
Current Status and Future Directions of Psychological Assessment: Introduction



Gary Groth-Marnat

Curtin University

This article introduces the major themes and context for the special series on the current status and future directions of psychological assessment. The internal and external challenges to assessment are outlined along with a listing of professional publications responding to these challenges. Each of the articles in the Special Series is introduced and includes topics on the current status of assessment, survival strategies, financial efficacy, and treatment planning. © 1999 John Wiley & Sons, Inc. *J Clin Psychol* 55: 781-785, 1999.

In the beginning, there was psychological assessment. Indeed, much of the early foundation and identity of clinical psychology was dependent on assessment. Then the activities of the clinician began to broaden. This was a grand enterprise. Professional psychologists moved from being testers to doing psychotherapy, functioning independently, receiving insurance reimbursement, expanding the types of disorders they could treat, testifying in court, working within an extremely diverse number of settings, and obtaining hospital privileges. Understandably, assessment began to take second place to such endeavors as intervention. However, assessment was often at the core and assisted in supporting the scientific basis of many of these activities. Even though psychologists spent progressively less time conducting assessment, it often was still considered to be one of the unique (if not the unique) activities psychologists could do. In contrast, more than 30 different professions might legitimately claim to do counseling or "therapy."

Today, assessment, along with much of the rest of professional psychology, is at a crossroads. There are pressures from within and without the field for assessment to redefine itself. Many psychologists, particularly from academic settings, have continued their criticisms of projective tests. The current emphasis on brief therapy, sometimes even single session therapy, often does not allow for the extra time required for assessment.

Correspondence concerning this article should be addressed to Gary Groth-Marnat, Ph.D., School of Psychology, Curtin University, GPO Box U1987, Perth, WA 6001 Australia. Email: garygm@psychology.curtin.edu.au

This emphasis on brief interventions is consistent with efforts to streamline health care to contain costs. In addition, there appears to be a trend for assessment to be considered a less attractive area in which to teach and do research. There are also demands for assessment to provide empirically demonstrable evidence that it can contribute to treatment planning as well as relate to meaningful aspects of a person's life (ecological validity).

Clearly the greatest external threat is from managed health care. Many managed health care organizations (MCOs) view assessment, especially through test batteries, as being an unnecessary frill and question the extent to which it either accelerates or optimizes client outcome (Ambrose, 1997; Eisman et al., 1998; Griffith, 1997). Eisman et al. (1998) have summarized the obstacles to assessment in managed care as involving "out-right refusal to endorse assessment as a worthwhile clinical activity, difficulties in gaining pre-authorization for testing, substantial problems with reimbursement, and interference in assessment decisions that are appropriately the purview of the psychologist who provides this service" (p. 16). Even when assessment is covered by MCOs, it is rare for coverage to include such crucial assessment-related activities as time spent in report writing, feedback to patients, and discussions with referral sources. The evidence now seems clear that the aforementioned factors have reduced the extent professional psychologists conduct assessment, at least in settings where they are dependent on third party reimbursement (see Piotrowski, 1999).

One of the core preconceptions by MCOs is that interviews are sufficient for diagnosis and treatment planning. Whereas this may be true for a number of routine difficulties, there are many situations where formal assessment might be crucial in such areas as complex differential diagnosis, reducing the possibility of liability (risk management) or confirming/refuting initial impressions. In addition, the literature is filled with significant errors that occur when relying solely on clinical interview (e.g., Alterman et al., 1996; Pogge, Stokes, Frank, Wong, & Harvey, 1997), particularly when clients are experiencing negative emotions (Brewin, Andrews, & Gotlieb, 1993). The aforementioned issue is particularly problematic given that patients with psychological difficulties are less likely to be accurately diagnosed by their primary care physicians under managed care than a traditional fee-for-service system (Wells et al., 1989). Because formal assessment procedures are standardized, objective, normed, provide empirically quantified information, and can potentially cover a wide range of areas, they have the potential to correct the inaccuracies found with clinical interviews.

The skepticism and reluctance on the part of MCOs is in part understandable in that they are driven by efforts to reduce costs. However, the philosophy of many if not most MCOs is to take a more rational, scientific, integrated approach to policies and procedures toward health delivery. It is paradoxical, then, that assessment, which has always been tied to such a scientific understanding of behavior, isn't more valued. Specifically, assessment can be crucial in the areas of diagnosis, assessing the context of treatment, assessing client resources, treatment planning, monitoring treatment progress, and evaluating treatment outcome (Peterson & Sobell, 1994).

Despite clear evidence indicating the benefit of assessment in these areas (see review by Eisman et al., 1998) the field is confronting challenges in terms of demonstrating and marketing its efficacy and relevance to policy decision makers. The managed care-related challenges facing assessment and much of the rest of professional psychology has received progressively greater attention in professional publications. Indeed, it is rare for a professional journal not to have at least one article related to or in response to managed care. In 1995 *Professional Psychology: Research and Practice* (Vol. 26, No. 1) devoted a special series to this issue as did *Clinical Psychology: Science and Practice* in 1998

(Vol. 5, No. 1). Most of these discussions have focused on the role and future of psychotherapy, and, until very recently, there has been little discussion on psychological testing.

Publications that have focused on assessment have tended to primarily emphasize treatment planning. For example, *Psychological Assessment* (1997, Vol. 9, No. 9) had a special series on the relation between assessment and treatment planning as did the *Journal of Consulting and Clinical Psychology* (1995, Vol. 66, No. 1). There are two recent edited books focusing on this area: Maruish's (1994) *The Use of Psychological Testing for Treatment Planning and Outcome Assessment* and Butcher's (1997) *Objective Psychological Assessment in Managed Health Care*. In addition, there are promising instruments that have recently become available that focus on treatment planning: Butcher's (1998) *Butcher Treatment Planning Inventory* and Beutler and Williams's (1998) *Systematic Treatment Selection*. Stout's (1997) *Psychological Assessment in Managed Care* has expanded beyond the treatment planning literature and focused on strategies assessment psychologists can use to optimize their services within the current health environment.

Recently, the issue of assessment in health care has come to the attention of the American Psychological Association's Board of Professional Affairs in its establishment of a psychological assessment working group. To date, this group has developed reviews with recommendations on the difficulties facing assessment in health care delivery (Eisman et al., 1998), the benefits and costs of assessment (Meyer et al., 1998), and strategies for training in assessment (Eyde et al., 1998; Grove, 1998).

The current special series expands on and continues the aforementioned efforts by highlighting significant issues involved in assessment as well as setting an agenda for its future. It was believed that the following four major areas were essential in addressing some of the challenges confronting assessment: current status, survival strategies, financial efficacy, and treatment planning. The series begins with Piotrowski's article, which surveys past trends in assessment as a means of understanding its current status. He reviews current patterns of test use, documents how managed care has reduced the extent assessment is used, and provides commentary on these trends. Given the obstacles and decrease in assessment described by Piotrowski, it is also reasonable to hope that there are strategies practitioners can use to protect assessment. Such strategies are clearly laid out by Stout and Cook in their article appropriately subtitled "What to Do Today to Prepare for Tomorrow." Their advice is proactive in that they outline how to find appropriate niches, market assessment services, develop collaborative networks with allied health professionals, and sell the value of assessment to MCOs. At the core of marketing efforts is to consider the costs and benefits of assessment. Groth-Marnat's article outlines a number of rational (but empirically guided) strategies to optimize the costs and benefits of assessment. These include the following seven strategies:

1. Focus on domains most relevant to treatment planning and outcome.
2. Use assessment to assist in risk management.
3. Target problems most likely to result in cost savings.
4. Increase the use of computer-assisted assessment.
5. Use time-efficient instruments.
6. Integrate assessment with client feedback and therapy.
7. Tighten the links between treatment planning, monitoring progress, and treatment outcome.

In addition, issues and strategies for developing research programs to more clearly document the financial efficacy of assessment are outlined. The final article by Fisher, Beutler, and Williams details a new instrument for treatment planning based on Beutler and his colleagues' model for systematically planning treatment around relevant client characteristics. Specifically, research has demonstrated that tailoring treatment based on a client's level of subjective distress, coping style (external versus internal), and resistance traits has been able to optimize psychotherapeutic outcome (Beutler & Clarkin, 1990; Beutler, Clarkin, & Bongar, in press; Beutler et al., 1991).

Clinical assessment, like much of the rest of psychology, is having to carefully scrutinize its past and current practices. Much of this self-reflection is likely to result in re-visioning how future practice is conducted. Sometimes this process can be difficult, but it also contains within it the possibility of creativity and renewal. Each of the articles presented in this section is designed to provide guidance and generate discussion that will be helpful in this process.

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