Psychological Assessment

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Reliability & Validity

Psychological Assessment has limited capabilities for prediction of future behavior – There is no test that is 100% accurate in predicting future functioning but there are some that are helpful in determining current functioning.

Assessment for psychological functioning is typically based on a professional clinical interview. Objective measures of personality functioning and measures of neuropsychological functioning can increase the validity and reliability of the clinical interview.

Clinical Interview

Using psychological testing measures alone is not a good idea. Objective assessment needs additional analysis to address motivation, consistency in responses and reliability of the information.

Combined with the clinical interview, the objective assessment measures will provide a more accurate interpretation of current functioning. Current functioning is highly related with future functioning but not 100%.

Clinical Assessment

A current assessment of depressed feelings that is identified in the clinical interview should also produce an accurate objective measure of depressed symptoms on the measures of personality. The clinical interview will assess how these symptoms of depression are affecting the functioning of the individual. Many individuals manage their work and personal functioning even when there are depressive symptoms present. Similar to Type A personality, there are many who are Type A and function well in their work and personal settings.

Protocol for Security Assessment for Mental Health

Clinical Interview

Personality Measures

Neuropsychological Screening

Determination of Mental Health Stability

Clinical Interview

Education/Work Hx

Family/Support Systems

Past/Current Psychosocial Functioning

- Grief/loss/challenges/expectations

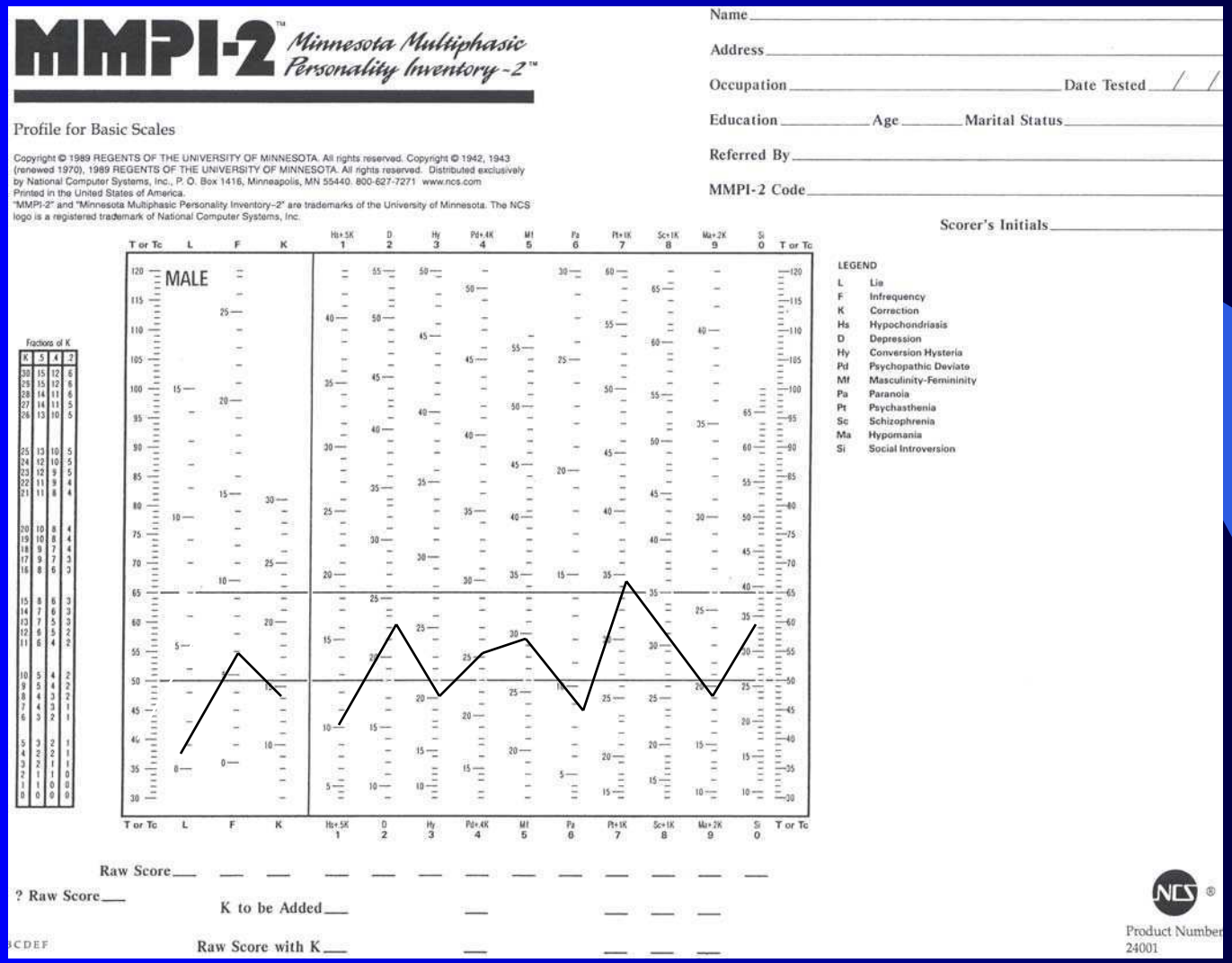
Experienced Professional Interview Takes into account the assessment of:

- voice intonations/rate of speech/non-verbal messages such as facial expressions/posture/gestures

Personality Measure

- MMPI-2
  - Most used, most research data
    - high reliability and validity for psychological measures
  - Has been used with security assessment
    - Peace Officer Clearance
    - Assessment of Fit for Duty by FAA
    - Assessment of NRC workers

MMPI-2



MMPI-2™ Minnesota Multiphasic Personality Inventory-2™

Profile for Basic Scales

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Name _____

Address _____

Occupation _____ Date Tested ___/___/___

Education _____ Age _____ Marital Status _____

Referred By _____

MMPI-2 Code _____

Scorer's Initials _____

MALE

T or Tc | L | F | K | Hs+.5K 1 | D 2 | Hy 3 | Pd+.4K 4 | Mf 5 | Pa 6 | Pt+1K 7 | Sc+1K 8 | Ma+.2K 9 | Si 0 | T or Tc

Fractions of K

K	.5	.4	.2
30	15	12	6
29	15	12	6
28	14	11	6
27	14	11	5
26	13	10	5
25	13	10	5
24	12	10	5
23	12	9	5
22	11	9	4
21	11	8	4
20	10	8	4
19	10	8	4
18	9	7	4
17	9	7	3
16	8	6	3
15	8	6	3
14	7	6	3
13	7	5	2
12	6	5	2
11	6	4	2
10	5	4	2
9	5	4	2
8	4	3	1
7	4	3	1
6	3	2	1
5	3	2	1
4	2	2	1
3	2	1	0
2	1	1	0
1	1	0	0
0	0	0	0

LEGEND

L	Lie
F	Infrequency
K	Correction
Hs	Hypochondriasis
D	Depression
Hy	Conversion Hysteria
Pd	Psychopathic Deviate
Mf	Masculinity-Femininity
Pa	Paranoia
Pt	Psychasthenia
Sc	Schizophrenia
Ma	Hypomania
Si	Social Introversion

Raw Score ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

? Raw Score ___

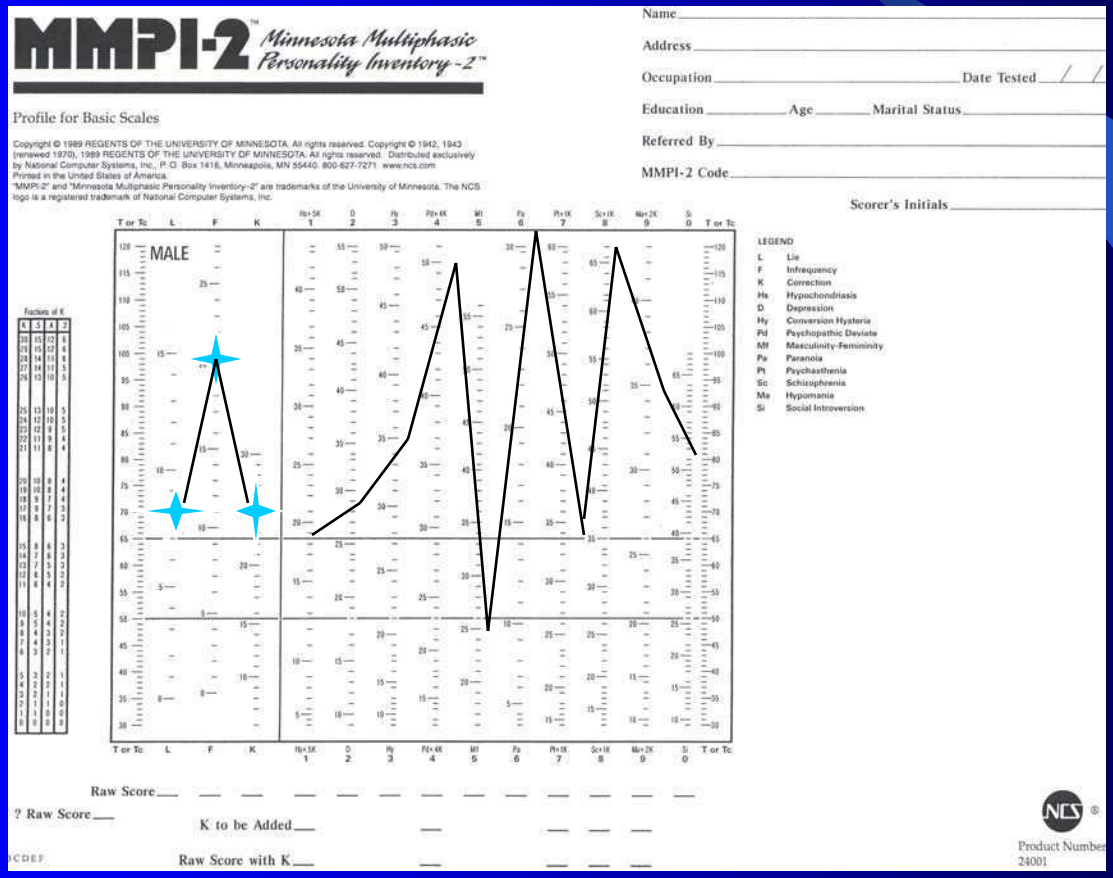
K to be Added ___ ___ ___ ___

Raw Score with K ___ ___ ___ ___

CDEF

Product Number 24001

MMPI-2



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Name

Address

Occupation Date Tested / /

Education Age Marital Status

Referred By

MMPI-2 Code

Scorer's Initials

MALE

LEGEND

L	Lie
F	Infrequency
K	Correction
Hs	Hypochondriasis
D	Depression
Hy	Conversion Hysteria
Pd	Psychopathic Deviate
Mf	Masculinity-Femininity
Pa	Paranoia
Pt	Psychasthenia
Sc	Schizophrenia
Ma	Hypomania
Si	Social Introversion

Raw Score

? Raw Score

K to be Added

Raw Score with K

Product Number 24001

Repeatable Battery for Neuropsychological Screening (R-BANS)

R-BANS

Measures

The RBANS is used in various populations and reliably assesses individual neurocognitive domains in a rapid, efficient manner.

RBANS

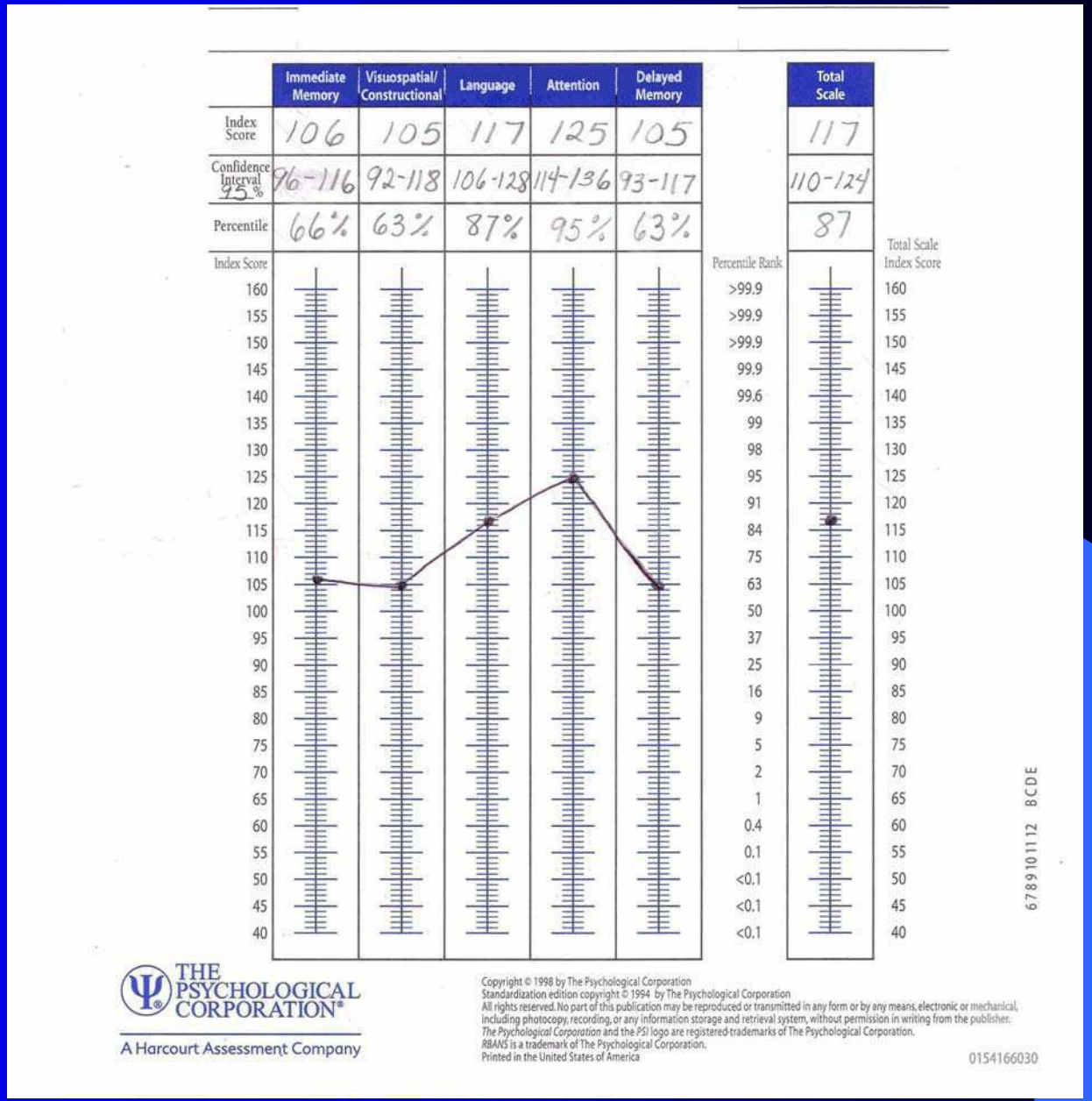
The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) was initially designed as a screening tool for the assessment of dementia (Randolph, 1998). Since its inception, however, it has gained popularity for use with other populations due to its many advantages, including its short administration time, co-normed index scores, inclusion of a summary score, and alternate forms. Recent research has supported the clinical application of the RBANS as a neuropsychological screening tool within various populations, including multiple sclerosis (Beatty, 2004) and cerebrovascular disorders (Larson et al., 2003;

RBANS

Immediate Memory Index
Visuospatial/Constructional Index
Language Index
Attention Index
Delayed Memory Index

Has good internal reliability (ie alpha coefficiencts); has good convergent validity (relationship between raw scores and comparable neuropsychological measures).

RBANS



	Immediate Memory	Visuospatial/ Constructional	Language	Attention	Delayed Memory	Total Scale
Index Score	106	105	117	125	105	117
Confidence Interval 95%	96-116	92-118	106-128	114-136	93-117	110-124
Percentile	66%	63%	87%	95%	63%	87

Index Score	Percentile Rank	Total Scale Index Score
160	>99.9	160
155	>99.9	155
150	>99.9	150
145	99.9	145
140	99.6	140
135	99	135
130	98	130
125	95	125
120	91	120
115	84	115
110	75	110
105	63	105
100	50	100
95	37	95
90	25	90
85	16	85
80	9	80
75	5	75
70	2	70
65	1	65
60	0.4	60
55	0.1	55
50	<0.1	50
45	<0.1	45
40	<0.1	40

6 7 8 9 10 11 12 B C D E

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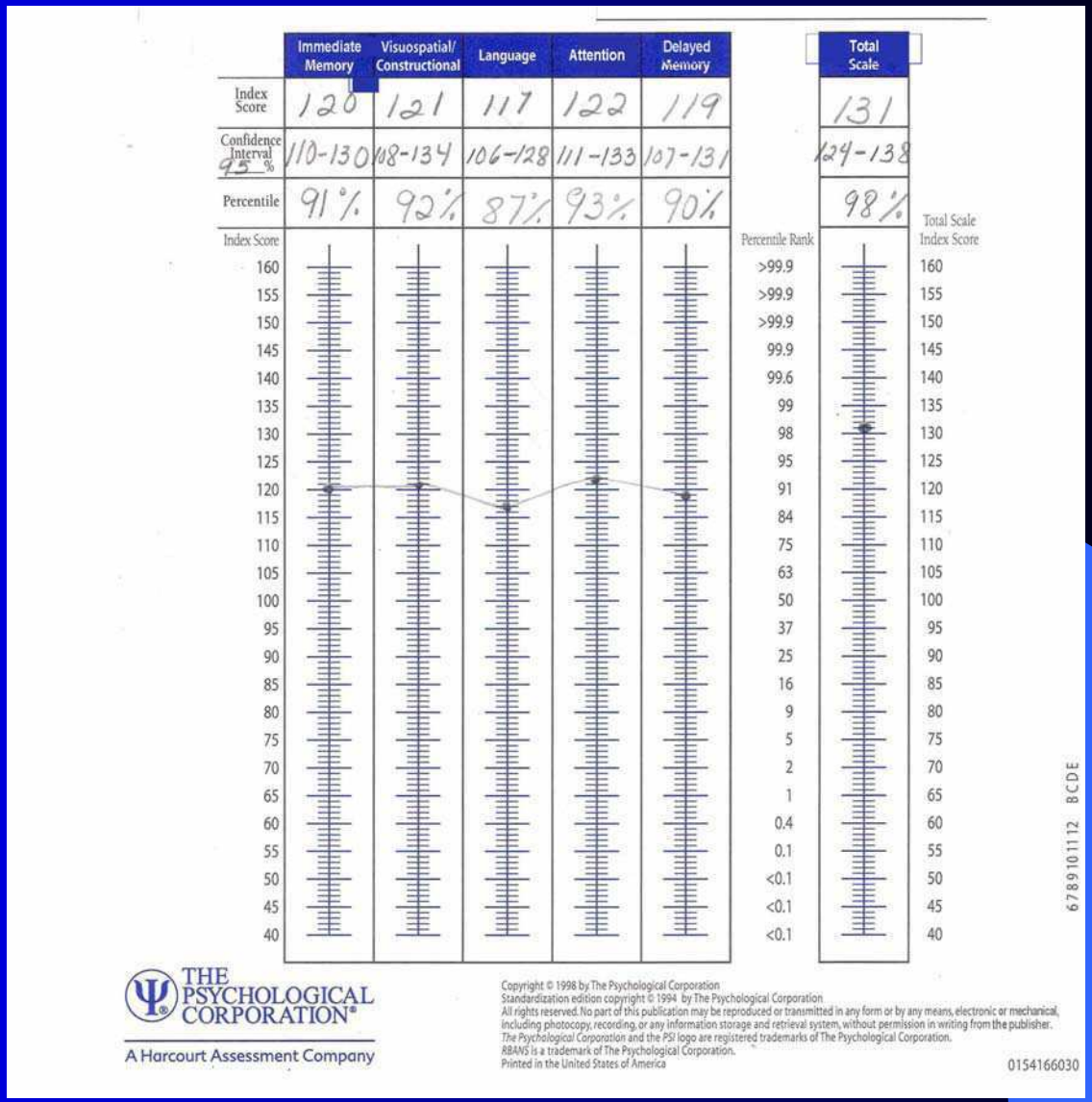
RBANS



	Immediate Memory	Visuospatial/ Constructional	Language	Attention	Delayed Memory	Total Scale
Index Score	120	121	117	122	119	131
Confidence Interval 95 %	110-130	108-134	106-128	111-133	107-131	124-138
Percentile	91 %	92 %	87 %	93 %	90 %	98 %

Index Score	Percentile Rank	Total Scale Index Score
160	>99.9	160
155	>99.9	155
150	>99.9	150
145	99.9	145
140	99.6	140
135	99	135
130	98	130
125	95	125
120	91	120
115	84	115
110	75	110
105	63	105
100	50	100
95	37	95
90	25	90
85	16	85
80	9	80
75	5	75
70	2	70
65	1	65
60	0.4	60
55	0.1	55
50	<0.1	50
45	<0.1	45
40	<0.1	40

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RBANS

Advantages for Security Screening

- Easy to Administer.
- Adds cognitive component to mental health assessment.
- Difficult to try and influence results and adds validity and reliability to the assessment.

Summary

There is no test or assessment that can accurately predict 100% of future behavior

There are psychological evaluations that are designed to assess for consistency of information and when combined with clinical interview and objective measures, it provides an additional layer of screening.

There is a possibility it may result in false positives. This will likely be the result of a misunderstanding of the directions or deliberate intention to answer a certain way. Additional measures can be added when this occurs.