

## Eksamensoppgaver

Psypro 4416: Anvendt og klinisk personlighetspsykologi

Vår 2019

**Besvarelsen skal være maskinskrevet med linjeavstand 1,5 og fontstørrelse 12.**

**NB! Alle tre oppgaver (A-C) med ledsagende spørsmål skal besvares.**

Oppgave A: PAI (vedlegg 1).

En pasient har blitt henvist til deg for en diagnostisk utredning og psykologisk behandling. En del av dine rutiner knyttet til utredningsprosessen før du starter opp med selve behandlingen er å gi pasienten en PAI slik at du kan danne deg et klinisk bilde over problemområder og hvilke tema du skal fokusere behandlingen mot. Vedlagt er skåringsprofilen fra en mann i 40-årene.

Gjør følgende for å besvare oppgaven:

1. Vurder validiteten av profilen.
2. Gjør en vurdering av psykologiske problemområder, og drøft også ulike diagnostiske kategorier som kan være aktuelle for pasienten.
3. Redegjør for pasientens selvilde, interpersonlige profil og hvordan han oppfatter sitt sosiale miljø.
4. Hvilke anbefalinger kan gis i forhold til videre utredning og behandling?

Besvarelsen bør være på 3-4 sider, og skal utformes som en testrapport

### Oppgave B: NEO-PI-3 (vedlegg 2).

Ta utgangspunkt i profilarket som er vedlagt. Sumskårene er: N: 103; E: 114; Å: 144; M: 144 og P:108.

Kontekst: Profilbeskrivelsen skal skrives til personen, som er en 30 år gammel mann med bachelorgrad i musikkvitenskap.

Testen er tatt i forbindelse med karriererådgiving og jobbsøkerkurs. Personen har falt utenfor arbeidslivet og har nylig vært gjennom en mild-moderat depresjon utløst av et samlivsbrudd. Han har hatt problemer med å få seg jobb, på tross av at han har bred arbeidserfaring og gode referanser fra tidligere jobber.

Tilbakemeldingen skal inneholde en kort oppsummering av profilen som vektlegger hovedinntrykket (ca. 1-1 og ½ side). Hovedfokuset i resten av profilbeskrivelsen (ca. 1-1 og ½ side) skal vektlegge implikasjoner knyttet til karrierevalg, håndtering av jobb og interpersonlig fungering. Vektlegg både styrker/muligheter og utfordringer knyttet til personlighetsprofilen. Det er viktig at profiltilbakemeldingen har nytteverdi og at det ikke er kun en gjengivelse av manualen.

### Oppgave C: MMPI-2 (vedlegg 3).

Pasienten er en kvinne som har blitt henvist til deg for en diagnostisk utredning.

1. Vurder protokollens validitet (konsistens og holdning til testingen).
2. Gi en utførlig beskrivelse av pasientens personlighetsmessige fungering på bakgrunn av din tolkning av profilen (f. eks stress og reaksjonsmåter, symptomer, personlighetstrekk, interpersonlig atferd, tentativ diagnose, etc.).
3. På bakgrunn av beskrivelsen gitt under spørsmål 2, hvilke anbefalinger kan gis i forhold til videre utredning og behandling?

Besvarelsen bør være på 3-4 sider, og skal utformes som en testrapport.

# Sensorveiledning psypro4416 (våren 19)

## PAI

### **Validity of Test Results**

The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, the number of uncompleted items is within acceptable limits.

Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that he did attend appropriately to item content and responded in a consistent fashion to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. Certain of these indicators fall outside of the normal range, suggesting that the respondent may not have answered in a completely forthright manner; the nature of his responses might lead the evaluator to form a somewhat inaccurate impression of the client based upon the style of responding described below. With respect to positive impression management, the client's pattern of responses suggests that he has somewhat of a tendency to present himself in a favorable light, relatively free of common shortcomings or problems that many individuals will admit to experiencing. This may lead to a reluctance to admit to minor faults and minimization of problems or other areas where functioning might be less than optimal. Although this level of defensiveness is not sufficient to render the test results invalid, the interpretive hypotheses in this report should be reviewed with caution, and it should be recognized that the following report may underrepresent the extent and degree of any significant findings in some areas. Particular attention should be paid to the possibility of denial of problems with drinking or drug use, as the respondent described certain personality characteristics that are often associated with involvement with alcohol or drugs. Given the impression management features noted above, he may be hesitant to disclose information about the extent of his use or the impairment that arises from such problems.

With respect to negative impression management, there is no evidence to suggest that the respondent was motivated to portray himself in a more negative or pathological light than the clinical picture would warrant.

## **Clinical Features**

The PAI clinical profile is marked by a significant elevation on the ANT scale, indicating that the content tapped by this scale may reflect a particular area of difficulty for the respondent.

He describes a personality style that is consistent with a number of antisocial character features. His responses suggest that he has a history of antisocial behavior and may have manifested a conduct disorder during adolescence. He may have been involved in illegal occupations or engaged in criminal acts involving theft, destruction of property, and physical aggression toward others. He is likely to be egocentric, with little regard for others or the opinions of the society around him. In his desire to satisfy his own impulses, he may take advantage of others and have little sense of loyalty, even to those who are close to him. Although he may describe feelings of guilt over past transgressions, he likely feels little remorse of any lasting nature. He would be expected to place little importance on his social role responsibilities. His behavior is also likely to be reckless; he can be expected to entertain risks that are potentially dangerous to himself and to those around him.

The respondent describes certain problems potentially associated with elevated and variable mood. Although he may view himself as active, outgoing, ambitious, and self-confident, others may perceive him as impatient and somewhat demanding.

According to the respondent's self-report, he describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; undue suspiciousness or hostility; extreme moodiness and impulsivity; unhappiness and depression; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health or physical functioning. Also, he reports NO significant problems with alcohol or drug abuse or dependence. However, attention should be paid to the possibility of denial of problems with drinking or drug use, as the respondent described certain personality characteristics that are often associated with involvement with alcohol or drugs.

## **Self-Concept**

The self-concept of the respondent appears to involve a generally stable and positive self-evaluation. He is normally a confident and optimistic person who approaches life with a clear sense of purpose and distinct convictions. These characteristics are valuable in that they allow him to be resilient and adaptive in the face of most stressors. He describes being reasonably self-satisfied, with a well-articulated sense of who he is and what his goals are.

## **Interpersonal and Social Environment**

The respondent's interpersonal style seems best characterized as being domineering and overcontrolling. He has strong needs to control others and expects respect and admiration in return. He may be driven to appear competent and authoritative, and likely has little tolerance for those who disagree with his plans and desires. Others probably view him as being rather overbearing and dictatorial. Although able to express some degree of warmth, his need to be in control in relationships probably taxes the endurance of those who are close to him. He is probably quite uncomfortable about the prospects of appearing weak, submissive, or passive.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, his responses indicate that he experiences his level of social support as being somewhat lower than that of the average adult. He may have relatively few close relationships or be dissatisfied with the quality of these relationships. However, he reports relatively little stress arising from this or other major life areas.

## **Treatment Considerations**

Treatment considerations involve issues that can be important elements in case management and treatment planning. Interpretation is provided for three general areas relevant to treatment: behaviors that may serve as potential treatment complications, motivation for treatment, and aspects of the respondent's clinical picture that may complicate treatment efforts.

With respect to anger management, the respondent describes himself as someone who is not intimidated by confrontation; he can probably be verbally aggressive at relatively low levels of provocation. He will tend to display his anger readily when it is experienced, rather than suppressing it.

With respect to suicidal ideation, the respondent is not reporting distress from thoughts of self-harm.

The respondent's interest in and motivation for treatment is below average in comparison to adults who are not being seen in a therapeutic setting, and his treatment motivation is substantially lower than is typical of individuals being seen in treatment settings. His responses suggest that he is satisfied with himself as he is, and that he sees little need for changes in his behavior, despite his recognition that a number of areas of his life are not going well at this time. The nature of some of these problems suggests that treatment would be fairly challenging even if a commitment to treatment were made, with the treatment process likely to be difficult. Setbacks in treatment are likely and should be anticipated.

If treatment were to be considered for this individual, particular areas of attention or concern in the early stages of treatment could include:

- He may not be experiencing sufficient distress to feel that treatment is warranted.

- He may be rather defensive and reluctant to discuss personal problems, meaning that he may not be willing to make a commitment to therapy; engaging him in the therapeutic endeavor is likely to represent a formidable problem.

- He is likely to have difficulty with the treating professional as an authority figure, and he may react to the therapist in a hostile or derogatory manner.

## ***DSM-IV* Diagnostic Possibilities**

Listed below are *DSM-IV* diagnostic possibilities suggested by the configuration of PAI scale scores. The following are advanced as hypotheses; all available sources of information should be considered prior to establishing final diagnoses.

Axis I: 799.9 Diagnosis or Condition Deferred on Axis I

Axis II Diagnostic Considerations:

301.7 Antisocial Personality Disorder

### **Sensorveiledning NEO-PI-R**

#### **Sensorveiledning**

Her er det viktig at kandidaten bruker et nøytralt språk, unngår bastante slutninger og generelt ordlegger seg på en faglig god måte, men uten bruk av diagnostiske termer. Personen som skal motta profilen har skårer som indikerer at det kan være lurt å utvise ekstra forsiktighet i tilbakemeldingen. Hovedtrekkene fra profilen er kort oppsummert: Høye skårer på N, indikerer noe dårlig evne til å håndtere stress. Middels på E tilsier at personen er ambivert, sosialt fleksibel, jobber godt både alene og sammen med andre. Merk her noe sprik innad, med svært lav skåre på selvmarkering. Domenet Å har noe sprik innad, men generelt høy, indikerer høy kreativitet og fantasi. Høy skåre på M indikerer at personen i høy grad er interessert i andre og bryr deg om andres behov, har sympati ovenfor andre i stor grad, men de høye skårene på føyelighet og beskjedenhet kan indikere at personen ofte kan være for avhengig av andres meninger og la seg styre av andre i for høy grad. Planmessighetsskåren er generelt middels, men fasetten kompetanse er svært lav, noe som kan indikere at personen kan ha lav tro på seg selv. Orden og selvdisiplin er også noe lav, noe som kan påvirke arbeidsevnen.

Utfordringer for studenten blir å gi en nyttig tilbakemelding på skårene som er middels, viktig at disse også nevnes og at studentene greier å få frem fordelene med gjennomsnittlige skårer.

Vanlige feil i profiltilbakemeldingen:

- For bastant "Du er nevrotisk, og fullfører ikke det du starter på"
- Ord som "tendens til", "tilbøyelig", "oftere enn andre" er viktige hjelpemidler
- Indirekte beskrivelse kan ofte være nyttig: "Personer med en slik skåre som du har/er ofte..."
- Fokuserer for mye på svakheter
- Sirkulært og deskriptivt; tilbakemeldingen skal ikke ramse opp profilen
- Glemmer å gi råd for optimalisering/henvisning

## **MMPI-2**

Eksamensoppgaven er knyttet til en fortolkning av en testrapport av en pasient. Det er ulike delspørsmål knyttet til selve oppgaven som både omhandler validitet og kliniske problemer - eventuelt også diagnostisk vurdering (hypotetisk), men sistnevnte er underordnet. Alle delspørsmål må være besvart for at denne deloppgaven skal regnes som besvart. Det er refleksjonen i testrapporten og dybden i kandidatens anvendelse av testdata som avgjør om kandidaten skal bestå eller ikke. Generelt vil det ikke være tilstrekkelig med en stikkordpreget besvarelse/ rapport, og besvarelsen må i stedet vise at kandidaten klarer å integrere data fra flere deler av testen på en helhetlig måte. Dette innbefatter forhold som holdning til testsituasjonen (validitet), symptomtrykk, profil, forsvar, mellommenneskelig fungering, mestringsstrategier med mer.