



FIFTH EDITION

PRINCIPLES AND APPLICATIONS OF
**ASSESSMENT IN
COUNSELING**

SUSAN C. WHISTON

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SUSAN C. WHISTON

Indiana University



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To Jen, Michael, and Matt

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Preface

Consistent with previous editions of *Principles and Applications of Assessment in Counseling*, this edition is based on the premise that counselors functioning in almost all clinical or school settings must have a sound understanding of assessment. I will argue that assessment is an integral part of the counseling process and that all practitioners need refined assessment skills. In my opinion, selecting a treatment or determining the appropriate counseling theory should be based on a sound and comprehensive assessment of the client. Sound assessments are not used solely at the beginning of the counseling process; they are also used to monitor treatment and evaluate therapeutic services at the conclusion of counseling. Sound assessments occur when a counselor gathers accurate information and interprets and uses that information in an appropriate manner. The importance of sound assessment procedures applies to both formal and informal assessment techniques that are used throughout the counseling process. The goals of this book are, first, to provide a foundation in assessment so clinicians can select and use sound assessment techniques and, second, to expose counselors to a variety of assessment areas and issues.

New to This Edition

The field of assessment in counseling is continually changing and evolving; hence, this edition was initiated to reflect many of those changes. A significant influence on the field of assessment is the *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, National Council on Measurement in Education, 2014), and a new edition of this resource was published since the last edition of this book. This resource, which is often referred to as the *Standards*, is frequently considered the guidebook in the area of assessment, and its content had a significant influence on many of the changes in my book. In particular, new information is infused into the first four chapters of this book. The infusion of new information, however, is consistent with the other editions of this book in terms of keeping the coverage of basic measurement concepts fairly simple and understandable.

One of the major changes to this edition of the book is the organization of the chapters. Consistent with the older versions of the book, the first four chapters address basic measurement concepts that provide a foundation for the remainder of the book. New to this edition, the fifth chapter addresses ethics and legal issues in assessment. A few of my colleagues have suggested moving this chapter earlier in the book, and I have followed their advice in this fifth edition. This chapter on ethics and legal issues includes information from the *2014 ACA Code of Ethics* (American Counseling Association, 2014). With this edition of the book, the chapter on ethics and legal issues is followed by a chapter related to assessment issues in working with diverse populations. Given the changing demographics in the United States and the need for assessment in counseling internationally, this is an important chapter.

New to this edition of the book is an expansion of the chapter related to initial assessment. This chapter was primarily rewritten to correspond to the 2016 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards. Another

change concerns the chapter that addresses the assessment of intelligence or general ability, which now includes information on the recently released *Wechsler Intelligence Scale for Children—Fifth Edition* (WISC-V). The chapter that covers assessing achievement and aptitude assessment focuses on new developments in the area of achievement testing and includes information on the new SAT. I have included an entirely new chapter to this edition, which addresses the topic of behavioral assessment. This addition was also in response to the 2016 CACREP Standards that require students to be competent in systematic behavioral observations.

Diagnostic skills are important for all counselors, and Chapter 15 contains an overview of the *Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition* (DSM-5). The DSM-5 is the most widely used diagnostic system of mental disorders in the United States, and this chapter introduces the reader to the DSM-5 and to the disorders most commonly diagnosed by counselors. Also new to this edition of the book is a chapter devoted exclusively to the monitoring and evaluation of counseling. There is compelling research that counselors who receive consistent feedback on client progress tend to have better outcomes as compared to counselors who do not receive feedback; therefore, monitoring client progress is important. In addition, in these days of accountability counselors need to be able to evaluate counseling services and assessment plays a critical role in the evaluation process, which is also addressed in this chapter.

Overview of the Book

In the first four chapters of this book, I focus on the underlying measurement principles of any type of psychological assessment. This section is designed so that clinicians have a foundation in basic measurement concepts and the fundamentals of reliability and validity. The goal is to provide fundamental information that can be used to evaluate many types of formal and informal assessment techniques. Although the intent of this book is not to turn readers into statisticians, there are a few formulas. Readers, however, are encouraged to focus more on concepts than on mathematical calculations. For example, in most instrument manuals, there will be standard deviation(s), and counselors will not need to calculate a standard deviation. They will, however, need to understand how the standard deviation is calculated and what it means. Chapter 1 introduces assessment terms and briefly describes some of the historical influences on assessment practices and procedures. To use many assessment instruments properly, counselors need an understanding of some basic statistics that *describe* individuals' scores. Therefore, Chapter 2 includes a discussion of the two basic types of assessment instruments (i.e., norm-referenced and criterion-referenced) and some fundamental information on measurement and scoring.

Furthermore, counselors also need to understand the psychometric qualities of assessment instruments. In general, the psychometric qualities considered by experts in assessment to be of primary importance are *reliability* and *validity*. In counseling, these psychometric qualities are important as they help the clinician decide if and how an assessment technique should be used. Chapters 3 and 4 cover these two topics as well as how they are important in both evaluating instruments and determining the meaning of the assessment results.

Because the professional responsibilities associated with assessments are substantial, any professional counselor must have comprehensive knowledge of ethical practices and professional standards related to counseling assessment. Chapter 5 of the book addresses the importance of ethical and legal practices in assessment. In particular, there is a focus on the *2014 ACA Code of Ethics* that should guide every counselor's practice. This chapter also

includes an overview of legislation and litigation cases that are pertinent to assessment. Competent assessment also requires knowledge about the influence of background and culture, particularly as it relates to race and ethnicity and other issues of diversity. Chapter 6 provides an overview of topics relevant to the assessment of diverse clients. Other responsibilities of counselors in the assessment process are the selection of an instrument, administering the instrument, scoring it, and communicating the results to a client. These activities are covered in Chapter 7.

Chapter 8, which discusses initial assessment in counseling, focuses on topics related to the initial interview and to assessment methods that can be used during the first session with a client. This chapter addresses topics such as how to assess for possible suicidal ideation. Chapters 9 and 10 address the assessment of human cognitive abilities: Chapter 9, the measure of intelligence or general ability; and Chapter 10, achievement and aptitude assessment. Counselors are expected to be knowledgeable in these areas and to be able to interpret the results from instruments that measure them. Our society is changing rapidly, and these changes influence work and employment, resulting in many individuals seeking career counseling. Because assessment is often a part of career counseling, this area is addressed in Chapter 11. Chapter 12 discusses personality assessment and many of the methods used to assess personality. Chapter 13 is a new chapter, which encompasses the topic of behavioral assessment and particularly how to conduct systematic behavioral observations. There is also a chapter, Chapter 14, which focuses on assessing couples and families.

An important primary step in the counseling process is often assessment and diagnosis. Accurate diagnosis of client issues and problems is central to the counseling process—if a counselor misdiagnoses or does not properly assess the client’s issues in the initial stages, then the chances of providing effective counseling services are diminished. In many mental health settings, counselors must have refined diagnostic skills. Therefore, Chapter 15 is designed as an introduction to the *Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition* (DSM-5), a commonly used diagnostic system. The book concludes with a discussion of the importance of monitoring client progress and how assessments are used in this monitoring process. Chapter 16 concludes with a summary of how to use assessments in the evaluation of the effectiveness of the counseling.

Acknowledgments

I wrote the first edition of this book while on sabbatical at the University of Nevada, Las Vegas. Although many people from Las Vegas contributed to the first edition of this book, one of my colleagues, Fred Kirschner, deserves a special note of gratitude. Fred’s guidance during the first edition of the book continued to influence my writing of this edition.

In all editions of this book, I have attempted to write from a student perspective. I need to thank my students at Indiana University whom I continue to learn from and who influenced this edition of the book. The students at Indiana University are an outstanding group, and I am lucky to have the opportunity to work with these exemplary emerging professionals. I also want to thank Julie Martinez and Elizabeth Momb who were extremely supportive of a fifth edition of this book. In addition, a number of reviewers contributed valuable input and suggestions; among them were Nancy Leech, University of Colorado Denver; Mary Deacon, Liberty University; Regina Kakhnovets, Austin Peay State University; Joshua Gold, University of South Carolina; Edward Wahesh, Villanova University; Edward Keane, Housatonic Community College; and Stephanie Bailey, Loyola Marymount University. Their assistance is much appreciated.

This edition of the book is dedicated to my children, Jen, Michael, and Matt, who are all maturing into wonderful people in spite of their mother. I have continued to assess them since they were babies and I always have been happy with the results. I would also like to thank Kevin, who served as a resource on content and who was extremely supportive during the writing of this edition of the book.

*Susan C. Whiston
Indiana University*

CHAPTER 1

Assessment in Counseling

Learning Objectives

- L01** Define the term *assessment*
- L02** Debate whether assessment is an integral part of counseling
- L03** Understand the Council for the Accreditation of Counseling and Related Educational Programs' (CACREP) standards for assessment
- L04** Distinguish among the different types of assessment tools
- L05** Comprehend major historical influences on today's practices in assessment

By their very nature, humans are complex, and the more pieces of the human puzzle clinicians can access, the more likely it is that they will have a more complete picture. As with a jigsaw puzzle, if counselors have only a few pieces of the puzzle, they will have a hard time determining what the whole picture is. Formal and informal assessment techniques can assist counselors in gathering “puzzle pieces,” thus facilitating a more comprehensive view of clients. Counselors with numerous methods for accessing client information have more material to use in a therapeutic manner than do those who have limited assessment skills.

As a counselor, you will regularly assess clients. This assessment may address what the client's issues are, the magnitude of his or her problems, the client's strengths and level of motivation, or whether counseling can be beneficial. Assessing people is probably not entirely new to you. Chances are you have been doing assessment on an informal basis for many years. When you walk into a class for the first time, you may begin to casually assess your fellow classmates. You may have also assessed personalities or interests of people at a social gathering. Assessing other individuals is part of everyday life; it is also part of the counseling process. In the 1930s and 1940s, many people viewed the terms *counseling* and *assessment* as being synonymous and most of the public thought counseling always involved the use of tests (Hood & Johnson, 2007). The majority of clinicians currently do not see counseling and assessment as synonymous; however, client assessment does continue to play a crucial role in the counseling process.

L01 What Is Assessment?

Before further pursuing the topic of assessment in counseling, it is important to discuss the precise meaning of assessment. A term closely associated with assessment is **psychological test**, which Anastasi and Urbina (1997) defined as an objective and standardized measure of a sample of behavior. Cronbach's (1990) definition is similar, with a test being a systematic procedure for observing behavior and describing it with the aid of numerical scales or fixed categories. As these two similar definitions suggest, many of the definitions of assessment have some commonalities. They all discuss getting a measure or using some type of measurement. In assessment, counselors often want an indication of quantity (e.g., How depressed is the client? Are the test scores high enough to get into an Ivy League school?). In simple terms, in assessment we are often attempting to determine whether there is a lot of "something" or just a little.

The issue of quantity leads to the next topic: the something that is being measured. In counseling, practitioners are often interested in human constructs such as emotions, career interests, personality factors, abilities, and aptitudes. These *constructs*, however, are difficult to measure directly. For example, individuals cannot give a pint of emotions in the same way they can a pint of blood. Humans, for the most part, indicate their emotions by their behaviors, their statements, or even the answers they give on a questionnaire. It is important to remember that speaking and responding to a questionnaire are behaviors. Even when people take a test or an assessment, their answers are just a sample of behaviors in that area. Thus, for most of the areas in which counselors want to gather information, all that they can truly gather are *samples of behavior* (although in very rare instances, a clinician may use a physiological measure, such as pulse rate as a measure of anxiety). In addition, when assessing clients, counselors observe a sample of behavior and then *infer* certain meanings from those behaviors. Hence, when first beginning to observe or assess a client, counselors should consider their observations as a sample of behavior and then reflect on two important questions: First, is the sample of behavior indicative of how the person usually behaves, and second, are the inferences being made about this sample of behavior correct?

If the intent is to obtain a sample of behaviors and make some inferences or clinical decisions, then it makes sense for counselors to be careful about the manner in which they obtain the behavior samples. Being careful during the assessment process is particularly important when the intent of the assessment process is to compare individuals and make decisions (e.g., to determine who gets a scholarship or whether a client has a substance abuse problem). This care is related to the third common point in the definitions of assessment—an objective or systematic measure of behavior. For example, if a counselor wants to assess clients' level of motivation, then she would need to gather samples of behaviors that reflect each client's level of motivation. The counselor might decide that a direct approach is good, so she would ask each client about the level of motivation. To the first client, she might ask, "Are you motivated to try some different things in counseling?" To the second client, she might ask, "Are you motivated?" With the third client, she might say, "You do not seem very motivated. Are you?" This counselor's way of gathering samples of behavior will probably affect the behaviors of the clients, so their answers may be quite different depending on the way she asks the question. This illustrates how important it is that, in assessment, the manner of gathering behavior samples be objective, standardized, and systematic.

Although this book's focus is on assessment and appraisal in counseling, it does adhere to the traditional definition of psychological assessment. To be fair to all clients, assessments need to be systematic and objective. With assessment in counseling, clinicians are, in essence, gathering samples of client behaviors and making inferences based on those

behaviors. Therefore, when considering assessment strategies, clinicians should focus on the methods or procedures used for gathering the samples of behavior. For example, a counselor interviewing a client should consider what behaviors are being sampled and whether these behaviors are typical of that client. The counselor also needs to consider the inferences he makes about the client and the evidence (or validity) of those inferences.

The final aspect of assessment is measurement. When assessing a client, a counselor is attempting to measure some aspect of the client. Even if the question is whether or not the client has some particular attribute, the assessment involves measurement. For instance, determining whether a client is suicidal involves measuring the degree to which suicidal indicators are present. One of the challenges in assessment is finding methods for obtaining meaningful measures of many psychological constructs. For example, we cannot say a client has one liter of anxiety.

A distinction is sometimes made among the words **assessment**, **appraisal**, and **testing**. The *Standards for Educational and Psychological Testing* (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 2014), which is one of the primary authoritative sources related to assessment, distinguishes between the terms *test* and *assessment*. It defines assessment as “a broader term than test, commonly referring to a process that integrates test information with information from other sources (e.g., information from other tests, inventories, and interviews; or the individual’s social educational, employment, health or psychological history)” (p. 2). In this book, the terms *assessment* and *appraisal* are used interchangeably, based on the opinion that they both include the use of formal and informal techniques, not just standardized tests. Assessment and appraisal are not just formal psychological evaluations; in this book, they are defined as procedures for gathering client information that is then used to facilitate clinical decisions and provide information to clients. A distinction, however, does need to be made between **tests** and **instruments**. The term *test* is often reserved for an individual instrument in which the focus is on evaluation, such as a test that is graded in a class. Many instruments that counselors use, such as scales, checklists, and inventories, are designed to provide information and are not evaluative. In this book, the term *instrument* includes tests, scales, checklists, and inventories. As you read this book, there may be terms with which you are unfamiliar; in such a case, the glossary at the end of the book may be helpful.

Do Counselors Need to Know About Assessment?

Counselors should know about assessment because the American Counseling Association’s (ACA) (2014) *Code of Ethics* devoted an entire section (Section E) to evaluation, assessment, and interpretation. Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) stipulated that eight common core areas are required of all students in accredited counseling programs, one of which is assessment. Furthermore, assessment is one of the major topics on the National Counselor Examination (National Board for Certified Counselors, 2014). Hence, there are professional expectations that all counselors have training and knowledge in assessment and in the appropriate use of assessment instruments and techniques.

Numerous research studies indicate that counselors in a variety of settings (e.g., schools, community agencies, mental health facilities) view formal assessment strategies as a significant aspect of their work. Ekstrom, Elmore, Schafer, Trotter, and Webster (2004) surveyed school counselors. Ninety-one percent indicated they interpreted scores from tests/assessments and used the information in counseling. These researchers also found that

81% communicated and interpreted test/assessment information to parents and 80% had communicated and interpreted test/assessment information to teachers, school administrators, and other professionals. With the advent of school reform, school counselors are even more involved in the administration and interpretation of tests. With a sample of national certified counselors, Peterson, Lomas, Neukrug, and Bonner (2014) found that the most commonly used instruments were the Beck Depression Inventory, the Myers–Briggs Type Indicators, the Strong Interest Inventory, the ACT, the SAT/PSAT, and the Self-Directed Search.

Refined assessment skills can often assist counselors in providing treatment more quickly and efficiently. Meyer et al. (2001) compared the empirical evidence concerning psychological assessments and medical testing and found that psychological assessments are comparable to medical tests in terms of accuracy. In addition, the public expects that counselors understand assessment and are able to interpret assessment results. Both mental health and school counselors work with other professionals in multidisciplinary teams where other team members (e.g., psychologists) will quickly lose respect for a counselor who has limited knowledge of psychometric principles and common assessment instruments. Moreover, for some clients, formal assessment strategies have an influence above and beyond a counselor’s verbal comments. For these clients, assessment results either presented on a computer screen or printed on paper have greater credibility than what they know themselves or what the counselors may be telling them. For example, I have worked with career counseling clients who could articulate career preferences but who did not see those interests as being legitimate until the results of an interest inventory confirmed their preferences. In addition, a counselor can quickly tarnish her reputation by not being adequately prepared in assessment. As an example, a school counselor can quickly lose credibility with a student’s parents by not being able to interpret the results from an achievement test.

L02 **Assessment Is Integral to Counseling**

Some counseling students may view assessment as using only formal instruments and see it as an activity distinct from the counseling process. Consider for a moment the counseling process and the essential steps included in it. Although the counseling process is quite complex, it encompasses the following four broad steps:

1. Assessing the client problem(s)
2. Conceptualizing and defining the client problem(s)
3. Selecting and implementing effective treatment(s)
4. Evaluating the counseling

The following is a discussion of how assessment is an integral part of the counseling process. Sometimes clinicians think of assessment only as formal tests that are expensive and time consuming. I have a broader view of assessment that is focused on gathering information holistically and using different assessment tools throughout the counseling process.

Assessing the Client Problem(s)

In the initial stage of counseling, a counselor needs to assess the client problem because there is no “one-size-fits-all” approach to the therapeutic process. It is important that counselors skillfully assess the client’s problem, for if the assessment process is incomplete or inaccurate, the entire counseling process can be negatively affected. Furthermore, if counselors have limited assessment skills, they may miss or underestimate important client issues. If problems are delineated in an efficient manner, treatment can be initiated sooner.

Also, in mental health settings, unlike other counseling settings such as schools, counselors need to diagnose the client's problem in order for third-party payers (e.g., government, commercial insurers, managed care organizations) to pay for the mental health services (Gersten, 2013). More information on diagnosis will be provided in Chapter 15.

Epperson, Bushway, and Warman (1983) found that clients are more likely to continue in counseling if they and the counselor agree on the nature of the problem. Hood and Johnson (2007) recommended combining different types of assessment data (e.g., formal and informal) to maximize the strengths and minimize the limitations of different strategies. Meyer et al. (2001) found substantial empirical support for the practice of using multimethod assessment batteries and concluded that clinicians who use interviewing exclusively often have incomplete client information. Assessment skills, however, are not needed solely in this first stage of counseling; they are important throughout the entire therapeutic process.

Conceptualizing and Defining the Client Problem(s)

A counselor may be extraordinarily skilled at initial assessment, but if she refrains from gathering additional information, then the process will be hampered. During conceptualizing, the second stage of the process, counselors need to continually assess a client to ensure that they maintain an adequate understanding of the client's needs and problems. Distinguishing between simple and complex problems is critical in the selection of treatment and the effectiveness of the counseling. Mohr (1995) found that one of the most robust predictors of negative outcomes in counseling and psychotherapy is the clinician underestimating the severity of the client's problems.

Dawes (1994) presented some compelling evidence that counselors are not always objective in their perceptions and analyses of client issues. There is research supporting the notion that counselors do have a tendency toward *confirmatory bias* (Spengler, Strohmer, Dixon, & Shivy, 1995), which entails the tendency to seek evidence that confirms an individual's preferred hypothesis. For example, if a counselor believes that substance abuse is rampant in our society, that clinician may have a tendency to perceive many clients' issues as being related to their abuse of substances. Ægisdóttir et al. (2006) conducted a meta-analysis of studies that compared the predictions of mental health professionals with statistical methods and found that statistical methods were slightly more effective in making clinical decisions than mental health clinicians.

Fredman and Sherman (1987) proposed that clients often benefit from formal assessments because they can provide counselors with a different avenue for reaching the client. They contended that counselors should occasionally get away from relying completely on auditory experience and add visual, kinesthetic, and tactile dimensions to their sessions. They suggested that testing can provide a visual experience that often inspires more confidence in the information than do spoken words. In addition, this visual experience often motivates clients to take action about a conflict or problem. Thus, I assert that assessment skills are necessary for adequately conceptualizing the client's concerns, identifying contextual factors that may be contributing to the problems, and ascertaining factors that may be helpful in the treatment phase of counseling.

Selecting and Implementing Effective Treatment(s)

The third step in counseling involves selecting and implementing treatment that is based on the previous assessments; however, assessment does not stop once clinical treatment begins. Rather, the assessment process continues throughout the treatment phase of counseling. This is the stage of counseling where a counselor might use either informal or formal assessment to answer a therapeutic question or monitor progress.

Clients often come to counseling for assistance in answering questions such as: Should I drop out of school? Should I get a divorce? Should I change careers? Increasing the amount of information a client can use in decision making usually enhances his or her decision-making process. Selecting instruments that generate information about occupational choices, career interests, and family dynamics can often assist clients in making major decisions. Using assessment information to aid clients in decision making, however, does not always necessitate administering additional tests. Counselors can often use assessment instruments that clients have taken during previous educational experiences or in other situations. As an example, one client, who had taken the American College Testing (ACT) exam two years earlier, made his decision to pursue a new job after reviewing his scores from that test. Campbell (2000) argued that tests in counseling should provide new information and that counselors can use assessment results to encourage client learning and insight.

Sometimes clinicians believe that assessment is used only to identify problems or pathologies. This seems somewhat inconsistent with counseling's developmental and preventative foundation. Rather than using tests to diagnose pathologies or identify limitations, counselors can use an instrument's assessment to reveal strengths. Lopez, Snyder, and Rasmussen (2003) argued that clinicians must strike a vital balance between assessing strengths and limitations. Drawing from the substantial research supporting positive psychology, these authors contended that psychological assessment is currently slanted toward identifying limitations, even though there is compelling empirical evidence that constructs such as hope, resiliency, learned optimism, and courage are intimately tied with well-being and performance. Hence, if practitioners want to build on positive processes, outcomes, and environments, they should also assess the degree to which these positive factors are present. Wright and Lopez (2002) suggested a four-pronged approach to positive psychological assessment. In this approach, counselors should identify (1) undermining characteristics of the client, (2) client strengths and assets, (3) missing and destructive aspects of the client's environment, and (4) resources and opportunities within the environment. Counselors can also use positive psychological assessment to chart changes during the counseling process and to measure the development of client strengths.

In addition, during the third step in counseling, counselors need to continually monitor whether they have comprehensively understood the client and the client's situation. Furthermore, practitioners need to scrutinize whether progress is being made and adjust the counseling process if the client is not making progress toward the therapeutic goals. Research indicates that better client outcome is associated with therapists systematically and consistently monitoring client progress throughout the entire counseling process (Lambert, 2010).

Evaluating the Counseling

Finally, once the treatment phase is completed, counselors need to assess or evaluate whether it was effective. Once again, just as counselors need effective communication skills to help clients, they also need effective assessment skills related to evaluation. Outcome assessment can provide clinicians information about their own effectiveness and, if gathered by all clients, can provide information to administrators, appropriate boards (e.g., a school board), and other relevant organizations (e.g., a governmental organization that controls grant funding).

In the counseling profession, clinicians are frequently more interested in helping individuals than in showing that the services they provide are effective. This approach, however, puts many clinicians at risk, because there are increasing demands from legislators, administrators, foundations, managed-care providers, clients, and parents for tangible

documentation showing that counseling is both helpful and cost-effective. In these times of budgetary constraints, when school counseling positions could be cut, school counselors need to have accountability information readily available to document their usefulness (American School Counselor Association [ASCA], 2012). Watson and Flamez (2015) documented the necessity for community agencies and health care organizations to have well-designed accountability systems. Not only do counselors need knowledge of assessment to meet the accountability demands but outcome information can also be used in the counseling process. Some clients finding it very empowering to view assessment results that indicate they have made positive changes (e.g., feel less depressed).

Assessment Can Be Therapeutic

The view that assessment can be used in a therapeutic manner is sometimes contrary to how professionals think of testing and assessment. Counselors can, however, use assessment results to stimulate clients' self-awareness and exploration. Finn (2007) suggested a model in which the assessment itself is considered to be a therapeutic intervention. This *therapeutic assessment model* is compared with the traditional *information-gathering model*, in which assessment is viewed as a way to collect information that will guide subsequent treatment. The intent of therapeutic assessment is to promote positive changes in clients through the use of assessment instruments.

As will be discussed in Chapter 5, ethical guidelines state that clients have the right to assessment results; thus, therapeutic assessment recommends that the results be provided in a collaborative and therapeutic manner. In a meta-analysis of studies of therapeutic assessment, Poston and Hanson (2010) found that those who received a therapeutic style of assessment results had much better outcomes than those who received no assessments or a traditional model of providing assessment results.

Michel (2002) provided some examples of using assessments therapeutically with clients who have eating disorders. She argued that for these clients, assessments can provide self-verifying information, which can be very therapeutic. In addition, she indicated that “joining” or aligning with the clients' families can be facilitated by providing assessment information that acknowledges the difficulties of their situation. She recommended the following assessment strategies:

1. Continue to nurture and maintain the therapeutic alliance throughout the evaluation.
2. Present all findings in a helpful context, emphasizing that the results reflect the patient's communication.
3. Recognize that defensive protocols are useful, and attempt to discern the reasons for such responding.
4. Encourage and allow the patient to respond affectively, and give/modify examples of findings.
5. Tie the findings to the adaptive functions of the eating disorder.
6. Use examples from the assessment process and test findings to provide education about eating disorders to help normalize the patient's feelings.
7. Use psychological test results in the same manner with family members to enlist family involvement. (p. 476)

In counseling, assessment results can also be used in a therapeutic manner by helping clients make effective decisions. Counselors can use information gained from assessment to help clients weigh the pros and cons of a decision and examine the probabilities of expected outcomes. This manner of using assessment information, which is common in career counseling, can also be used with assessment results related to other issues.

L03 What Do Counselors Need to Know About Assessment?

Because assessment is an integral part of counseling, it is crucial that practitioners become competent in this area. CACREP (2009) accredits many counseling programs and has published standards, which include specific standards related to assessment. The following are the standards for assessment and a brief explanation of where the content related to these standards is addressed in this book:

ASSESSMENT—studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society, including all of the following:

- A.** historical perspectives concerning the nature and meaning of assessment;

A historical overview of assessment is provided later in this chapter. Although some readers may find a history of assessment a little tedious, it is important to know about the evolution of assessment and learn from some of the past mistakes that have occurred in this field.

- B.** basic concepts of standardized and nonstandardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, psychological testing, and behavioral observations;

Basic concepts regarding assessment techniques start in Chapter 2, which addresses the differences between norm-referenced and criterion-referenced assessments for both standardized and nonstandardized testing. Although this book focuses more on individual and group assessments of clients, it also includes some information on environmental assessments. In particular in Chapter 14, I talk about assessing the family environment, which is an important environmental influence for many individuals. Throughout the book, however, I stress that it is important to consider environmental influences on the individual when conducting any type of assessment. The definition of performance assessment is included in the next section of this book, and trends in this area are discussed particularly as related to achievement testing and assessment of intelligence. Furthermore, the middle section of this book is devoted to individual and group inventories, which includes psychological testing and behavioral observations.

- C.** statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;

An overview of statistical concepts relevant to assessment begins in Chapter 2 and is continued in Chapters 3 and 4. The thrust of this discussion is not to make the reader a statistical wizard, but to focus on statistical concepts that are necessary and useful in assessing clients and in interpreting results. For the math phobic reader, please focus on the statistical concepts as compared to the calculations. Many of the calculations, however, are quite simple and designed to help the reader understand the statistical concepts. Scales of measurement, measures of central tendency, indices of variability, and shapes and types of distributions are all covered in Chapter 2. Correlation is introduced in Chapter 3 and discussed again in Chapter 4.

- D.** reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);

Reliability is an important concept in assessment and it is addressed in detail in Chapter 3. Included in Chapter 3 is a discussion of classical test theory or theory of measurement error. Also covered are models of reliability and different methods for calculating estimates of reliability. In addition, I discuss how to use reliability information in both evaluating instruments and interpreting results to clients.

- E. validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity);

Validation evidence informs the clinician on how the instrument can be used and what the results mean; therefore, it is a critical aspect of assessment. Chapter 4 of this book includes information on the relationship between reliability and validity and the different types of validation evidence typically provided. When using formal assessments, counselors should focus on the reliability and validity evidence provided in the instrument's manual. When using informal assessments, counselors should also consider reliability and validity while using these instruments as reliability and validity evidence is not just applicable to formal instruments.

- F. social and cultural factors related to the assessment and evaluation of individuals, groups, and specific populations;

As the demographics of the United States are rapidly changing, it is important for counselors to consider relevant social and cultural factors. This is particularly important in the area of assessment where instruments may have been developed for appropriate use with only select clients. Therefore, counselors must be aware of social and cultural factors in assessment as interpretation may need to be more tentative with a client with a specific racial or ethnic background. Multicultural issues in assessment are frequently addressed in this book; however, these issues are specifically discussed in Chapter 6.

- G. ethical strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling.

Ethics are standards that guide the behaviors of professionals. In the *ACA Code of Ethics* (2014), an entire section is devoted to the area of evaluation, assessment, and interpretation (i.e., Section E). This topic is so important that this entire section of the *Code of Ethics* has been reproduced in Appendix A of this book.

L04 Types of Assessment Tools

In order to begin to understand the use of assessment in counseling, a practitioner needs to understand some of the basic types of assessment instruments. Assessment and testing are topics that often arise when counselors consult with other professionals (e.g., psychologists, social workers, and teachers). The field of mental health is moving toward a multidisciplinary team approach to treatment; hence, if counselors want to continue to be a part of this multidisciplinary team, they need to understand the nomenclature of assessment. Although there are many different ways to classify assessment instruments, the following information provides an overview of some commonly used categories and terms.

Standardized vs. Nonstandardized

For an assessment device to be considered a standardized instrument, there must be fixed instructions for administering and scoring the instrument. In addition, the content needs to remain constant and to have been developed in accordance with professional standards. If the instrument is comparing an individual's performance with that of other individuals, the instrument must be administered to an appropriate and representative sample. A non-standardized instrument has not met these guidelines and may not provide the systematic measure of behavior that standardized instruments provide.