

CHAPTER 1

Assessment Reports That Work for Consumers

Every psychological assessment is an opportunity. It is an opportunity to enlighten, to collaborate, and to plan.

Psychological assessment is an opportunity to help the 8-year-old boy who struggles with reading to understand that he is not dumb; to help his parents learn that difficulty distinguishing the sounds that make up words is a common reading difficulty; and to help his teachers understand that an intensive program of phonological training will greatly speed this boy's learning to read. Psychological assessment is an opportunity to help a 15-year-old girl learn that the cuts that stripe her forearms are not a sign of sickness or of sin, but rather of the desperate way that someone her age tries to cope with memories of sexual abuse and feelings of self-hatred. It is also an opportunity for her parents to understand that her isolation is born of shame, for her teachers to understand that the girl is doing all she can and that failing grades will make her worse, and for her therapist to understand that treatment will take time, because it is so hard for her to trust. Psychological assessment is an opportunity for a 3-year-old boy who barely relates to others and has but few words to understand that he is loved by and connected with his family, as his parents learn what an autism spectrum disorder is, become less scared of their son, and learn ways they can help. It is an opportunity for a treatment team to become engaged and give this boy the intensive instruction that will help him and his family for many years to come.

It is through the oral and written reporting of psychological assessment findings that these opportunities are realized. Far too often, however, customary practices fail to take advantage of these opportunities. Findings are reported in ways that are incomprehensible to the primary consumers—parents, teachers, and service providers—who are most able to put them to use. Consequently, parent and teacher involvement in the assessment process is minimized. We respect the capable and compassionate work of practitioners who conduct

assessments. However, we believe that the current model of assessment reporting often mystifies and confuses more than it informs and enlightens.

The consumer-responsive approach is a call to change the way we report psychological assessments. It is a call to communicate clearly, directly, and empathically, and thus, with a high impact. Hence, it is a call to operate in the best interests of the child.

CONSUMER-RESPONSIVE ASSESSMENT: RATIONALE AND DESCRIPTION

The purposes of psychological assessment are to describe areas of functioning that are relevant to referral questions, to explain why a client has the related struggles and strengths, and to propose interventions and supports that will help to improve his or her functioning. By doing so, the assessment answers important questions and informs a treatment plan. It can be the basis of powerful collaborative relationships between the evaluator and the consumers of psychological assessment.

Conventional psychological assessment too often falls short in fulfilling these purposes. The relationship between examiner and consumers is business-like and less conducive to real collaboration. There is an overemphasis on tests and an underemphasis on the child's history and his day-to-day functioning. The choice of tests is largely fixed, without sufficient regard for the specific reasons for referral. Results are communicated in technical jargon that is not understood by parents, teachers, and other consumers who stand to benefit most from the findings. Reports are a primary means of communicating with key consumers, yet they are written in a manner that can be understood only by other psychologists. Oral reporting is too often impersonal and delivered only in a large-group setting. Furthermore, there is little if any follow-up to check if recommendations were implemented and whether they were effective. Such critiques have been expressed by many writers over the years (Brenner, 2003; Groth-Marnat & Horvath, 2006; Harvey, 1997, 2006; Hass & Carriere, 2014; Lichtenstein, 2013a, 2014; Ownby & Wallbrown, 1986; Shectman, 1979; Tallent, 1993; Tallent & Reiss, 1959; Wiener & Costaris, 2012).

We propose an alternative model, one that puts the consumers at the center of the assessment enterprise. We do not disregard the value of assessment as currently practiced. Rather, we see assessment's value greatly enhanced when it is embedded in a "consumer-responsive" approach. Our model is guided by the belief that clear and compassionate reporting is in the interest of all consumers, and thus in the best interest of the children who are assessed.

A consumer-responsive approach is informed by 7 principles: (1) the importance of *collaborative relationships*, (2) a *process approach* that begins with prereferral problem solving and extends through follow-up, (3) an emphasis on *relevance* and with it, intervention, (4) an appreciation that the discussion afforded by *oral reporting* makes it as important as written reporting, (5) the critical importance of *accessibility* (i.e., that reporting be done in ways that all consumers can understand), (6) the *integration of multiple sources of assessment data*, and (7) a *focus on the child* rather than on the tests.

Consumer-responsive assessment has several characteristics. First, like assessment of all types, it is conceptually sound and technically correct. By conceptually sound, we mean

that it directly answers the referral questions, rather than conveying information in an unfocused or rote manner. By technically correct, we mean that it meets the standards of reliability, validity, and accurate reporting as described in professional guides, such as the *Standards for Educational Testing and Measurement* (American Educational Research Association [AERA], American Psychological Association [APA], National Council on Measurement in Education [NCME], 2014) and the codes of conduct of the American Psychological Association (2017) and the National Association of School Psychologists (NASP; 2010b).

Consumer-responsive assessment aspires to a high bar. It is responsive to consumers both in process and in content. With regard to process, assessment must engage the primary consumers in a collaborative relationship from beginning to end. Consumers must be full partners in creating the questions to be answered, in choosing the procedures to be used, and in devising plans of intervention. With regard to content, assessments must address the specific questions posed by consumers and provide answers that are helpful and practical. Assessments must consider the whole child in his or her environment. Intervention is a key feature in considering what has and has not worked in the past and in planning effective strategies for the future. Assessment questions should be answered through both oral and written feedback, which must be supplied in language that is understandable to the consumers. The characteristics of conventional and consumer-responsive assessment are contrasted in Table 1.1.

These concepts are hardly new. In an incisive article entitled “Consumer-Focused Assessment,” Brenner (2003) applies four criteria to psychological assessment: relevance, response, relationships, and results. *Relevance* and *response* refer to identifying the consumer’s needs and producing a solution. This solution includes individualized testing, assessment of strengths as well as deficits, reports that are understandable and meaningful, and recommendations that are concrete and specific. Regarding *relationships*, Brenner (2003) calls for building lasting alliances with consumers. This is accomplished throughout the assessment process by collaborating to develop referral questions, creating rapport while the assessment is proceeding, and giving personalized oral feedback. Brenner’s fourth criterion, *results*, involves the continual assessment of consumer satisfaction, to distinguish between what we do that is helpful and what we do that is not.

The expectation that psychological assessment reports are useful, individualized, and understandable is reinforced by statutes and regulations. Central to the special education process is the school-based team responsible for the individualized education program (IEP) of eligible children. This IEP team explicitly includes both parents and school personnel as core members. Federal regulations spell out the rights of parents to receive all pertinent information and participate in educational decisions, and to be fully informed of these rights. Thus, there is the clear and well-conceived expectation that all members of the team will collaborate. If planning is truly to be team based, then all members of the IEP team, including parents and older students who are invited to participate, must understand the information on which decisions are based. This includes the parent who struggled to finish high school, as well as the parent with a graduate degree. It includes the blue-blooded American whose family has spoken English for generations, as well as the new immigrant from Central America, China, or the Middle East. It includes the 14-year-old with disabling sickle cell anemia, as well as the 18-year-old senior who struggles with test taking.

TABLE 1.1. Characteristics of Conventional and Consumer-Responsive Assessment

Characteristic	Conventional assessment	Consumer-responsive assessment
Referral questions	Determined by referral agent	Determined by parents, teachers, service providers, and evaluator, as well as referral agent
Initial parent interview	Focuses on history for purpose of obtaining background information	Focuses on history as well as on building a collaborative working alliance; additional assessment questions and planned assessment procedures are discussed
Choice of assessment procedures	Often a standard battery	Individualized for each case
Role of testing relative to other procedures	Testing is most important source of assessment data	Testing, record review, interviews, and observations have comparable importance
Written report: Organization of results	Results reported test by test	Results reported by theme or functional area
Written report: Language	Graduate school reading level with jargon and unexplained technical terms	High school reading level with everyday language
Written report: Interpretation Interpretations/Conclusions	Discusses test findings	Integrates findings from all sources
Oral reporting	Presentation in large-group (e.g., IEP team) meeting	Presentation in large-group meeting and separate discussion(s) with consumers
Follow-up	Not done	Done routinely

Essential to this approach is communicating assessment findings in a way that users can understand. This point is so important that it is codified in the NASP (2010b) *Principles for Professional Ethics*:

Standard II.3.8. School psychologists adequately interpret findings and present results in clear, understandable terms so that the recipient can make informed choices.

Who Are the Consumers?

In identifying the consumer as the primary audience for our reports, we had best be clear about who the term refers to. First and foremost, it refers to parents and parental caretak-

ers, who have so much at stake and are most affected by assessment outcomes. Assessment findings and recommendations can have a long-term impact on the child and family. In addition to parents, school teachers, and administrators, other service providers, such as pediatricians, speech-and-language clinicians, and psychotherapists, are primary consumers. Assessment results change how they think about the child and, in many cases, how they provide or facilitate help. Regardless of the setting where the assessment is conducted—school, clinic, hospital, or private practice—all relevant consumers should be involved as important collaborators. Of course, the child or adolescent is the ultimate beneficiary. While usually affected indirectly through the actions of significant adults, the child may also be a consumer of assessment findings through direct communication with the evaluator. Successful assessment reporting must inform, enlighten, and guide these primary consumers.

Types of Assessment Reports

Since the great majority of assessments of children and adolescents are conducted by school personnel to determine a student's educational needs and special education eligibility, the primary focus of this book is the work done in schools by school psychologists. Such work typically includes traditional norm-based measurements of cognition, emotions, behavior, and learning. However, other types of school-based assessment are considered here as well. They include curriculum-based assessment (CBA) and progress monitoring measures used within the framework of multi-tiered systems of support (MTSS). A consumer-responsive approach is also applicable to assessment in other settings, such as hospitals and clinics, to the assessment of adults, and to specialized approaches, such as neuropsychological and forensic assessment. The problems with assessment as typically practiced are similar across settings and with different populations. The solutions that we propose are similar as well.

Terms

For efficiency, we use the term *psychological assessment*—often shortened to *assessment*—to refer to formal evaluations of individual children that include testing, observation, and other data gathering, and are completed by all types of psychologists and school psychologists. The term *psychological assessment* encompasses psychoeducational assessment, neurodevelopmental assessment, and neuropsychological assessment, among others. The term may also be applied to solution-focused data collection activities, such as progress monitoring and functional behavioral assessment, which we address at later points in the book.

It is common to use the term *client* to refer to the child or adolescent who is assessed. In our view, this usage would create confusion. We recognize that various people—the child, parent, teacher, and school administrators—may be clients and consumers, even if the child is the person who is assessed. Thus, we refer to these various individuals by their role—child, parent, teacher, and so on. And, rather than use the more precise but cumbersome “child or adolescent” each time, we refer to the assessment subject using the more generic *child* or *children*. Similarly, when referring to a parent or parents, these terms should be understood to encompass guardians or other primary caregivers as well.

We call the person who conducts the psychological assessment the *evaluator*. We came to this decision by process of elimination, since the term *examiner* conjures the image of someone who dispassionately dissects, and the term *assessor* evokes associations with real estate and taxes. Referring to evaluators as psychologists would not do justice to the applicable array of other roles and disciplines, such as school psychologist, neuropsychologist, psychotherapist, and educational diagnostician.

In many instances, we use the term *reporting* rather than *report*, because we wish to convey the broader set of activities involved in communicating results, both in written and oral forms. We use a verb to focus more on the process than the product.

We use the convention of capitalizing the names of major sections of an assessment report (e.g., Reason for Referral, Background Information) to make clear that the reference is to the written report.

For clarity and consistency with the current literature, we refer to MTSS as the overarching service delivery model that subsumes a response-to-intervention (RTI) model and its related components (e.g., benchmark assessment, curriculum-based measurement (CBM), and progress monitoring). MTSS is understood to be applicable to both academic and behavioral goals and to be distinct from the assessment procedure used for identification of learning disabilities.

We alternate the gender of pronouns, rather than use the cumbersome “he or she” every time we make such a reference. The children we assess and the adults we interact with are both male and female, as acknowledged by this alternation.

CONTENT OVERVIEW

This book is intended to be a practical guide to conducting high-impact assessments and writing consumer-responsive reports. We examine the problems inherent in current assessment practices and offer conceptual and practical solutions.

In Chapter 2, we consider the current state of the art and common shortcomings of assessment reports and examine the reasons for common practices. Having thus outlined the scope and the foundations of the problem, we devote the remainder of the book to solutions.

Chapter 3 is dedicated to universally applicable best practices, since consumer-responsive reporting rests on a foundation of fundamentally sound data collection and interpretation. We emphasize individualized assessment procedures, use of multiple sources of data, consideration of measurement error, integration of assessment data, and meaningful recommendations.

In Chapter 4, we elaborate on the core principles of consumer-responsive assessment and describe how they are manifested in the relationships that we establish with consumers. We discuss what consumers want, and when and how to include them in the assessment process. We also discuss the role of culture as it applies to the evaluator–consumer relationship and to communication between the evaluator and consumer.

Chapter 5 is the heart of the book, where we describe the essential elements of consumer-responsive reports and how they translate into report-writing practices. We pres-

ent specific guidance on how to organize content, present test results, integrate and summarize findings, and formulate recommendations. The chapter includes examples of consumer-responsive writing.

Equally important is Chapter 6, which describes consumer-responsive oral reporting. We discuss the relational skills needed, the choice of information to present, and ways to convey findings both in team meetings, and separately with parents, teachers, and children.

In Chapter 7 we apply a consumer-responsive perspective to reports for special purposes, including screening and progress monitoring reports, educational re-evaluations, assessment of severe intellectual disability, independent evaluations, assessment for disability accommodations, neuropsychological assessment, forensic assessment, multidisciplinary team reports, and computer-generated reports.

Chapter 8 concerns issues in adopting a consumer-responsive approach, noting systemic challenges and how they might be addressed. We also present an idealistic vision for the future, one in which practice is driven exclusively by the goal of optimal benefit to all parties (i.e., consumers, evaluators, and the systems that make use of assessments).

Many of the proposals in this book are based on clinical experience—both our own and that of other authors, since a number of key issues concerning assessment reporting have not been sufficiently studied. Both to highlight this need and to encourage future work in this area, we have proposed research studies in boxes that appear throughout the book.

The appendices should be helpful to readers as they learn or transition to a consumer-responsive approach to assessment. Appendix A provides an explanation of widely used readability measures that can be used to gauge the reading difficulty of a report. Appendix C describes procedures for conducting follow-up contacts with consumers and for requesting their postassessment evaluative feedback. Sample assessment reports and a parent feedback letter are provided in Appendix D. Appendix F is a template for the Data Summary section of an assessment report. Appendix G, a rubric for evaluating assessment reports that incorporates consumer-responsive principles, was developed for graduate student training. Appendix H, a training exercise for oral presentation of assessment findings, contains guidelines and a rubric that emphasize responsiveness to consumers.

Some appendices are applicable to assessment practices in general. Appendix B is a generic rubric for evaluating adherence to essential test administration and scoring procedures. Appendix E provides a recommended structure for the Background Information section of a report, along with a case example. Purchasers of this book can download Appendices B, F, G, and H from the Guilford website and use them freely with attribution (see the box at the end of the table of contents).