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Review Article

Application of Psychological Assessments in Mental Health Counselling

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Abstract

Psychological assessment of mental health is a vital practice in the field of psychology that facilitates a comprehensive understanding of an individual's cognitive, emotional, and behavioural functioning. This process involves the systematic utilization of diverse assessment tools and techniques to gather valuable information, enabling accurate diagnosis, treatment planning, and an enhanced understanding of an individual's psychological well-being. Through the integration of standardised questionnaires, clinical interviews, and observation, professionals gain insights into an individual's unique mental health condition. This paper explores the significance of psychological assessment in illuminating the intricate aspects of mental health, enabling tailored interventions that contribute to improved overall well-being.

Key Words: psychological assessment; mental health and counselling implications

Introduction

Mental health refers to a person's emotional, psychological, and social well-being, encompassing their ability to handle stress, relate to others, and make choices. It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. The history of mental health counselling was traced to the origins of philosophy on mental health from early Greek and Roman philosophers; the inhumane and humane treatments of those suffering from mental illnesses in the Middle Ages; the relevance of counselling in mental health as a profession during World War II, and the history of modern counselling in mental health paved the way for a distinct identity as a mental health counsellor (Gerig, 2014; Miguel, 2018).

Mental health is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community (World Health Organization, 2001).

Mental health can also be understood as a dynamic state that involves a balance between one's cognitive, emotional, and behavioural faculties. According to Corey Keyes, a psychologist known for his work on the "dual continua model," mental health is not simply the absence of mental illness, but rather a continuum that ranges from languishing (low well-being) to flourishing (high well-being). This perspective underscores the importance of positive psychological functioning in addition to the absence of distress (Keyes, 2002).

Another influential concept in the field of mental health is the biopsychosocial model, which was proposed by George Engel. This model suggests that mental health is influenced by a combination of biological, psychological, and social factors. It emphasises the interconnectedness of these factors in shaping an individual's overall well-being (Engel, 1977).

Mental health is often described in terms of resilience and the ability to adapt to life's challenges. Ann Masten, a psychologist, emphasizes the concept of resilience as the capacity to "navigate adversity in ways that result in competent functioning and well-being." This perspective underscores the dynamic nature of mental health and the importance of developing coping skills to effectively deal with stressors (Masten, 2001).

Mental health can also be seen through a positive psychology lens, as proposed by Martin Seligman. He introduced the concept of "well-being theory," which focuses on five key elements: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA). According to this theory, mental health involves not only the absence of distress but also the presence of positive aspects that contribute to a fulfilling life (Seligman, 2011).

The assessment invite clients to respond to questions about their mental state and subjective experiences. Psychologists and therapists depend on assessment tools to make decisions about the best course of treatment for clients seeking support for their mental health. Assessing mental health involves a multifaceted approach, encompassing both psychological. This

methodologies provide insights into an individual's emotional well-being, cognitive functioning, and overall mental state.

Psychological assessment is a critical component of understanding and evaluating mental health and ill-health. It involves the systematic collection of information to diagnose, describe, and predict behaviour. Various methods and tools are used to assess an individual's emotional, cognitive, and behavioural functioning (Celestine, 2021).

Therefore, Psychological assessment of mental health involves the use of various tools, tests, and techniques to evaluate an individual's cognitive, emotional, and behavioural functioning. It aims to provide valuable information for diagnosis, treatment planning, and understanding a person's overall psychological well-being. Assessments can range from standardised questionnaires to clinical interviews, helping professionals gain insights into a person's mental health condition and tailor effective interventions.

Psychological Assessment of Mental Health

1. Minnesota Multiphasic Personality Inventory (MMPI), developed by Hathaway and McKinley in 1943, is a widely used self-report questionnaire that assesses various psychological disorders and personality traits. It provides insights into an individual's mental health and potential psychopathology.

Minnesota Multiphasic Personality Inventory (MMPI-2)

First published in 1989, the MMPI-2 is the world's most widely used psychometric test for measuring mental health ailments that feature as forms of psychopathology (Rogers, Robinson, & Jackson, 2016).

The scale features true–false statements, which assess 10 clinical sub-scales (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989):

- 1. Hypochondriasis
- 2. Depression
- 3. Hysteria
- 4. Psychopathic deviate
- 5. Masculinity/Femininity
- 6. Paranoia
- 7. Psychasthenia
- 8. Schizophrenia
- 9. Hypomania
- 10. Social introversion

In addition to these 10 primary clinical scales, the MMPI-2 contains three sub-scales to detect lying, defensiveness, and inconsistent responses. It features many additional content scales assessing specific cognitions, behaviours, physical experiences, and motivations, such as self-doubt, competitive drive, and gastrointestinal issues (Celestine, 2021).

2. Beck Anxiety Inventory (BAI), developed by Beck and Steer in 1990, is a self-report measure widely used to assess the severity of anxiety symptoms in adults and adolescents. It covers both physiological and cognitive symptoms of anxiety.

Commonly used mental health assessment is the Beck Anxiety Inventory. This inventory is a brief self-report test used to assess the severity of symptoms of anxiety. It includes detailed scoring to help practitioners identify whether clients' presenting symptoms of anxiety are within a normal range or severe and debilitating.

The scale comprises 21 common symptoms of anxiety. Examples include:

- ➤ Hands trembling
- > Fear of dying
- ➤ Hot/cold sweats

Respondents indicate the frequency with which each symptom has bothered them for the past month on a 4-point scale, where 0 is 'not at all,' and 3 is 'severely – it bothered me a lot.' (Celestine, 2021).

3. Beck Depression Inventory (BDI):

The BDI, developed by Beck and colleagues in 1961, is a widely used self-report questionnaire that measures the severity of depressive symptoms. It assesses cognitive, affective, and physiological aspects of depression, helping clinicians monitor changes in symptomatology over time.

Self-report questionnaires, such as the Beck Depression Inventory (BDI), are valuable tools in assessing mental health conditions, allowing individuals to provide insights into their emotional experiences. Developed by Aaron T. Beck and his colleagues, the BDI is a widely used measure for quantifying the severity of depression symptoms (Beck, et.al., 1961),

The BDI consists of a series of questions that individuals respond to base on their experiences over the past two weeks. The questions cover various emotional and cognitive aspects related to depression, such as feelings of sadness, guilt, and worthlessness. Each item is scored on a scale, and the total score provides an indication of the severity of depressive symptoms.

One of the advantages of the BDI is its ease of use and accessibility. It can be administered quickly and is particularly useful for tracking changes in depression symptoms over time. However, it is important to note that the BDI is a self-report measure, meaning that the accuracy of the results depends on the individual's ability to reflect honestly on their experiences.

The BDI has been widely validated and has demonstrated good reliability and validity across different populations and cultures (Beck et al., 1988). It has also been updated over the years, with variations like the BDI-II offering improvements and refinements.

While self-report questionnaires like the BDI provide valuable insights into an individual's emotional state, they should ideally be used in conjunction with other assessment methods, such as clinical interviews, for a comprehensive understanding of mental health conditions.

Finally, a standard complement to the Beck Anxiety Inventory is the Beck Depression Inventory. Again, this inventory consists of 21 items and contains detailed scoring information to indicate whether symptoms are in a normal range or severe.

Respondents complete each item of the scale by selecting the statement that best reflects their current emotional state. For example, the first item and accompanying scoring are as follows:

- \triangleright 0 I do not feel sad.
- ► 1 I feel sad.
- \triangleright 2 I am sad all the time, and I can't snap out of it.
- > 3 I am so sad and unhappy that I can⁵t stand it. (Source: Celestine, 2021).

4. Dissociation – Brief Dissociative Experiences Scale

Dissociation is a common characteristic of a range of mental health disorders, including post-traumatic stress disorder and bipolar disorder (Hariri et al., 2015). Therefore, when clients show signs of dissociation, it may be wise to administer an assessment.

One widely used test assessing dissociation is the Brief Dissociative Experiences Scale.

This measure consists of eight items assessing the frequency with which a client has experienced various dissociative symptoms over the past seven days.

Example items from the scale are:

- I find myself staring into space and thinking of nothing.
- People, objects, or the world around me seem strange or unreal.
- When I am alone, I talk out loud to myself.

All items are presented on 5-point scales, where 0 is 'not at all,' and 4 is 'more than once a day.'

5. Misophonia – Amsterdam Misophonia Scale

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Misophonia is defined as a relatively unexplored chronic condition in which a person experiences autonomic arousal (analogous to an involuntary 'fightor-flight' response) to certain innocuous or repetitive sounds such as chewing, pen clicking, and lip smacking (Edelstein, Brang, Rouw, & Ramachandran, 2013).

The experience of Misophonia can compel someone to avoid situations that may trigger this autonomic arousal, potentially making it difficult to work and socialize. Misophonic experiences have the potential to negatively impact mental health and quality of life.

One tool for assessing the experience of misophonia is the Amsterdam Misophonia Scale (Schröder, Vulink, & Denys, 2013).

This scale comprises six items assessing different features of misophonic experiences, including their frequency and the extent to which they disrupt a patient's day-to-day functioning.

Example items from the scale are:

- How much of your time is occupied by misophonic sounds?
- How much distress do the misophonic sounds cause you?
- How much effort do you make to resist the (thoughts about the) misophonic sounds?

$\hbox{\bf 6. Intolerance of Uncertainty} - \hbox{\bf Intolerance of Uncertainty Scale Short Form}$

The inability to tolerate uncertainty can have direct deleterious effects on mental wellbeing, how a client tolerates uncertainty may sometimes be a relevant focus for assessment (Celestine, 2021).)

The Short Form Intolerance of Uncertainty Scale (Carleton, Norton, & Asmundson, 2007) is one of the most commonly used scales for assessing uncertainty intolerance and its effects on mental health.

This scale consists of 12 items asking respondents to indicate the extent to which they agree with a list of statements.

Example items from the scale are:

- > Unforeseen events upset me greatly.
- I can't stand being taken by surprise.
- > The smallest doubt can stop me from acting.

7. Structured Clinical Interviews:

Structured Clinical Interview for DSM Disorders (SCID) developed by First et al. (1995) is a comprehensive tool used by clinicians to diagnose a wide range of mental disorders.

Structured clinical interviews, like the Structured Clinical Interview for DSM-5 (SCID-5), offer a comprehensive evaluation of psychiatric disorders. They involve a set of standardized questions and probes to ensure consistent and thorough assessments by clinicians.

Structured Clinical Interviews (SCIs) are systematic and standardized methods for assessing mental health conditions. They provide a structured framework for clinicians to gather information, make diagnoses, and ensure consistency across assessments. One notable example is the Structured Clinical Interview for DSM-5 (SCID-5), developed by Michael B. First and his colleagues.

The SCID-5 follows the diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). It is designed to be administered by trained clinicians and offers a comprehensive set of questions for each disorder, covering symptoms, duration, and impairment. The structured nature of the interview reduces the potential for bias and ensures that all relevant criteria are addressed.

Structured clinical interviews like the SCID-5 are particularly useful when assessing complex or severe mental health conditions, as they guide the clinician through a thorough evaluation process. They enhance diagnostic accuracy and reliability by minimizing variability in questioning and interpretation (First et al., 2015).

However, it is important to note that structured interviews might not capture the full complexity of an individual's experiences. Clinicians should use their judgment and combine the interview findings with other assessment methods to form a comprehensive understanding of the individual's condition.

8. Generalized Anxiety Disorder 7 (GAD-7):

Generalized Anxiety Disorder 7 (GAD-7) scale developed by Kroenke and colleagues in 2006, used to assess the severity of anxiety symptoms. According to Spitzer et al., (2006), the GAD-7 is a brief self-report tool designed to assess the presence and severity of generalized anxiety disorder symptoms. It aids in identifying anxiety-related issues and tracking treatment progress.

9. Mini International Neuropsychiatric Interview (MINI):

Mini International Neuropsychiatric Interview (MINI), a structured diagnostic interview developed by Sheehan and colleagues in 1998. MINI covers a range of psychiatric disorders and follows criteria from the DSM-IV and ICD-10. It provides a standardized approach to diagnosing mental disorders, enhancing the reliability of assessments.

The Mini International Neuropsychiatric Interview (MINI) is a structured diagnostic interview developed by Sheehan and colleagues to assess a wide range of psychiatric disorders. Designed for use by trained clinicians, the MINI serves as a valuable tool in diagnosing mental health conditions based on criteria from both the DSM-IV and ICD-10.

The MINI's structured format ensures consistent administration and covers major mental health disorders, including mood disorders (depression, bipolar disorder), anxiety disorders (panic disorder, social phobia), psychotic disorders (schizophrenia), substance use disorders, and more. It is comprehensive nature allows clinicians to quickly and reliably identify the presence of various mental health issues in a systematic manner (Sheehan et al., 1998)

One of the strengths of the MINI is its brevity, making it suitable for use in clinical practice, research settings, and epidemiological studies. The interview is divided into modules, each targeting a specific disorder. This modular approach enables flexibility in assessment, allowing clinicians to focus on relevant areas of concern.

The MINI has demonstrated good validity and reliability when compared to other diagnostic instruments (Lecrubier et al., 1997). It offers an efficient way to screen for a range of psychiatric disorders and provides a structured framework for making accurate diagnoses.

10. Neuropsychological testing:

Neuropsychological testing is a specialized form of assessment that evaluates cognitive functions, brain-behaviour relationships, and neurological conditions. These tests offer insights into an individual's cognitive strengths and weaknesses, helping to diagnose and understand cognitive impairments, brain injuries, and neurodevelopmental disorders.

• Wechsler Adult Intelligence Scale (WAIS)

One commonly used neuropsychological test is the Wechsler Adult Intelligence Scale (WAIS), developed by David Wechsler in 1955. The WAIS assesses various cognitive domains, including verbal comprehension, perceptual reasoning, working memory, and processing speed. It provides a comprehensive profile of an individual's cognitive abilities and can be used for clinical and research purposes (Wechsler, 1955).

• Trail Making Test

Another test, the Trail Making Test, assesses cognitive flexibility, attention, and visual-motor skills. It involves connecting numbered circles in order while alternating between numbers and letters. This test, developed by Reitan and Wolfson (1985), is widely used to evaluate executive functions and is particularly useful for detecting deficits associated with neurological conditions.

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Neuropsychological tests are valuable for diagnosing conditions like traumatic brain injury, stroke, dementia, and attention-deficit/hyperactivity disorder (ADHD). These tests provide objective measures of cognitive functioning, allowing clinicians to track changes over time and evaluate the effectiveness of interventions.

It is important to recognize that neuropsychological testing should be conducted by trained professionals who understand the nuances of brainbehavior relationships and test administration. A comprehensive assessment often includes multiple tests to provide a well-rounded understanding of an individual's cognitive abilities is a specialized form of assessment that evaluates cognitive functions, brain-behaviour relationships, and neurological conditions. These tests offer insights into an individual's cognitive strengths and weaknesses, helping to diagnose and understand cognitive impairments, brain injuries, and neurodevelopmental disorders.

Implications for Counselling

The implications of psychological assessment for counselling are multifaceted which include:

- 1. Informed Interventions: Psychological assessments provide counselors with a deeper understanding of clients' mental health issues, enabling them to design more targeted and effective interventions. This personalized approach enhances the likelihood of positive outcomes.

 2. Treatment Planning: Accurate assessment results aid counselors in developing tailored treatment plans. These plans can address specific areas of concern, taking into account clients' unique strengths and challenges, ultimately enhancing the effectiveness of the therapeutic process.
- 3. Holistic Understanding: Through assessments, counsellors gain a comprehensive view of clients' cognitive, emotional, and behavioral patterns. This holistic understanding helps counsellors identify underlying factors contributing to clients' mental health struggles, leading to more insightful therapeutic discussions.
- 4. Measurement of Progress: Assessments provide a baseline for measuring clients' progress over time. Regularly administered assessments can help counselors track improvements, identify setbacks, and make necessary adjustments to treatment plans.
- 5. Client Empowerment: Involving clients in the assessment process can empower them by fostering self-awareness and insight into their own mental health. This self-awareness can be a catalyst for personal growth and active participation in the counseling journey.
- 6. Cultural Sensitivity: Psychological assessments can be adapted to consider cultural factors that influence clients' experiences and expressions of mental health. This promotes culturally sensitive counseling approaches that resonate with clients' backgrounds.
- 7. Ethical Considerations: Effective assessments require ethical administration and interpretation to ensure client privacy, consent, and well-being. Counsellors must navigate ethical dilemmas related to confidentiality, informed consent, and the potential impact of assessment results on clients.
- 8. Collaborative Relationship: Sharing assessment findings with clients fosters a collaborative counsellor-client relationship. This transparency promotes trust, as clients understand that interventions are tailored to their specific needs and challenges.
- 9. Differential Diagnosis: Accurate assessment helps counselors differentiate between various mental healths conditions, enabling more precise diagnosis.

This accuracy is crucial for developing appropriate treatment strategies.

10. Research and Evaluation: Aggregated assessment data can contribute to research efforts aimed at understanding the efficacy of different counseling approaches. This ongoing evaluation supports the evolution of evidence-based practices.

Conclusions

The integration of psychological assessment into counselling practice holds significant promise for enhancing the effectiveness and impact of therapeutic interventions. By systematically evaluating clients' cognitive, emotional, and behavioral aspects, counsellors can gain valuable insights that inform diagnosis, treatment planning, and progress monitoring. This comprehensive understanding allows for tailored and evidence-based interventions that address clients' unique challenges while capitalizing on their strengths. Ethical considerations, cultural sensitivity, and client collaboration are paramount throughout the assessment process. Moreover, the continual pursuit of professional development and the adaptation of assessment approaches ensure that counselors remain well-equipped to navigate the evolving landscape of mental health care. Ultimately, the thoughtful incorporation of psychological assessment amplifies the counselor's ability to guide clients towards improved psychological well-being, fostering resilience, growth, and meaningful change.

Psychological assessment plays a crucial role in identifying and understanding mental health conditions. These assessments offer valuable insights into an individual's emotional and cognitive well-being, guiding treatment and interventions.

Recommendations

Recommendations for effectively integrating psychological assessment into counseling practice:

- Training and Competency: Counsellors should receive comprehensive training in administering, interpreting, and utilizing various assessment tools. Continuing education and staying updated on the latest assessment techniques are crucial for maintaining competency.
- Holistic Approach: Employ a holistic assessment strategy that considers cognitive, emotional, and behavioural aspects of clients' mental health. This approach provides a well-rounded understanding of their challenges and strengths.
- Client-Centered Approach: Involve clients in the assessment process, explaining the purpose and benefits of assessments.
 Collaborate with clients to select assessment tools that align with their needs and goals.
- Cultural Competence: Be culturally sensitive when selecting and interpreting assessments. Consider clients' cultural backgrounds, ensuring that assessment tools are relevant and unbiased.
- Ethical Considerations: Adhere to ethical guidelines regarding informed consent, confidentiality, and the potential impact of assessment results on clients' well-being. Clearly communicate the limits of confidentiality when discussing assessment outcomes.
- Integration with Treatment: Integrate assessment findings into treatment planning. Tailor interventions to address specific challenges identified through assessments, while also building on clients' strengths.
- Regular Assessment: Administer assessments at appropriate intervals to monitor clients' progress. Regular assessments provide a dynamic view of clients' mental health journeys and guide adjustments to treatment plans.
- Feedback and Collaboration: Provide clients with feedback on assessment results in a sensitive and empathetic manner. Encourage clients to share their thoughts and feelings about the findings, fostering a collaborative therapeutic relationship.
- Evidence-Based Practices: Utilize assessment tools with demonstrated reliability and validity. Base interventions on evidence-based practices supported by research and clinical experience.
- Interdisciplinary Collaboration: Collaborate with other professionals, such as psychiatrists, medical doctors, and

- educators, to gain a holistic understanding of clients' well-being and coordinate care effectively.
- Flexibility: Recognise that assessments are tools, not rigid frameworks. Adapt assessments based on individual clients' needs, goals, and preferences.
- Ongoing Professional Development: Stay updated on advancements in assessment methodologies, technologies, and research. Attend workshops, conferences, and engage in peer discussions to enhance assessment skills.
- Documentation: Maintain accurate and thorough documentation of assessment procedures, results, and interpretations. These records aid in treatment planning, tracking progress, and ensuring continuity of care.
- Client Empowerment: Help clients understand their assessment results and encourage them to actively engage in the treatment process. Empower clients to take ownership of their mental health journey.
- Reflective Practice: Regularly reflect on the integration of assessment into counselling practice. Consider the impact of assessments on clients' outcomes and make adjustments as needed.

By following these recommendations, counsellors can harness the power of psychological assessment to enrich their practice, enhance client outcomes, and provide a more personalized and effective counseling experience.

References

- Beck, A. T., & Steer, R. A. (1990). Manual for the Beck Anxiety Inventory. Psychological Corporation.
- Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4(6), 561-571.
- 4. Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B. (1989). Manual for administration and scoring: MMPI-2. University of Minnesota Press.
- Carleton, R. N., Norton, M. P. J., & Asmundson, G. J. (2007). Fearing the unknown: A short version of the Intolerance of Uncertainty Scale. *Journal of Anxiety Disorders*, 21(1), 105-117.
- Celestine, N. (2021). 12 Most Reliable Mental Health Assessment Tools.
- Edelstein, M., Brang, D., Rouw, R., & Ramachandran, V. S. (2013). Misophonia: Physiological investigations and case descriptions. Frontiers in Human Neuroscience, 7, 296.
- Engel, G. L. (1977). The Need for a New Medical Model: A Challenge for Biomedicine. Science, 196(4286), 129-136.
- 9. First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1995). Structured Clinical Interview for DSM-IV Axis I Disorders Patient Edition (SCID-I/P, Version 2.0). Biometrics Research Department, New York State Psychiatric Institute.

- First, M. B., Williams, J. B., Karg, R. S., & Spitzer, R. L. (2015).
 Structured Clinical Interview for DSM-5—Research Version (SCID-5-RV). American Psychiatric Association.
- Gerig, M. S. (2014). Foundations for clinical mental health counseling: an introduction to the Upper Saddle River, NJ: Pearson.
- Hathaway, S. R., & McKinley, J. C. (1943). A multiphasic personality schedule (Minnesota): I. Construction of the schedule. *Journal of Psychology*, 16(2), 73-80.
- 13. Keyes, C. L. M. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Behaviour*, 43(2), 207-222.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2006). The PHQ Validity of a brief depression severity measure.
 Journal of General Internal Medicine, 16(9), 606-613.
- Lecrubier, Y., Sheehan, D. V., Weiller, E., Amorim, P., Bonora, I., Harnett Sheehan, K., & Dunbar, G. C. (1997). The Mini International Neuropsychiatric Interview (MINI). A short diagnostic structured interview: reliability and validity according to the CIDI. European Psychiatry, 12(5), 224-231.
- 16. Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. *American Psychologist*, 56(3), 227-238.
- 17. Miguel, M. (2018). The History of Mental Health Counseling.
- Reitan, R. M., & Wolfson, D. (1985). The Halstead-Reitan Neuropsychological Test Battery: Theory and clinical interpretation. Neuropsychology Press.
- Rogers, R., Robinson, E. V., & Jackson, R. L. (2016). Forensic psychiatry and forensic psychology: Malingering and related response styles. In J. Payne-James & R. W. Byard (Eds.), Encyclopedia of forensic and legal medicine (2nd ed.) 627–633.
- Seligman, M. E. P. (2011). Flourish: A Visionary New Understanding of Happiness and Well-being. Free Press.
- Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., & Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal of clinical psychiatry*
- 22. Schröder, A., Vulink, N., & Denys, S. (2013). Misophonia: Diagnostic criteria for a new
- 23. Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.
- 24. Wechsler, D. (1955). Manual for the Wechsler Adult Intelligence Scale. Psychological Corporation.
- 25. World Health Organization. (2001). The World Health Report 2001: Mental Health: New Understanding, New Hope. Geneva: World Health Organization.



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