CHAPTER 1

The Role of Assessment in Counseling

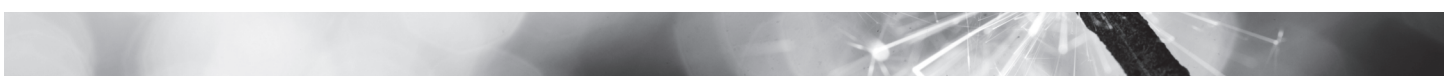
OBJECTIVES

After reading this chapter, you will be able to:

1. Understand the importance and role of assessment in counseling.
2. Identify psychological constructs and associated operational definitions.
3. Distinguish between standardized and nonstandardized assessments.
4. Identify relevant historical issues of assessment and the implications for assessment today.
5. Recognize the role and importance of professional organizations with respect to the practice of assessment.
6. Identify competencies related to assessment practices.
7. Identify ethical and legal codes affecting assessment.

WHAT IS ASSESSMENT?

The practice of assessment entails the collection of information in order to identify, analyze, evaluate, and address the problems, issues, and circumstances of clients in the counseling relationship. Assessment is used as a basis for identifying problems, planning interventions, evaluating and/or diagnosing clients, and informing clients and stakeholders. Many novice counselors may make the mistake of identifying assessment as a means to an end, such as providing a label or diagnosis to a client. In this text, assessment will be viewed as a process essential to all elements of counseling. Whether practicing in a school, private practice, agency, or other health care setting, assessment plays an integral role. Assessment moves beyond the administration of measures. Assessment involves identifying statements, actions, and procedures to help individuals, groups, couples, and families make progress in the counseling environment. Although counselors have the opportunity to limit their scope of practice with respect to modalities, theories, and types of clients, a counselor cannot function without an understanding of the processes and procedures of assessment in counseling.



Some academics may discern between assessment and testing (Cohen & Swerdlik, 2002; Gladding, 2009). The focus of assessment is on gathering information; *testing* refers to the measurement of psychological constructs through instruments or specified procedures. In this sense, a *construct* refers to a phenomenon that exists but cannot be directly observed. For example, variables such as height and weight can be directly observed. Measurement systems for height and weight are available to minimize errors and guarantee accuracy of results. However, not all variables can be directly observed. Emotional states such as depression or happiness, or cognitive traits such as intelligence, or even psychological states such as stress, cannot be directly observed or measured. How often has a friend told you "I feel fine" rather than acknowledged something was wrong? Constructs may not be identified so easily. In addition, a construct may vary, depending on the *operational definition*—how the construct is measured. For example, Michael Jordan was labeled a *brilliant* basketball player. Does this imply that Michael Jordan was creative, had a high level of intelligence, or had superior analytic skills? Quite simply, an operational definition would need to be applied in order to measure the construct of brilliance, and this definition may vary depending on the instruments used or the experts' theoretical underpinnings of the measure.

The process of assessing, and sometimes testing, is necessary to understand a client. However, differentiating between assessment and testing may be viewed as an academic exercise. Often, these terms may be interchangeable, as the process of testing (i.e., administering, scoring, and interpreting an instrument) cannot be separated from the assessment process. Testing, therefore, is part of assessment. A distinction is made between standardized and nonstandardized assessment. *Standardized* assessment refers to a formal process in which a specific set of rules and guidelines related to administration, scoring, and interpretation are followed consistently to ensure accurate results over a period of time and across populations. Standardized assessments include instruments developed under a rigorous process and produce results that may be generalizable to a population or meaningful to an individual in the context of a population. Instruments such as achievement tests, aptitude tests, and personality tests fit this description. Nonstandardized assessment refers to a process of gathering information without adherence to a strict set of rules or guidelines. *Nonstandardized* assessments may include clinical interviews. Even when such interviews follow a formula or pattern, deviations in administrations occur because of the personal nature of the interactions and of addressing the client's personal needs. Such assessments may not adhere to a rigid administration, scoring, and interpretation process.

HISTORY OF ASSESSMENT

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) directed accredited counseling programs to address "historical perspectives concerning the nature and meaning of assessment" (p. 12). Such discussions may appear to lack relevance and come across as tedious and uninteresting when in fact the history of assessment and testing practices may shed light on how assessment practices evolved and why specific procedures, which may appear foreign or confusing, are used today (Gregory, 2007). More important, a review of assessment history may shed light on the past misuse of assessment instruments in order to ensure valid practice in the future.

Issues of testing and measurement are by no means new to the social sciences. As early as 2200 B.C.E., public officials in China were issued an examination every third year

by the Chinese emperor (Cohen & Swerdlik, 2002; Gregory, 2007). Although these examinations were nothing like the type of standardized measures given today—such exams throughout the Middle Ages emphasized archery, equestrian abilities (Cohen & Swerdlik, 2002), poetry composition, handwriting, and elements of military, agriculture, and civil law—the exams were used for employment considerations (Gregory, 2007).

The foundation for modern testing began in the 19th Century among biologists, particularly Charles Darwin (1809–1882) and Sir Francis Galton (1822–1911). Darwin's work had two important contributions to assessment. First, Darwin linked human development to animals, thereby influencing the use of animals to study human behavior. Second, Darwin identified the notion of individual differences when noting the relationship of children to parents, which led to increased studies in heredity (Cohen & Swerdlik, 2002).

Because Francis Galton was a cousin of Darwin (Cohen & Swerdlik, 2002), the fact that he commenced studies in heredity and individual differences was not likely a coincidence. Interestingly, one area that Galton is known for turned out to be somewhat irrelevant to assessment by modern standards. Galton investigated the relationship between physical characteristics and mental capacities. For example, Galton would examine such physical characteristics as height, weight, arm span, head length, and finger length and make comparisons to such mental/behavioral characteristics as auditory and visual acuity, grip strength, and reaction time. Galton set up a laboratory at the 1884 International Exposition and charged individuals a minimal fee to take these tests (Anastasi & Urbina, 1997). One of Galton's primary interests was noting the individual differences in regard to perceptions of the senses. Galton noted that individuals with severe mental retardation were indifferent to sensory perceptions, such as hot, cold, or pain, which led to the investigation of how physical characteristics may be related to discerning sensory information (Anastasi & Urbina, 1997). Although biased sampling and the type of data may be criticized, three important contributions should be noted:

1. Galton believed anything could be measured. This belief is important to modern assessment practices, as counselors attempt to measure processes that are not directly observable, such as interests and emotional states.
2. Although Galton was not able to connect physical traits to mental capacities, the insignificant relationship is nevertheless important. Sometimes, knowing where not to look for answers is as important as knowing where to find answers.
3. Galton devised a standardized method for gathering information and recording results (Gregory, 2007), which influenced modern practices of assessment.

Although the notion that physical characteristics relating to mental capacities may seem more closely aligned with the late 17th-Century Salem witch trials, in which daily events were connected to unlikely phenomena—in this case, supernatural occurrences—the astute counselor may notice that society still searches for answers with overly simplistic explanations, such as attributing the achievement gap to differences in ethnicity. Many school districts across the country break down academic achievement levels across ethnicity. How different is that from identifying intellectual capacities based on arm length?

A contemporary of Galton was Wilhelm Wundt (1832–1920), who studied mental processes over 20 years prior to Galton's work at the 1884 International Exposition. In 1879, Wundt established the first psychological laboratory in Leipzig, Germany. Unlike Galton, who was interested in individual differences, Wundt was interested in similarities among humans, particularly with variables such as response time, perception, and attention

(Cohen & Swerdlik, 2002). Wundt used a calibrated pendulum to measure what he thought would be "swiftness of thought" (Gregory, 2007, p. 6). As the pendulum would swing back and forth, a bell would be struck and participants would be asked to identify the position of the pendulum when the bell was struck. Wundt ultimately concluded that the speed of thought varied among individuals. Wundt did not account for threats to experimental validity, such as variations in attention span or differences in the environment, so findings would be summarily dismissed using modern standards of assessment and research practices; however, studies by Wundt and Galton provided a foundation and interest in assessment practices (Gregory, 2007). These were initial attempts to measure mental processes.

James McKeen Cattell (1860–1944) studied the works of Galton and Wundt and was highly influenced by Galton's study of individual differences. Cattell coined the term mental test, and the focus of Cattell's work was to examine differences in reaction time for various mental tests, such as reaction time after hearing a sound, judgment of 10 seconds of time, and short-term memory. Similar to Galton, Cattell also studied physical characteristics. One portion of a mental test included the strength of a hand squeeze and the degree of pressure needed to cause pain by pressing a rubber tip against the forehead (Cohen & Swerdlik, 2002; Gregory, 2007). Once again, although some of these practices may appear preposterous today, keep in mind that many tests (e.g., American College Testing [ACT], Wechsler Intelligence Scale for Children—Fourth Edition [WISC-IV], Test of Variables of Attention) that help counselors examine aptitude, achievement, intellectual functioning, and mental process are timed or have timed elements.

Not until 1901 did a student of Cattell, Clark Wissler, identify that the processes measured by Galton and Cattell had no correlation to academic achievement. Unfortunately, response times, not what criteria qualified as a mental test (e.g., grip strength), were summarily dismissed for about 70 years until researchers on intelligence readdressed the value of response time. Shortly thereafter, Alfred Binet (1857–1911) created what would become known as the first *intelligence test* in 1905 (Gregory, 2007).

Binet was influenced by the works of J. E. D. Esquirol (1772–1840) and Edouard Seguin (1812–1880), who spearheaded a modern approach for identifying and working with individuals with mental retardation. Gregory (2007) noted that Binet's intelligence tests were developed "to identify mentally retarded children who would not likely profit from ordinary schooling" (p. 12). Binet's tests would be adopted internationally and would influence later works by David Wechsler, who would initially introduce intelligence tests specifically geared for adults (Cohen & Swerdlik, 2002).

Unfortunately, the popularity of intelligence testing led to blatant misuse. Gregory (2007) described the misuse of intelligence testing by Henry Goddard (1866–1957), who translated Binet's scale from French to English in 1908. Goddard believed that individuals with low intellectual functioning should be segregated from society and that restrictions should be placed on such individuals in order to control procreation. Goddard was commissioned by Ellis Island to administer the Binet-Simon Intelligence Test to immigrants as they were arriving. Tests were administered by translators in various languages, such as Yiddish, Russian, and Italian, and compared to the French norms established by Binet. The result, of course, was that over 80% of the immigrants tested were identified with low intellectual functioning.

Ultimately, the popularity of intelligence testing led to the construction and use of instruments to measure personality and aptitude. Freud and Jung developed theories of

personality in the late 19th and early 20th Centuries. Cohen and Swedlik (2002) identified World War I (1914–1918) as the precursor to group testing. The military needed to identify individuals who may not be intellectually or emotionally fit for duty. The first self-report personality assessment, the Woodworth Personal Data Sheet, was not used until 1919–1920 by the U.S. Army (Butcher, 2010). The instrument consisted of 116 self-report items related to "physical problems, social behavior, and mental health symptoms" such as "Have you ever seen a vision?" "Do you have a great fear of fire?" "Do you feel tired most of the time?" "Is it easy to get you angry?" (Butcher, 2010, p. 5). The Personal Data Sheet was adapted for children in 1924. The Personal Data Sheet served as a precursor for the Minnesota Multiphasic Personality Inventory (MMPI). The MMPI revolutionized personality testing. Butcher indicated that large sets of items were developed and selected based on how homogeneous groups of psychiatric patients answered the items. Items that discriminated between diagnostic categories were retained. Items on the MMPI and MMPI-2 may seem to lack evidence based on test content. In other words, items may appear ambiguous, because the items may not have been developed to measure a particular symptom. For example, "I like mechanics magazines" may discriminate individuals with elevations on Scale 4, psychodeviance. Consider the implications—the MMPI and associated instruments (i.e., MMPI-2, MMPI-2—Restructured Form [MMPI-2-RF], and MMPI-A [for adolescents]) are among the most widely used instruments with over 19,000 articles and books published in relation to these instruments (Butcher, 2010); yet, the items were not created with a particular construct in mind to measure. Clearly, the lack of obvious connection between items and potential mental distress or disorders is a legitimate criticism.

The development of the MMPI and subsequent adaptations and revisions (i.e., MMPI-2 and MMPI-A) spawned additional diagnostic and personality measures, such as the Millon Clinical Multiaxial Inventory (MCMI), which measures personality issues. Whereas the MMPI focused on Axis I disorders, the MCMI focused on Axis II disorders. In the 1950s, interest in general personality, as opposed to assessing clinical problems, spawned the emergence of the 16 Personality Factor Questionnaire (16-PF) and the California Psychological Inventory. These instruments served as predecessors to the NEO Personality Inventory (NEO-PI) in the 1980s. The NEO-PI assesses individuals on a five-factor model of personality, including openness, agreeableness, neuroticism, extraversion, and conscientiousness, also known as the "'Big Five' personality dimensions" (Butcher, 2010, p. 9).

In the 1960s to the present, measures were developed to focus on specific psychological constructs, such as depression, with the Beck Depression Inventory. Today, counselors may find instruments that measure a variety of constructs such as diagnostic categories, anxiety and trauma, suicide, wellness, and substance abuse. Many instruments today are used less for diagnosis and more for identifying problem areas or strength-based areas. Many of these instruments continue to rely on self-report, which may be problematic in terms of producing a valid response from a client who may not be well. Therefore, the use of assessment instruments that focus on observations from parents, teachers, clinicians, and/or significant others was a natural progression. Such instruments as the Behavior Assessment System for Children and the Child Behavior Checklist were developed in the 1990s and include report forms for the client and observers (e.g., parent, teacher).

Refinement related to assessment and testing is ongoing, as are the issues. The standards for test construction are evolving continually. As a result, instruments constructed, normed, and validated in the 1980s may be out-of-date by today's standards. How instruments are used and individuals are compared is an ongoing debate. Issues

related to educational placement, incarceration, job placement and promotion, and differential diagnoses permeate the counseling profession. Counselors need to be aware of the multicultural and social justice issues that emerge from testing and comparing populations.

THE DEVELOPMENT OF COUNSELORS AS ASSESSMENT PROFESSIONALS

As mentioned before, assessment is an integral part of counseling practice, and therefore training in assessment is essential. CACREP (2009) identified assessment as one of the "eight common core curricular areas" (p. 8) required for all students in accredited counseling programs. Although counselors receive training and practice in assessment, the right for counselors to practice assessment is not a given, as such rights are dictated by state licensing boards. However, in general, counselors may use a variety of instruments, with projective assessments being the least available. Many state licensing boards have rules that prevent professionals outside of psychology from using projective tests, such as the Rorschach Technique (Pearson Assessments).

The Association for Assessment and Research in Counseling (AARC)

The AARC (formerly known as the Association for Assessment in Counseling [AAC] and the Association for Assessment in Counseling and Education [AACE]) is a division of the American Counseling Association (ACA), whose mission is "to promote and recognize excellence in assessment, research, and evaluation in counseling." (AARC, 2012). AARC and ACA produced statements with respect to counselors' use of standardized instruments. In addition to being a division of ACA, AARC represents counselors in a variety of work groups representing counselors' interests in assessment, measurement, evaluation, and diagnosis. In addition, ACA appointed individuals from AARC/ACA to represent counselors on the Joint Committee on Testing Practices (JCTP). The JCTP was established in 1985, along with such groups as the American Educational Research Association, the National Council on Measurement in Education, and the American Psychological Association, to address testing practices in education and clinical settings. The JCTP disbanded in 2007, but it published several documents related to test use. In terms of practicing assessment, counselors should be aware of guidelines in the *Responsibilities of Users of Standardized Tests (RUST*, Appendix H; Wall et al., 2003*), Standards for Qualifications of Test Users* (Erford, Basham, Cashwell, Juhnke, & Wall, 2003), and the *ACA Code of Ethics* (ACA, 2005), as well as the qualification requirements for each test publisher.

RESPONSIBILITIES OF USERS OF STANDARDIZED TESTS (RUST) The RUST statement (see Appendix H) was developed for the purposes of educating counselors and educators on ethical use of standardized tests. AACE addressed guidelines across seven areas: (a) Qualifications of Test Users, (b) Technical Knowledge, (c) Test Selection, (d) Test Administration, (e) Test Scoring, (f) Interpreting Test Results, and (g) Communicating Test Results (Wall et al., 2003). Wall et al. (2003) indicated that the responsibility of ensuring appropriate test use lies within the counselor or educator administering the test. An understanding of measurement to select, score, and interpret results, as well as of protocols for administering and scoring tests, is pertinent. Efforts should be made to communicate test results to

clients and stakeholders in a manner that is understandable and useful while also addressing any limitations to selected tests.

STANDARDS FOR QUALIFICATIONS OF TEST USERS The RUST statement was a precursor to the *Standards for Qualifications of Test Users,* a document that was adopted by the ACA (Erford et al., 2003) related to the training and skills necessary for counselors to use psychological tests. As noted previously, this document was developed, in part, to address concerns of legislative bodies that received pressure from outside organizations related to counselors' right to use psychological measures. Among the issues addressed in the document was that assessment is not a stand-alone practice. Assessment should be integrated along with counseling theory and never used with populations or issues outside the counselor's scope of practice. Similar to the RUST statement, counselors should have knowledge and skill in areas related to measurement, test development, administration, scoring, and communicating results. ACA also addressed counselors' responsibility to promote fairness in assessment practices by understanding the role of diversity and the legal and ethical implications of assessment.

The *ACA Code of Ethics* (2005)

Section E of the *ACA Code of Ethics* (2005) covers evaluation, assessment, and interpretation. ACA addressed ethics in both formal and informal assessments. The primary goal is to promote client welfare. This section of the *ACA Code of Ethics* (COE) is extensive and covers 13 areas. Some of the information in the COE is similar to the RUST statement and *Standards for Qualifications of Test Users,* particularly with respect to counselor competence, instrument selection, administration, scoring, interpretation, and attention to diversity. However, in addition to outlining the responsibilities of counselors, the COE also covers the rights of clients, including informed consent and release and security of assessment data. Clients have a right to know the nature of the assessment and how the assessment results may be used prior to administration. Clients also have the right to receive the results and identify qualified professionals, if any, with whom the results may be shared. Confidentiality may not be compromised, and this is an issue that needs to be addressed before administering an assessment, especially if the client is referred by an organization, agency, court, or other professional. For example, the U.S. Department of Transportation (DOT) has policies and procedures related to who may administer substance abuse assessments for transportation employees and how the results should be communicated. Courts may order an individual for psychological testing and expect a report related to the results. Counselors, therefore, need to be proactive in addressing issues of informed consent and confidentiality, especially with regard to who will have access to the results and the implications of said results.

When administering assessments, counselors need to be aware of administration conditions, as tests should be administered under similar conditions in which the norms were established. However, accommodations may be necessary, especially if assessing individuals with any disability or impairment.

As mentioned before, diagnosis is an aspect of assessment and perhaps represents an area that differs considerably from ethical codes in other mental health professions. As the counseling profession follows a developmental model, as opposed to a medical model focused on diagnosis and treatment, counselors need to be aware of the conditions and

issues in providing a diagnosis. These issues include using multiple methods and data sources when providing a diagnosis and awareness of the impact that such a label may bring. The cultural context of the client should be considered with respect to providing a diagnosis. Perhaps an additional area in which counseling is unique is that ACA (2005) indicated that "counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others" (p. 12). Thus, when a diagnosis is not in the best interest of the client, the counselor may refrain from providing a diagnosis.

A growing area in the field of counseling is forensic evaluation. As in other types of assessment, ACA addressed competency and consent, but one area of difference is the stipulation that counselors do not evaluate their clients for forensic purposes and avoid relationships with individuals related to forensic evaluation, including the individual being evaluated and personal relationships associated with the individual.

The *ACA Code of Ethics* is used by licensure boards across the country. Assessment is an integral part of counseling and emphasized in the COE. Counselors need to implement the ethical codes into their practice and be particularly attentive to the manner in which assessments should be introduced, consent and assent procedures, rules regarding disclosures, issues of diversity, and the impact of diagnosis.

Fair Access to Tests

In the past, state psychology boards attempted to limit the use of psychological assessments to licensed psychologists (Naugle, 2009).

> While some professional groups are seeking to control and restrict the use of psychological tests, the American Counseling Association believes firmly that one's right to use tests in counseling practice is directly related to competence. This competence is achieved through education, training, and experience in the field of testing. Thus, professional counselors with a master's degree or higher and appropriate coursework in appraisal/assessment, supervision, and experience are qualified to use objective tests. With additional training and experience, professional counselors are also able to administer projective tests, individual intelligence tests, and clinical diagnostic tests. (Erford et al., 2003, p. 1)

The right to use psychological tests is not a simple issue, as the debate includes licensing boards, professional organizations, and test publishers. Licensing boards address scope-of-practice issues. Turf battles ensue when licensing boards of one profession attempt to limit the scope of practice of another profession through legal wrangling. However, counselor licensure laws in most states clearly identify the right of counselors to use assessments, although the type of assessments may be limited, and such limitation vary from state to state. Professional organizations provide guidelines for training, practice, and ethics in assessment. Test publishers are responsible for "monitoring the competencies of those who purchase and utilize assessment instruments" (Naugle, 2009, p. 32). Note that these organizations have missions that may be aligned or have competing interests. As noted earlier, an effort to protect a professional turf may have an effect on individuals who purchase and use assessment instruments, which does not benefit test publishers. Although guidelines are necessary to protect the public from poor practice, the public does not benefit when professions duly qualified are limited in assessment practice.

The Fair Access Coalition on Testing (FACT), along with the ACA and the National Board of Certified Counselors who both serve on FACT, advocate for counselors and other qualified professionals for fair test use. FACT plays an important role in collaborating

with other professionals who use standardized instruments and works to protect the rights of counselors and other associated professionals (e.g., school psychologists, speech–language pathologists).

In 1997, Indiana passed counselor licensure. This law was followed by legislation allowing the Indiana State Psychology Board to create a restricted test list. In 1998, the Indiana State Psychology Board submitted a list of 318 tests as restricted for sole use by psychologists. FACT, along with ACA, AACE, and the National Board for Certified Counselors (NBCC), provided letters and testimony to the Indiana state legislature and governor. In 2007, the Indiana state legislature repealed the law allowing the Indiana State Psychology Board to create a restricted test list. Other states (e.g., Maryland) have attempted to restrict use of assessment instruments (FACT). In addition, some states (e.g., Arkansas, Texas) included restrictions on using projective techniques in the counselor licensure laws (Naugle, 2009). Counselors should be aware of their rights as test users and stay abreast of legal challenges that attempt to limit said rights. The importance of joining and maintaining memberships to state and national counseling associations (e.g., ACA) cannot be overemphasized, as such organizations play a leading role in advocating for the rights of counselors.

Test Publisher Qualifications of Test Users

The Association of Test Publishers is also represented on FACT. As noted earlier, test publishers also monitor test use, by providing an application process or qualification process to administer assessment instruments. Some test companies use a tiered system. In the first tier, often referred to as *A level*, individuals with minimal training, a bachelor's degree, or certification may administer tests. In the second tier, often referred to as *B level*, individuals with a master's degree and/or membership in a professional organization (e.g., ACA) and/or professional licensure may administer tests. In the third tier, often referred to as *C level,* individuals with a doctoral degree and/or specialized training may administer tests.

Although this system appears to be the most common among test publishers, it is not the only system employed by test publishers. Pearson Assessments, for example, includes an additional fourth tier, *Level Q*, in which test users need to include a specific background related to the instrument (Naugle, 2009). Application procedures for other test companies may include information related to licensure, highest educational degree, specialized training, continuing education, certifications, and membership in professional associations.

LEGAL ISSUES

In addition to organizations that represent counselors' interests in assessment and ethical codes that address rights and responsibilities of counselors and clients, familiarity of legal and legislative issues that affect assessment practice in counseling are important. Laws that affect assessment practices may not necessarily be created with assessment in mind, but the practice of assessment may be affected in a variety of environments (Whiston, 2009), including health care, education, business, and public service.

Health Care Legislation

The Health Insurance Portability and Accountability Act (HIPAA; 1996) is a complex law of regulations concerning the privacy of health care records. Counselors working in agencies and private practice need to be familiar with HIPAA guidelines. In essence, HIPAA provided

clients with increased control and access to health care information (Erard, 2004). Clients have a right to their assessment results and reports and may decide who receives this information. HIPAA affects the manner in which counselors, agencies, and organizations operate, such as providing a privacy notice to all clients regarding their records and obtaining permission to release information to third-party payors for reimbursement. Counselors should also be aware of exceptions to HIPAA policies, such as laws related to being a mandated reporter in cases such as physical/sexual abuse of a minor. Counselors working in a private practice or agency setting should seek training regarding adherence to HIPAA guidelines and implementation.

Civil Rights Legislation

Civil rights legislation dates back to 1866 with the emancipation of slaves. Since that time, seven additional civil rights acts were passed. The 1964 and 1972 civil rights acts mandated discrimination-free workplaces. These laws affected employment-based testing, which led to disputes related to fair testing practices in the workplace, resulting in the Civil Rights Act of 1991 (Whiston, 2009). The Civil Rights Act of 1991 places the responsibility of appropriate test practices on the employer. In other words, employers must be able to demonstrate that employment testing relates to the duties of the job that are to be performed by employees. In addition, the use of separate norms based on race, ethnicity, sex, or religion was prohibited (Whiston, 2009).

In 2009, a lawsuit was filed against the city of New Haven, Connecticut, on behalf of firefighters who cited discrimination related to promotion. In *Ricci v. DeStafano*, an exam for the rank of lieutenant and captain was administered to 118 firefighters, in which the top scorers would be appointed to the vacant positions. None of the top scorers were African American, and only two Latino/a candidates were eligible for promotion. White candidates were eligible for all of the vacancies. The city of New Haven opted to disregard the test results on the notion that to use the results would be discriminatory. The lawsuit was filed by those who passed the test and were denied promotion. The U.S. Supreme Court ruled that the city acted wrongly in not accepting the results, as the test was created by a third party, I/O Solutions, and represented a reliable and valid result. In fact, testimony demonstrated the test items were related to the duties required for the jobs in question.

The Americans with Disabilities Act of 1990 required employers to provide reasonable accommodations related to employees with disabilities (Koch, 2000), and naturally this extends to testing. Note that this policy is in line with the *ACA Code of Ethics* (2005). Although ACA indicated that assessments should be administered under the same conditions in which the instrument was standardized, ACA acknowledged that accommodations may be necessary, such as with individuals with disabilities, but the accommodations need to be addressed in the interpretations and the overall validity of the test. Koch's use of the term "reasonable accommodations" (p. 103) is in line with the wording from the Americans with Disabilities Act. Whiston (2009) identified that counselors should be cautious with respect to implementation, as the term *reasonable* is somewhat ambiguous and subject to interpretation.

Educational Legislation

Congress passed the Individuals with Disabilities Act (IDEA) in 1997 and reauthorized the act in 2004. IDEA was a reauthorization and extension of PL-94-142, the Education for All

Handicapped Children Act in 1975. Telzrow and McNamara (2001) identified three new areas of IDEA that impacted assessment: "(a) increased parental involvement in educational decision-making; (b) greater emphasis on accountability and student results; and (c) the development of new assessment technologies" (p. 105). As IDEA mandated individualized education plans for children diagnosed with a disability, parental involvement was a core area, in which the parent/guardian has decision-making authority. Schools cannot evaluate a child for a disability without parental consent. Once parental consent is provided, the school has 60 days to conduct an evaluation on the student. School counselors may not be responsible for the educational evaluation, but they typically serve as a member of the committee developing the individualized educational plan in collaboration with the parent(s)/guardian(s). Parental consent for testing was not a new issue, as this right was also addressed in the Family Educational Rights and Privacy Act of 1974 (FERPA). FERPA also limited the release of educational records to parents/guardians and students over the age of 18. One issue that may be affected is counseling records, which are not generally part of the students' educational file, but may be included. School counselors should be aware of district policy regarding counseling notes about students (Whiston, 2009).

Similar to IDEA, the No Child Left Behind legislation (2002) established accountability measures in educational settings. A major outcome of NCLB was the mandate for the implementation of high-stakes testing (Duffy, Giordano, Farrell, Paneque, & Crump, 2008). Schools became accountable through the implementation of minimal proficiency standards established by the state but approved by the U.S. Department of Education. The implementation of high-stakes testing resulted in increases in student testing, such as using preparatory testing procedures to increase performance on the state-mandated test. Additional criticisms include an overreliance on test scores to address educational shortcomings and the presence of increased anxiety over test performance among children. During the writing of this text, President Barack Obama requested Congress to overhaul NCLB, citing a high rate of school failure based on measures enacted by NCLB. Counselors need to stay aware of ongoing educational legislation, as such legislation affects clients and the advocacy efforts of counselors on behalf of their clients.

AN OVERVIEW OF ASSESSMENT IN MENTAL HEALTH SETTINGS, SCHOOLS, REHABILITATION COUNSELING, AND HIGHER EDUCATION SETTINGS

Assessment is used across all counseling settings in a variety of ways. Assessment is integral to the clinical interview. Assessment includes diagnosis and treatment planning. As counselors meet with their clients, they make decisions on what problems to address and what interventions to attempt. Hence, assessment permeates every aspect of the counseling process.

Assessment is also used for advocacy and placement. Through careful assessment, clients can be provided with needed services that otherwise may have been unattainable. When clients are active participants in the assessment process, they have the opportunity to learn something about themselves, including personal strengths, challenges, interests, and activities that promote growth and wellness.

Counselors, therefore, are both consumers and producers of assessment data. Counselors need to be aware of the various types of assessment tools in order to select the best instruments for their clients. Counselors need to be well rounded in their delivery of

services; application of both standardized and nonstandardized assessment strategies is integral to being a competent counselor. In addition to being aware and able to implement a variety of assessment tools, counselors need to be adept in administering, scoring, and interpreting assessment instruments. Counselors are not only accountable to their clients but also to the general public and stakeholders who demand accountability and effective practice.

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