

Clinical Assessment: Psychodiagnostic Decision Making

For my beloved Ino and Valentijn; they are the best
C.W.

For Samuel
P. vd H.

For my mother, a once-in-a-lifetime woman
L.C.

Clinical Assessment

Psychodiagnostic Decision Making

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Table of Contents

Preface – 7

Foreword and Structure of the Book – 9

Chapter 1 Psychological Assessment: Definition and Introduction – 11

1.1 What is psychological assessment? – 11

1.2 Using assessment instruments – 13

1.3 Defining normal and abnormal behaviour – 22

Chapter 2 Judging and Deciding – 29

2.1 Judging and deciding in the assessment process – 30

2.2 What clinicians do in practice: heuristic and intuitive decisions – 41

2.3 Team decisions – 65

2.4 Improved judgment and decision making – 75

Chapter 3 Start of the Assessment Process: Referral, Presenting Complaints and Classification – 93

3.1 Referral – 93

3.2 Classification – 100

Classification in the case of Sophia

Chapter 4 Explanation – 117

Guidelines for constructing a theoretical explanatory model – 137

Constructing an individual explanatory model for Sophia

Chapter 5 Indication for Psychotherapy – 147

Indication for psychotherapy – 147

Establishing an indication for Sophia

Chapter 6	The Report – 159
	Section 1: The client
	Section 2: Classification
	Section 3: Explanations
	Section 4: Treatment proposal
	Section 5: Conclusion
	 In Conclusion – 165
	 References – 167
	 Index – 197

Preface

When mental health professionals make judgments, are they likely to be right or wrong? This area of research has not enjoyed the same level of research as other areas of clinical psychology. Studies being conducted on clinical judgment are not being published at an exponential rate, doubling every 5 or 10 years, but instead the publication rate has been flat for many decades. One reason is because research on clinical judgment does not attract large grants. But one can wonder, why not? Perhaps there is a feeling that learning when we are right and wrong will not make us better clinicians. But this reasoning is hard to accept. Of course it will help to improve clinical practice. In my experiences when working with psychology interns, the interns often want to learn what to do in assessment and therapy sessions. Learning how to make judgments may seem to be peripheral to improving their clinical skills. And for clinicians and interns, research on the validity of their judgments may raise concerns that they would rather not think about.

In our country, we are learning about the cost of not being thoughtful about how decisions are made. Remarkable claims require remarkable evidence, policies need to be evaluated, and clinicians should know about the decades of scholarly work on clinical judgment. As is all too evident, if we rely on our gut and intuition to make judgments and decisions, we may end up doing poorly.

Cilia Witteman, Paul van der Heijden, and Laurence Claes have written a book on clinical judgment that balances research and clinical expertise. Be informed. Value knowledge. There are many lessons to learn from this book.

Professor Howard N. Garb
author of *Studying the Clinician*
Chief, Psychology Research Service
Director, Mental Health Screening
United States Air Force
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Foreword and Structure of the Book

The motivation behind writing this book is our impression that many clinical psychologists and psychiatrists do not have or take much time to think about how they actually practice their profession once they have finished their studies and professional training. Admittedly, training programmes for psychotherapists teach about psychopathology and the development of disorders, and clinicians-to-be learn which instruments they can use to find out what is going on with the client and what treatments are available and empirically supported. There is, however, much less room in the curricula to learn about assessment procedures and decision-making processes. And yet, insight into our own as well as general assessment strategies and decision-making processes is useful because it helps avoid errors and allows doing more justice to our clients' problems.

We write about clinicians who perform clinical assessments. Our aim is to discuss the difficulties of their profession and the risks of making mistakes in the assessment process, and to support them by suggesting which steps to take. We translate knowledge of psychological decision making into clinical processes, illustrating this with many examples of practical clinical situations. In our chapter on judging and deciding we show clinicians why they judge and decide the way they do, pointing out how efficient it is for them to do it that way as well as how easily one could be wrong. We describe the usefulness and risks of team meetings, and offer methods that can help clinicians avoid judgment and decision errors.

We focus on the psychodiagnostic assessment process, that is: the process a mental health professional follows of gathering and processing information about a client until and including the phase of establishing an indication for treatment. We discuss each of the phases in the process, from getting to know the client to an agreement between clinician and client about the most promising treatment method. Psychological tests are often used in that process, but we will not discuss any specific tests in this book. We provide a guideline for the assessment process but do not discuss subsequent treatment. We thus leave aside the many judgments and decisions that take place during and after treatment, including how to evaluate whether a treatment was successful.

The first chapter in the book outlines the assessment process. This process is displayed in a flow chart (Figure 1) that shows the consecutive steps. We review how different diagnostic tools can be used, and discuss normality. Chapter 2 focuses on judgments and decisions, explaining the difficulties clinicians face when they judge and decide about their clients, and how such difficulties are best dealt with. The beginning of the psychological assessment process itself is discussed in Chapter 3, which starts by describing the referral and the analysis of the presenting complaint, then gives instructions for the first contact and discusses issues with classification. Chapter 4 discusses the explanation phase and Chapter 5 the indication phase. Chapter 6 contains a guideline for writing a report.

The book is written for students and clinicians in the mental health professions. The objective is to explain why a clinician undertakes each of the diagnostic operations, in which way, and with what intended result. It adds up to a manual that goes beyond a step-by-step plan, as it always explains the reason why an action is taken and what happens if one were to omit it.