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A NOTE ON THE ETHICS OF ASSESSMENT, WITH POSSIBLE GUIDELINES FOR CONSIDERATION

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Psychological assessment (whether by observational analysis, diagnostic interviewing, or psychological tests) is the *sine qua non* of psychological services.

From the outset, it should be recognized that assessment is more than testing: “Whereas Tests deliver scores, assessment provides a meaningful way to describe an individual’s strengths and weaknesses” (Van Ornum, Dunlap, & Shore, 2008, p. 17).

Among other things, the purpose of psychological assessment is to enhance decision-making. Gregory (1998) emphasizes the usefulness of assessment for decision-making:

Assessment is *problem solving* . . . to answer questions about persons referred to a psychologist Assessment is *a process* in which the clinician integrates three components: (1) the reason for assessment, (2) a preferred theoretical orientation, and (3) relevant sources of information. (p. 27)

Compas and Gotlib (2002) highlight the use of assessment for the formulation of goals: “Goals may include diagnostic classification, determination of the severity of a problem, risk screening for future problems, evaluation of the effects of treatment, and predictions about the likelihood of certain types of future behavior” (p. 144).

In support of empirically based interventions, Dishion and Stormshak (2007) strongly endorse using comprehensive evaluation for planning interventions, noting that assessments “help conceptualize cases, prioritize intervention targets, and develop a collaborative set” (p. 52).

Given the importance of assessment to psychological services in general, it is important for the practitioner to adhere strictly to the standards embraced by professional ethics, as well as the statutes and administrative code rules pertaining to psychology in the jurisdictions in which he or she practices.

Within the APA (2002) code of ethics, there are several standards that merit consideration and accommodation:

Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (Standard 9.01 (a))

Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for the purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques. (Standard 9.02 (a))

Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation. (Standard 9.02 (b))

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (Standard 9.06)

The primary message about professional ethics is that any and every assessment procedure should be predicated on a reasonable amount of behavior science, and any potential limitation should be acknowledged to the service user and any other professional source relying on the assessment data or information.

Since jurisdictions vary in what is prescribed and proscribed, such as through statutes and administrative code rules, the psychologist should be familiar with and give priority to the legal directives applicable to the jurisdiction(s) in which he or she practices. Based on the laws and rules of Florida, it seems that there are seven guidelines that should be considered by Florida psychologists; their applicability to other jurisdictions remains for conjecture.

POSSIBLE GUIDELINES TO CONSIDER

First, in clinical settings, assessment requires (with limited exceptions) that the psychologist meet face-to-face with the service user and maintain an active role in the evaluation and assessment.

Second, supervised use of an assistant should be acknowledged in communications (e.g., a report).

Third, a psychologist cannot "sign off" for another practitioner, unless the psychologist has, in fact, been actively involved in the evaluation or assessment of the service user.

Fourth, there should be awareness of research support for interpretive statements, with reconciliation of norms with independent judgments by the psychologist.

Fifth, any test used should be appropriate for the needs (goals and objectives) of the

particular service user.

Sixth, since some assessment procedures are highly subjective, the term “test instrument” should be limited to standardized procedures that purport to provide objective measurements.

Seventh, the release of psychological data or information that could compromise the integrity of the measures should be restricted to psychologists (or school psychologists) as much as is legally justified.

Clearly the foregoing principles require scholarly thought, and when there is doubt, such as how to integrate legal and professional considerations, consultation may be advisable.

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