STANDARDS OF CARE FOR ASSESSMENT IN GROUP WORK

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Preamble

The Standards of Care for Assessment in Group Work represent a collaborative effort between the Association for Assessment and Research in Counseling (AARC) and the Association for Specialists in Group Work (ASGW). The purpose of these standards is to address the distinctive aspects of group work assessment that group workers often overlook and may lead to ineffective or invalid assessment. Examples of these considerations include the overuse of one method of data collection (self-report) in group work assessment (McCarthy et al., 2017), the importance of using appropriate and culturally relevant assessments in groups with diverse members (Lenz et al., 2017; O'Hara et al., 2016), and intentionally identifying the difference between assessing group process versus group outcomes (Rubel & Okech, 2017). The committee’s goal was to develop standards that highlight the importance of preferred practices in group work assessment and for counselors to use them in conjunction with other standards related to measurement and assessment in counseling.

I. Introduction

Groupworkers:

a) Consult relevant Association for Specialists in Group Work (ASGW) materials before choosing an assessment to ensure appropriate standards of care and base knowledge of the group work environment. These include:
   i. ASGW’s Best Practice Guidelines (Thomas & Pender, 2008),
   ii. Multicultural and Social Justice Competence Principles for Group Workers (Singh et al., 2012), and

b) Consult relevant professional standards, including the American Counseling Association (ACA) Code of Ethics (2014), the Responsibilities of Users of Standardized Tests (AARC, 2003), the Standards for Educational and Psychological Testing (American Educational Research Association et al., 2014), and the Rights and Responsibilities of Test Takers (Joint Committee on Testing Practices, 2000) and also infuse relevant research and ethical content to which groupworkers must attend.

c) Consult other specialty standards and ethical codes (e.g., Association for Multicultural Counseling and Development, American School Counselor Association, etc.) to ensure that they have specialty area and context-based issues expertise in constructing their research protocols (Goodrich & Luke, 2017). Consulting with additional specialty standards or ethical codes can also ensure researchers respond in culturally and developmentally responsive ways to the communities they are researching (Hays & Singh, 2012).

II. Selection of Assessments
Groupworkers:

a) Select culturally-sensitive assessments that are appropriate for their group members and setting, and consider the impact of diversity throughout the assessment process within the context of group counseling.

b) Critically evaluate and understand the technical aspects of assessments being utilized, including the instrument’s reliability, validity, measurement error, scores, and norms when assessments are considered and selected for use in group work.

c) Not only consider the psychometric qualities (e.g., reliability, normative samples, ease of use) of the tools or procedures they seek to implement but also the quality of the evidence supporting the psychometric qualities reported in the literature or by publishers (Lenz & Wester, 2017).

d) Are aware of the limitations of self-report assessments in group counseling and consider using multiple assessment modalities, such as observational assessments and instrumentation specific to group process outcomes.

### III. Norming Groups

Groupworkers:

a) Critically evaluate the development and norming of instruments commonly used in groupwork practice.

b) Determine if norming groups for an instrument adequately represent individuals from diverse backgrounds and special populations (Hays & Wood, 2017).

c) Understand the complexities of using instruments developed for specific populations that may or may not reflect all assessed group members (Spurgeon, 2017).

### IV. Reliability

Groupworkers:

a) Understand the implications associated with the reported reliability levels of an instrument’s scores when using that instrument for group outcome and process purposes.

b) Understand the various kinds of reliability that scores can demonstrate (e.g., interrater reliability, test-retest reliability), and evaluate an instrument’s viability regarding reported levels of reliability in scores with various populations (Bardhoshi & Erford, 2017).

c) Understand how to select instruments that produce scores that reliably measure constructs associated with group process and group outcomes.

### V. Validity

Groupworkers:

a) Understand the implications of an instrument’s reported validity and evaluate an instrument’s appropriateness for use based on that information.

b) Demonstrate understanding of content validity, criterion validity, and construct validity in assessment.
c) Understand that validity must be established with adequate evidence and demonstrate the ability to evaluate various forms of evidence such as test content, evidence of response processes, evidence of internal structure, evidence of relationship to other variables, and evidence associated with the consequences of testing (Lambie, et al., 2017).

VI. Formal vs. Informal Assessments

Groupworkers:

a) Understand the similarities and differences between informal (screening) tools and formal assessment instruments and strategies.

b) Critically evaluate the effectiveness of informal versus formal assessment strategies, as well as the appropriateness of either strategy for its intended purpose (e.g., group member screening, evaluating outcomes).

c) Understand the importance of qualitative assessments in group formats and consider asking open-ended questions throughout the group and at the conclusion to evaluate effectiveness and understanding of the group experience. (i.e., groupworkers may ask questions regarding participant critical incidents during the group process).

VII. Administration

Groupworkers:

a) Follow appropriate assessment protocol when administering assessments in group settings to maintain test security, participant privacy, and confidentiality and afford the best opportunity for sound assessment results.

b) Understand the dynamics involved with administering assessments in a group setting and the possible effect this delivery method can have on participants’ responding and scores (i.e., response bias).

c) Demonstrate understanding of the strengths and limitations of an completion protocol as it impacts gathered data's validity and reliability.

VIII. Scoring

Groupworkers:

a) Accurately score, analyze, and interpret the results of assessments.

b) Are knowledgeable with procedures, materials, and directions for scoring tests and/or monitoring scoring processes to ensure accuracy of test scores, promptly reporting any errors, and promptly communicating corrected results.

c) Are aware of the assessments’ norm population and that results may be skewed or biased towards the population with which the instrument was normed, and therefore score results with caution.

IX. Interpretation

Groupworkers:
a) Understand the strengths, limitations, normative groups, and potential biases of the assessor in scoring and interpreting assessments.
b) Accurately score, analyze, and interpret assessment results while keeping with the expectations delineated by the test manual and empirical literature.
c) Recognize the importance of therapeutic factors (e.g., universality, cohesion; see Yalom & Leszcz, 2005) and how those factors impact the group process and influence the group assessment results.
d) Understand that group process and interactions among and between members and the group facilitator(s) may influence assessment results.
e) Consider other contextual variables (e.g., culture, society, identities) that may influence assessment results.
f) Explain assessment results and how they may be used in a clear, developmentally appropriate manner to the client.
g) View group members holistically from both an individual perspective and a group (i.e., systems) perspective.
h) Inform group members that therapeutic factors and group processes may influence results.
i) Allow sufficient time to process results with group members and answer questions.
j) Are aware of the potential harm the assessment(s) may introduce to clients and the group process.
k) Do not assign interpretations to scores beyond their intended purpose.

X. Reporting Results

Groupworkers:

a) Ensure client privacy and confidentiality and deidentifying assessment results when making group recommendations or treatment plans.
b) Explain to group members the process required to share the results to persons or entities other than the member (e.g., informed consent, the release of information).
c) Explain how and why assessment results may be provided to outside entities (e.g., informed consent, limits to confidentiality).
d) Collaborate with group members on individual and group recommendations and/or treatment plans.
e) Attend to both individual factors and group factors.
f) Use person-first, culturally-sensitive, and non-stigmatizing language (see Goodrich et al., 2017; Singh et al., 2012).
g) Appropriately intervene when results indicate a threat to the harm of self or others.
h) Make appropriate referrals for individual counseling or other treatment types that may be merited outside of the group setting.
References


