

Index

accommodations	age, in neurodevelopmental disorder assessment, 302
for achievement testing, 174-175, 176	age equivalent scores, 170–171
educational assessment for determination of, 491-492	age norms, 172–173
acculturation, 26	Agoraphobia, 330
accuracy, clinical prediction, 14-16	case formulation and treatment planning assessment of,
Achenbach System of Empirically Based Assessment (ASEBA),	339–341, 342
312	diagnosis of, 331–332
achievement assessment	severity and treatment progress assessment of, 334-338
accommodations for, 174-175, 176	Agoraphobic Cognitions Questionnaire (ACQ), 339–341
CBMs, 160, 165–166	Alcohol Dependence Scale (ADS), 388, 392-394
comprehensive batteries, 160, 164	Alcohol Dependence Syndrome (ADS), 387–388
KTEA-3, 161–162, 164	alcohol use. See also substance use disorders
WIAT-III, 161–162, 163–164	ambulatory assessment in research on, 84
WJ ACH IV, 160–163	EMI for, 86
diversity and cultural issues in, 174–175	integrated primary care assessment of, 451-452, 455
interpretation of test results in, 170–174	Alcohol Use Disorder and Associated Disabilities Interview
IQ discrepancy with, 488–489	Schedule (AUDADIS-5), 386-387, 392-394
limitations of, 175	Alcohol Use Disorders Identification Test (AUDIT)
misuses and misunderstandings in, 169, 170-174	integrated primary care setting use of, 451–452, 455
non-credible responding in, 169, 170	substance use disorder assessment with, 388, 392-394
qualitative classification of, 172	alpha (α), 11
reading comprehension tests, 173–174	alternate forms reliability, 10
recommendations based on, 175-177	Alternative DSM-5 Model of Personality Disorders (AMPD), 51,
single subject area tests, 160, 164–165	398–399, 405–406
technological advances in, 166-169	MMPI-2-RF scale alignment with, 215
validity of, 167–168, 169, 170	personality functioning measures aligned with, 400-403,
in vocational assessment, 185	408–409
actuarial tools, violence risk assessment, 466	SCID-AMPD as complete measure of, 400–403, 409–410
acute stress disorder (ASD), 347	trait measures aligned with, 400-403, 407-408
Adaptive Behavior Assessment System, 3 rd Edition (ABAS-3),	Altman Self-rating Mania Scale (ASRM), 362–364, 366
299–300	Alzheimer's disease (AD), 416
adaptive functioning assessment, 299–300	multi-informant assessment of, 126
adaptive testing. See computer adaptive testing	neuropsychological assessment of, 416
adaptiveness levels, 256	cultural factors in, 419–420
addiction. See substance use disorders	differential diagnosis using, 421-422, 423
Addiction Severity Index (ASI), 386, 392–394	features of impairment in, 416–419
ADHD. See attention-deficit/hyperactivity disorder	prodromal disease detection using, 420–421
adjudicative competence, 464–465	noncredible responding in assessment of, 422–424
adjustment disorder (AD), 347	ambulatory assessment (AA)
adolescents	challenges and recommendations for, 86-87
feedback provision to, 46	cultural considerations in, 86-87
MMPI-A-RF assessment of, 218–219	current technologies in, 81–82
multi-informant assessment for, 123, 124–125, 126	future of, 87
therapeutic assessment for, 94	history of, 80–81
Adult Attachment Projective Picture System (AAP), 284, 285	intervention applications of, 84–86
Adult Behavior Checklist (ABCL), 125	research applications of, 82-84
Adult Self-Report (ASR), 125	smartphone use in, 81
Adult Suicidal Ideation Questionnaire (ASIQ), 323, 325–326	traditional clinical assessment compared with, 80, 87
affirmation of virtuous behavior, 65	anhedonia, 83



More Information

Cambridge University Press 978-1-108-41591-0 — The Cambridge Handbook of Clinical Assessment and Diagnosis Edited by Martin Sellbom , Julie A. Suhr Index

anorexia nervosa (AN), 371, 373	b Test, 72
anticipatory anxiety, 83	Barratt Impulsiveness Scale (BIS), 388–389, 392–394
Antisocial PD, 399	base rates
Anxiety and Related Disorders Interview Schedule for <i>DSM-5</i>	assessment instrument use based on, 16
(ADIS-5)	cultural bias in, 31
anxiety disorder diagnosis with, 331–332	in neuropsychological assessment, 478–479
PTSD assessment with, 355	Bayley Scales of Infant Development, Third Edition, 297
anxiety disorders	Bech-Rafaelsen Mania Rating Scale (MAS), 362–364
case formulation and treatment planning assessment	Beck Anxiety Inventory (BAI)
of, 338–343	anxiety disorder assessment with, 332–333, 334–337
cultural and diversity issues in assessment of, 331	as self-report scale, 265–266, 268
differential diagnosis of, 331–332	Beck Depression Inventory for Primary Care (BDI-PC), 451–452,
evidence-based treatment of, 330	453–454
features of, 330	Beck Depression Inventory – Second Edition (BDI-II), 106
integrated primary care assessment of, 451-452, 454	depressive disorder assessment with, 318–319
non-credible responding in, 330–331	as self-report scale, 265–266, 267
practical recommendations for assessment of, 343	Beck Scale for Suicide Ideation (BSS), 323, 324–325
self-report scales for, 264-269	Behavior Assessment System for Children – 3rd Edition (BASC-3),
CAT for, 270	312
item banking for, 270	Behavior Rating Inventory of Executive Functioning (BRIEF),
severity and treatment progress assessment of, 332-338	298–299
Anxiety Sensitivity Index, 342	behavior rating scales, 311, 312
Armed Services Vocational Aptitude Battery (ASVAB), 185	behavioral assessment, of anxiety disorders, 338-342, 343
ASEBA. See Achenbach System of Empirically Based Assessment	behavioral health consultants (BHCs), 447-448
Assessment Intervention session (AIS), 92–93	Behavioral Health Measure-20 (BHM-20), 450-452
Assessment of DSM-IV Personality Disorders (ADP-IV), 400–403,	behavioral observations
404–405	for ADHD and DBDs, 310–311
attachment theory, in therapeutic assessment process, 92	report writing guidelines for, 104–105
attention tests	below-chance performance, 71
neurodevelopmental disorder assessment with, 298–299	Berlin Questionnaire, 451–452, 456
neuropsychological assessment with, 193, 196	bias
attention-deficit/hyperactivity disorder (ADHD), 308	cultural, 31, 174
behavior rating scales for, 311, 312	ethnic, 174
behavioral observations for, 310–311	in intellectual measures, 150–151
child informants of, 313	retrospective, 80, 83
clinical interviews for, 310 cultural and diversity issues in, 315	therapist, 29 biased responding. See non-credible reporting and responding
future directions and practical implications in assessment of, 315	bilingualism, dementia assessment and, 420
integration across informants on, 313–314	Binge Eating Scale (BES), 374–377
measure selection for, 309–310	biopsychosocial perspective
parent informants of, 311–313	clinical formulation based on, 3–4
peer informants of, 313	in neuropsychological assessment, 473
principles of evidence-based assessment of, 308–309	Bipolar Depression Rating Scale (BDRS), 362–364, 366
school/institutional records informing on, 313	bipolar disorders, 360, 368
teacher informants of, 313	assessment to categorize
technological advances in assessment of, 314–315	differential diagnosis, 360–361
Autism Diagnostic Interview-Revised (ADI-R), 295	identification of at-risk mental states, 361
Autism Diagnostic Observation Schedule, Second Edition	non-credible responding in, 361
(ADOS-2), 294–295	assessment to formulate, 367
autism spectrum disorder (ASD)	biological rhythms, 367
adaptive functioning assessment for, 299-300	family and social context, 367
age-related concerns in, 302	neurocognitive assessment, 368
behavior concerns in, 302	personal history, 367
cognitive functioning assessment for, 296	psychological factors, 367
attention and executive functioning, 298-299	risk assessment, 368
intelligence, 297–298	assessment to quantify progress or severity, 361
language, 298	depression measures, 362–364, 366
test selection for, 302–303	disorganization measures, 362–364, 365
cultural concerns in, 300–301	functioning measures, 364–365, 366
differential diagnosis of, 293	mania measures, 362–364, 366
multi-informant and self-report approaches to, 301–302	measures of overall psychopathology, 361–365
psychiatric comorbidities assessment for, 300	negative symptom measures, 362–364, 365
sex differences in, 301	new technologies in, 367
symptom-specific assessment for, 293–294	personal recovery measures, 364–365, 366
DSM-5 diagnostic symptoms, 294	positive symptom measures, 362–364, 365
measures of core symptoms, 294–296 RDoC symptoms, 294	QOL measures, 364–365, 366 relapse measures, 366
Avoidant/Restrictive Food Intake Disorder (ARFID). 378	preparation for assessment of 360
	DI CDALAHUH IUI ASSUSSIHUH UI, JUU



Body Checking Questionnaire (BCQ), 374–377	disability and worker's compensation, 467
Body Image Acceptance & Action Questionnaire (BI-AAQ),	personal injury, 467
373–378	classical test theory (CTT), 9
Body Image Avoidance Questionnaire (BIAQ), 374–377	cultural validity from standpoint of, 30-32
Body Sensations Questionnaire (BSQ), 339–341, 342	IRT compared with, 17, 20
Body Shape Questionnaire (BSQ), 374–377	score variance in, 10
Booklet Category Test, second edition (BCT), 200	classification accuracy statistics, 14–16
borderline personality disorder (BPD), 83–84, 399	client
Boston Diagnostic Aphasia Examination-3, 197–198	factors influencing clinical interview, 114
Boston Naming Test-2 (BNT-2), 193, 197–198	methods of knowing information about, 278
brain injury. See traumatic brain injury Brief Fear of Negative Evaluation Scale (BFNE), 339–341, 342	client-therapist alliance, 26–27 in substance use disorder assessment, 385
Brief Intellectual Ability (BIA), 148	clinical assessment
Brief Negative Symptom Scale (BNSS), 362–364, 365	characteristics of good, 2–4
Brief Psychiatric Rating Scale (BPRS), 361–365	clinical interviewing as, 115–117
Bulimia Test Revised (BULIT-R), 374–377	future directions of, 4–5
Buschke Selective Reminding Test, 417	therapeutic assessment compared with, 95-96
	Clinical Assessment Interview for Negative Symptoms (CAINS)
Calgary Depression Scale for Schizophrenia (CDSS), 362–364,	362–364, 365
366	clinical diagnosis. See also psychopathology diagnosis
California Verbal Learning Test (CVLT), 72, 199	ambulatory assessment use in, 85
in dementia assessment, 422	cultural issues in, 25–30
in neuropsychological assessment, 476–477	DSM-5 Outline for Cultural Formulation in, 25–27, 34
cannabis use, 84	PAI application in, 237–240
Career Adapt-Abilities Scale (CAAS), 183, 186	threats to cultural validity in, 27–30, 34 clinical formulation, 3–4
career choice, 182 career counseling, 180, 181, 182, 188	anxiety disorder assessment for, 338–343
Career Decision Self-Efficacy Scale (CDSE), 185	report writing guidelines for, 108
career maturity and adaptability, 183, 186	clinical history
CARS-2. See Childhood Autism Rating Scale, Second Edition	in neurodevelopmental disorder assessment, 293
case formulation. See clinical formulation	in substance use disorder assessment, 385–386, 392–394
CAT. See computer adaptive testing	Clinical Institute Withdrawal Assessment for Alcohol - Revised
categorical diagnostic system	(CIWA-AR), 390, 392–394
DSM as, 50–51	clinical interview, 2–3. See also specific interviews
ICD as, 52	for ADHD and DBDs, 310
limitations of, 53	for anxiety disorder diagnosis, 331–332
Category Test, 193, 199, 200	assessment procedures for, 115
Cattell-Horn-Carroll (CHC) theory, 136–137	intake interview, 115–116
Center for Epidemiologic Studies – Depression Scales (CES-D),	mental status examination, 116–117
265–266, 267 cultural bias in responses to, 31	psychodiagnostic interview, 116, 117–118 suicide assessment interviewing, 117
Center for Epidemiological Studies Depression Scale – Revised	client factors influencing and driving, 117
(CESD-R), 318, 319–320	clinician awareness in, 118–119
change, stage of, 391, 392–394	clinician factors influencing and driving, 114
Child Behavior Checklist (CBCL), 312	collateral data sources used with, 119
Child Behavior Checklist for Ages 6–18 (CBCL/6–18), 124–125	countertransference management in, 119
child custody evaluations, 468	Cultural Formulations, 26
Childhood Autism Rating Scale, Second Edition (CARS-2),	cultural validity and cultural humility in, 120
295–296	definition of, 113
childhood disruptive behavior disorders. See disruptive behavior	in forensic mental health assessments, 463-464
disorders	as fundamental assessment and intervention procedure, 113
childhood neurodevelopmental disorders. See neurodevelopmen-	future developments in, 120–121
tal disorders	generic model for, 114–115
children	goals and objectives of, 113
ADHD and DBD assessment information from, 313	limitations of, 117–119
assent of, 38–39 feedback provision to, 46	noncredible or invalid self-report in, 118–119 origins of, 113
multicultural cross-informant correlations for, 124–125	for PD assessment, 399–404
multi-informant assessment for, 123, 124–125, 126, 127–128,	psychotic and bipolar disorder assessment with, 361
130	questioning or interpersonal strategies for, 119
non-credible responding by, 492–494	reliability and validity of, 117–118
nonverbal or minimally verbal, 297–298	setting of, 114
prompted picture drawing tasks for, 285-286	structure of, 114
therapeutic assessment for, 94	technological advances in, 120
Chinese Personality Assessment Inventory (CPAI), 33–34	clinical interview results, report writing guidelines for, 107-108
chronic pain, 451–452, 457	clinical judgment
chronic traumatic encephalopathy (CTE), 437–438	in psychopathology diagnosis, 49–50
civil forensic assessments, 466–467	in PTSD assessment, 357



INDEX

clinical neuropsychology	in neuropsychological assessment, 203-204, 479-480
definition of, 472	of non-credible reporting and responding, 74
training for, 191, 472–473	PAI, 237, 238
clinical prediction	vocational, 187–188
accuracy and errors in, 14-16	Computerized Assessment of Response Bias (CARB), 72
cultural variations influencing, 32	concentration tests, 193, 196
multi-informant assessment for, 126	concussion. See traumatic brain injury
PAI application in, 240–241	conduct disorder (CD), 308
clinician bias, 29	behavior rating scales for, 311, 312
Clinician-Administered PTSD Scale for DSM-5 (CAPS-5),	behavioral observations for, 310–311
350–352, 353	child informants of, 313
Clock Drawing Test, 451–452, 456–457, 480	clinical interviews for, 310
coefficient a, 11	cultural and diversity issues in, 315
cognitive ability. See also intellectual assessment;	future directions and practical implications in assessment of
neuropsychological assessment	315
estimation of premorbid, 479	integration across informants on, 313–314
intelligence tests as measures of, 135	measure selection for, 309–310
Cognitive Assessment System – Second Edition (CAS2), 141–143,	parent informants of, 311–313
147 reliability of, 147–148	peer informants of, 313 principles of evidence-based assessment of, 308–309
standardization of, 147	school/institutional records informing on, 313
validity of, 148	teacher informants of, 313
cognitive impairment. See also dementia	technological advances in assessment of, 314–315
informed consent in, 202	confidentiality
neuropsychological assessment of, 201	of computerized and online testing, 44
in psychotic and bipolar disorder assessment, 368	ethical and professional issue of, 39
in TBI, 432	limits of, 39
cognitive tests, 3	configural invariance, 32
Flynn effect in, 40–41, 139	Conners Rating Scales – 3, 298–299, 312
cognitive-behavior therapy (CBT), 330	co-norming, 139
collaborative assessment (CA). See also therapeutic assessment	consent, 38–39. See also informed consent
development of, 90–91	construct validity
empirical evidence for, 94–95	of ICT-based achievement tests, 167–168
collateral information sources. See also multi-informant	MMPI-2-RF, 214–216
assessment	of neuropsychological tests, 194-195
in forensic mental health assessments, 463	construction, tests, 40
collateral interviews, 119	content validity, 12, 13
Communication Disturbances Index (CDI), 362–364	of ICT-based achievement tests, 167-168
comorbidity	content-based invalid responding, 64
in ADHD and DBDs, 309	embedded measures for, 65-69, 70
DSM and ICD diagnostic categories and, 53	report writing guidelines for assessment of, 105
eating disorders with, 373	screening for, 65
neurodevelopmental disorders with psychiatric, 300	stand-alone measures for, 66–67, 69–70
in PTSD, 349, 350–352, 355	convergent validity, 12, 13
competence	Coolidge Axis II Inventory (CATI), 400–403, 405
computerized testing and, 44	countertransference
cultural, 41–42, 150, 151–152	in clinical interview, 119
competency to stand trial, 464–465	culture-based, 29
Comprehensive Addictions and Psychological Evaluation (CAAPE-5), 392–394	couples, therapeutic assessment for, 94 craving
Comprehensive Assessment of At Risk Mental States, 361	ambulatory assessment in research on, 84
Comprehensive Assessment of Traits relevant to Personality	in substance use disorders, 389, 392–394
Disorder-Static Form (CAT-PD-SF), 400–403, 408	criminal forensic assessments, 464
Comprehensive International Diagnostic Interview – Substance	adjudicative competence, 464–465
Abuse Module (CIDI-SAM), 392–394	mental state at time of offense, 465–466
computer adaptive testing (CAT), 5	violence risk assessment, 466
achievement assessment using, 166, 167	criminal responsibility, 465–466
mental disorder assessment using, 270–271	criterion validity, 12, 13
in vocational assessment, 188	Cross-Cultural Personality Assessment Inventory, 33–34
computer-based test interpretations (CBTI), 106–107	crystalized intelligence, 135
computerized assessment	cultural and diversity issues in assessment, 4, 25, 33. See also
achievement tests, 166–169	multicultural clinical assessment
of ADHD and DBDs, 314–315	achievement, 174-175
in clinical interview, 120	ADHD and DBD, 315
ethical and professional issues in, 43-45	ambulatory, 86–87
intelligence tests, 149–150	anxiety disorder, 331
of mild TBI, 435–436	challenges and future directions of, 33-34
MMPI-2-RF. 217	classical test score theory and, 30-32



	Justicianal consister
cultural and diversity issues in assessment (cont.)	decisional capacity
clinical diagnosis, 25, 30	informed consent for evaluation of, 38
DSM-5 Outline for Cultural Formulation, 25–27, 34	neurocognitive impairment and, 202
threats to cultural validity, 27–30, 34	Delis-Kaplan Executive Function System (DKEFS), 193, 200–201
clinical interview, 120	delusions, 28
competency, 41–42	dementia, 416
depressive disorders, 318	integrated primary care screening and assessment of, 451-452
eating disorders, 378	456–457
educational, 487–488	multi-informant assessment of, 126
etic and emic approaches to, 32-33	neuropsychological assessment of, 416, 424
in integrated primary care settings, 449–450	cultural factors in, 419–420
measurement invariance in evaluating equivalence of psycho-	differential diagnosis using, 421–422, 423
logical measures, 32	features of impairment in, 416–419
MMPI-2-RF, 216–217	prodromal disease detection using, 420–421
neurodevelopmental disorders, 300–301	noncredible responding in assessment of, 422–424
neuropsychological assessment, 202, 478	dementia with Lewy bodies (DLB), 422, 423
	dependence syndrome, 386, 387–388, 392–394
neuropsychological detection of AD, 419–420	-
non-credible responding, 64, 68, 69, 74–75	depression
PAI, 241–242	cultural bias in self-report of, 31
PD, 410–411	cultural factors influencing expression of, 28–29
in psychometrics, 21, 33	definition of, 317
PTSD, 355–356	integrated primary care assessment of, 451–452, 453–454
report writing guidelines for, 102–103	pathoplasticity of, 28
self-report scales, 264	psychotic and bipolar disorder assessment of, 362-364, 366
TBI, 434	self-report scales for, 264–269
therapeutic assessment approach to, 96	CAT for, 270–271
vocational, 186–187	item banking for, 270
cultural bias	Depression Anxiety Stress Scales (DASS), 332–333, 334–337
in achievement testing, 174	Depression (DEP) scale, PAI, 232–233, 236
in base rates of behaviors, 31	depressive disorders
in self-report responses, 31	ambulatory assessment in research on, 83–84
cultural competence	cultural issues in assessment of, 318
•	diagnostic criteria for, 317
ethical and professional issue of, 41–42	
in intellectual assessment, 150, 151–152	measures of, 318, 326
cultural context, 26	BDI-II, 318–319
Cultural Formulation, DSM-3, 25	CESD-R, 318, 319–320
cultural context in psychosocial environment, 26	critique of current, 322–323
cultural explanation of illness, 26	evolution of, 317
cultural identity, 25–26	PHQ-9, 318, 320–321
culture dynamics in therapeutic relationship, 26–27	POMS 2, 318, 321–322
overall cultural assessment, 27	non-credible responding in, 317–318
cultural humility, 120	Detailed Assessment of Posttraumatic Stress (DAPS), 350–352,
cultural identity, 25–26	354
cultural validity, 4	developmental assessments, 297
from classical test score theory standpoint, 30-32	developmental norms, 14
in clinical interview, 120	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
concept of, 27	(DSM-5), 49, 50
threats to, 27–28	AMPD in, 51, 215, 398–399, 400–403, 405–406, 407–410
cultural factors influencing symptom expression, 28–29	autism spectrum disorder diagnostic symptoms in, 294
cultural variations in validity measures, 30	clinical judgment use with, 49–50
inappropriate use of clinical and personality tests, 29–30	comorbidity when diagnosing with, 53
language capability of client, 29	Cultural Formulation, 25–27
pathoplasticity of psychological disorders, 28	dependence syndrome in, 386, 387–388, 392–394
therapist bias in clinical judgment, 29	depressive disorder diagnostic criteria in, 317
curriculum-based measurements (CBMs), 160, 165	diagnostic criteria and categories of, 50–51
strengths of, 165–166	<i>ICD</i> compared with, 51–52
weaknesses of, 166	limitations of, 53
websites providing information on, 165, 166	MCMI-IV concordance with, 249
eut scores, 13–16	multiaxial assessment in earlier versions of, 51
	organization of, 51
lata security, 42–43	polythetic approach to diagnosis in, 50–51
ambulatory assessment considerations of, 86	PTSD diagnostic criteria in, 347, 348–349
in neuropsychological assessment, 203	reliability and validity of, 117–118
lata sources, 2–3	reliability of diagnostic categories in, 53
for ADHD and DBDs, 311–314	standard assessment tools in, 53
collateral interviews, 119	substance use disorder diagnosis in, 386–387,
in forensic mental health assessments, 463–464	392–394
report writing guidelines for, 103–104	traditional PD classification in, 398–399



More Information

Cambridge University Press 978-1-108-41591-0 — The Cambridge Handbook of Clinical Assessment and Diagnosis Edited by Martin Sellbom , Julie A. Suhr Index

INDEX

Diagnostic Interview for <i>DSM-IV</i> Personality Disorders	collaborative understanding development for, 371–372
(DIPD-IV), 399–404	cultural and diversity issues in assessment of, 378
Diagnostic Interview for Psychotic Disorders, 361	medical status and comorbidity review for, 373
diagnostic interviewing, 116, 117–118	misunderstood concepts in assessment of, 378
diagnostic validity, 194–195	non-credible reporting in assessment of, 378
dichotomous Rasch models, 17–18 Differential Ability Scales – Second Edition (DAS-II), 141–143,	practical recommendations for assessment of, 378–379 psychometrics of assessment tools for, 373–378
146–147	rapport establishment for, 371, 372
for neurodevelopmental disorders, 297	technological advances in assessment of, 378
reliability of, 147	unstructured assessment protocol for, 372
standardization of, 147	ecological momentary assessment (EMA), 81. See also ambulatory
validity of, 147	assessment
differential diagnosis, 3	eating disorder assessment with, 378
classification systems guiding, 49	psychotic and bipolar disorder assessment with, 367
Differential Item Functioning (DIF), 21	Ecological Momentary Intervention (EMI), 85–87
Digit Memory Test (DMT), 71–72	ecological validity
Digit Span test, 193, 196	of ambulatory assessment, 80
digital administration	of neuropsychological tests, 194-195
of achievement tests, 166–169	Edinburgh Postnatal Depression Scale (EPDS), 451–452, 454
of intelligence measures, 149–150	educational assessment, 485, 494
MMPI-2-RF, 217	disproportionality controversy in, 487–488
of neuropsychological tests, 203–204, 479–480	informed consent for, 38
Dimensional Assessment of Personality Pathology-Brief	motivation and effort in test performance during, 492–494
Questionnaire (DAPP-BQ), 400–403, 406	school assessment procedures, 485
DIPD-IV. See Diagnostic Interview for DSM-IV Personality	for special education, 486–487
Disorders disability	for specific learning disabilities, 488 IQ-achievement discrepancy model of, 488–489
civil forensic assessments of, 467	low achievement model of, 490–491
learning, 488–491, 493–494	PSW model of, 490
discriminant validity, 12, 13	PVTs in assessment of, 493–494
disinhibited social engagement disorder (DSED), 347	RTI model of, 489–490
disruptive behavior disorders (DBDs), 308	for testing accommodation needs, 491-492
behavior rating scales for, 311, 312	trends and emerging practices in, 486-487
behavioral observations for, 310-311	embedded measures, for non-credible responding, 65-69, 70
child informants of, 313	embedded PVTs, 72
clinical interviews for, 310	emic approach, 28, 32–33, 34
cultural and diversity issues in, 315	emotion
integration across informants on, 313–314	ambulatory assessment in research on, 83–84
measure selection for, 309–310 parent informants of, 311–313	cultural identity impact on, 25–26
peer informants of, 311–313	TBI impairment of, 432 ethical issues in assessment, 38
school/institutional records informing on, 313	assessment feedback, 45–47
teacher informants of, 313	confidentiality, 39
technological advances in assessment of, 314–315	cultural competence, 41–42
diversity. See cultural and diversity issues in assessment	digital age assessment, 43–45
Drinker Inventory of Consequences (DrInC), 390–391, 392–394	external consequences, 40
Drug Abuse Screening Test-10 (DAST-10), 451–452, 455	informed consent, 38–39
DSM-5. See Diagnostic and Statistical Manual of Mental Disorders,	in neuropsychological assessment, 202-203
5 th Edition	obsolete tests and outdated test results, 41
DSM-5 Levels of Personality Functioning Questionnaire	report writing, 45
(DLOPFQ), 400–403, 409	test construction, 40
Duke Health Profile (DUKE), 451–453	test data and test security, 42-43
Dusky v. United States, 465	test revisions, 40–41
Dutch Eating Behaviour Questionnaire (DEBQ), 374–377	third parties, 39–40
Dyslexia Assessment of Simulation and Honesty (DASH), 493	Ethical Principles of Psychologists and Code of Conduct bases for assessments (standard 9.01), 45
Eating Attitudes Test (EAT-26), 374–377	cultural competency emphasis in, 41–42
Eating Disorder Assessment for <i>DSM-5</i> (EDA-5), 372	explaining assessment results (standard 9.10), 45–47
Eating Disorder Assessment for Dom-5 (EDA-5), 372 Eating Disorder Diagnostic Scale (EDDS), 374–377	informed consent (standard 3.10), 104
Eating Disorder Examination (EDE), 372, 373	informed consent in assessments (standard 9.03), 38–39
Eating Disorder Examination Questionnaire (EDE-Q), 373,	obsolete tests (standard 9.08(b)), 41
374–377	psychological services or transmission of records via electronic
Eating Disorder Inventory, 373–378	means (standard 4.02(c)), 44
Eating Disorder Inventory – 3 (EDI-3), 374–377	on psychologist training, qualifications, and experience, 102
Eating Disorder Questionnaire (EDQ), 374–377	release of test data (standard 9.04), 42-43
eating disorders	test construction (standard 9.05), 40
ambivalence in patients with, 371, 373	test scoring and interpretation services
assessment aims for, 371	(standard 9.09(c)), 44–45



Ethical Principles of Psychologists and Code of Conduct (cont.) third party requests for services (standard 3.07), 39 ethnic bias, 174	frontotemporal dementia (FTD), 422, 423 functional invariance, 32
etic approach, 28, 32-34	g. See intellectual ability
Evaluation of Competency to Stand Trial – Revised (ECST-R), 465 evidence-based psychological assessments (EBPA)	General Aptitude Test Battery (GATB), 185 General Assessment of Personality Disorder (GAPD), 400–403,
for ADHD and DBDs, 308–309	409
non-credible responding assessment in, 105	Generalized Anxiety Disorder (GAD), 330
psychological report writing for, 101–102, 103, 109 psychological tests used in, 105–107	case formulation and treatment planning assessment of, 339–341, 342–343
reporting interpretations from psychological tests in, 106–107	cultural and diversity issues in assessment of, 331
evidence-based treatment (EBT)	diagnosis of, 331–332
for adult anxiety disorders, 330	severity and treatment progress assessment of, 333–337
ambulatory assessment use in, 85	generalizability theory, 9
evolutionary theory, 254	generalization
in assessment, 256–257	reliability, 12
levels of adaptiveness, 256	validity, 13
motivating aims, 254–255	Generalized Anxiety Disorder – 2 (GAD-2), 451–452, 454
structural and functional domains, 255–256	Generalized Anxiety Disorder – 7 (GAD-7)
executive functioning	GAD assessment with, 333–337
dementia impairment of, 418	integrated primary care setting use of, 451–452, 454
neurodevelopmental disorder assessment of, 298-299	as self-report scale, 265–266, 268
tests of, 193, 199–201	Generalized Partial Credit Models, 19
Externalizing Spectrum Inventory, 58–59	Glasgow Coma Scale (GCS), TBI classification using, 431–432
Eysenck Impulsivity Questionnaire (I5Q), 388–389, 392–394	grade equivalent scores, 170–171
	grade norms, 172–173
factor analysis, 57	Graham v. Florida, 468–469
factorial invariance, 32	Gray Oral Reading Test-4 (GORT-4), 173-174
false negative, 14–15	Grooved Pegboard test, 193, 196-197
false positive, 14–15	
family	Halstead-Reitan Neuropsychological Battery (HRNB), 192, 19.
in psychotic and bipolar disorder assessment, 367	HCR-20, 466
therapeutic assessment for, 94	Health Insurance Portability and Accountability Act (HIPAA)
family/juvenile court assessments, 467	informed consent process and, 104
child custody, 468	release of test data under, 42–43
juvenile waiver/transfer to criminal court, 468–469	Hierarchical Taxonomy of Psychopathology (HiTOP), 49
parenting capacity, 467–468	case illustration of, 59
Fear of Negative Evaluation Scale (FNES), 342	dimensions of, 57
feedback	hierarchy of, 57–58
ethical and professional issues in providing, 45–47 MCMI-IV, 260–261	MMPI-2-RF scale alignment with, 215
	practical assessment implications of, 58–59
therapeutic assessment, 94 feigned somatic and medical presentations, 73–74	provisional status of, 59–60 structure of, 57
feigning. See overreporting	utility of, 58
Fitness Interview Test-Revised (FIT-R), 465	Hopkins Verbal Learning Test (HVLT), 422
Five Factor Model (FFM), 106, 400–403, 406–407	Huntington's disease (HD), 421, 423
Five Factor Model of Personality Disorder (FFM-PD), 400–403,	Truntington's disease (TD), 121, 123
406–407	identity, cultural, 25–26
fixed responding, 64	illicit substance misuse. See also substance use disorders
report writing guidelines for assessment of, 105	integrated primary care assessment of, 451–452, 455–456
screening for, 65	illness
floor item analysis, 71	cultural explanation of, 26
fluid intelligence, 135	disease distinction from, 26
Flynn effect, 40–41, 139	Impact of Event Scale - Revised (IES-R), 350-352, 354
forensic assessment instruments, 464	impairment. See also cognitive impairment
forensic mental health assessments (FMHA)	in PTSD, 348
civil, 466–467	in TBI, 432
confidentiality in, 39	incremental validity, 12, 13
criminal, 464–466	Independent Living Skills Survey (ILSS), 364–365
data sources in, 463–464	independent medical evaluations (IMEs), 475
family/juvenile court, 467–469	indiscriminant symptom endorsement, 65
nature and method of, 462–464	Individual Education Plan (IEP), 176–177, 486
neuropsychological assessment in, 475	Individuals with Disabilities Education Act (IDEA), 486
non-credible reporting and responding in, 63, 70	Information Function (IF), 19–20
referral question in, 2, 462–463	information sources, 2–3, 278. See also multi-informant
report writing for, 469	assessment
therapeutic psychological assessments compared with, 462	for ADHD and DBDs, 311–314
Formative Reading Assessment System for Teachers (FAST), 168	in forensic mental health assessments, 463-464



INDEX

report writing guidelines for, 103–104	intelligence
information-processing theories, 135, 136–138	current theories of, 135–138
informed consent	definitions of, 135
ethical and professional issue of, 38-39	Interdisciplinary Fitness Interview – Revised (IFI-R), 465
limits of confidentiality in, 39	Interest Profiler, 182, 183, 184
in neuropsychological assessment, 202	internal consistency reliability, 11, 12
report writing guidelines for, 104	International Classification of Diseases (ICD), 49–50
third party obligations in, 40	clinical utility consideration in, 51–52
informed consent agreement form, 39	comorbidity when diagnosing with, 53
inkblot tasks, 280	depressive disorder diagnostic criteria in, 317
frequency of use of, 279–280	DSM compared with, 51–52
key dimensions of, 278–279	heterogeneity in, 53
Rorschach inkblots, 280–284	limitations of, 53
insanity evaluations, 465–466	reliability of diagnostic categories in, 53
insomnia, 451–452, 456	standard assessment tools in, 53
Insomnia Severity Index (ISI), 451–452, 456	versions of, 52
intake interview, 115–116	International Classification of Functioning, Disability, and Health
integrated primary care, 457	(ICF), 433
diversity and cultural issues in, 449–450	International Personality Disorder Examination (IPDE), 53,
misuse and misunderstanding of assessment in, 449	399–404
models of, 447–448	International Test Commission, test translation and adaptation
psychologist role in, 447	guidelines of, 34
screening and assessment role in, 448	interpersonal strategies, clinical interview, 119
screening measures used in, 450	interpretation of psychological tests
alcohol misuse, 451–452, 455	achievement assessment, 170–174
anxiety, 451–452, 454	computer-based, 106–107
chronic pain, 451–452, 457	intellectual assessment, 153–154
dementia, 451–452, 456–457	MCMI-IV, 257–260
depression, 451–452, 453–454	MMPI-2-RF, 213–214, 218
health outcome and global functioning, 450–453	neuropsychological assessment, 201
illicit substance and opioid medication misuse, 451–452,	report writing guidelines for, 106–107
455–456	Rorschach inkblot task, 281
insomnia, 451–452, 456	TBI assessment, 433
PTSD, 451–452, 455	vocational assessment, 187–188
screening pros and cons in, 448–449	interpreter
intellectual ability (g), 135	clinical diagnosis errors using, 29
intellectual assessment	psychological report noting of, 102–103
cultural competence in, 150, 151–152	interpretive validity, 186
definitions of intelligence and, 135	inter-rater reliability, 10, 11
factors influencing, 135	of diagnostic interviewing, 117–118
Flynn effect in, 40–41, 139	interview. See clinical interview
information-processing approaches to, 135, 136–138	Interview for Mood and Anxiety Symptoms (IMAS), 59
interpretation of test results in, 153–154	Intolerance of Uncertainty Scale (IUS), 339–341
measures used in, 138–139	intra-individual variability (IIV), 478–479
bias in, 150–151	introduction, clinical interview, 114–115
clinical equivalency studies of, 150	invalid responding. See non-credible reporting and responding
Cognitive Assessment System – Second Edition, 141–143,	invariance, 32
147–148	Inventory of Depression and Anxiety Symptoms, 58–59
Differential Ability Scales - Second Edition, 141-143,	Inventory of Drug Use Consequences (InDUC), 390–391, 392–394
146–147, 297	Inventory of Interpersonal Problems-Circumplex (IIP-C),
digital administration of, 149-150	400–403, 409
Kaufman Assessment Battery for Children – Second Edition,	IQ-achievement discrepancy, 488–489
141–143, 145–146	IRT. See item response theory
normative samples of, 138–139	item characteristic curve (ICC), 17–18
psychometric properties of, 138	item reliability, 19–20
shorter batteries, 149	item response theory (IRT), 9
Stanford-Binet Intelligence Scales, Fifth Edition, 141–143,	advantages and limitations of, 20–21
148–149, 297	CTT compared with, 17, 20
use of multiple, 138, 139	ICCs, 17–18
Wechsler Scales of Intelligence, 140–145, 149–150,	IF, 19–20
153, 297	practical applications of, 21
Woodcock Johnson Tests of Cognitive Abilities, Fourth	Rasch models, 17–18
Edition, 141–143, 148	self-report scales developed with, 269–271
for neurodevelopmental disorders, 297–298	single-parameter models, 18
outcome variables correlated with, 135	two and three parameter models, 18–19
performance validity in, 152–153	•
psychometric approaches to, 135–137	just-in-time intervention (JIT), 85
technological advances in, 149–150	juvenile waiver/transfer to criminal court, 468–469



Kansas v. Hendricks, 466	mania, psychotic and bipolar disorder assessment of, 362-364,
kappa (κ), 11	366
Kaufman Assessment Battery for Children - Second Edition	Marlowe-Crowne Social Desirability Scale, 355
(KABC-II), 141–143, 145–146	mathematics
reliability of, 146	CBMs for, 165
standardization of, 146	single subject achievement tests of, 164–165
validity of, 146	Maudsley Assessment of Delusions Scale (MADS), 362–364
Kaufman Tests of Educational Achievement (3 rd ed.) (KTEA-3),	maximum performance measures, 278
161–162, 164	MCMI-IV. See Millon Clinical Multiaxial Personality Inventory-I
normative data and psychometric properties of, 164	Measure of Disordered Personality Functioning Scale (MDPF),
unique features of, 164	400–403, 409
Kent v. United States, 468–469	Measurement and Treatment Research to Improve Cognition in
Key Math-3 Diagnostic Assessment, 164–165	Schizophrenia (MATRICS), 192
Kuder Career Planning System, 187, 188	measurement equivalence
1	ethical and professional issues involving, 42
language	evaluation of, 32
achievement testing and, 174–175, 176	of personality and diagnostic tests, 30
assent information in client's preferred, 38–39	measurement invariance, 32
assessment methods appropriate to, 42	Medical Symptom Validity Test (MSVT), 72, 152–153
client's capability for, 29	memory impairment
cultural identity and, 26 dementia assessment and, 420	in AD, 416–419 in MCI, 420–421
intellectual assessment and, 151	Mental Health Research Institute Unusual Perceptions Schedule
for MCMI-IV feedback, 260–261	(MUPS), 362–364
neurodevelopmental disorder assessment with, 298	mental illness classification. See psychopathology diagnosis
neuropsychological tests of, 193, 197–198	Mental Processing Index (MPI), 145–146
report writing guidelines for, 107, 108	Mental State at the Time of the Offense Screening Evaluation
learning and memory tests, 193, 198–199	(MSE), 466
learning disability. See specific learning disability	mental state at time of criminal offense, 465–466
least restrictive environment (LRE), 486	Mental State Examination (MSE), 196
Leiter International Performance Scale, Third Edition, 297–298	mental status, report writing guidelines for, 104–105
Letter Memory Test (LMT), 72	mental status examination (MSE), 116
Level of Personality Functioning Scale – Self-Report (LPFS-SR),	domains of, 116–117
400–403, 408–409	introduction of, 116
Levels of Personality Functioning Scale – Brief Form 2.0 (LPFS-	reports from, 117
BF 2.0), 400–403, 408–409	Meta-Cognitions Questionnaire – Short Form (MCQ-30), 339–34
Liebowitz Social Anxiety Scale (LSAS), 339–341	metric invariance, 32
Liebowitz Social Anxiety Scale – Self-Report	Mild Cognitive Impairment (MCI), 420–421
(LSAS-SR), 339–341	mild TBI (MTBI), 431–432, 439
Life Events Checklist for DSM-5 (LEC-5), 350–352, 353	acute stage of recovery from, 435-436
Likert scale, 31	cognitive, behavioral, and affective impairments in, 432
limits of confidentiality, 39	long-term stage of recovery from, 437–439
Loewenstein-Acevedo Scales of Semantic Interference and	neuropsychological assessment of, 434–439
Learning (LASSI-L), 417	sub-acute stage of recovery from, 436–437
	Miller Forensic Assessment of Symptoms Test (M-FAST), 66–67
MacArthur Competence Assessment Tool—Criminal	70, 355
Adjudication (MacCAT-CA), 465	Miller v. Alabama, 468–469
Major Depressive Disorder (MDD)	Millon Clinical Multiaxial Personality Inventory-IV (MCMI-IV),
ambulatory assessment in research on, 83-84	249
diagnostic criteria for, 317	clinical orientation of, 249, 256
measures of, 318, 326	clinical syndrome scales of, 250, 251
BDI-II, 318–319	development of, 251
CESD-R, 318, 319–320	external-criterion stage, 252–253
critique of current, 322–323	final test, 253–254
evolution of, 317	internal-structural stage, 252
PHQ-9, 318, 320–321	theoretical-substantive stage, 251-252
POMS 2, 318, 321–322	DSM-5 concordance with, 249
pathoplasticity of, 28	embedded measures for detecting non-credible responding in
major depressive episode (MDE), 28	65, 66–67, 69
Major Neurocognitive Disorder. See dementia	facet scales of, 249, 251, 253, 255–257, 259, 261
malingered neurocognitive dysfunction (MND), 72-73	feedback and therapeutic applications of, 260-261
malingered pain-related disability (MPRD), 74	future directions of, 261
malingering	history and legacy instruments of, 249-251
in educational assessment, 494	interpretive principles and strategies for, 257
in forensic settings, 63, 70	clinical personality pattern assessment, 258–259
intentionality in, 64	clinical syndrome scales assessment, 259-260
Manchester Short Assessment of Quality of Life (MANSA),	facet scale integration, 259
364–365, 366	noteworthy responses, 257



INDEX

overall profile integration, 260	Mississippi Scale for Combat-Related PTSD (M-PTSD),
personality scales overview, 257–258	350–352, 354
severe clinical symptomology assessment, 259–260	MMPI. See Minnesota Multiphasic Personality Inventory
severe personality pathology assessment, 258 Modifying Indices of, 257	MMPI-2. See Minnesota Multiphasic Personality Inventory-2 MMPI-2-RF. See Minnesota Multiphasic Personality Inventory
PD measurement by, 400–403, 405	2 – Restructured Form
personality scales of, 249, 250, 251, 254, 255,	MMPI-3. See Minnesota Multiphasic Personality Inventory-3
256–259, 260–261	M'Naghten standard, 465
psychometrics of, 253–254	MND. See malingered neurocognitive dysfunction
response bias measures of, 257	Mobility Inventory for Agoraphobia (MIA), 334–338
severe personality scales of, 250, 251	moderate TBI, 431–432
standardization of, 252–253	neuropsychological assessment of, 434, 435
theory underlying, 254	Modified Somatic Perception Questionnaire, 73
adaptiveness levels, 256 in assessment, 256–257	Montreal Cognitive Assessment (MoCA), 451–452, 457 mood disorders. See also specific disorders
motivating aims, 254–255	ambulatory assessment in research on, 83–84
structural and functional domains, 255–256	Morel Emotional Numbing Test for PTSD (MENT), 355
therapeutic language of, 260–261	motivational interviewing, 119
validity scales of, 250, 251, 257	motor tests, 193, 196–197
Mindplay Universal Screener ™, 168	Mullen Scales of Early Learning, 297
Mini International Neuropsychiatric Interview (MINI)	multiaxial assessment, DSM, 51
psychotic and bipolar disorder assessment with, 361	multicultural clinical assessment, 25
PTSD assessment with, 350–352, 354	challenges and future directions of, 33–34
Mini-Mental State Examination (MMSE), 116, 193, 196	clinical diagnosis, 25, 30
integrated primary care setting use of, 451–452, 456 Minnesota Importance Questionnaire (MIQ), 183, 184	DSM-5 Outline for Cultural Formulation, 25–27, 34 threats to cultural validity, 27–30, 34
Minnesota Multiphasic Personality Inventory (MMPI), 208–209	competency in, 41–42
Minnesota Multiphasic Personality Inventory – 2 – Restructured	cross-informant correlations for adults in, 125
Form (MMPI-2-RF), 73, 74, 208	cross-informant correlations for children in, 124-125
administration of, 213-214, 217, 218	MMPI-2-RF use in, 216–217
adolescent assessment with MMPI-A-RF, 218–219	PAI use in, 241–242
applications of, 215–216	psychological testing and assessment, 33
case illustration of, 219–226	classical test score theory and, 30–32
development of, 210–211 embedded measures for detecting non-credible responding in,	etic and emic approaches to, 32–33 measurement invariance in evaluating equivalence of psy-
65–68	chological measures, 32
future directions of, 218	Multicultural Family Assessment Module (MFAM), 130, 131
Higher-Order Scales of, 212–213	multi-informant assessment, 3, 123
history and evolution of, 208	for ADHD and DBDs, 311–314
MMPI rationale and development, 208-209	advantages of, 133
MMPI-2 rationale and development, 209–210	clinical interviews with, 119
MMPI-2-RF rationale and development, 210–211	cross-informant correlations in, 123–125, 130–132
Interest Scales of, 212–214 interpretation of, 213–214, 218	data collection from multiple informants in, 127–128 data comparison from multiple informants in, 128–132
MMPI-3 development and, 226	data use from multiple informants in, 132
multicultural considerations for use of, 216–217	discrepancies between informants in, 125–126
overview of, 211	future directions in, 132–133
PD scales of, 400–403, 405	multicultural cross-informant correlations for adults in, 125
PSY-5 Scales of, 212–214, 400–403, 406	multicultural cross-informant correlations for children in,
psychometrics of	124–125
construct validity, 214–216	neurodevelopmental disorder assessment with, 301–302
reliability, 214	predictions from informants in, 126 progress and outcome evaluations in, 132
psychotic and bipolar disorder assessment with, 361 PTSD assessment with, 355	validity of data from, 126–127
rationale for, 210–211	value of data from different informants in, 125–126
report writing guidelines for, 105, 106	Multilingual Aphasia Exam, 197–198
Restructured Clinical Scales of, 210–211, 212–214	Multi-Source Assessment of Personality Pathology (MAPP),
scoring of, 213–214, 217–218	400–403, 404–405
Specific Problems Scales of, 212–214, 219	Multi-Tiered Systems of Support (MTSS), 485, 486–487
technological advances in assessment with, 217–218	The state of the s
Validity Scales of, 126–127, 211–215, 219	negative predictive power/value (NPP, NPV), 15–16
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)	Negative Symptoms Assessment -16/4 (NAS-16/NSA-4),
embedded measures for detecting non-credible responding in, 65–68	362–364, 365 Nelson-Denny Reading Test, 173
rationale and development of, 209–210	NEO Personality Inventory-3 (NEO-PI-3)
validity scales of, 126	PD assessment with, 400–403, 406–407
Minnesota Multiphasic Personality Inventory-3 (MMPI-3), 226	report writing guidelines for, 106
Minor Neurocognitive Disorder, 420–421	neurocognitive impairment. See cognitive impairment



neurocognitive response bias	work settings and populations assessed in, 473-474
malingered neurocognitive dysfunction, 70, 72–73	forensic assessment, 475
performance-based detection approaches to, 70, 71	hospitals and university-affiliated medical centers, 474-475
PVTs for detection of, 70, 71–72	private practice, 474
neurodevelopmental disorders, 303	psychiatric, 475
adaptive functioning, 299–300	rehabilitation, 475
age-related concerns in, 302	Veterans Affairs, 476
behavior concerns in, 302	neuropsychology, 191
cognitive functioning, 296–299, 302–303	Night Eating Questionnaire (NEQ), 374–377
cultural concerns in, 300–301	non-content-based invalid responding, 64
differential diagnosis, 293	embedded measures for, 65–69, 70
medical and developmental history, 293	MCMI-IV response bias measures for, 257
multi-informant and self-report approaches to, 301-302	report writing guidelines for assessment of, 105
psychiatric comorbidities, 300	screening for, 65
sex differences in, 301	stand-alone measures for, 66–67, 69–70
symptom-specific, 293–296	non-credible reporting and responding, 3
neuropsychological assessment, 472, 481	in achievement assessment, 169, 170
approaches to, 192–194	in anxiety disorder assessment, 330–331
attention, concentration, and working memory tests, 193, 196	in clinical interview, 118–119
benefits of, 191	cultural considerations in, 64, 68, 69, 74–75
clinical neuropsychology requirements, 191, 472–473	in dementia assessment, 422–424 in depressive disorder assessment, 317–318
cultural issues in, 202, 478 definition of, 191	in eating disorder assessment, 378
of dementia, 416, 424	in educational assessment, 492–494
cultural factors in AD detection, 419–420	feigned somatic and medical presentations, 73–74
differential diagnosis using, 421–422, 423	in forensic settings, 63, 70
features of impairment in, 416–419	future directions in, 74–75
prodromal disease detection using, 420–421	HiTOP system detection of, 60
detection of change over time in, 201–202	importance of, 63, 74
ethical and professional issues in, 202	instruments for detection of, 13, 65–70
diversity, 202, 478	MMPI-2-RF Validity Scales for, 126–127, 211–213, 214–215
informed consent, 202	multi-informant assessment and, 126–127
test data security, 203	multi-method approach to, 74
third party observers, 202–203	neurocognitive response bias
executive functioning tests, 193, 199–201	malingered neurocognitive dysfunction, 70, 72–73
factors affecting test performance in, 477–478	performance-based detection approaches to, 70, 71
fixed and flexible batteries in, 192-194	PVTs for, 70, 71–72
impairment determination in, 201	in neuropsychological assessment, 195
instruments commonly used in, 476–477	PAI validity scales for, 232–233, 234–235
intra-individual variability and base rates in, 478–479	on psychopathology measures, 13
language tests, 193, 197–198	detection strategies for, 64–65
learning and memory tests, 193, 198–199	embedded measures for, 65-69, 70
motor tests, 193, 196–197	invalidating test-taking approaches, 63–64
orientation tests, 193, 196	stand-alone measures for, 66–67, 69–70
premorbid cognitive ability estimation in, 479	in psychotic and bipolar disorder assessment, 361
psychometrics of, 194	in PTSD assessment, 349, 350–352, 355
reliability, 194	RDoC minimization of, 56
standard scores and norms, 195–196	report writing guidelines for assessment of, 105 on Rorschach inkblot task, 283
validity, 194–195, 478 psychometrist use in, 477	on self-report scales for common mental
purposes of, 473	disorders, 263–264
of TBI, 432–433, 439	in TBI assessment, 433–434, 438
in acute stage of recovery, 434, 435–436	technology in assessment of, 74
interpretation in, 433	therapeutic assessment minimization of, 96
limitations in, 433–434	non-responding, 64
in long-term stage of recovery, 434, 437–439	report writing guidelines for assessment of, 105
mild TBI, 434–439	screening for, 65
moderate and severe TBI, 434, 435	nonverbal children, 297–298
in sub-acute stage of recovery, 434, 436–437	normative-based data interpretation, psychological
technological advances in	report evolution toward, 101–102
computerized and mobile assessment tools in, 203-204,	norms
479–480	age or grade, 172–173
teleneuropsychology, 480-481	for intellectual measures, 138–139
virtual reality, 480	MCMI-IV, 252–253
test selection in, 477	for MMPI-2-RF, 211, 216, 219
tests administered in, 193, 196	for neuropsychological tests, 195-196
training for, 191, 472–473	psychometric element of, 13-14
visuospatial and visuoconstructional tests, 193, 197	for Rorschach inkblot task, 281–282



INDEX

nosology, 49	Pain Disability Index, 73
clinical functions of, 49–50	Pain intensity, Enjoyment and General Activity (PEG), 451–452,
DSM AMPD, 51, 215, 398–399, 400–403, 405–406, 407–410	457
DSM and ICD as prevailing systems, 50	panic attacks, 83
DSM and ICD comparison, 51–52	Panic Disorder, 330
DSM and ICD limitations, 53	case formulation and treatment planning assessment of,
DSM criteria and categories, 50–51	339–341, 342
DSM organization, 51	cultural and diversity issues in assessment of, 331
future of, 60	diagnosis of, 331–332
HiTOP, 49, 56–60, 215	severity and treatment progress assessment of, 334–337
ICD assessment of PDs, 52	Panic Disorder Severity Scale (PDSS), 334–337
ICD versions, 52	parenting capacity evaluations, 467–468
RDoC, 49–50, 54–56	parents
recent developments in, 53	ADHD and DBD assessment information from, 311–313
standard assessment tools, 53	assessment of, 130, 131
standard assessment tools, 33	data collection from, 127–128
-Liti Lii J (OPE) 279	
objective binge episodes (OBE), 378	Partial Credit Model (PCM), 18
Obsessive Beliefs Questionnaire (OBQ), 339–341, 343	Partnership for Assessment of Readiness for College and Careers
Obsessive Compulsive Inventory (OCI), 334–337, 338	(PARCC), 168
Obsessive Compulsive Inventory-Revised (OCI-R), 334–337, 338	pathoplasticity, 28
Obsessive-Compulsive Disorder (OCD), 330	Patient Health Questionnaire – 2 (PHQ-2), 451–452, 453
case formulation and treatment planning assessment of,	Patient Health Questionnaire – 9 (PHQ-9)
339–341, 343	depressive disorder assessment with, 318, 320–321
diagnosis of, 331–332	integrated primary care setting use of, 451–452, 453
severity and treatment progress assessment of, 334–337, 338	as self-report scale, 265–266, 267–268
obstructive sleep apnea (OSA), 451–452, 456	Patient Reported Outcomes Measurement and Information
Older Adult Behavior Checklist (OABCL), 125	System (PROMIS), 269, 271
Older Adult Self-Report (OASR), 125	Peabody Individual Achievement test (PIAT), 173–174
OMNI-IV Personality Inventory, 400–403, 405	peer informants, in ADHD and DBD assessment, 313
online assessment	Penn State Worry Questionnaire (PSWQ)
of achievement, 168–169	GAD assessment with, 333–337
of ADHD and DBDs, 314–315	as self-report scale, 265-266, 268
in clinical interview, 120	percentile rank, 14, 171
ethical and professional issues in, 43–45	performance curve analysis, 71
self-report scales for common mental disorders, 263	performance validity, 152–153
vocational, 187–188	performance validity tests (PVTs), 71
opioid medication misuse, 451–452, 455–456	in achievement assessment, 169
oppositional defiant disorder (ODD), 308	in educational assessment, 493–494
behavior rating scales for, 311, 312	embedded, 72
behavioral observations for, 310–311	in neuropsychological assessment, 195
child informants of, 313	standalone, 71–72
clinical interviews for, 310	performance-based techniques, 278
cultural and diversity issues in, 315	frequency of use of, 279–280
future directions and practical implications in assessment of, 315	inkblot tasks, 278–284
integration across informants on, 313–314	as method of knowing information about people, 278
measure selection for, 309–310	picture-story tasks, 278–280, 284–285
parent informants of, 311–313	prompted picture drawing tasks, 278–280, 285–286
peer informants of, 313	responses generated by, 278–279
principles of evidence-based assessment of, 308–309	sentence completion tasks, 278–280, 285
school/institutional records informing on, 313	strengths and limitations of, 286–287
teacher informants of, 313	Personal Information Protection and Electronic Documents Act
technological advances in assessment of, 314-315	(PIPEDA), 104
oral reading fluency (ORF), 165	personal injury evaluations, 467
orientation tests, 193, 196	personality
Oswestry Disability Index (ODI), 451–452, 457	five-factor model of, 106, 400-403, 406-407
overreporting, 64	vocational, 182, 185–186
in clinical interview, 118	Personality Assessment Inventory (PAI), 231
detection strategies for, 65	administration and scoring of, 237
embedded measures for, 65-69, 70	AMPD trait scoring of, 400–403, 408
MMPI-2-RF Validity Scales for, 214–215	applications of
report writing guidelines for assessment of, 105	assessment in various settings, 241
screening for, 65	diagnostic decision-making, 237–240
stand-alone measures for, 66–67, 69–70	strengths assessment, 241
oralla arono measures for, ou or, ou ro	treatment planning and progress, 240–241
PAI. See Personality Assessment Inventory	case example of, 242–244
pain	clinical scales of, 232–233, 235–237
chronic, 451–452, 457	computerization of, 237, 238
feigned, 73–74	content breadth and depth in, 231-233



Personality Assessment Inventory (PAI) (cont.)	clinical judgment use, 357
cross-cultural considerations of, 241–242	responses to respondent behavior, 357
embedded measures for detecting non-credible responding in,	self-awareness, 357
65, 66–67, 68–69	supportive presence and rapport, 356–357
interpersonal scales of, 232–233, 234, 237	integrated primary care screening and assessment of, 451–452
psychometrics of, 234–237	455
PTSD assessment with, 355	measures for, 349
report writing guidelines for, 106	assessment validity, 350–352, 355
supplemental scales of, 237, 238	clinician-administered diagnostic, 350–352, 353–354
theory and development of, 231–233	co-occurring psychopathology, 350–352, 355
treatment consideration scales of, 232–234, 237	self-report diagnostic, 350–352, 354
validity scales of, 232–233, 234–235, 238–239	trauma exposure, 349–353
Personality Diagnostic Questionnaire-4 (PDQ-4), 400–403,	response bias in assessment of, 349
404–405	subtypes of, 349
personality difficulty, 52	symptom chronology in, 348
personality disorders (PDs)	symptoms of, 347, 348
cross-cultural issues in assessment of, 410–411	trauma exposure in, 348
dimensional models and measures of, 405–406	Prader-Willi syndrome, 293
AMPD-aligned trait, 400–403, 407–408	prediction. See clinical prediction
FFM, 400–403, 406–407	predictive efficacy, 14–16
non-AMPD, 400–403, 406	predictive invariance, 32
personality functioning, 400–403, 408–409	predictive validity, 12, 13
SCID-AMPD, 400–403, 409–410 DSM AMPD model of, 51, 215, 398–399, 400–403, 405–406,	premorbid cognitive abilities, estimation of, 479 primary care. <i>See</i> integrated primary care
407–410	Primary Care Behavioral Health (PCBH) model, 447–448
FFM of, 400–403, 406–407	Primary Care PTSD Screen for <i>DSM-5</i> (PC-PTSD-5), 451–452, 455
future directions in assessment of, 411–412	prodromal psychotic disorders, 361
HiTOP spectra connected with, 59	professional issues in assessment, 38
ICD compared with DSM assessment of, 52	assessment feedback, 45–47
multi-informant assessment of, 126	confidentiality, 39
research and assessment application disconnect in, 411	cultural competence, 41–42
standard assessment tools for, 53	digital age assessment, 43–45
therapeutic assessment for, 96–97	external consequences, 40
traditional categorical measures of, 398–399	informed consent, 38–39
interview-based, 399–404	in neuropsychological assessment, 202-203
self-report, 400–403, 404–405	obsolete tests and outdated test results, 41
personality functioning, 400–403, 408–409	report writing, 45
Personality Inventory for DSM-5 (PID-5)	test construction, 40
HiTOP dimensions in, 59	test data and test security, 42–43
MMPI-2-RF scale alignment with, 215	test revisions, 40–41
PD assessment with, 400–403, 407–408	third parties, 39–40
Personality Psychopathology Five (PSY-5) Scales, MMPI-2-RF,	Profile of Mood States 2 (POMS 2), 318, 321–322
212–214, 400–403, 406	prognosis
personality tests, cultural validity of, 29–30	classification systems guiding, 50
personality traits, cultural variations in nomological network	PROMIS. See Patient Reported Outcomes Measurement and
of, 31	Information System
personalized medicine, 84–85	prompted picture drawing tasks, 285
picture drawing tasks. See prompted picture drawing tasks	frequency of use of, 279–280
picture-story tasks, 284–285	intellectual maturity assessment with, 285-286
frequency of use of, 279–280	key dimensions of, 278–279
key dimensions of, 278–279	maladjustment or psychopathology identification with, 286
Planning, Attention, Simultaneous, and Successive (PASS)	Pros and Cons Eating Disorder Scale (P-CED), 373
model, 136–138	Pros and Cons of Anorexia Nervosa Scale (P-CAN), 373
plasticity, cultural, 28	Psychiatric Research Interview for Substance and Mental
Portland Digit Recognition Test (PDRT), 71–72	Disorders – IV (PRISM), 386–387, 392–394
Positive and Negative Syndrome Scale (PANSS), 361–365, 366	psychodiagnostic interview, 116, 117–118
positive predictive power/value (PPP, PPV), 15–16	psychological measures, 3. See also specific measures
post-concussion syndrome (PCS), 432, 434–435, 436, 437–439	accuracy and errors in clinical prediction using, 14–16
post-traumatic amnesia (PTA), 431–432	clinical judgment use with, 49–50
Posttraumatic Diagnostic Scale for <i>DSM-5</i> (PDS-5), 350–352, 354	cultural validity of, 29–32
posttraumatic stress disorder (PTSD), 358	ethical and professional issues in construction of, 40
assessment challenges of, 347 assessment context of, 349	ethical and professional issues in revisions of, 40–41
co-occurring psychopathology in, 349	etic and emic approaches to, 32–33 in forensic mental health assessments, 464
cultural considerations in assessment of, 355–356	HiTOP, 58–59
distress and impairment in, 348	measurement equivalence of, 30, 32, 42
DSM-5 diagnosis of, 347, 348–349	as method of knowing information about people, 278
guidelines for assessment administration in, 356	non-credible responding on, 13



INDEX

detection strategies for, 64–65	assessment to quantify progress or severity, 361
embedded measures for, 65-69, 70	depression measures, 362–364, 366
invalidating test-taking approaches, 63-64	disorganization measures, 362–364, 365
stand-alone measures for, 66–67, 69–70	functioning measures, 364–365, 366
norms for, 13–14	mania measures, 362–364, 366
obsolete, 41	measures of overall psychopathology, 361-365
reliability of, 10–12	negative symptom measures, 362–364, 365
reliance on single, 172	new technologies in, 367
scoring instructions for, 9	personal recovery measures, 364-365, 366
security of, 42–43	positive symptom measures, 362–364, 365
standardization of, 9	QOL measures, 364–365, 366
utility of, 16–17	relapse measures, 366
validity of, 12–13	preparation for assessment of, 360
WEIRD cultural specificity of, 33–34	Psychotic Symptoms Rating Scale (PSYRATS), 362–364
psychological report writing. See report writing	PTSD. See posttraumatic stress disorder
psychometric theories, of intellectual assessment, 135–137	PTSD Checklist for DSM-5 (PCL-5)
psychometrics, 21	integrated primary care setting use of, 451–452, 455
ambulatory assessment self-report measures, 81-82	PTSD assessment with, 350–352, 354
classification accuracy statistics, 14–16	PTSD Symptom Scale Interview for <i>DSM-5</i> (PSSI-5), 350–352,
cultural and diversity considerations in, 21, 33	353–354
definition of, 9	PVTs. See performance validity tests
eating disorder measures, 373–378	
intellectual measures, 138	qualitative descriptors, in achievement assessment, 172
IRT in, 9, 17–21	Qualitative Reading Inventory (QRI), 173–174
MCMI-IV, 253–254	Quality of Life in Bipolar Disorder (QoL.BD), 364–365, 366
MMPI-2-RF, 214–216	questioning strategies, clinical interview, 119
neuropsychological assessment, 194-196, 478	Questionnaire about the Process of Recovery (QPR), 364–365
norms as key element of, 13-14	Questionnaire for Psychotic Experiences (QPE), 362-364
PAI, 234–237	Questionnaire of Smoking Urges (QSU), 389, 392–394
prompted picture drawing tasks, 285-286	Quick Psychodiagnostic Panel (QPD Panel), 451-452, 453
reliability as key element of, 10–12	
Rorschach inkblot task, 281–283	racial bias, 29
standardization as key element of, 9	random responding, 64
utility as key element of, 16–17	report writing guidelines for assessment of, 105
validity as key element of, 12–13	screening for, 65
vocational assessment tests, 183, 186	rapport
psychometrists, 477	in eating disorder assessment, 371, 372
psychopathology diagnosis	in PTSD assessment, 356–357
classification system use in, 49	Rasch models, 17–18
clinical functions of nosology for, 49–50	Rating Scale Model (RSM), 19
DSM AMPD, 51, 215, 398–399, 400–403, 405–406, 407–410	reactive attachment disorder (RAD), 347
DSM and ICD as prevailing systems for, 50	Readiness to Change Questionnaire (RCQ), 391, 392–394
DSM and ICD limitations in, 53	reading
DSM compared with ICD in, 51–52	CBMs for, 165
DSM criteria and categories for, 50–51	comprehension tests, 173–174
DSM organization and, 51	single subject achievement tests of, 164–165
future of, 60	receiver operating characteristics (ROC), 15
HiTOP system for, 49, 56–60, 215	recommendations, 4
ICD assessment of PDs, 52	in achievement assessment, 175–177
ICD versions available for, 52	in assessment reports, 45
prompted picture drawing tasks in, 286	report writing guidelines for, 108
RDoC system for, 49–50, 54–56	Recovery Assessment Scale (RAS), 364–365
recent developments in nosology for, 53	referral question, 2
standard assessment tools for, 53	in achievement assessment, 176
psychophysiology, ambulatory assessment measurements of, 82	in forensic mental health assessments, 2, 462–463
psychotic disorders, 360, 368	in neuropsychological assessment, 192
ambulatory assessment in research on, 83	report writing guidelines for, 102–103
assessment to categorize	referral source, in psychological report, 102–103
differential diagnosis, 360–361	Rehabilitation Act of 1973, 486
identification of at-risk mental states, 361	release, of test data, 42–43, 203
non-credible responding in, 361	reliability
assessment to formulate, 367	attention to, 12
biological rhythms, 367	definition of, 10
family and social context, 367	of diagnostic interviewing, 117–118 of <i>DSM</i> and <i>ICD</i> diagnostic categories, 53
neurocognitive assessment, 368 personal history, 367	estimates of, 10–11
psychological factors, 367	item, 19–20
risk assessment, 368	MCMI-IV, 253
	······ - cite = : , = = =



reliability (cont.)	development and nature of, 280
MMPI-2-RF, 214	frequency of use of, 279–280
neuropsychological tests, 194	psychometrics of, 281–283
PAI, 234	self-report compared with, 283–284
psychometric element of, 10–12	systems for applied use of, 281
Rorschach inkblot task, 282–283	Rorschach Performance Assessment System (R-PAS), 281,
sample-specific nature of, 10, 12	283–284
SB5, 149	psychometrics of, 281–283
standard error of measurement and, 11-12	use of, 281
WISC-V, 144	Rotter Incomplete Sentences Blank (RISB), 285
reliability generalization, 12	R-PAS. See Rorschach Performance Assessment System
Reliable Digit Span (RDS), 72, 152–153, 493–494	RRBIs. See restricted, repetitive behaviors, interests, or activities
Renaissance STAR Reading ®, 168	RSM. See Rating Scale Model
Repeatable Battery for the Assessment of Neuropsychological	RTI. See Response-to-Intervention
Status (RBANS), 422–424	RXR scale. See Treatment Rejection scale
replication strategy, 255	
report writing, 4	Samejima Graded Response Model (GRM), 19
cultural issues in, 102–103	sample. See also norms
ethical and professional issue of, 45	convenience, 14
for evidence-based psychological assessments, 101–102, 103,	reliability influenced by, 10, 12
109	sampling frequency, ambulatory assessment advantages in, 82-83
evolution of, 101–102	scalar invariance, 32
forensic evaluation, 469	scale equating, 271
non-credible responding assessment, 105	Scale for Suicide Ideation (SSI), 324
principles of, 102, 103	Scale for the Assessment of Negative Symptoms (SANS), 362–364
template for	365
biographical sketch, 102	Scale for the Assessment of Positive Symptoms (SAPS), 362–364
case formulation, 108	Scale for the Assessment of Thought, Language, and
clinical interview results, 107–108	Communication (TLC), 362–364, 365
evidence-based psychological tests, 105-107	scales. See psychological measures
headings and subheadings, 109	Schedule for Affective Disorders and Schizophrenia, 361
identifying information and referral question, 102-103	Schedule for Nonadaptive and Adaptive Personality-Second
informed consent, 104	Edition (SNAP-2)
mental status and behavioral observations, 104-105	HiTOP dimensions in, 59
presenting problems and symptoms and/or background	PD assessment with, 400-403, 405, 406
situation, 104	schizophrenia
psychosocial background, 104	ambulatory assessment in research on, 83
recommendations, 108	pathoplasticity of, 28
sources of information, 103–104	Schizophrenia Proneness Instrument- Adult version, 361
summary and conclusions, 108	Schizotypal PD, 399
time spent on, 101	school records, in ADHD and DBD assessment, 313
reports	schools, assessment procedures in, 485
computer generated, 44–45	scientific mindedness, 119
confidentiality issues with, 39	scores
mental status examination, 117	accuracy and errors in clinical prediction using, 14-16
MMPI-2-RF, 218	achievement assessment misuses and misunderstandings of,
therapeutic assessment written results, 94	169, 170–174
Research Domain Criteria (RDoC), 49-50	composite, 172
autism spectrum disorder symptoms, 294	grade and age equivalents, 170-171
innovation of, 56	neuropsychological assessment, 195-196
motivation behind, 54	norms for, 13–14
practical assessment implications of, 56	outdated, 41
provisional status of, 56	percentile rank, 171
structure of, 54–56	reliability of, 10–12
response bias. See non-credible reporting and responding	reliance on single, 172
response latency, 74	standard, 14, 171
Response-to-Intervention (RTI), 485, 486–487	validity of, 12–13
SLD assessment using, 489–490	variance in, 10
retrospective bias, 80, 83	scoring
Rett syndrome, 293	instructions for, 9
Revised NEO Personality Inventory (NEO PI-R), 400–403, 405	of MMPI-2-RF, 213–214, 217–218
Rey Auditory Verbal Learning Test (RAVLT), 72	of PAI, 237
Rey 15-Item Test (FIT), 71–72	Rorschach inkblot task, 281
Rey-Osterrieth Complex Figure Test (ROCFT), 193, 197	data, 42–43, 86, 203
Rogers Criminal Responsibility Assessment Scales (R-CRAS), 466	test, 42–43, 168
Roper v. Simmons, 468–469	Self-Directed Search (SDS), 182, 183, 184, 188
Rorschach inkblot task, 280	self-efficacy, in vocational assessment, 183, 185
clinical practice use of, 281	self-report



More Information

INDEX

in ADHD and DBD assessment, 313	Social Skills Performance Assessment (SSPA), 364–365
in anxiety disorder assessment, 330–331	Social Thoughts and Beliefs Scale (STABS), 339–341, 342
in clinical interview, 118–119	somatic presentations, feigned, 73-74
information gained through, 278	sources of information, 2–3
in neurodevelopmental disorder assessment, 301-302	for ADHD and DBDs, 311–314
non-credible responding and	in forensic mental health assessments, 463–464
detection strategies for, 64–65	report writing guidelines for, 103–104
embedded measures for, 65–69, 70	special education, 176–177
invalidating test-taking approaches, 63–64	legal framework for, 486
stand-alone measures for, 66–67, 69–70	trends and emerging practices in, 486–487
Rorschach inkblot task compared with, 283–284 Self-report Manic Inventory (SRMI), 362–364	specific learning disability (SLD), 488
self-report scales, 3	IQ-achievement discrepancy model of, 488–489 low achievement model of, 490–491
advantages and utility of, 263	PSW model of, 490
ambulatory assessment, 81–82	PVTs in assessment of, 493–494
CATs and data-driven short scales, 270–271	RTI model of, 489–490
cross-cultural bias in, 264	specificity, 14, 15, 16
cultural bias in responses to, 31	stage of change, 391, 392–394
depression and anxiety, 264-269	Stages of Change and Treatment Eagerness Scales (SOCRATES)
future directions of, 271–272	391, 392–394
item banking applied to, 269–270	standard error of measurement (SEM), 11-12
new methods for development and administration of, 269	standard scores, 14, 171
non-credible responding on, 263–264	standardization
online administration of, 263	of intellectual measures, 138–139
for PD assessment, 400–403, 404–405	of MCMI-IV, 252–253
validity of, 263–264, 269–270	of neuropsychological tests, 195–196
semi-structured interviews, 114. See also specific semi-structured interviews	psychometric element of, 9 Standards for Educational and Psychological Testing
clinical judgment use with, 49–50	SEM requirements in, 11
diagnostic interviewing with, 116	test construction information in, 40
for PD assessment, 399–404	test revision guidelines in, 40
sensitivity, 14, 15, 16	test scoring and interpretation guidelines in, 44–45
sentence completion tasks	test selection guidelines in, 41
frequency of use of, 279–280	validity conception in, 13
key dimensions of, 278–279	Stanford-Binet Intelligence Scales, Fifth Edition (SB5), 141–143,
severe TBI, 431–432	148–149
neuropsychological assessment of, 434, 435	for neurodevelopmental disorders, 297
Severity Indices of Personality Problems (SIPP), 400–403, 409	reliability of, 149
Severity of Alcohol Dependence Questionnaire (SADQ), 388, 392–394	standardization of, 149 validity of, 149
Shedler-Westen Assessment Procedure 200 (SWAP-200),	State-Trait Anxiety Inventory (STAI), 265–266, 268
400–403, 404	Static-99 Revised (Static-99 R), 466
Short Health Anxiety Inventory (SHAI), 451–452, 454	stereotypes
Single Question Alcohol Screening Test, 451–452, 455	in achievement testing, 175
single subject achievement tests, 160, 164–165	detection of non-credible responding using, 65
single-parameter IRT models, 18	STOP-Bang Questionnaire, 451–452, 456
Single-Question Screening Test for Drug Use in Primary Care,	storytelling tests. See picture-story tasks
451–452, 455–456	Stressful Life Events Screening Questionnaire (SLESQ), 350–352
Skills Confidence Inventory (SCI), 183, 184, 185	353
sleep apnea, 451–452, 456	stressor-related disorders. See also posttraumatic stress disorder
smartphones	DSM-5 grouping of, 347
ambulatory assessment using, 81	strict invariance, 32
neuropsychological assessment using, 480	Strong Interest Inventory (SII), 182–184
vocational assessment via, 188 smoking cessation, 86	strong invariance, 32 Stroop tests, 193, 199, 298–299
Social Anxiety Disorder (SAD), 330	Structured Clinical Interview for <i>DSM-5</i> (SCID-5), 53
case formulation and treatment planning assessment of,	anxiety disorder diagnosis with, 331–332
339–341, 342	psychotic and bipolar disorder assessment with, 361
cultural and diversity issues in assessment of, 331	PTSD assessment with, 350–352, 354, 355
diagnosis of, 331-332	report writing guidelines for, 107-108
severity and treatment progress assessment of, 333, 334-337	Structured Clinical Interview for DSM-5 Disorders, Clinician
social communication and interaction, persistent deficits in, 294	Version (SCID-5-CV), 392–394
Social Communication Questionnaire (SCQ), 296	Structured Clinical Interview for DSM-IV Axis II Personality
social desirability, detection of non-credible responding using, 65	Disorders (SCID-II), 399–404
Social Functioning Scale (SFS), 364–365	Structured Clinical Interview for <i>DSM-IV</i> PDs Personality
Social Phobia Scale and Social Interaction Anxiety Scale (SPS/	Questionnaire (SCID-II-PQ), 400–403, 404–405 Structured Clinical Interview for the <i>DSM-5</i> Alternative Model for
SIAS), 333, 334–337 Social Responsiveness Scale, Second Edition (SRS-2), 296	Personality Disorders (SCID-AMPD), 400–403, 409–410
2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- 1100mant, 2100mant (COID min D), 100 100, 107 110



Structured Interview for <i>DSM-IV</i> Personality Disorders (SIDP-IV), 399–404 Structured Interview for the Assessment of the Five-Factor Model	Test of Memory Malingering (TOMM), 72, 152–153 in dementia assessment, 422 in educational assessment, 493
of Personality (SIFFM), 400–403, 406–407 Structured Interview of Psychosis-risk Syndromes, 361	Test of Nonverbal Intelligence, 4 th Edition (TONI-4), 297–298 Test of Written Language-4 (TOWL-4), 164–165
Structured Interview of Reported Symptoms (SIRS-2), 66–67, 69,	test revisions, ethical and professional issue of, 40–41
355, 361 structured interviews, 2–3, 114. <i>See also specific structured</i>	test security, 42–43 testing accommodations
interviews	for achievement testing, 174–175, 176
for ADHD and DBDs, 310	educational assessment for determination of, 491–492
for anxiety disorder diagnosis, 331–332	test-retest reliability, 10, 11, 12
clinical judgment use with, 49–50	Thematic Apperception Test (TAT), 9, 279–280, 284–285
diagnostic interviewing with, 116	Theory of Work Adjustment (TWA), 184
for PD assessment, 399–404	therapeutic alliance, 26–27
psychotic and bipolar disorder assessment with, 361	in substance use disorder assessment, 385
reliability and validity of, 117–118	therapeutic assessment (TA)
report writing guidelines for, 107–108	adaptations for children, adolescents, and couples, 94
Structured Inventory for Anorexic and Bulimic Eating Disorders	Assessment Intervention sessions in, 92–93
(SIAB-EX), 372 Structured Inventory of Malingered Symptomatology (SIMS),	broader value of, 95–96 collaboration with therapists in, 91, 93–94
66–67, 69–70	development of, 90–91
structured professional judgment (SPJ), 466	empirical evidence for, 94–95
substance use disorders (SUDs), 385, 392	Extended Inquiry in, 92
ambulatory assessment in research on, 84	follow up sessions in, 94
clinical history of, 385–386, 392–394	future of, 97–98
craving assessment in, 389, 392-394	initial session in, 91–92
dependence syndrome assessment in, 387-388, 392-394	process overview for, 91
DSM diagnosis of, 386–387, 392–394	recent developments in, 96-97
negative consequences and pathological patterns assessment	Summary Discussion sessions in, 93–94
in, 390–391, 392–394	testing sessions in, 92
neuroadaptation assessment in, 390, 392–394	traditional assessment compared with, 95–96 written results in, 94
stage of change assessment in, 391, 392–394 volitional control impairment assessment in, 388–389, 392–394	therapist bias, 29
Subtle Avoidance and Fear Evaluation (SAFE), 339–341	third party information sources, in forensic mental health
Suicidal Behaviors Questionnaire-Revised (SBQ-R), 323, 325	assessments, 463
suicidality	third party observers, in neuropsychological assessment, 202-203
assessment challenges of, 323	third party requests for services, ethical and professional issue of,
eating disorders and, 373	39–40
measures of, 323, 326	Thought and Language Index (TLI), 362–364
ASIQ, 323, 325–326	thought disorder, 362–364, 365
BSS, 323, 324–325	Thought Disorder Index (TDI), 362–364
critique of current, 326 issues with, 323–324	three-parameter logistic (3PL) IRT models, 18–19 tolerance, 387, 390
SBQ-R, 323, 325	Tower of Hanoi, for neurodevelopmental disorders, 298–299
suicide assessment interviewing, 117	Trail Making Test (TMT), 193, 199, 200
Suicide Potential Index (SPI), PAI, 232–234, 240	digital version of, 480
survival strategy, 255	neuropsychological assessment using, 476–477
Symptom Checklist (SCL), 30	trait-and-factor assessment approaches, 180
symptom exaggeration, in forensic settings, 63, 70	transdiagnostic treatment, 58
symptom expression	translation, of clinical assessment instruments, 33, 34
ambulatory assessment in research on, 83	trauma- and stressor-related disorders (TSRDs). See also post-
cultural factors influencing, 28–29	traumatic stress disorder
symptom feigning, 73–74	DSM-5 grouping of, 347
symptom severity, 65	trauma exposure, in PTSD assessment, 348, 349–353
symptom validity tests (SVTs), in neuropsychological assessment, 195	Trauma Symptom Inventory-II (TSI-2), 106 embedded measures for detecting non-credible responding in,
	65
teacher informants, in ADHD and DBD assessment, 313 Teacher's Report Form (TRF), multicultural cross-informant	PTSD assessment with, 350–352, 354 traumatic brain injury (TBI), 431
correlations for, 124–125	classification of, 431–432
teleneuropsychology, 480–481	cognitive, behavioral, and affective impairments in, 432
temporal stability. See test-retest reliability	definition of, 431
termination, clinical interview, 115	neuropsychological assessment of, 432–433, 439
test construction, ethical and professional issue of, 40	in acute stage of recovery, 434, 435–436
test feedback	interpretation in, 433
ethical and professional issue of, 45-47	limitations in, 433–434
test information, 19–20	in long-term stage of recovery, 434, 437–439
Test of Adaptive Behaviour in Schizophrenia (TABS), 364–365	mild TBI, 434–439



More Information

Cambridge University Press 978-1-108-41591-0 — The Cambridge Handbook of Clinical Assessment and Diagnosis Edited by Martin Sellbom , Julie A. Suhr Index

INDEX

515

moderate and severe TBI, 434, 435 VIP. See Validity Indicator Profile in sub-acute stage of recovery, 434, 436-437 virtual reality (VR) Traumatic Life Events Questionnaire (TLEQ), 350-352, 353 neuropsychological assessment using, 480 treatment implications, 4 therapeutic assessment using, 98 treatment planning visuospatial and visuoconstructional tests anxiety disorder assessment for, 338-343 dementia assessment using, 418 PAI application in, 240-241 neuropsychological assessment using, 193, 197 true negative, 14-15 vocational assessment tests true positive, 14–15 ability, achievement, and aptitude assessment, 185 21-Item Test, 71–72 career maturity and adaptability assessment, 183, 186 two-parameter logistic (2PL) model, 18-19 diversity and cultural issues in, 186-187 history of, 180 typical performance measures, 278 Interest Profiler, 182, 183, 184 UCSD Performance-Based Skills Assessment (UPSA), 364-365 Minnesota Importance Questionnaire, 183, 184 underreporting, 64 models underlying, 180-181 in clinical interview, 118 nature and scope of, 181 detection strategies for, 65 personality assessment, 185-186 embedded measures for, 65-69, 70 psychometric properties of, 183, 186 MMPI-2-RF Validity Scales for, 215 recommendations based on, 188 report writing guidelines for assessment of, 105 Self-Directed Search, 182, 183, 184, 188 screening for, 65 Strong Interest Inventory, 182–184 stand-alone measures for, 66-67, 69-70 technological advances in, 187-188 Unified Protocol for Transdiagnostic Treatment of Emotional types of, 181–182 vocational interests assessment, 182, 183 Disorders, 58 uniqueness invariance, 32 Work Importance Profiler, 183, 184-185 University of Rhode Island Change Assessment (URICA), 391, work values assessment, 183, 184 392-394 vocational interests, 182, 183 unstructured interviews, 114 vocational maturity, 183, 186 for ADHD and DBDs, 310 vocational personality, 182, 185-186 clinical judgment use with, 49-50 volitional control, impairment of, 388-389, 392-394 validity. See also cultural validity Waddell signs, 73 WAIS-IV. See Wechsler Adult Intelligence Scale – Fourth Edition achievement assessment, 167-168, 169, 170 ambulatory assessment, 80 Wartegg Drawing Completion Test, 286 cultural variations in measures of, 30 Washington University Sentence Completion Test (WUSCT), 285 dementia assessment, 422-424 weak invariance, 32 diagnostic interviewing, 117-118 Web-based assessments. See online assessment ICT-based achievement tests, 167-168 Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV), intellectual assessment, 152-153 140, 141–143, 149–150 item banking improving, 269-270 Digit Span subtest, 193, 196 MCMI-IV, 253-254 neuropsychological assessment using, 476-477 MMPI-2-RF, 214-216 reliability of, 140 standardization of, 140 of multi-informant assessment data, 126-127 neuropsychological tests, 194-195, 478 validity of, 140-144 Wechsler Individual Achievement Test (3rd ed.) (WIAT-III), PAI, 234-237 performance, 152-153 161–162, 163 prompted picture drawing tasks, 285-286 normative data and psychometric properties of, 163 psychometric element of, 12-13 unique features of, 163-164 PTSD assessment, 350-352, 355 Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V), 140, 141–143, 144, 149–150 Rorschach inkblot task, 283 self-report scales, 263-264, 269-270 reliability of, 144 vocational assessment tests, 186 standardization of, 144 validity generalization, 13 validity of, 144 Validity Indicator Profile (VIP), 72 Wechsler Intelligence Scale for Children - Fourth edition (WISCvalidity scales IV), 476-477 MCMI-IV, 250, 251, 257 Wechsler Memory Scale – Fourth Edition (WMS-IV), 193, MMPI-2-RF, 126-127, 211-215, 219 198-199, 476-477 PAI, 232-233, 234-235, 238-239 Wechsler Preschool and Primary Scale of Intelligence - Fourth Edition (WPPSI-IV), 140, 141–143, 144–145, 149–150 variance, 10 vascular dementia (VaD), 422, 423 reliability of, 145 verbally based intelligence tests, 297 standardization of, 145 Veterans Affairs (VA), neuropsychological assessment in, 476 validity of, 145 Victoria Symptom Validity Test (VSVT), 71-72, 493 Wechsler Scales of Intelligence, 140-145, 149-150, 153 video teleconference (VTC), neuropsychological assessment for neurodevelopmental disorders, 297 using, 480–481 Vineland-3: Vineland Adaptive Behavior Scales, 299–300 Wisconsin Card Sorting Test (WCST), 193, 199–200 dementia assessment using, 418 Violence Risk Appraisal Guide (VRAG), 466 for neurodevelopmental disorders, 298-299 violence risk assessment, 466 Wisconsin Personality Disorders Inventory (WISPI), 400-403, 405



516 INDEX

WISC-V. See Wechsler Intelligence Scale for Children – Fifth Edition

Woodcock Johnson Tests of Cognitive Abilities, Fourth Edition (WJ-IV COG), 141–143, 148

reliability of, 148 standardization of, 148 validity of, 148

Woodcock Reading Mastery Test-III (WRMT-III), 164–165 Woodcock-Johnson III Passage Comprehension (WJPC), 173–174 Woodcock-Johnson Tests of Achievement (4th ed.) (WJ ACH IV), 160–163

normative data and psychometric properties of, 163 unique features of, 163

Word Memory Test (WMT), 72, 493–494

Word Reading Test (WRT), 493
Work Importance Profiler (WIP), 183, 184–185
work values, 183, 184
worker's compensation, 467
working memory tests, 193, 196
World Health Organization (WHO), 51. See also International
Classification of Diseases
ICF model of, 433

Yale-Brown Obsessive Compulsive Scale (Y-BOCS), 334–337, 338 Young Mania Rating Scale (YMRS), 362–364, 366 Youth Self-Report (YSR), 124–125

Worry Behaviors Inventory, 265-266, 268