



Standards for Assessment in Mental Health Counseling

The purpose of these training standards is to provide a description of the knowledge and skills that mental health counselors need in the areas of assessment and evaluation. Because effectiveness in assessment and evaluation is critical to effective counseling, these training standards are important for mental health counselor education and practice. Consistent with existing Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for preparing counselors, they focus on standards for individual counselors and the recommended content of counselor education programs. These standards represent aspirations for competent professional practice and can be used by counselor and assessment educators as a guide in the development, delivery, and evaluation of mental health counselor preparation programs, workshops, in-services, and other continuing education opportunities. They may also be used by mental health counselors to evaluate their own professional development and continuing education needs.

During training, mental health counselors should aspire to meet each of the following assessment standards and have the specific skills listed under each.

Standard I. Mental health counselors use structured and semi-structured clinical interviews, and qualitative assessment procedures (e.g., role playing, life line assessments, direct and indirect observation). Mental health counselors are able to:

- 1. Define the differences and similarities between structured and semi-structured clinical interviews.
- 2. Describe the advantages and disadvantages of structured and semi-structured clinical interviews in practice.
- 3. Use both structured and semi-structured clinical interviews as a means to develop goal setting and treatment intervention plans.
- 4. Understand the advantages and disadvantages of qualitative assessment procedures.
- 5. Apply the concepts of continuous assessment and wraparound services.

Standard II. Mental health counselors are skilled in instrument evaluation, selection, and usage. Mental health counselors are able to:

- 1. Select, administer, score, analyze and interpret commonly used clinical mental health instruments.
- 2. Identify the strengths and limitations of instruments.

Standard III. Mental health counselors are knowledgeable of diversity issues and the specific uses of mental health instruments. Mental health counselors are able to:

- $1. \ Identify the purposes of commonly used clinical mental health instruments.\\$
- 2. Identify limitations of instruments, including the inaccurate portrayal of persons from diverse backgrounds (e.g., culture, age, sexuality, spirituality), particularly as presenting with atypical thoughts, emotions, behavior, or psychopathology.
- 3. Identify appropriate and inappropriate uses of commonly-used clinical mental health instruments.

Standard IV. Mental health counselors critically evaluate instruments. Mental health counselors are able to:

- 1. Define and describe the various types of reliability and validity, as well as measures of error.
- 2. Identify acceptable reliability levels for personality, projective, intelligence, career and specialty instruments.
- Identify the types and acceptable levels of validity typically associated with personality, projective, intelligence, career and specialty instruments.
- 4. Evaluate norming methods used to establish testing instruments commonly used within mental health counseling.
- 5. Identify where and how they may locate and obtain information about testing instruments commonly used within mental health counseling.
- 6. Identify means to locate and obtain assessment instruments for special populations (e.g., visually impaired persons, non-readers).
- 7. Use computer administered and scored instruments.

Standard V. Mental health counselors use a broad spectrum of assessment instruments, including general personality, projective, intelligence, career, and specialty instruments which identify specific pathology or mental health in a defined area. Mental health counselors are able to:

- 1. Use instruments which aid in diagnosing psychopathology (e.g., structured and semi-structured diagnostic interviews, omnibus measures of psychopathology).
- 2. Assess mood disorders (e.g., depression, mania, cycling mood).
- 3. Assess anxiety disorders (e.g., phobic and avoidance responses, lingering reactions to stressors).
- 4. Assess disorders of behavior dysregulation (e.g. chemical addictions, eating disorders, impulse control disorders, sexual disorders, sleep disorders).
- 5. Assess psychological disorders associated with somatic symptoms (e.g., somatization disorders, life-style induced physical illness).
- 6. Assess personality traits and disorders of personality.
- 7. Assess mental capacity and function (e.g., intelligence, aptitude, achievement, academic skills, learning process, and characteristics).

Standard VI. Mental health counselors use assessment to develop effective treatment interventions and goal setting. Mental health counselors are able to:

- 1. Use assessment findings from personality, projective, intelligence, career, and specialty instruments to provide clinical interventions addressing concerns and problems.
- Use assessment findings from personality, projective, intelligence, career, and specialty instruments to establish treatment goals.
- 3. Use multiple assessment sources (e.g., direct observation, assessment instruments, structured clinical interviews) and

integrate these results in a manner that benefits clients.

Standard VII. Mental health counselors are skilled in communicating assessment results. Mental health counselors are able to:

- 1. Describe and obtain informed consent, when appropriate.
- 2. Indicate what has to occur before information from testing instruments can be provided to persons other than the test taker.
- 3. Communicate assessment instrument results in a helpful, non-threatening manner that benefits clients.
- 4. Present assessment results to clients and other nonprofessional audiences using clear, unambiguous, jargon-free language which recognizes

both client strengths and client problems in a manner which communicates respect and compassion.

Standard VIII. Mental health counselors can determine the efficacy of treatment programs and clinical interventions by using multiple assessment instruments with program participants. Mental health counselors are able to:

- 1. Use repeated testing evaluation designs that aid in the determination of program efficacy.
- 2. Create or select standardized instruments that can measure treatment outcomes.

Standard IX. Mental health counselors continually enhance their professional development within the area of assessment. Mental health counselors:

- 1. Participate in assessment training and development workshops, conferences, and other educational experiences that promote continual professional development related to assessment.
- 2. Are aware of advancements within the area of assessment by keeping abreast of current assessment topics written within the profession's journals and other professional sources (e.g., books, test reviews, distance learning).
- 3. Join professional associations that provide relevant assessment and mental health information.

Standard X. Mental health counselors are aware of the appropriate use of assessment instruments in research and in accordance with the Code of Ethics and Standards of Practice of the American Counseling Association and the American Mental Health Counseling Association. Mental health counselors:

- 1. Engage in research that uses assessment instruments in a manner that reflects the intended purpose of the instrument.
- 2. Use assessment instruments within the practice of research in a manner that does not cause harm to program participants.
- 3. Choose assessment instruments which have potential to increase participant insight and promote greater participant mental health.

Standard XI. Advanced or supervising mental health counselors and counselor educators who train mental health counselors promote assessment skill acquisition. Counselor educators and supervisors:

- 1. Meet Standard I through Standard X above.
- 2. Use curriculum instruction methods that promote assessment and evaluation skill acquisition.

Standard XII. Mental health counselors, supervising counselors, and counselor educators comply with the most recent codes of ethics of the American Counseling Association (ACA), American Mental Health Counseling Association (AMHCA), National Board for Certified Counselors (NBCC), and with the laws and regulations of any state licensing board in which the counselor is licensed to practice mental health counseling. Mental health counselors practice in accord with the Code of Fair Testing Practices in Education, Standards for Educational and Psychological Testing, Responsibilities of Users of Standardized Tests, and Rights and Responsibilities of Test Takers: Guidelines and Expectations.

Definitions of Terms

Assessment: active collection of information about individuals, populations, or treatment programs.

General Instruments: well-established, broad-spectrum instruments, which provide multiple indicators regarding the client (e.g., *MMPI-II, MCMI-IIII, 16PF:5th Ed.*). Typically, general assessment instruments are composed of clinical subscales, which indicate preferred behaviors or recurrent patterns of thinking or behaving.

Guidelines: recommendations in assessment training and professional practice to mental health counselor educators and mental health counselors. **Instruments:** standardized or nonstandardized tests, interviews, rating scales, inventories, or checklists used by mental health counselors to better understand the client, the client's past history, the client's current social, employment, physical or interpersonal environment, the client's intellectual functioning, the client's personality, or the client's presenting concerns.

Qualitative: detailed descriptions of situations, events, people, interactions, and observed behaviors.

Specialty instruments: instruments designed primarily to provide specific information regarding a client's functioning. For example, these instruments might be used to provide specific information related to a client's substance abusing behaviors (e.g., SASSI-III) or related to a client's presenting degree of depression (e.g., $The Beck Depression Inventory - 2^{nd} ed.$).

Standards: minimal levels of skill, knowledge, or training.

Structured clinical interviews: clinical interviews with individuals, couples families, or groups in which the mental health counselor asks questions precisely as directed by the instrument's author(s). Questions are posed in the order defined by the authors and responses are recorded according to specific directions.

Unstructured clinical interviews: clinical interviews in which the mental health counselor is free to pursue related lines of inquiry to gain needed or pertinent information.

These standards were developed as a joint effort between the Association for Assessment in Counseling and Education (AACE) and the American Mental Health Counseling Association (AMHCA). The joint committee included Dr. Bradley T. Erford (Chair), Dr. Rob Gerst, Dr. Valerie Schweibert, Dr. Debra Wells, and Dr. F. Robert Wilson. Initial drafts of these standards were constructed through substantial input from Dr. Gerald Juhnke, Dr. Dale Pietrzak, Dr. Sondra Smith, Dr. William Kline, and Dr. Richard Balkin.