ROCZNIKI PSYCHOLOGICZNE / ANNALS OF PSYCHOLOGY
2015, XVIII, 2, 211-216

PIOTR K. OLEŚ
The John Paul II Catholic University of Lublin
Institute of Psychology
University of Social Sciences and Humanities in Warsaw

COMPETENCE IN ASSESSMENT: ON THE NECESSITY OF CONTINUING EDUCATION

The fast growth of knowledge in the field of psychological assessment makes permanent learning necessary for diagnosticians. It should cover all the steps of the assessment process; it should also include training in the skills of relative thinking and formulating alternative hypotheses as well as theoretical interpretations. Case analyses and discussions on the validity of clinical experience are also important. The proposed way is open cooperation between researchers representing current knowledge and experienced diagnosticians having procedural knowledge of psychological assessment and relevant skills.

Keywords: clinical assessment and examination, permanent learning.

In response to the position outlined in the inspiring focus article (Filipiak, Tarnowska, Zalewski, & Paluchowski, 2015), I offer a complementary comment from the perspective of a clinical psychologist and at the same time a researcher as well as a teacher. I mainly address clinical assessment, which is particularly important due to its implications: treatment, psychotherapy, and rehabilitation.

The authors propose a model of permanent education in psychological assessment. The idea is by all means right, and it is perceived equally strongly – though for different reasons – by academics and practitioners. The former, having easier access to research, know how quickly knowledge becomes outdated and the evaluation of methods changes, how quickly new diagnostic techniques emerge, and how revolutionary the changes are that the model of diagnostic procedure undergoes. The latter, making diagnoses, understand the necessity of

Corresponding address: PIOTR K. OLEŚ – Institute of Psychology, The John Paul II Catholic University of Lublin, Al. Racławickie 14, 20-950 Lublin; e-mail: oles@kul.pl

going beyond routine and constantly updating the repertoire of techniques; they usually feel the need for self-education. Why, then, is it so difficult to put the idea of permanent education into practice and the courses and trainings that emerge either have a "limited scope" or are held in low esteem by participants? Courses and trainings with a "limited scope" serve to introduce a particular method, usually one that is entering the market: its assumptions, structure, administration, application, psychometric value, and the interpretation of results. Trainings of this kind merely respond to the narrowly conceived need for updating the repertoire of assessment techniques. The workshops and courses of which participants have a low opinion are usually those that come down to a kind of extension or updating of the knowledge or skills acquired during studies.

However, the diagnosticians' need for self-education encompasses not only familiarity with methods but, above all: (1) assessment planning and the selection of assessment procedures in various cases; (2) the range of conclusions based on results, with a division into certain and hypothetical conclusions as well as highly hypothetical ones that (in the light of theory or clinical experience) are nevertheless worth verifying; (3) the range of possible interpretation based on theory and consistent with the new understanding of assessment as an element in a chain of events; (4) the choice of an appropriate intervention method and an appropriate procedure for checking its efficacy (Stemplewska-Żakowicz, 2011). Moreover, conducting top quality training requires valuable clinical material: exemplary assessment, excellently written psychological opinions, highly prognostic conclusions, and excellent theoretical interpretation.

Who possesses competence high enough to ensure that? Can university-based teams possess it if they do not engage in clinical practice? Do experienced diagnosticians have it if they do not update their knowledge? Some are afraid they lack experience, others are not sure whether they use current scientific theory in a professional way and whether the diagnoses they write meet the current methodological criteria. For this reason, an encounter of two parties of which one possesses current knowledge and the other has procedural knowledge (i.e., can obtain valid empirical material and draw conclusions on its basis) fails to bring the desired results if these two worlds meet as opposing rather than complementary.

Clinical psychologists imitate physicians in terms of specialist education but they are actually in a more difficult situation. This is not only a matter of financial issues or a result of there being no law regulating the profession but also a matter of the fact that physicians are educated by clinicians actively practicing their profession. The situation is the best in the area of neuropsychological

assessment due to the interaction between the results of research conducted using psychological and medical methods. Fast accumulation of knowledge about the functioning of the brain, clear validity criteria of methods, and the awareness of possible disproportions between the size and type of CNS injury and the magnitude of disorders necessitate fast progress and equally fast changes in the repertoire of assessment techniques (Jodzio, 2011).

University graduates usually possess knowledge about assessment and little practical skills. They acquire diagnostic competence after graduation. Psychological studies prepare them for practicing their profession to a limited degree. One of the reasons is the financial policy of the ministry, enforcing the employment of scientists prolific in terms of publications rather than diagnosticians with clinical experience (these two forms of work are very difficult to combine). Young psychologists learn from professionally experienced ones, who learned the theory of assessment in different times and whose practice is often stuck in the past and in old habits. This is the explanation usually given for the persistent use of methods that should have gone out of use long ago and for the persistent repetition of assessment procedures whose value is not confirmed by research (Paluchowski, 2010; Stemplewska-Żakowicz, 2009).

One of the reasons for the imperfection of the continuing education system is actual ignorance on the part of training teams or a lack of confidence in their own skills in confrontation with practitioners. The most important reason, however, I consider to be the fear that the academic world has of the world of psychological practice and the fear that practitioners have of the academic world. Neither of these two worlds has a recipe for perfection; only their meeting and cooperation can lead to the integration of knowledge and experience.

Effective continuing education requires a professional approach, an appropriate climate, and mental change. First, certification should only be granted to those teams that possess high qualifications, sufficiently high also in the light of international standards (Paluchowski, 2010; Stemplewska-Żakowicz, 2009). This in turn implies the necessity of intensive work on updating the repertoire of methods and techniques as well as theoretical and methodological awareness on the part of training teams. Second, it is necessary to be clearly aware of one's own assets and limitations as well as willing to learn together with the trainees – in other words, to show an attitude of acceptance and respect for the other party (e.g., for diagnosticians). Third, a mentality change is necessary that will consist in understanding the need for cooperation (rather than for providing paid educational services), in getting rid of fear, and in willingness to cooperate on exploring the dilemmas of assessment: a mutual awareness of possible benefits.

Training for diagnosticians may follow the convention of dialogue and cooperation; if both parties adopt an attitude of openness and cooperation, things may happen that both parties will recognize as professionally and perhaps also personally valuable. For instance, case analysis carried out by discussing the steps of the assessment procedure while revealing successive research findings and processing them also in the light of theory (concerning the pathogenesis, mechanism, and occurrence conditions of disorders) may be creative and inspiring for practitioners and academics alike. The more diverse their professional experience and their preferred theoretical approaches, the more creative and inspiring such a discussion will be.

The subject of the discussion may be the generalizations that follow from clinical experience, the confrontation of assessment procedures with standards, searching for the sources of errors in case interpretations, or the influence of preliminary information on the course and effects of assessment (for example, an analysis of test results of a person introduced, on one occasion, as a Gypsy engaging in human trafficking, and on a different occasion – for the other half of the group – as a Greek artist and a mother bringing up three adopted children together with her husband). The unobvious nature of results matching various life stories may be the starting point for a discussion about the use of theory and the necessity of possessing knowledge about the social and cultural context of assessment.

The benefits may be threefold. Diagnosticians may benefit from current knowledge about the understanding of the assessment process the scientifically confirmed value of methods as well as from a discussion on the (limits of) theoretical interpretation of results. Academics may benefit by gaining knowledge about the way in which the characteristics of psychological life manifest themselves, about recognizing and interpreting them, and about the way of conducting assessment tests. Third, inexperienced diagnosticians can learn from more experienced ones, and the more experienced ones can learn from those who possess an up-to-date repertoire of working methods and techniques.

Diagnosticians' (self-)education may cover all the steps of the assessment procedure: from knowledge on the assessed phenomena, through advancing diagnostic hypotheses, planning the way of verifying them, selecting procedures and methods, the principles of their optimal use, and drawing conclusions, to assessing the value of results, processing and interpreting them, and planning further stages of assessment or planning the therapy. Valuable training includes putting forward alternative interpretative hypotheses and analyzing the arguments in favor of each of them as well as specifying what one needs to know in

order to verify them correctly. No less important is interpretation in the light of theories – alternative or complementary ones – aimed at understanding and explaining the nature of a particular case (pathogenesis, mechanism, occurrence or exacerbation conditions of disorders, areas of health, resources, possibilities of intervention, support, and therapy). Finally, there is the issue of planning an intervention, specifying the conditions of its success. and testing its efficacy.

Academics promote the model of assessment based on empirical evidence; they know the findings of research on the value of methods. Practicing psychologists specify when, in what conditions, and in to what extent divergences from procedures are possible, when the diagnostician's intuition turns out to be accurate, in what cases short forms of assessment may be applied or how to interpret specific results, how to recognize signals of disorders and health that are not directly the object of assessment – as when organic symptoms are detected during an interview or during intelligence or personality tests. Diagnosticians may propose an analysis of atypical cases or discuss the prognostic validity of assessment (e.g., predicting the (mal)adjustment of a multiple killer and pedophile being released from prison) depending on the quality of the research and theory that it is based on.

There are good points of reference for continuing education, such as an updated system of information concerning the value of diagnostic methods (Paluchowski, 2010) or a compendium of knowledge about assessment (Filipiak, Paluchowski, Zalewski, & Tarnowska, in press; Stemplewska-Żakowicz, 2009). It is also important that the cost of training does not exclude people who cannot afford it; a systemic solution to this problem is needed.

Assessment procedure not only implies professional contact but also constitutes an opportunity for people to meet. The psychologist–patient relationship does not have to be a sloping, subject–object one. When we remember about the person's dignity, the relationship can have a subject–subject character (Kępiński, 1989). The point is that the increasing standardization of assessment procedures appears to be inevitably heading towards a refinement of the subject–object (specialist–patient) relationship. The major challenge faced by diagnosticians in the first half of the 21st century is the integration of excellent methods with the ability to promote the subject–subject relationship, in which there is room for flexibility, creativity, and human sensitivity – the humanistic dimension of encounter between people.

REFERENCES

Filipiak, M., Paluchowski, J. W., Zalewski, B., & Tarnowska, M. (Eds.) (in press). *Profesjonalnie o diagnozie: Kompetencje i standardy*. Warsaw: Pracownia Testów Psychologicznych PTP.

Filipiak, M., Tarnowska, M., Zalewski, B., & Paluchowski, W. J. (2015). On the system of continuing education in psychological assessment in Poland. *Roczniki Psychologiczne, 18*(2), 171-183.

Jodzio, K. (2011). *Diagnoza neuropsychologiczna w praktyce klinicznej*. Warsaw: Difin SA.

Kępiński, A. (1989). *Poznanie chorego* (2nd ed.). Warsaw: Państwowy Zakład Wydawnictw Lekarskich.

Paluchowski, W. J. (2010). Diagnoza oparta na dowodach empirycznych – czy potrzebny jest „polski Buros". *Roczniki Psychologiczne, 13*(2), 7-27.

Stemplewska-Żakowicz, K. (2009). *Diagnoza psychologiczna. Diagnozowanie jako kompetencja profesjonalna*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.