

## Term Paper Instructions

This assignment is a **Self-Assessment with Report**. You will take the Myers Briggs Personality Assessment and the Beck Depression Inventory (both of which will be provided mid-session). After having taken these, you will score them, create a report, and submit. The report headings will be: **Reason for Referral, Background History** (psychosocial history, medical / mental health background, substance use/abuse, educational and vocational history, other information), **Evaluation Procedures, Behavioral Observations, Assessment Results, Recommendations, and Summary**.

\*The Myers Briggs Personality Test is available online for free on various sites. Please take it, obtain your 4 letter profile, and review for your information and use.

\*The Beck Depression Inventory is attached for you to take and score.

\*A template is attached for help with your layout, but I am open to your own layout of results. Be creative. This is intended as a learning tool for you to become comfortable with an assessment

# Assessment Report for Personality Assessment

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Date:  
To:  
From:  
Re:

## History and Description of Primary Complaint and Current Related Symptoms

Who Referred

For

Etiology

Symptom Duration

Activity Scale

## Assessment Instruments (examples)

|  |   |
|--|---|
| Clinical Interview                             | Minn. Multiphasic Pers. Inventory (MMPI-2)                    |
| Beck Depression Inventory (BDI)                | Zung Depression Inventory (ZDI)                               |
| Brief Battery for Health Improvement-2 (BBHI2) | Multidimensional Pain Inventory (MPI)                         |
| Battery for Health Improvement-2 (BHI2)        | Beery VMI   |
| Mini-Mental Status Exam (MMSE)                 | Repeatable Battery for Neuropsychological Functioning (RBANS) |
| Seven Minute Screen for Dementia               | Substance Abuse Subtle Screen. Inv. (SASSI-3)                 |
| Millon Clin. Multiaxial Inven. (MCMI-III)      | Validity Indicator Profile (VPI)                              |
| Dementia Rating Scale-2 (DSR2)                 | Halstead-Raitan Neuropsychological Battery (HRB)              |
| Luria-Nebraska (LNB)                           | Millon Behavioral Medicine Diagnostic (MBMD)                  |
| Multidimensional Health Locus<br>Of Control    | Wechsler Adult Intelligence Scale                             |
|  | Wechsler Intelligence Scale for Children                      |

## Presentation

Orientation?

Affect?

Appearance? Dress \_\_\_\_\_ Hygiene \_\_\_\_\_

Speech

Memory/cognitive deficit

Psychosis: \_\_\_\_\_ Thought disorder \_\_\_\_\_ Uncontrolled mood disorder.

**Previous Medical Treatment for Complaint**

Physicians

Procedures

Medications

**Life Disruption From Present Symptoms**

Work

Family

Avocational

Sleep

Appetite

**Commonly Used Coping Mechanisms**

Physical pain and discomfort

Affective discomfort and suffering

**Any Possible Secondary Gain Issues?**

Litigation

Workman's Compensation

Disability

**Addiction Potential**

Does this patient drink – How much/frequently? Any legal (DUI) or social (fights with family) about drinking? Does the client use illicit drugs? How much/frequently? What prescription meds? Ever felt "out of control" on the meds? Ever run out of controlled meds early? Has a doctor ever decided not to refill meds

**General Medical History**

*Conditions* –

*Medication* –

*Allergies* -

**Family Medical and Pain History**

**Current Living Environment**

Who does the client live with? What is the circumstance of the home environment.

**Life History**

Childhood

Reared where?

Parents

Siblings

Discipline

Abuse

Education

Adult

Leaving Home

Marriage(s)

Domestic Abuse

Parental Discipline

Friends

**Work History** --

Where and for how long? What does the client do at this job?

**Avocational Activities** --

Hobbies?

**Previous Psychological Testing and Treatment** --

**Expectation for Treatment Outcome**

**Diagnosis** --

**Summary and Recommendation**

Summary of evaluative instruments

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Recommendation --

### Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
  - 0 ✓ I do not feel sad.
  - 1 I feel sad
  - 2 I am sad all the time and I can't snap out of it.
  - 3 I am so sad and unhappy that I can't stand it.
2.
  - 0 ✓ I am not particularly discouraged about the future.
  - 1 I feel discouraged about the future.
  - 2 I feel I have nothing to look forward to.
  - 3 I feel the future is hopeless and that things cannot improve.
3.
  - 0 ✓ I do not feel like a failure.
  - 1 I feel I have failed more than the average person.
  - 2 As I look back on my life, all I can see is a lot of failures.
  - 3 I feel I am a complete failure as a person.
4.
  - 0 I get as much satisfaction out of things as I used to.
  - 1 ✓ I don't enjoy things the way I used to.
  - 2 I don't get real satisfaction out of anything anymore.
  - 3 I am dissatisfied or bored with everything.
5.
  - 0 ✓ I don't feel particularly guilty
  - 1 I feel guilty a good part of the time.
  - 2 I feel quite guilty most of the time.
  - 3 I feel guilty all of the time.
6.
  - 0 ✓ I don't feel I am being punished.
  - 1 I feel I may be punished.
  - 2 I expect to be punished.
  - 3 I feel I am being punished.
7.
  - 0 ✓ I don't feel disappointed in myself.
  - 1 I am disappointed in myself.
  - 2 I am disgusted with myself.
  - 3 I hate myself.
8.
  - 0 ✓ I don't feel I am any worse than anybody else.
  - 1 I am critical of myself for my weaknesses or mistakes.
  - 2 I blame myself all the time for my faults.
  - 3 I blame myself for everything bad that happens.
9.
  - 0 ✓ I don't have any thoughts of killing myself.
  - 1 I have thoughts of killing myself, but I would not carry them out.
  - 2 I would like to kill myself.
  - 3 I would kill myself if I had the chance.
10.
  - 0 ✓ I don't cry any more than usual.
  - 1 I cry more now than I used to.
  - 2 I cry all the time now.
  - 3 I used to be able to cry, but now I can't cry even though I want to.

11.  
0 I am no more irritated by things than I ever was.  
1 ✓ I am slightly more irritated now than usual.  
2 I am quite annoyed or irritated a good deal of the time.  
3 I feel irritated all the time.
12.  
0 ✓ I have not lost interest in other people.  
1 I am less interested in other people than I used to be.  
2 I have lost most of my interest in other people.  
3 I have lost all of my interest in other people.
13.  
0 ✓ I make decisions about as well as I ever could.  
1 I put off making decisions more than I used to.  
2 I have greater difficulty in making decisions more than I used to.  
3 I can't make decisions at all anymore.
14.  
0 ✓ I don't feel that I look any worse than I used to.  
1 I am worried that I am looking old or unattractive.  
2 I feel there are permanent changes in my appearance that make me look unattractive  
3 I believe that I look ugly.
15.  
0 I can work about as well as before.  
1 ✓ It takes an extra effort to get started at doing something.  
2 I have to push myself very hard to do anything.  
3 I can't do any work at all.
16.  
0 I can sleep as well as usual.  
1 I don't sleep as well as I used to.  
2 ✓ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.  
0 I don't get more tired than usual.  
1 ✓ I get tired more easily than I used to.  
2 I get tired from doing almost anything.  
3 I am too tired to do anything.
18.  
0 ✓ My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have no appetite at all anymore.
19.  
0 ✓ I haven't lost much weight, if any, lately.  
1 I have lost more than five pounds.  
2 I have lost more than ten pounds.  
3 I have lost more than fifteen pounds.

- 20.
- 0 I am no more worried about my health than usual.
  - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
  - 2 ✓ I am very worried about physical problems and it's hard to think of much else.
  - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
  - 1 ✓ I am less interested in sex than I used to be.
  - 2 I have almost no interest in sex.
  - 3 I have lost interest in sex completely.

### INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score 9 Levels of Depression

|         |   |
|---------|---|
| 1-10    | These ups and downs are considered normal |
| 11-16   | Mild mood disturbance                     |
| 17-20   | Borderline clinical depression            |
| 21-30   | Moderate depression                       |
| 31-40   | Severe depression                         |
| over 40 | Extreme depression                        |

[http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck\\_Depression\\_Inventory.pdf](http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck_Depression_Inventory.pdf)