

ASSESSMENT COMPETENCY

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"Assessment is an ongoing, interactive, and inclusive process that serves to describe, conceptualize, characterize, and predict relevant aspects of a client" (McHolland, chap. 21, p. 163). It is unique among the major components of the core curriculum that constitute the foundation of the functioning and identity of the professional psychologist. Once the cardinal skill of the practicing psychologist, assessment has taken a progressively less central role in defining the profession. During the past three decades, assessment has become the target of intense scrutiny and dissatisfaction from within psychology as well as from outside the profession.

A core curriculum in assessment must provide students with the comprehension, knowledge, and skills to meet current societal assessment needs and prepare students to meet the future needs of a rapidly evolving society. To accomplish these goals, the construction of a core curriculum in assessment must be based on and responsive to a systematic review of the criticisms of traditional psychological assessment.

Historical Context: Criticisms of Assessment

The degree to which psychological assessment is considered a valued skill in the profession of clinical psychology has fluctuated substantially in recent decades. The emergence of psychology as an applied profession is intimately linked to the advent of intelligence testing early in this century and to the growth of personality testing in the 1950s. Throughout the first half of this century, the perceived efficacy and real successes of psychological testing led psychologists and the general public to hold its practice in high esteem.

In the early 1960s, however, the value, validity, and desirability of psychological assessment came under serious attack by factions within the profession and external to it (Holt, 1967). Popular works (e.g., Black, 1963; Gross, 1962; Whyte, 1956) criticized psychological testing on the grounds that it was intrusive, controlling, invalid, and antithetical to democratic principles, limiting the individual's opportunities for educational and career advancement. In 1965, spurred by these arguments and by the public indignation that they aroused, special congressional committees investigated the charge that psychological testing constituted an unwarranted invasion of privacy. Psychologists

were concerned that Congress might place severe restrictions on the practice of psychological assessment (Messick, 1965). The threat of governmental controls prompted the devotion of an entire edition of the *American Psychologist* to the congressional inquiries and to the issues that they raised (Brayfield, 1965).

At the same time, the status of assessment among practicing psychologists was rapidly waning. Before World War II, the clinical psychologist's role consisted primarily of psychological testing and evaluation. After the war, psychologists gained widespread access to the practice of psychotherapy. Increasingly, clinical psychologists considered psychotherapy as their primary professional activity, rather than psychological assessment. In this process, clinical psychologists wanted to expand their professional identity beyond the former role of psychodiagnostic assistant, subservient to the psychiatric therapist.

In this climate, behavioral psychologists and humanistic psychologists stood on common ground in finding fault with psychodiagnostic testing. Each faction rejected the diagnostically oriented medical model of psychopathology on which psychological assessment had been based. Social learning theorists argued that diagnosis was unreliable and perpetuated psychological problems through the effect of social labeling (Ullman & Krasner, 1969). Humanistic psychologists found psychodiagnostic assessment to be excessively abstract and removed from experience, reductionistic, artificial, excessively intellectualized, and judgmental (Sugarman, 1978). Behaviorists and humanists agreed that assessment focused too heavily on client deficits to the relative exclusion of competencies and strengths (Goldfried & D'Zurilla, 1969; Maslow, 1962). They asserted that this emphasis severely limited the potential for effective intervention by omitting identification and evaluation of those client capabilities that could most readily provide the basis for problem resolution.

A sampling of attitudes and behaviors of members of the profession during this period reflected the changing climate and practices in assessment. Repeated canvassing of psychologists working in a range of clinical settings (e.g., inpatient facilities, outpatient clinics, counseling centers) confirmed a steady decrease in the proportion of time devoted to assessment from 44% in 1959 (Sundberg, 1960, cited in Lubin & Lubin, 1972), to 28% in 1969 (Lubin & Lubin, 1972), to 22% in 1982 (Lubin, Larsen, Matarazzo, & Seever, 1986). Despite this decline, among employers advertising clinical positions in the American Psychological Association Employment Bulletin in 1971-1972, 91% considered testing skills a condition of employment, 84% required familiarity with projective techniques, and 89% sought applicants with both projective and objective testing skills (Levy & Hayward, 1975).

Conceptual Framework for Assessment Training

Restructuring the Outmoded Model

Considering its 30-year history of adverse criticism and decline in status, it may seem incongruous that assessment retains a fairly central place in the training of psychologists and that practitioners continue to value it as highly as they do. In fact, it has been argued that assessment does not maintain its status as a result of its effectiveness, but merely because it constitutes a function and a marketable skill unique to the profession (Breger, 1968).

We contend that there are multiple, sound, and substantive reasons for the persis-

tent vitality of assessment in training and in applied settings. First, and probably most important, the nature of assessment has changed dramatically, concurrent with and in many respects in response to the criticisms. Much of the critical literature finds fault with an increasingly outdated model that equates assessment with

1. testing
2. of an individual person
3. conducted as a prelude to treatment
4. for the primary purpose of formulating a diagnosis.

Such a model is easy to discredit, primarily because it is outmoded.

The advent of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980) and its subsequent revisions, which replaced the impressionistic description of earlier diagnostic systems with specific criteria for diagnostic classification, has greatly reduced the relevancy and utility of test data in clarifying diagnosis. The diagnostic criteria of recent versions of the DSM-III lend themselves more readily to interview data and to behavioral observations than to test data. The development and dissemination of behavioral assessment approaches, which are often more compatible with interviewing and monitoring techniques than with the administration of standardized tests, have diminished the need for routine formalized pretreatment testing.

If the function of psychological testing is conceived narrowly as an aid to pretreatment diagnosis, it becomes at best uneconomical and at worst superfluous. Assessment in many treatment cases is best construed as an inherent, relatively informal, and ongoing component of treatment. Nevertheless, it is likely that the formalized, structured, detailed training psychologists receive in testing and assessment provides them with the ability to conduct informal assessment during treatment with a much greater level of sophistication and efficacy than therapists from other disciplines. In this sense, training in assessment provides psychologists with a disciplined approach to conceptualizing and hypothesizing about a given client.

Expanding the Dimensions of Assessment

As the need for formalized pretreatment testing has diminished, the demand for psychological testing and assessment skills in other contexts has expanded. Educational, legal, medical, business, and other professionals have turned increasingly to psychologists for assessment of individuals, groups, systems, and programs. Extensive assessment training, particularly in testing, equips psychologists with the ability to conduct assessments in a wide range of fields with relatively quick and accurate evaluations of a range of aspects of functioning (e.g., intelligence, academic achievement, personality style, behavioral predispositions, attitudes, interests, neuropsychological impairment). In these contexts, psychological assessors will assume a consultative role vis-à-vis other professionals. Consequently, other professionals will expect psychologists to address the types of questions that require familiarity with areas beyond the traditional diagnostic and treatment concerns of the clinician. As they develop expertise in responding to the assessment needs of other professionals, psychological assessors will have to become conversant with the concerns, norms, and knowledge bases of those professionals.

A core curriculum in assessment must orient doctoral candidates toward this wide

potential range of demands. Students must become conversant with a broad-based model of assessment encompassing a range of approaches and instruments. In addition, effective consultative skills must be developed as an integral component of the assessment enterprise. Perhaps most important, the core curriculum must impart a conceptual framework for assessment that is extensive and flexible enough to accommodate a wide spectrum of needs evolving from disciplines with concerns that may be at times far afield from the traditional province of clinicians.

A model capable of serving this extended range of purposes must recognize several concepts explicitly:

1. A competent professional psychologist draws on diverse methods of evaluation, determining which methods are best suited to the task at hand, rather than relying solely or primarily on formalized testing as an automatic response to situations requiring assessment.
2. The appropriate subject of evaluation in many instances is not an individual person but a couple, family, organization, or system at some other level of organization.
3. The skills required for assessment can and should be applied to many situations other than pretreatment evaluation, including, for example, treatment outcome, program evaluation, and problems occurring in a broad spectrum of nonclinical settings.
4. The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action rather than producing a diagnostic classification as an end in itself. In many situations, it is more pertinent to identify strengths or competencies that can be built on than to detect deficits for categorization.

In the past, core-assessment curricula were organized around particular tests or types of tests. Training in psychological evaluation tended to focus almost exclusively on the technical aspects of administration, scoring, and interpretation of particular instruments. The recent history of psychological assessment underscores two crucial reasons why a curricular shift toward greater stress on the conceptual foundation of assessment is imperative. First, without such a foundation, the probability of naive and inappropriate application of specific assessment techniques is increased drastically. Second, in a field moving in new and unanticipated directions, grounding instruction in the mastery of the use of specific techniques and instruments increases the risk of over-emphasizing skills highly vulnerable to obsolescence, while failing to provide the fundamental understanding of assessment needed to comprehend new emerging procedures.

Assessment as a Generic Process

A core curriculum in assessment that is designed to prepare students for sophisticated, effective, ethical, professional functioning in a wide range of possible settings and contexts must be structured around the concept of assessment as a generic process. Within such a framework, the execution of particular assessment techniques is conceived of as only one component of a much more extensive enterprise. This curriculum should explore in detail a number of discrete steps in the assessment process that tra-

ditionally have been neglected or addressed tangentially. These include, for example the following:

1. Formulation of a referral question. This aspect of the assessment process did not require extensive attention when evaluations were conducted routinely in mental health settings as an aid to diagnosis. As the composition and range of consumers of psychological assessment services has expanded, this step has become more critical. At the outset, it is crucial that time be spent clarifying with the referral source exactly what questions he or she hopes will be answered through the assessment process. This requires refined consultative interviewing skills on the part of the psychologist to help the referring agent clarify and articulate what he or she expects to discover or to be able to decide on the basis of the assessment. Only with an explicitly formulated referral question can the psychologist determine what types of instruments and techniques are appropriate, what information he or she needs to collect, and what issues need to be addressed by the findings of the evaluation. In short, the more time and care that is spent in this initial step, the easier and more effective the remainder of the process will be.
2. Selection of methods. Inherent in this model is the assumption that there are multiple legitimate methods including, but not limited to, testing for obtaining relevant information. In the past, the equation of assessment with testing too often failed to acknowledge the central function of interviewing and of behavioral assessment in the evaluation process. As a consequence of equating assessment with formalized testing, traditional models failed to provide workable methods of evaluating couples, families, organizations, and systems.
 We believe that assessment will and must undergo a transition analogous to the change that has been occurring in intervention: movement away from parochialism toward eclecticism. In an eclectic approach, questions such as which types of assessment technique are best (e.g., behavioral vs. traditional testing, self-report vs. observational data, projective vs. objective testing) come to appear meaningless. Various techniques come to be seen as different tools, each of which has an appropriate range of purposes. The relevant question becomes not which technique is superior but which combination of methods is best suited to the task at hand; that is, which set of techniques is most likely to provide information that can most fully and accurately answer the referral questions.
3. Information collection and processing. This step in the process encompasses the actual execution of assessment techniques (e.g., test administration, behavioral monitoring) and summarization of the collected data (e.g., scoring tests responses, graphing behavioral observations). It is more important that students have a conceptual foundation in each major type of assessment technique (e.g., clinical interviewing, intelligence testing, projective testing, objective testing, behavioral assessment) than mastery of many specific techniques. Full comprehension of a class of techniques likely can be achieved only through hands-on experience. In this regard, it is probably important that the core curriculum provide students with mastery of one technique that is representative of each type of assessment procedures. Familiarity with the conceptual model of a class of assessment techniques and with a specific technique exemplifying that class provides students with a knowledge and skill base from which other techniques in that class can be assimilated through subsequent course work, supervised clinical work, or self-instructional materials.

4. Generation and integration of interpretive hypotheses. A distinction that often receives insufficient explicit attention in assessment training, and which students find difficult to grasp fully, is the difference between the raw data yielded by evaluative procedures and the interpretive conclusion drawn from those data. In most instances, the data themselves (e.g., test scores, statements made in an interview, behavioral observations) have little value or meaning especially from the viewpoint of the consumer (i.e., the examinee or the referral source). Data must be interpreted into meaningful conclusions.

Data attain meaning only when their interpretive implications, in relation to a theory or a body of empirical data, are formulated. These implications rarely constitute facts or certainties but are almost inevitably conjectures and statements of probability derived from knowledge of a given response's possible theoretical significance, empirical correlates, or likelihood of repetition in situations outside the assessment setting. An interpretive conjecture derived from any single datum carries a fairly high level of uncertainty. It is only when multiple interpretations from various sources are combined to support, contradict, embellish, and modify each other that a reasonably high degree of accuracy can be achieved. The more completely these concepts are understood, the less likely students are to formulate erroneous conclusions as a result of uncritical acceptance of cookbook interpretive manuals, computer-generated interpretive narratives, or other materials that may blur the distinction between data and their possible meanings.

5. Dissemination of findings. Ultimately, the value of an assessment rests on the ability to communicate information, oral or written, to the examinee or the referral agent in a manner in which it can be understood and used effectively. This requires the identification, development, and exercise of skills, primarily of a consultative nature, not often explicitly recognized as components of the assessment process. The psychologist must be able to translate findings into jargon-free terminology, phrase them in a way that will minimize the possibility of misinterpretation, and provide adequate responses to questions posed by the referring agent. This often entails assisting in the formulation of a constructive action plan.

Conclusion

The extensive knowledge base and multiple skills that make up the assessment process cannot be conveyed adequately through the core curriculum alone. At the onset of training, assessment should be introduced as a generic process that is more extensive than the method for gathering and processing information. Excessive attention to methodology, to the relative exclusion of the broader framework of the assessment process, is likely to lead to unsophisticated, inappropriate, and inept application of those methods learned. The resulting poor level of practice may well be largely responsible for the criticisms of assessment.

The majority of the material taught in the core curriculum of many professional psychology programs may continue to focus on specific assessment procedures. However, understanding this material in the explicit context of the total assessment process will help ensure that the methods taught will be applied in an appropriate, responsible, competent, and ethical manner. Moreover, the flexibility of application of the generic model

compared with extensive instruction in particular assessment techniques will prepare students to respond more competently to the changing market for psychological assessment services.