



Practice Notes:

Standardized Measures - Am I Qualified to Use Them?

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Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

Recurring Issue:

The current climate of increased professional accountability has led to a growing practice in the use of standardized measures. These include rating scales, checklists, questionnaires, inventories and tests. Administrators commonly gather data for the purposes of program planning and demonstrating the need for funding; clinicians are influenced by the emphasis on evidence-based practice; and researchers continue to collect information to fulfill a range of objectives, for example, to demonstrate treatment efficacy or cost-effectiveness of interventions. College members are frequently challenged to expand their role by using standardized measures in their professional practices and many members contact the College to determine if they are qualified to use them.

The impetus for using measurement tools comes from different sources. For example, an employer or funding source may require that information be collected or a member may desire to introduce more rigour into his or her practice to supplement clinical findings. Thus the reaction to the use of measures is mixed – some members feel the requirement to gather additional information is onerous or detracts from time otherwise spent with a client; others are eager to add measurement tools to their skill set.

While members employed by an organization may advocate on their client's behalf to ensure their client's needs are addressed¹, members are reminded that they

must “maintain an awareness and consideration of the purpose, mandate and function of those organizations and how these impact on and limit their professional relationships with clients.”² Administrators must balance the needs of clients with systemic needs and therefore members will need to comply with the policies of their organization, as long as these do not violate the standards of practice.³ Where the collection of data is a condition of a client receiving service, “members inform clients of foreseeable risks as well as rights, opportunities and obligations associated with the provision of professional services.”⁴ What is critical, no matter the context of the use of a tool, is that the member has the necessary competence to use it. Members are reminded that they are “responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly.”⁵

College members must also “ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge or a credible body of professional social service work knowledge.”⁶ Evidence can include direct observation, information collected in clinical sessions and professional meetings, collateral information and information gathered from the use of clinical tools such as questionnaires, diagnostic assessment measure and rating scales.⁷

The use of measurement tools involves not only administration, but also scoring and interpretation of the results. Members are wise to clarify their role: Is the test or measure a self-report by the client or is the member required to administer the tool? Will the scoring be done by the member or by another party? Once collected, how will the information be used or applied? Will it form part of a data base or be used more specifically about an individual? What knowledge, skills and judgement are needed to undertake any or all of these tasks? How will the member ensure and demonstrate his or her competence?

Vendor requirements

Many measures are copyrighted and official versions must be purchased from an established vendor. Depending on the measure or tool, vendors make their products available only to those professionals who are appropriately trained. Typically a degree, certificate or license in a health care profession or occupation in addition to appropriate training and experience in the administration, scoring and interpretation of the instrument must be demonstrated. Some products require that the user has completed graduate level courses in tests and measurements at a university or has received equivalent documented training. Some vendors indicate that a test is preferably administered by a clinical psychologist or psychiatrist who has received specific training in its use. It is important to recognize that it is not only the specific training that is essential but also the individual's previous education, training and experience which provide the necessary foundation for the additional training. Members contemplating using a particular measure are urged to determine the academic preparation and additional training that is required as a prerequisite for purchasing and using the measure.

A member who is responsible for scoring a test or measure that he or she has administered must consider whether he or she has the skills required. Scoring may be a simple task of adding numbers or may be complex, requiring intensive training and extended reliability testing. The interpretation of data and its application must also be done with care. Clinical information should be used as an adjunct to information that has been gathered from other sources, including the client, collateral or other documentation. It should not be used in isolation.

Some final words of caution

Any member who is contemplating administering a measure that is diagnostic in nature should be aware of the restrictions imposed by the Regulated Health Professions Act, 1991 (the "RHPA"). The RHPA establishes thirteen controlled acts and provides that "no person shall perform a controlled act...in the course of providing health care services to an individual unless (a) the person is a member authorized by a health profession act to perform the controlled act, or (b) the performance of the controlled act has been delegated to the person" by such an authorized member. This general prohibition is subject to certain exceptions.

One of the controlled acts defined by the RHPA is: "communicating to the individual...or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual...will rely on the diagnosis." Social

workers and social service workers are prohibited from performing this and other controlled acts (as defined in the RHPA) in the course of providing health care services to an individual. However, the provision of a social work diagnosis falls within the scope of practice for social workers, which includes "the provision of assessment, diagnostic, treatment and evaluation services between a social worker and client". The definition of social work diagnosis which has been adopted and applied by the College is as follows:

A social work diagnosis defines that series of judgments made by a social worker based on social work knowledge and skills in regard to individuals, couples, families and groups. These judgements:

- (a) serve as the basis of actions to be taken or not taken in a case for which the social worker has assumed professional responsibility; and
- (b) are based on the Social Work Code of Ethics and Standards of Practice.

Such judgements and the procedures and actions leading from them are matters for which the social worker expects to be accountable.

Members who are contemplating administering a standardized measure that may also be administered by other regulated professionals, such as psychologists, should also note that only a person who is a registered member of the College of Psychologists of Ontario may use the word 'psychology' or 'psychological', an abbreviation or an equivalent in another language in any title or designation or in any description of services offered or provided."⁸

Used appropriately, objective measures are a useful tool in many areas of practice – for administrators to determine resource allocation and staffing patterns; for clinicians to strengthen their assessment findings and effectively monitor and evaluate client outcomes; and for researchers to contribute to the knowledge base of social work and social service work. It is essential that members ensure that any measure they use is within their scope of practice and that they have the necessary competence.

For more information, please contact Pamela Blake, M.S.W., RSW, Director, Professional Practice and Education at 416-972-9882 or 1-877-828-9380, ext. 205 or e-mail pblake@ocswssw.org.

Footnotes

¹ *Code of Ethics and Standards of Practice, Principle III, Responsibility to Clients, 3.12*

² *Code of Ethics and Standards of Practice, Principle I, Relationship With Clients, 1.7*

³ *Code of Ethics and Standards of Practice, Principle II, Competence and Integrity, 2.2.10*

⁴ *Code of Ethics and Standards of Practice, Principle III, Responsibility to Clients, 3.6*

⁵ *Code of Ethics and Standards of Practice, Principle II, Competence and Integrity, 2.1.1*

⁶ *Code of Ethics and Standards of Practice, Principle II, Competence and Integrity, 2.1.4*

⁷ *Code of Ethics and Standards of Practice, Principle II, Competence and Integrity, Footnote 1*

⁸ *Psychology Act, 1991*

Please note that any references to the College's Standards of Practice in this article refer to the first edition of the Standards. The second edition of the Standards of Practice did not come into effect until July 2008.