’) of each of the “FFM” personality factors. The test was developed by Paul T. Costa, Jr. and Robert R. McCrae for use with adult men and women above 17 years of age, without overt psychopathology. There is a short version, the NEO-Five Factor Inventory (NEO-FFI), that has 60 items (12 items per domain). The NEO-PI is widely used tool in India (Hindi version is also available. As compared to 16 PF test, it has more applications in clinical practice and in research.

**Assessment of Alcoholism and Substance Abuse CAGE questionnaire** or The CAGE questionnaire has become one of the most widely used screening devices for alcoholism. It derives its name as an acronym, for the following four questions that are asked of patients:

Have you ever felt you ought to CUT DOWN on your drinking?

Have people ANNOYED you by criticizing your drinking?

Have you ever felt bad or GUILTY about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE OPENER)?

**Michigan Alcoholism Screening Test or MAST** (Selzer 1971) is a widely used 25-items, true/ false questionnaire that contains questions about alcohol consumption and
consequences of alcohol use. The test can be administered either as a self-report questionnaire or as a structured interview. The items are differentially weighted, resulting in a summary score that ranges from 0 to 50. Although different cut-off scores for identifying alcoholism have been recommended, these scores generally range between 5 (the original cut-off) and 7, with higher scores reflecting greater impairment and a higher likelihood of significant alcoholism.

**Drug Abuse Screening Test or DAST** (Skinner 1982) is a 28-item, true/false self-administered questionnaire that contains questions about the extent and consequences of substance use. The items were selected to parallel items from the MAST. Unlike the standard scoring of the MAST, each DAST item is equally weighted so that summary scores range from 0 to 28. Skinner (1982) emphasized that the DAST score is best conceptualized as a quantitative index of substance abuse problems.

**Alcohol Dependence Scale or ADS** (Skinner and Horn, 1984; Skinner and Allen, 1982) was designed to provide a brief measure of the extent to which alcohol use has progressed from psychological involvement to the point of impaired control over drinking. The scale is patterned after the concept of the alcohol dependence syndrome described in a World Health Organization (WHO) Task Force Report, which portrays alcohol dependence as existing in degrees rather than as an all-or-none phenomenon. The ADS consists of 25 multiple-choice items, pertaining directly to alcohol use and its consequences. The scores range between 0 and 47.

### 3.4.2.3 Projective Tests

These tests are based on the projective hypothesis derived from Freud’s psychoanalytic theory. The basic idea is that the test taker responds to a relatively unstructured stimuli and much of meaning to the responses comes from within the person. Thereby, revealing the hidden aspects of the personality. It is a prolonged, intensive and extensive assessment of that individual’s personality. It is from these responses that deductions are made about the personality dynamics including underlying conflicts and ego defenses.

a) **The Rorschach Inkblot Technique** was developed by Herman Rorschach (1921/1941). He produced a set of 10 inkblots - 5 are black and white, 2 grey and red and 3 multi-coloured. These are on separate cards. Subjects are presented with one card at a time and asked question as ‘what might this be?’ or ‘what does this remind you of?’ After writing down the first response the tester goes back through each response asking for more details. The first phase of the test is called the free-association phase, and the second is called the inquiry. Scoring combines objective and subjective procedures looking into the area of the stimulus, and other properties of the blot as form, content etc. Psychological tests help in digging out this information from both conscious, as well as sub conscious level, systematically.

b) **Thematic Apperception Test** was taken by Christina Morgan & Henry Murray (1938) in developing TAT. It is based on Murray’s theory of needs, which come-up in the stories given by the patient. The Indian adaptation of this test is available. A set of 10 cards is selected (Fig. 18.9). To guide story production, tester instructs while giving a picture, that based on the picture a story has to be made by incorporating who all are in the picture, what had happened before, what is going to happen and what are the people involved thinking and feeling. Trained psychologists pick up themes coming out from each story and thereby make personality inferences.
3.4.2.4 Semi Projective Test

While the projective tests are unstructured, semi projective tests are partly structured, like there would be completion of sentence, story, or word association.

Sentence Completion Test (SCT) Responses on this test are often most helpful in establishing level of confidence regarding predictions of overt behaviour. The SCT is designed to tap the patient’s, conscious associations to areas like self, relationship with father, mother, opposite sex and superiors. It is composed of series of sentence stems, such as, “I like” “Sometimes I wish”, which patients are asked to complete in their own words. The SCT usually elicits information that the patient is quite willing to give. The level of inference is usually less than in the Rorschach Test or TAT interpretations.

3.4.2.5 Innovative Approaches to Assessment

Computer softwares are being developed to assess neuro cognitive functioning, attention, executive functions, impulse control behaviours. These are at the moment very expensive so are not commonly used in India. Continuous Performance Test is well known test to assess attention-concentration on computer.

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| **Note:**  
  i) Read the following question carefully and answer in the space provided below.  
  ii) Check your answer with that provided at the end of this unit.  
  1) List different types of psychological tests to assess personality.  
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3.5 PSYCHOLOGICAL ASSESSMENT OF CHILDREN

Childhood disturbances are rarely as clearcut as adult psychiatric disorders, and there are often too many explanations for child’s problem behaviours in current family interactions, or in child’s school experiences. Modern day psychological assessment is likely to contribute to build a plan of management. There may be a need for assessing the cognitive functioning and academic achievements. It may be important to study the personality characteristics and the way the child is perceived by others. Or it may be valuable to get a family account of present symptoms and the problem within. Keeping the above in view we may use one or a combination of tests depending on the problem as mentioned below.

Intellectual Assessment

In infant’s developmental schedules are used to assess intelligence. Adaptive behaviour is considered very important in young children.

1) **Vineland Social Maturity Scale:** This test was developed to assess the individual’s developmental level. It is most often used on mentally retarded children, extending within an age range from birth to 25 years. The test gives a pattern analysis on eight different areas, such as self-help in eating, dressing, socialization, etc. This
test is also useful in screening and in assessment for uncooperative children. This scale has been standardised for our population.

2) **Wechsler Intelligence Scale for Children-R (WISC-R):** This test is similar in its format to WIAS, and its Indian standardised version is known as Malin’s Intelligence Scale for Indian school children. The sub tests are classified into verbal and performance scales yielding verbal, performance and full scale IQs. There is another test for children in the age range of two and half years to six years, Wechsler Preschool and Primary Scale of Intelligence (WPPSI).

3) **Coloured Progressive Matrices (CPM):** This test is used for younger children within an age range of 5 1/2 to 11 1/2 years. It is a non-verbal test with percentile norms by half years and supplementary norms for mentally retarded children. It is a culture fair test with simple, easy to comprehend instructions. It consists of 36 items divided over 3 subtests reflecting on abstract and reasoning abilities.

**Assessment of Specific Learning Disability (SLD):** A battery of tests have been developed at NIMHANS, to assess children having specific learning disability. This consists of the following sub-tests:


There are some more tests also to assess SLD like Grades, and AIIMS Neuropsychological Battery for children.

**Personality Tests**

Some of the commonly used personality tests for children are as follows:

1) **Children Apperception Test (CAT):** Projective tests are commonly used with children to assess their needs, conflicts and general personality. CAT is designed for children in the age range of 3 to 10 years. The CAT cards have pictures of animals, more like in human situations relating to problems of feeding, sibling rivalry, parent-child relations, aggression, toilet-training and other childhood experiences. The Indian version of CAT is also available. CAT supplementary cards depict different situations like classroom, interaction in the playground, and reactions to illness.

2) **Raven’s Controlled Projection Test (RCPT):** This projective test can be administered in the age range of 6 1/2 and 12 1/2 years. The child is asked to draw whatever he wishes to and construct a story for which a set of questions are asked by the examiner. The child’s concerns over lies, worries, dreams, friendships etc., are elicited, which provides a better understanding of the child.

3) **Draw-A-Person test:** This test (Goodenough) assesses both intelligence and the personality characteristics. The child is given two sheets of paper, and asked to draw a child followed by a figure of opposite sex to the one drawn. A set inquiry is carried out by putting up questions on ambition, family, friends, attitude toward sex and marriage etc., bringing out hidden meanings followed by psychoanalytic interpretation.

4) **House-Tree-Person Test:** This test is used for children of 5 years age and older. The child is required to draw a house, a tree and a person in a sequence. The examiner takes notes on the spontaneous comments and the behaviour during the drawing, followed by a planned interview, eliciting details, clarification and material
Identification and Assessment of Mental Disorders

with symbolic significance. This is very simple but provides lots of information about the child and his interaction with his parents.

5) **Picture-Frustration Test:** This test elicits child’s reactions to frustrating situations. The Indian test developed by Udai Pareek has 24 pictures and the child has to write his response to the situation in the box. Frustrations could be directed inwardly or to the external world.

### Check Your Progress 3

**Note:**

i) Read the following question carefully and answer in the space provided below.

ii) Check your answer with that provided at the end of this unit.

1) List different tests used to assess cognitive functions in children.

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### 3.6 ETHICAL ASPECTS OF PSYCHOLOGICAL TESTING

To use psychological tests, a professional has to adhere to certain ethical guidelines and standards. In brief, they are as follows:

- The test should be administered by the person who has received proper training in test administration, scoring and interpretation.
- Informed Consent should be obtained from the patient or parents of the child under 12 years of age, to administer psychological tests.
- The test administrator should be familiar with a test’s research basis, use tests only in contexts in which they have been shown to be reliable and valid, and not go beyond their expertise or the test’s empirically demonstrated applicability.
- Test should have been purchased, not photocopied. For research purposes, some authors give permission to use, free of charges.
- The test finding should be confidential, only known to the patient and his treating psychiatrist.
- All the principles of ethics apply to psychological testing also.

### Check Your Progress 4

**Note:**

i) Read the following question carefully and answer in the space provided below.

ii) Check your answer with that provided at the end of this unit.

1) What ethical aspects are important while administering a psychological test?

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3.7 PROBLEMS IN ADMINISTRATION OF PSYCHOLOGICAL TESTS

- **Confidentiality**: Psychological tests and other assessment procedures often elicit very personal information. Under some circumstances, professional mental health personnel are obliged to reveal this information to the legal authorities. So they may be abridged.

- **Issue of Cultural Bias**

  Most tests have been designed and have been standardized on middle or upper socioeconomic groups. Persons from other backgrounds might be handicapped in taking such tests and their scores would not be a fair measure of their potential. A great deal of effort has gone into attempts to develop tests of intelligence and other abilities that are “culture fair”.

- **Motivation of the patient**

  Many times the test responses are influenced by the motivation of the patient, in medicolegal cases the motivation is different person may not respond to show he does not know faking of responses is possible if the test is administered by untrained person.

3.8 LET US SUM UP

Psychological tests are standardised measures of behaviour. The most common psychological tests are those, which assess intelligence or personality. Intelligence is commonly assessed on Wechsler Adult Intelligence Scale. Rating scales, questionnaires and protective tests, such as Rorschach Inkblot test, and TAT, can assess personality. There are different psychological tests for children. Of late Standardized Interview Schedules are being used more often. There has been tremendous growth in rating scales especially for measurement of psychopathology. Similarly, as newer diagnostic classification systems are introduced, application of personality types is being applied to various medical conditions, and many new questionnaires are developed.

As in the case of interviews, the use of rating scales in clinical observation helps not only to organize information but also to encourage reliability and objectivity. That is, the formal structure of the scale is likely to keep unwarranted observer inferences to a minimum. The test findings provide valuable information about patient’s current psychological functioning and his premorbid level of functioning. It provides the baseline on which intervention programmes can be evaluated and outcome can be objectively measured. The test finding can also help in deciding type of intervention useful to a given patient, e.g., patient having psycho-social problems, poor social skills, poor decision making, would benefit more from psychological intervention. Testing is time consuming thus a judicious and focused assessment should be done for cost effectiveness.
3.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress 1
1) Situations where psychological assessment is required are like for diagnosis, assessment of premorbid and present level of functioning, to elicit causes of maladaptive behaviour, treatment planning, research and planning of rehabilitation.

Check Your Progress 2
1) The important measures to assess personality are 16 P.F., Eysenck Personality Questionnaire, NEO-P1-R, SCT, Rorschach and TAT.

Check Your Progress 3
1) Vineland Maturity Scale, WISC-R and Coloured Progress Matrices are few tests used to assess cognitive functions in children.

Check Your Progress 4
1) The important ethical aspects that have to be considered while administering a psychological test are as follows:
   i) The test should be administered by a competent person.
   ii) Informed consent should be taken from the patient or parents of the child under 12 years of age.
   iii) Tests should be reliable and valid and should be applicable for the client.
   iv) Tests should be in original (purchased, and not photocopied).
   v) Findings of the test should be kept confidential.

3.10 UNIT END QUESTIONS
1) Discuss the objectives and types of psychological assessment.
2) What are the various ways for psychological assessment of children?

3.11 REFERENCES AND SUGGESTED READINGS
