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ABSTRACT

Contrary to current anti-testing sentiment, Sangamon State University's recently designed M.A. program in clinical psychology requires training in the use of psychodiagnostic instruments and presents assessment as an integral part of therapy or counseling. This paper offers empirical and conceptual support for this position. Data is summarized from a survey of mental health agencies in Illinois which indicates that these agencies desire MA psychologists who have assessment skills. In addition, a conceptual framework is described which outlines the process of effective prescriptive intervention and the implications of this framework for the role of assessment in counseling or therapy are specified. (Author)

EMPIRICAL AND CONCEPTUAL ARGUMENTS FOR TRAINING IN ASSESSMENT SKILLS

by

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It is not readily apparent that psychodiagnostic evaluation or assessment of any sort has a legitimate role to play in modern clinical, counseling or school psychology. Jones (Note 1) outlined the origins and consequences of the anti-diagnostic movement and summarized many of the present attitudes towards assessment in general. It appears that the current position of most professionals on this issue can be best characterized as ambivalent. This ambivalence was reflected clearly in the care with which the faculty approached the issue of required assessment courses in their design of the clinical psychology M.A. program at Sangamon State University.

As Noak (Note 2) has indicated, SSU developed and began offering testing courses primarily as a response to internal and external pressures. Although it seemed reasonable to offer these courses to those who were interested, it was not intuitively obvious that these courses should become an integral and required part of the clinical program. The faculty was well aware of the fact that many counseling, clinical and school psychology programs throughout the country and within Illinois no longer offered testing courses or offered courses which argued against testing rather than provided training in how to do it. In addition, all of us were personally acquainted with professionals who refused to do assessments on the grounds that available techniques were invalid, unreliable or more dangerous than useful. To some extent each member of the faculty probably had an overt or covert suspicion that these people were right.

The process of designing a completely new training program, however, provided a rare opportunity to review and reevaluate the role of assessment in modern clinical and counseling psychology in an atmosphere which was almost completely devoid of firmly established traditions, expectations or prejudices. We were beginning with a blank slate upon which was written the question "Should we require training in assessment skills?" The answer, as it turned out, was an overwhelming "Yes!" This affirmative response stemmed from two diverse sources of support; one was empirical and pragmatic in nature, the other conceptual and idealistic.

Empirical Support

A major consideration in our deliberations regarding the training we should provide at the M.A. level involved a discussion of the marketability of our graduates and their subsequent usefulness to their employers. The attitudes of the APA membership toward subdoctoral education had been reflected previously in the reports of APA conferences on training (Hoch, Ross & Winder, 1966; Raimy, 1950; Roe, Gustad, Moore, Ross & Skodak, 1959; Vail Conference, 1973) as well as in a survey of the general APA membership (Arnhoff & Jenkins, 1969). As far as we could determine, however, there has been no attempt to solicit opinions regarding desired training of M.A.'s from agency administrators. Rather than rely exclusively upon the professional or academic prejudices of the moment, therefore, we determined to survey potential employers of M.A.'s in Illinois and to solicit their input and opinions. This approach to the design of a training program appears to be relatively

unique and offered some interesting insights into current market demands, requirements and attitudes toward assessments.

300 agencies in Illinois were identified as potential employers. These agencies included private practice groups, public welfare agencies, correctional facilities and virtually every community mental health center and state mental health agency in Illinois.

The questionnaire constructed for this survey requested information regarding the salaries, status, demand for, and training desired of M.A.'s employed by each agency. Of the 300 questionnaires sent to agency directors, 164 (55%) were returned. Of these, 120 (78%) were from institutions categorized as state or community mental health facilities. Consequently, for present purposes it was decided to limit data analysis to this category.

The results of this investigation have been reported in detail elsewhere (Dimond, Havens, Rathnow & Colliver, Note 3) however I will review several specific findings which are directly relevant to the issues under consideration here. Not only did we find that practically all state and community mental health facilities had positions open (97.4%) and were willing to hire M.A.'s for these positions (97.4%) we also found an overwhelming and consistently defined demand for training in assessment skills. Overall, eighty-four percent (84%) of these agencies indicated that psychological testing would be one of the expected duties of their subdoctoral employees with 100% of the state hospitals so indicating. This is remarkably consistent with the

findings of Levy and Fox (1975) who reviewed doctoral-level job descriptions and found that about 90% of their respondents expected job applicants to have testing skills. In addition, out of 34 potential areas of emphasis in the education of M.A. psychologists which the agencies were asked to rate in terms of desirability, training in assessment received the fifth largest rating. Only group therapy, abnormal psychology, individual therapy and community psychology received higher desirability ratings. Finally, it should be noted that the average estimate by the mental health facilities of the percent of time their M.A.'s would be expected to spend on psychological testing per week was 13%. This is comparable to a 10% figure obtained by Garfield & Kurtz (1974) in their examination of the activities of Ph.D. practitioners.

In summary, this survey presents dramatic evidence that positions are available in state mental health facilities for M.A.'s and that the persons eventually employed in these agencies will be expected to perform assessments routinely. Apparently the role of assessment is not a major issue in most clinical settings. Mental health agencies want staff members who can and will administer and interpret tests.

In other words, we have obtained data which indicates that it is pragmatically desirable to include psychological assessment as a formal requirement in our training program. Such training will help insure student marketability and will prepare them to meet agency needs and demands efficiently.

However, it must be recognized that the faculty was hesitant to offer training in a particular area simply as a response to market demand. A sense of professional and scientific integrity prevents us from teaching information or skills which we believe have no validity or usefulness. Had the agencies requested training in phrenology, for example, I doubt that we would have complied. Before we could decide to include assessment as a requirement, therefore, it was necessary for us to determine whether or not we actually believed that assessment had a legitimate role to play in the general clinical intervention process. Only if we could defend or justify the role of assessment on a philosophical, theoretical or conceptual basis would it be included in the curriculum.

Philosophical/Conceptual Support

Concurrent with the survey project, but essentially independent of it, was an ongoing attempt to develop a philosophy and orientation to psychotherapeutic intervention which was conceptual rather than empirical in origin. It may have been merely fortuitous that the program structure and direction which derived from our conceptual efforts coincided with the program generated by our later survey data summaries, however, it seems more reasonable to argue that their convergence represents an indication of the validity of each.

A comprehensive discussion of the mental perturbations involved in the design of our program is beyond the scope of this presentation and is available elsewhere (Dimond, Havens & Jones, Note 4). I shall attempt, however, to summarize our overall approach.

The initial decision was to not train technical or theoretical specialists, but rather to attempt to train M.A.'s who could function as low-level professionals. Being generalists ourselves, there perhaps was an inherent reluctance to follow the currently popular path of technician training. We rationalized our biases however, by referring to our personal experiences (and later to our survey results) which suggested that a vast majority of our graduates would find that their employment settings typically would require them to function as autonomous professionals capable of dealing with a variety of problems, needs and experiential histories rather than as highly supervised and specialized technicians.

Having decided to avoid limited training in a parochial subset of clinical skills, however, it remained for the faculty to design a program which was based on a coherent and meaningful definition of the profession. Recognizing the difficulty of this task (Shakow, 1975; Stricker, 1975), a definition of the profession was constructed (Havens and Dimond, 1976) which described the functions psychologists actually perform and in which students could expect to engage upon graduation.

These activities were categorized by first delineating the target populations served by psychologists. Previous approaches to this problem (e.g.., Garfield, 1974; Goldenberg, 1973; Sundberg, Tyler & Taplin, 1973) suggested that the most parsimonious and yet encompassing solution was that psychologists deal with individuals, small groups and social systems. It was further determined that psychologists deal with

these populations prior to, during, or following the onset of distress. This dimension represents a slight modification of the primary, secondary and tertiary prevention categories originally proposed by Caplan (1964).

At this point the only remaining definitional requirement seemed to be a concise and universally applicable description of what the professional does as an interventionist. It perhaps goes without saying that this proved to be the most difficult aspect of this classificatory endeavor. What evolved as a result, however, proved to be quite fruitful.

Our initial conclusions (Dimond & Havens, 1975) suggested that there is no single theory, therapeutic or counseling goal or intervention technique which is univerally applicable. Each theory, goal and technique is more appropriate and effective under specific circumstances than under others and counseling or therapy goals and strategies, therefore, should be tailored to fit each client's unique personality, background, culture, social circumstance, level of intelligence, etc.

There is a considerable body of research available to support this variable effectiveness hypothesis (cf. Meltzoff & Kornreich, 1970) and the notion of using different theoretical perspectives and prescribing different goals and techniques on the basis of individual dynamics, needs and circumstances recently has become quite popular. Wolberg (1967) emphasized this approach in his early massive review of psychotherapy and more recent authors such as Goldenberg (1973), Gottman and Lieblum (1974), and Lazarus (1974) have proposed similar notions. As stated by Klopfer & Tualbee (1976) for example, " . . . There just isn't any

panacea that is going to make everyone happy, competent and free of stress. Therefore, the question of tailor-making treatment plans for individuals returns as a necessity." (p. 562)

Meanwhile, Greene (1970) has discussed tailoring the therapy approach to suit the needs of the people in marital therapy, Cohen & Smith (1976) have outlined a prescriptive approach for group work, and Murrell (1973) has described the importance of constructing or selecting social intervention strategies which are appropriate to specific communities and social systems.

Once the notion of a prescriptive intervention approach has been accepted, a specification of the steps involved in any intervention process becomes self-evident. This is indicated by the fact that a majority of the authors mentioned previously who support a prescriptive approach present a reasonable facsimilie of the following intervention outline:

1. Acquisition of a basic background in a variety of theoretical systems and concepts which will enable the interventionist to construct the most meaningful and relevant understanding of the client possible from the available data.
2. Assessment of the client's current and historical state of being, phenomenology and environmental circumstances.
3. Selection of appropriate intervention goals on the basis of the obtained data and coherent understanding.
4. Selection and implementation of intervention strategies which are appropriate to the client and the goals.

5. Follow-up evaluation to monitor the effectiveness of the intervention.

Comparable specifications of the procedural steps outlined in this dimension of professional intervention may be found, for example, in Murrell's discussion of community intervention strategies (Murrell, 1973) and in Goldenberg's introductory clinical psychology text (Goldenberg, 1973).

It is apparent that within the proposed prescriptive model of intervention, assessment is not only viewed as a legitimate professional activity, it is a necessary and integral aspect of treatment. Assessment does not occur prior to or separate from therapy or counseling, but in the early stages of it and it must occur throughout.

As an expansion and refinement of this point, the therapist has a responsibility to select goals and techniques which are most likely to benefit each individual and this can only be accomplished if the therapist has a thorough understanding of the client. A thorough understanding of the client, however, requires assessment.

If the necessity for assessment is granted, a corollary of this conceptual framework is that the form of the assessment itself must be appropriate to the situation and the client. In other words, assessment techniques also should be prescribed or selected by the professional according to the unique characteristics of the client. There are a wide variety of assessment techniques available to the professional including active listening, behavioral measurement, intelligence and personality tests, observation rating scales, verbal reports by significant others, etc. Each of these can represent a valuable source of relevant data under different circumstances, and, as suggested by

Grary & Steger (1972), it is the psychologist's responsibility to select the approach which will yield the most relevant information.

Conclusion

In summary, training in assessment can be viewed as having conceptual as well as empirical support. Our conceptual framework practically demands that assessment techniques be employed in every case dealing with therapy or counseling and our survey data indicates that graduates will be expected to perform assessments of agency clients.

This presentation has not attempted to suggest which specific psychodiagnostic techniques should be covered in a graduate training program or how those techniques should be taught. Dimond (note 5) has dealt with these issues in sufficient detail. However, it is hoped that the material presented here will promote an awareness of the employer-demand for assessment skills and a renewed respect for the role of assessment in clinical and counseling psychology.

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