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A Commentary on Assessment Training In Boulder and Vail Model Programs: *In Praise of Differences!*

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ABSTRACT

This commentary on assessment training in scientist-practitioner and practitioner-scholar programs examined potential differences between these training models on assessment instruments included in the curriculum, assessment instructors, modes of interpretation, anticipated clients, and service delivery styles. Over time it appears that the potential for differences in assessment training inherent in Boulder and Vail model values has been minimized. If these models for training professional psychologists are to be effective in preparing students for assessment tasks with additional populations of consumers in new service delivery systems, attention to these potential differences in assessment training offers promise for more responsible and competent practice in a democratic society.

It is a privilege for me to provide a personal perspective on the content in the Special Issue, **Assessment Training and Practice in Professional Psychology,** Volume 6 (1). Programs should provide assessment training for their students that stems from values inherent in the model of training. There are potential differences in the content, methods, and service delivery procedures between Boulder and Vail Model programs. Nonetheless, as a clinical psychologist who has been active in curriculum development for programs of both models, I am struck by the fact that few of these potential differences have become salient.

I would like to examine five relevant issues in this commentary: (a) assessment instruments; (b) assessment instructors; (c) modes of interpretation; (d) anticipated clients; and (e) service delivery styles. Throughout this commentary, I will emphasize "potential" differences because I do not believe that there is sufficient empirical evidence on assessment training to document many of my assertions.

Finally, and most important, are some implications suggested by both Boulder and Vail training models for future assessment training. Training today can directly influence the kinds and quality of available assessment practices as they contribute to new models for service delivery for an extended range of client populations in diverse service settings. An implementation of Boulder and Vail model values in assessment training should result in distinct differences in assessment curricula and subsequent assessment practice.

Assessment Instruments

Historically, Boulder Model programs emphasized a small number of instruments for diagnosis and/or description of intelligence, personality, and psychopathology that have continued to be used in assessment practice (Piotrowski & Keller, 1989; Sweeney, Clarkin, & Fitzgibbon, 1987). There was a progression over time from preferences for broad spectrum instruments which require considerable inference for adequate interpretation toward instruments with narrower focus, or specificity of measurement purposes, which require only minimal inferences for adequate interpretation (Dana, 1984). An emphasis on clinical interpretive skill has been gradually replaced by an assessment technology in which the instruments themselves are the focus.

Practitioner-scholar programs appeared at a somewhat later time period, and although restricted to some extent by accreditation criteria, had the potential to modify the range, numbers, and kinds of instruments selected for assessment courses. However, there is little evidence to document program differences in choice of instruments for inclusion in assessment curricula (Watkins, 1991).

Craig (1992) has suggested that differences between Boulder and Vail model programs occur primarily in the manner in which the same instruments are used. Lovitt (1988) chronicled the changes in usage of these instruments over time and described contemporary assessors as problem-solving consultants. However, the literature has been silent on whether or not there are differences in the training program origins of these problem-solving assessor consultants.

Assessment Instructors

Instructors in practitioner-scholar programs are more likely to be actively engaged in assessment practice, or have professional histories of assessment experience. In addition, faculty recruits for these programs, who were trained in Boulder Model programs, would be expected to share Vail Model values. These values affirm an enlarged conception of appropriate research methodologies, or a human science approach (Dana, 1987). Instructors with human science values would be able to develop new instruments or enabled to use

conventional instruments in novel ways in assessment settings. In an example using conventional instruments, "joint feedback" of Rorschach or other assessment findings to client and referral source person simultaneously (Dana, Erdberg, & Walsh, 1978) made the client a more equal partner in the process of using assessment data for treatment planning. The use of novel instruments, for example, occurred in a normative description of local problems-in-living for reservation residents to provide a first step in the development of culture-specific interventions for these problems (Dana, Hornby, & Hoffmann, 1984).

In either instance, the selection of particular instruments in Vail programs should be more likely to occur on the basis of clinical experience and a human science orientation rather than exclusive reliance on psychometric criteria or a history of traditional presentation in assessment courses. Unfortunately, however, there have been only a small number of general assessment or projective technique textbooks using a human science approach (e.g., Dana, 1982; Fischer, 1985; Goldman, 1961; Sundberg, 1977).

As Retzlaff (1992) suggests, many faculty in both program models have often failed to provide responsible training in psychometrics, even at an undergraduate level, that would permit an eventual development and use of a wider range of tests. While this has undoubtedly occurred on the basis of institutional problems and a misplaced professional conviction that intervention skills are more important than assessment skills, students in both program models have been short-changed, at least historically, in acquisition of the necessary skills for competent assessment practice.

Modes of Interpretation

A first generation of clinical psychologists, including Roy Schafer, David Rapaport, Silvan Tomkins, for example, provided a methodology for interpretation of assessment data from interview or test that made use of an exquisite and cultivated clinician sensibility in description of personality and/or diagnostic status. There have been relatively few more recent published contributions to psychological test interpretation (e.g., Levy, 1963), and many Boulder Model programs now omit any formal course work in interviewing. Menninger Clinic psychologists, in particular, continue to be identified with this formal tradition of interpretation. However, this tradition was linked to the use of psychoanalytic personality theory for interpretation and most Boulder Model programs became increasingly less comfortable with an intrusion of personality theory that was global, difficult to verify empirically, and made assumptions that were unplatable to behaviorally trained clinical psychologists. As a result, this form of careful observation and integrative data processing was eschewed along with the psychoanalytic theory which was used by first generation clinical psychologists to organize data and endow it with meaning.

Anticipated Clients

I would concur with the suggestion made by Stout (1992) that Psy.D. students have more experience with clinical populations before internship. However, I have no evidence that attention to a range of client populations has been reflected in the assessment technologies and service delivery styles available to students in curricula or practica of either model program. In fact, my observation is that over time there has been an erosion of Vail Model values among many students. For example, the students in some of these programs are disinterested in learning assessment paradigms applicable to poor persons, or cultural minority groups. I would like to believe, nonetheless, that fewer students in practitioner-scholar programs are motivated primarily for personal financial gain and that they continue to represent more diverse demographics and experience than their peers in Boulder Model programs. A shift in societal values over time has encouraged emulation of medical model practice and demonstration of a competent technology without any commensurate concern with the human quality of services (Dana & May, 1986). Assessment training has been inevitably impacted by the market place for these services.

The Vail Conference was, in part, a reaction to an elitism in the Boulder Model that often resulted in a restricted range of clients for clinical psychology practice. Preferred clients were similar in demographic characteristics to the students and diagnosable as psychoneurotic rather than psychotic or personality disordered. This elitism has been reflected in student avoidance of hospitals or community mental health centers as internship or work settings. During the 1950s, Boulder Model program students with aspirations for independent practice were careful not to reveal these intentions to their academic mentors. Similarly, faculty members in these programs rarely had previous experiences in independent practice, or in any non-university service delivery setting whatsoever. It is no accident that many clinical psychologist graduates of these programs adopted "growth" models and enjoyed working with relatively well-functioning persons who were in a self-actualizing process.

The Vail Model aspired to democratize the range of potential clients and this suggested an enriched variety of legitimate service settings in the public sector. The Vail Model was intended to train practitioners who could address contemporary social problems using a systems approach and concerned with the design and evaluation of new service delivery systems (Dana & May, 1987, pp. 16-18 and 50-59). The recruitment of students with personal conscience ethics as a basis for practice augured well for a professional psychology that would be innovative and display a passionate advocacy for community well-being. A balance in training models between students with professional acts predicated on personal conscience ethics (Vail Model) and social responsibility ethics (Boulder Model) (Hogan, 1970) is critical for brokerage of the societal power that has emerged in this profession.

In the present generation, there is a necessity for a reevaluation of our instruments for assessment practice with the major minority populations and for community entrée for the purposes of primary prevention and assessment of demonstrated components of psychological health. Any reevaluation of these instruments for multicultural practice goes well beyond mandatory translations for Hispanic and immigrant Southeast Asian groups and requires an assessment of **culture** using moderator variables applied **prior** to the assessment technology (Dana, 1992). A determination of potential cultural variance in any standard instrument for diagnosis, personality description, and intelligence used with a particular client will indicate whether or not the norms are relevant. If the norms are not relevant, then there is ample research evidence that distortion, caricature, and/or pathologization may occur. As a result, it is necessary to develop norms for the particular client group and/or new culture-specific (emic) measures.

Primary prevention, or primary and secondary intervention, are community concerns requiring an exercise of power in local settings for implementation. Assessment devices for these purposes have never been a major focus of attention, except in community psychology programs. Assessment of psychological health components are also necessary precursors to primary and secondary intervention services. Both program models have been preoccupied with training assessment practitioners for attention to clients preparing for individual psychotherapy. This preoccupation is detrimental to services for families and special populations such as the aged or substance abusers, in addition to cultural minority populations (Zalewski & Piotrowski, 1992).

Service Delivery Styles

A responsible technology for persons who do not share the dominant Anglo-American cultural values should include more than instrumentation. The style, or etiquette, of service delivery is of even greater importance than the assessment technology because it is on this basis that the client becomes task-oriented in the assessment process and is willing to comply with the requirements of any examination (Dana, 1992).

In many programs, a majority of students do not take seriously the relationship between a practical, behavioral understanding of other cultures and compliance by individual assessees with assessment procedures. Although accreditation policy is now explicitly designed to encourage cultural fairness in assessment, these mandates have occured in the absence of any reeducation of the faculty who teach assessment courses (Retzlaff, 1992). A majority of these faculty members do not question the Eurocentric origins of the prevailing assessment model. Similarly, the practitioner tendency to make everyone the same as a result of a "melting pot" American ideal is seldom examined as a

conspicuous denial of cultural differences. Nor has there been any deliberate exploration of an implicit acceptance of the "deficit hypothesis" or stereotypes of clients who differ markedly from attending clinicians in world view.

Discussion

These observations suggest that assessment training in both program models has lagged in preparation of students for practice with new models of mental health services that include the use of different instruments in an enlarged range of service settings with a variety of diverse populations in a multicultural society. There continues to be preponderance of Anglo-American students in both Boulder and Vail Model programs. Most of these students are still being professionally socialized to practice a Eurocentric psychology. As a result, preferences for a few imposed or pseudo-etic instruments and unwitting bias in their applications has restricted opportunities for practice with ethnic minority populations (Dana, 1992). Remediation that is primarily cognitive cannot address the difficulty students experience in understanding the perceptions, beliefs, and behaviors of persons who live in contexts that have non-middle-class, Anglo-American rules for coping and satisfaction.

American society is in crisis. Traditional values continue to erode, the chasm between governors and those governed deepens, and the quality of life is degraded by a precarious maintenance of a status quo in which issues of health and human welfare are ignored. The priorities of concern within this society no longer reflect the dimensions of a viable democracy.

While it may seem an outrageous leap from assessment curricula to societal concerns, the special distinction between the two program models, like the fundamental cleavage between Republicans and Democrats, is being reduced and minimized over time. There has been a loss of potential for balance in the profession between the values of individualism and communion, between allocation of resources for maintenance of the status quo and a capacity for response to rapid social changes to ameliorate human problems.

The Boulder and Vail Models potentially provide divergent directions for our professional attention and valuing of specific practices for assessment and/or intervention. It does matter that the similarities are now indeed greater than the differences in the assessment training provided by scientist-practitioner and practitioner-scholar programs. Such simple differences as the instruments selected for assessment purposes, the populations being assessed with these instruments, the purposes for assessment, and the settings in which assessments occur continue to be vital to the practice of a responsible professional psychology.

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Author Notes

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