

Psychological Testing

Psychological testing — also called psychological assessment — is the foundation of how therapists better understand a person and their behavior. It is a process of problem solving for many professionals — to try and determine the core components of a person's psychological or mental health problems, personality, IQ, or some other component. It is also a process that helps identify not just weaknesses of a person, but also their strengths.

Psychological testing measures an individual's performance at a specific point in time — right now. Therapists talk about a person's "present functioning" in terms of their test data. Therefore psychological tests can't predict future or innate potential.

Psychological testing is not a single test or even a single type of test. It encompasses a whole body of dozens of research-backed tests and procedures of assessing specific aspects of a person's psychological makeup. Some tests are used to determine IQ, others are used for personality, and still others for something else. Since so many different tests are available, it's important to note that not all of them share the same research evidence for their use — some tests have a strong evidence base while others do not.

Psychological assessment is something that's typically done in a formal manner only by a licensed psychologist (the actual testing may sometimes be administered by a psychology intern or trainee studying to become a psychologist). Depending upon what kind of testing is being done, it can last anywhere from 1 1/2 hours to a full day. Testing is usually done in a psychologist's office and consists largely of paper-and-pencil tests (nowadays often administered on a computer for ease-of-use).

Psychological testing is divided into four primary types:

- Clinical Interview
- Assessment of Intellectual Functioning (IQ)
- Personality Assessment
- Behavioral Assessment

In addition to these primary types of psychological assessment, other kinds of psychological tests are available for specific areas, such as aptitude or achievement in school, career or work counseling, management skills, and career planning.

The Clinical Interview

The clinical interview is a core component of any psychological testing. Some people know the clinical interview as an "intake interview", "admission interview" or "diagnostic interview" (although technically these are often very different things). Clinical interviews typically last about one hour, and occur most often in a clinician's office. The clinical interview is an opportunity for the professional to gather important background and family data about the person. Think of it as an information-gathering session for the professional's benefit (but ultimately for your benefit). You may have to recall or review a lot of your life and personal history with the professional, who will often ask specific questions about various stages in your life.

Before any formal psychological testing is done, a clinical interview is nearly always conducted (even if the person has already gone through one with a different professional). Staff conducting the testing will often want to form their own clinical impressions, which can be best done through a direct interview with the person.

Assessment of Intellectual Functioning (IQ)

IQ — intellectual quotient — is a theoretical construct of a measure of general intelligence. It's important to note that IQ tests do not measure actual intelligence — they measure what we believe might be important components of intelligence.

There are two primary measures used to test a person's intellectual functions — intelligence tests and neuropsychological assessment. Intelligence tests are the more common type administered and include the Wechsler scales. Neuropsychological assessment — which can take up to 2 days to administer — is a far more extensive form of assessment. It is focused not just on testing for intelligence, but also on determining all of the cognitive strengths and deficits of the person. Neuropsychological assessment is most usually done with people who have suffered some sort of brain damage, dysfunction or some kind of organic brain problem, just as having a brain hemorrhage.

The most commonly administered IQ test is called the Wechsler Adult Intelligence Scale—Fourth Edition (WAIS-IV). It generally takes anywhere from an hour to an hour and a half to administer, and is appropriate for any individual aged 16 or older to take. (Children can be administered an IQ test especially designed for them called the Wechsler Intelligence Scale for Children – Fourth Edition, or the WISC-IV.)

The WAIS-IV is divided into four major scales to arrive at what's called a "full scale IQ." Each scale is further divided into a number of mandatory and optional (also called supplemental) subtests. The mandatory subtests are necessary to arrive at a person's full scale IQ. The supplemental subtests provide additional, valuable information about a person's cognitive abilities.

Verbal Comprehension Scale

- Similarities
- Vocabulary
- Information
- Supplemental Subtest: Comprehension

Perceptual Reasoning Scale

- Block Design
- Matrix Reasoning
- Visual Puzzles
- Supplemental Subtests: Picture Completion; Figure Weights (16-69)

Working Memory Scale

- Digit Span
- Arithmetic
- Supplemental Subtest: Letter-Number Sequencing (16-69 only)

Processing Speed Scale

- Symbol Search
- Coding
- Supplemental Subtest: Cancellation (16-69 only)

As you can surmise from the names of some of the scales of the test, measuring IQ isn't just answering questions about information or vocabulary. Because some of the subtests require physical manipulation of objects, the Wechsler is tapping into many different components of a person's brain and thought processes (including the creative). For this reason and others, online IQ tests are not equivalent to real IQ tests given by a psychologist.

Personality Assessment

Personality assessment is designed to help a professional better understand an individual's personality. Personality is a complex combination of factors that has been developed over a person's entire childhood and young adulthood. There are genetic, environmental and social components to personality — our personalities are not shaped by one single influence. Therefore tests that measure personality take into account this complexity and rich texture.

There are two primary types of personality tests — objective, by far the most commonly used today, and projective.

Objective Tests

The most common objective personality test is the MMPI-2 (or MMPI-A for adolescents), a 567 true/false test that is a good measure of dysfunction within personality. It is less useful as a measure of healthy or positive personality traits, because its design was based on helping a professional to find a psychiatric diagnostic label that best suited an individual. Originally developed in the 1940s, it was significantly revised in 1989 (and had another minor revision in 2001).

The MMPI-2 measures personality traits such as paranoia, hypomania, social introversion, masculinity/femininity, and psychopathology, among others. It does this by connecting an individual's responses to dozens of questions scattered throughout the test that are positively or negatively correlated with a particular personality trait. Because the questions are not always obviously related to the trait to which they are correlated, it is difficult to "fake" this test.

Because the MMPI-2 is not an ideal measure for people with healthy personalities, other measures, such as the 16PF may be more appropriate. The 16PF measures 16 basic personality traits and can help a person better understand where their personality falls amongst those traits:

1. Warmth (Reserved vs. Warm; Factor A)
2. Reasoning (Concrete vs. Abstract; Factor B)
3. Emotional Stability (Reactive vs. Emotionally Stable; Factor C)
4. Dominance (Deferential vs. Dominant; Factor E)
5. Liveliness (Serious vs. Lively; Factor F)

6. Rule-Consciousness (Expedient vs. Rule-Conscious; Factor G)
7. Social Boldness (Shy vs. Socially Bold; Factor H)
8. Sensitivity (Utilitarian vs. Sensitive; Factor I)
9. Vigilance (Trusting vs. Vigilant; Factor L)
10. Abstractedness (Grounded vs. Abstracted; Factor M)
11. Privatness (Forthright vs. Private; Factor N)
12. Apprehension (Self-Assured vs. Apprehensive; Factor O)
13. Openness to Change (Traditional vs. Open to Change; Factor Q1)
14. Self-Reliance (Group-Oriented vs. Self-Reliant; Factor Q2)
15. Perfectionism (Tolerates Disorder vs. Perfectionistic; Factor Q3)
16. Tension (Relaxed vs. Tense; Factor Q4)

This type of assessment might be administered so that a person can better understand themselves, and it can also help a professional better understand what type of approach or strategy to employ in treatment to best help the person.

Projective Tests

The Thematic Apperception Test (TAT) is comprised of 31 cards that depict people in a variety of situations. A few contain only objects and one card is completely blank. Often only a small subset of the cards is given (such as 10 or 20). The person viewing the card is asked to make up a story about what they see. The TAT is not often formally scored; instead it's a test designed to try and distinguish recurring themes in the person's life. The pictures themselves have no inherent or "correct" story; therefore anything a person says about the picture may be an unconscious reflection into the person's life or inner turmoil.

Behavioral Assessment

Behavioral assessment is the process of observing or measuring a person's actual behavior to try and better understand the behavior and the thoughts behind it, and determine possible reinforcing components or triggers for the behavior. Through the process of behavioral assessment, a person — and/or a professional — can track behaviors and help change them.

After a clinical interview, the core of behavioral assessment is naturalistic observation — that is, observing the person in a natural setting and taking notes (much like an anthropologist). This can be done at home (think "Super Nanny" when Nanny spends the first day simply observing the current family patterns of behavior), at school, at work, or in a hospital or inpatient setting. Target negative and positive behaviors are observed, as well as their respective reinforcements. Then the therapist has a good idea of what needs to change in order to obtain new, healthier behaviors.

Self-monitoring is also a component of behavioral assessment. For instance, when a person is asked to keep a mood journal and track their moods over the course of a week or month, that's a form of self-monitoring.

Inventories and checklists, popular nowadays online in the form of quizzes, can also be a form of behavioral assessment. For instance, the Beck Depression Inventory is a popular depression behavioral assessment.

Psychological assessment encompasses a wide variety of types of tests, procedures and techniques used to help a psychologist better understand a person. Once psychological testing has been completed, our staff will compile the data, interpret it, and write up a personalized assessment report for the individual.

Such reports are usually lengthy and try to tie together the findings from all the various tests administered (if more than one test was administered). Findings that are outliers — e.g., only one test suggests something is significant but it is not backup by other tests — may be noted, but aren't as significant as thematic findings that run through all the tests. The point of the test report is to summarize the findings in plain English, identify strengths and weaknesses, and help shed light on a person to help them better understand themselves.

The old saying, "Know thyself" comes to mind. When used responsibly in a clinical or school setting, psychological testing has been shown to help individuals better "know thyself" in ways that simply talking to a person might never discover.

Autism Assessments

It is often a difficult and lengthy process for parents to obtain testing and evaluations for their child. CAFCA clinicians are increasing access to this resource by offering evaluations for Autism Spectrum Disorders for children, teens and young adults.

The first step is an initial screen to determine whether a full Autism Spectrum Disorder (ASD) evaluation is needed. A staff member will conduct the screening interview with the parents/guardians. A standardized assessment questionnaire will also be administered to assist in determining whether a full assessment is warranted.

If the results of the screening indicate the need for a full assessment, staff will contact the parents with information about when the evaluation can begin (typically within 1 to 2 weeks).

If a full ASD evaluation is not indicated, the psychologist will contact the parents with information about other possible assessment recommendations or resources.

In addition to interviews and observations, our clinicians use a variety of standardized tools to not only diagnose, but also to assess strengths and challenges which will inform treatment planning. Assessment options include: cognitive and academic testing; neuropsychological tools; and, instruments to describe behavioral and emotional concerns. Some of the assessment instruments that could be utilized are described below.

Autism Behavior Checklist

The Autism Behavior Checklist (ABC) is a general measure of autism. It is not as reliable as the CARS or ADI-R. Correlations between the ABC and CARS ranged from 0.16 to 0.73 in a study by Eaves and Milner (1993). The CARS correctly identified 98 percent of the autistic subjects; it identified 69 percent of the possibly autistic as autistic. The ABC correctly identified 88 percent of the autistic subjects, while it identified 48 percent of the possibly autistic as autistic. In two separate studies, teachers' ratings on the ABC failed to reveal a common set of characteristics of students with high functioning Autistic Disorder (Myles, Simpson, & Johnson, 1995) and Asperger's Disorder (Ghaziuddin, N., Metler, Ghaziuddin, M., Tsai, & Luke, 1993).

Pervasive Developmental Disorder Screening Test

The Pervasive Developmental Disorder Screening Test (PDDST) (Siegel, 1996) is designed to be administered in settings where concerns about possible autistic spectrum disorders arise. Different "stages" of the PDDST correspond to representative populations in (a) primary care clinics; (b) developmental clinics; and (c) autism clinics. The PDDST is designed as a screening test and is a parent report measure. As such, it does not constitute a full clinical description of early signs of autism but does reflect those early signs that have been found to be reportable by parents and correlated with later clinical diagnosis.

Gilliam Autism Rating Scale

Designed for use by teachers, parents, and professionals, the Gilliam Autism Rating Scale (GARS) (Gilliam & Janes, 1995) helps to identify and diagnose autism in individuals ages three through twenty-two years and to estimate the severity of the problem. Items on the GARS are based on the definitions of autism adopted by the DSM-IV. The items are grouped into four subtests: stereotyped behaviors, communication, social interaction, and developmental disturbances. The GARS has three core subtests that describe specific and measurable behaviors.

An optional subtest (Developmental Disturbances) allows parents to contribute data about their child's development during the first three years of life. Validity and reliability of the instrument are high. Coefficients of reliability (internal consistency, test-retest, and inter-scorer) for the subtests are all in the 0.80s and 0.90s. Behaviors are assessed using objective, frequency-based ratings. The entire scale can be completed in five to ten minutes by persons who have knowledge of the child's behavior or the greatest opportunity to observe him or her. Standard scores and percentiles are provided.