

able to improve on the validity of their assessment conclusions (Garb, 1998; Grove, Zald, Lebow, Snitz, & Nelson, 2000).

Because Meyer et al. (2001) provided an overly optimistic evaluation of current psychological assessment practices, many readers of their article are likely to conclude

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assessment validity. However, differentiating the two was one of our primary goals. Although both the available evidence and decades of practice-based experience support optimism about documenting the value of well-trained assessment clinicians, a central theme of our article, from abstract to conclusion, was how this has almost never been studied. Thus, we do not think readers would conclude the scientific status of psychological assessment was firmly established, as Hunsley feared, when our recurring point was the opposite. Similarly, after reviewing numerous issues, we suggested “that by relying on a multimethod assessment battery, practitioners have historically used the most efficient means at their disposal to maximize the validity of their judgments about individual clients” (Meyer et al., 2001, p. 150). Although Hunsley agreed that multimethod assessments are beneficial, he criticized a bolder claim that assessment validity must be enhanced no matter what tests are used. We articulated many of the competencies a skilled assessor requires. Understanding distinct methods and the merits of any given scale for assessing a targeted construct is essential. If some have read our article as supporting the haphazard combination of tests, they have seriously misunderstood our position. Fernández-Ballesteros (2002) seemed to articulate a view that meshes with our own, in that choosing the appropriate instruments and constructs for an assessment requires disciplined, evidence-based thinking.

We agree with Smith’s (2002) valuable psychometric points (and the questionable utility of tests in his base-rate and counseling center examples), although we believe that they extend our review rather than undermine it. Validity coefficients alone do not tell the whole story about the merits of a test, but they appropriately serve as a central foundation. In the spirit of Smith’s comments, we note that most medical and psychological assessments are much more complex than are his examples and require clinicians to continuously update inference probabilities (not fixed base rates) as new and converging information is received. We