

The Assessment Questionnaire-2 (AQ-2)*: A Measure of
Clients' Experiences with Psychological Assessment

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*Note from 2019: The measure described in this paper is now called the Assessment Questionnaire (or AQ), as the original AQ was only used briefly and was never published.

Abstract

Fifty-six statements regarding client experiences with assessment were rated by 123 undergraduate students who had undergone a brief psychological assessment. The resulting item correlations were subjected to principal factor analysis. The best solution yielded four factors which had excellent internal consistency coefficients. The 48-item Assessment Questionnaire-2 was then administered to 3 samples: college students with low self-esteem ($n=73$), adult psychiatric inpatients ($n=35$), and outpatient clients from a private clinic ($n=41$). The measure maintained good internal consistency across the three samples and showed good 2-week retest stability in a subset ($n=62$) of the college sample.

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In this age of managed care supervision of mental health services, psychologists are challenged increasingly to provide evidence of the efficacy of psychological interventions and procedures. One important measure of treatment outcome is client satisfaction, and various measures have been developed to assess clients' satisfaction with psychotherapy, e.g., the Client Satisfaction Questionnaire (CSQ-8) developed by Larsen, Attkisson, Hargreaves, and Nguyen (1979). However, as Benziman (1986) noted, little empirical work is available on clients' reactions to psychological assessment. In 1986, Jäger published a brief instrument, the Check List for Examinees in a Diagnostic Situation (CLEDS), to assess client experiences with psychological assessment; however, he provided no data concerning clients' responses or the psychometric characteristics of the CLEDS. In 1992, Finn and Tonsager rationally developed a 30-item scale--the Assessment Questionnaire (AQ)--to measure the subjective reactions of clients from a university counseling center to a brief assessment with the Minnesota Multiphasic Personality Inventory-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989). Finn and Tonsager's sample was not large enough to permit a factor analysis of their scale, however, and three of their seven rational subscales had insufficient internal consistency reliability to permit nomothetic comparisons. The purpose of the current research was

to revise the AQ and produce an empirically refined measure of clients' reactions to psychological assessment.

STUDY ONE

Method

Potential items for the revised AQ were collected from a number of sources in order to ensure content validity: (1) the initial version of the AQ, (2) clients' written responses following outpatient psychological assessments conducted by Finn or Tonsager over a period of several years, (3) Finn and Butcher's (1991) observations about the effects of psychological assessment on clients, and (4) items submitted by professional colleagues who regularly perform psychological assessments. Early on a decision was made to eliminate several content areas that had been present in the initial version of the AQ. Specifically, it was felt that the areas of Hope, Isolation, and Motivation (Finn & Tonsager, 1992) did not directly relate to clients' experiences of assessment and could be better assessed with existing instruments.

One hundred twenty-three college students in an introductory psychology course completed the Multidimensional Personality Questionnaire (MPQ; Tellegen, 1995) and the Marlowe-Crowne Social Desirability Index (Crowne & Marlowe, 1960) in a pretesting session. Later in the semester, students received verbal feedback about their MPQ scores in individual feedback sessions, immediately after which they completed several measures, including the 56-item experimental version of the revised Assessment Questionnaire. Subjects were asked to rate

each item on a Likert-type scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

Results

Subjects' ratings on the 56 items of the experimental AQ were correlated and the resulting matrix was subjected to principal components analysis. A scree plot of the eigenvalues (Cattell, 1966) suggested that between three and six factors would provide the best solution. Each of these possible solutions was then factor-analyzed--using squared multiple correlations as communality estimates--and rotated to promax criteria. An oblique rotation was used because the elements of clients' reactions to assessment were expected to be correlated. Inspection of the four possible solutions indicated that the four-factor solution was the most comprehensible and did not produce unnecessarily fine distinctions between sets of items. The four factors accounted for 61% of the variance in the original 56 items.

AQ-2 subscales were then constructed by considering item factor loadings. An item was assigned to a subscale if its loading on that factor was greater than or equal to .35, and its loadings on other factors were at least .10 below the highest loading; eight items could not be assigned to any subscale using these criteria. The resulting subscales, sample items, and Cronbach alpha consistency coefficients are presented in Table 1. Subscales 1-3 have some overlap with the rationally derived subscales from the previous version of the AQ (Finn & Tonsager, 1992).

Table 2 presents intercorrelations of the four AQ-2 subscales. As predicted, the four subscales were significantly intercorrelated, and the presence of at least one higher-order factor was indicated. Thus, the correlation matrix was subjected to principal factor analysis; the scree plot strongly suggested that the one-factor solution was superior. One factor was extracted and rotated to varimax criterion. This factor accounted for 70% of the variance among the four subscales. Table 3 presents the factor pattern matrix and factor score coefficients for this general factor. Inspection of these loadings suggests that the higher-order factor represents subjects' overall positive vs. negative evaluation of the assessment experience. Hence, a decision was made to call this factor "Positive Experience."

Last, in order to assess one aspect of discriminant validity, subjects' scores on the AQ-2 subscales and higher-order factor were correlated with their scores on the Marlowe-Crowne Social Desirability Index (Crowne & Marlowe, 1961). All zero-order correlations were below a magnitude of $r=.05$, indicating that subjects' ratings of the AQ-2 items were not influenced by a positive responding bias.

STUDY TWO

The second study was undertaken to assess whether the internal structure of the AQ-2 would remain invariant--and the instrument would retain its reliability--in other populations. Three samples were used to assess the reliability of the AQ-2:

College low self-esteem subjects. Seventy-three introductory psychology students (46 female and 27 male) participated in the study for course credit. All participants were identified through mass pretesting as having below median scores on self-competence and self-liking--the two components of Taforodi and Swann's (1995) measure of global self-esteem--and volunteered to participate in a study of personality test feedback. Students were individually tested with the MPQ (Tellegen, 1995) and then received verbal feedback about their MPQ scores in individual feedback sessions. Immediately after the feedback, subjects completed several measures, including the AQ-2. The AQ-2 was also included in follow-up packets mailed to subjects approximately two weeks after the initial session. Sixty-two (85%) of the subjects completed and returned the AQ-2 at follow-up.

Inpatient sample. Thirty-five psychiatric inpatient adults (17 males, 18 females) were recruited from four local private hospitals. All patients had recently participated in psychological assessments as part of their treatment. After giving informed consent, patients were interviewed about various aspects of their assessments and completed the AQ-2. Additional information was collected from patients' hospital charts. Primary diagnoses were as follows: substance use/dependence ($n=9$), mood disorders ($n=15$), other ($n=11$).

Outpatient sample. Forty-one outpatient clients at the Center for Therapeutic Assessment completed the AQ-2 following psychological assessments. The AQ-2 was mailed to 45 clients

approximately 2 weeks following the feedback sessions from their assessments; the 41 clients in this sample are those who responded and provided complete data.

Method and Results

The four subscales of the AQ-2 were scored and alpha consistency coefficients calculated separately for each sample. As shown in Table 4, the four subscales demonstrated good internal consistency in the college low self-esteem sample and in the two clinical samples, suggesting that the factor structure and internal validity of the AQ-2 is maintained in the various populations. Although the internal consistency of the Negative Feelings subscale was slightly lower (.79) in the inpatient adult sample, this still is adequate to permit nomothetic comparisons (Helmstadter, 1964). Test-retest correlations were also computed for the 62 college subjects who returned the AQ-2 at the 2-week follow-up and are shown in Table 4. These correlations show that the AQ-2 subscale scores had good stability over the 2-week interval.

DISCUSSION

The structure of the AQ-2 reveals that client reactions to psychological assessment are multidimensional. Some clients may feel positively about an assessment because they feel that they have gained new information about themselves (Subscale 1), others may feel content because the assessor reflected back to them positive attributes that they recognized in themselves (Subscale 2), and yet other clients may be pleased because they liked and felt liked by the examiner (Subscale 3). Similarly, clients may feel

negatively about an assessment because it lacked any of the aforementioned elements or because they felt judged and uncomfortable during the assessment sessions (Subscale 4).

The fact that the different aspects of client reactions are moderately correlated suggests that clients tend to form a somewhat global impression of their assessment experiences. The pattern matrix of the Positive Experience factor indicates that this impression is based largely on clients' getting positive accurate feedback from the assessor and their impression that the assessor likes and respects them. This finding lends support to the assertions of Finn and Butcher (1991), Finn and Tonsager (1992), and Fischer (1994) that clients' positive experiences with assessment are greatly dependent on the empathy and positive regard demonstrated by assessors.

Because the aspects of clients' reactions to assessment are imperfectly correlated and the AQ-2 allows for different subscale scores, researchers may now conduct more detailed investigations of the effects of psychological assessment on clients. For example, Finn and Tonsager (1992) found evidence that their collaborative psychological assessment procedure had positive effects on clients' symptomatology and self-esteem. In future studies it would be good to determine whether both types of amelioration are correlated with the same elements of subjective experience. For example, it may be that an increase in self-esteem is more associated with positive, accurate mirroring of clients, while a

decrease in anxiety and depression is more related to clients' getting concrete information about their problems.

Perhaps most important, the existence of a multidimensional, reliable measure of client reactions to psychological assessment--which is not confounded by social desirability--should allow psychologists to better tailor their assessment services to meet client needs. Client subjective reactions to psychotherapy show only moderate correlations with objective measures of outcome, such as symptom remediation (Strupp & Hadley, 1977). However, in the medical field, satisfaction has been shown to be an important predictor of compliance with recommendations and future utilization of services (e.g., Cohen, 1979); the same is likely to be true for psychological procedures. We psychologists can ill afford cool detachment these days; in order for psychological assessment to survive and grow as a clinical enterprise, it is imperative that we explore and address client experiences with assessment.

References

- Benziman, H. (1986). The psychodiagnostic experience: A call for systematic feedback procedures. In Nevo, B., & Jäger, R. S. (Eds.), Psychological testing: The examinee perspective (pp. 147-154). Göttingen, Germany: Verlag für Psychologie Dr. C. J. Hogrefe.
- Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B. (1989). Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring. Minneapolis: University of Minnesota Press.
- Cattell, R. B. (1966). The scree test for the number of factors. Multivariate Behavioral Research, 1, 245-276.
- Crowne, D. P., & Marlowe, D. (1961). A new scale of social desirability independent of psychopathology. Journal of Consulting Psychology, 24, 349-354.
- Cohen, S. J. (1979). New directions in patient compliance. Lexington, MA: D. C. Health & Co., Lexington Books.
- Finn, S. E., & Butcher, J. N. (1991). Clinical objective personality assessment. In M. Hersen, A. E. Kazdin, & A. S. Bellack (Eds.), The clinical psychology handbook, (2nd ed.; pp. 362-373). New York: Pergamon Press.
- Finn, S. E., & Tonsager, M. E. (1992). Therapeutic effects of providing MMPI-2 test feedback to college students awaiting therapy. Psychological Assessment, 4, 278-287.
- Fischer, C. T. (1985/1994). Individualizing psychological assessment. Hillsdale, NJ: Lawrence Erlbaum.

Helmstadter, G. C. (1964). Principles of psychological measurement. Englewood Cliffs, NJ: Prentice Hall.

Jäger, R. S. (1986). Measuring examiner and examinee reactions to each other and to the psychodiagnostic situation. In Nevo, B. & Jäger, R. S. (Eds.), Psychological testing: The examinee perspective (pp. 147-154). Göttingen, Germany: Verlag für Psychologie Dr. C. J. Hogrefe.

Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. Evaluation and Program Planning, 2, 197-207.

Strupp, H. H., & Hadley, S. W. (1977). A tripartite model of mental health and therapeutic outcomes: With specific reference to negative effects in psychotherapy. American Psychologist, 32, 187-196.

Tafarodi, R. W., & Swann, W. B., Jr. (1995). Self-liking and self-competence as dimensions of global self-esteem: Initial validation of a measure. Journal of Personality Assessment, 65, 322-342.

Tellegen, A. (1995). Manual for the Multidimensional Personal Questionnaire. Minneapolis: University of Minnesota Press.

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Table 1

Assessment Questionnaire-2 Subscales, Sample Items, and Alpha Consistency Coefficients

Subscale 1 - New self awareness/understanding (13 items, alpha = .89)

The assessment did not teach me anything new about myself.*

I gained a new understanding of myself.

I'm more aware of how I behave with other people.

Subscale 2 - Positive accurate mirroring (12 items, alpha = .87)

The assessment made me proud of who I am.

The assessment captured the "real" me.

The assessment confirmed how I see myself.

Subscale 3 - Positive relationship with assessor (12 items, alpha = .87)

The assessor seemed to like me.

The assessor was interested in what I had to say.

I felt that the assessor respected me.

Subscale 4 - Negative feelings about the assessment (11 items, alpha = .85)

I felt I was under a microscope.

The assessment made me feel that my life is nothing but problems.

I felt judged by the assessor.

Notes. *Keyed negatively

Table 2

Intercorrelations Between the AQ-2 Subscales

	(1)	(2)	(3)
New Self-awareness (1)	---		
Positive Mirroring (2)	.44**	---	
Positive Relationship (3)	.33**	.55**	---
Negative Feelings (4)	.08	-.34**	-.42**

Notes. N=123. * $p < .05$, ** $p < .01$

Table 3

Varimax Rotated Factor Pattern Matrix for Higher-order Solution of the AQ-2
and Factor Score Coefficients for Scoring Higher-order Factor

	<u>Factor Loading</u>	<u>Factor Score Coefficients</u>
New Self-awareness (1)	.46	.17
Positive Mirroring (2)	.73	.39
Positive Relationship (3)	.71	.37
Negative Feelings (4)	-.44	-.17

Notes. N=122.

Table 4

Reliability Coefficients for the AQ-2 Subscales on Three Samples

	Alpha Coefficients			Test-
	<u>College LSE^a</u>	<u>Inpatient^b</u>	<u>Outpatient^c</u>	<u>Retest^d</u>
New Self-awareness (1)	.84	.93	.90	.78
Positive Mirroring (2)	.88	.88	.89	.75
Positive Relationship (3)	.90	.89	.90	.84
Negative Feelings (4)	.92	.79	.88	.81

Notes. ^an=73; ^bn=35; ^cn=41; ^d Two-week interval, calculated on the College LSE sample (n=62).