



Behavioral Health Services (BHS)

Psychological Assessment and Evaluation
Practice Guideline

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Approval	Signature	Date
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Introduction

Purpose

The purpose of these Practice Guidelines is to promote excellence in psychological and neuropsychological testing/evaluations by standardizing certain aspects of the testing process across Behavioral Health Services (BHS). This guideline provides behavioral health professionals with a structured approach to selecting and using evidence-based psychological testing tools to ensure reliable and valid assessments and appropriate treatment decisions. Evidence-based tools will increase reliable (replicable) and valid (psychometrically established measure) findings. Accuracy will depend on the person’s training, interpretation skills, thoroughness of the assessment, consideration of known/unknown factors/variables that could impact the testing results. In addition, the use of tests by psychologists involves a duty of care to those who are tested. These Guidelines emphasize that testing is a professional activity that is subject to the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (1).

Intended Audience

These Guidelines are intended for use by psychologists and psychology interns under the supervision of licensed psychologists who administer psychological and neuropsychological assessments and complete psychological evaluations to participants/clients within the Orange County Health Care Agency (HCA) county-operated or contracted programs for the purpose of diagnosis, treatment planning and to determine appropriate services.

Definition of Terms

Client

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a consumer or client is one who engages in “A process of change through which the individual improves their health and wellness, lives a self-directed life, and strives to reach their full potential.” A client/consumer is someone on a journey toward recovery and who works to overcome or manage their disease or symptoms by making informed, healthy choices that support their physical and emotional well-being. For the purposes of this Practice Guideline, a client is defined as an individual or group that freely participates in behavioral health services and receives these services according to the guidelines of the State of California and the Federal Health Insurance Portability and Accountability Act (HIPAA). Consumers can also include parents or legal guardians responsible for obtaining services on the patients’ or clients’ behalf (2,4). Regarding this Practice Guideline, consumers of psychological assessment services will be referred to as “clients.”

Clinical Psychology

Clinical psychology is the psychological specialty that provides continuing and comprehensive mental and behavioral health care for individuals, couples, families, and groups; consultation to agencies and communities; training, education and supervision; and research-based practice. It is a specialty in breadth — one that addresses a wide range of mental and behavioral health problems— and marked by comprehensiveness and integration of knowledge and skill from a broad array of disciplines within



and outside of psychology proper. The scope of clinical psychology encompasses all ages, multiple diversities, and varied systems (American Psychological Association, 2022).

Clinical Child and Adolescent Psychology

Clinical child and adolescent psychology is a specialty in professional psychology that develops and applies scientific knowledge to the delivery of psychological services to infants, toddlers, children, and adolescents within their social context. Of particular importance to the specialty of clinical child and adolescent psychology is an understanding of the basic psychological needs of children and adolescents, and how the family and other social contexts influence the socio-emotional adjustment, developmental processes, mental and behavioral disorders and developmental psychopathology, behavioral adaptation, and health status of children and adolescents (American Psychological Association, 2020).

Forensic Psychology

Forensic psychology, as defined by the American Psychological Association, is the application of clinical specialties to the legal arena. This definition emphasizes the application of clinical psychology to the forensic setting (American Psychological Association, 2013). Forensic psychology is a specialty in professional psychology characterized by activities primarily intended to provide professional psychological expertise within the judicial and legal systems (American Psychological Association, 2008).

Neuropsychology

Neuropsychology is a specialty within clinical psychology that incorporates knowledge of brain functioning and the relationship between the brain and cognition and behavior (Boake, 2008).

Psychologist

A psychologist is an individual who is professionally trained in one or more branches or subfields of psychology and is a qualified assessor. Training is obtained at a university or a school of professional psychology, leading to a doctoral degree in philosophy (PhD), psychology (PsyD), or education (EdD). Psychologists work in a variety of settings, including laboratories, schools (e.g., high schools, colleges, universities), social agencies, hospitals, clinics, the military, industry and business, prisons, the government, and private practice. The professional activities of psychologists are also varied but can include psychological counseling, involvement in other behavioral health care services, educational testing and assessment, research, teaching, and business and organizational consulting. Formal certification or professional licensing is required to practice independently in many of these settings and activities.

All psychological testing/evaluation is administered by a licensed or license waived Psychologist as indicated in the “Ethical Principles of Psychologists and Code of Conduct” (APA, 2017). Psychologists who conduct neuropsychological testing/evaluations must have commensurate specialized education, training, and supervised experience (2).



Psychological Assessment

The gathering and integration of data to evaluate a person's behavior, abilities, and other characteristics, particularly for the purposes of making a diagnosis or treatment recommendation. Psychologists assess diverse psychiatric problems (e.g., anxiety, substance abuse) and nonpsychiatric concerns (e.g., intelligence, career interests) in a range of clinical, educational, organizational, forensic, and other settings. Assessment data may be gathered through interviews, observation, standardized tests, self-report measures, physiological or psychophysiological measurement devices, or other specialized procedures and apparatuses (2).

Psychological Test

Any standardized instrument, including scales and self-report inventories, used to measure behavior or mental attributes, such as attitudes, emotional functioning, intelligence and cognitive abilities (reasoning, comprehension, abstraction, etc.), aptitudes, values, interests, and personality characteristics. For example, a researcher might use a psychological test of emotional intelligence to examine whether some managers make better decisions in conflict situations than do others. This also may include the use of structured professional judgement tools to assess for the likelihood or risk of a particular behavior (i.e., violence), assess for disposition recommendations, or competency to stand trial.

Psychology Intern

A psychology intern (waivered psychologist) is a pre-doctoral or post-doctoral student who is waived by the State of California and provides psychological services (including psychological testing and assessment, psychotherapy, consultation, training, and possibly court-ordered testimony) for the benefit of the agency client.

Psychological interns who conduct neuropsychological testing/evaluations must be under direct supervision of a licensed psychologist with commensurate specialized education, training, and supervised experience to provide such supervision (2).

Referral Question

A referral question(s) is a targeted, concise question(s) for exploration within the psychological assessment. It is usually based upon the presenting complaint or symptoms of the client. Concisely developed referral questions assist the psychologist in choosing the most appropriate testing instrument(s) and can provide a framework for the assessment report. As well, it assists in ensuring the efficacy of the information provided and its utility in the diagnostic, treatment planning and/or treatment intervention processes.

The following are examples of targeted referral questions:

- a) Given the present circumstances of the client, what treatment recommendations can be provided to help the client address physically aggressive behavior, severe noncompliance, and impulsivity.
- b) Please differentially diagnose between Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder.



- c) Does the client/member have any learning challenges that might impact educational or treatment progress? If so, please describe them and provide alternatives for educational and psychological interventions.

https://uk.sagepub.com/sites/default/files/upm-binaries/27385_Chapter2.pdf

Qualified Assessor

A qualified assessor is a clinician with the education, knowledge, skills, abilities, training, experience, and, where appropriate, credentials important for optimal use of psychological tests. Those who practice Clinical Psychology and are licensed at the doctoral level can provide full assessments, whether intellectual, personality, neuropsychological, or a combination of assessments to clients, whether under their care or not (3).

Background

Development of Guideline

This Practice Guideline was developed by the Behavioral Health Services (BHS) Practice Guidelines Workgroup, which is a committee of clinicians, supervisors, psychologists, psychiatrists, researchers, and BHS managers who represent all BHS areas [e.g., Adult and Older Adult Behavioral Health (AOABH), Children and Youth Services (CYS), and Quality Management Services (QMS)]. The Practice Guideline Workgroup was developed to create standardized clinical practice guidelines within BHS. The Guideline was developed based on a review of the literature and other popular research sources (e. g. internet websites) in the field.

Methods for Developing Guideline

Clients of the committee met to determine what was important to include in this Practice Guideline. It was determined that a comprehensive review of the needs, definitions, practices, procedures, and outcomes of the psychological testing process at BHS would be undertaken and integrated with extant information and literature from the internet to add background intellectual support to our practices. By so doing, the committee hopes to inform the practice of psychological testing within the Orange County Behavioral Health Plan to improve quality and efficacy of assessment and evaluation.

Selection of Evidence

Evidence was reviewed and integrated from a wide range of source documents including the American Psychological Association, various publishing houses, well known and respected texts on psychological testing and assessment, peer-reviewed journal articles that included referenced information to both personality assessment and neuropsychological assessment. These sources, taken together, constituted the current standards available for the provision of psychological testing and assessment in the United States. A list of the source documents is included in the bibliography at the end of this Practice Guideline. All resources used to develop these guidelines were published in the year 2000 or later.



Documentation of Need

According to the APA Task Force on Psychological Assessment and Evaluation Guidelines (2020), there are three categories of potential need for professional practice guidelines per the APA: (a) legal and regulatory issues, (b) public benefit, and (c) professional guidance. Justifications for guidelines on conducting psychological/neuropsychological testing are organized according to this structure.

Legal, Regulatory, and Ethical Matters

Laws

Changes in federal and state laws or absence of applicable laws often generate the need for guidelines. Assessment user credentials and scope of practice in testing, assessment, and evaluation have been the subject of new legislation, particularly at the state, provincial, and territorial jurisdictional levels. Guidelines for psychologists conducting assessment will provide an important resource for those who practice in jurisdictions that have revised or created new regulations as well as for psychologists in those jurisdictions that have not specifically addressed testing, assessment, and evaluation.

Court Decisions and Case Law

Periodically, federal laws make changes that affect the practice of psychology (e.g., qualification as an expert witness). Psychological assessment is often an integral part of forensic evaluation. Guidelines for assessment and evaluation can serve as an important deliberative component for the determination of expert status (e.g., *Daubert v. Dow Pharmaceuticals*), special education eligibility (e.g., Individuals with Disabilities Education Act), and disability determination (e.g., Social Security Administration). Psychologists who have used test instruments and other means of assessment related to a court case or eligibility decision are supported by the profession's endorsement of assessment guidelines.

Ethical Principles of Psychologists and Code of Conduct

All psychologists, student trainees, supervisees, and employees are to ascribe to the American Psychological Association's (2017) Ethical Principles of Psychologists and Code of Conduct (hereby referred to as the Ethics Code). These are the ethical principles and codes that dictate ethical and professional psychological practice in the United States. The Ethical Standards also establish "enforceable rules for conduct as psychologists," and sanctions may be issued when psychologists are deemed to be acting outside of their professional competence (American Psychological Association, 2017, Standard 1.02, Standard 1.03, Standard 1.05, Standard 1.06, Standard 2, Competence). While the Ethics Code seeks to identify different areas of professional psychological practice, it is not considered an all-encompassing list of ethical standards, and psychologists and trainees are encouraged to act in accordance with not only the applicable standards, but also in the spirit of the code.

In considering the ethical issues of a particular situation, the Ethics Code requires that:

If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with



basic principles of human rights. (American Psychological Association, 2017, Introduction and Applicability).

Public Benefit

Avoidance of Harm

Psychological testing, assessment, and evaluation is a core component of psychological practice, treatment planning, and subsequent decisions regarding those served. Psychologists are guided by professional standards of practice in engaging in psychological testing, assessment, and evaluation to be compliant with competency expectations and to avoid harm to clients. Guidelines for psychological assessment and evaluation are important for use by psychologists to aspire to fair, respectful, and competent service delivery and treatment of examinees.

Emerging Underserved or Vulnerable Client Populations

The population served by psychologists continues to reflect the shift of focus to underserved, rural, older adult, immigrant and refugee, children, and other vulnerable populations. Ongoing research and empirical evidence support the need to recognize culture, language, ethnicity, socioeconomic status, gender, disability, and other forms of human diversity in decisions regarding service delivery. Several factors contribute to one's ability to conduct an assessment, formulate differential diagnoses, and develop contextually and culturally relevant treatment recommendations: choice of test instruments, relative weight of multiple data points, and contextual factors relevant to decision-making all must be considered when assessing the increasingly diverse population that psychologists serve. Guidelines are important in identifying expectations for competent service to varied populations.

Public Information

Adoption of assessment qualifications and competencies for psychologists provides the public with identifiable information regarding training, evaluation, supervision, and competence of those from whom they seek services. In turn, competency in assessment protects the recipients of assessment services by clarifying appropriate assessment processes and supporting quality in assessment service delivery, validity and accuracy of psychological reports, and appropriate use of assessment results. Further, professional practice guidelines are not legal or regulatory documents and are not enforceable by law or through professional association codes of ethics. Rather, guidelines serve as an aspirational template from which psychologists can identify decision-making factors for assessment determinations for protection of the public and in conformance with the standard within the profession of psychology.

Professional Guidance

Advances in Knowledge and Practice

Research and ongoing studies continue to expand our understanding of human behavior, cognition, and affect. As a means of measurement and evaluation of these factors, existing psychological tests are revised, and newly developed tests are designed to improve accuracy and validity of testing. Professional practice guidelines are necessary to assist psychologists in their professional development and ongoing commitment to be knowledgeable in current and improved means of assessment.



Specialized Areas of Practice

Psychology has continued to grow into new areas of practice and into multidisciplinary roles across different settings and specialties (e.g., forensics, neuropsychology, geropsychology, technology, integrated and primary care). Specialized areas of practice call upon psychologists to be competent in specific aspects of testing and evaluation that may extend beyond traditional and general areas of assessment. Guidelines apply to all psychologists and therefore provide a common set of practice expectations that include those engaging in specialized practice.

Specialized Populations

Professional practice guidelines express broad and general expectations for psychologists conducting assessments and evaluations, increase awareness of individual differences that may affect assessment, and assist psychologists in differentiating general assessment principles and practices from those specific to specialized settings. Psychologists, by virtue of core training, are expected to demonstrate general assessment competency. However, those who work with populations with distinct characteristics or in a service delivery context that may require specialized knowledge and skills will benefit from guidelines that specify the fields of knowledge and skills appropriate for specialized populations and settings.

Professional Risk-Management

Professional practice guidelines lend direction to psychologists in those areas not governed by federal or state regulations. Therefore, these guidelines assist psychologists in understanding the parameters of practice for assessment and evaluation in those circumstances where regulations have not been developed. Guidelines also provide documentation of best practices that may offer some protection to psychologists in litigious situations

Development of New Technology

The APA Guidelines *for the Practice of Telepsychology (2024)* identifies ethical factors in telepsychology practice (e.g., competence, informed consent, standards of care, testing and assessment). The APA Guidelines for Psychological Assessment and Evaluation (March 2020) is a critical companion document to the telepsychology guidelines, as they will assist and inform psychologists who are contemplating and/or actively adapting existing assessment protocols to online and other electronically enhanced technology platforms.

Changing Social Norms

Provision of psychological services has been affected by increasingly diverse populations (e.g., gender, socioeconomic status, race, ethnicity), electronic communication, increased access to information via social media, and other factors that affect the context of assessment and qualifications for assessments. Publishers are preparing online versions of traditional assessment instruments and are encouraging practitioners to use automated applications such as online administration, scoring, and interpretation. Professional practice guidelines addressing assessment competency will support these evolving changes from traditional practice in a competent and effective manner in response to the expanding scope of assessment in integrated health, services through teleconferencing, services to diverse populations, and forensic settings (5,1,6,7,8).



Justification

The intended goal of following this guideline is to enhance the practice of neuropsychological and psychological testing within BHS and its contract agencies and thereby optimize the quality of care received by clients. This can lead to better outcomes for clients, better program outcomes, and improved cost effectiveness.

Consistency with Policies, Regulations, Laws, and Professional Standards

Practice Guidelines are expected to meet the following requirements: (1) be based on valid and reliable clinical evidence or a consensus of health care professionals in the applicable field; (2) consider the needs of clients across BHS; (3) are adopted in consultation with contracting health care professionals; and (4) are to be reviewed and updated periodically as appropriate.

A Guideline differs from a Professional Standard, which is mandatory and, thus, may be accompanied by an enforcement mechanism. A Guideline is not mandatory, definitive, or exhaustive. This Practice Guideline is intended to be aspirational, with the intent to facilitate continued development of professional practices and to promote high quality services. This set of guidelines may not apply to every professional or clinical situation within the scope of the Guideline. As a result, the Guideline is not intended to take precedence over professional judgment.

These guidelines are meant to provide consistency with other HCA policies, the Office of Compliance, and any state or federal regulations to which HCA is already adhering. Federal and State laws supersede these Guidelines.

Guideline

Guideline Statement

These guidelines emphasize that testing/evaluation is a professional activity that is subject to the principles of the APA (2017). The following guidelines describe the required education/training needed by a psychologist/neuropsychologist to conduct relevant evaluations, criteria for approval of evaluations, and ethical and legal considerations, such as informed consent, handling/safeguarding tests, and the proper release of test data.

Applications

These may be considered relevant steps in performing psychological testing in clinical contexts:

- 1) Interacting with the primary therapist to review the client's/member's current presentation and to frame the issues needing assessment.
- 2) Assisting the primary therapist in developing specific referral questions to be assessed.



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- 3) Selecting appropriate methods to gather data, including the use of psychometric instruments, interviews (both structured and non-structured), clinical observations (whether in milieu or in clinic), and other means.
- 4) Considering any relevant cultural, ethnic and linguistic influences that may impact the assessment, especially in the use of psychometric instruments.
- 5) Administering and scoring the selected tests according to standardized procedures, whether in person or via on-line assessment software.
- 6) Accurately analyzing and synthesizing the data, which can include knowing when to question the usual interpretation of a procedure because of intervening or mitigating circumstances (American Psychological Association, 2017, Standards 9.06 & 9.09).
- 7) Using data analysis to provide diagnostic impressions, offer differential diagnoses, discuss limitations of the psychological assessment, provide treatment recommendations and other desired decisions.
- 8) When appropriate, communicating assessment results in a way that is relevant, compassionate, and able to be understood by the clients themselves, as well as family members/caregivers or any support person designated by the client (with a signed Authorization To Disclose (ATD) on file) (American Psychological Association, 2017, Standard 9.10).

When an assessment is court-ordered for forensic purposes, some of the steps are as follows:

- 1) Clarifying the purpose of the evaluation to be able to accurately answer the specific forensic question at hand for court.
- 2) Determining availability of applicable informed consent and assent, dependent on forensic matter at hand.
- 3) Interacting with the appropriate attorneys (i.e., county counsel, district attorney, public defender/retained attorney) to gather the relevant discovery.
- 4) Selecting appropriate methods to gather data, including the use of psychometric instruments.
- 5) Considering any relevant cultural, ethnic and linguistic influences that may impact the assessment, especially in the use of psychometric instruments.
- 6) Administering and performing the assessment(s).
- 7) Accurately analyzing and synthesizing the data, which can include knowing when to question the usual interpretation of a procedure because of intervening or mitigating circumstances (American Psychological Association, 2017, Standards 9.06 & 9.09).
- 8) Using data analysis to provide diagnostic impressions, offer differential diagnoses, discuss limitation of the psychological assessment, provide treatment recommendations and other desired decisions.
- 9) Completing written evaluation of all available data and submitting to the appropriate parties based on penal code. Recipients of the forensic evaluation may vary dependent on the forensic matter at hand. In some cases, the reports will be submitted through county counsel. In other cases, they will be submitted directly to court.
- 10) When appropriate, communicating assessment results in a way that is relevant, compassionate, and able to be understood by the clients themselves, as well as clients' family/caregivers or any support person designated by the client/member (with a signed Authorization To Disclose (ATD) on file) (American Psychological Association, 2017, Standard 9.10).
- 11) Provide court testimony on results as court ordered.



Criteria for Psychological/Neuropsychological Testing/Evaluation

There are several reasons why psychological or neuropsychological testing/evaluation may be needed.

One or more of the following criteria may be relevant to warrant the evaluation:

- a) There is a need to clarify the client's/member's diagnosis to assist or further treatment.
- b) Multiple treatment interventions have not yielded significant results.
- c) There is an unaccountable decline in the client's/member's functioning.
- d) The client/member presents with unusual or high-risk behavior.
- e) The client/member presents with a risk of non-emergency harm to self or others that is denied by the client/member.
- f) Other special circumstances which are explained in the referral.

If the psychologist believes that further evaluation is needed, in addition to traditional psychological testing/evaluation, neuropsychological testing/evaluation of the following areas should be considered:

- a) Executive functions (such as planning, abstraction, conceptualization)
- b) Attention
- c) Memory
- d) Sensorimotor functioning
- e) Perception
- f) Problem solving and decision making
- g) Language
- h) Mood

The program's supervisor utilizes the following guidelines in approving requests for psychological testing:

- 1) The referring party will complete a referral form that will aim to include information that provides a compelling rationale for psychological testing. It is recommended that the client/member meet medical necessity of the program to be considered for psychological testing.
 - a. Referral questions should be specific, relevant and individualized to the client/member and the treatment plan; and
 - b. The request for psychological testing should clearly demonstrate that testing is medically necessary.
- 2) Psychological testing should be an adjunct to ongoing behavioral health treatment.
- 3) It is recommended that children not be re-tested within one year (without evidence of drastic changes in functioning or symptoms) to avoid error, such as practice effects, psychometric factors (e.g., test reliability), client/member characteristics (e.g., fatigue, motivation), and the perception of non-significant testing/assessment results (9,7).
- 4) It is recommended that adults not be re-tested within two years (without evidence of drastic changes in functioning or symptoms) to avoid error, such as practice effects, psychometric factors (e.g., test reliability), client/member characteristics (e.g., fatigue, motivation), and the perception of non-significant testing/assessment results (Attix et al., 2009; Heilbrunner, et al., 2010)
- 5) There may be times when the psychologist may want to conduct psychological/neuropsychological testing prior to the timelines listed above; it is up to the



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discretion of the psychologist, in consultation with the program’s supervisor, and should be clinically and empirically driven (e.g., a continuous performance test to measure benefits of psychotropic medication).

When psychological testing services do not appear consistent with one or more of the current guidelines, the program supervisor or psychologist will contact the referral source to discuss the situation to confirm that deferring or not providing testing appears appropriate.

Appropriateness of Services

A clinical psychologist has the responsibility for determining the appropriateness of services to provide, including test selection and interpretive framework. The process of choosing the most useful test or set of assessment instruments to provide accurate diagnostic or other psychological information is determined by psychological history (often in conjunction with medical history), interviews, symptom presentation, other pretest knowledge of the individual or group to be tested, or some combination of these. The diagnostic or assessment framework will largely depend on the referral question(s) and what is hoped to be gained from the assessment. There are core principles that should be considered when selecting an appropriate test for a client. The three main principles are as follows.

1. Use tools with high reliability and validity.
 - a. Psychological tests must be reliable (consistent results) and valid (accurately measure what they claim to measure) to be used in clinical settings (10).
2. Relevance to the Client’s Presenting Problem
 - a. Clinicians must choose tools that are appropriate for the specific symptoms, conditions, and referral questions they are addressing (e.g., using the Beck Depression Inventory for depression) (11).
3. Cultural and Linguistic Appropriateness
 - a. Tools should be relevant to the client’s cultural and linguistic background to avoid biases in assessment and ensure accurate interpretation of results (12).

Administration of Psychological Tests

When administering psychological tests/instruments, it is recommended that the psychologist follow the protocol established by the publisher of the test/instrument. When clinically indicated, the psychologist may deviate from the protocol in compliance with the [APA Guidelines for Psychological Assessment and Evaluation](#).

Informed Consent

As stated in the Ethical Principles of Psychologists and Code of Conduct (APA, 2017), section 9.03 *Informed Consent in Assessments*:

- a) Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/member to ask questions and receive answers.
- b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.



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- c) Psychologists using the services of an interpreter obtain informed consent from the client/member to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, *Delegation of Work to Others*; 4.01, *Maintaining Confidentiality*; 9.01, *Bases for Assessments*; 9.06, *Interpreting Assessment Results*; and 9.07, *Assessment by Unqualified Persons*).

For court ordered evaluations, limits of confidentiality must be explained to the examinee. If they decline to participate in said examination, an assessment will be drafted based on discovery data and pertinent information.

Assent

Assent means a participant's affirmative agreement to participate in a course of action. There may be situations that arise in the course of psychological testing in which particular populations may not be able to provide Informed Consent, i.e. working with young children or individuals with cognitive impairments. These individuals may not be legally permitted to complete Informed Consent for Treatment documents and may require a legal guardian to consent to these services. It is still encouraged that psychologists and psychology interns demonstrate appropriate effort to inform those with whom they will conduct psychological testing services of the potential risks and benefits of psychological testing.

Step to becoming competent in the Use of Psychological Testing Tools

1. Formal Education and Training
 - a. Clinicians should have Graduate-level coursework in psychometrics and assessment. Graduate programs in clinical psychology or counseling typically offer courses in assessment and testing, which provide the foundation for using psychological tools (13)
2. Supervised Clinical Experience
 - a. When clinician is new to an area they should start with supervised practice under a licensed psychologist. Competence is built through hands-on experience and supervision by experienced professionals who can provide feedback on the administration and interpretation of tests (14).
3. Continuing Education and Certification
 - a. Clinicians should participate in continuing education and seek certification in tools. Practitioners must stay updated on new developments in psychological testing and maintain certification for specific tools (15)

Types of Assessments/Test Batteries

Appropriate selection of instruments to answer specific referral questions, including the construction of a test battery, is important to ensure accurate assessment. Data integration from multiple data sources, including interview, psychometric tests and collateral sources most often provides the greatest accuracy and utility.



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- a) **Intellectual Assessment:** Cognitive Assessment and intelligence testing refer to the evaluation of an individual's general cognitive abilities and intellectual functioning. Intellectual functioning typically refers to one's global or overall level of intelligence, often referred to as IQ (intelligence quotient). Higher IQ scores are assumed to mean that the individual has higher intellectual functioning. Unfortunately, this single score indicates general functioning. It does not necessarily explain, for example, why a given individual does not know how to read, or if they have some special skills in an area such as art, music, or learning a foreign language.

Performance on a single measure of intellectual ability might be useful as a starting point in efforts to understand a person's skills and needs, when used in combination with other sources of information including measure of cognitive abilities (16).

- b) **Personality Assessment:** Personality Assessment is a proficiency in clinical psychology that involves the administration, scoring, and interpretation of empirically supported measures of personality traits and styles to refine clinical diagnoses; structure and inform psychological interventions; and increase the accuracy of behavioral prediction in a variety of contexts and settings (e.g., clinical, forensic, organizational, educational). It utilizes psychometric instruments which demonstrate their construct validity and clinical utility to measure what they purport to measure.

Personality assessments can include the use of intellectual testing instruments as well as the performance-based measures of personality such as the Rorschach Method and other major free-response tests; and major self-report inventories, such as the MMPI-2 or the PAI, including the applicability of specific population norms to individual clients.

- c) **Neuropsychological Assessment:** Neuropsychological assessment is a proficiency in clinical psychology used to evaluate the behavioral and functional expression of brain dysfunction and identify the impact of brain injury or disease on the cognitive, sensorimotor, emotional, and general adaptive capacities of an individual. The primary goal of neuropsychological assessment is to provide information about an individual's functioning that will be useful in his or her environment (17,18,19)

Security of Tests

Test materials should be stored and accessed in accordance with their requirements for administration, scoring and interpretation. Storage of raw data (including subject's responses), should be managed in accordance with APA and organizational guidelines. Where test materials are used for teaching or demonstration purposes, students or trainees must be made aware of the full, delegated ethical responsibilities (American Psychological Association, 2017, Standard 9.11).

Release of Test Data

As stated in the Ethical Principles of Psychologists and Code of Conduct (APA, 2017), section 9.04

Release of Test Data:



- a) The term *test data* refers to raw and scaled scores, client responses to test questions or stimuli, and psychologists' notes and recordings concerning client statements and behavior during an examination. Those portions of test materials that include client responses are included in the definition of *test data*. Pursuant to a client release, psychologists provide test data to the client or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, *Maintaining Test Security*.)
- b) In the absence of a client release, psychologists provide test data only as required by law or court order.

Special Populations and Settings

This section is designed to highlight special considerations when conducting neuropsychological/psychological testing of clients/beneficiaries of different ages, from different backgrounds, and in different settings.

Testing Children, Youth, and Older Adults

Reyes, Krishnamurthy and Puente (2018) suggest that psychologists must maintain awareness of age-related stereotypes and biases, which will help to inhibit their influence on the assessment process and results. It is recommended to interact in ways that facilitate rapport with individuals of different ages, such as practicing sensitivity to young children's potential anxiety in being alone with the examiner in a testing room, avoiding an overly authoritarian as well as an overly laissez-faire approach with adolescents, and responding to elderly adults in a respectful and non-condescending manner. Considerations should be made regarding informed consent and ability to effectively understand the rationale for psychological assessment, e.g., gathering informed assent from the child or youth undergoing evaluation and provide appropriate documentation of this within the written evaluation (American Psychological Association, 2017, Standard 3.10 (b) & (d) Informed Consent; Standard 9.03 Informed Consent in Assessments).

Psychologists should provide the supports needed for successful assessment, such as periodic breaks to accommodate for lapses in attention or onset of fatigue. It is important to consider the need for medical assistive devices during the psychological assessment, for instance when assessing older adults, check to see that they have the appropriate vision and hearing support devices that may be needed, and offer available enhanced formats of test materials such as large print booklets, electronic devices with adjustable text size and brightness, or audio presentations of test questions.

It is recommended to use assessment measures that meet the minimum proposed requirements, which include (a) that the test must reflect the developmental period of the person being evaluated, and (b) that norms are age stratified and that culture, generation status, and education are considered in the normative process (20).



Testing Foreign-Born and Non-English-Speaking Individuals

Tests developed and normed in the United States will always be imbued with content and concepts that reflect mainstream U.S. values. Thus, individuals whose cultural and linguistic backgrounds and experiences differ significantly from those of the individuals on whom the test was normed will necessarily perform at a lower level than age- or grade-related peers directly in proportion to the degree of difference.

It is necessary for psychologists to understand the inherent dangers of comparing the performance of culturally or linguistically different individuals with those on whom the test was normed. Ortiz (2019) suggests the following to lessen the potential biasing effects that can arise in cross-cultural assessment:

- a) Level of acculturation and knowledge of culture-based information.
- b) Exposure to and familiarity with testing situations.
- c) Implied concepts required by specific tests and tasks.
- d) Culture-specific values that may affect aspects of response style, speed, or even motivation (21,22)

Testing in Different Settings/Environments

The environment in which psychological services are delivered affects the quality of what is being offered. Physical arrangements should promote optimal functioning of both the examinee and the psychologist. Regardless of the setting/environment (individual vs. group, schools, correctional facilities, inpatient facilities, and outpatient clinics), the following are the basic needs:

- a) Provide adequate seating and a workspace (e. g. table/desk), lighting and ventilation.
- b) Ensure confidentiality and safety of the examinee and psychologist during the testing.
- c) Minimization of distractions in the environment.
- d) Adherence to APA's Guidelines for Psychological Assessment and Evaluation (2020).
- e) Identification of the appropriate measure(s) to be used to answer the referral question(s).
- f) Adherence to the standardized protocol for the test measures used.
- g) Provide any necessary accommodations to the examinee as may be appropriate (23,24).

Use of Interpreters and Other Non-Standardized Test Administration Techniques

Modification of procedures, including the use of interpreters and the administration of non-standardized assessment procedures, may pose unique challenges to the psychologist by potentially introducing systematic error into the testing process (American Psychological Association, 2017, Standard 2.05, Delegation of Work to Others; Standard 9.03(c), Informed Consent in Assessments). For example, if one uses a language interpreter, the potential for mistranslation may yield inaccurate scores. Interpreters and assessors need to be familiar with both the language and culture from which an individual comes to properly interpret test results or even infer whether specific measures are appropriate. Overall, when a test is administered following a procedure that is outside of that which has been developed in the standardization process, conclusions drawn must recognize the potential for error in their creation (25).

Testing Via Telehealth

The telehealth information here is intended to support psychologists in making informed, well-reasoned decisions around remote assessment. This information is not intended to be comprehensive



regarding all considerations for assessment via telehealth. It should not be interpreted as a requirement or recommendation to conduct assessment via telehealth.

Psychologists should remain mindful to:

- a) Follow professional best practice recommendations and respective ethical codes.
- b) Follow telehealth regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers, and payors (Medi-Cal).
- c) Develop competence with assessment via telehealth through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.
- d) Psychologists should use their clinical judgment to determine if assessment via telehealth is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment via telehealth is not feasible and/or is contraindicated.
- e) Documentation of all considerations, procedures, and conclusions remains a professional responsibility.



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Quick Guide

The following illustrates the workflow, sequential steps that may be taken when the program supervisor and psychologist receive a referral from clinical staff, in need of a psychological evaluation of a client/member, to assist in diagnostic clarification and treatment planning.

