EUROPEAN ACADEMIC RESEARCH
Vol. XI, Issue 7/ October 2023

Impact Factor: 3.4546 (UIF)
DRJI Value: 5.9 (B+)

ISSN 2286-4822
www.euacademic.org

Baseline Study of Psychological Assessment in Albania

KOSOVARE KRASNIQI, MSc[1]
University of New York, Tirana
SUZANA XHAFI, MSc.[2]
ANXHELA YZEIRI, MSc.[3]

Abstract

Psychological assessment is a process of gathering and integrating data to evaluate a person's behaviour, abilities, and other relevant characteristics, particularly for making a diagnosis or treatment recommendation. Little is known about the way in which psychological assessment is conducted in Albania. Our aims with this qualitative study using semi-structured interviews were several: to explore the way clinical psychologists in Albania conduct psychological assessment, to identify the assessment tools that they use, to inquire about their satisfaction with these tools, and to evaluate the availability of resources for support they have and the changes that can be made. The study shows that there is a lack of standardised instruments in Albania, and unstandardised measures are commonly used, that psychologists have different conceptualisations and ways of conduct regarding diagnosis, and that there is a major lack of resources to support the assessment process. These findings point to a need for a more focused and thorough investigation of the ways in which psychological assessment is administered in different cities in Albania, in order to identify the required interventions that may help optimise the assessment process.

Keywords: psychological assessment, clinical psychology, standardisation, therapy, diagnosis, Albania

INTRODUCTION

The first generation of psychologists in Albania graduated in 2000. Since then, there have been numerous studies conducted by Albanian psychologists, even though few studies on the psychologists themselves. This study has four main objectives as its aim, namely, to explore how clinical psychologists in Albania administer psychological assessment, to identify the assessment tools that they use and how satisfied they are with these tools, to then inquire into the availability of resources they have in this process and lastly, to explore the changes they believe can be made. The research questions of this study include: which tools/tests are used to conduct psychological assessment? How are these tools/tests used? How do psychologists conduct differential

[1] I am an Assistant Lecturer at the University of New York Tirana in Albania. I teach courses on Abnormal Psychology, Psychology of Infancy and Childhood , and History and Systems of Psychology. I also work as a Child and Adolescent Therapist. My research interests are focused in the experience of stress, coping and metacognition in university students. Other research interests lie in emotional intelligence and self-actualization in university students. While I am in the process of editing other manuscripts for publication, this is the first article sent for publication. **Corresponding author: kosovaree.krasniqi@gmail.com**

[2] I work as a clinical psychologist at an NGO in Korce, Albania. My research interests focus on children with special needs and their families, specifically, the experience of social stigma and its impact on the mental health of caregivers. Moreover, I am interested in the effects that stigma has on caregivers' self-efficacy and the coping strategies caregivers use to deal with stigma. This is my first article sent for publication, while other manuscripts are being edited. Email: xhafisuzana@gmail.com

[3] I am working as a specialist with the Prime Ministry of Albania. My research interests focus on examining the profound impact of the Covid-19 pandemic crisis on the mental health of doctors and healthcare professionals in Tirana. In addition, my interests extend on exploring the factors that influence social dynamics and seeking innovative solutions to societal challenges. As I work on editing other manuscripts for publication, this is the initial article submitted for publishing. Email: yzeirianxhela@gmail.com

diagnosis? Do they use assessment during and after treatment? What resources do psychologists have available to conduct psychological assessment?

LITERATURE REVIEW

Evidence-based assessment (EBA) is an approach to psychological assessment consistent with the principles of evidence-based practice (EBP), which is an important feature in healthcare systems and healthcare policy [1]. Evidence-based Psychological Practice (EBPP) takes into consideration the full range of evidence that psychologists must account for, such as research evidence, clinical expertise, and client perspectives. EBA specifically relies on both research and theory to guide the selection of constructs for specific assessment purposes, the methods and measures used when assessing clients, and the manner in which the assessment processes unfold [2,3,4]. The data must have value in directly informing the selection of treatment options and determining the ways that the planned treatment is implemented and, when necessary, modified. Furthermore, psychologists must use the decision-making tasks to recognize both the strengths and the limits of the data they collect, to evaluate the costs associated with the assessment process, and the impact the assessment has on clinical outcomes for the client being assessed [5].

The major changes in clinical assessment over the 25 years have come as a result of advances in measurements and assessment in general and the increased emphasis on treatment-relevant assessment services [5]. There is a decrease in multidimensional instruments and projective tests with an increase in developing, teaching, and using brief and focused instruments. An increased emphasis is also noticed in developing and using instruments that are culture- and diversity-sensitive. Moreover, behavioral assessment principles are increasingly being incorporated in clinical assessment, and IT is continuously aiding in collecting, scoring, and interpreting data. The purposes of assessment are numerous and various. The constructs of client characteristics may be behavioral, cognitive, interpersonal, personality-related, societal/environmental, depending on what is seen as necessary and relevant to be assessed for aiding treatment planning [6,7,8].

Accurate diagnosis is crucial for EBPP. While psychologists may hold different views on the strengths and weaknesses of the psychiatric diagnostic system, it is irrefutable that a substantial part of our knowledge about psychological conditions and comorbidity depends on the diagnostic system providing information on psychopathology, epidemiology, prognosis, and treatment [5]. Evidence-based diagnosis first advises using the DSM-V, then assessment methods valid in formulating a diagnosis and having the most up-to-date information for diagnosis formulation. Merely coming to an accurate diagnosis does not make for a complete assessment, and the psychologist must employ additional assessment methods to define a treatment plan [9]. This brings us to the role of assessment "not as an end in and of itself" but as a means to achieve the most effective treatment possible for clients. In EBT-s, the importance of repeatedly monitored treatment is one of the most major influences on how successful that treatment is, helping the psychologist identify in which areas the client is improving and which may, in turn, need more focused attention; what strategies/interventions are working and how motivated the client indeed is for progress [5]. The need for assessment during treatment is heavily emphasized and supported by research showing that session-by-session feedback on client functioning can result in increases in improvement rates and decreases in treatment failures [10, 11,

[12]. In this area, psychologists are to pay attention to three specific variables to be assessed during treatment, the targets and goals, the causal mechanisms in maintaining client problems, and the therapeutic context or process variables that are potent in enhancing treatment services [13,14,15,16].

In order to develop an empirically based case formulation, psychologists can use various sources accessible focusing on theory-specific and disorder-specific perspectives [17,18,19], in spite of a few that highlight the utilization of transdiagnostic [20] and transtheoretical perspectives [21]. While the principle is found on the case formulation, treatment alternatives should be based on previously accessible EBTs or other evidence-based elements [22]. The expanding literature is full of relevant information that can be directly applied while working and individualizing any treatment plan [23]. Therefore, conditioned on the needs and assets of the client, individualized treatment alternatives can be created based on the appropriate relevant information.

When addressing potential problems in clinical decision-making, based on studies throughout the years, it is concluded that people tend to evaluate their abilities with poor accuracy, while healthcare professionals are not immune to this proneness of making less than optimal conclusions [24]. Clinical outcomes can also be highly impacted if there are biased attributions, presumptions, as well as short- and long-term memory drawbacks [25, 26], all these leading to wrong decision-making from the psychologists and, therefore, to issues in appropriately delivering the treatment to the client. In order to minimize the probability of an error, psychologists should be very conscious of studying the clinical outcomes and consistently use guidelines to prevent any possible bias or heuristic.

Therefore, there are also a variety of factors to be taken into account before choosing a screening instrument so that bias or heuristic mistakes are minimized. Firstly, we need to consider what information is needed from the assessment, such as the needs of the particular care setting and how much diagnostic information is necessary [5]. When choosing a tool for both initial assessment and tracking ongoing outcomes, it is important to determine which outcomes are important to assess as well as to determine the level of detail needed for effective decision-making [1]. Secondly, screening tools can be administered by psychologists or support personnel or self-administered by the patient. There are advantages and disadvantages to all of these options. We need to consider three aspects of time such as the length of time it takes to administer, score, and review/interpret the results. For an instrument to be useful in most settings, it must make sense to the client. The purpose of the tool and directions for completion must be clear. The instrument should be straightforward in nature and easy to fill out. Self-report tools should be worded in everyday language, written at the appropriate reading level of most clients, and take into consideration cultural sensitivity factors [5].

In Albania, the state of psychological assessment has changed since the first psychologists of the year 2000 entered the field. This has come as a result of growing access to information and tools but also as a result of an increasing need for mental health professionals, followed by slow and gradual improvement in the conceptualization of mental health problems. Considering the lack of studies there exist looking into the psychologists' work in Albania, it becomes pertinent to tap into these aspects of psychological assessment administration as the first factor in successful treatment.

METHODOLOGY

The current qualitative study employed semi-structured interviews for data collection. Psychologists were randomly selected using a web search for "therapists in Tirana," "psychotherapists in Tirana," and "clinical psychologists in Tirana." Participants were contacted via phone or email based on publicly available information. Before arranging the interviews, participants received a consent form outlining the confidentiality of their identification. Participants were also asked to consent to the phone interviews being recorded for transcription purposes. In total, fifty-five (55) psychologists were contacted; however, only twenty (20) participants were eligible and/or available for the study's purpose. Among these participants, three (3) were male, and seventeen (17) were female. Six (6) of the psychologists were developmental psychologists or working in special education, five (5) of them were from a psychodynamic/psychoanalytic approach, five (5) were cognitive behavioral therapists, and the remaining four (4) were clinical psychologists who integrated techniques from different approaches such as CBT, Rogerian, Gestalt, Dialectical Behavioral Therapy, Acceptance and Commitment Theory, and so on. Some contacted psychologists were excluded because they did not perform diagnoses, were too busy, or were psychiatrists. Data collection took place in April 2021. The interviews first included questions on the services that participants offer and the disorders/issues they work with. Some questions addressed the assessment tools that participants use depending on the problem, whether these tools are standardised and if assessment is conducted during and after termination of therapy, in what ways is it conducted. Other questions inquired into the ways in which participants conduct differential diagnoses, whether they use any tests or measures for differential diagnosis and whether they have ever been led or misled to a diagnosis. Concluding questions of the interview explored how satisfied the participants are with the availability of assessment tools in the Albanian language, and probed into what they think can be done about the current situation. After completing the interviews, the data were entered into an Excel spreadsheet, with separate columns for each interview question. Additionally, columns were created for each interview's findings and identified issues, followed by general interviewer comments and reflections. Finally, three main common issues were identified from the majority of the interviews, along with less common issues found in some of the interviews. These data were then analysed by the researchers to arrive at the three main findings of this study.

FINDINGS

1. Lack of Instruments used and Usage of Unstandardized Measures

Lack of Instruments Used and Usage of Unstandardised Measures Results of this study reveal a deficiency in the use of standardised measures for psychological assessment in Albania. Throughout the interviews, the only standardised instrument mentioned in Albanian is CORE-OM (Clinical Outcomes in Routine Evaluation – Outcome Measure). The CORE-OM is a 34-item, 5-level response choice instrument assessing four domains: wellbeing, problems, functioning, and risk [27]. A few psychologists are aware of the Beck Depression Inventory as a standardised tool, although it has only been translated and adapted but has not yet undergone a standardisation process. The Beck Depression Inventory is a 21-question, multiple-choice self-report inventory, widely used for measuring depression severity [28].

Despite expressing a need for standardised instruments, psychologists in Albania often rely on non-standardised instruments. These include Clinical Outcomes in Routine Evaluation (CORE-OM), Beck Depression Inventory (BDI-2), Beck Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS), Leiter International Performance Scale (Leiter-3), Hamilton Scale of Anxiety, Wechsler, Glasgow, Harvard Trauma Questionnaire, Minnesota Multiphasic Personality Inventory (MMPI), Aspect, Rorschach, Thematic Apperception Test (TAT), Young Schema Questionnaire, Schema Mode Inventory, Mini International Neuropsychiatric Interview (MINI), Yale Brown Obsessive-Compulsive Scale (Y-BOCS), Personality Assessment Inventory (PAI), Millon Clinical Multiaxial Inventory (MMCI), Comprehensive Executive Function Inventory (CEFI), Conner's 2, Conners Comprehensive Behavior Rating Scales (CBRS), Multidimensional Anxiety Scale for Children (MASC-2), Rosenberg Self-esteem Scale, Conners' Adult ADHD Rating Scales (CAARS), and projective tests like House-Tree-Person (HTP). Psychologists working with special education use instruments such as the Denver Developmental Screening Test, Parents' Evaluation of Developmental Status (PEDS), Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS-DM), Test of Basic Motor Skills (BMS), Social Communication Questionnaire (SCQ), Modified Checklist for Autism in Toddlers (M-CHAT), and Assessment of Basic Language and Learning Skills, Revised (ABLLS-R). The latter is a tool for assessing, instructing, and monitoring children with autism or other developmental disabilities across domains of language, self-help, motor skills, and academic aspects. Two psychoanalytic psychologists disclosed that they do not use any formal assessment instruments. One psychologist mentioned using no formal assessment instruments and relying solely on consultations with supervisors, observations, or self-reports from clients. The clinical interview was identified by most psychologists as the most valuable assessment method. Only one psychologist stated that the most important assessment method is the skill of "professional intuition." Some psychologists mentioned translating tests themselves and using them in an unstandardised manner or creating their own checklists based on standardised instruments, primarily due to working with Albanian clients who may not understand English.

When asked about changes in the assessment process and instruments used over the years, few differences were noted, with some psychologists indicating little to no changes. Others acknowledged an increase in the availability of resources, mainly referring to instruments developed in English. One psychologist found it very challenging to find instruments at the beginning of their career in 2007, but now, despite "suffering without instruments in Albanian," they find reassurance in using the ones that have been piloted or tried. One private center mentioned that the instruments they use are standardised through collaboration with international supervisors, although other psychologists did not mention these instruments as known to have been standardised.

Overall, it is evident that psychologists working with children tend to use more assessment tests. Psychoanalytic and psychodynamic therapists tend to have a different conceptualisation of diagnosis, going beyond conventional diagnostic categories and focusing on other factors in the individual's life to inform treatment. While some psychologists see diagnosis as essential for treatment planning, others emphasise treating the person rather than the diagnosis, viewing it as potentially limiting and biased. Some psychologists do not consider diagnosis important at all. The instruments used for differential diagnosis sometimes overlap with those used for assessment, including DSM-5 interviews for relevant disorders or relying on

professional experience. Regarding potential errors in diagnosis, most psychologists mentioned reevaluating their hypotheses with colleagues or psychiatrists or seeking supervision or consultations when they felt misled. In cases of high case loads, some psychologists noted that clients might require more thorough examination to arrive at a diagnostic decision, but due to time and cost constraints, this is not always feasible.

2. Conceptualization and Conduct of the Diagnostic Process

The second common factor identified in this study relates to how psychologists in Albania conceptualise and conduct the diagnostic process. Four out of twenty interviewees reported conducting differential diagnosis through consultation with a psychiatrist. Psychologists working in community mental health centers and special education reported conducting differential diagnosis through multidisciplinary teams of experts. However, a majority of psychologists, regardless of their theoretical approach, expressed that they did not consider diagnosis important for a client's progress in therapy. They focused on treating symptoms rather than the diagnosis itself, emphasising solutions. Some psychologists viewed differential diagnosis as an ongoing process that informs comorbidity and guides the therapist's direction. Others, from various theoretical backgrounds, believed that while diagnosis was essential for treatment planning, they concentrated on the person rather than the diagnosis, viewing it as potentially limiting and biasing the therapist's approach. Only one CBT therapist mentioned using a transdiagnostic approach to diagnosis.

Psychoanalytic and psychodynamic therapists had a different conceptualisation of diagnosis, going "beyond nosology" and focusing on other factors in the individual's life to inform treatment. They consistently evaluated transference and countertransference factors, considering the therapeutic relationship as a significant factor in treatment progress. Some psychologists regarded diagnosis as unimportant altogether, stating that they did not work with differential diagnosis or found it to be a straightforward process. Instruments used for differential diagnosis sometimes overlapped with those used for assessment, including DSM-5 interviews for relevant disorders or relying on professional experience.

Regarding errors in diagnosis, most psychologists mentioned reevaluating their hypotheses with colleagues or psychiatrists or seeking supervision or consultations when they felt misled. In community mental health centers, some psychologists noted that due to high caseloads, clients might require more thorough examination to arrive at a diagnostic decision, but this was not always feasible due to time and cost constraints.

Two questions in the interviews inquired about the conduct of assessment during and after treatment, if at all. For assessment during treatment, approaches varied. Some psychologists preferred colleague evaluations, while others assessed clients every 3-6 months, depending on the problem and client needs. Psychoanalytic psychologists did not use formal assessment instruments but relied on factors like the therapeutic relationship, dream analysis, journaling, and metaphor work for assessment during treatment. Psychologists in special education primarily assessed clients after three or six months, using instruments such as ABLLS-R, the Denver test, BMS, M-Chat-R, self-created checklists, consultations with parents, or tracking the child's progress in selected programs or activities. For assessment after treatment, one psychologist used a symptom checklist two weeks before and after treatment, while another had evaluations conducted by a multidisciplinary team. Others used the same tools as those used before treatment. Some psychologists disclosed that they conducted

no assessment during or after treatment, while others assessed progress after treatment by reviewing whether objectives were achieved, without using specific instruments to measure these objectives. Psychologists working in special education utilised the aforementioned instruments for assessment during treatment, combined with observations.

3. Lack of support for resources

Formal psychological tests do require support and resources for psychologists, which highlights the third factor identified in this study. Psychologists reported limitations on psychological assessment tests, which raised a common issue among them: dissatisfaction with the lack of standardised tests in the Albanian language. This leaves Albanian psychologists with the option of relying on unstandardised instruments or self-chosen adapted tests in the English language. Only three out of twenty psychologists were content with using these English-language instruments.

However, other psychologists, in addition to the demand for standardised tests, also highlighted the lack of financial resources to support these testing procedures. They called for research to be conducted or the organisation of a project to standardise these tests for the assessment process. The lack of financial support and standardised tests were not linked to a lack of training in administering and using these testing procedures in the English language. One psychologist noted that there is a lack of general information on the availability of standardised measures in Albanian, while two other psychologists appeared to be unclear on the concept of standardisation or which tools are standardised. During the interviews, it became apparent that standardisation is not as heavily or rigidly emphasised. The lack of financial resources limits research empowerment in academic institutions, not limited to the field of psychology, as well as its potential benefits.

Given these reasons, psychologists emphasised the need for financial projects in any mental health field, with one psychologist highlighting the need for substance use or relationship assessment measures, in particular. One psychologist identified that even if such projects are undertaken by individual researchers, participation in research would be voluntary, which is not motivating for people to participate. Additionally, psychologists also agreed that there is a lack of supervision, along with time pressure and a large number of cases, both in public institutions and private practices. It is possible that the instruments translated by individual psychologists or centres are not shared with other colleagues simply because there is a general missing link in connecting psychologists together to collaborate on available resources. Collaboration and supervision from other professional psychologists when needed are key to providing the best treatment for a client's needs. The interactive process, while monitoring the quality of care provided to the client, would improve clinical competencies and thus lead to the professional growth of the therapist.

DISCUSSION

Psychological assessment is essential in providing relevant information for understanding a client's characteristics and capabilities by collecting, integrating, and interpreting details about the client. This current study, to our knowledge, is the first study aiming to provide an overall and concise information review of the current state of psychological assessment in Albania. The study is qualitative and includes twenty participants, all but one residing and operating in Tirana, which limits the

generalisation of the findings. The semi-structured interview format allowed only limited elaboration or inquiry into some of the disclosed information, factors that could have provided better clarification. However, considering the absence of prior information on this topic, the findings presented here serve as a foundational guide for subsequent, more focused, and larger-scale research. These findings offer a glimpse into the landscape of psychological assessment in Albania.

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, the findings presented by this study underscore a significant, if not crucial, need for intervention and improvement in the psychological assessment methods available in Albanian. Psychologists in Albania follow the standard assessment framework; however, they rely on unstandardised methods for psychological assessment because they have not yet been provided with any other means. They recognise that the standardisation process is time-consuming and costly, which no single individual can undertake on their own without some form of governmental or institutional support. It is perhaps unsurprising to see that Albanian psychologists also hold differing views regarding diagnosis, with some viewing it as providing orientation for treatment and others seeing it as potentially creating bias towards the client. All psychologists share the common belief that there is a lack of instruments available in the Albanian language. Some feel helpless in finding adequate ways to change the situation, while others are content with using the English language versions. In summary, further research on this topic is highly needed. This would help to specifically identify the mechanisms behind possible options and generate proposals on how to change the situation, thereby improving the assessment process and ultimately optimising treatment outcomes.

---

[1] Hunsley, John, and Eric J. Mash. 2014. "Evidence-Based Assessment." *The Oxford Handbook of Clinical Psychology*, 75–91. doi:10.1093/oxfordhb/9780199328710.013.019.
[2] Hunsley, John. and Eric J. Mash. 2007. "Evidence-based assessment", *Annual Review of Clinical Psychology*, 3(1), 29–51. doi:10.1146/annurev.clinpsy.3.022806.091419.
[3] Eric, J. Mash., and John Hunsley. 2005. "Evidence-Based Assessment of Child and Adolescent Disorders: Issues and Challenges." *Journal of Clinical Child & Adolescent Psychology* 34 (3): 362–79. doi:10.1207/s15374424jccp3403_1.
[4] Thomassin, Kristel., and Hunsley, John. 2019. "Case conceptualization". In *Treatment of disorders in childhood and adolescence*, edited by Prinstein, J. Mitchell., Eric A., Younstrom, Eric J., Mash., and Russell A. Barkley. 8–26. New York: Guilford Press.
[5] Antony, M. Martin., and David H., Barlow. 2020. *Handbook of assessment and treatment planning for psychological disorders*. Third Edition, Kindley.
[6] Haynes, N. Stephen., Gregory, T. Smith, and John, D. Hunsley. 2019. *Scientific foundations of clinical assessment* (2nd ed.). Routledge/Taylor & Francis Group.
[7] Torous, John., Jennifer, Nicholas, Mark E. Larsen, Joseph Firth, and Helen Christensen. 2018. "Clinical review of user engagement with mental health smartphone apps: Evidence, theory and improvements." *Evidence-Based Mental Health,* 21, 116–119.
[8] Wood, M. James, Howard N. Garb, Scott O. Lilienfeld, and M. Teresa Nezworski. 2002. "Clinical assessment." *Annual Review of Psychology*, 53, 519–543.
[9] McLeod, D. Bryce, Amanda Jensen-Doss, and Thomas H. Ollendick. 2013. *Diagnostic and behavioral assessment in children and adolescents: A clinical guide.* New York: Guilford Press.
[10] Fortney, C. John, Jurgen Unützer, Glenda Wrenn, Jeffrey M. Pyne, G. Richard Smith, Michael Schoenbaum, and Henry T. Harbin. 2017. "A tipping point for measurement-based care". *Psychiatric Services*, 68, 179–188.
[11] Lambert, J. Michael, Jason L. Whipple, and Maria Kleinstäuber. 2018. "Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring." *Psychotherapy*. 55, 520–537.
[12] Tam, H E, and Kevin Ronan. "The application of a feedback-informed approach in psychological service with youth: Systematic review and meta-analysis." *Clinical psychology review* vol. 55 (2017): 41-55. doi:10.1016/j.cpr.2017.04.005
[13] Castonguay, G. Louis, and Larry E. Beutler. 2006. *Principles of therapeutic change that work*. New York: Oxford University Press.

[14] Norcross, C. John.2011. *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). New York: Oxford University Press.

[15] Hunsley, John, and Eric J. Mash. 2005. "Introduction to the special section on developing guidelines for the evidence-based assessment (EBA) of adult disorders." *Psychological Assessment, 17*(3), 251–255.

[16] Persons, B. Jacqueline, David M. Fresco, and Juliet Small Ernst. 2018. "Adult depression*". In A guide to assessments that work*, edited by Hunsely, John, and Eric J. Mash. (2nd ed.).131–151. New York: Oxford University Press.

[17] Eells, D. Tracy. 2006. *Handbook of psychotherapy case formulation* (2nd ed.). New York: Guilford Press.

[18] Persons, B. Jacqueline. 2008. *The case formulation approach to cognitive–behavior therapy*. New York: Guilford Press.

[19] Tarrier, Nicholas, and Judith Johnson. 2016. *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases*. New York: Routledge.

[20] Barlow, H. David, and Todd J. Farchione. 2017. *Applications of the unified protocol for trans-diagnostic treatment of emotional disorders*. Oxford University Press.

[21] Beutler, E. Larry, Mary Malik, Hani Talebi, Jenny Fleming, and Carla Moleiro. 2004. "Use of psychological tests/instruments for treatment planning." In *The use of psychological testing for treatment planning and outcomes assessment: Vol. 1. General considerations*. Edited by Maruish, E. Mark. 111–145. Mahwah, NJ: Erlbaum.

[22] Chorpita, F. Bruce, Eric L. Daleiden, and John R. Weisz. 2005. "Identifying and selecting the common elements of evidence based interventions: A distillation and matching model." *Mental Health Services Research*, 7, 5–20.

[23] Miklowitz, J. David. 2008. "Adjunctive psychotherapy for bipolar disorder: State of the evid*ence." American Journal of Psychiatry*, 165, 1408–1419.

[24] Ægisdóttir, Stefania, Michael J. White, Paul M. Spengler, Alan S. Maugherman, Linda A. Anderson, Robert S. Cook, et al. 2006. "The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction." *Counseling Psychologist*, 34, 341–382.

[25] Garb, N. Howard. 1998. "Studying the clinician: Judgment research and psychological assessment." *American Psychological Association.* 333.

[26] Lilienfeld, O. Scott, Lorie A. Ritschel, Steven Jay Lynn, Robin L. Cautin, and Robert D. Latzman. 2014. "Why ineffective psychotherapies appear to work: A taxonomy of causes of spurious therapeutic effectiveness." *Perspectives on Psychological Science*, 9, 355–387.

[27] Evan, Chris, Janic Connel, Michael Barkham, Frank Margison, Graeme McGrath, John Mellor-Clark, and Kerry Audin. 2002. "Towards a standardized brief outcome measure: psychometric properties and utility of the CORE-OM*." Journal of Mental Health*. 180, 51-60.

[28] Osman, Augustine, Beverly A. Kopper, Frank Barrios, Peter M. Gutierrez, and Courtney L. Bagge. 2004. "Reliability and validity of the Beck Depression Inventory-II with adolescent psychiatric inpatients." *Psychological Assessment,* 16(2), 120-132.