

Psychological Assessment Is Here To Stay

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Abstract

Psychological assessment is based on the psychology of individual differences and dates back to the beginnings of scientific psychology. Clinical psychology began as a profession that provided psychological assessment, and through the 1950s assessment was what most clinical psychologists did the majority of the time. The value and propriety of psychological assessment was subsequently challenged on various grounds, and other activities gradually supplanted diagnostic testing as a preferred career role among clinical psychologists. Despite predictions of its demise, assessment has continued to be the second most frequent professional activity of clinical psychologists, after psychotherapy. Instead of fading away, psychological assessment has thrived over the years, as evidenced by organizational recognition, substantial practice activity, and an extensive and expanding literature. Because of the singular significance of appreciating and measuring individual differences, because of the demonstrated utility of psychological assessment in facilitating decisions in a broad range of applications, and because of the professional satisfaction that derives from functioning as an expert diagnostic consultant, psychological assessment is here to stay.

Psychological Assessment Is Here To Stay

This article begins with some definition of psychological assessment and a bit of its history. Next, it reviews the flourishing of assessment psychology and how it weathered attacks on its utility and propriety. The discussion continues with evidence that assessment has remained a prominent part of clinical psychology and reasons to believe that it is here to stay. The conclusion calls attention to concerning trends in the field of psychological assessment.

Defining Psychological Assessment

Three characteristics define the nature of psychological assessment. First, psychological assessment consists of a variety of procedures for evaluating characteristics of people, including evaluations of intellectual ability, personality functioning, neuropsychological status, aptitudes and achievement, and interests and attitudes. Second, psychological assessment is rooted in the psychology of individual differences, that is, how people resemble each other and how they differ from each other. Third, although psychological assessment has sometimes been equated with psychological testing, the assessment process involves integrating information obtained from test protocols, interviews, behavioral observations, collateral reports, and historical documents.

Beginnings of Formal Psychological Assessment

Formal assessment psychology dates back to the very beginning of scientific psychology as a formal discipline, which is usually traced to the establishment of Wilhelm Wundt's laboratory in Leipzig in 1879. Wundt himself had little interest in individual differences. He was interested mainly in the general nature of people and their common response processes. For him, variations from the mean were unwelcome error variance, and individual differences were a noise factor. In contemporary terminology, Wundt was a nomothetic scientist, not an idiographic scientist.

In 1883, a graduate student from Johns Hopkins University visited Wundt's laboratory and asked to be taken on as an assistant. This young man had previously visited the laboratory of Sir Francis Galton in London, where Galton had developed a number of performance tasks that he hoped would differentiate people according to their intellectual ability. Influenced by Galton, the student persuaded Wundt to allow him to do some research on individual differences, and in 1886 he completed a doctoral dissertation under Wundt's supervision concerned with individual differences in reaction time.

This young man was James McKeen Cattell, whose interest in measuring individual differences led to his coining the word "mental test" in 1890, pioneering mental testing as head of the psychology laboratory at Columbia University, and becoming recognized as the "father" of assessment psychology. Intelligence testing led the way in psychological assessment during these early years, beginning with Binet's work in the first decade of the 20th century, continuing in the second decade with Terman's translation and revision of the Stanford-Binet, and followed by Wechsler's construction of his scales starting in the late 1930s.

Flourishing of Psychological Assessment

As the next chapter in this history, psychological assessment flourished with the development of formal measures of personality functioning. The first of these measures was a questionnaire prepared by Woodworth for evaluating soldiers during the First World War, which he named the Personal Data Sheet. Woodworth's measure stimulated construction of numerous self-report inventories in the following years, most notably the work of Hathaway and McKinley in developing the Minnesota Multiphasic Personality Inventory (MMPI) in the early 1940s. Performance-based personality assessment measures emerged in the same era, with the popularization of the Rorschach method by Beck and Klopfer and the Thematic Apperception Test (TAT) by Murray in the late 1930s.

Against this background, the post-World War II era ushered in the maturation of clinical psychology as an established profession. It was in the late 1940s that formal graduate programs in clinical psychology were first established and the APA first began to accredit these programs. The late 1940s was also when applied clinical psychology received an enormous boost from newly created positions in Veterans Administration facilities and when the National Institute of Mental Health began providing training grant support for the doctoral preparation of clinical psychologists. Back then and through the 1950s, assessment was what most clinical psychologists did most of the time.

During the 1960s, however, interest in conducting psychotherapy began to supplant diagnostic testing as a preferred career activity among clinical psychologists. This change in preference was spurred in part by the personal experience of many clinicians that newer roles as therapists offered them more prestige, autonomy, and satisfaction than providing test results to be used by others in planning and providing treatment services. Of even greater threat to the

viability of psychological assessment were influential attacks during the 1960s and 1970s that challenged the utility and propriety of assessment and of personality assessment in particular.

Personality Assessment Under Attack

Personality assessment came under heavy scholarly attack in the 1960s and 1970s from both the right and the left, so to speak, from both behavioral and humanistic perspectives. From a behavioral perspective, leading social learning theorists such as Mischel (1968, 1996) and Peterson (1968) asserted that traditional personality assessment serves no useful purpose. There is no such thing as personality, these authors said; what people do is determined by the situations in which they find themselves, not by any abiding dispositions to behave in certain ways. For this reason, according to these authors, clinicians should desist from inferring personality characteristics from test responses and turn instead to test situations that provide representative samples of whatever behaviors are to be predicted.

Humanistic psychologists began around this same time to question the propriety of using personality assessment instruments to classify people. These humanistic perspectives on assessment derived mainly from the writings of Maslow (1962) and Rogers (1961), who contended that people can be understood only in terms of how they experience themselves, and not on the basis of any external observations of what they say and do. From this humanistic perspective, moreover, classifying people according to personality traits or behavioral characteristics they share with other people was not only a waste of time, but also a dehumanizing procedure that strips people of their individual dignity and wrongfully presumes the right of one person to pass judgment on another.

As one reflection of these attacks on assessment, I published a paper in the *Journal of Personality Assessment* in 1972 with the title “Does Psychodiagnosis Have a Future?” I argued in this article that, despite these attacks and the lure of becoming a psychotherapist, personality assessment did have a future. Events in the subsequent decade bore me out, and in 1983 I published an article titled “The Future of Psychodiagnosis Revisited” in which I was able to write, “Convergence among theoretical perspectives in clinical psychology during the last decade has moderated many earlier disputes concerning the worth and propriety of personality assessment” (p. 451).

I could write those upbeat words because the earlier behavioral emphasis exclusively on environmental contingencies and situational factors had run out of steam. Thoughtful theorists had commented on the absurdity of denying that people are disposed to think, feel, and act in certain ways, and research findings had documented - and have continued to document - substantial consistencies in individual differences, the longitudinal stability of many personality characteristics, and the validity of personality traits in predicting a broad range of normal and abnormal behavioral tendencies. In the face of these developments, many prominent proponents of radical situationism, including Mischel, eventually modified their position in favor of an interactive perspective that allowed for “dispositional constructs” to influence the likelihood that a particular action will be evoked by particular external circumstances (e.g., Mischel, 1973; see also Wright & Mischel, 1987).

Over the years, the evolution of the earlier radical behavioral views into contemporary cognitive-behavioral perspectives has included substantial emphasis on the necessity of adequate assessment in selecting and planning appropriate treatment interventions. A leading case in point is a 2010 book edited by Martin Antony and David Barlow titled *Handbook of Assessment and Treatment Planning for Psychological Disorders*. In their preface to this cognitive-behaviorally

oriented book, Antony and Barlow endorse assessment as “an essential component of almost every clinician’s training and practice” (Antony & Barlow, 2010, p. x).

As for humanistic concerns about neglecting individuality, this criticism of personality assessment gradually gave way to recognizing that there is nothing inherently prejudicial in conducting psychological evaluations. Accurate assessment of peoples’ assets and limitations is not inevitably damaging to them, nor does anything prevent psychological examiners from paying just as much attention to how individuals differ from each other as to how they resemble each other. To the contrary, great strides have been made by humanistic psychologists in developing assessment procedures that enhance rather than restrict attention to the unique needs and concerns of individuals. Notable among these enhancements is the development of collaborative and therapeutic assessment procedures in which people being evaluated participate in planning their assessment and evaluating the implications of their test responses. The most recent explication of these procedures is a 2012 book edited by three of the leading figures in this area titled *Collaborative/Therapeutic Assessment: A Case Book and Guide* (Finn, Fischer, & Handler, 2012).

As the 20th century drew to a close, and behavioral and humanistic issues were pretty much resolved, assessment was attacked from a third direction, this time not for being behaviorally irrelevant or humanistically improper, but for being unnecessary and wasteful. This line of attack emanated mainly from health care managers who alleged that the cost of psychological assessment outweighed its benefits in planning and implementing appropriate interventions. These allegations have been used as a basis for limiting or disallowing financial reimbursement for psychological assessments, thereby causing assessment psychologists concern about loss of income and having either to curtail their practice or seek referral sources outside of the health care industry. Interestingly, there is ample evidence that adequate assessment in health care saves money in the long run, by fostering improved treatment planning in the first place. The battles for more adequate insurance coverage for psychological assessment are being actively fought even as we speak, especially by the APA Practice Organization. In fact, evidence abounds that psychological assessment remains very much with us, in our professional organizations, in our practice activities, and in our published literature.

Professional Organizations

Two divisions of APA include organized and thriving sections on assessment: Division 12 (Society of Clinical Psychology) and Division 5 (Evaluation, Measurement, and Statistics). In the International Association of Applied Psychology, Division 2 is the Division of Psychological Assessment and Evaluation. The Society for Personality Assessment just this year celebrated its 75th birthday, and its annual meetings have in recent years drawn a larger attendance than ever before. Also of note are the ongoing activities of the American Board of Assessment Psychology, which provides certification for doctoral level psychologists specializing in assessment and has recently launched an e-journal, *Archives of Assessment Psychology*.

Practice Activities

Two recent surveys have confirmed the continued prominence of assessment activities in psychological practice. In a survey of Division 12 members, Norcross and Karpiak (2012) found that diagnosis and assessment, despite becoming less central in clinical psychology than in the past, remains the second most frequent professional activity among clinical psychologists, following psychotherapy, with just under 60% of their survey respondents reporting engagement

in diagnosis/assessment. In a survey by Hunsley, Ronson, and Cohen (2013) of registered psychologists in Canada, assessment accounted for the respondents' second largest investment of professional time, following psychotherapy, and 83% of those with doctoral degrees reported engagement in assessing mood and behavior. Neimeyer, Taylor, and Wear (2010) asked over 6,000 licensed psychologists in an online survey about the topics of continuing education courses they had taken in the past year. Assessment courses were the third most frequently reported topic, exceeded in popularity only by courses on ethics and anxiety disorders.

Published Literature

The contemporary visibility of assessment in organizations and practice activities is accompanied by a large and growing literature that attests continuing widespread interest in the theoretical foundations, psychometric properties, and useful applications of assessment methods. There are more quality journals, textbooks, and handbooks devoted to psychological assessment research and practice available now than at any time in the past. As an example of sustained growth in the field, Volume 1 of the APA journal *Psychological Assessment* was published in 1989 with a total of 347 pages; the 2012 Volume 24 runs to 1,059 pages—a 300% increase. Since 2011 we have seen the publication of such major contributions as the 3-volume *APA Handbook of Testing and Assessment in Psychology*, edited by Kurt Geisinger; a volume on *Assessment Psychology* edited by Jack Graham and Jack Naglieri as part of Wiley's 12-volume *Handbook of Psychology*; the fourth edition of Groth-Marnat's *Handbook of Psychological Assessment*; and books by McCleod, Jensen-Doss, and Ollendick on *Diagnostic and Behavioral Assessment in Children and Adolescents*; by Harwood, Beutler, and Groth-Marnat on *Integrative Assessment of Adult Personality*; Spores' *Clinician's Guide to Psychological Assessment and Testing*; and Wright's *Conducting Psychological Assessment; A Guide for Practitioners*—to name just a few, all of which are on display in the APA Exhibits. As further evidence of the extent of this literature, a search of PsycINFO over the last 10 years for publications with “psychological assessment” in the title yielded 742 hits. Accompanying this voluminous literature is a steady flow of new tests, revisions of existing tests, updates of normative reference data, and advances in computer-based test interpretation that invigorate the field and challenge assessment psychologists to keep sufficiently abreast to maintain their competence (see Krishnamurthy & Yalof, 2010).

Why Psychological Assessment Won't Go Away

There are three good reasons why psychological assessment will not go away: (a) the significance of measuring individual differences; (b) the proven utility of psychological assessment in facilitating decisions; and (c) the glamour of being an assessment psychologist.

The Significance of Measuring Individual Differences

Psychology is the science of human behavior, which in simple terms consists of what people are like and how they are likely to think, feel, and act in certain situations. To determine what people are like, you must assess them, and adequate measurement of individual differences with appropriate methods is of critical significance in psychological science and practice. Failure to recognize and account for individual differences can lead to inaccurate and misleading overgeneralizations based on group differences, whereas attention to individual differences can validate hypotheses that, because of wide variations among people, are unlikely to be confirmed on a group basis. Contrary to the nomothetic focus of Wundt mentioned at the beginning of this

presentation, we can often learn more about psychological characteristics from those whose performance falls far from the mean than we can learn from those whose performance clusters closely to the mean. Without assessment, there would be no psychology of individual differences.

As an example of the critical importance of psychological assessment, consider current attention to the relative influence of common and specific treatment factors on progress and outcome in psychotherapy (Beutler, Forrester, Gallagher-Thompson, & Thompson, 2012). Here is the burning question: Which has more influence on whether people participate effectively in and benefit from psychotherapy—the impact of the relationship or the effects of the therapist’s technical procedures?

The correct answer to the question is one that often frustrates the questioner but shows appropriate respect for good sense and the empirical data. The answer is, “It depends.” Research by Sidney Blatt has shown that psychotherapy patients who are primarily preoccupied with issues of affiliation and relatedness (*anaclitic*, in his terms) are responsive mainly to supportive dimensions of the treatment relationship, whereas psychotherapy patients who are primarily preoccupied with issues of achievement and self-definition (*introjective*) are responsive mainly to treatment procedures involving exploration and interpretation (Blatt, 2008; Blatt, Zuroff, Hawley, & Auerbach, 2010). Such differences in patient factors that have a bearing on progress and outcome in psychotherapy should be considered in treatment planning, and they can be identified only with adequate pre-therapy assessment.

The Proven Utility of Psychological Assessment in Making Decisions

Extensive literature has documented the utility of psychological assessment in facilitating decisions in a broad range of settings, and published research findings are continually providing new information about the validity of psychological assessment methods and the benefits of their use (see Meyer et al., 2001). With respect to the traditional focus of clinical psychology on the diagnosis and treatment of mental disorders, there is widespread recognition of the essential role of assessment in treatment planning and outcome evaluation (Maruish, 2004).

This point has been made very well in a recent message from Radhika Krishnamurthy, the current President of the Society for Personality Assessment. “Indeed, assessment is the very core of clinical psychology, for how can we effectively intervene in the service of human welfare without first determining, with precision, what needs to be addressed?” (Krishnamurthy, 2013).

Over the last generation clinical psychologists have extended their assessment services into health care, forensic, and organizational settings in which their conclusions have been welcomed and appreciated. In health care settings, these assessment services have provided valuable information about psychological factors associated with the origins and course of physical illness, adjustment to chronic disability, tolerance for medical and surgical procedures, and maintenance of a healthy lifestyle (Belar & Dearthoff, 2009; Nezu, Nezu, & Geller, 2013; Sweet, Tovian, Breting, & Suchy, 2013). In forensic settings, psychological assessment has come to play a prominent role in determinations of competency, criminal responsibility, and child custody (Archer & Wheeler, 2013; Ogloff & Douglas, 2013; Weiner & Otto, in press) In organizational settings, psychological assessments have demonstrated utility in guiding selection, placement, and promotion of personnel (Guion, 2011; Klimoski & Wilkinson, 2013; Schmitt, 2012).

The Glamour of Being an Assessment Psychologist

I referred earlier to historical developments that saw many clinical psychologists shift their primary focus from conducting assessments to providing psychotherapy. This change was facilitated in part by certification and licensing laws that for the first time authorized qualified psychologists to practice psychotherapy without medical supervision. As I also mentioned, the shift to psychotherapy reflected as well the perception of assessment as a subordinate activity lacking in status and prestige. In my opinion, this perception is a shoe that fits only if you put it on. In many endeavors there is constant need and respect for expert diagnostic consultants who can look at a problem, collect and analyze information related to it, and recommend what to do about it. The contributions of expert diagnostic consultants are valued and appreciated, and skilled psychological examiners function as expert diagnostic consultants. There is plenty of glamour to be had in being a consultant to whom others professionals turn for help in resolving complex clinical, health care, forensic, and personnel issues. We can do our colleagues and students a favor by spreading the word that assessment psychology can be an admired and rewarding avenue of practice.

Concerns To Keep In Mind

Despite being here to stay, assessment psychology is presently confronting two concerns: it is being under-taught, and it is being short-changed.

The Under-Teaching of Assessment Psychology

The previously noted shift of clinical psychology's primary focus from assessment to psychotherapy resulted in a common misperception that assessment was no longer of much importance. There is ample documentation that this mistaken belief has compromised the caliber of assessment training in many clinical psychology graduate programs. Limited appreciation for the utility of psychological assessment and insufficient attention to the value of assessment skills have led to reduced course offerings in assessment, minimal requirements for assessment competency, and little encouragement for students to conduct assessment related research (Butcher, 2006; Childs & Eyde, 2002). The eroded status of psychological assessment in doctoral programs (with notable exceptions) has been reflected in complaints by internship directors that graduate students are arriving at their centers ill-prepared to collect and integrate assessment data (Clemence & Handler, 2001; Stedman, Hatch, & Schoenfeld, 2000). Accordingly, there is reason for concern about a gap between the thriving organizational, practice, and publishing activity in assessment psychology and the limited education in psychological assessment being provided many of today's graduate students.

The Short-Changing of Assessment Psychology

There is a regrettable tendency among those who teach assessment and many who practice it to regard what is briefer as better. Even among practitioners who endorse the importance of assessment in treatment planning and in making other kinds of decisions, there are those whose recommended assessments consist of self-administered checklists - the fewer items, the better. We are awash with short forms and abbreviated versions of most standard and ad hoc assessment instruments. There is motivation for this brevity, related to saving time and money and also sparing oneself from having to become skillful in administering and interpreting psychological tests. However, there is a price to be paid for this short-changing of the assessment process.

I say short-changing because, in common language, it is well known that we can usually expect to get what we pay for. In more technical terms, brief, simplistic, and narrowly focused assessment methods restrict reliability and validity. With respect to reliability, there is good reason to believe that the longer a test, the more reliable it is likely to be; conversely, the briefer an assessment, the less dependable its results are likely to be. With respect to validity, short, superficial, and unidimensional instruments contribute little to understanding and predicting the complexities of human behavior.

These concerns call for attention, but they do not alter the main thrust of what has been said here - that psychological assessment has been and remains a vital part of clinical psychology, and psychological assessment is here to stay.

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