

Psychological assessment tools

[Health & Medicine](#), [Mental Health](#)



Validation history, strength and weaknesses: One of the criticism of the gung scale is that it used graded responses that may be confusing to elderly patients, and so they may require assistance from the examiner to complete the form. Another problem with the test is that the mean score for elders is significantly higher than that for younger subjects, with many normal elders assessed as false positive. It also misses depression in the elderly if it takes the form of multiple somatic complaints. Many authors have advised that it should not be used for either research or clinical assessment of geriatric depression.

Despite the concerns over the use of gung self depression scale in elderly, it still continues to be used for research especially in Europe, where it has been noted to reveal sex and differences in scales factor structure in the elderly population-the scale has also been translated to many languages including Arabic, German, Portuguese and Spanish. 2. Millions clinical multiracial inventory. In 1969, Theodore millions undertook the test construction of the mimic. It contained 11 personality scales and clinical syndromes. It was revised both in 1989 and 1994.

The millions clinical multiracial inventory is used to assess patient with a suspected or known psychological disorder to refine the diagnoses. The test is designed to be used specifically with adults. While it is developed mainly for use with mentally ill population. Scope: It is sometimes used for patients without a known psychological disorder. It can sometimes provide insight into personality traits that can help people in psychotherapy and other settings. The MIMIC contains a total of 28 scales broken down into 24 clinical scales (personality and clinical syndrome scale).

The 14 personally scales include; schizoid, avoiding, depressive, dependent, histrionic, narcissistic, antisocial, sadistic, compulsive, negativism, masochistic, psychotically, borderline and paranoid. The clinical scales include; anxiety, comparators, bipolar, hysteria, alcohol dependence, drug dependence, PATS, thought disorder, delusion disorder, and major depression. The mortifying indices include disclosure scale (x), the desirability scale (y), and the debasement scale (z). Items: There are 175 true or false questions, which are designed to be completed in half an hour.

The test closely coordinates with the ADOS. Patients' raw scores are converted to Base Rate (BRB) scores to allow comparison between the personality indices. The Base Rate scores are essentially where each score fits on a scale of 1-115, with 60 being the median score. Conversion to a Base Rate score is relatively complex, and there are certain corrections that are administered based on each patient's response style. The Disclosure scale is the only scale in the MIMIC-III in which the raw scores are interpreted and in which a particularly low score is clinically relevant.

A raw score above 178 or below 34 is considered to not be an accurate representation of the patient's personality style as they either over- or under-disclosed and may indicate questionable results. A base rate score of 75 or greater on the Desirability or Debasement scales indicate that the examiner should proceed with caution on the Personality and Clinical Syndrome scales, base rate scores of 75-84 are taken to indicate the presence of a personality trait, or (for the Clinical Syndromes scales) the presence of a clinical

syndrome. Scores of 85 or above indicate the persistence of a personality trait or a clinical syndrome .

Validation History and psychometric properties: Theoretical-substantive validity[edit] The first stage was a deductive approach and involved developing a large pool of items; the number of items was reduced based on a rational approach according to the degree to which they fit the theory as well as elimination of items based on simplicity, grammar, content, and scale relevance. Internal-structural validity[edit] Once the initial item pool was reduced, the second validation stage assessed how well items interrelated, and the psychometric properties of the test were determined.

Internal consistency is the extent to which the items on a scale generally measure the same thing. Cockroach's alpha statistics range from . 66 (Compulsive) to . 90 (Major Depression). Test-retest reliability is a measure of the stability of the measure, or the change over time. The higher the correlation, the more stable the measure is. Based on 87 participants, the test-retest reliability of the MIMIC-III (5-14 days later) ranged from . 82 (Debasement) to . 96 (Comparators) with a median coefficient of . 91 . These however, no long-term data are available. External-criterion validity[edit] The final validation stage includes convergent and discriminative validity of the test, which is assessed by correlating the test with similar/dissimilar instruments. Positive predictive power is the likelihood of being right given a test positive, which ranged from . 30 (Masochistic) to . 1 (Dependent). Sensitivity, or the proportion of individuals that have a condition that are correctly identified ranged from . 44 (Negativism) to . 92 (Paranoid). Strength

and weaknesses; the test is brief in comparison to other personality inventories and it has a strong theoretical basis.

Some psychologists prefer to give it because the administration and scoring are simple, and it has a multi-axial format. The organization of the scales was confirmed by factor analysis and correlations done with third-party tests further confirm the validity of the scales. Internal consistency and alpha coefficients for the est., as well as test-retest reliability, are all good. 3.

BECK'S ANXIETY INVENTORY The Beck Anxiety Inventory (ABA), created by DRP. Aaron T. Beck and other colleagues. It is a 21 -question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety.

The Beck Anxiety Inventory is a well accepted self-report measure of anxiety in adults and adolescents for use in both clinical and research settings

Scope: Though anxiety can be thought of as having several components, including cognitive, somatic, affective, and behavioral components, Beck et al. Included only two components in the Basis original proposal: cognitive and somatic. [2] The cognitive subspace provides a measure of fearful thoughts and impaired cognitive functioning, and the somatic subspace measures the symptoms of physiological arousal.

Because the somatic subspace is emphasized on the ABA, with 15 out of 21 items measuring physiological symptoms, perhaps the cognitive, affective, and behavioral components of anxiety are being deemphasized. Therefore, the ABA functions more adequately in anxiety disorders with a high somatic component, such as panic disorder. On the there hand, the ABA won't

function as adequately for disorders such as social phobia or obsessive-compulsive disorder, which have a stronger cognitive or behavioral component.