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Multiple Assessment Methods and Sources in Counseling: Ethical Considerations

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Abstract

Assessment is a fundamental component both of the counseling process and ethical client care. Although the assessment research literature promotes the use of multiple data collection methods and sources, current professional standards in the counseling field focus primarily on standardized instruments, with little attention given to qualitative assessment methods or the use of multiple methods and sources. This article provides an overview of assessment using multiple data collection methods and sources, a review of current ethical codes related to assessment, and implications and recommendations for counselors regarding the importance of using multiple method, multiple source assessment. *Keywords:* assessment, multiple methods, counselor professional, ethics

Assessment has long been regarded as a fundamental component of all helping professions and the cornerstone of the counseling process. Simply put, assessment is the process of gathering information about a client. Through assessment, counselors are able to ascertain important information about clients, such as the nature of their problem; the magnitude and impact of the problem; the interplay between family, relationships, and past experiences with respect to the problem; the client's strengths and readiness for counseling; and whether counseling can be beneficial to the client (Drummond & Jones, 2010). Assessment is also critical for establishing counseling goals and objectives and for determining the most effective interventions.

Assessment can be defined as the systematic process of gathering information about an individual in order to make decisions or inferences about that person (American Educational Research Association [AERA], American Psychological Association [APA], National Council on Measurement in Education [NCME], 1999; Haynes & O'Brien,

2000). Assessment is an ongoing, fluid, and dynamic process that continues throughout the course of the helping relationship (Drummond & Jones, 2010). Historically, the term *assessment* has been used interchangeably with *testing*, but the two terms mean very different things. Handler and Meyer (1998) defined *testing* as a “relatively straightforward process wherein a particular test is administered to obtain a particular score or two” (pp. 4-5). The focus of *assessment* is not on obtaining a single test score; rather, it is a broader term that refers to a process that integrates information about a client from multiple methods and multiple sources.

Researchers have long recounted improved quality of assessment by practitioners who integrate data obtained from multiple methods and multiple sources (e.g., Achenbach, 2006; Drummond & Jones, 2010; Hayes, 2013; McConaughy & Ritter, 2002; Riccio & Rodriguez, 2007; Rudy & Levinson, 2008). Assessment *methods* include a wide array of formal and informal instruments and strategies, such as standardized and nonstandardized tests, questionnaires, inventories, checklists, observations, portfolios, performance assessments, rating scales, surveys, interviews, and other measures. The primary *source* of assessment information is usually the client, but other sources may include family members, spouses/partners, teachers, physicians, and other professionals.

In the counseling profession, many ethical standards exist that help define and guide best practice for professional counselors. Although assessment research literature promotes the use of multiple method and multiple source assessment, current professional standards focus primarily on the ethical use of standardized tests (American Counseling Association, 2005; American Mental Health Counselors Association, 2010; Association for Assessment and Research in Counseling, 2012; American School Counselor Association, 2010). Ironically, counselors almost universally rely on unstructured interviews as the key source of assessment information about a client (Meyer et al., 2001; Peterson, 2004; Sattler, 2002; Vacc & Juhnke, 1997). Yet, little mention is made of the use of unstructured interviews or other informal, nonstandardized assessment methods in the current ethical codes. Furthermore, there is little or no mention of the importance of using multiple methods and multiple sources of assessment data.

The purpose of this article is to provide an overview of assessment using multiple methods and sources of data. We will also provide a review of current ethical codes, focusing specifically on the definition of assessment, multiple assessment methods, and multiple sources. Furthermore, we will provide suggestions for future ethical standards and implications for counselors regarding the importance of using multiple method, multiple source assessment in the counseling profession.

Assessment: Multiple Methods and Sources

The assessment process can encompass a variety of data collection methods, which can include both formal and informal instruments and strategies. Formal assessment methods generally involve psychometrically sound instruments that follow a standardized process, yield quantifiable data that are compared with established norms, and are linked to specific interventions (Cohen & Swerdlik, 2005). Examples include standardized tests, questionnaires, inventories, checklists, and rating scales. Informal methods, on the other hand, include unstructured or nonstandardized instruments that provide qualitative information about a client, consider the client’s subjective

experiences, and rely on clinical judgment and experience as the basis for results, such as clinical interviews. Counselors may also use projective assessment techniques to generate qualitative information. Projective techniques involve clients answering open-ended questions about ambiguous material, such as ink blots, pictures, their own drawings, or sentence-completion exercises (Drummond & Jones, 2010).

Both formal and informal assessment methods have their strengths and weaknesses. For example, standardized instruments are useful in measuring many characteristics about clients, but they are limited by the clients' motivation to communicate openly or by potential test bias (Meyer et al., 2001). Observer rating scales obtain an informant's perception about the client, although they are constrained by the informant's relationship to the client (e.g., partner, coworker, counselor) and by the setting in which the observation occurs. Interviews are useful in obtaining in-depth information about a client but are constrained due to reliance on clinical judgment, which is susceptible to individual biases, such as the tendency to find what is expected; seeing relationships that are not really there; or prematurely diagnosing based on just a few behaviors (Flanagan & Esquivel, 2006).

Among the many assessment methods available, the most widely-used is the unstructured clinical interview (Meyer et al., 2001; Peterson, 2004; Sattler, 2002; Vacc & Juhnke, 1997). In fact, the unstructured clinical interview is often the primary, if not only, method of collecting assessment information. A clinical interview is an interpersonal interaction between a counselor and client aimed at gathering information about the client's understanding, perspective, and feelings regarding his or her problem. In addition to the client's verbal information, during an interview counselors are able to observe non-verbal behavior (Alkin & Turner, 2006). Advocates of the unstructured interview emphasize its advantages. These include time- and cost-efficiency, as well as the ability to build rapport with the client and to elicit information relevant to thematic life narratives. However, numerous studies have documented many shortcomings in unstructured interviews, particularly due to its over-reliance on clinical judgment. For example, when using unstructured interviews for diagnosis, counselors tend to stop assessing for additional symptoms once a particular disorder has been identified, and, as a result, tend to underdiagnose or miss a diagnosis entirely (Miller, Williams, & McCoy, 2004).

Some researchers advocate for the use of structured or semi-structured interviews to increase the reliability of clinical interviews (e.g., Alkin & Turner, 2006; Vacc & Juhnke, 1997). These types of interviews provide an organized and systematic format for eliciting information from clients. Structured interviews involve a specific set of questions that must be read exactly as written. Semi-structured interviews are less uniform than structured interviews and allow flexibility to expand on clients' responses (Drummond & Jones, 2010).

To reduce the risk of limitations and bias from a single assessment method and to increase the potency of the data collected, the use of multiple data collection methods is recommended. Multiple method assessment is based on the concept of convergent validity, in which multiple assessment methods converge, or correlate—thus providing validity evidence for each assessment method (Gresham, 2007). Corroborating data from multiple assessment methods help create a more comprehensive and accurate understanding of the client and of his or her presenting concerns. Table 1 provides an

overview of the strengths and weaknesses of various assessment methods that may help in the decision-making process.

Table 1

Strengths and Weaknesses of Assessment Methods

Assessment Method	Strengths	Weaknesses
Unstructured Interview	Fosters rapport building Flexible; can tailor to clients Provides in-depth information Holistic Time and cost effective Face validity	Reliance on counselor's judgment Subject to counselor's bias Not standardized; lack of reliability Potential for misdiagnosis
Structured Interview	Improved reliability Ensures collection of specific information Little training needed	Constrained to specific questions and format May inhibit in-depth exploration
Semi-Structured Interview	Better reliability than unstructured interview Flexible guidelines Can be tailored to client Provides consistency of questions	Not completely standardized Subject to counselor bias Wording of questions may influence client responses Dependent on skill of interviewer
Standardized Instruments	Valid Reliable Quantifiable Objective Scoring May reveal diagnostic information	Tests may be costly and/or lengthy Potential cultural bias Inhibits counselor autonomy Insufficient as sole basis of diagnosis Non-holistic May require specialized training
Projective Techniques	May provide better understanding of client	Subjective scoring or interpretation Weak psychometrics
Non-Standardized Checklists or Questionnaires	Allows for cross-checking of information Usually cost and time efficient	Weak psychometrics Potential for bias
Observation	Provides perceptions of client's behavior	Constrained by observer's relationship to client and setting
Rating Scales	Quick Efficient	Potential for rater bias Validity issues

In addition to multiple method assessment, best practice recommendations also support the use of *multiple sources* of assessment information (Heilbrun, DeMatteo, Marczyk, & Goldstein, 2008; McConaughy & Ritter, 2002; Patel & Jones, 2008; Riccio & Rodriguez, 2007; Rudy & Levinson, 2008). The primary source of assessment information is usually the client, but other sources may include family members, spouses/partners, teachers, physicians, and other professionals (Achenbach, 2006; Drummond & Jones, 2010). Sources of information can also come from documents, such as medical records, school records, court records, and written reports of earlier assessments. Collateral sources of information are critical in situations where the client has difficulty communicating, such as persons with disabilities or children and adolescents (Weiss & Knoster, 2008). Furthermore, conflicting reports from multiple informants can provide the counselor with important information, such as varying perspectives and differences in behavior with regard to context (Riccio & Rodriguez, 2007).

The quality of assessment is greatly improved when data are obtained from multiple methods and multiple sources. Researchers advocate for the use of multiple assessment methods and sources when evaluating a variety of client problems or populations, including children (Miller et al., 2004; Riccio & Rodriguez, 2007; Rudy & Levinson, 2008), depression in adults (Joiner, Walker, Petit, Perez, & Cukrowicz, 2005), anxiety disorders (Antony & Rowa, 2005), personality disorders (Widiger & Samuel, 2009), and couples (Snyder, Heyman, & Haynes, 2005).

Assessment Guidelines

Within the counseling profession, several organizations—such as the American Counseling Association (ACA), American Mental Health Counselors Association (AMHCA), American School Counselor Association (ASCA), and Association for Assessment in Counseling and Education (AACE; now called the Association for Assessment and Research in Counseling; AARC)—provide ethical codes that address guidelines, best practices, or standards for assessment. This section will review current codes of ethics and standards with regard to assessment in the counseling field, focusing specifically on the definition of assessment, addressing multiple methods, and multiple sources.

Definition of Assessment

In reviewing the professional organizations' codes of ethics, one common theme is lack of consistency in the definition of *assessment*. Does the term refer to specific *tests* or measurement devices, or does it have a broader interpretation, referring to the *assessment process* that encompasses multiple methods and sources? The Standards for Educational and Psychological Testing (AERA et al., 1999), a primary authoritative source on assessment, distinguishes between the terms *test* and *assessment*. It acknowledges that *assessment* is more broadly defined than *test*, commonly referring to a “process that integrates test information with information from other sources (e.g., information from the individual’s social, educational, employment, or psychological history)” (p. 3). However, among the codes of ethics in the counseling field, *assessment* is used synonymously with both *test* and the *assessment process*.

For example, Standard D.1.d. in the *AMHCA Code of Ethics* (2010) states that, “Mental health counselors use *assessments* (emphasis added) only in the context of professional, academic, or training relationships” (p. 10), implying that the term pertains to specific assessment instruments or strategies. Utilizing the phrase “conduct the assessment process” for instance, in lieu of the phrase “use assessments,” would suggest a more complete definition of assessment. The AMHCA Code further states, “Mental health counselors who are requested or required to perform forensic functions, such as assessments, interviews, consultations... act in accordance with applicable state law” (Standard D.4.), which implies *assessment* as a separate activity from *interviews* and other appraisal activities. Similarly, the *ASCA Ethical Standards for School Counselors* (2010) uses *assessment* to denote specific instruments, stating that professional school counselors “Adhere to all professional standards regarding selecting, administering and interpreting assessment measures and only utilize assessment measures that are within the scope of practice for school counselors and for which they are trained and competent” (Standard A.9.a.).

The *ACA Code of Ethics* (2005) uses the word *assessment* not only to denote *tests*, but specifically *standardized tests*: “Counselors administer assessments under the same conditions that were established in their standardization” (Standard E.7.a., p. 12). The ACA Code also uses the phrase *assessment process*; however, the expression also seems exclusive to standardized tests: “Counselors who provide assessment scoring and interpretations services to support the assessment process confirm the validity of such interpretations” (Standard E.9.c., p. 13).

The *AARC Standards for Multicultural Assessment* (2012) also focus primarily on standardized tests. The second Standard is entitled “Selection of Assessments: Content and Purpose, Norming, Reliability and Validity.” The Standard states, “Culturally competent counselors select assessments and *diagnostic techniques* (emphasis added) that are appropriate and effective for diverse client populations” (p. 3). Although reference is made to other *diagnostic techniques*, the guidelines and remaining Standards appear to exclusively address standardized instruments by referring throughout to testing instruments, measures, scoring, and psychometric properties.

Ethical standards specific to individual assessment tools or strategies are important to the counseling profession. However, solely defining the term *assessment* as a singular device or measure removes emphasis on the importance of using multiple methods and sources of data. Furthermore, it detracts from the concept that assessment is an ongoing and dynamic process that continues throughout the counseling relationship.

Little Emphasis on Multiple Methods

In addition to the lack of consistency of definitions, another common feature among the ethical standards is their almost exclusive focus on standardized tests and their lack of emphasis on other and multiple assessment methods. Most of these ethical codes, including the *ACA Code of Ethics* (2005), use the term *assessment instrument*, but the content of the code implies *test*. The term *assessment instrument* is defined as any type of tool to measure human characteristics (Snyder et al., 2003); thus, the phrase *assessment instrument* can refer to formal and informal tests, inventories, scales, checklists, questionnaires, surveys, and projective techniques (Drummond & Jones, 2010). Yet the *ACA Code of Ethics* (2005) makes many statements that refer primarily to standardized

tests. For example, “The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms” (Standard E.1.a., p. 12). Because this statement refers only to valid and reliable measures, its emphasis seems to be solely on standardized instruments. Interestingly, the ACA Code makes a disclaimer statement: “Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments” (Standard E.1.a., p. 12). Applying the ACA standards to qualitative assessments seems difficult when considering the following Standards:

- Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the client... (Standard E.2.b., p. 12).
- Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments (Standard E.6.a., p. 12).
- Counselors administer assessments under the same conditions that were established in their standardization (Standard E. 7.a., p. 12).
- In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested (Standard E. 9. a., p. 13).

All of these statements seem to refer specifically to standardized, quantitative instruments—not qualitative assessment methods.

The Assessment and Diagnosis section of the *AMHCA Code of Ethics* (2010) uses some language referencing various assessment methods: “Mental health counselors utilize tests... interviews, and other assessment techniques and diagnostic tools in the counseling process for the purpose of determining the client’s particular needs in the context of his/her situation” (Standard D. 1., p. 10). Furthermore, Standard D.2.a. states, “Mental health counselors base diagnoses and other assessment summaries on multiple sources of data whenever possible” (p. 10). Although this Standard implies support for multiple method assessment, the majority of the Standards pertain to standardized tests, instruments, or tools. For example, Standard D.1.a. states, “Mental health counselors choose assessment methods that are reliable, valid, and appropriate based on age, gender, race, ability, and other characteristics” (p. 10), which rules out virtually every assessment method besides standardized tests.

Standards about standardized instruments are appropriate in any ethical code on assessment. The concern is the lack of standards or language that addresses the ethical use of informal, nonstandardized tests, particularly because the most common assessment method used by counselors is the unstructured clinical interview. Furthermore, the ethical codes do not emphasize the importance of integrating multiple assessment methods. Given that counselors are to provide treatment that respects diversity based on a comprehensive understanding of clients, it seems that best practice guidelines would emphasize well-rounded, comprehensive assessment procedures.

Little Emphasis on Multiple Assessment Sources

Another theme common throughout the ethical codes is the failure to emphasize the importance of collecting assessment information from multiple sources. For example, the only reference to multiple assessment sources in the *ACA Code of Ethics* (2005) is in the Standards that address forensic evaluation: “When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records” (Standard E.13.a., p. 13). However, this statement only focuses on collateral records, not informants.

Similarly, the *AMHCA Code of Ethics* (2010) also makes only one mention of multiple sources. Standard D.2.a. of the *AMHCA Code of Ethics* states, “Mental health counselors base diagnoses and other assessment summaries on multiple sources of data whenever possible” (p. 10). Although the Standard uses the term *multiple sources*, it is unclear whether the context of the Standard refers to assessment *methods*, rather than *sources*.

For counselors working with certain populations, informant information is a critical component of the assessment process. For example, Achenbach (2006) reported that the best clinical practice for assessment of children should include information from multiple sources, including caregivers, multiple teachers, and the child. However, the practice standards and codes fail to address the issue of gathering information from collateral informants.

Suggestions for Ethical Standards

The current ethical standards in the counseling field understate the importance of multiple assessment methods and sources and place emphasis primarily on standardized instruments. Yet, based on the research literature in assessment, it seems appropriate for the counseling field to emphasize and endorse a holistic, comprehensive approach to assessment that involves the use of multiple methods and multiple sources of data. The counseling profession can demonstrate this through their written ethical standards, guidelines, and/or codes.

When professional organizations revise their current ethical codes on assessment, one of the first issues to address is the definition of the term *assessment*. As stated earlier, *assessment* is a broad concept referring to the process of integrating test information with information from other sources (AERA et al., 1999). The term should not be used to denote test, instrument, or other specific measurement strategy. A standard that provides an explicit definition of assessment (with its broad meaning) will help lessen the ambiguity of the term and help professionals view assessment as comprising multiple methods and sources.

Ethical standards should also address the importance of multiple data collection methods. The majority of ethical codes in the counseling field still use language primarily addressing standardized instruments. There are few statements about qualitative assessment instruments and strategies or the importance of using multiple methods in the assessment process. Revised ethical codes should include statements such as, “Counselors use multiple data collection methods in order to increase accuracy and objectivity of assessment data.”

Lastly, ethical codes focusing on assessment need to address the use of multiple sources of information. To prevent confusion with the word *methods*, *sources* needs to be clearly defined to include client, family members, spouses/partners, teachers, physicians, and other professionals, as well as various documents and records (e.g., medical records, school records, court records, and written reports of earlier assessments). Ethical standards can emphasize the importance of sources by such statements as, “Counselors recognize the importance of securing information from relevant collateral sources to obtain salient and critical client data.”

Implications for Counseling and Counselor Education

Counselors have a professional responsibility to carefully consider appropriate action in the best interest of their clients. Codes of ethics are in place to “define ethical behavior and best practices” (ACA, 2005, p. 3) for counseling professionals. However, ethical guidelines require regular updating to better clarify the mission of the particular association or to address new, current issues. In fact, the *ACA Code of Ethics* is currently in the process of being updated. Therefore, ethical codes are not always sufficient in guiding counselors through complex situations (Tennyson & Strom, 1986). Counselors must rely on consultation or supervision, common sense (Tennyson & Strom, 1986), and current research (ACA, 2005) to provide additional guidance in ethical decision-making in all areas, including assessment.

A wide array of assessment methods exists; however, practitioners too often rely solely on the unstructured clinical interview with the client. In other words, counselors are typically gathering assessment data through only one method and one source. Although this can help to build rapport and provide important qualitative information, unstructured interviews contain threats to reliability and validity and are subject to a variety of clinician biases. On the other hand, too much reliance on formal assessment methods can result in incomplete, inaccurate, or culturally biased representations of clients. Given the significance of accurate assessment in counseling and the ethical obligation to provide respectful, professional, and competent client treatment, we believe clinicians should consider the option of collecting information through multiple methods and multiple sources when possible and/or appropriate. Although it would be ideal if the counseling profession’s codes of ethics successfully resolved the inconsistencies surrounding assessment, it is critical that professional counselors and counselor educators understand the issues outlined in this paper regardless. Furthermore, in order to make informed decisions, counselors and counselor educators should be aware of the current research suggesting the integration of multiple methods and sources for conducting accurate assessment.

To summarize the guidance currently available in the counseling-related ethical codes and standards, ACA (2005), ASCA (2010), AMHCA (2010), and AARC (2012) all provide clear direction on the ethical use of standardized instruments in assessment. In addition, the *AMHCA Code of Ethics* (2010) provides language suggesting that assessment is a process that incorporates multiple methods and sources of data for the purpose of conceptualizing clients’ particular needs in their specific circumstances. The *Standards for Educational and Psychological Assessment* (AERA et al., 1999) further support the use of multiple methods and sources by defining assessment to include the

integration of test data with information from other sources. Thus, consideration of the various codes and standards as a whole provides an indication of the spirit of assessment in counseling to include multiple methods and sources. Therefore, we hope that our overview and suggestions will help counselors to be informed and intentional in conducting the assessment process.

Conclusion

It behooves counselors and counselor educators to consider the dynamics involved in accurate assessment because assessment is the foundation of the counseling process. It not only provides critical information about the client and his or her presenting problem, it also guides the direction of client care. This article outlined the existing deficiencies in the counseling discipline's codes of ethics, standards of practice, and practice guidelines with regard to assessment. Furthermore, we provided suggestions for future revisions of ethical codes, including the need to provide a clear definition of the term *assessment*, and to emphasize the use of multiple methods and multiple sources in the assessment process.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm