

"Measures for Clinical Practice and Research: A Sourcebook, 4th edition"

**Joel Fischer and Kevin Corcoran, 2007, 1,571 pages, Oxford University Press, \$115
Review by Norman M. Goldfarb**

"Measures for Clinical Practice and Research: A Sourcebook, 4th edition" describes 471 rapid assessment tests for psychological and social aspects like acute stress disorder, anxiety, cognitive slippage, contentment, pain, mood and stress. Although the tests are designed for clinical use, some of them are suitable for assessing the effectiveness of pharmaceuticals in clinical studies.

The following characteristics distinguish rapid assessment tools from other forms of standardized measures:¹

- They are self-report measures, filled out by the client.
- They tend to be short (one to two pages), easy to administer, and easy to complete (usually in less than 15 minutes).
- They are generally written in clear, simple language that the client can understand.
- They can be scored rapidly, often in the presence of the client.
- The interpretation of the measure is straightforward and clear.
- Use of the measure by the practitioner does not require extensive knowledge of testing procedures.
- They do not require subscription to a particular theoretical perspective.
- They provide a systematic overview of the client's problem as well as information on individual aspects that may be discussed in the interview.
- The overall score provides an index of the degree, intensity or magnitude of the client's problem.
- They can provide a structured means for collecting data that is standardized and comparable across applications of the measure, both for individual clients and across all clients.
- They can be used on a one-time basis, or as repeated measures, thereby producing information on changes in the client's problem over time by comparing scores from one administration to another. The scores obtained can be plotted on a single-system design chart, allowing easy visual inspection of changes.

The book begins with six chapters:

- Introduction
- Basic Principles of Measurement
- Types of Measurement Tools
- Advantages and Disadvantages of Rapid Assessment Tools
- Selecting measures for Practice
- Administering the Instruments

Volume 1 includes 46 measures for couples, 63 for families, and 60 for children. Volume 2 includes 302 measures for adults. The following example (discovered by the reviewer to be authored by his sister) illustrates the entries for the test:

Goldfarb Fear of Fat Scale (GFFS)

PURPOSE. To measure the fear of gaining weight.

AUTHOR Lori A. Goldfarb

DESCRIPTION. The 10-item GFFS measures one of the underlying emotional experiences of eating disorders, the fear of becoming fat. The instrument can also be used to assess weight phobia. It is also useful in identifying clients at risk of bulimia or anorexia as well as in assessing the state of those already suffering from these disorders.

NORMS. The GFFS was developed on student and clinical samples. The mean score was 25.5 for 98 high school females. A sample of randomly selected college students had a mean of 18.33, while a small sample of anorectic patients (N = 7) had a mean of 35.0. A third sample of college females has a mean of 30 for a group of diagnosed bulimics, 23.9 for "repeat dieters," and 17.3 for nondieting females.

SCORING. Each item is rated on a scale from 1 to 4, "very untrue" to "very true." Scores are the sum of each item, and range from 10 to 40 with high scores indicating more fear of gaining weight.

RELIABILITY. The GFFS has been shown to have very good reliability. The internal consistency reliability using coefficient alpha was .85. Over a one-week period, the GFFS has excellent stability, with a test-retest correlation of .88.

VALIDITY. The validity data generally are positive. There were significantly different scores for samples of anorectic patients and college females; the scores also differed between bulimic and repeat dieters and nondieters. Both of these studies reflect known-groups validity. Correlations between the GFFS and state-trait anxiety, depression, neuroticism, maladjustment, and control and achievement orientations demonstrate concurrent validity. The GFFS was negatively correlated with self-esteem.

PRIMARY REFERENCE. Goldfarb, L.A., Dykens, E.M., and Gerrard, M. (1985). The Goldfarb Fear of Fat Scale, *Journal of Personality Assessment*, 49, 329-332. Instrument reproduced with permission of Lori A. Goldfarb and the *Journal of Personality Assessment*.

AVAILABILITY. May be copied from this volume.

GFFS Instrument

Please read each of the following statements and select the number that best represents your feelings and beliefs.

- 1 = Very untrue
- 2 = Somewhat untrue
- 3 = Somewhat true
- 4 = Very true

___ 1. My biggest fear is of becoming fat.

- ___ 2. I am afraid to gain even a little weight.
- ___ 3. I believe there is a real risk that I will become overweight someday.
- ___ 4. I don't understand how overweight people can live with themselves.
- ___ 5. Becoming fat would be the worst thing that could happen to me.
- ___ 6. If I stopped concentrating on controlling my weight, chances are I would become very fat.
- ___ 7. There is nothing that I can do to make the thought of gaining weight less painful and frightening.
- ___ 8. I feel like all my energy goes into controlling my weight.
- ___ 9. If I eat even a little, I may lose control and not stop eating.
- ___ 10. Staying hungry is the only way I can guard against losing control and becoming fat.

The book is available in bookstores.

Reference

1. Levitt, J.L., and Reid, W.J. (1981). Rapid-assessment instruments for practice, *Social Work Research and Abstracts*, 17,13-19.

Reviewer

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Reservations / YUPC Assessment Loans. Resources/Research. Tests. Theses. 4th ed.; Vol. 1 & Vol.2. Notes: 1) See newer edition of this book here 5th ed. 2) Reference Desk. 3) Compendia: MCPV1-4, MCPV2-4. Year: 2007. Post navigation. † Measuring health: A guide to rating scales and questionnaires Learning disabilities: From identification to intervention †. Search the PRC. Search. In Measures for Clinical Practice, Volume 1: Couples, Families, and Children, and Volume 2: Adults, Corcoran and Fischer provide an extensive collection of more than 400 "rapid assessment instruments" (RAIs), including many questionnaires and scales, which assess virtually any problem commonly encountered in clinical practice. Corcoran and Fischer have revised this edition to reflect new research and contemporary clinical practices. Brief and easy to administer, these "best practice measures" will be useful for all types of therapeutic and theoretical orientations. All instruments are actually reprinted in the book, and are carefully introduced and evaluated to aid in their selection. his fourth edition of Designing Clinical Research (DCR) marks the 25th anniversary of the publication of our first edition. We designed it as a manual for clinical research in all its flavors: clinical trials, observational epidemiology, translational science, patient-oriented research, behavioral science, and health services research. We used epidemiologic terms and principles, presented advanced conceptual material in a practical and reader-friendly way, and suggested common sense approaches to the many judgments involved in designing a study. The investigator measures fish intake in a group of subjects at baseline and periodically examines them at follow-up visits to see if those who eat more fish have fewer coronary heart disease (CHD) events. a sourcebook. 4th ed. by Joel Fischer, Kevin Corcoran. 0 Ratings. 0 Want to read. 0 Currently reading. 0 Have read. This edition published in 2007 by Oxford University Press in Oxford Rev. ed. of: Measures for clinical practice / Kevin Corcoran, Joel Fischer. 3rd ed. c2000. Includes bibliographical references. Classifications. Library of Congress. BF176 .C66 2007, BF176.C66 2007. The Physical Object.