

Major Psychological Assessment Instruments

Charles S. Newmark

MMPI
Rorschach
TAT
House-Tree-Person
Draw-A-Person
Bender-Gestalt

K-ABC
WISC-R
WAIS-R
Halstead-Reitan

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CHARLES S. NEWMARK, *Editor*
University of North Carolina School of Medicine

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*To Steven, Beth, and Erica:
my three children whom I deeply love*

Production Coordinator: Louise A. Lindenberger

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Contributors and Their Affiliations

Jeffrey T. Barth Director of the Neuropsychology Assessment Laboratories, Department of Behavioral Medicine and Psychiatry, University of Virginia Medical School, Charlottesville, Virginia

Arthur Canter Chief, Division of Clinical Psychology, Department of Psychiatry, University of Iowa Hospitals, Iowa City, Iowa

Richard H. Dana Diplomate in Clinical Psychology, Department of Psychology, University of Arkansas, Fayetteville, Arkansas

Philip Erdberg Diplomate in Clinical Psychology, Private Practice in Greenbrae, California

Emanuel F. Hammer Diplomate in Clinical Psychology, Practicing Psychoanalyst in New York, New York

Leonard Handler Associate Director of the Clinical Psychology Training Program, University of Tennessee, Knoxville, Tennessee

Alvin Enis House Department of Psychology, Illinois State University, Normal, Illinois

Randy W. Kamphaus Coordinator of the School Psychology Program, Eastern Kentucky University, Richmond, Kentucky

Alan S. Kaufman Professor of Psychology, California School of Professional Psychology, San Diego, California

Nadeen L. Kaufman Director of the Psychoeducational Clinic, California School of Professional Psychology, San Diego, California

Annette M. LaGreca Coordinator of Clinical-Child/Pediatric Training, Department of Psychology, University of Miami, Coral Gables, Florida

Marjorie L. Lewis Department of Psychology, Illinois State University, Normal, Illinois

Stephen N. Macciocchi Assistant Director of the Neuropsychology Assessment Laboratories, Department of Behavioral Medicine and Psychiatry, University of Virginia Medical School, Charlottesville, Virginia

Victoria Shea Clinical Psychologist in the Division of Development and Learning, University of North Carolina Medical School, Chapel Hill, North Carolina

Sharon A. Stringer Department of Psychology, University of New Orleans, New Orleans, Louisiana



Preface

There are literally hundreds of psychometric instruments focusing on personality, intellectual, and neuropsychological assessment. In general, the literature devoted to these instruments falls into one of two categories: it either provides a cursory examination of numerous instruments or focuses solely on one test. The former approach is impractical and thus has very limited appeal, and the latter more utilized approach can be quite costly.

This text offers in a single source an in-depth examination of the most widely used tests in current psychological assessment practices. More than just a compilation of how to manuals, this book provides the reader with easy access to information concerning the introduction, construction, administration, interpretation, and status of these major tests. The tests are discussed in terms of their basic underlying assumptions, strategies, and issues. In addition, an illustrative case example is presented for each. The intent of this text is to present the core clinical knowledge and foundation necessary for the competent

use of these instruments. As such the book can be used as a core text for courses in both personality and intellectual assessment, thereby sparing the student the expense of purchasing two books. The work is also intended to serve as an invaluable reference for both school and clinical psychologists.

I am extremely appreciative of the authors' significant contributions. Working with such a dedicated, responsible, and reliable group of professionals has been a rewarding experience. All the authors have published extensively and are nationally recognized authorities in their respective areas.

In particular, I would like to thank my former professor at the University of Alabama, Dr. Michael Dinoff. His personal and professional guidance throughout my graduate study and subsequent career has proven invaluable. He has been greatly missed since his death in 1982. Thanks also must be given to Mrs. Debbie Davis for her assistance in typing and proofreading the manuscript.

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Overview of the Assessment Process

Victoria Shea

There was a time when the public thought testing was all that psychologists did. One stereotype consisted of a narrow-minded scientist in a lab coat, holding a stopwatch, and observing the hapless client struggle with a variety of puzzles, buzzers, and blocks. Another image was the faceless, anonymous psychologist, gleaning secrets from projective tests and passing them to the therapist, the *real doctor* who would use the results in some magical, therapeutic manner. Finally, there was the psychological expert working with children, who periodically had to confront anxious parents with confirmation of their child's cognitive limitations on an IQ test.

Eventually psychologists rebelled against these stereotypes, and fought political and public relations battles enabling them to engage in a wider variety of professional activities. Even within the profession, testing became devalued as a low-level, mechanical function which a technician could perform, leaving the psychologist free for more important and interesting activities such as psychotherapy, consultation, and research.

There are many fascinating and valuable areas within the field of psychology including the theme of this chapter: assessment. Most psychologists now distinguish between testing and assessment. Testing is seen as one segment of the assessment process; one which consists of evaluating a referral question, selecting appropriate procedures and tests, administering and scoring tests, interpreting and synthesizing findings, and communicating these effectively to the appropriate persons (e.g., client, referral source, other professionals). Clearly, these procedures require training, skill, and judgment far beyond the technician level. Issues related to each of these segments of assessment will now be reviewed.

EVALUATING REFERRAL QUESTIONS

Most psychologists have rejected the concept of a standard test battery being administered to all clients. Instead, assessment procedures are selected in order to answer specific questions. Thus, the first step in assessment is to clarify the referral question, but this is not always simple.

Sometimes clients are referred for testing by another professional simply for a psychologist's opinion with regard to diagnosis or treatment. The request for testing is merely a vehicle for getting the psychologist involved. In such situations, it may be appropriate for the psychologist to interview or observe the client, review previous test data, or consult with the referring professional, to save the patient the expense and time of retesting.

Other referrals may require testing, but only after the question is clarified. For example, the initial referral might be for overall evaluation, personality assessment, or developmental testing. An exploratory telephone call to the referring professional may result in a more manageable question (e.g., How disturbed is this person? How well-adjusted is this person? Would it be an effective course of action for this person to be hospitalized, toilet-trained, treated psychoanalytically, medicated, incarcerated, mainstreamed into regular classes?). Once such concrete questions are asked, the psychologist can plan the assessment.

SELECTING ASSESSMENT PROCEDURES

Above all, psychologists involved in assessment should hold as a solemn credo that *There is no clinical question for which a set of test scores is a sufficient answer*. Referral questions can be answered only within the context of information about the client's whole life. For

example, what medical conditions may be affecting the client's behavior? What social and environmental factors have influenced the client in the past? If a specific recommendation is made, is anyone available to carry it out?

Sometimes the psychologist's responsibility is only to provide test scores, while someone else integrates the results with information from other sources. This arrangement is often reasonable and efficient. But someone must obtain and incorporate information about the client's history and setting into which the assessment results will be received.

The following chapters will describe the most widely-used and well-known psychological tests. Important as these instruments are, however, they are a minute sample of the standardized psychological tests available today. It is easy for psychologists to restrict themselves to the major tests as specifically taught in graduate school. For some clinical populations this is perfectly appropriate, but psychologists who work with specialized populations (e.g., developmentally delayed, physically handicapped, geriatric, non-English speaking) must be more knowledgeable and flexible in their selection of test instruments.

Psychologists should be familiar with references such as the *Mental Measurements Yearbook* series and *Tests in Print* (Buros, 1961). These sources provide evaluations of tests in terms of psychometric properties and clinical value. Psychologists must also be aware that the American Psychological Association has developed standards for tests, dealing with the technical information available in the test manual. Some tests are commercially available and do not conform to these standards. The mailboxes of most psychologists are replenished weekly with numerous pamphlets from test publishers offering tests that measure and predict all human skills and traits, with near-perfect reliability, often in 15–20 minutes!

In deciding to use a test as part of the assessment, the psychologist must maintain some degree of skepticism about the role of testing. A test instrument is simply "an objective and standardized measure of a sample of behavior" (Anastasi, 1976). Because psychologists have developed tests with standardized administration procedures, large normative samples, and empirically-derived behavioral correlates, psychologists can now give a test to an individual client and have some assurance that results will be more than merely clinical intuition. Thus, valid administration of a psychometrically sound test often makes an important contribution to a complete assessment. No test is magic, however, and all tests are subject to random variability and human error. Tests should be used to augment understanding, rather than form the basis of it.

Two vital additional sources of assessment information are interviews and behavioral observations. In many situations, it is the client who seeks psychological services, thus the client should be in-

interviewed. Topics include: What kind of help/information is the client seeking? What kinds of experiences/problems has the client had in the past? What is the client's age, occupation, education, religion, health status, living arrangement, income? In other situations the client is referred for assessment by someone else such as a parent, teacher, physician, judge, adult child (of an elderly parent), etc. Usually the referring professional will contribute information about the client's difficulties and current status.

Behavioral observations provide an important complement to test performance (and some psychologists argue the reverse: tests are a supplement to behavioral observations). As mentioned previously, the client's test performance is merely a *sample* of behavior. Because this sample is usually obtained while sitting in a room alone with a psychologist, being asked unfamiliar questions or working on novel tasks, it can be argued that this sample of behavior is less representative and predictive of the client's daily functioning than direct observation of his or her behavior in the natural environment. The rebuttal argument is that well-validated tests do predict behavior outside of the testing situation and are a more efficient and practical means of obtaining information. In addition, psychologists can compare an individual's performance to a large normative sample tested under the same conditions. Still, tests are not infallible. Clients may give responses thoughtfully, impulsively, randomly, deceitfully, or erroneously. Only when test performance is integrated with careful observation and skillful interpretation of the client's behavior can appropriate conclusions be drawn.

ADMINISTERING TESTS

Administering psychological tests requires both attention to detail and flexibility. Many tests have standardized directions that must be followed precisely if tests results are to be valid. Thus, for example, if a question on an intelligence test is reworded, it may become either simpler or harder, so a client's response could not legitimately be compared to the test norms. Similarly, on some tests, demonstrations are allowed while on other tests they are not. The psychologist should be carefully trained in the administration of each test. Many psychologists appropriately continue to rely on the test manual for details of administration. Only in specialized settings will a psychologist administer a particular test so frequently that the minutiae of administration are fully memorized.

Attention to the details of administration must be accompanied by attention to the client. Inexperienced test administrators often focus so intently on the test procedures that they lose track of the

client. This is where the importance of clinical skills and flexibility becomes evident. Testing in a clinical setting often requires the client to answer questions or work on tasks that are uncomfortable or difficult. Sometimes clients understand the anticipated benefits from the testing, or are willing to comply with the procedures simply because they are asked to do so. Often, however, the client's cooperation depends on some degree on rapport or relationship with the psychologist. In order to develop this rapport, the psychologist must convey a sense of respect for the client, interest in obtaining the client's most valid responses, and empathy for whatever discomfort the client feels as a result of testing. Simple courtesies such as comfortable seating and temperature, the availability of tissues and an ashtray, and the opportunity to use the restroom should be provided by the psychologist. In addition, while test procedures must be carried out according to standardization, it is still perfectly appropriate to make eye contact, smile, and/or converse briefly between tests items, etc. A discussion of specific techniques for establishing relationships with clients is beyond the scope of this chapter; suggested readings include *The Psychiatric Interview* (Sullivan, 1954) and the chapter on "Interviewing Strategies in Child Assessment" in Walker and Robert's *Handbook of Clinical Child Psychology* (1983).

When certain populations are administered certain tests, it is necessary for the psychologist to be quite directive in managing the client's behavior to complete testing. Examples of such clients include young or hyperactive children, depressed or agitated adults, and mildly rebellious adolescents. The psychologist may need to convince the client to sit down, answer one or two more questions before taking a rest, listen carefully before answering, etc. With such clients the psychologist's goals concern the client's attention to the test task and ability to give reasonable, valid responses. Occasionally psychologists explicitly reward clients, especially children, for paying attention. Typical rewards include praise, the opportunity to engage in a favorite activity, or more concrete reinforcers such as food, small toys, or tokens that can be traded for a larger reward at the end of testing.

When using rewards, the psychologist must be careful to make them contingent on cooperation and attention, rather than on correct answers. In both personality and ability testing there is a danger that the client's responses will be influenced by the psychologist's reactions. Thus, the psychologist must convey the message, both verbally and non-verbally, that "I will accept any response you give as long as you pay attention to the task and respond thoughtfully."

In some situations clients are disturbed or handicapped, therefore, valid and standardized testing cannot be obtained. In these cases the psychologist must rely on clinical observations and interview data to answer the referral questions as accurately as possible.

SCORING TESTS

Most tests have a test blank or protocol to record the client's responses (the major exceptions include the Thematic Apperception Test, the Rorschach, and other drawing tests, which use plain paper). It is important to record the client's responses fully and accurately, so the data can be reviewed, scored, and analyzed. Ideally, additional notes about the client's behavior and performance are made on the test protocol, so the psychologist can see which test items were associated with which behaviors (e.g., when the client saw pictures of a boxing match he or she became agitated and began talking very fast). Some test protocols do not have sufficient room for taking notes, so the psychologist must have additional paper available.

Some clients are oblivious to the psychologist's writing, while others are extremely sensitive to it and attempt to read the notes or scores. The psychologist usually handles these situations by using shorthand, keeping the protocol on a clipboard in his or her lap, and reassuring the client by saying, "I'm just making a note of what you said (did), to help me remember."

In many tests, the psychologist's job includes a sizeable amount of clerical work, e.g., assigning scores to responses, computing ratios, transforming raw scores into standardized scores, obtaining composite scores, etc. Every step in this process is vulnerable to human error, particularly when the psychologist has time constraints. It is always advisable to double-check arithmetic. When unexpected or inconsistent results are obtained, the psychologist's first reaction is to check the scoring prior to hypothesizing about possible reasons for the client's unusual performance.

INTERPRETING RESULTS

When the client has left and the mechanics of scoring are completed, the psychologist needs time to contemplate the wealth of data that has been collected.

The first question, "Are these test scores valid?" must be recognized. Even if the scores are not, valuable observations have been made about the client's behavioral style. The psychologist's responsibility is further complicated when the validity of the results is questionable, e.g., scores seem inflated because of guessing, diminished because of sleepiness, or bizarre because of an attitude of rebelliousness. Sometimes the psychologist decides that test results are essentially accurate, but must be interpreted with more caution than usual. This interpretation must be carefully explained and prominently dis-

played in the psychologist's report. The lay public and other professionals take psychological testing extremely seriously—sometimes too seriously. Often they place more faith in the test results than the psychologist does. It is the psychologist's ethical responsibility to ensure that test results are interpreted correctly, released only with appropriate and informed consent, and used in the client's best interest.

The second question that must be answered when interpreting test results is, "What does the testing add to the understanding of the client?" This question implies, appropriately, that the psychologist's initial understanding of the client is based on history, interview data, and the referral question. The testing, the face-to-face structured contact between psychologist and client is an adjunct supplying additional information. Test results may, for example, identify areas of emotional conflict, illustrate a thought disorder, measure a cognitive deficit, or suggest a pattern of ideas associated with behaviors such as violence, somatizing, depression, etc. This may be helpful for understanding the client's past behavior, predicting future behavior, or current needs. Thus, the psychologist uses test data to develop a more complete understanding of the client.

The third question to be answered is "How should the referral question be answered?" This is a two-part question: the reasons why testing was requested and what other needs or issues identified during the assessment process need to be addressed. For example, a client referred for disability assessment may have significant marital difficulties; a child referred for intelligence testing might display serious emotional and behavioral problems; a woman being evaluated for depression might show evidence of an undiagnosed learning disability. In all cases, the referral question must be answered clearly and fully. The assessment is not considered complete until this is done. In addition, the psychologist must make arrangements for the newly-identified issues to be addressed, whether by further exploration with the client or referral source, additional testing, or referral to another professional. Here again, it is clear that assessment requires high levels of clinical judgment and professional responsibility.

COMMUNICATING RESULTS

Psychologists are usually asked to prepare written reports of assessment results and recommendations. Over the years a standard format for these reports has developed. Like all traditions, this format is usually convenient and helpful, but occasionally counterproductive. The psychologist must remember that the purpose of the report is to