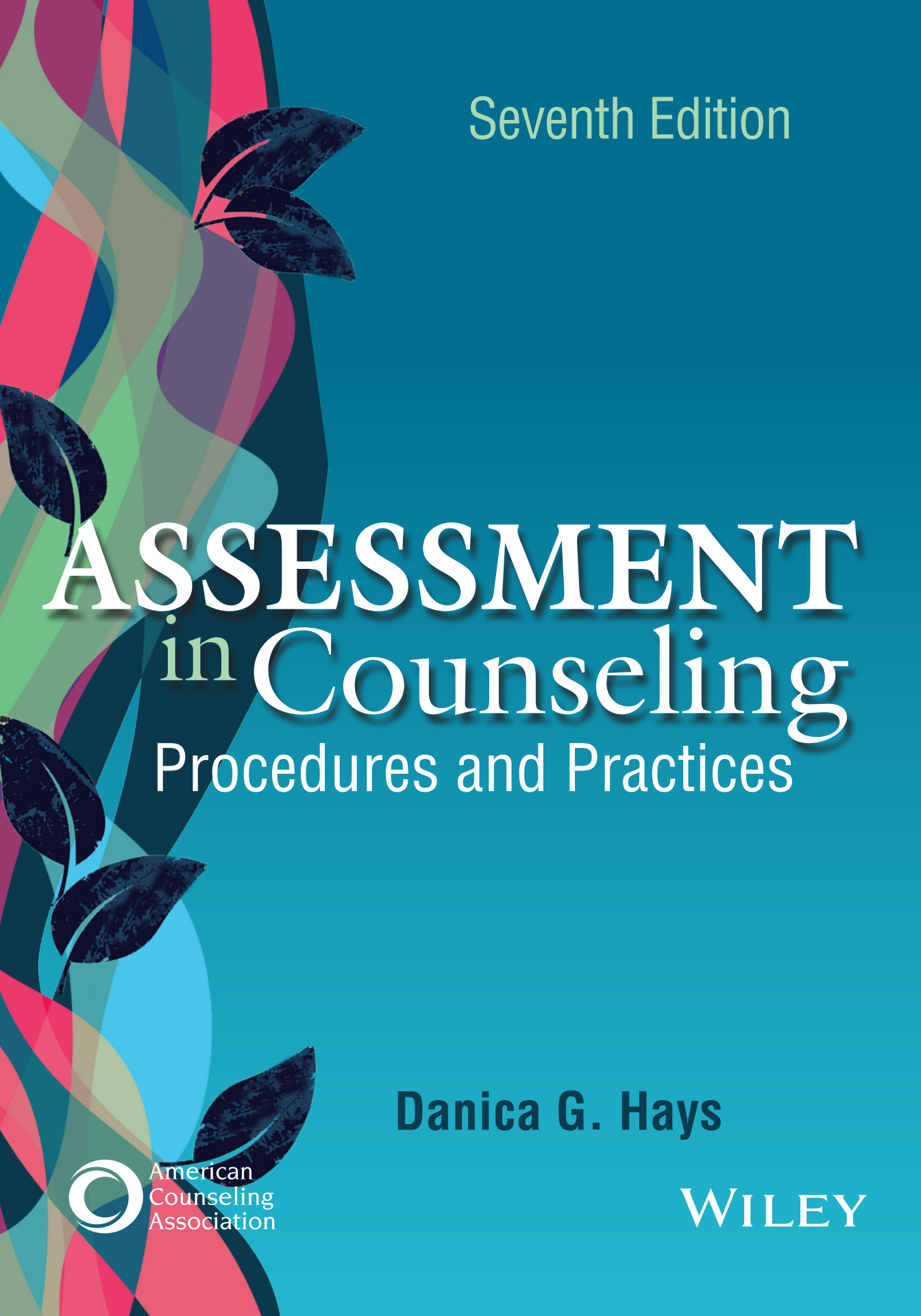
Seventh Edition
ASSESSMENT in Counseling
Procedures and Practices
Danica G. Hays
American Counseling Association
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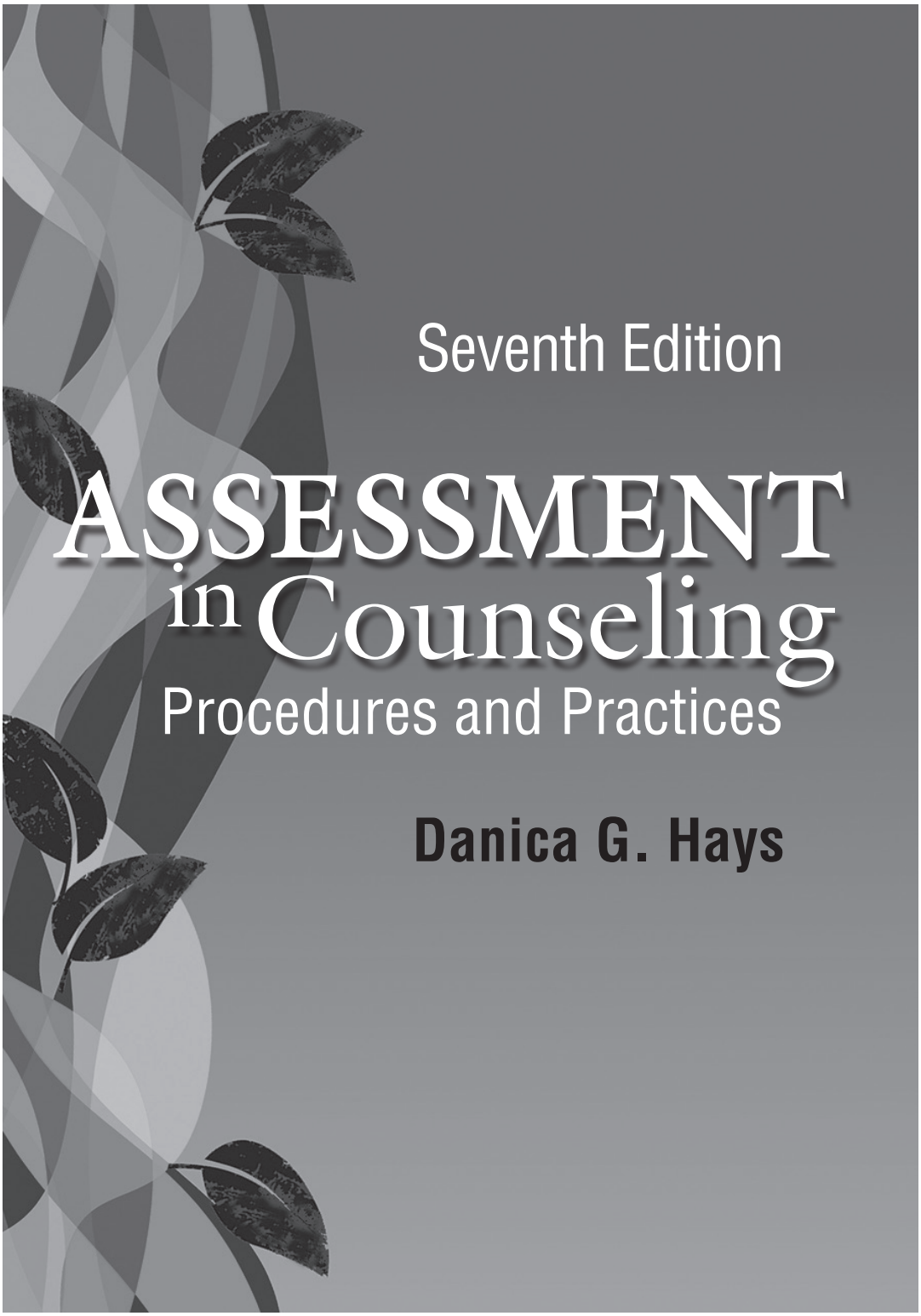

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Publisher | Carolyn C. Baker

Digital and Print Development Editor | Nancy Driver

Senior Production Manager | Bonny E. Gaston

Copy Editor | Elaine G. Dunn

Cover and text design by Bonny E. Gaston

Library of Congress Cataloging-in-Publication Data
Names: Hays, Danica G., author.
Title: Assessment in counseling : procedures and practices / Danica G. Hays.
Description: Seventh edition. | Alexandria, VA : American Counseling Association, [2023] | Revised edition of Assessment in counseling, [2017] | Includes bibliographical references and index.
Identifiers: LCCN 2023009272 | ISBN 9781556204159 (paperback)
Subjects: LCSH: Psychological tests. | Counseling.
Classification: LCC BF176 .H66 2023 | DDC 150.28/7—dc23/eng/20230227
LC record available at https://lccn.loc.gov/2023009272

For Grace Caroline and Charlotte Harper, always.

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Preface

Welcome to the seventh edition of *Assessment in Counseling: Procedures and Practices*! The purpose of this book is to provide information about the various assessment procedures that are specifically relevant for practicing counselors across a variety of settings. The book showcases how these assessment procedures can be applied throughout the counseling process; emphasizes the selection, interpretation, and communication of assessment findings; and highlights the basic principles of ability, intelligence, career, and personality assessment. It stresses the importance of integrating assessment findings with other information about the client. One primary assumption undergirds this text: Counselors engage in assessment practices *every day*, and these practices affect relationships, treatment decisions, and culturally responsive counseling. Furthermore, assessment involves both quantitative and qualitative approaches.

This book is not designed to be a comprehensive textbook or desk manual on the various assessment tools themselves. A number of excellent books describe specific assessments and assessment procedures in detail. It is expected that counselors will make use of such publications along with other resources as they evaluate assessment tools.

The seventh edition continues some key features from the previous two editions:

- Bolded key terms to facilitate comprehension of major concepts
- Chapter pretests ("Test Your Knowledge") to gauge previous learning
- Self-development activities, such as reflective exercises and class and field activities
- "Tip Sheets," or practical, user-friendly information about major assessment concepts, issues, and practices
- The inclusion of practitioner voices on various assessment topics ("Assessment in Action")
- Case examples of fictional clients that highlight assessment issues and considerations
- Sample assessment items with an expanded list of common assessment tools
- Review questions and chapter summaries
- Resources for further learning
- A sample assessment report (Appendix B)
- Common statistical formulas used in assessment
- Supplemental instructor materials available from the American Counseling Association (e.g., chapter outlines, chapter PowerPoints, a test bank of multiple-choice and true/false items, a sample syllabus)

Furthermore, this edition includes the following additions and updates:

- Greater focus on assessment and assessment use in multiple counseling settings, including schools, colleges/universities, and telehealth platforms
- Increased attention to interprofessional collaboration to support assessment practices and procedures
- Addition of new qualitative assessment approaches and how they can be infused throughout counseling and assessment
- Greater infusion of culture and social justice considerations and assessment practices
- Updated assessment research trends related to gender, race and ethnicity, socioeconomic status, disability, and age
- Attention to wellness assessment, counseling, and advocacy
- Increased discussion of crisis and trauma assessment
- Updated references for assessment tools and scholarship in assessment-related procedures and practices
- Updated assessment information to reflect recent versions of popular intelligence, ability, career, and personality assessments

In the remainder of this preface, I highlight more specific additions and changes for the seventh edition.

The book is organized into five sections. Section I, "Foundations of Assessment in Counseling," includes introductory concepts of assessment that are useful for conceptualizing measurement and statistical concepts and working with various types of assessment. The four chapters in this section include a discussion of basic assessment terms; the history of assessment; the purpose and use of assessment; wellness assessment and counseling; the assessment process related to selection, administration, interpretation, and communication; ethical, legal, and professional issues in assessment and related assessment standards; and multicultural and social justice assessment practices. Some of the new and/or expanded material in Section I is as follows:

- Multicultural and social justice counseling competency and assessment
- Wellness counseling, assessment, and advocacy
- Assessment in telehealth, school, and college settings
- Qualitative assessment methods, including story circles, graphic methods, body mapping, lifelines, self-characterizations, and ethnographic interviewing in clinical assessment
- Core ethical values for effective assessment
- Ethical standards and guidelines for career, mental health, group, and telehealth settings
- Client cultural and explanatory models, and how these models help to explain client self-assessment of symptomatology, diagnosis, and prognosis; help-seeking behaviors; and mobilization and uses of social networks
- Counselor implicit bias and discrimination in assessment

Section II, "Key Measurement, Statistical, and Qualitative Concepts," includes two chapters that address foundational knowledge in statistics and qualitative measurement. In this edition, concepts of scales of measurement, measures of central tendency and variability, and norms are presented before technical concepts of reliability, validity, trustworthiness, and assessment development. Some of the new and/or expanded material in Section II is as follows:

- Norms and normed samples
- Steps in the norming process
- Trustworthiness and evaluating qualitative assessment data
- Evaluating reliability estimates in the context of sample size and alpha levels
- Measurement invariance

Section III, "Initial Psychological Assessment," includes two chapters related to common assessment tasks typically used at the beginning of the counseling relationship to gauge mental health and substance abuse symptoms. This section addresses the use of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), the intake interview; mental status examination; quantitative screening inventories; qualitative tools for initial assessment; specialized assessment of suicide risk, crisis and trauma, depression, anxiety, anger, self-injury, eating disorders, attention-deficit/hyperactivity disorder; and substance abuse. For this edition, the discussion of the *DSM* is presented earlier in Section III. Some of the new and/or expanded material in Section III is as follows:

- Crisis and trauma counseling, with attention to the mental health ecosystem for crisis intervention
- Qualitative tools for initial assessment
- Trauma assessment tools
- Counselor vicarious trauma and self-care
- Updated information on the *DSM Fifth Edition–Text Revision*
- Mental health disorders and assessment, with updated prevalence data for major mental health disorders, including gender, age, and race/ethnicity data when available
- Longitudinal assessment of mental health disorders as well as mental health service usage statistics
- Updated prevalence data on depression, anxiety or fear, posttraumatic stress disorder, anger, self-injury, eating disorders, attention-deficit/hyperactivity disorder, and addictions
- Bipolar disorder assessment
- Process addictions assessment and additional screening tools for addictions
- Biological changes due to trauma that present during posttraumatic stress disorder assessment

Section IV, "Types of Assessment," is the largest section and includes six chapters. The section is devoted to specific classes of assessment, including intelligence, ability, career development, and personality. In this edition, you will find expanded coverage in areas such as high-stakes testing, projective assessments, and interpersonal assessment involving intimate partner violence and child abuse. Furthermore, recent revisions in intelligence and ability assessment are discussed. In this edition, specific career assessment tools are presented later in Section IV to allow space for an expanded discussion of career assessment history and wellness assessment earlier in the section. Some of the new and/or expanded material in Section IV is as follows:

- Inclusion of assessment to evaluate Howard Gardner's multiple intelligences
- Intelligence assessment and special education, with specific attention to intellectual disability and giftedness
- The school counselor's role in intelligence assessment data and college and career readiness
- Cultural and social justice considerations in special education assessment and high-stakes testing

- History of career assessment, including attention to three waves of career assessment
- Career assessment across the life span
- Qualitative career and interpersonal relationship assessments
- Wellness assessment tools and counseling processes
- New projective assessments and case examples of fictional clients
- Elder abuse and assessment
- Community asset mapping

Section V, "The Assessment Report and Future Trends," first provides a chapter that outlines general guidelines for communicating assessment findings to a client and other stakeholders as well as developing a research report. The second chapter in this section focuses on future trends in assessment, including ways that counselors can expect to respond to issues such as a changing cultural landscape, globalization, and technology. Some of the new and/or expanded material in Section V is as follows:

- Communicating qualitative assessment findings
- Self-monitoring after the assessment findings are reported
- Positive assessment trends expected for telehealth and qualitative assessment
- Future trends regarding wellness assessment and advocacy
- Attention to Indigenous and global assessment trends
- Future trends in assessment training

The book also includes several appendixes: common statistical formulas (Appendix A), a sample assessment report (Appendix B), and an answer key for "Test Your Knowledge" items (Appendix C).

I hope you enjoy this journey into the world of assessment—an integral part of the work we do every day as counselors.

—DGH

Council for Accreditation of Counseling and Related Educational Programs

2024 Standards and Corresponding Chapters

Section 3: Foundational Counseling Curriculum

Standard G. Assessment and Diagnostic Practices	Chapter
1. Historical perspectives concerning the nature and meaning of assessment and testing in counseling	**1, 16**
2. Basic concepts of standardized and nonstandardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments	**2, 5**
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8. Use of assessments in academic/educational, career, personal, and social development	**9–14**
9. Use of environmental assessments and systematic behavioral observations	**2, 4, 16**
10. Use of structured interviewing, symptom checklists, and personality and psychological testing	**2, 7, 13**
11. Diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems	**8**

(Continued)

(Continued)

Section 3: Foundational Counseling Curriculum

Standard G. Assessment and Diagnostic Practices	Chapter
12. Procedures to identify substance use, addictions, and co-occurring conditions	**8**
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Note. The parts of the CACREP Standards that are reproducted in this publication represent only selected parts of the 2024 CACREP Standards. This inclusion of the CACREP Standards reproduced is in no way intended to imply CACREP endorsement or approval of this work and that use of the seventh edition of *Assessment in Counseling* as a teaching tool does not establish or connote compliance with CACREP Standards for purposes of determining CACREP accreditation of any education program.

Acknowledgments

I thank Carolyn Baker, American Counseling Association (ACA) publisher, for her support and responsiveness throughout the writing and production process. I am also grateful for the work of Bonny Gaston, senior production manager, and the other ACA staff members who made this edition possible.

I appreciate the contributions of Albert B. Hood and Richard W. Johnson to the practice of psychological assessment in general and as authors of the first four editions of this text. The counseling profession has certainly been influenced by their countless achievements in research and practice, and I have been humbled to build on their work in the last three editions.

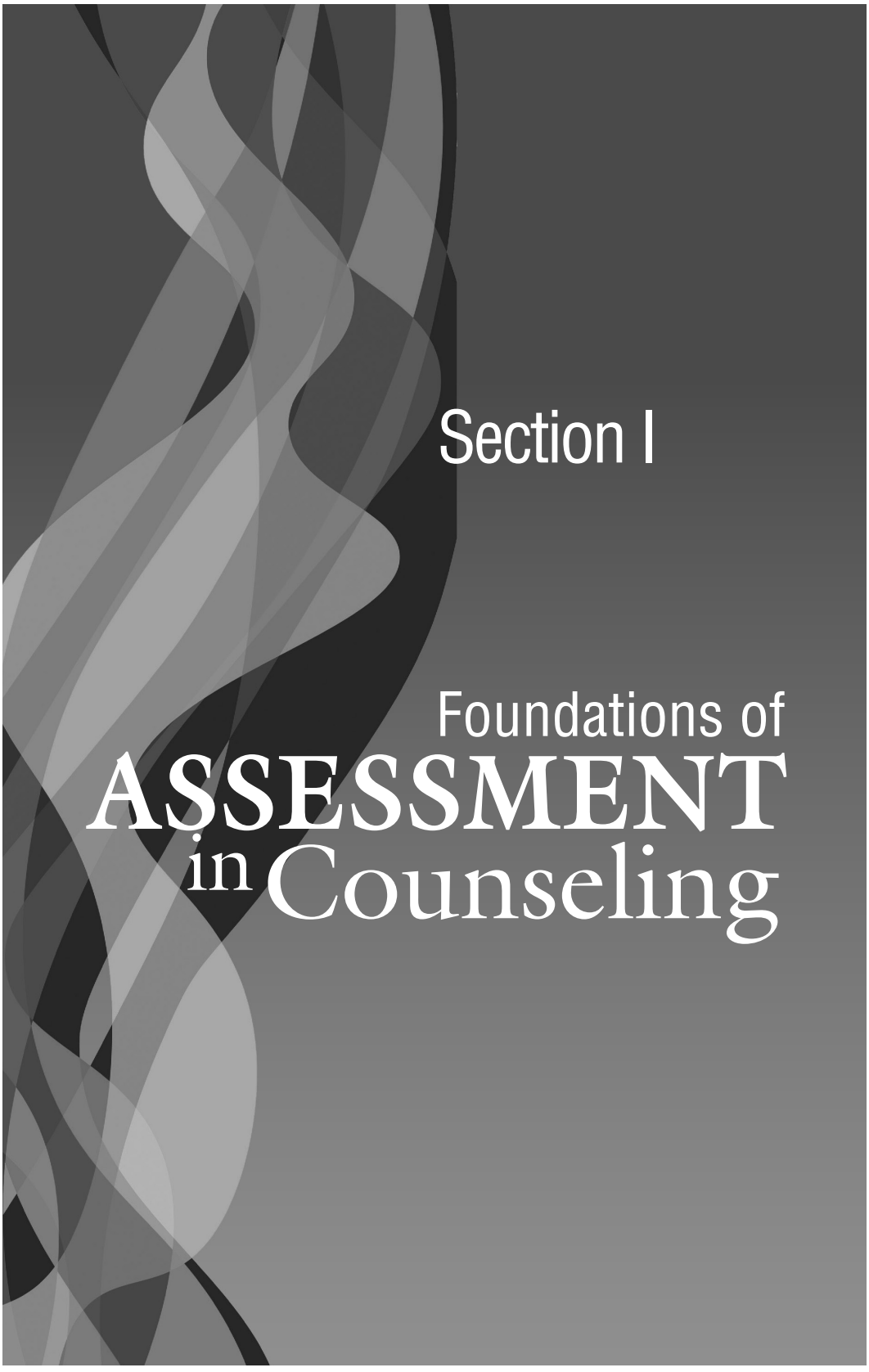
Finally, I am thankful for my students and mentors in the assessment world who remind me every day of the important role of assessment.

About the Author

Danica G. Hays, PhD, is a professor and dean in the College of Education at the University of Nevada–Las Vegas. She earned a PhD in counselor education and supervision, with an emphasis in multicultural research, from Georgia State University. She has published more than 130 journal articles and book chapters in her areas of research expertise, which include assessment and diagnosis, research methodology and program evaluation, leadership development, domestic violence prevention, and multicultural and social justice issues in community mental health and counselor preparation.

In addition to authoring the last three editions of this book, Dr. Hays coauthored *Qualitative Research in Education and Social Sciences* (2nd ed.; Cognella), *Counseling Theory and Practice* (3rd ed.; Cognella), and *Mastering the NCE and CPCE* (3rd ed.; Pearson). In addition, she is coeditor of *Developing Multicultural Counseling Competency: A Systems Approach* (4th ed.; Pearson) and is associate and content editor of the *ACA Encyclopedia of Counseling* (1st ed.; American Counseling Association [ACA]), *A Counselor's Guide to Career Assessment Instruments* (6th ed.; National Career Development Association), and *Corona Chronicles* (two volumes; Dio Press).

Dr. Hays has extensive leadership history in the Association for Assessment and Research in Counseling (AARC) and the Association for Counselor Education and Supervision (ACES), including serving as AARC president, AARC founding journal editor for *Counseling Outcome Research and Evaluation*, ACES journal editor for *Counselor Education and Supervision*, and president of an ACES region. She is an ACA fellow and the recipient of numerous awards, including the ACES Legacy Award; the AARC Patricia B. Elmore Excellence in Measurement and Evaluation and President's Special Merit awards; and the ACA Outstanding Research, Outstanding Counselor Educator Advocacy, Extended Research, and Glen E. Hubele National Graduate Student awards.



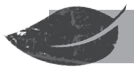
Section I

Foundations of ASSESSMENT in Counseling

Chapter 1

Use of Assessment in Counseling

What is assessment? What are the different ways counselors use assessment in the work they do? How did assessment become such an important part of counseling? In this chapter, several key assessment terms are defined, and the purpose and uses of assessment are described. Then a brief history of assessment is provided, followed by a discussion of current attitudes toward assessment use. The chapter concludes with key questions and guiding principles of assessment in counseling.



Test Your Knowledge

Respond to the following items by selecting "T" for true or "F" for false:

❑ T ❑ F 1. Assessment aids counseling by providing information for the client alone.

❑ T ❑ F 2. *Assessment* and *test* are synonymous terms.

❑ T ❑ F 3. Early group tests were used to assess intelligence and ability among World War I recruits.

❑ T ❑ F 4. A problem-solving model is a useful method for conceptualizing the purpose of assessment.

❑ T ❑ F 5. Personality assessment is the most significant area counselors are known for in assessment development.

Introduction to Assessment

Assessment is a part of our daily lives. In any instance where someone has to make a judgment or solve a problem based on an outcome or information gained, assessment is occurring. We are recipients of and participants in assessment data. Think back to your early memories of being assessed, tested, or evaluated in some way. Did it relate to a spelling or history test in school? Did it involve a report card you brought home? Were you being assessed for a disability or placed in a gifted program? Did you feel sad or anxious about something? Now, think of more recent memories: taking a college

or graduate entrance exam, discussing with a physician or counselor some symptom or issue you are experiencing, selecting a career path, interviewing for a job, even trying out a new recipe or working on a home improvement project, to name a few. No matter the memories—positive or negative—assessment occurs in various settings: schools, colleges, and universities; homes; health care settings; agencies; neighborhoods; communities; the virtual world; and so on.

It is not surprising, then, that assessment has always played an important part in counseling. Assessment is the foundation for understanding and treating a client or student. A thorough and comprehensive assessment is an integral and important first step in effective treatment. From its inception, the field of counseling has typically involved helping individuals with academic and career planning based on test results. In recent years, the role of counseling (and the nature of assessment) has broadened to address a variety of concerns, such as self-esteem, shyness, personal growth, family and couple relationships, sexual identity, sexual abuse, cross-cultural communication, substance abuse, eating disorders, depression, anxiety, and suicidal ideation. Counselors also rely on assessment data for program planning and evaluation. Clients use assessment results to understand themselves better and to plan for the future. The assessment process can be therapeutic in itself by helping clients to clarify goals and gain a sense of perspective and support.

Key Assessment Terms

There are many terms associated with assessment in counseling. In this section, five key terms (i.e., assessment, tests, measurement, variable, and psychometrics) are presented. Throughout the text, information on terms associated with these terms is outlined. Before defining these terms, it is important to define what the term *client* means throughout the text. A **client** may be an individual or group of individuals being assessed in various settings, such as counseling agencies, private practice settings, schools, colleges and universities, and career centers. A client can also refer to places or settings in general, such as in cases of program evaluation (e.g., a character education program). Finally, a client may be associated with objects or things such as dropout rates, divorce rates, violence, trauma, or neighborhoods. In essence, clients are people, places, or things that can be assessed.

Assessment

Assessment is an umbrella term for the quantitative and/or qualitative evaluation methods counselors use to better understand characteristics of people, places, and things. Other terms used interchangeably in counseling to describe assessment are *appraisal* and *evaluation*. The Standards for Educational and Psychological Testing (American Educational Research Association [AERA] et al., 2014) define assessment as "any systematic method of obtaining information from tests and other sources, used to draw inferences about characteristics of people, objects, or programs" (p. 216). The first part of the definition ("any systematic method of obtaining information from tests and other sources") indicates that a broad range of evaluation methods—such as standardized tests, rating scales and observations, interviews, classification techniques, and records—may be used as a means of obtaining data about clients. The second part of the definition ("used to draw inferences about characteristics of people, objects, or programs") emphasizes the use of assessment data to help counselors understand their clients and the situations in which clients find themselves. Collectively, these two definition parts refer to a broad process of tool selection, administration, and interpretation of data to provide a basis for forming and testing hypotheses regarding

the nature of a client's issues and possible treatment approaches. The assessment process is discussed in more depth in Chapters 2, 6, and 15.

Some of the common assessment categories discussed in this text are intelligence (Chapter 9), ability (Chapter 10), career (Chapters 11 and 12), and personality (Chapter 13). These categories include both formal and informal assessment methods (see Chapter 2). Following are brief definitions of each category:

- **Intelligence assessment:** evaluation of cognitive abilities such as communication, reasoning, abstract thought, learning, and problem-solving. Intelligence has been defined in many ways, although intelligence assessment is primarily measured through tests geared toward more traditional definitions.
- **Ability assessment:** assessment of acquired information (achievement) or an ability to acquire information (aptitude) about a particular subject matter or domain. Ability assessments are typically used for educational purposes, although some career and intelligence assessments may also be categorized as ability measures.
- **Career assessment:** measure of a client's career development process as well as the content domains of that process. Process-oriented variables include career readiness, concerns, planning, and maturity. Content domains involve career values and interests inventories. Career assessment can involve individual tools or more comprehensive assessment programs.
- **Personality assessment:** examination of individual attributes, types, and traits related to cognitions, emotions, actions, and attitudes. Personality assessment can be classified as structured (objective) or unstructured (projective).

As you can see from these descriptions, assessment categories are not fixed and can overlap one another.

Tests

A **test** is a systematic and often standardized process for sampling and describing a behavior of interest for individuals or groups. To be considered **standardized**, tests must meet certain standards or requirements during the testing process. These standards include uniform procedures for test administration, objective scoring, and the use of representative norm groups for test interpretation. Most standardized tests have clear evidence of their reliability and validity (see Chapter 6). Assessments that are **nonstandardized** can include qualitative assessments, which are discussed in Chapter 2.

Tests can measure past, present, and/or future behavior or some reflection or feeling toward a behavior of interest. Tests can be interpreted in reference to a test taker's previous performance (**self-referenced**), some objective or criterion (**criterion referenced**), or that of a standardization sample (**norm referenced**). Standardization and test norms are discussed in more depth in Chapter 5.

Tests are only one aspect of assessment. Assessment is a more comprehensive activity than testing because it includes the integration and interpretation of test results and other evaluation methods. In sum, assessment involves judgments based on quantitative and qualitative descriptions of client data from a variety of sources.

Measurement

Measurement is a description of the degree to which a client possesses some characteristic. Traditionally, measurement deals with quantitative units, such as those associated with length (e.g., meter, inch), time (e.g., second, minute), mass (e.g., kilogram, pound), and temperature (e.g., Celsius, Fahrenheit). In the physical sciences, measure-

ment has been described as the actual or estimated magnitude of quantity relative to another (see International Bureau of Weights and Measures, 2012; Michell, 1997). The measurement concept has long been applied to the social sciences, such as when S. S. Stevens (1946) defined measurement as the assignment of numerals to objects or events according to some rule. These "rules" refer to scales of measurement (i.e., nominal, ordinal, interval, and ratio; see Chapter 5). In addition, measurement in social sciences relates to providing data that meet some criteria, and thus tests are administered to assess the degree to which criteria are met.

Variable

Another key term is **variable**. A variable refers to a construct or concept that can take on more than one value. Values can be qualitative or quantitative. For example, qualitative variables can include groupings such as gender, ethnicity, sports team, and hair color; they tend to involve **categorical variables**. They can also refer to more open-ended concepts or phenomena that are defined uniquely by a client. Quantitative variables might include **continuous variables** (i.e., variables measured on some continuum), such as test scores, age, and rank. In assessment, you will encounter several types of variables: **independent variables** (preexisting variable or variable able to be manipulated that is assumed to influence some outcome), **dependent variables** (construct affected by the independent variable; also known as an *outcome variable* or *response variable*), and **extraneous variables** (a "noise" variable that impacts a dependent variable yet is unrelated to the assessment process—also known as a *confounding variable*).

Psychometrics

Psychometrics is the study of measurement technique and theory. Although a lengthy discussion is beyond the scope of this book, psychometricians have proposed common theories and techniques such as classical test theory, item response theory, Rasch modeling, factor analysis, and structural equation modeling. Classical test theory and its common concepts of measurement error, reliability, and validity are discussed in Chapter 6.

Purpose of Assessment in Counseling

Now that you have a basic understanding of the general terminology, let us take a look at how and why assessment is used in counseling. Assessment is beneficial in counseling because it provides information for both counselors and clients so they can understand and respond to client concerns, promote client wellness, and plan and evaluate programs. Scholars (Even & Williams, 2018; Gregory, 2015) identify the following purposes of assessment:

- *Screening:* identifying those in need of professional assistance, and guiding decision-making about whether additional assessment should be considered
- *Admission, classification, and selection:* examining an individual's suitability for a particular program
- *Identification of risk factors, assets, and opportunities for growth:* improving or promoting client awareness, knowledge, and skills of strengths and assets while identifying potential and actual barriers that may impede their well-being
- *Diagnostic support:* gathering data to isolate core areas of concerns to develop or implement targeted interventions

- *Placement and planning:* establishing treatment goals; informing decision-making for services such as individual counseling, small-group counseling, general education and special education supports, and referral services
- *Progress monitoring:* establishing benchmarks for evaluating progress toward goals and objectives, and monitoring progress toward goals and objectives while fostering client knowledge throughout the process
- *Outcomes measurement:* using aggregated and disaggregated data to measure program and individual outcomes relative to predetermined benchmarks
- *Research:* applying assessment findings to advance scholarship on counseling theory and technique development and implementation
- *Therapeutic tool:* experiencing therapeutic growth while engaging in the assessment process itself, and helping clients understand both their past and present attitudes and actions as well as their plans for the future
- *Social advocacy:* empowering clients and/or acting on their behalf to use knowledge, awareness, and skills garnered from the assessment process to dismantle systemic cultural barriers and promote resilience and cultural ways of knowing

Whichever purpose(s) counselors cite as the reason for assessment, it is important to convey the purpose or purposes to the client throughout the assessment process. That is, assessment should be part of the learning process for a client rather than something that is tacked on to counseling sessions.

Assessment and Wellness

A focus on client development and empowerment characterizes the work of the counselor. In fact, included in the definition of professional counseling is the mention of wellness as a goal as part of client empowerment (see American Counseling Association [ACA], n.d.). The concept of wellness is based in Alfred Adler's construct of *holism* in which the whole is greater than the sum of its parts. Counselors infuse a wellness approach throughout assessment, taking a holistic and mind-body-spirit perspective with the client. **Wellness,** both a process and an outcome, is defined as "a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (J. E. Myers et al., 2000, p. 252).

The goal of wellness counseling, and thus wellness assessment, is to build on client strengths and their positive choices through preventive and developmental activities (Brubaker & Sweeney, 2022; Long et al., 2022). Wellness is a continuum, from the counselor's introspection on their own development of wellness practices to their assistance in fostering their clients' wellness. Optimal wellness can look different in each person because everyone has unique mental, emotional, physical, spiritual, social, and cultural needs. Achieving wellness—for counselors and clients—is a lifelong goal that involves ongoing assessment and implementation of wellness practices (D. M. Gibson et al., 2021). Activity 1.1 at the end of this section (see p. 8) provides an opportunity for you to consider initial assessment and wellness advocacy practices.

Wellness as part of the assessment process can foster individual, social, and cultural awareness in a manner that supports advocacy and social justice. For example, by facilitating wellness in self and others, counselors can expand equitable services and resources. **Microlevel wellness advocacy** refers to providing resources and tools to clients for their own learning about the mind-body connection. **Mesolevel wellness advocacy** refers to collaboration with other providers in the community to promote client wellness and coordination of care. **Macrolevel wellness advocacy** refers to collaborating with clients and communities to assess needs and develop individual and collective wellness (Long et al., 2022). In addition, individual wellness components

such as self-care, burnout, and boundaries are viewed as integral to taking necessary space to support social and collective empowerment and advocacy goals.

The Chi Sigma Iota International's Counselor Wellness Competencies (D. M. Gibson et al., 2021) were created to identify knowledge, awareness, and skills that counselors are to possess to effectively foster their own well-being as well as their clients' wellness goals. They include the following nine competencies, of which wellness assessment is identified as an explicit competency and implicitly a component of the other competencies:

1. *Self-care:* Counselors practice self-care by monitoring personal wellness; devoting time to utilizing self-care strategies that maintain mental, emotional, physical, spiritual, social, and cultural health; and making choices that promote optimal well-being.
2. *Personal relationships:* Counselors develop and maintain intimate and trusting relationships with family, significant others, and supportive friends.
3. *Boundaries:* Counselors establish and maintain healthy personal and professional boundaries to support their wellness.
4. *Stress, burnout, and impairment:* Counselors engage in self-reflective practices that allow them to assess their holistic wellness in order to develop and maintain professional effectiveness by addressing stress, burnout, and impairment.
5. *Professional support practices:* Counselors appropriately seek, utilize, and provide consultation, supervision, education, mentorship, and/or personal counseling to maintain healthy personal/professional environments.
6. *Wellness promotion:* Counselors model and encourage wellness practices that help others realize the benefits of making choices that promote wellness across the life span.
7. *Wellness research:* Counselors incorporate theoretical and empirical wellness models and tools in their counseling, consultation, supervision, instructional, and leadership roles.
8. *Wellness assessment:* Counselors appropriately utilize empirically based wellness assessments and help clients interpret the results of these assessments for optimal well-being.
9. *Wellness-based goal settings and plans:* Counselors appropriately utilize assessment data to help them and their clients implement a "personal wellness plan" with specific, measurable, and manageable goals designed to increase holistic wellness. (D. M. Gibson et al., 2021, p. 137)

Activity 1.1 Wellness Advocacy Strategies

Work in pairs in which one person role-plays a client who is experiencing concerns with their wellness. Identify with the client wellness advocacy strategies at the microlevel, mesolevel, and macrolevel.

Assessment and Problem Solving

In addition to understanding and promoting wellness, assessments can be used to identify opportunities for growth and/or solve problems. The five steps of a problem-solving model can be used to describe a psychological assessment model (Nezu et al., 2012; Nezu & Nezu, 2016). Depending on a client's problem-solving style, they will have varying levels of success in resolving a problem (Nezu et al., 2012). Table 1.1 briefly describes the five steps and how the model applies to the assessment process.

Table 1.1
Assessment and Problem-Solving Steps

Problem-Solving Step	Assessment Purpose	Counseling Example
Problem orientation: Stimulate counselors and clients to consider various issues	Almost any assessment procedure can be used to increase sensitivity to potential problems. Instruments that promote self-awareness and self-exploration can stimulate clients to cope with developmental issues before they become actual problems. Surveys of groups or classes can help counselors identify common problems or concerns that can be taken into account in planning programs for clients.	A counselor conducts a needs assessment, such as an alcohol screening inventory, to identify areas of focus.
Problem identification: Clarify the nature of a problem or issue	Assessment procedures can help clarify the nature of the client's problem and ultimately strengthen communication and the overall counseling relationship as well as clarify goals. For example, screening inventories or problem checklists can be used to assess the type and the extent of a client's concerns. Personal diaries or logs can be used to identify situations in which the problem occurs. Personality inventories can help counselors and clients understand personality dynamics underlying certain situations.	A counselor can provide a diagnosis to classify a set of concerns or symptoms, such as in the case of a relationship difficulty or an anxiety disorder.
Generation of alternatives: Suggest alternative solutions	Assessment procedures enable counselors and clients to identify alternative solutions for client problems, view problems from different angles, and stimulate new learning. For example, an assessment interview can be used to determine what techniques have worked for the client in the past when faced with a similar problem. Checklists or inventories (such as a study skills inventory or work skills survey) yield data that can be used to generate alternatives.	A counselor uses an interest inventory to suggest alternative career choices for a client. A counselor helps a client identify positive self-statements to create alternatives.
Decision-making: Determine appropriate treatment for the client	Counselors use assessment materials to help clients weigh the attractiveness of each alternative and the likelihood of achieving each alternative. The likelihood of achieving different alternatives can be evaluated by expectancy (or experience) tables that show the success rate for people with different types of test scores or characteristics (Guion, 2011). Balance sheets or decision-making grids enable clients to compare the desirability and feasibility of various alternatives (Dollaghan, 2013; Howard, 2001).	A counselor uses a values clarification exercise to assess the attractiveness of various alternatives. A counselor uses a personality inventory to help select a client's intervention.
Verification: Evaluate the effectiveness of a particular solution	Assessment procedures to verify success may include goal attainment scaling (Kiresuk et al., 2014), self-monitoring techniques (Korotitsch & Nelson-Gray, 1999), the readministration of tests that the client completed earlier in counseling, client satisfaction surveys, and the use of outcome questionnaires (Boswell et al., 2013). In addition to serving as a guide for the counseling process, verification efforts also provide a means of accountability for the counseling agency.	Client feedback can be used to make changes to an intervention. A counselor can request a client self-monitoring exercise to assess maintenance of change.

1. **Problem orientation.** This first step assesses how a problem is viewed (can be positive or negative) and requires the client to recognize and accept the problem. With completion of this step, the client and counselor can begin to approach the problem in a systematic fashion as indicated by the problem-solving model.
2. **Problem identification.** This step involves the counselor and the client attempting to identify the problem in as much detail as possible. A client is more likely to continue in counseling and to achieve positive outcomes if the counselor and client agree on the nature of the problem. Identification of the problem also aids in communication with others, such as referral sources, family, and friends.
3. **Generation of alternatives.** In this step, the counselor and client generate alternatives to help resolve the problem. Counselors use assessment procedures to assist clients in discovering strengths on which they can build to overcome difficulties or enhance development.
4. **Decision-making.** In this step, clients anticipate the consequences of the various alternatives. According to classical decision theory, choice is a function of the probability of success and the desirability of the outcome (Kohar, 2016). This equation emphasizes the importance of assessing both the likelihood of success of various alternatives and the attractiveness of those alternatives for the client. Clients will usually want to consider alternatives that maximize the likelihood of a favorable outcome.
5. **Verification.** In this final step, the counselor should discuss with the client how the client will know when the problem has been solved. This step requires that goals be clearly specified, that they be translated into specific behavioral objectives, and that the possibility for progress in accomplishing these goals be realistically viewed. Counselors need to verify the effectiveness of their interventions.

In understanding the purposes of assessments in counseling, it is also important to understand what purposes *do not* characterize assessments—particularly tests. Tyler (1984) highlighted several things tests do not measure:

- Tests cannot measure unique characteristics, only attributes common to many people.
- Individual assessment cannot be used to make group comparisons; counselors can only estimate how well an individual will function in a culture for which the assessment is appropriate. Tests are not suitable for comparing groups that are not identical.
- Because test scores are plotted on a distribution of scores, one tends to infer scores on the distribution ends as "good versus poor" (Tyler, 1984, p. 48). To this end, counselors often evaluate scores without examining the appropriate norms and without considering that highness or lowness of scores do not measure a client's worth.
- On a related note, a "good score" may measure some absence of pathology (such as in personality assessment) rather than universal attributes to which humans aspire.
- Tests cannot measure innate characteristics. Although there are biological components to some attributes (such as intelligence), beginning at birth, these components interact with various environmental factors that further shape responses. Thus, even if counselors can assume that intelligence tests are free from cultural bias (which they are not), responses on intelligence tests are a combination of hereditary tendencies and individual responses to particular environments.
- Test scores are not final measurements of anything but outlets—in conjunction with multiple assessment sources—for facilitating client growth. Clients' high-stakes decisions should not be based solely on test scores.

To this list I add the following:

- Tests and other assessments cannot measure all things equally. Some things, such as reaction time, may be easier to assess than others, such as intelligence or disability.
- Assessments are not necessarily indicative of the totality of behaviors, attitudes, or skills. Tests are only one sampling of these areas and thus should be evaluated as such.
- Assessment findings are not always useful. In fact, they are often misused in decision-making and applied to individuals inappropriately. Concerns include the following: (a) misuse with minority groups, who may differ significantly from the population for whom the test was developed; (b) use of tests to label or stereotype a person based on the test results; and (c) the disproportionate influence of tests in so-called high-stakes decisions, such as selection for college or employment. In some situations, too much emphasis may be placed on test results, often because of their quantitative or scientific nature; in other situations, pertinent test information may be disregarded, especially if it conflicts with an individual's personal beliefs or desires.

Please see the Tip Sheet at the end of the chapter for sound assessment procedures.

History of Assessment

Let's step back from how assessment is used (and should not be used) today and reflect on how counselors began using assessment in the first place. This section presents early key developments in intelligence, ability, interest, and personality assessment; most of these developments occurred from the late-19th to mid-20th centuries. After reviewing this brief history of assessment, perhaps you can understand why current assessment practices across various settings exist, how beneficial assessment can be to counselors and clients, what mistakes those who have administered tests have made, and why certain practices should be continually challenged and scrutinized. Table 1.2 provides a timeline of major assessment developments.

The discussion focuses primarily on historical events from the mid-1800s until present day. The earliest form of testing dates back to Ancient China, where in 2200 BC (more than 4,400 years ago!) the Chinese used a civil service testing program to assess, evaluate, place, and promote its employees. Every 3 years, officials tested employees on five topics: civil law, military affairs, geography, agriculture, and revenue. The testing program was abolished in 1906 after several complaints and questions about its administration and utility, although the program influenced American and European civil service program placements in the 1800s. Let's jump 4,000 years later, when individuals began recording formal assessment procedures in the social sciences.

Developments in Individual Intelligence Assessment

In the mid to late 1800s, there was an increasing interest in studying individual human differences, particularly concerning intelligence. Charles Darwin's (1859) *On the Origin of Species*, with its focus on genetic variation and evolution and thus individual differences, was used as a case for testing human differences. The study of intelligence increased, given its links to discussions of evolution at the time. In the late 1800s, experimental psychologists—primarily Wilhelm Wundt (1832–1920), Sir Francis Galton (1822–1911), and James Cattell (1860–1944)—revolutionized the way intelligence and ability were measured. They focused on quantifiable measures of sensory processes

Table 1.2
Key Historical Events in Assessment

Year	Event
2200 BC	The Chinese test aspiring public officials for work evaluations and promotion decisions
1879	Wilhelm Wundt establishes the first psychological laboratory, conducting several experiments with brass instruments
1880s	Sir Francis Galton initiates the social science testing movement, measuring individual differences in sensory processes
1890	James Cattell coins the term *mental test*
1900	Jean Esquirol and Edouard Seguin perform formalized intelligence assessment in medical communities
	The College Entrance Examination Board (CEEB; now known as the College Board) created
1905	Binet-Simon scale developed; revised in 1908 and 1911
	Henry Goddard misuses test at Vineland Training School and Ellis Island
1916	Stanford-Binet Scale created
1917	Army Alpha and Beta tests, Woodworth Personal Data Sheet developed
1921	Rorschach Inkblot Test published
1923	Lewis Terman and colleagues develop the Stanford Achievement Test
1926	Scholastic Aptitude Test published by CEEB
	Strong Vocational Interest Blank created
1938	Buros Center for Testing develops the *Mental Measurements Yearbook*
	Thematic Apperception Test created
1939–1950s	Wechsler Scales of Intelligence developed
1940s	Myers-Briggs Type Indicator published
1942	Minnesota Multiphasic Personality Inventory created
1947	Educational Testing Service created
1964	Civil Rights Act
1965	Elementary and Secondary Education Act (ESEA; Pub. L. No. 89-110)
1974	Family Educational Rights and Privacy Act
1975	Education of All Handicapped Children Act (Pub. L. No. 94-142)
1990	Americans With Disabilities Act (Pub. L. No. 101-336)
1994	Improving America's Schools Act (ESEA Reauthorization)
1995	Individuals With Disabilities Education Act Amendments
1996	Health Insurance Portability and Accountability Act
2001, 2007	No Child Left Behind Act (Pub. L. No. 107-110)[a]
2015	Every Student Succeeds Act (ESSA Reauthorization)

Note. Pub. L. = Public Law.
[a]Additional legislation concerning assessment is presented in Chapter 3.

(e.g., visual and auditory processes, reaction time) using brass instruments in human laboratories to indicate intelligence.

Wundt, one of the founders of modern psychology, studied mental processes and was able to highlight that individual differences do exist (even though his interests were more in understanding general features of the psyche). Galton, Darwin's half-cousin, was considered a prolific scholar and creator of several significant mathematical and scientific concepts, such as correlation, regression, and central tendency statistics; meteorology; fingerprinting; hearing loss; and heredity. He is considered the founder of eugenics, claiming genetics was the determinant of genius and mental competence differences. Galton is also referred to as the founder of mental tests; he demonstrated that individual cognitive differences do exist and can be measured. Although Galton's tests are now considered simplistic, in the 1880s and 1890s he tested more than 17,000 individuals on physical (e.g., height, weight, head size, length of middle finger) and behavioral (e.g., hand squeeze tests, lung capacity, visual acuity, reaction time) domains to indicate intelligence (Wasserman, 2018). Cattell, who studied with both Wundt and Galton, coined the term *mental test* and articulated 10 mental tests (presence of each indicates intelligence) similar to Galton's. Examples include strength of hand squeeze, rate of hand movement, degree of rubber tip on forehead

pressure needed to cause pain, weight differentiation of identical-appearing boxes, reaction time for sound, and number of letters repeated upon hearing them.

Thus, in the early 20th century there was increased interest in what was called mental testing—now referred to as intelligence testing (Wasserman, 2018). Work in the medical community, in which there was an increasing distinction between emotional problems and intellectual disabilities, set the stage for more formalized intelligence assessment. In Paris, France, two physicians—Jean Esquirol (1772–1840) and Edouard Seguin (1812–1880)—studied language use, identified various levels of verbal intelligence, and examined motor function in patients to initially conceptualize performance intelligence. Seguin was particularly instrumental in performance tests, with the development of the Seguin form board. This board is still used today in neuropsychological tests and involves fitting 10 blocks within designated slots on an upright board.

The first intelligence test was developed by Alfred Binet (1857–1911), who as minister of public instruction in Paris introduced the 1905 Binet-Simon scale in collaboration with his Sarbonne colleague Theodore Simon (1972–1961). They were commissioned by the French government to assess children with intellectual disabilities. They developed a scale that contained 30 tasks and was designed to assist in educational placement; the scale relied on a general factor of intelligence as opposed to lower level sensory processes, and it relied heavily on verbal ability (Carson, 2014; Richardson, 2011). Sample tasks included following a movement with eyes, repeating three spoken digits, repeating a sentence of 15 words, putting three nouns (e.g., *Paris, river, fortune*) in a sentence, reversing the hands of a clock, and defining abstract words by distinguishing between them (e.g., *boredom* and *weariness*).

In 1908, Binet and Simon revised the scale and dropped many of the simpler tasks (used previously to classify those with severe intellectual disabilities) and added higher level tasks. The revised scale contained 58 tasks. The concept of *mental level* was developed for this scale, later referred to as *mental age*. Using a standardization sample of 300 children ages 3 to 13, Binet and Simon were able to calculate the number of items passed by most of the children of a certain age. In the 1911 scale revision, mental level was further refined, and each age level had five associated tasks. Ultimately, mental age was compared against chronological age, and others suggested that an **intelligence quotient (IQ)** be developed.

The 1908 Binet-Simon scale was significantly misused, particularly in the United States at the Vineland Training School in New Jersey—a school for "feebleminded" children. Henry Goddard, the first American psychologist to translate the Binet-Simon scale, tested 378 school residents, classifying 73 as "idiots," 205 as "imbeciles," and 100 as "feebleminded." He then tested 1,547 "normal" children and noted that 3% of the sample could be classified as feebleminded. Goddard was invited in 1910 to Ellis Island to assess intelligence among immigrants. Through his assessments, he increasingly emphasized that the rate of feeblemindedness was much higher among immigrant populations (Carson, 2014). Specifically, he found feeblemindedness for his small immigrant samples at the following rates: 83% of Jews, 80% of Hungarians, 79% of Italians, and 87% of Russians (see Goddard, 1917). These findings were used to make the case that feebleminded individuals were a threat to social order, and thus low IQ immigrants should be deported. Unfortunately, Goddard's writings heavily influenced immigration restrictions (Frank, 2018). Fortunately, Howard Knox developed several performance tests to be used with immigrants and was able to debunk some of Goddard's conclusions (see Figure 1.1). Knox's work highlighted the necessity of future intelligence tests containing performance or nonverbal parts (Gregory, 2015; Wasserman, 2018).

In 1916, Lewis Terman (1857–1956) and colleagues at Stanford University revised the scale (i.e., Stanford-Binet Intelligence Scale) and suggested that IQ be calculated by dividing an individual's mental age by their chronological (actual) age and multiplying that fraction by 100. For example, if a 10-year-old child performs at the level of an

Figure 1.1
Knox Administering Performance Tests to Ellis Island Immigrants, 1912–1916

Note. From "Howard Andrew Knox and the Origins of Performance Testing on Ellis Island, 1912–1916," by J. T. E. Richardson, 2003, *History of Psychology, 6,* p. 153. Copyright 2012 by the American Psychological Association (APA). Reprinted with permission. The use of APA information does not imply endorsement by APA.

11-year-old (mental age), their IQ would equal 110. The Stanford-Binet Intelligence Scale was the gold standard in intelligence testing for several decades and is now in its fifth edition. In 1927, Charles Spearman (1863–1945) conceptualized a general and specific factor theory of intelligence, and in 1941, Raymond Cattell (1905–1998) coined the terms *fluid intelligence* and *crystallized intelligence*, influencing how future assessments were constructed and interpreted. Other developments, including the Wechsler scales (e.g., Wechsler, 1955, 1981, 1997, 2003, 2008), are discussed in Chapter 9.

Developments in Group Intelligence Assessment

Although individual intelligence tests had made significant contributions in a short time—including a beginning understanding of the misuse of testing—test administrators learned quite quickly that group testing was more time efficient. The use of group tests became increasingly warranted when there was a need to screen new recruits during World War I. Robert Yerkes (1876–1956), while president of the American Psychological Association, developed the first two group tests: the Army Alpha and Army Beta intelligence tests. The Army Alpha measured verbal ability, numerical ability, ability to follow directions, and knowledge of information. The Army Beta was a nonverbal counterpart to the Army Alpha and was used to evaluate illiterate or non-English-speaking recruits. During World War I, more than 1.5 million recruits were administered these tests for placement purposes. Figure 1.2 provides sample items from these tests.

Developments in Ability Assessment

Eventually, group tests were used to assess more than just intelligence. Group aptitude tests were developed after World War II, because specialized careers (e.g., flight engineers, pilots, navigators) required more stringent selection for flight schools and previous intelligence tests (i.e., Army Alpha, Army Beta) were not sufficient (Gregory, 2015). In essence, it was clear that previously developed intelligence tests were limited because not all important job functions were covered.

Army Alpha

1. A company advanced 6 miles and retreated 2 miles. How far was it then from its first position?
2. A dealer bought some mules for $1,200. He sold them for $1,500, making $50 on each mule. How many mules were there?
3. Thermometers are useful because
   a. They regulate temperature
   b. They tell us how warm it is
   c. They contain mercury
4. A machine gun is more deadly than a rifle because it
   a. Was invented more recently
   b. Fires more rapidly
   c. Can be used with less training

For these next two items, examinees first had to unscramble the words to form a sentence, and then indicate if the sentence was true or false.

5. happy is man sick always a
6. day it snow does every not

The next two items required examinees to determine the next two numbers in each sequence.

7. 3 4 5 6 7 8 ___ ___
8. 18 14 17 13 16 12 ___ ___

A portion of the Army Alpha required examinees to solve analogies.

9. shoe—foot. hat—kitten, head, knife, penny
10. eye—head. window—key, floor, room, door

In these next two examples, examinees were required to complete the sentence by selecting one of the four possible answers.

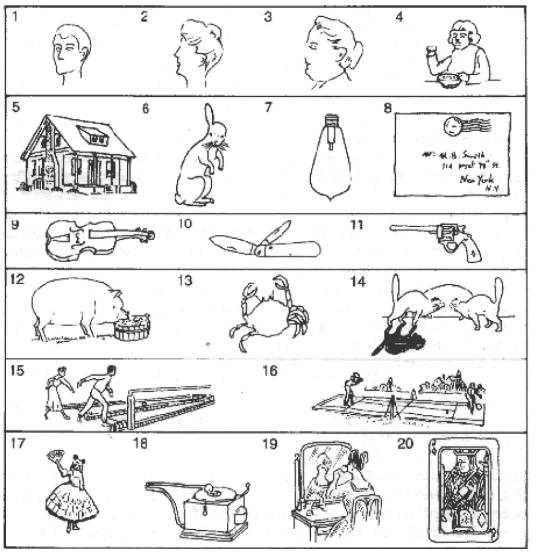
11. The apple grows on a shrub, vine, bush, tree
12. Denim is a dance, food, fabric, drink

Other portions of the test required examinees to follow instructions in performing paper-and-pencil tasks.

Answers: 1. 4 miles; 2. 6 mules; 3. B; 4. B; 5. False (A sick man is always happy); 6. True (It does not snow every day); 7. 9, 10; 8. 15, 11; 9. Head; 10. Room; 11. Tree; 12. Fabric

Army Beta

In the items below, examinees were asked to identify what was missing from each picture.



Answers: 1. Mouth; 2. Eye; 3. Nose; 4. Hand; 5. Chimney; 6. Ear; 7. Filament; 8. Return address; 9. Strings; 10. Corkscrew; 11. Trigger; 12. Tail; 13. Claw; 14. Shadow; 15. Ball; 16. Net; 17. Arm; 18. Speaker; 19. Arm in mirror; 20. Diamond

Figure 1.2
Sample Army Alpha and Army Beta Items

Note. Retrieved from http://official-asvab.com/armysamples_coun.htm. In the public domain.

With greater attention paid to education after World War I, ability testing flourished in public schools and higher education. The Army Alpha and Army Beta tests were released for public use and became the model for future ability tests. Edward Thorndike (1874–1949) spearheaded the development of several standardized achievement tests in public schools, including rating scales, spelling tests, arithmetic reasoning, and handwriting assessments, to name a few. These tests were distinguished from earlier ones by a more reliable administration format. The College Entrance Examination Board (CEEB; now the College Board) was established in 1900 to regulate group test use in colleges and universities. In 1926, the CEEB developed the first aptitude test for college admissions, the Scholastic Aptitude Test (SAT; Goslin, 1963). Functions of the CEEB were subsumed under the Educational Testing Service in 1948, creator of modern-day assessments such as the Graduate Record Examination (GRE), Law School Admissions Test (LSAT), PRAXIS, and Test of English as a Foreign Language (ToEFL). In addition, Terman and his colleagues in 1923 developed a standardized achievement test, the Stanford Achievement Test. So, as a student in the 1930s and 1940s, you certainly would have had significant exposure to testing!

Developments in Career Assessment

From the aforementioned discussion about major developments in intelligence and ability testing, it may be evident to you that there was some focus on vocational assessment at the same time. Similar to how intelligence and ability assessments developed from societal needs (e.g., educational reform and placement, military screening), career assessment developed in response to societal changes of the Industrial Revolution, beginning in the late 1800s. With economic development came both positive and negative social conditions with major vocational implications. Frank Parsons developed the **Boston Vocational Bureau** in 1908 to address social conditions through vocational guidance. Specifically, the bureau assisted schoolchildren with career selection, a process involving career assessment. Parsons's work evolved to create more than 900 programs in high schools across the United States by 1918.

In addition to Parsons's trait and factor assessments, some of the earlier vocational assessments included interest inventories. Miner (1922) is credited with the first formal interest inventory to assist high school students with career selection. E. L. Thorndike (1912/1923) studied the interests of 100 college students, leading to the development of several interest inventories such as the Carnegie Interest Inventory, the Strong Vocational Interest Blank (Strong, 1927), and the Kuder Preference Record and its revisions (see Kuder, 1934, 1966; Kuder & Diamond, 1979; Zytowski, 1985), to name a few. Special aptitude tests were developed for use in vocational counseling to test things such as mechanical, clerical, and artistic aptitudes. As aptitude tests evolved in vocational counseling, the need for multiple aptitude tests became more evident. For example, the Armed Services Vocational Aptitude Battery (ASVAB) is the most widely used multiple aptitude assessment in the world; it is used for military service qualification (discussed further in Chapter 11).

Developments in career assessment highlight the specific role counselors have played in the assessment world. That is, during the early days of the profession, counseling and testing were virtually synonymous. In fact, many of the counseling centers established during the 1930s and 1940s were called counseling and testing centers.

Developments in Personality Assessment

After World War I, society saw an increased interest in personality assessment as well. Personality assessment has its roots with Galton (1883), Kraepelin (1892), and Jung's

(1910) use of free association tasks for psychiatric patients and the general population to assess personality. Essentially, individuals would respond with the first word (or several words, depending on the assessment) that came to mind for a stimulus word. Personality assessment began to flourish in the early 1900s.

World War I saw the development of the first personality questionnaire to screen recruits, the Woodworth Personal Data Sheet (Hargadon & Holden, 2021). The Personal Data Sheet contained 116 yes/no items to detect mental health problems. Sample items include "Do you have a strong desire to commit suicide?" "Do ideas run through your head so that you cannot sleep?" and "Are you bothered by a feeling that things are not real?" (Gregory, 2015). Building from the Personal Data Sheet, other psychometricians (e.g., Allport & Vernon, 1931; Thurstone & Thurstone, 1930) developed personality assessments with multiple dimensions or scales to understand personality. One of the most famous personality assessments—the Minnesota Multiphasic Personality Inventory (MMPI; Ben-Porath & Tellegen, 2020), which is now in its third edition—includes methodology similar to its predecessors, comparing responses from "normal" and "mentally disturbed" individuals across various scales. In addition, it includes several validity scales to assess for "faking good" and "faking bad." The MMPI-3 is discussed further in Chapter 13.

With the increased attention on objective personality assessment, several test developers were interested in different methods for assessing personality. Projective techniques of assessment were developed as a means for understanding associations and responses to stimuli. For example, Hermann Rorschach (1884–1922) developed a tool using 10 inkblots (Rorschach Inkblot Test). Influenced by the works of Jung and other psychoanalytics, Rorschach believed these stimuli could reveal something about an individual's unconscious. Other projective techniques were developed during the early 1900s, including the Thematic Apperception Test (TAT) and the House-Tree-Person (Buck, 1992). Projective tests and clinical interviews became more evident with the advent of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) in 1952. The *DSM* is discussed in more detail in Chapter 7.

Assessment Today and Beyond

Today, there are tests or other assessment tools for everything. Counselors' roots in vocational guidance certainly highlight their influence on career assessment. Counselors today interact with intelligence and ability test results as they work with clients and administer, interpret, and apply data from vocational and personality assessments to help clients make important decisions and gain self-awareness. These test results also help counselors screen and classify clients as well as identify or refine programs and interventions. Increasingly, counselors are engaged in all categories of assessment, using qualitative assessments within those categories.

There has been increasing attention to qualitative assessments as counselors seek to use multiple sources to provide a more holistic picture of the client. In addition, qualitative assessment techniques can be well aligned with assessing culturally diverse clients. Qualitative assessments are introduced in Chapter 2, with examples provided throughout the remainder of the book.

Given the synergistic ways that counselors use multiple types of assessment today, the future holds endless possibilities for infusing assessment into clients' lives. The increased use and development of technology across clinical and educational settings will extend knowledge of current assessment theory and of the sociocultural and political contexts in which clients live. This, in turn, is likely to integrate innovative, dynamic, and more advocacy-oriented assessment practices into clients' everyday experiences. Chapter 16 discusses more about future trends in assessment.

Key Questions for Selecting Assessments

The brief discussion above on the history of assessment showcases the evolution of how and why assessments were selected over time. In this section, I present six questions to consider when selecting assessments: Who is making the assessment? What is being assessed? Where is the assessment taking place? When is the assessment occurring? Why is the assessment being undertaken? How is the assessment conducted?

Who Is Making the Assessment?

Is the person making a self-assessment, or is another person making the assessment? Measurement specialists have differentiated between **S-data** based on self-reports and **O-data** based on the reports of others, such as teachers, supervisors, family members, and friends. Both types of data are needed to obtain a full appraisal of an individual. For example, a process known as 360-degree feedback is sometimes used in business settings to evaluate employee performance from multiple points of view, including those of managers, peers, subordinates, customers, and self. Reports from others are particularly helpful in assessing conditions when self-reports may be distorted or limited, such as substance abuse, personality disorders, and childhood disorders. In general, self-reports and other-reports offer different perspectives regarding an individual and can complement each other.

What Is Being Assessed?

The question of what here refers to the subject of the assessment procedure. Is the individual or the environment the subject of the assessment? Counselors have usually been interested in individual assessment; however, instruments that evaluate the environment (e.g., classroom atmosphere, residence hall settings) can also provide important information for understanding or treating a problem. The client's behavior depends on individual as well as situational characteristics, so counseling can be most effective when assessment includes both the individual and the environment.

If the individual is being appraised, does the content of the assessment deal primarily with affective (feeling), cognitive (thinking), or behavioral (doing) aspects of the individual? Affective characteristics may be subdivided into temperamental and motivational factors (Guilford, 1959). Temperamental factors include the characteristics assessed by most personality inventories—for example, self-sufficiency, stability, and impulsiveness. Motivational factors refer to interests or values. According to Guilford (1959), temperament governs the manner in which an individual performs, whereas motivation determines what activities or goals the individual will choose to pursue.

Cognitive variables may be based on learning that takes place in a specific course or learning that is relatively independent of specific coursework. This distinction describes a basic difference between achievement and aptitude tests. Achievement tests evaluate past or present performance; aptitude tests predict future performance. Behavioral measures include responses that are voluntary or involuntary in nature. Voluntary responses may be assessed either by self-monitoring or by other-monitoring techniques. A systematic record is kept of measurable items, such as calories consumed or hours spent watching television. In the case of involuntary responses (e.g., blood pressure, heart rate), various types of physiological measures are used to assess individual reactivity. Biofeedback devices, often used to teach relaxation methods, are a good example of the latter type of assessment measure.

The question of what is being assessed also pertains to the variables chosen for the assessment process. Individuals can be assessed by common variables that apply to all people or by unique variables that apply only to the individual. In the first case, sometimes referred to as **nomothetic assessment,** emphasis is placed on variables that

show lawful or meaningful distinctions among people. The group provides a frame of reference for determining which variables to assess and how to interpret the results. In the second case, sometimes referred to as **idiographic assessment**, emphasis is placed on those variables that can be most helpful in describing the individual. The individual serves as the reference point both to identify relevant variables and to interpret data.

Most assessments, such as interest and personality inventories, use the nomothetic approach. These tests use the same scales to describe all clients. Scores are interpreted in relation to a set of norms. In contrast, many of the informal assessment procedures, such as the interview, case study, or card sorts, use an idiographic approach. A different set of variables is used to describe each client. Nomothetic techniques can be more readily interpreted, but they may not be as relevant or as penetrating as idiographic methods, which have been designed to measure variations in individuality. A combination of these methods may be useful.

Where Is the Assessment Taking Place?

The location where the assessment takes place is important in the sense that it helps to differentiate between test results obtained in laboratory settings and those obtained in natural settings. Many intelligence, ability, and personality tests must be administered under standardized conditions. For these tests, a testing room or laboratory is usually used. If the circumstances of test administration differ from person to person, differences in the testing conditions can influence test results. Some measures, such as employee ratings, are obtained in natural settings under conditions that may vary considerably for different individuals. Variations in job circumstances can greatly affect the ratings. Interpretations of the results must take into account the setting in which they were obtained.

When Is the Assessment Occurring?

The question of when an assessment takes place is of value in distinguishing between assessments planned in advance (prospective) and those based on recall (retrospective). Self-monitoring techniques are usually planned in advance. For example, students may be asked to keep track of the number of hours that they studied or the number of pages that they read during a study period. In contrast, biographical measures such as life history forms are recorded to the best of the individual's recollection after the event has occurred.

Why Is the Assessment Being Undertaken?

The question of why pertains to the reason for administering the test rather than to the nature of the test itself. The same test can be used for a variety of purposes, such as counseling, selection, placement, description, and evaluation. When tests are used in counseling, all data obtained must be regarded as confidential. Such private data may be contrasted with public data—data originally obtained for another purpose, such as selection or placement. Examples of public data include academic grades, education level, or occupational status. Counselors use public as well as private data in helping clients to address certain issues, because the public data can provide a great deal of information about the client's past performance under various circumstances.

How Is the Assessment Conducted?

The question of how refers to the way test material is presented, how the data are analyzed, and how the score for the assessment procedure is obtained. First, is the type

of behavior that is being assessed disguised or undisguised? Projective techniques (described in Chapter 13) are designed so that the respondent is typically unaware of the true nature of the test or of any "preferred" answer. Because the intent of the test is disguised, it is more difficult for respondents to fake their answers to produce a particular impression.

Second, is the information obtained in the assessment analyzed in a quantitative or qualitative fashion? Quantitative procedures, which include most psychological tests, yield a specific score on a continuous scale. Qualitative procedures, such as card sorts, work samples, or structured exercises, produce a verbal description of a person's behavior or of a situation that can be placed into one of several categories (e.g., outgoing vs. reserved personality type). By their very nature, quantitative procedures have been more thoroughly studied in terms of reliability and validity. Qualitative procedures, however, are more open-ended and adaptable for use in counseling, especially with a diverse clientele (Brott, 2015; McMahon & Patton, 2015; Saint Arnault, 2017).

Finally, are scores arrived at objectively, free of individual judgment, or subjectively, based on the scorer's best judgment? Tests that can be scored by means of a scoring stencil are objective. That is, different individuals using the same scoring stencil with an answer sheet should obtain the same score if they are careful in counting the number of correct answers. In contrast, rating scales are subjective—the score assigned will often vary depending on the individual rater.

Assessment Usage in Counseling Settings

Research across specialty areas during the past 4 decades reflects that counselors use a variety of assessment tools. These tools are presented throughout the remainder of the book. There are several variations in assessment usage depending on the purpose of assessment, type of client issue, counseling setting resources and requirements, and counselor's experience and training. However, some tools are used frequently across settings. C. H. Peterson et al. (2014) investigated the frequency with which 926 counselors used 98 assessment instruments (see Table 1.3 for the 16 most frequently used tools as reported by this sample). In addition to frequently used quantitative tools, five projective tests have been commonly used across disciplines: Rorschach Inkblot Test, TAT, Sentence Completion Test, House-Tree-Person, and Draw-A-Person Test (Donoso et al., 2010).

Although preferences for particular assessments have changed somewhat over the years, counselors continue to use them extensively for a variety of purposes. In Assessment in Action 1.1 (see pp. 23–25), counselors across settings discuss their use of assessment. Most of the specific tests mentioned are discussed in this book. It is important for counselors to learn about these tests so that they can use them successfully in their own practice and can interpret scores on tests for clients referred to them by other professionals. Some of these instruments require advanced training beyond that obtained in most master's degree counseling programs.

The remainder of this section highlights considerations for work in specialized settings, such as career services, mental health and addictions counseling agencies, schools, colleges, telehealth platforms, and counseling research.

Career Services

Career services are pursued by counselors in a broad range of settings, including career centers, employment services, Veterans Affairs hospitals and mental health agencies, rehabilitation centers, and school and college counseling offices. The career counseling process involves the counselor empowering clients to bolster their knowledge,

Table 1.3
Frequency of Assessment Use Among Counselors

	All	SCs			CMHCs			OCs		
Test	Rank	*M*	%	Rank	*M*	%	Rank	*M*	%	Rank
Beck Depression Inventory[a]	1	1.95	43	8	3.17	73	1	2.48	60	4
Myers-Briggs Type Indicator[b]	2	1.95	41	8	2.20	52	5	3.18	78	1
Strong Interest Inventory[c]	3	2.10	47	7	1.86	39	9	3.14	73	2
ACT[d]	4	2.85	55	1	1.32	15	48	2.04	39	6
SAT/PSAT[d]	5	2.85	56	1	1.37	18	42	1.96	39	7
Self-Directed Search[c]	6	1.92	38	11	1.62	29	20	2.63	57	3
Wechsler Intelligence Scale for Children[e]	7	2.44	49	4	1.80	33	13	1.81	34	13
Conners' Rating Scales[a]	8	2.52	50	3	1.85	32	10	1.61	27	20
Beck Anxiety Inventory[a]	9	1.55	26	24	2.46	54	2	1.92	39	10
Substance Abuse Subtle Screening Inventory[a]	10	1.36	17	38	2.28	48	3	1.86	33	11
Wechsler Adult Intelligence Scale[e]	11	1.67	28	19	1.83	35	11	1.95	40	9
Woodcock-Johnson Tests of Cognitive Abilities[e]	12	2.23	44	5	1.45	22	36	1.61	25	20
O*NET System and Career Exploration Tools[c]	13	1.74	30	17	1.26	13	59	2.26	46	5
Wide Range Achievement Test[d]	14	1.89	36	13	1.56	22	22	1.76	30	16
Minnesota Multiphasic Personality Inventory[b]	15	1.35	18	41	1.93	43	6	1.86	41	11
Woodcock-Johnson Tests of Achievement[d]	15	2.18	44	6	1.38	18	41	1.58	24	23

Note. From "Assessment Use by Counselors in the United States: Implications for Policy and Practice," by C. H. Peterson, G. I. Lomas, E. S. Neukrug, and M. W. Bonner, 2014, *Journal of Counseling & Development, 92,* p. 92. All = all counselors combined; SCs = school counselors; CMHCs = clinical mental health counselors; OCs = other counselors; PSAT = Preliminary SAT; O*NET = Occupational Information Network.
[a]Clinical/behavioral test. [b]Personality test. [c]Career test. [d]Educational/achievement test. [e]Intelligence/cognitive test.

awareness, and skills for effective career decision-making. Counselors in these settings benefit from a wide variety of career assessment instruments from which to choose for career counseling purposes (see Chapters 11 and 12). Furthermore, Wood and Hays (2013) described more than 300 instruments used to measure different factors important in career assessment.

Popular instruments designed specifically for career assessment include interest measures such as the Strong Interest Inventory or one of the Kuder interest inventories, aptitude tests such as the Differential Aptitude Test or the ASVAB, and values measures such as the Work Values Inventory. Because of their widespread use in career counseling over a number of years, these three types of measures (interest, aptitude, and values) have been viewed as the most crucial ones to consider in career assessment. Other measures pertinent to career counseling include measures of career choice and development, such as the Career Maturity Inventory and the Career Decision Scale. The different career assessment measures have been used to (a) increase client self-knowledge, (b) help clients make career choices, and (c) encourage client participation in career counseling and subsequent decision-making (Niles & Harris-Bowlsbey, 2021).

Mental Health and Addictions Counseling Agencies

Counselors often work in mental health agencies with other professionals to assess and treat clients encountering a variety of personal problems. Many of the instruments mental health counselors administer, score, and/or interpret require additional training. According to C. H. Peterson et al. (2014), the five most frequently used assessment instruments among mental health counselors are the Beck Depression Inventory, Beck Anxiety Inventory, Wechsler Adult Intelligence Scale (WAIS), Mini-Mental State Examination, and the Myers-Briggs Type Indicator.

As discussed later in the text, comorbidity of mental health and addictions is common. Thus, counselors working in mental health and/or addictions counseling agencies can expect to assess both mental health and addictions issues. Furthermore, addictions assessment has expanded, given that addictions now extend beyond substance abuse to include process addictions such as sex addiction, gambling, and internet addiction (American Society of Addictive Medicine, 2022). The Substance Abuse and Mental Health Services Administration (SAMHSA; 2017) published the document, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.* Part of the Technical Assistance Publication (TAP) series, these competencies are known as the TAP 21 Competencies; they include both transdisciplinary foundation competencies and practice dimension competencies for screening and assessment for addiction and comorbid disorders.

Schools

The primary role of the school counselor is to support students so that they can learn (American School Counselor Association [ASCA], 2019). School counselors in elementary, middle, and high school settings are frequently involved with assessment activities in their work with students, parents, guardians, and teachers. This work can include screening, preventing, identifying, and intervening in students' academic, social, and psychological well-being; supporting a positive school climate and family engagement; and implementing and evaluating academic, career, and social programs, to name a few areas (Erford et al., 2015; Even & Williams, 2018; Goodman-Scott et al., 2019). School counselors recognize that difficulties with academic achievement and cognitive aptitude are not always due to content but can be influenced by social, emotional, cognitive, and environmental factors at home, in the school, and in the community. Using multiple points of assessment data, school counselors can make informed decisions about where to focus efforts and strategies to help all students with evidence-based and well-planned interventions (Even & Williams, 2018).

There are two well-aligned frameworks that substantially inform school counseling assessment practices. First, the **ASCA National Model** (ASCA, 2019), now in its fourth edition, provides guidelines for the use of a data-driven approach to support all students' academic, social, psychological, and career needs. The model was founded by the key question, "How are students different as a result of what school counselors do?" Within each guideline are implications for assessment to support students at multiple levels (e.g., individual, program, school).

The second framework is the **multi-tiered system of supports** (MTSS), resulting from federal education initiatives to improve student achievement (Belser et al., 2016; Goodman-Scott et al., 2019). MTSS is described as a prevention-based framework of evidence-based practices that maximize equity as well as positive academic and behavioral outcomes for all students. Like the ASCA National Model (ASCA, 2019), MTSS is focused on data and intervention at multiple levels to support students at the individual, classroom, and school levels. The process involves universal assessment, more targeted intervention implementation, and continual progress monitoring.

Typically, assessment practices are initiated at the campus-wide level (Tier 1), followed by more targeted and specific assessments to smaller groups (Tier 2), and more specific interventions and referrals for individual students (Tier 3; ASCA, 2019). Tier 1 refers to a universal needs assessment and screening and preventive/comprehensive intervention across the school campus. Tier 2 refers to early identification, informal assessment, and targeted intervention that are noted from Tier 1 interventions. Tier 3 is formal assessment and targeted/intensive intervention, with referrals to diagnostic assessment if needed (Belser et al., 2016; Even & Williams, 2018). Thus, school counselors work with other school professionals to administer, score, and interpret schoolwide achievement and aptitude tests; disaggregate data to identify students at risk for academic difficulty and provide more targeted interventions; and do further formal assessment and referral services to support the student's educational, social, and behavioral needs (Even & Williams, 2018).

Assessment in Action 1.1

Assessment Across Counseling Settings

In the career services field, I have strongly advocated for the descriptive versus the prescriptive interpretation of psychometric measurement instruments. Given the controversy about the validity and reliability of self-reported psychometric data, I believe that the power of these instruments lies in the theories behind them and the opportunity we have to help our students and alumni to estimate and test their results based on engaging or experiential applications of the operational definitions of the constructs. I thus focus on their recall of most meaningful experiences, regardless of their type or proximity, and briefly review with them the theory until they can grasp it reflectively and experientially, generate their preferred result, and apply it to their experiences. The outcome of this exercise is our collaborative ideation of the career or relational-dynamic applications of their estimate and its eventual comparison to their reported result.

—Daniel Pascoe Aguilar, PhD, MDiv
Founding director, Center for Social Justice, and chief diversity officer
Excelsior College

Counseling assessments at the K–12 setting sometimes look different from assessments in other areas of counseling. Informal assessments (particularly at the elementary level) may include procedures as simple as thumbs up, thumbs down, hands up, hands down, interviews, and/or questionnaires to show student understanding of subject matter. While doing classroom guidance lessons, I often ask students to raise their hands to show that they understand certain behaviors. For example, while doing a second-grade classroom guidance lesson on respect, I have had the students raise their hands to show which of the listed behaviors demonstrated respect. While it is very informal, it allows me to do a quick check to gain an understanding of which students actually grasped the concept of the lesson and have learned examples of what respectful behavior looks like. Oftentimes, informal and formal assessments are used to evaluate school needs, classroom needs, and individual needs.

(Continued)

Formal assessments in the K–12 setting are used for various reasons. When working with students to create groups, to determine grade-level placement, and to assist with college preparation, school counselors in Virginia are able to utilize formal assessments such as the SAT (formerly Scholastic Aptitude Tests), Phonological Awareness Literacy Screening, and Standards of Learning. Other formal assessments used to assist career education programs are the Virginia Education Wizard career assessments and the Naglieri assessment tests, which are used to assess students for talented and gifted programs.

Because effectiveness in assessment and evaluation is critical to comprehensive school counseling programs, the American School Counselor Association's National Standards state that assessment results be utilized in educational planning. Whether the assessment is informal or formal, it is important that school counselors have an understanding of their school's needs and that the data are appropriately used to assist students.

—Brandy K. Richeson, PhD
School counselor educator
Hampton University

The University of Central Florida's Marriage and Family Research Institute (MFRI) is a research institute focused on improving the quality of life for individuals, couples, and families. The MFRI utilizes various assessments to measure the effectiveness of the services provided and to engage in data-driven decision-making. One grant-funded project, Project Harmony, aims to assess the impact of a relationship education intervention between treatment and control groups. Impact will be measured on proximal and distal outcomes of improved family functioning and reduced poverty for individuals and couples. Proximal outcomes are defined as "skills and knowledge of principals," whereas distal outcomes are defined as "indicators of relationship health" (Wadsworth & Markman, 2012). Assessments include (a) the Dyadic Adjustment Scale (Spanier, 1976), (b) the Dyadic Coping Inventory (Bodenmann, 2008), (c) the Communication Patterns Questionnaire–Short Form (A. Christensen & Sullaway, 1984), (d) the Parental Alliance Measure (Konold & Abidin, 2001), and (e) the Parenting Stress Index–4 (Abidin, 2012).

—Sejal M. Barden, PhD
Counselor educator and executive director, MFRI
University of Central Florida

The constantly evolving technology has encouraged counselors to adapt their traditional assessment tools to fit the demands of today's world. During the global COVID-19 pandemic, most clinicians transitioned from in-person services to telehealth and remote services. With the increased use of virtual platforms to conduct regular therapeutic sessions, counselors also needed to adjust their assessment tools to remote or online assessment. During regular in-person sessions with a client, it is easy to have self-administered forms for assessments or use our "clinical gut" by observing our client's nonverbal language during interviews or informal evaluations. These tools have been and will continue to be challenged by technology use due to the physical barriers between clients and counselors.

Most of my clinical practice during my program was telehealth, and the assessment tools regularly used had to be modified and adjusted for remote use. I used adapted tools to assist me with assessing children, adolescents, and adults, which I found to be more helpful compared with in-person assessment tools. For example, some tools allowed me to have a graph of my clients' past and present scores immediately after completing their assessment, which helped me recognize their progress in counseling and address any concerns based on their baseline and previously obtained scores. In-person assessments would have made that harder because technology allows us to have an almost automatic visual representation of the client's progress. I used the graph to discuss the client's current concerns, demonstrate an interest in the client's current emotional state, establish rapport with them, and develop a stronger therapeutic relationship.

It is crucial to have efficient and accurate assessments for counselors because it will help us develop an appropriate treatment plan, measure the changes, and intervene accordingly. As the world evolves, assessment tools evolve too, and it is our responsibility to adapt these tools to keep up with telehealth demands.

—Scarlett Iglesias Hoyos, MS
Clinical mental health counselor
The PRACTICE, University of Nevada, Las Vegas

Colleges

Counselors in college settings work with postsecondary students to support their retention, progression, and overall student success while in college. In their work, college counselors assess multiple factors that affect students' academic performance, which includes mental health and substance abuse assessment (Kalkbrenner et al., 2019). They counsel students directly in college counseling centers as well as engage indirectly with them by creating mental health support networks with other higher education professionals such as faculty and health center staff as well as outside referral sources (Kalkbrenner et al., 2019).

In general, about 23.8% to 33% of college students report some form of mental distress (see Zhu et al., 2021), which increases their risk of academic impairment, attrition, psychological issues, and interpersonal dysfunction (Kalkbrenner et al., 2020; Schwitzer et al., 2018). The American College Health Association (2016) reported that, for a 12-month period, students noted the following had a detrimental impact on their academic performance and general functioning: stress (31.4%), anxiety (23.2%), depression (15.4%), concern for a troubled friend or family member (11.0%), relationship difficulties (9.4%), death of a friend or family member (5.9%), physical abuse (1.6%–7.5%), emotional abuse (5.6%–20.5%), stalking (2.2%–6.3%), and sexual abuse (0.8%–9.6%). In addition, for the previous 30-day period, the students noted alcohol use (63.6%), marijuana use (18.6%), and driving under the influence (20.5%).

With the COVID-19 pandemic, symptoms of mental health and substance abuse have risen because of college-specific concerns, including social isolation from peers and family members, lack of academic supports, fear of missed milestones, and cancellation of courses. Zhu et al. (2021) noted that 30.6% and 38.2% of college students reported clinically elevated depression and anxiety, respectively, because of the pandemic. Importantly, these prevalence rates are higher than those found in the general population. Furthermore, college students also experienced many of the risk factors that have been attributed to worsened mental health among the general population, including financial insecurity, unemployment, and loss of loved ones (Zhu et al., 2021).

College students who utilize counseling services report fewer academic difficulties and lower mental health symptoms compared with students with mental distress who do not access services (Schwitzer et al., 2018). Thus, college counselors, in partnership with other higher education professionals, play an integral role in assessing symptoms that can impair students' academic performance.

Telehealth Platforms

Telehealth platforms are increasingly used in the counseling profession in which counseling and assessment services across specialty areas are delivered at a distance using technology synchronously (Barnett et al., 2021; Drago et al., 2016; Nepal et al., 2014). Telehealth is also referred to as *telebehavioral health* or *telemental health*. Telehealth is also delivered asynchronously, such as when using mobile phone technology, wearable devices, text-based mobile health interventions, chatbots, and e-consultations (Orsolini et al., 2021). In addition, it has increasingly been used as a communication modality among mental health professionals and other teams, allowing for integrated health care for clients. Telehealth, which uses telephone or video calls, became an essential method particularly during the COVID-19 pandemic (Barnett et al., 2021; Orsolini et al., 2021), as practitioners sought equity access to mental health care. It can supplement traditional counseling practice; ongoing use of technology can be used to prevent, assess, monitor conditions, and deliver future interventions (Orsolini et al., 2021).

Research demonstrates that telehealth counseling and assessment practices are comparable with traditional face-to-face counseling. Specifically, the quality of the therapeutic alliance, communication between counselor and client, the assessment process, and client satisfaction are evident at similar levels in both modalities (Barnett et al., 2021; Drago et al., 2016; Orsolini et al., 2021). In addition, telehealth counseling has provided at least moderate decreases in symptom severity for people affected by a variety of youth and adult mental health conditions, with a maintenance of positive effects for up to 6 months (Orsolini et al., 2021). Furthermore, telehealth is an invaluable resource to reach clients who are traditionally underserved, such as those in rural settings, those with disabilities, and those of other marginalized statuses (K. F. Johnson & Rehfuss, 2021; Orsolini et al., 2021).

Telehealth is convenient and cost-effective, can improve accessibility, and can reduce the environmental impact of counseling practice (Barnett et al., 2021). Despite the strengths of telehealth as a modality, counselors should be cognizant of a few challenges. First, the integration of technology into the assessment practice requires additional safeguards to protect clients' privacy and safety. Extra care must be taken to discuss with clients the ethical, legal, and professional concerns and safeguards related to the telehealth counseling process. Second, a digital divide or barrier of inaccessibility to technology resources, skills, space, and equipment may occur for some clients. Counselors must have clear plans for access to telehealth services and/or provide counseling services in other modalities. Furthermore, they should avoid exacerbating preexisting barriers to health care, especially for older adults, those with sensory or cognitive impairments, and those from traditionally marginalized backgrounds (L. F. Christensen et al., 2020; Harerimana et al., 2019).

To support your assessment practices in telehealth settings, I encourage you to review the Interprofessional Framework for Telebehavioral Health Competencies (Maheu et al., 2018). The framework involves seven domains:

1. *Clinical evaluation and care:* Demonstrate evidence-based decisions that are in the best interest of clients. This involves having knowledge, awareness, and skills relevant to telebehavioral health clinical issues during intake, triage, assessment, diagnoses, and services.