

Evidence-Based Assessment – The Answer to Challenges of Assessment in Educational Psychology Practice in Diverse Societies?

Elza Venter¹ and Elza Buys (Posthumous)²

¹*College of Education, University of South Africa, P. O Box 392 UNISA 0003, Pretoria, South Africa*

²*Department of Psychology of Education, College of Education, University of South Africa*

KEYWORDS Diversity. Educational Psychology. Evidence-Based Practice. Scientifically Supported Research. South African Educational Psychology Context

ABSTRACT In this paper the researchers concentrated on the possible application of Evidence Based Assessment as part of Evidence Based Practice within educational psychology practice in a diverse society such as South Africa. Evidence Based Practice is a means of ensuring a scientific foundation for professional practice. Reliable, valid, culturally sensitive assessment instruments and therapeutic interventions are important in EBP. A qualitative research approach was used with semi-structured interviews as method to deduce what challenges South African educational psychologists experience specifically with assessment. There were eight conversational partners purposefully selected for diversity in culture, language and era of training. The interviews were transcribed and themes were identified using Colaizzi's steps. Most of the research participants (conversational partners) experienced challenges in assessing their clients. Recommendations are made for the training of novice and veteran educational psychologists, to instill the philosophy of EBP with EBA in the South African educational psychology fraternity.

INTRODUCTION

Do educational psychologists know how to assess clients in a diverse country in a culturally fair and sensitive way? This question poses many challenges, especially in a country like South Africa with its variety of cultures, languages and belief systems. Traditionally, most countries influenced by western belief systems and culture, use assessment materials standardized for clients in western countries. Psychologists often seem to assume that all groups in a diverse country can be assessed by means of the same measurement tools, but even if people live in the same country, the cultural and linguistic differences between them will influence the outcome of assessments. There is a need to develop some intercultural measurement instruments if tests cannot be standardized for all groups in a diverse society.

Gradually, countries with diverse population start looking for alternative ways of assessment,

because of challenges of fairness and sensitivity to all groups represented in such societies. Some answers could lie in dynamic assessment or some kind of multi-method assessment with observations, interviews, standardized and informal assessment, or maybe Evidence-Based Assessment.

This paper aims specifically at discussing the challenges which educational psychologists in diverse countries have with assessment and the possibility of incorporating EBA in their practices. The main research question of this paper is: Could Evidence-Based Assessment be the answer to assessment challenges of educational psychologists in diverse societies? The sub-research questions are:

- i) What is Evidence-Based Practice (EBP)?
- ii) What is Evidence-Based Assessment (EBA)?
- iii) Can EBA maybe be the answer to assessment challenges in a diverse country such as South Africa?

A literature review on Evidence-Based Practice (EBP) with emphasis on Evidence-based Assessment (EBA) particularly in educational psychology was conducted. Findings on responses to open ended questions of South African educational psychologists on challenges in their practices, especially with assessment,

Address for correspondence:

Dr. Elza Venter
Department Psychology of Education,
College of Education,
University of South Africa,
P. O Box 392 UNISA, 0003
Telephone: +2712429 4751 (w),
E-mail: ventee1@unisa.ac.za

are discussed. Recommendations are made on how a diverse country like South Africa can embrace the concept of EBA in educational psychology practice to curb the above challenges.

Evidence-Based Practice and Evidence-based Assessment in Educational Psychology Practice in Diverse Countries

Evidence-Based Practice (EBP)

The concept of 'Evidence-Based Practice' was previously also known as 'empirically supported treatments' or 'empirically validated treatments' (Chambless and Ollendick 2001). This practice had its origins in medicine, where the main driving force was to provide higher standards of medical care which were measurable. Its pioneer, Archie Cochrane (1972), argued that due to scarce resources, only effective health care services should be delivered (Trinder 2000). Cochrane was the first to establish the use of randomised controlled trials. This practice became known as Evidence-Based Medicine (EBM) and was the main influence in the radical progress in primary health care at the time.

There was wide consensus amongst health professionals that evidence-based reform had the potential to substantially revolutionise practice in four critical areas, namely: (1) the reliance on practitioners' personal experiences and opinions, (2) emphasis on the importance of scientific enquiry, (3) the need to organise and systematise knowledge and to present it intelligibly and appropriately, and (4) ensuring that this knowledge is disseminated and used by the people who need it (Hamer and Collinson 2005).

EBP emerged to promote better standards of health care in hospital medicine. One of the ways to improve practice was to create guidelines for best practice. The assumption was that research could be effectively implemented into everyday practice, provided that it was available in a format which was accessible to the practitioner, and provided that the practitioner was competent to access and interpret these research results (Hamer and Collinson 2005; Sue and Sue 2007). Hamer and Collinson (2005: 6) quoted Lockett (1997) who aptly described the term 'Evidence-Based Practice' as an 'amalgam of the terminology of science and professional practice, where 'evidence-based' implies the concepts of scientific ratio-

nality and 'practice' is about the individual practitioner behaviour'.

The EBP movement spread to various medical disciplines and also to the discipline of psychology. The American Psychological Association (APA) (2002a) started doing intensive research on the effectiveness of psychotherapy. Parry (2000) argued that patients who made huge investments of time and money into their treatments had the right to know that therapies were safe. In 1995, the American Psychological Association Task Force on Psychological Intervention Division 12, the division for clinical psychology, published criteria for identifying empirically validated treatments for particular disorders (APA Task Force 2005). This task force initially identified eighteen treatments which had been tested for a specific population group in randomised controlled trials and which could be implemented using treatment manuals. These manuals were intended to identify treatments which had the same efficacy as medication.

It was against this background that Ronald Levant, president of the American Psychological Association, appointed the Task Force on EBP in 2005. De Angelis (2005: 26) quoted Levant as saying that 'the public wants to know that the health professions are practicing based on evidence available', and to achieve this goal, psychology had to face challenges similar to those faced by other professions. A definition of Evidence-Based Practice in Psychology (EBPP) was now formulated as 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences' (American Psychological Association Task Force on EBP 2005: 5). 'Evidence-based practice (EBP) is a disciplined approach to decision making and action, the hallmark of which is attention to evidence quality and the use of best evidence'. Psychologists making use of EBP thus use scientific evidence and experience for decisions on best therapeutic treatments (Rousseau and Gunia 2016: 668-669).

Sternberg (1996) was of the opinion that educational psychology has always been a marginalised field within the field of psychology and the training of educational psychologists was often relegated to schools of education. Given these circumstances, the question arose as to whether educational psychology has the potential to become evidence-based. In the USA,

Division 16 of the APA (School Psychology) have identified, reviewed and coded studies on psychological intervention for the behavioural, emotional and academic problems of school-aged children and their families (Stoiber and Waas 2002; Kratochwill and Shernoff 2003; White and Kratochwill 2005). This was a first step towards EBP in educational psychology.

The use of EBP is important in educational psychology, because educational psychologists cannot for instance preclude ecological factors when formulating a hypothesis about a client. Moore (2005) contended that educational psychologists must be aware of their own ontological and epistemological basis, since that will influence the way they relate to clients. One of the possible ways to overcome this predicament is the development of practice guidelines (White and Kratochwill 2005). White and Kratochwill (2005) contended that the guidelines used in 'school psychology' will not necessarily be based on a systematic decision-making process (algorithm) like in medicine, but would rather focus on expert consensus. Although expert consensus guidelines are not necessarily based on empirical data or systematic literature reviews, they can be an 'important first step in providing practitioners with guidelines on providing interventions to special populations or under circumstances in which empirical evidence is unclear' (White and Kratochwill 2005).

Evidence-Based Assessment (EBA)

The development of dependable assessment tools is problematic especially in diverse societies. Usually psychologists would prefer standardized norm-referenced tests for reliability and validity, but in culturally diverse societies, they often only have assessment tools not standardized for all cultural groups (Mushquash and Bova 2007). Assessment in psychology is viewed as 'a problem solving process in which psychological tests, interviews and other sources of data, function as tools used to answer questions' (Bagby et al. 2003: 213). Without standardised tests for all groups in a diverse society, assessment becomes a challenge. EBA can maybe be one answer to these challenges.

Hunsley and Mash (2007: 30) defined EBA as an 'approach to clinical evaluation that uses research and theory to guide the selection of constructs to be assessed for a specific assessment purpose'. The motivation for EBA is the professional psychologist's need to know that

assessment instruments are reliable and valid (Phares and Curley 2008). Only recently has there been an increased focus on empirically supported or EBA practices in psychology (Hunsley and Mash 2005; Kazdin 2003; Phares and Curley 2008; Campbell et al. 2008; Frick et al. 2010). Campbell et al. (2008) stressed that EBA includes expertise, practice and research. This implies that assessment should be pivotal in the expertise of the practitioner as well as in practice research.

Assessment is an essential and integral part of the work of the educational psychologist. High levels of empirical investigation and reliability, in terms of dealing with the tasks of diagnosis, prediction and case formulation, are needed in everyday practice (Garb et al. 2005; Bowles et al. 2016). 'Educational psychology assessment generally involves the administration and interpretation of tests and measures of intellectual ability, academic skills, and other attributes associated with educational performance and the psychological and mental status of the individual' (Bowles et al. 2016: 2). In a country with a diversity of cultures, languages and belief systems, EBA is important for validity and reliability, because assessment instruments not standardised for the specific client's cultural and language group will not give reliable results.

Kagee (2006) claimed that South African (clinical) psychology was running a risk of moving away from its scientific base to a pseudoscientific and even 'new age' psychology. Kagee (2006: 236) also pointed out that many psychologists did not have a firm empirical base for their interventions and relied on assessment instruments that had 'dubious predictive validity'.

Evidence-Based Assessment (EBA) in a Diverse Society

Psychotherapy and psychological assessment become very complex in a country with diverse religions, cultures, ethnic groupings and languages. Mercer (1979) as quoted by Reynolds and Ramsay (2003) argued that assessment instruments are often standardised for western cultures. These instruments are often discriminatory towards people who are culturally or linguistically different. Phares and Curley (2008: 544) pointed out that there is confounding evidence about the influence of race, ethnicity, socio-economic status and the use of standardised assessments, and therefore they advocate

the sole use of instruments that have been 'validated for a variety of racial/ethnic and socio-economic groups'.

Wood et al. (2002) discussed three strategies that are important in the field of assessment, namely clinical relevance, cultural sensitivity and scientific soundness. There are many specific factors that influence test-taking ability such as: 'language inefficiency, cultural differences, and eco-social variables such as economics, politics, education, religion and means of mass-communication' (Georgas et al. 2003: 27). Aspects of language inefficiency and cultural differences are essential to consider when assessing children. Mpofu and Ortiz (2009) argued for equitable assessment practices where all cultures and language groupings are taken into consideration.

Validity of assessment has many components, and in recent developments in psychometrics the concept of ecological validity (Miller 2010) has been accentuated. Ecological validity is a basic requirement of EBA, since it advocates cultural and ecological assessment practices to counteract all the possibilities of bias that may exist within a test-taking environment. Furthermore, 'ecological validity refers to the degree to which particular findings in one environmental context may be considered relevant outside that context; the extent to which findings of laboratory studies are applicable to everyday settings' (Psychology Glossary 2010). In diverse societies ecological validity becomes very important in assessing the variety of cultural groupings with particular languages.

The South African Government Gazette (2006: paragraph 55) clearly stated that obsolete and out-dated tests may not be used by psychologists, but in practice many out-dated tests are still being used daily. Psychologists in South Africa are conscious of the need for assessment instruments that are appropriate for a diverse country, in the sense that the instruments have a sound theoretical underpinning, are useful for most clients, and sensitive to linguistic and cultural diversity and are ecologically valid (Campbell et al. 2008).

The researchers tried to deduce from educational psychologists in South Africa what challenges they experience with assessment in this diverse country. The aim of the study was to see whether EBA could be an answer for fair assessment in diverse countries.

METHODOLOGY

Research Design and Approach

A qualitative interpretive design and approach were used in this study. In the words of Creswell (2007), this approach is the 'lens' through which the world is observed in depth. The main research question of this paper is: Could Evidence-Based Assessment be the answer to assessment challenges of educational psychologists in diverse societies? The researchers did a literature review on EBP and EBA, and empirical research on the challenges of assessment in diverse societies such as South Africa. A possible answer to these challenges is proposed after in depth qualitative interviews.

Data Collection – Research Instruments, Participants and Sampling

The researchers sent invitations to educational psychologists in their vicinity and asked for more references from them, thus, using purposeful and convenient sampling with snowball sampling. Eight educational psychologists were prepared to take part in the empirical research.

The eight research participants were 'conversational partners' (Rubin and Rubin 2005), which implied that they were not treated as research participants, but rather as equals. The conversational partners were all from the Gauteng province in South Africa and represented different cultural and language groups, as well as training in different eras of the South African history. They were purposively chosen according to specific criteria. The first group of participants consisted of a homogenous group of practitioners who qualified as educational psychologists in the dispensation of political oppression before 1994. The second group consisted of practitioners who were representative of linguistically and culturally diverse backgrounds and who were able to assess children in their vernacular and were trained after 1994.

Semi-structured interviews with probes on an interview schedule were used as a research method. The focus of the interviews was to listen to educational psychologists in reporting about the challenges in assessing clients in a diverse South African society. Each interview was audio-recorded and transcribed.

Data Analysis

The phenomenological method of Colaizzi (1978) was used to analyse responses (see Moustakas 1994). In Colaizzi's method the transcripts are read and re-read various times. Significant phrases and sentences are highlighted. From these sentences meanings are formulated. From the formulated meanings common themes are sought and these are again integrated into an in-depth, comprehensive description of the phenomenon.

Ethical Considerations

Confidentiality and anonymity were guaranteed. The conversational partners were all informed of the research topic and they offered written consent to participate. The transcribed interviews were available and the participants were free to indicate discrepancies. A final ethical consideration was the issue of reciprocity. At the completion of the research project, all conversational partners desiring it received an abridged or full version of the study's findings and if necessary the researchers would go into conversation with the conversational partner.

FINDINGS AND DISCUSSION

Some conversational partners felt that they were not capable of meeting the needs of culturally and linguistically different clients, mainly because of language barriers, cultural differences and the educational backgrounds of previously disadvantaged learners, as well as the problem of most existing tests not being standardised for the whole population in South Africa. These barriers become especially problematic within assessment. They felt that assessment was not done in a culturally/linguistic fair and sensitive way.

The following themes were identified when reading through the responses of the conversational partners regarding problems and possible solutions, especially with assessment in a diverse country.

Language Difficulties

Conversational partners mostly commented on the unavailability of assessment instruments in the first language of their clients – specifically

ly for those clients from rural areas who did not understand English well enough to understand the often difficult language of assessment. On the other hand, urban children were not fluent in their first language as academic language, because they were taught in English, but their language ability in English was still not good enough to do assessment in English.

Respondent 1 summarised the problem by saying:

I find among especially the majority of the black children, they are not fluent in English although they are at English-medium schools and that is the real, real difficulty and I find that they cannot cope because the parents do not speak the ... they speak their own vernacular at home and again the majority of the parents are not so educated that they've established a culture of speaking English in their homes and that is where the majority have problems. It's learning problems, not that their IQ's are low, but because they're at English-medium schools, one has to test them in English.

Respondent 6 concluded:

So English to them tends to be sort of their first language. They understand it better as compared to JSAIS in Setswana, JSAIS in Sepedi, and JSAIS in Zulu. But it is still a problem to test them in English, because they do not always understand the terminology.

Conversational partners who could not speak the indigenous language of their client did not see clients who were unable to express themselves in English. They refer them to colleagues. Most educational psychologists trained before 1994 were oriented towards using the western paradigm and western standardised tests and could not necessarily speak any of the indigenous languages of South Africa. The psychologists who could speak indigenous languages coped by using impromptu translations of test instructions for English second-language learners who seemed insecure with the standardised English instructions.

Respondent 8 declared:

I often translate the instructions for them. You know they do not have the vocabulary. So if the child does not understand, I quickly translate for them. It gives them courage.

Respondent 6 agreed with the above:

But immediately when you see that, you then switch to your mother tongue or the child's mother tongue, African language, then the child

opens up and then talks then you get a true reflection of this child's functionality, especially when it comes to the IQ.

The above mentioned inputs from the conversational partners show that the language of assessment is a very real problem in a diverse country such as South Africa with all its different languages. Before psychologists start assessing a client from another language group, they should determine the 'preferred language' of the client. If the psychologist is not comfortable with conducting the test in the preferred language, the client must be referred or an interpreter can be used (Mushquash and Bova 2007: 59). Research should be done to develop standardised tests in various indigenous languages and to develop tests where language is not such a big factor.

Culture

Specific cultural indicators are often best understood when two people of a similar culture engage, but in a diverse society psychologists need to adapt to many cultures, because they usually practice across cultures. The responsibility of the therapist comes even more to the fore when looking at the trust that people put in the professional person, even if they are not from the same culture.

Respondent 7 said:

Parents or my ... experience in the practice is that parents from other cultures are not always willing to go to their own culture for help. And I think some of it has to do with a trust issue upon the professionals in their own cultures. And I don't know if it is because maybe professional people in their own culture ha(ve) not been in the ... in the professions for so long, as maybe traditional white psychologists etcetera. When you work (with) emotional problems, social problem(s) etcetera, there I think the culture is very important.

Educational psychologists would practise in a more ethical way if they knew the culture, traditions and belief systems of the cultural groups they work with. The mentioned knowledge should be taught to novice psychologists or psychologists in practice in training or workshops to strengthen their knowledge base and to encourage further research.

The awareness of cultural taboos and cultural practices will assist the educational psy-

chologist to understand clients from different cultural backgrounds. Sue and Sue (2007: 23) stated that, '... without awareness and knowledge of race, culture, and ethnicity, counsellors and other helping professionals could unwittingly engage in cultural oppression.' To combat the possibility of cultural oppression, there is an urgent need for educational psychologists to be culturally competent. Cultural competence refers to the cultural sensitivity of the practitioner. Diller (2007) indicated that cultural competence is more than just being sensitive to ethnicity, since ethnicity is only one component of a cultural group. Cultural competence is a developmental process in which the persons involved want to deliver a service that is 'responsive to specific cultural needs and delivered in a way that would empower the client' (Diller 2007: 12). Multicultural competence, thus, expects from an educational psychologist to approach clients and their therapy from the personal culture of the client and in order to do that the psychologist need knowledge of the specific culture. The psychologist must be open to other cultures and not impose his/her cultural values on the client or resolve to stereotyping (Ahmed et al. 2011).

In assessing clients' from different cultures educational psychologists need cultural competence to build rapport with the client by treating the client in a culturally sensitive way. It is also important in interaction with parents if the client is a dependent child. Research in the cultures of specific clients is thus very important. Tests also need to be standardised through research for the specific cultural groupings that the educational psychologist work with to make the assessment valid and fair.

Ethical Practice

Integrity is one of the trademarks of a professional person. Respondent 2 talked about producing reports with integrity, since the future of the person who is assessed often rests on the report of the psychologist. The respondent was in two minds about whether what he offered is truly unbiased and scientific, because of the lack of fair assessment tools.

Many of the clients seen by educational psychologists have subclinical diagnoses. This poses another ethical dilemma for the educational psychologist. Which ICD (International Statistical Classification of Diseases and Relat-

ed Health Problems) codes would truly reflect their interaction with the child, especially a child from a non-Western origin? Respondent 8 referred to this:

Does the client feel ethically okay that you put in this code, so what do you do? How do you know what code is correct, especially with black kids?

It is not ethical to use assessment instruments developed for a group for which the tests were not originally intended. 'When extending the use of a measurement instrument to a new population, care must be taken to ensure that the results are interpreted with the utmost concern for cross-cultural effects' (Mushquash and Bova 2007: 55).

Within the evidence based paradigm, ethical practice is one of the cornerstones of practice. The ethical practitioner needs to be able to inform his/her client of the most updated research findings, consider the client's traditions, background, belief systems and also acknowledge when he/she does not have an answer to the client's dilemma. In addition, professions have a body of knowledge that should not merely be based on practice wisdom or practice experience, but on the evidence collected from empirical data that support interventions (Glick 2009). 'Professional competence – the ability to accurately assess problems, diagnose psychological disorders, recommend an appropriate course of treatment – varies depending on the degree to which the clinician keeps up to date with the latest research and effectively evaluates the evidence' (Blease et al. 2016). It is thus important to know evidence of good practice and assessment, but also the client's values and preferences, as well the relevance of socio-cultural environment (Blease et al. 2016) before making decisions on therapy and assessment measurements.

EBA is one way of trying to assess clients in an ethical way and to write reports and do referrals with a clear conscience, because of the empirical and scientific background it is grounded on.

CONCLUSION

One of the main features distinguishing a psychologist from a lay person is the scientific evidence of assessment media on which the psychologist can rely. If the psychologist cannot rely on the results of the instruments used, an

assessment is a futile exercise and a waste of time and money. The lack of scientifically-endorsed assessment instruments in a diverse South African society is problematic for educational psychological praxis.

Ethical behaviour is crucial in any professional service and not doing what one is supposed to do, is unethical. Within the evidence-based paradigm, ethical practice is the cornerstone on which practice rests, therefore EBA could be one answer to all the mentioned challenges, especially in a culturally and linguistically diverse society.

This study was limited in its extent. Only eight conversational partners were part of the study and they all resided in Gauteng, South Africa. This limited the study to an urban area in one province only. If educational psychologists from rural areas had been included in the study, different views and challenges might have been observed and valuable insights pertaining to cultural diversity might possibly have been established. Another limitation is that this study can be described as a one-sided view, because the views of other role players like universities and clients have not been heard. But, on the other hand this paper proposes a possible solution to the problem of doing fair and culturally sensitive assessments.

RECOMMENDATIONS

Educational psychologists in a diverse society should take cognizance of factors like cultural and language diversity, as well as ethnicity in countries with a diverse population. If educational psychologists choose to work with clients of different cultures, they should be culturally knowledgeable and need to be able to provide therapeutic interventions across cultures. They need to have a sound knowledge base of the different cultural backgrounds of their clients and their parents.

EBA could be an answer for the assessment problem in diverse countries such as South Africa. EBP is founded on the integration of current research findings, the practitioner's professional judgment and the client's unique characteristics, needs, circumstances and preferences. An evidence-based practitioner will strive to deliver a service that has a sound empirical base, but is in accordance with the client's unique needs and preferences.

Training of educational psychologists needs to include: i) modules in EBP with EBA and EBT; ii) specific modules on cultural and linguistic diversity assessment - the ability to assess acculturation, acquisition of English and a basic assessment of language development in the child's vernacular are important aspects of serving diverse communities and iii) training in cultural customs, traditions and beliefs.

Universities have to encourage and support research, the development, regeneration, and standardisation of assessment instruments in the form of research topics at doctoral level. Practice guidelines could also be developed by students in further research in their studies.

REFERENCES

- Amed S, Wilson, KB, Hendriksen RC, Jones JW 2011. What does it mean to be a culturally-competent counsellor. *Journal of Social Action in Counselling and Psychology*, 3(1): 17-28.
- American Psychological Association 2002a. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations. APA Guidelines. From <<http://www.apa.org/pi/oema/guide.html>> (Retrieved on 4 November 2009).
- American Psychological Association 2002b. Ethical Principles of Psychologists and Code of Conduct. From <<http://www.apa.org/ethics/code/index.aspx>> (Retrieved on 4 December 2008).
- American Psychological Association 2005. APA Task Force Statement on Evidence Based Practice. From <<http://www.apa.org/practice/ebstatement.pdf>> (Retrieved on 5 May 2008).
- Bagby RM, Wild N, Turner A 2003. A psychological assessment in adult mental health settings. In: JR Graham, JA Naglieri (Eds.): *Handbook of Psychology: Assessment Psychology. Volume 10*. Hoboken, New Jersey: Wiley & Sons.
- Blease CR, Lilienfeld SO, Kelley JM 2016. Evidence-Based Practice and Psychological Treatments: The Imperatives of Informed Consent. *Frontiers in Psychology*. From <www.frontiersin.org> (Retrieved on 20 August 2016).
- Bowles T, Scull J, Clinton JH, Clinton J, Larkins G, Cicconi V, Kumar D, Arnup JL 2016. Conducting psychological assessments in schools: Adapting for converging skills and expanding knowledge. *Issues in Educational Research*, 26(1): 10-28.
- Campbell JM, Brown RT, Cavanagh SE, Vess S, Segall MJ 2008. Evidence-Based Assessment of Cognitive Functioning in Paediatric Psychology. From <<http://www.ncbi.nlm.nih.gov/pubmed/18194973>> (Retrieved on 23 August 2009).
- Chambless DL, Ollendick TH 2001. Empirically Supported Psychological Interventions: Controversies and Evidence. From <<http://www.ncbi.nlm.nih.gov/pubmed/11148322>> (Retrieved on 16 February 2009).
- Creswell JW 2007. *Qualitative Inquiry and Research Design*. Thousand Oaks: Sage.
- De Angelis T 2005. Shaping Evidence-Based Practice. From <www.APA.org.monitor/mar05/hsaping.aspx> (Retrieved on 26 November 2009).
- De Bruyn EJ 2003. Assessment Process. *Encyclopedia of Psychological Assessment*. From <http://www.sage_reference.com.oasisunisa.ac.za> (Retrieved on 3 May 2010).
- Diller JV 2007. *Cultural Diversity*. 3rd Edition. Belmont: Thomson, Brooks/Cole.
- Frick PJ, Barry CT, Kamphaus RW 2010. *Clinical Assessment of Child and Adolescent Personality and Behaviour*. 3rd Edition. New York: Springer.
- Garb HN, Wood JM, Lilienfeld SO, Nezworski T 2005. Roots of the Rorschach controversy. *Clinical Psychology Review*, 25: 97-118.
- Georgas J, Weiss LG, Van De Vijver FJR, Saklofske DH 2003. *Culture and Children's Intelligence*. Riverport, Maryland: Academic Press.
- Glicklen M 2009. *Evidence-based Practice with Emotionally Troubled Children and Adolescents*. Maryland Heights: Academic Press.
- Hamer S, Collinson G 2005. *Evidence-based Practice*. 2nd Edition. London: Elsevier.
- Hunsley J, Mash EJ 2005. Introduction to the special section on developing guidelines for evidence-based assessment of adult disorders. *Psychological Assessment*, 17(3): 251-255.
- Kagee A 2006. Where is the evidence in clinical psychology? *South African Journal of Psychology*, 36(2): 233-248.
- Kazdin AE 2003. Problem solving skills training and parent management training for conduct disorder. In: AE Kazdin, JR Weisz (Eds.): *Evidence-based Psychotherapies for Children and Adolescents*. New York: Guilford, pp. 211-226.
- Kratochwill TR, Shernoff 2003. Evidence-based Practice: Promoting Evidence-based Interventions in School Psychology. WCEP Working Paper 2003-13. From <http://www.wcer.wisc.edu/publications/workingPapers/Working_Paper_No_2003_13> (Retrieved on 17 October 2009).
- Miller D 2010. *Best Practices in School Neuropsychology*. Hoboken: Wiley.
- Moore J 2005. Recognising and Questioning the Epistemological Basis of Educational Psychology Practice. From <<http://studyforquals.pbworks.com/f/moore>> (Retrieved on 25 February 2010).
- Mpofu E, Ortiz S 2009. Equitable assessments practices in a diverse society. In: EL Grigorenko (Ed.): *Multicultural Psycho-educational Assessment*. New York: Springer.
- Moustakas C 1994. *Phenomenological Research Methods*. Sage: California.
- Parry G 2000. Evidence-based psychotherapy: An overview. In: N Rowland, S Goss (Eds.): *Evidence-based Counselling and Psychotherapies*. London: Routledge, pp. 57-76.
- Mushquash CJ, Bova DL 2007. Cross-cultural assessment and measurement issues. *Journal of Developmental Disabilities*, 13(1): 53-65.
- Phares V, Curley 2008. Evidence-based assessment of children and adolescents. In: RG Steele, TD Elkin, MC Roberts (Eds.): *Evidence-based Therapies for Children and Adolescents*. New York: Springer, pp. 537-549.

- Psychology Glossary (n.d.). From <<http://www.apa.org/research/action/glossary.aspx>> (Retrieved on 12 June 2009; 17 October 2011).
- Reynolds CR, Ramsay MC 2003. Bias in psychological assessment: An empirical review and recommendations. In: JR Graham, JA Naglieri (Eds.): *Handbook of Psychology. Volume 10. Assessment Psychology*. Hoboken: Wiley & Sons, pp. 82-113.
- Rousseau DM, Ginia BC 2016. Evidence-based Practice: The Psychology of EBP Implementation. *Annual Review of Psychology*, 67: 667-692. From <www.annualreviews.org> (Retrieved on 20 August 2016).
- Rubin HJ, Rubin IS 2005. *Qualitative Interviewing*. Thousand Oaks: Sage.
- Sternberg RJ 1996. Educational psychology has fallen, but it can get up. *Educational Psychology Review*, 8(2): 175-185.
- Stoiber KC, Waas GA 2002. A contextual and methodological perspective on the evidence-based intervention movement within school psychology in the United States. *Educational and Child Psychology*, 19(3): 7-21.
- Sue D, Sue DM 2007. *Foundations of Counselling and Psychotherapy*. Hoboken: Wiley.
- South African Government Gazette 2006. Number 29079. From <<http://www.sabinet.co.za/>> (Retrieved on 13 February 2008).
- Trinder L 2000. The context of evidence-based practice. In: L Trinder, S Reynolds (Eds.): *Evidence-based Practice. A Critical Appraisal*. London: Blackwell Science, pp. 1-16.
- White JL, Kratochwill TR 2005. Practice guidelines in school psychology: Issues and directions for evidence-based interventions in practice and training. *Journal of School Psychology*, 43: 99-115.
- Wood JA, Garb HN, Lilienfeld SO 2002. Clinical assessment. *Annual Review of Psychology*, 53(1): 519-543.

Paper received for publication on July 2016
Paper accepted for publication on October 2016