The Assessment process
The relevance of psychometrics

- The BPS propose a set of standards for all clinical training programmes (BPS, Standards for Doctoral Training Programmes, 2014).
  - Psychometric theory and skillset is one key domain that psychologists should possess and promote.

- Ability to choose, use and interpret a broad range of assessment methods appropriate:
  - to the client and service delivery system in which the assessment takes place; and
  - to the type of intervention which is likely to be required.

- Assessment procedures in which competence is demonstrated will include:
  - performance based psychometric measures (e.g. of cognition and development)
  - self and other informant reported psychometrics (e.g. of symptoms, thoughts, feelings, beliefs, behaviours)
BPS (2014) Clinical Programme standards

- Understanding of key elements of psychometric theory which have relevance to psychological assessment (e.g. effect sizes, reliable change scores, sources of error and bias, base rates, limitations etc.) and utilising this knowledge to aid assessment practices and interpretations thereof.
The assessment process

- Review records
- Consideration of why you want / need to assess
- Consideration of the context / setting where you are assessing (inpatient / outpatient), what resources do you have (availability of tests), etc
- History taking, including gathering details from a family member / significant other, and or observations.
- Selection of tests, and timing of the assessment (is now the right time)
- Scoring / interpretation - linked back to why were you assessing and information gathered in the interview
- Report writing and feedback
- Intervention / adjustments to therapy / refer on, etc
Lezak et al (2012) lists 6 purposes that may prompt a neuropsychological assessment:

- **Diagnosis / Differential diagnosis**—Helping to determine types of dementia profile, ADHD, ASD, LD, etc
  - Important to consider the different factors / profiles for particular conditions / circumstances and select tests based on these. There are published guidelines, and literature related to profiles for particular conditions.

- Patient care and planning (determining cognitive strengths and weaknesses)
- Treatment planning / evaluation
- Research
- Forensic or Medico-Legal Assessments
Contextual and Situational factors

- Why do you want, or need, to assess someone?
  - To perform a differential diagnosis (what are the possible explanations / differentials? Considering these will inform what tests you select and what the outcome may be)
  - To determine cognitive strengths and weaknesses

- Assessing in an inpatient or outpatient setting?
  - **Inpatient** - able to observe formally/informally outside of the formal assessment and corroborate cognitive/functional skills based on feedback from other clinicians.
  - **Outpatient** - may only see in the clinic, need to consider functional measures, information from others if possible.
  - Outpatient assessments may also take place in home, school or residential setting which provides useful contextual information.
History Taking

- It is extremely important to obtain a thorough history and prepare someone for an assessment, prior to using any tests.

- History taking generally involves an interview with the individual and a significant other. The latter is particularly useful wherever possible as the person being assessed may lack insight into difficulties or not want to disclose them. For children, history is often taken from a parent. It can be important to obtain information from objective third parties or other important observers such as teachers.

- Review medical records: consider the results of any scans, medical investigations, and any history of health or mental health difficulties.

- Establish the family circumstances, current personal/social circumstances, educational and employment history which is of importance in determining someone’s circumstances and level of premorbid ability prior to a illness or injury.
  - For adults confirm the highest level of educational attainment, how they found school, any subjects they liked/disliked, did well in or struggled with.
  - For children, current performance and subjects considered to be strengths and weaknesses. This often informs the nature of the impairment.

- Query any cognitive issues such as attention, memory, or other factors. Does the person notice these, or does their loved one? Get functional examples and note any potential issues of safety/vulnerability or risk related to cognitive factors.
History taking (cont)

- Functional limitation / support needs (continued) - for example, if they reflect their concentration or memory is poor, ask for examples of what they have noticed:
  - Forgetting names
  - Forgetting to do things (prospective memory)
  - Changes in personality, temperament, social skills
  - Forgetting medications
  - Struggling to watch films, keep track of favourite TV show and favouring cartoons, news clips or short programmes - may indicate attention problems.
  - Difficulty following recipes, leaving pans unattended, burning food, particularly if they previously had no issues.
  - Children - Inability to remember instructions in class, forget or don’t know how to approach homework, in trouble for not adhering to requirements for lessons. Can appear disengaged or defiant.
  - Details of drug and alcohol use, medications and any history of mood or mental health problems - these can influence approach to, and performance on tests of cognitive functioning.
Lezak et al (2012) relying on test scores without taking into consideration the patients relevant clinical, historical and observational data makes the task of interpretation and evaluation extremely difficult and miscalculation can then be a problem.
Testing Approach

Big Battery Approach

- Battery of tasks designed to assess most types of cognitive skill
- Disadvantage
  - Time-consuming
  - Not tailored to the individual
  - Some services will only have a small range of tests available.

Hypothesis-Testing approach

- Based on particular question posed in assessment
- Information used prior to and during testing used to select tests
- Disadvantage
  - Risk of failing to assess a particular cognitive skill because a deficit is not apparent