

# APA GUIDELINES for Education and Training in Psychological Assessment in Health Service Psychology

**BOARD OF EDUCATIONAL AFFAIRS TASK FORCE ON EDUCATION AND TRAINING  
GUIDELINES FOR PSYCHOLOGICAL ASSESSMENT IN HEALTH SERVICE PSYCHOLOGY**

**APPROVED BY APA COUNCIL OF REPRESENTATIVES  
MARCH 2020**



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**

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**Suggested Citation**

American Psychological Association, Board of Educational Affairs Task Force on Education and Training Guidelines for Psychological Assessment in Health Service Psychology. (2020). *APA Guidelines for Education and Training in Psychological Assessment in Health Service Psychology*. Retrieved from <https://www.apa.org/about/policy/guidelines-assessment-health-service.pdf>



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## EXECUTIVE SUMMARY

The *Guidelines for Education and Training in Psychological Assessment* (hereafter referred to as the Guidelines) were developed by a task force convened by the APA Board of Educational Affairs in 2017. Task force members represented diversity broadly, as well as diversity with respect to expertise in the area of psychological assessment. The Guidelines serve to inform faculty/supervisors, students, and the public as to quality practices associated with graduate education and training in psychological assessment.

While recent survey findings suggest education and training programs are allocating the same or increased time to education and training in psychological assessment, there is a lack of clear guidance for programs wishing to implement assessment practices associated with quality education and training. These Guidelines were developed to address this critical need.

The Guidelines are organized around seven domains:

- Domain A: Theory**
- Domain B: Psychological Assessment Process**
- Domain C: Psychometrics**
- Domain D: Tests and Methods**
- Domain E: Ethics, Legal Issues, Professionalism**
- Domain F: Diversity**
- Domain G: Supervision**

These domains are drawn from a review of the scholarly literature on psychological assessment, as well as graduate psychology education and training. The domains and their associated *Guidelines* are interdependent, and, while some overlap exists among them, it is important that they are considered in their entirety. Furthermore, while diversity is presented as an independent domain in the Guidelines, efforts were made to attend to issues of diversity within each domain.

# CONTEXT FOR STANDARDS AND GUIDELINES

## Purpose

The Guidelines were developed to offer recommended practices associated with quality education and training in psychological assessment. There are three main audiences for the Guidelines: faculty and supervisors who oversee education and training of students in graduate health service psychology-related programs; students themselves; and the general public, including stakeholders such as members of other professions and policy makers. For faculty/supervisors, the Guidelines provide a roadmap as to how best to create learning opportunities for students to develop their competence in psychological assessment. For students, the Guidelines offer information about the education and training they should receive and seek out to develop their own competence in psychological assessment. For the broader public, the Guidelines lay out information about the suggested education and training that health service psychologists should receive in psychological assessment.

## Definitions of Terms

The term “guidelines” generally refers to pronouncements, statements, or declarations that recommend or suggest specific professional behaviors, endeavors, or conduct for psychologists. In this spirit, they are aspirational in intent. They are not intended to be mandatory or exhaustive and may not be applicable to every situation, nor are they intended to take precedence over the judgment of instructors/supervisors or others who are responsible for education and training programs. Education and training guidelines may be written as an advisory set of procedures related to curriculum development, pedagogy, or evaluation; as interpretive commentary or instruction on education policy or standards; as a set of guiding principles about teaching and learning or program development; or as suggested goals and objectives of learning. These Guidelines are intended as suggestions or recommendations for psychologists providing education and training in psychological assessment to trainees in health service psychology. As used in this document, the term “guidelines” is consistent with the provisions of the APA policy on Developing and Evaluating Standards and Guidelines Related to Education and Training in Psychology (Section I C[1]) (APA, 2004b), as passed by the APA Council of Representatives.

“Health Service Psychology” is used in the present document to include those programs preparing students generally for doctoral-level licensure in a field that integrates psychological science and practice to benefit human functioning, including prevention, assessment, consultation, and treatment of psychological and other health-related disorders. These programs include clinical psychology, counseling psychology, school psychology, and other practice-oriented degree areas.

“Psychological assessment,” as presented in this document, represents the process of gathering and integrating multiple forms of data about an individual for clinical, forensic, educational, occupational, medical, or other such psychological purposes, including the use of observation, interviews, and standardized tests and measures. Psychological assessment collects data about individuals’ behavior, psychological constructs, or other characteristics. Psychological assessment data are integrated in order to inform decisions about diagnosis, intervention, classification, selection, and other recommendations.

Throughout this document, the term “client” will be used to represent the individual being assessed during a psychological evaluation. This term is not meant to represent only one or a few branches of health service psychology, but to stand in as a term for clients, patients, students, evaluatees, examinees, and any other individual that may be the subject of psychological assessment.

Furthermore, the terms “student” and “trainee” are used interchangeably throughout the document to represent those who are learning psychological assessment and/or being supervised in psychological practice. This includes graduate students, interns, postdocs, and may even be applicable to professionals respecializing in or improving their own psychological assessment practices.

## Scope of Applicability and Statement of Need for the Guidelines

The Guidelines are for graduate education and training programs in health service psychology (clinical, counseling, and school psychology). While they primarily address the didactic and supervised experience students receive during their doctoral program, many of the *Guidelines* are applicable to internship programs and possibly post-doctoral programs.

Psychological assessment is a broadly agreed upon competency in health service psychology. It is codified in widely used competency models such as the Development Achievement Levels developed by the National Council of School and Programs in Professional Psychology (Krishnamurthy & Yalof, 2010) and the Competency Benchmarks (Fouad et. al., 2009). As a further statement of the centrality of the competency in health service psychology, the APA’s Commission on Accreditation requires programs to include training in the profession wide competency of assessment (APA CoA, 2015).

Despite this wide acknowledgement of psychological assessment as a core competency for health service psychologists, published surveys of practices employed by training programs present a mixed, and at times pessimistic, picture of the amount of time dedicated to this competency in training programs. Earlier surveys, such as by Belter and Pitrowski (2001), noted a slight decrease in assessment training, particularly in projective (more recently referred to as “performance-based”) techniques, while more recent findings have been more optimistic. Ready and Veague



(2014) found that the amount of time devoted to training in assessment at the doctoral level has stayed the same for most programs and in some cases increased. A more recent survey by Mihura, Roy and Graceffo (2017) similarly found that programs were providing as much or even more education and training in assessment than in previous years. They also found that training in multimethod assessment was typical, but that opportunities for applied training were more limited. What is not captured in these surveys is information about the quality of the education and training provided, and, given the lack of professional consensus on promising practices in education and training in psychological assessment, it is likely such data, if collected, would also be mixed. The Society for Personality Assessment (SPA) notes that assessment is a complex area of practice that requires specific training, and there is a potential for harm to clients if professionals are not properly trained to conduct psychological assessments (SPA, 2006). SPA noted specific content domains that must be included in education and training but did not prescribe how education and training programs might implement recommended practices.

Given that psychological assessment is a core competency for health service psychologists and there are mixed findings with respect to the emphasis on education and training in this domain, these Guidelines will serve as a needed resource to assist education and training programs in enhancing programmatic activities to foster student competence in psychological assessment.

## Process of Developing the Guidelines

In the fall of 2017, the APA Board of Educational Affairs (BEA) approved a request brought forward by the Society for Personality Assessment (SPA) to convene a task force to develop education and training guidelines specific to psychological assessment. The task force was charged with:

“developing guidance, in the form of education and training guidelines, specific to psychological assessment in health service psychology training. This will include consideration of what are the critical essential components in this competency domain, how are they best taught, and how are they best evaluated.”

A call for task force member nominations was distributed in March 2018. Six members were selected representing different areas of expertise: education and training and/or supervision in psychological assessment, including scholarship on assessment competencies; recommended practices in conducting integrative psychological assessment; and psychological report writing. An early career psychologist was also selected. In addition, two liaisons were appointed to the task force from BEA and the Committee on Psychological Tests and Assessment (CPTA). Appointees to the task force were approved by BEA in June 2018.

The task force met via video conference call approximately once a month from July to November 2018. Members began the guidelines development process by collecting relevant resources to share with the full task force. Then members began discussion of the

competency domains to highlight in the guidelines based on a literature review and their expertise. Once members agreed on a final listing of domains, they volunteered to work in small groups on the competency areas they had expertise/interest in and draft guidelines under each domain. Members were able to view the work products of other groups via a web-based document storage service. Updates from subgroups were provided during conference calls. During the last call, task force members reviewed the drafts of each domain group in detail to provide edits. Following the call, the task force continued to refine the guidelines via electronic mail. The final draft guidelines were approved by the task force in January 2019, then approved by BEA to go out for public comment.

After the public comment deadline, all comments were organized and addressed by the small groups that developed the individual domains. Each group was tasked to address, either through revision of the guidelines or explanation for not revising, the comments for its domain. In July 2019, the task force met via video conference to review all changes and explanations proposed by each small group, and the task force finalized and approved the present document.

## Policy Documents Relevant to the Guidelines

While task force members engaged in a thorough review of extant educational materials related to psychological assessment, several policy documents also informed their work. Such policy documents were primarily those of the APA, however, the task force also was informed by the education and training standards of the Society for Personality Assessment (SPA).

APA policy documents utilized by the task force in developing the Guidelines included the Guidelines on Clinical Supervision in Health Service Psychology, the APA Ethical Principles of Psychologists and Code of Conduct, and the APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (APA, 2014; APA, 2017a; APA, 2017b). In addition, the Standards for Educational and Psychological Testing jointly developed by the APA, the American Educational Research Association (AERA), and the National Council on Research in Education (NCRE) informed the development of the guidelines (APA, AERA, NCME, 2013). Of note, at the same time these Guidelines were being developed a separate task force within APA was revising APA's Test User Qualifications (APA, 2000). While the audience for these two documents is for the most part distinct, efforts were made to ensure the two documents complemented one another. The task force also reviewed the position statement published by the SPA in 2006 on Standards for Education and Training in psychological assessment that delineates minimal standards in this domain (SPA, 2006).

# Guidelines for Education and Training in Psychological Assessment in Health Service Psychology

The *Guidelines for Education and Training in Psychological Assessment* (hereafter referred to as the Guidelines) are organized around seven domains:

**Domain A: Theory**

**Domain B: Psychological Assessment Process**

**Domain C: Psychometrics**

**Domain D: Tests and Methods**

**Domain E: Ethics, Legal Issues, Professionalism**

**Domain F: Diversity**

**Domain G: Supervision**

## DOMAIN A

# THEORY

Because psychological assessment is employed for a wide range of goals, including i) diagnosis of psychopathology, ii) development of treatment recommendations, iii) determinations of psychological fitness in medical, forensic, and legal contexts, and iv) administrative decision- making for education and employment, familiarity with current diagnostic systems, theories of personality and psychopathology, and theories of intelligence is necessary. Psychopathology, personality, and intelligence are interrelated (Millon, 2010; DeYoung, 2011; Endler & Summerfeldt, 1995), and integration of biopsychosocial data informs choice of assessment methods and enhances integrative case conceptualization and recommendations across assessment contexts (Archer, Wheeler, & Vauter, 2016; Costa & McCrae, 1992; Hogan, 2017; Hogan, Hogan, & Roberts, 1996; Rodriguez-Seijas, Eaton, & Krueger, 2015).

### GUIDELINE 1

#### **Students should learn about current diagnostic systems.**

High quality education and training in psychological assessment should include familiarity with the most current versions of commonly used diagnostic systems and their associated assessment methods (e.g., self- and informant-report, semi-structured interviews, structured interviews). Primary systems include the International Classification of Mental Health and Behavioural Disorders (ICD; World Health Organization, 1992) and the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2013). Examples of supplemental systems include the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5; ZERO TO THREE) and the Psychodynamic Diagnostic Manual (PDM; Lingairdi & McWilliams, 2017).

### GUIDELINE 2

#### **Students should learn about contemporary theories and emerging quantitative models of personality and psychopathology.**

High quality education and training in psychological assessment should also include familiarity with emerging quantitative models of personality and psychopathology (e.g., Kotov et al., 2017; Krueger, 2018). Examples include cognitive- behavioral (Barlow, 2014; Beck, Davis, & Freedman, 2015; Leahy, 2018), psychodynamic (Basham et al., 2016; Caligor, Kernberg, Clarkin, & Yeomans, 2018; Luyten, Mayes, Fonagy, Target, & Blatt, 2015), interpersonal (Horowitz, 2004; Horowitz & Strack, 2011; Pincus & Hopwood, 2012), developmental (Cassidy & Shaver, 2016; Lewis & Rudolph, 2014), trait (Fleeson & Jayawickreme, 2015; Kreuger & Markon, 2014; Widiger et al., 2018), and humanistic theories (House, Kalisch, & Maidman, 2018; Schneider & May, 1995; Schneider, Pierson, & Bugental, 2014).

### GUIDELINE 3

#### **Students should learn to incorporate developmental, learning, personality, and biological theories into their understanding and practice of cognitive and intelligence assessment.**

High quality education and training in cognitive and intelligence assessment should include familiarity with both normal and abnormal development across the lifespan, obtained from a comprehensive overview of neurobiological and lifespan developmental theories (Baltes, Lindenberger, & Staudinger, 2006; Carlson, 2007; Mesulam, 2000; Schaie, 2013). Additionally, behaviorism (Skinner, 1974; Baum, 2017), social constructivism (Bandura, 1978; Vygotsky, 1978; Anderson & Bushman, 2001; Frith & Frith, 2007), and personality theories (DeYoung, 2011) serve as precursory knowledge for promoting a greater understanding of the diverse theories of intelligence (Carrol, 1993; Alfonso, Flanagan & Radwan, 2005; Strauss, Sherman, & Spreen, 2006), as well as their associated influences and limitations.

## PSYCHOLOGICAL ASSESSMENT PROCESS

The process of psychological assessment, built upon a solid foundation of theory, includes high-level integrative processes specific to the discipline of psychology. These processes should be a significant focus of training in psychological assessment. Included in the psychological assessment process is the thorough integration of test results and other data, within a client's individual context and culture, in order to develop a clear, cohesive, and comprehensive case formulation/conceptualization. Assessment should follow an iterative, hypothesis-testing approach to gathering and evaluating data to inform decision-making; this should include engaging in systematic development of inferences to weigh data and evaluate discontinuities (Bornstein, 2017; Spengler, Strohmmer, Dixon, & Shivy, 1995; Youngstrom, Choukas-Bradley, & Calhoun, 2015). Furthermore, it involves learning about how to effectively and usefully communicate feedback to stakeholders of psychological assessments, both in writing and verbally. Communicating feedback should be in the best interest of and attentive to the specific needs of the target audience (Cates, 1999; Groth-Marnat & Horvath, 2006), which requires more than simply communicating test scores and their isolated meanings.

### GUIDELINE 1

**Students should learn to clarify referral questions and generate hypotheses about individuals' functioning.**

As a basis for the process of psychological assessment, students need to learn how to understand and clarify the questions that are answerable through psychological assessment, as well as pertinent to each individual case at hand (Bornstein, 2017; Smith, 2019; Youngstrom, Choukas-Bradley, & Calhoun, 2015). Based on referral questions and relevant individual information (such as from records reviews, behavioral data, clinical and collateral interviews, etc.), students should learn how to develop and refine relevant hypotheses (including diagnostic) about clients' functioning (Spengler, Strohmmer, Dixon, & Shivy, 1995). It is these hypotheses that evaluation measures and methods should address.

### GUIDELINE 2

**Training should include skills in case conceptualization based on integration of multi-method assessment data that is attentive to context, culture, and explanation/reconciliation of any data that appear contradictory.**

In order to make accurate and unbiased clinical decisions, students need to systematically and thoroughly integrate multiple sources of data (Galanter & Patel, 2005). As such, students should learn how to integrate data from multiple reporters, methods, and measures into a coherent description of facets of client functioning, culminating in a cohesive case formulation/conceptualization (Division of Clinical Psychology, 2011), which is the basis for clinical judgment and decision making. Different sources of data, which should all be considered and integrated, can include psychological tests, clinical and collateral interviews, behavioral observations, record reviews, and other collateral information (e.g., from family members, multidisciplinary teams, educators) (Work Group on Screening and Psychological Assessment, 2014). The case conceptualization should be situated within and attentive to the client's specific cultural and individual context. Students should learn how to attempt to make sense of data that seem discrepant or contradictory.

### GUIDELINE 3

**Students should learn to write integrative assessment reports that are comprehensive, useful, and appropriate to the audience.**

Although styles of report writing vary widely, students should learn how to write reports that are attentive to the needs of the specific target audience (Cates, 1999; Groth-Marnat & Horvath, 2006), understanding that there may be multiple audiences for any given assessment. The focus of training in report writing should be on clarity, comprehensiveness, and usefulness. Students should learn to write reports that are free of unnecessary jargon and easy for a reader to follow and understand. Furthermore, assessment reports should answer all questions posed for the assessment clearly and succinctly. Finally, students should learn how to develop and communicate meaningful and useful recommendations that flow directly from the assessment conclusions, recognizing that while not every assessment will require recommendations or treatment planning, they should be able to develop and communicate these effectively.

### GUIDELINE 4

**Students should learn to communicate feedback in clear, understandable, nonjudgmental ways.**

Students should learn how to provide verbal and written feedback "that is understandable, useful, and responsive to the client, regardless of whether the client is an individual, group, organization, or [other] referral source" (Krishnamurthy et al., 2004, p. 733). The way one delivers feedback has been shown to affect how likely clients are to accept and follow through on recommendations (e.g., Esquivel et al., 2009), and feedback has the potential to be significant and impactful on the lives of those receiving it (e.g., Poston & Hanson, 2010). As such, students need to learn how to effectively and sensitively communicate and explain feedback in a way that addresses implications of the findings and is attentive to the immediate and broader needs and contexts of the client, stakeholders, and setting.

## PSYCHOMETRICS

Galton (1879) defined psychometrics as “the art of imposing measurement and number upon operations of the mind” (p. 149). The principal method for accomplishing these measurements currently is through the application of psychological tests. How these tests are developed and evaluated, and the consequences of their application, are at the heart of psychometrics. Authors of the Standards for Educational and Psychological Testing (AERA/APA/NCME, 2014) argue that while “testing and assessment are among the most important contributions of cognitive and behavioral sciences . . . not all tests are well developed” (p. 1). To the extent that tests are well developed, they can provide significant contributions to our understanding of psychological characteristics of individuals. If one is to be a responsible user and consumer of psychological tests and make valid interpretations of test results, a thorough understanding of psychological measurement and test development is crucial.

### GUIDELINE 1

**Students should learn the psychometric foundations of how psychological tests and measures are developed to measure psychological constructs.**

“Test design and development procedures must support the validity of the interpretations of test scores for their intended uses” (AERA/APA/NCME, 2014, p. 75). Students should become familiar with test development concepts, related practices, and evaluation methods, based on both classical test theory and more contemporary approaches (e.g., Item Response Theory), to avoid unfounded score interpretations and their adverse consequences. Proper use and interpretation of test results rest on the assumptions that the test being used was developed and evaluated for the intended purposes and populations, and that the evaluation results reflect the intended use of the test. Test development is typically guided by test specifications, which include “documentation of the purpose and intended uses of the test, and detailed decisions about content, format, test length, psychometric characteristics of the items and test, delivery mode, administration, scoring, and score reporting” (AERA/APA/NCME, 2014, p. 76).

### GUIDELINE 2

**Students should learn psychometric properties related to reliability, validity, and utility of measuring psychological constructs.**

The measurement of psychological constructs is fraught with challenges of measurement error, response bias, and questions of construct validity and test utility. Students should be able to make appropriate, evidence-based selections of psychological measures to use in research and practice. To accomplish this, students should be able to evaluate the psychometric evidence that supports the use of a test and the interpretation of test scores (e.g., AERA/APA/NCME, 2014). To evaluate this evidence, students should understand how reliability, validity, and utility are conceptualized and measured, and the various types of evidence that should be available for each. Students should become familiar with sources of validity evidence (e.g., test content, internal structure, relations to other variables) and how this evidence can be interpreted and generalized (AERA/APA/NCME, 2014, Standard 9). Students should become familiar with approaches to evaluating reliability/precision, their underlying assumptions (e.g., measurement error), how they can be estimated, and the impact of measurement error on test scores. Finally, because a test can be sound psychometrically but of little practical or incremental clinical utility (Cohen & Swerdlik, 2018; Meehl, 1959; Messick, 1995; Nelson-Gray, 2003), students should become familiar with the concepts of measurement utility and incremental validity (Hunsley & Meyer, 2003), as well as the roles they play in one’s judgment of the relative cost and benefit of using a test.

## TESTS AND METHODS

Psychological tests and methods are the tools through which psychological assessments are conducted. Assessment “method” is an overarching term that encompasses all the ways in which information is obtained for a psychological assessment, whereas the term “test” is typically reserved for assessment tools with standardized administration, scoring, and criterion- or norm- referenced interpretation. The Standards for Education and Psychological Testing (AERA/APA/NCME, 2014, p. 2) refers to all standardized measures—such as scales and inventories—as a test, and this document follows that convention. Psychologists employ various methods of measurement to answer a wide array of questions, and, therefore, it is imperative that all students be knowledgeable about these methods, as well as competent in their application when working in clinical, forensic, occupational, research, medical, and other applied settings.

Given that tests and methods are frequently updated, new assessment tools continue to be developed, and existing ones systematically reviewed, evaluated, and situated within different cultural contexts, students should also learn strategies to stay abreast of the relevant psychometric literature for newly released measures, as well as the emerging literature on existing measures.

### GUIDELINE 1

#### **Students should learn to select the appropriate tests and methods to address the assessment questions.**

Test selection should begin with consideration of the reasons for the assessment, but also contextual considerations, such as the potential for client dissimulation, characteristics of the client, and other concerns relevant to the test(s) to be administered (AERA/APA/NCME, 2014). Assessment measures with strong reliability and validity evidence and treatment outcome measures that are most sensitive to change are likely to have the greatest utility in addressing the principal objective for conducting an assessment. Test norms should be demographically, culturally, and clinically appropriate for the person being assessed (AERA/APA/NCME, 2014). Appropriate selection of assessment methods (e.g., behavioral observation, psychological tests, interviews) and associated sources of information (e.g., self-reports, reports by others) can reduce errors in clinical assessment (e.g., Haynes, Smith, & Hunsley, 2011). Failure to select appropriate tests and methods can result in measurement errors, which can lead to unfounded conclusions, inaccuracies in diagnosis, case conceptualization, identification of client behavior problems, behavioral predictions, and treatment planning and monitoring (Hunsley & Mash, 2008). Students should learn the strengths and weaknesses of different assessment methods and how to select those best suited for the purpose and context of the assessment, while being cognizant of the unique contribution of each method to the assessment of relevant constructs.

Students should also learn the importance of selecting more than one method, when possible, to address the shortcomings of any one method and to target the desired

constructs or behaviors more accurately. This could involve obtaining input about the same construct from different sources (e.g., parent, child, teachers, spouse) or supplementing self-reported data with performance-based cognitive and personality tests or functional behavior analysis when the targeted construct entails behavior (e.g., attention and concentration, impulse control problems, disorganized speech).

### GUIDELINE 2

#### **Students should learn how to use standardized test administration, achieve accuracy in scoring tests, apply appropriate norms, and interpret test scores within the broader context, such as the reason for the assessment, cultural and diversity factors, and guarding against human tendencies toward bias.**

“Those responsible for administering, scoring, reporting, and interpreting should have sufficient training” (AERA/APA/NCME, 2014, p. 14; Campbell, 2015) in evidence-based psychological assessment (Bornstein, 2017) and in the relevant applied areas (e.g., clinical, forensic, and research). The accuracy and utility of psychological assessment is dependent on test users’ competence in following the established guidelines and procedures of standardization (Wolfe-Christensen & Callahan, 2008). At minimum, the ability to ground interpretive inferences in the existing research requires students to follow the standardized administration and scoring guidelines (AERA, 2014, Standard 6.0). Before standardized tests can be administered and scored, students should obtain sufficient training in the procedures (Callahan, 2015). Aspects of human diversity, such as age, gender, and other identities that include intersectionality,

that can affect standardized administration, scoring, and interpretation of the test—both that of the student and client—should be appropriately addressed (Byrne et al., 2009).

Test or testing accommodations or modifications require adequate knowledge of the assessment method and the relevant client or situational conditions, including the ability to know when particular modifications are not appropriate (AERA/APA/NCME, 2014, Standard 3.0). For normed tests, when there are known moderators like age, gender, ethnicity, and disabilities, the test user must apply the appropriate subset of norms when available (AERA/APA/NCME, 2014, Standard 5.0, Cluster 2). Test interpretation should be informed by the current body of empirical literature that extends beyond that reported in the test manual (Mihura, Bombel, Dumitrascu, Roy, & Meadows, 2018). Interpretations should be contextualized from an understanding of the method from which the data are obtained (Campbell & Fiske, 1959; De Los Reyes, Thomas, Goodman, & Kundey, 2013; Teglasi, Nebbergall, & Newman, 2012). Students should also possess “an awareness of personal and contextual factors that may influence the testing process” (AERA/APA/NCME, 2014 p. 4), including the impact of the assessor-client relationship on the test data and their interpretation.

should learn to employ systematic methods that enable them to engage in life-long learning in order to maintain currency with tests and assessment methods, which includes continuing education and consultation (e.g. Evans & Finn, 2017), as well as ongoing familiarity with the emerging scholarly assessment literature.

### GUIDELINE 3

**Students should learn to cultivate life-long learning values and develop skills and strategies to keep abreast of newer psychological tests, assessment technologies, research on testing and assessment, and emerging scholarly information on diversity.**

Psychological tests undergo periodic revisions to update their norms, enhance test content, and improve their psychometric properties (Bush, 2010), and new tests are developed and released on a regular basis. Standard 9.08 of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017a) advises assessment practitioners not to base their decisions and recommendations on obsolete tests and measures or outdated norms. Students (as well as instructors and supervisors) will find that tests and assessment methods learned during their graduate training often become obsolete or substantially altered when they are in practice later. Emerging technologies associated with testing practices, including new applications and interpretive algorithms, require new knowledge and skills (Turner, DeMers, Fox, & Reed, 2001). Furthermore, continuing advances in understanding diversity factors and their implications for psychological assessment require awareness of the emerging scholarly literature (e.g., Smith & Krishnamurthy, 2018). As test users, students



## ETHICS, LEGAL ISSUES, PROFESSIONALISM

Ethical decision-making in practice is the foundation on which the profession of psychology rests. The APA Code of Ethics states, “Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication... [The Ethics Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.” (APA Code of Ethics, 2017, Preamble). Ethics not only guide decision making for psychologists, but they protect the welfare of the client and other public stakeholders. Furthermore, not only is it essential that psychologists use ethical decision making to guide their assessment practice, especially when potential legal issues arise, but it is also essential to teach and model this behavior with students throughout their training. Additionally, students should be taught to be aware of legal responsibilities and understand the decision-making process when professional ethics and legal decision making do not align.

Ethical practice is a component of professionalism. Professionalism is a values system that serves to inform the behaviors and actions of a professional. In psychology, professionalism has been defined as having the following components: accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology’s social contract with society, and social responsibility (Grus et al., 2018). Professionalism is a core competency for health service psychologists (National Council of Schools and Programs in Professional Psychology, 2007; Hatcher, Fouad, Grus, Campbell, McCutcheon & Leahy, 2013; American Psychological Association Commission on Accreditation, 2017). It is the cornerstone of psychology’s contract with society that its members provide competent services (Grus et al., 2018), and so students should learn about ethical practice in the context of psychological assessment.

### GUIDELINE 1

**Students should learn to apply appropriate ethical decision making (including the APA code of ethics) to every stage of the psychological assessment process.**

Throughout the training process, programs should instill an understanding of the basic ethical principles that guide good practice in psychological assessment. Students should apply ethical principles across all areas of psychological assessment, including appropriate selection and use of valid and reliable tests; appropriate scoring, interpretation, and dissemination of assessment results; recognizing limits of assessments (including obsolete or unvalidated testing materials and one’s own limits in assessment), and test security (APA, 2007a; APA Code of Ethics, 2017a, Section 9; Joint Committee on Testing Practices Code of Fair Testing Practices in Education, 2004; National Association of School Psychologists Principles for Professional Ethics, 2010).

Students should also learn to apply ethical principles when gaining informed consent, particularly when working with vulnerable populations (e.g., children, those with marginal or limited capacity to consent), and ensure that clients are well informed (as applicable) as to the nature and use of the assessments (APA Code of Ethics, 2017a).

### GUIDELINE 2

**Students should have knowledge of legal issues that may arise throughout the assessment process.**

Psychologists, as with any profession, are required to follow local, state, and federal laws, including those regulating their professional license to practice. Students should be taught to be aware of the difference between legal obligations (required by law) and ethical

standards (promulgated by the psychology profession). This can include federal mandates related to (limits of) confidentiality in the Family Educational Right and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Furthermore, students should have knowledge of the complexity that is involved when a third party is involved in the assessment process, including their professional role and how assessment results can and will be used (see Turner et al, 2001 for a summary of different settings and implications). This includes (but is not limited to) clinical, forensic, medical, and administrative evaluations (e.g., APA, 2013; APA, 2018; Sattler, 2008).

### GUIDELINE 3

**Students should learn behaviors associated with professionalism, including incorporating psychological assessment as part of their professional identity.**

Despite the central role of professionalism in health service psychology, problems in professionalism are one of the most common competency problems occurring in trainees (Kaslow, et al., 2018). Students should have regular opportunities to observe supervisors demonstrating professionalism, as modelling is one of the most effective training methods to promote professionalism (American Psychological Association, 2015a; Grus et al, 2018). Students should have opportunities to see their instructors/supervisors engage in behaviors that display professionalism (APA, 2015a; Falender et al., 2016) and to do so specifically in the context of conducting psychological assessment (NSCPP, 2007). Furthermore, students should be trained to develop and maintain appropriate rapport and professionalism when conducting psychological assessment, as well as understanding limits in professional relationships.



## DIVERSITY

Diversity competence in assessment is aligned directly with the core values of the field of psychology and the American Psychological Association (APA, 2003, 2004, 2007b, 2017a (2.03); 2011a, 2011b; 2014; 2018). It refers to developing competencies both for working with diversity issues and diverse individuals, including from one's own background and from backgrounds different than one's own. Diversity training in psychological assessment includes attending to the complexity of the multiple identities of each individual, including training faculty, students, supervisors, and clients, and their impact on the process. Competent assessment attends to a broad range of diversity dimensions (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socio-economic status), and training should include explicit focus on these different identities and dimensions throughout the process (Dana, 2005; Hays, 2008; Ridley, Li, & Hill, 1998; Ridley, Tracy, Pruitt-Stephens, Wimsatt, & Beard, 2008; Smith & Krishnamurthy, 2018; Suzuki & Ponterotto, 2008). Students should learn to infuse diversity into all aspects of the assessment process, including attention to issues with test selection, test interpretation, case conceptualization, and feedback, as well as how values, biases, and power dynamics can affect the process.

### GUIDELINE 1

#### **Students should learn to incorporate and address diversity issues continually throughout the assessment process.**

While the development of assessment tools is rigorous and the process of assessment itself (as outlined in these guidelines) is designed to use multiple methods to better understand a person, it is acknowledged that not all tests or methods are equally applicable to all populations. For example, it has been acknowledged that certain populations consistently achieve lower scores on some standardized IQ measures (see Shuttleworth-Edwards, 2016 for a summary), which warrants scrutiny as to whether this represents true population differences or biased outcomes related to test item and score effects. Additionally, being sensitive to the impact of assessment results for those for whom English is a second, non-preferred, or less fluent language is essential (e.g., Trent, Zamora, Tyree, & Williams, 2018). Therefore, when selecting and interpreting tests, trainees should learn to pay special attention to how specific tests tend to perform in diverse populations (e.g., see Groth-Marnat & Wright, 2016; Shuttleworth-Edwards, 2016; Sunderaraman, Zahodne, & Manly, 2016).

Students should also learn how to incorporate culture and diversity issues into the overall picture and case conceptualization of an individual, at the point of integrating all assessment data, focusing on the potential reciprocal relationships between individual functioning and cultural/diversity factors, whether processes are culturally-consistent or not, and how cultural dimensions may serve as protective and risk factors in functioning (Ridley et al., 1998). This is consistent with the APA's (2017b) Multicultural Guidelines, including Guideline 3: "Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual...

with whom they interact;" Guideline 4: "Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees;" Guideline 6: "Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems;" and Guideline 9: "Psychologists strive to conduct culturally appropriate and informed...assessment, interpretation, [and] diagnosis" (APA, 2017b, pp. 4-5).

### GUIDELINE 2

#### **Students should learn to explicitly address how values, attitudes, biases, power, and privilege affect the assessment process.**

Consistent with the APA (2017b) Multicultural Guidelines (particularly Guideline 2: "Psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities;" Guideline 3: "Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual...with whom they interact;" and Guideline 7: "Psychologists endeavor to examine the profession's assumptions and practices within an international context" [pp. 4-5]), trainees should endeavor to be aware of the potential impact that their belief systems and attitudes can have on their interactions with clients and on their case conceptualizations and test interpretation. They should be taught how their communication patterns/style and even their language can influence the assessment process, and how all of these components can have an impact on both their selfidentification as a professional and how that manifests in their interactions with clients during all phases of the assessment process.

## SUPERVISION

Supervision has long been acknowledged as a distinct and core competency in health service psychology (Falender et al., 2004). The supervision literature strongly recommends that supervisors seek specific training in this competency domain (e.g., Bernard & Goodyear, 2014; Falender & Shafranske, 2004). The impact of inadequate or even harmful supervision on trainees has also been noted (Falender et al., 2016). Given the critical role of providing competent supervision, the APA approved as policy in 2014 a document that outlines Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015). Although these guidelines aim to apply to all facets of applied work, including conducting psychological assessment, they do not address specific considerations when supervising psychological assessment. Given supervisors may have also had limited applied training in psychological assessment (Mihura et al., 2017), assessment supervisors should maintain competence in both the necessary competency areas: supervision practice and psychological assessment practice.

### GUIDELINE 1

**Instructors and supervisors should strive to attain and maintain competence in both psychological assessment and supervision.**

To ensure high quality education and training in psychological assessment, which often includes didactic courses and practica, instructors and supervisors should work to integrate assessment coursework and assessment practicum experiences (Handler & Smith, 2013; Krishnamurthy et al., 2004; SPA, 2006). Instructors and supervisors should actively engage in the practice of assessment; keep updated on emerging trends, issues, and ethics in psychological assessment; seek continuing education in assessment science and practice; and, if required by the jurisdiction, maintain licensure (APA, 2015; Krishnamurthy & Yalof, 2010; SPA, 2006). Supervisors can maintain their competence in supervision by completing self-assessments of supervisory skills and practices and engaging in deliberate focus on what one does not know, in order to guide decisions about what type of training would best meet those learning needs (Falender et al., 2016). In addition, supervisors can engage in ongoing training in supervision, including formal continuing education, supervision of one's supervision, and peer consultation groups (APA, 2015; Falender et al., 2016), including attention to supervision of diverse trainees. Instructors and supervisors should also seek feedback from students about their supervision (APA, 2015).

### GUIDELINE 2

**Student evaluation and feedback should focus on the full range of psychological assessment activities.**

When evaluating students, the content areas evaluated should reflect core program-defined assessment competencies and methods of training and include developmentally appropriate expectations. Student evaluation should include direct observation of the full range of assessment activities, extending from interpreting the referral question and selecting the assessment battery, to the initial interview and psychological assessment, to report writing and communication of assessment results, and all the steps in between. Evaluation and feedback should be meaningful and based on the assessment competencies, and feedback should be provided in a way that is sensitive to the supervisory relationship (Krishnamurthy et al., 2004; APA, 2015). Evaluation and feedback should be timely and both communicate areas of strength and address professional competencies in need of improvement.

# IMPLEMENTATION AND MAINTENANCE OF THE GUIDELINES

## Implementation Steps

BEA will serve as the APA entity responsible for oversight of the implementation process. Implementation and dissemination of the *Guidelines for Education and Training in Psychological Assessment* will occur through:

- Distribution to the member organizations represented on the Council of Chairs of Training Councils, including the doctoral training councils and the Association of Psychology Postdoctoral and Internship Centers
- Distribution to the Society for Personality Assessment (SPA) with a request for endorsement
- Presentations at the annual meetings of the APA, the SPA, and training council meetings.
- Submission to a peer-reviewed psychology journal for publication of a manuscript describing the *Guidelines for Education and Training in Psychological Assessment in Health Service Psychology*.
- Submission to the APA Commission on Accreditation for consideration as a resource document in program reviews for accreditation.

## Plan for Maintaining Currency

The *Guidelines for Education and Training in Psychological Assessment* is a “living document.” Accordingly, APA has established a systematic plan for periodically reviewing and revising such documents to reflect developments in the discipline and the education and training process. Formal reviews will occur every ten years, which is consistent with APA Association Rule 30-8.3 requiring cyclical review of approved standards and guidelines within periods not to exceed 10 years. Comments and suggestions are welcomed at any time.

Feedback on the *Guidelines for Education and Training in Psychological Assessment* may be sent to: [edmail@apa.org](mailto:edmail@apa.org).

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## APPENDIX A

### *Definitions*

#### **METHOD**

An overarching term that encompasses all the ways in which information is obtained for a psychological assessment

#### **MULTIMETHOD ASSESSMENT**

Entails using more than one method/procedure for gathering information and integrating the information from the multiple methods.

Psychological Assessment-

“A process that integrates test information with information from other sources; a process for evaluating behavior, psychological constructs, and/or characteristics of individuals or groups for the purpose of making decisions regarding classification, selection, placement, diagnosis, or intervention” (APA, 2000, p.7)

#### **PSYCHOLOGICAL TEST**

“A measurement procedure for assessing psychological characteristics in which a sample of an examinee’s behavior is obtained and subsequently evaluated and scored using a standardized process” (APA, 2000, p.7)



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