

SECTION H: ASSESSMENT AND EVALUATION

INTRODUCTION

CRCs/CCRCs use a comprehensive assessment process as an integral component of providing individualized rehabilitation counseling services for their clients. While assessment is also associated with the administration of tests, it is a broader process that goes well beyond gathering quantitative and qualitative data from assessment instruments and other informal sources. The terms assessment and evaluation may be used interchangeably within the profession. Evaluation is often referred to as a more specific process intended to assess an individual within the context of his or her living, learning, educational, or working environments. CRCs/CCRCs promote the well-being of clients or groups of clients by developing and using assessment and evaluation methods that take into account the clients' personal and cultural context.

H.1. INFORMED CONSENT

a. EXPLANATION TO CLIENTS. CRCs/CCRCs explain the nature and purpose of the assessment or evaluation process, the potential use of the results, and who will receive the results prior to initiating either process. The explanation is given in the language and cognitive level of clients (or other legally authorized persons on behalf of clients). Consent includes purpose of the evaluation, fees, involvement of third parties, and limits of confidentiality. CRCs/CCRCs consider the personal or cultural contexts of clients and the impact of the results on clients. Regardless of whether scoring and interpretation are completed by CRCs/CCRCs, by assistants, or by computer or other outside services, CRCs/CCRCs ensure that appropriate explanations are given to clients.

b. AVOIDING BIAS IN ASSESSMENT. As part of the assessment process, CRCs/CCRCs address concerns about bias that may impact the evaluation of a client by (1) choosing unbiased methods, instruments, and procedures based on the individual evaluatee; (2) recognizing and addressing issues of bias when interpreting assessment results; and (3) communicating those issues when sharing the results of assessment with other parties who are entitled to receive them.

c. RECIPIENTS OF RESULTS. CRCs/CCRCs consider the welfare of clients, explicit understandings, and prior agreements in determining who receives the assessment or evaluation results, and they make reasonable efforts to prevent misuse of assessment information. To release protocols, results, or reports of administered assessments, CRCs/CCRCs obtain a specific release of information or must have a court order, except in the instance of clear, imminent danger to the client or others. CRCs/CCRCs include accurate and appropriate interpretations with any release of individual or group assessment or evaluation results. Issues of cultural diversity, when present, are taken into consideration when providing interpretations and releasing information.

H.2. RELEASE OF ASSESSMENT OR EVALUATION INFORMATION

a. MISUSE OF RESULTS. CRCs/CCRCs do not misuse assessment or evaluation results, including test results and interpretations, and they take reasonable steps to prevent the misuse of such by others. CRCs/CCRCs respect the client's right to know the results, interpretations made, and basis for CRCs'/CCRCs' conclusions and recommendations.

b. RELEASE OF RAW DATA TO QUALIFIED PROFESSIONALS. When allowed by copyright law, CRCs/CCRCs release raw data (e.g., worksheets, answer sheets, notes) in which clients are identified only with the consent of clients or their legal representatives or by court order. Such raw data is released only to professionals recognized as qualified to interpret the data.

H.3. MENTAL HEALTH DIAGNOSIS AND TREATMENT

a. PROPER DIAGNOSIS. If it is within their professional and individual scope of practice, CRCs/CCRCs take special care to provide proper diagnosis of mental disorders using the most current diagnostic criteria.

Assessment techniques (including personal interviews) used to determine care of clients (e.g., focus of treatment, types of treatment, recommended follow-up) are selected carefully and used appropriately. CRCs/CCRCs who are qualified to diagnose base their diagnoses and other assessment summaries on multiple sources of data whenever possible and consider multicultural factors in test interpretation, diagnosis, and the formulation of prognosis and treatment recommendations.

b. MULTICULTURAL SENSITIVITY. CRCs/CCRCs recognize that culture affects the manner in which a client's symptoms are defined and experienced. A client's socioeconomic and cultural experiences are considered when diagnosing mental disorders. CRCs/CCRCs carefully consider the specific validity, reliability, and appropriateness of tests when selecting them for use in a given situation or with a particular individual. CRCs/CCRCs are cognizant of cultural considerations and impact when evaluating and interpreting the test results or test performance of individuals with disabilities, marginalized groups, or other persons who are not represented in the standardized norm group of the instrument being used.

c. HISTORICAL AND SOCIAL PREJUDICES IN THE DIAGNOSIS OF PATHOLOGY. CRCs/CCRCs recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

d. REFRAINING FROM DIAGNOSIS. CRCs/CCRCs refrain from making and/or reporting a diagnosis to the client if they believe that it would cause harm to the client. CRCs/CCRCs carefully consider both the positive and negative implications of a diagnosis.

H.4. COMPETENCE TO USE AND INTERPRET TESTS/INSTRUMENTS

a. LIMITS OF COMPETENCE. CRCs/CCRCs utilize only those tests/instruments they are qualified and competent to administer. CRCs/CCRCs ensure the proper use of assessment techniques by persons under their supervision. The requirement to develop this competency applies regardless of the manner of administration.

b. APPROPRIATE USE. CRCs/CCRCs are responsible for the appropriate applications, scoring, interpretations, and use of tests/instruments relevant to the needs of clients, whether they score and interpret the tests/instruments themselves or use technology or other services. Generally, new or revised tests/instruments are used within one year of publication, unless CRCs/CCRCs document a valid reason why the previous versions are more applicable to their clients.

c. DECISIONS BASED ON RESULTS. CRCs/CCRCs responsible for recommendations that are based on test results have a thorough understanding of psychometrics. They make decisions based on triangulation of data, which includes, but is not limited to, test results. They do not make decisions and recommendations based on tests that are obsolete.

d. ACCURATE INFORMATION. CRCs/CCRCs provide accurate information and avoid false claims or misrepresentation when making statements about tests/instruments or testing techniques. CRCs/CCRCs update information/reports if they become aware of inaccuracies.

H.5. TEST/INSTRUMENT SELECTION

a. APPROPRIATENESS OF TESTS/INSTRUMENTS. When selecting tests/instruments, CRCs/CCRCs carefully consider their appropriateness, validity, reliability, and psychometric limitations. When possible, multiple sources of data are used in forming conclusions, diagnoses, and/or recommendations.

b. REFERRAL INFORMATION. If clients are referred to a third party for evaluation, CRCs/CCRCs provide specific referral questions to be addressed by the third party, furnish sufficient objective client data, and ensure that appropriate tests/instruments are utilized.

c. APPROPRIATE USE WITH MULTICULTURAL POPULATIONS. CRCs/CCRCs are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of

the client, whether they score and interpret such assessments themselves or use technology or other professional evaluator/psychometric service providers. CRCs/CCRCs consider the sample group normative data when reporting results.

H.6. TEST/INSTRUMENT ADMINISTRATION CONDITIONS

a. STANDARD CONDITIONS. CRCs/CCRCs administer tests/instruments according to the parameters described in the publishers' manuals. When tests/instruments are not administered under standard conditions, as may be necessary to accommodate individuals with disabilities or when unusual behavior or irregularities occur during the administration, those conditions are noted in the interpretation, and the results may be designated as invalid or of questionable validity. CRCs/CCRCs use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, CRCs/CCRCs consider and describe the strengths and limitations of test results and interpretation in the evaluation report.

b. DIGITAL ASSESSMENT ADMINISTRATION. CRCs/CCRCs make reasonable efforts to ensure that digitally administered tests/instruments are accessible, function properly, and provide accurate results. CRCs/CCRCs obtain information regarding the validity of computerized test interpretation before utilizing such an approach and are responsible for evaluating the quality of computer software interpretations of test data. When utilizing computerized assessment services, CRCs/CCRCs ensure that such services are based on appropriate research to establish the validity of the results that are obtained. CRCs/CCRCs are familiar with and able to explain the procedures used in arriving at interpretations. It is the CRC's/CCRC's responsibility to justify the use of such computerized documents as to the appropriateness, validity, and reliability of such data.

c. UNSUPERVISED ADMINISTRATION. CRCs/CCRCs do not permit unsupervised or inadequately supervised use of tests/instruments unless they are designed, intended, and validated for self-administration and/or scoring.

H.7. TEST/INSTRUMENT SCORING AND INTERPRETATION

a. PSYCHOMETRIC LIMITATIONS. CRCs/CCRCs exercise caution and qualify any conclusions, diagnoses, or recommendations that are based on tests/instruments with questionable validity or reliability.

b. DIVERSITY ISSUES IN ASSESSMENT. CRCs/CCRCs use caution when interpreting results normed on populations other than that of the client and take caution to avoid inappropriate or discriminatory assessment techniques. CRCs/CCRCs recognize the potential effects of disability, culture, or other factors that may result in potential bias and/or misinterpretation of data.

c. REPORTING STANDARD SCORES. CRCs/CCRCs include standard scores when reporting results of a specific instrument.

d. INTERPRETING TEST/INSTRUMENT RESULTS TO CLIENTS. When interpreting test results to a client, CRCs/CCRCs consider the client's personal and cultural background and the level of the client's understanding. CRCs/CCRCs are sensitive to the effect of the information on the client.

H.8. TEST/INSTRUMENT SECURITY

CRCs/CCRCs maintain the integrity and security of tests/instruments consistent with legal and contractual obligations. CRCs/CCRCs do not appropriate, reproduce, or modify published tests/instruments or parts thereof without the acknowledgment and permission of the publisher.

H.9. OBSOLETE TESTS/INSTRUMENTS AND OUTDATED RESULTS

CRCs/CCRCs do not rely on data or results from tests/instruments that are obsolete or outdated. CRCs/CCRCs make every effort to prevent the misuse of obsolete tests/instruments data by others.

H.10. TEST/INSTRUMENT CONSTRUCTION

CRCs/CCRCs utilize established scientific procedures, relevant standards, and current professional knowledge of test/instrument design in the development, publication, and utilization of testing techniques.