• Computer-based MMPI interpretation systems typically employ powerful actuarial procedures (descriptions of the actual behavior or established characteristics of many test subjects with particular score patterns are stored), but it is difficult to accumulate enough cases of these behaviors to serve as an adequate actuarial database; computerized psychological evaluations are quick, efficient means of giving clinicians needed info early in the decision-making process.

E. A Psychological Case Study: Esteban

IV. The Integration of Assessment Data

A. Ethical Issues in Assessment
• Interpretation of assessment data is done by clinician in private practice, by members of a team in a clinic or hospital; results may determine whether someone is competent to stand trial, will be hospitalized or not, etc.
• Evaluators must keep in mind 1.) Potential Cultural Bias of the Instrument or the Clinician; 2.) Theoretical Orientation of the Clinician- clinician's assumptions, whether he/she is a behaviorist or psychoanalyst; 3.) Underemphasis on the External Situation- too much emphasis on personality characteristics; 4.) Insufficient Validation- some procedures today have not been sufficiently validated (ex. Behavioral observation and behavioral self-report); 5.) Inaccurate Data or Premature Evaluation

V. Classifying Abnormal Behavior

A. Reliability and Validity
• In abnormal psych, classification involves the attempt to delineate meaningful subvarieties of maladaptive behavior; this is done only using precise techniques of psychological or clinical assessment
• Reliability- the degree to which a measuring device produces the same result each time it is used to measure the same thing; validity- the extent to which a measuring instrument actually measures what it is supposed to measure

B. Differing Models of Classification
• 3 basic approaches to classifying abnormal behavior
  1) Categorical Approach- all human behavior can be divided into categories of “healthy” and “disordered”; within the latter there exist discrete, nonoverlapping classes or types of disorder that have a high degree of within-class homogeneity in both symptoms displayed and the underlying organization of the disorder defined (not exactly a realistic approach, as seen w/ comorbidity- when 2 or more identified disorders occur in the same psychologically disordered individual)
  2) Dimensional Approach- a person’s typical behavior is the product of differing strengths or intensities of behavior along several definable dimensions such as mood, emotional stability, aggressiveness, gender identity, anxiousness, interpersonal trust, clarity of thinking and communication, social introversion, etc.; “normal” is discriminated from “abnormal” by precise statistical criteria (percentages on the very high and very low ranges of scales of the attributes above)
  3) Prototypal Approach- prototype- a conceptual entity depicting an idealized combination of characteristics that more of less regularly occur together in a less-than-perfect or standard way at the level of actual observation; ex. The diagnostician could indicate on a 5-point scale the extent to which a patient matches this description

C. Formal Diagnostic Classification of Mental Disorders
• ICD-10 and DSM are similar, but not the same
• Symptoms- the patient’s subjective description/complaints he/she presents about what is wrong; signs- objective observations that the diagnostician might make directly (observation) or indirectly (tests)
• DSM-I came to be in 1952, used by military personnel in World War II, DSM-II came from insights of federally funded research efforts postwar, but the subjective terminology was modified in DSM-III along with additions of Axes IV and V, with the operationalizing of terminology continuing in the revision- DSM-III-R, and the DSM-IV enhanced diagnostic reliability and tried to incorporate cultural and ethnic considerations, while the DSM-IV-TR continued on this path.
• 5 Axes of DSM-IV-TR: Axis I- clinical syndromes or conditions that may be a focus of clinical attention (ex. Depression, schizophrenia); Axis II- personality disorders; Axis III- general medical