

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

Approved by APA Council of Representatives, XXX

**Board of Educational Affairs Task Force on Education and Training Guidelines for  
Psychological Assessment in Health Service Psychology<sup>1</sup>**

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

## **Executive Summary**

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: Psychometrics**

**Domain C: Tests and Methods**

**Domain D: Psychological Assessment**

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

**Domain F: Diversity**

**Domain G: Supervision**

These domains are drawn from a review of the literature on psychological assessment, as well as 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. Further, while diversity exists as an independent domain in the Guidelines, efforts were made to attend to issues of diversity within each domain.

The Guidelines were developed by a task force convened by the APA Board of Educational Affairs in 2017. Task force member 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 education and training in psychological assessment.

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

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

## **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/supervisors who oversee education and training of students; students themselves; and the general public, including stakeholders such as member 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 assessment; 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.

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

The Guidelines are for 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 competence 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. Older surveys, such as by Belter and Pitrowski (2001), noted a slight decrease in assessment training, particularly in projective 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 study by Mihura, Roy & Graceffo (2017) similarly found that programs were providing as much or even more education and training than in previous surveys. 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 practice in education and training in psychological assessment, it is likely such data, if collected, would also be mixed. Further, 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 patients if individuals who are not properly trained conduct psychological

assessments (SPA, 2006). They went on to note specific content domains that must be included in education and training but did not offer detailed guidance on how education and training programs might implement recommended practices.

Given that psychological assessment is a core competency for health service psychologists and the inconsistent 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 with support of 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. A roster of task force members is included in Appendix B.

The task force met via 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 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 guidelines were approved in January 2019.

### **Policy Documents Relevant to the Guidelines**

While task force members engaged in a thorough review of extent educational materials related to psychological assessment, several policy documents informed their work. Such policy documents were primarily those of the APA, however, the task force also was informed by policy 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 on another. In addition, the task force reviewed a position statement published by the SPA in 2006 on education and training in psychological assessment that delineates minimal standards in this domain (SPA, 2006).

## Guidelines

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: Psychometrics**

**Domain C: Tests and Methods**

**Domain D: Psychological Assessment**

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

**Domain F: Diversity**

**Domain G: Supervision**

The Guidelines are presented below.

### Domain A: Theory

Because psychological assessment is employed for a wide range of goals, including diagnosis of psychopathology and treatment recommendations, determination of psychological fitness in forensic and legal contexts, and administrative decision-making regarding education and employment, familiarity with current diagnostic systems, theories of personality and psychopathology, and theories of intelligence is recommended. Psychopathology, personality, and intelligence are interrelated systems (Millon, 2010; DeYoung, 2011; Endler & Summerfeldt, 1995), and theoretical integration 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).

Examples include the International Classification of Mental Health and Behavioural Disorders (ICD; World Health Organization, 1992), the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2013), 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 of personality and psychopathology.**

High quality education and training in psychological assessment should include familiarity with contemporary theories of personality and psychopathology. 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 incorporate developmental, learning, 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, obtained from a comprehensive overview of neurobiological and developmental theories (Mesulam, 2000; Carlson, 2007). Additionally, behaviorism (Skinner, 1974; Baum, 2017) and social constructivism (Bandura, 1978; Vygotsky, 1978; Anderson & Bushman, 2001; Frith & Frith, 2007) 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.

## **Domain B: 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 today 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 and related practices, as well as evaluation methods, 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, and their underlying assumptions, 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 concept of measurement utility and incremental validity (Hunsley & Meyer, 2003), and the roles they play in one's judgment of the relative cost and benefit of using a test.

### **Domain C: 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, 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 literature.

**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 to dissimulate, characteristics of the test taker, and other relevant concerns (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 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 more accurately.

**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 to 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 the test user 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 that can affect standardized administration, scoring, and interpretation of the test—both that of the examiner and examinee—should be appropriately addressed (Byrne et al., 2009). Test or testing accommodations or modifications require adequate knowledge of the assessment method and the relevant examinee or situational conditions, including the ability to know when particular modifications are not appropriate (AERA/APA/NCME, 2014, Standard 3.0). For normed tests, the test user must apply the appropriate subset of norms when there are known moderators like age, gender, and ethnicity (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, & Kunder, 2013; Teglassi, 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).

**Guideline 3. Students should 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., Suzuki & Ponterotto, 2008). As test users, students 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), but also includes ongoing familiarity with the emerging scholarly assessment literature.

### **Domain D: Psychological Assessment**

The process of psychological assessment, built upon a solid foundation of theory, psychometric knowledge, and thorough understanding of tests and methods, 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 patient's individual context and culture, in order to develop a clear, cohesive, and comprehensive case formulation/conceptualization. Further, 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: 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 patient functioning, culminating in a cohesive case formulation/

conceptualization (Division of Clinical Psychology, 2011), which is the bases 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 (Work Group on Screening and Psychological Assessment, 2014). The case conceptualization should be situated within and attentive to the patient's specific cultural and individual context. Students should learn how to make sense of data that seem discrepant or contradictory.

**Guideline 2: Students should strive 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, structurally. Further, reports should answer all questions posed for the assessment clearly and succinctly. Finally, students should learn how to develop and communicate useful recommendations, understanding that while not every assessment will require recommendations or treatment planning, they should be able to develop and communicate these effectively.

**Guideline 3: Students should learn to communicate feedback in clear, understandable, nonjudgmental ways.**

Students should learn how to provide verbal 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 patients 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 feedback in a way that addresses implications of the findings and is attentive to the immediate and broader needs of the patient or stakeholder.

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

Ethical decision-making and practice is the foundation with 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 protect the welfare of the patient 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 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, 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 be able 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).

**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 aware of the difference between legal obligations (required by law) and ethical standards (moral guidelines imposed a 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, 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). Further, students should be trained to develop and maintain appropriate rapport and professionalism when conducting psychological assessment, as well as understanding limits in professional relationships.

### **Domain F: 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). 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 and their impact on the process, including training faculty, students, supervisors, and patients. 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, instructors, and supervisors should strive 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). 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 Shuttleworth-Edwards, 2016; Sunderaraman, Zahodne, & Manly, 2016).

Furthermore, 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).

**Guideline 2: Students, instructors, and supervisors should endeavor to explicitly address how values, attitudes, biases, power, and privilege affect the assessment process.**

Consistent with the APA (2017b) Multicultural Guidelines (particularly Guidelines 2: Psychologists strive to move beyond **conceptualizations rooted in categorical assumptions**, biases, and/or formulations based on limited knowledge about individuals and communities; 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 7: Psychologists endeavor to examine the profession's assumptions and practices

within an **international context**), trainees should endeavor to be aware of the potential impact that their belief systems and attitudes can have on their interactions with patients and on their case conceptualizations and test interpretation. Their communication patterns/style and even their language can influence the assessment process, and all of these components can have an impact on both their self-identification as a professional and how that manifests in their interactions during all phases of the assessment process.

### **Domain G: 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 and Goodyear, 2014; Falender & Shafranske, 2004). Further, 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, Roy, & Graceffo, 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 maintains 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 integrate assessment coursework with 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-assessment of supervisory skills and practices and engaging in deliberate focus on what one does not know 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). 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 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 (Krisnamurthy, 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 on Supervision* may be sent to: [edmail@apa.org](mailto:edmail@apa.org).

## References

- Alfonso, V.C., Flanagan, D.P., & Radwan, S. (2005). The impact of the Cattell–Horn–Carroll theory on test development and interpretation of cognitive and academic abilities. In D.P. Flanagan, & P.L. Harrison (Ed.), *Contemporary intellectual assessment: Theories, tests, and issues* (2<sup>nd</sup> ed., pp. 185-202). New York: Guilford Publications.
- American Educational Research Association. American Psychological Association., National Council on Measurement in Education., & Joint Committee on Standards for Educational and Psychological Testing (U.S.). (2014). *Standards for educational and psychological testing*. Washington, DC: AERA
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders—5th Edition*. Washington, DC: Author.  
<https://doi.org/10.1176/appi.books.9780890425596>
- American Psychological Association (APA; 2000). Report of the task force on test user qualifications. Retrieved from:  
<https://www.apa.org/science/programs/testing/qualifications.pdf>
- APA (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377-402.  
<https://doi.org/10.1037/0003-066X.58.5.377>
- APA (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59, 236-260. Doi: 10.1037/0003-066X.59.4.23
- APA (2007a). Record keeping guidelines. *American Psychologist*. 62(9). 993-1004.  
<https://doi.org/10.1037/0003-066X.62.9.993>
- APA (2007b). Guidelines for psychological practice with girls and women. *American Psychologist*, 62, 949-979. <https://doi.org/10.1037/0003-066X.62.9.949>
- APA (2011a). *Guidelines for psychological practice with lesbian, gay and bisexual clients*. Retrieved from: <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>
- APA (2011b). *Guidelines for assessment of and Intervention with persons with disabilities*. Retrieved from: [http://www.apa.org/pi/disability/resources/assessment\\_disabilities.aspx](http://www.apa.org/pi/disability/resources/assessment_disabilities.aspx)
- APA (2013). Guidelines for psychological evaluations in child protection matters. *American Psychologist*. 68(1). 20-31. <https://doi.org/10.1037/a0029891>

- APA (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist*, 70(1), 33. <https://doi.org/10.1037/a0038112>
- APA (2017a). *Ethical principles of psychologists and code of conduct*. Retrieved from <https://www.apa.org/ethics/code/index.aspx>
- APA (2017b). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- APA Commission on Accreditation (2015). Standards of accreditation. Retrieved from: <https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>
- APA Commission on Accreditation (2017). *Implementing Regulations: Profession Wide Competencies*. Retrieved from: <https://www.apa.org/ed/accreditation/section-c-soa.pdf>.
- Anderson, C.A., & Bushman, B.J., (2001). Effects of violent video games on aggressive behavior, aggressive cognition, aggressive affect, physiological arousal, and prosocial behavior: A meta-analytic review of the scientific literature. *American Psychological Society*, 12, 353-359. <https://doi.org/10.1111/1467-9280.00366>
- Archer, R. P., Wheeler, E. M. A., & Vauter, R. A. (2016). Empirically supported forensic assessment. *Clinical Psychology: Science and Practice*, 23, 348-364. <https://doi.org/10.1111/cpsp.12171>
- Bandura, A. (1978). Social learning theory of aggression. *Journal of Communication*, 38, 12–29. <https://doi.org/10.1111/j.1460-2466.1978.tb01621.x>
- Barlow, D. S. (2014). *Clinical handbook of psychological disorders*. New York: Guilford.
- Basham, K., Byers, D. S., Heller, N. R., Hertz, M., Kumaria, S., Mattei, L.,... & Shilkret, C. J. (2016). *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts*. New York: Rowman & Littlefield.
- Baum, W.M. (2017). *Understanding behaviorism: Behavior, culture, and evolution* (3<sup>rd</sup> Edition). West Sussex, UK: John Wiley & Sons, Inc. <https://doi.org/10.1002/9781119143673>
- Beck, A. T., Davis, D. D., & Freeman, A. (2015). *Cognitive therapy for personality disorders* (3<sup>rd</sup> Ed.). New York: Guilford.
- Belter, R. W. and Piotrowski, C. (2001), Current status of doctoral-level training in psychological testing. *J. Clin. Psychol.*, 57: 717–726. <https://doi.org/10.1002/jclp.1044>

- Bernard, J.M. & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5<sup>th</sup> ed.). Boston, MA: Pearson.
- Bornstein, R. F. (2017). Evidence-based psychological assessment. *Journal of Personality Assessment*, 99, 435-445. <https://doi.org/10.1080/00223891.2016.1236343>
- Bush, S. S. (2010). Determining whether or when to adopt new versions of psychological and neuropsychological tests: Ethical and professional considerations. *Clinical Neuropsychologist*, 24, 7-16. <https://doi.org/10.1080/13854040903313589>
- Byrne, B. M., Oakland, T., Leong, F. T. L., van de Vijver, F. J. R., Hambleton, R. K., Cheung, F. M., & Bartram, D. (2009). A critical analysis of cross-cultural research and testing practices: Implications for improved education and training in psychology. *Training and Education in Professional Psychology*, 3, 94–105. <https://doi.org/10.1037/a0014516>
- Caligor, E., Kernberg, O. F., Clarkin, J. F., & Yeomans, F. E. (2018). *Psychodynamic therapy for personality pathology: Treating self and interpersonal functioning*. Washington, DC: American Psychiatric Publishers.
- Callahan, J. L. (2015). Evidence-based technical skills training in pre-practicum psychological assessment. *Training and Education in Professional Psychology*, 9, 21–27. <https://doi.org/10.1037/tep0000061>
- Campbell, C. D. (2015). The daunting task of pre-practicum education and training. *Training and Education in Professional Psychology*, 9, 1–4. <https://doi.org/10.1037/tep0000082>
- Campbell, D. T., & Fiske, D. W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin*, 56, 81-105. <https://doi.org/10.1037/h0046016>
- Carlson, N.R. (2007). *Physiology of behavior* (9<sup>th</sup> Ed.). Boston, MA: Pearson.
- Cassidy, J., & Shaver, P. R. (2016). *Handbook of attachment: Theory, research, and clinical applications* (3<sup>rd</sup> Ed.). New York: Guilford.
- Cates, J. A. (1999). The art of assessment in psychology: Ethics, expertise, and validity. *Journal of Clinical Psychology*, 55, 631-641. [https://doi.org/10.1002/\(SICI\)1097-4679\(199905\)55:5<631::AID-JCLP10>3.0.CO;2-1](https://doi.org/10.1002/(SICI)1097-4679(199905)55:5<631::AID-JCLP10>3.0.CO;2-1)
- Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. Retrieved from: <https://www.apa.org/science/programs/testing/fair-testing.pdf>.

- Cohen, R. J., & Swerdlik, M. E. (2018). *Psychological testing and assessment: An introduction to tests and measurement* (9<sup>th</sup> ed.). New York: McGraw-Hill.
- Costa, P. T., & McCrae, R. R. (1992). Normal personality assessment in clinical practice: The NEO personality inventory. *Psychological Assessment, 4*, 5-13.  
<https://doi.org/10.1037/1040-3590.4.1.5>
- Dana, R. H. (2005). *Multicultural assessment: Principles, applications and examples*. Mahwah, NJ: Erlbaum. <https://doi.org/10.4324/9781410612540>
- De Los Reyes, A., Augenstein, T. M., Thomas, S. A., Drabick, D. A. G., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological Bulletin, 141*, 858–900.  
<https://doi.org/10.1037/a0038498>
- De Los Reyes, A., Thomas, S. A., Goodman, K. L., & Kundey, S. A. (2013). Principles underlying the use of multiple informants' reports. *Annual Review of Clinical Psychology, 9*, 123-149. <https://doi.org/10.1146/annurev-clinpsy-050212-185617>
- DeYoung, C. G. (2011). Intelligence and personality. In R. J. Sternberg, & S. B. Kaufman (Eds.), *The Cambridge handbook of intelligence* (pp. 711-737). New York: Cambridge University Press. <https://doi.org/10.1017/CBO9780511977244.036>
- Division of Clinical Psychology (2011). *Good Practice Guidelines on the Use of Psychological Formulation*. Leicester, UK: The British Psychological Society.
- Endler, N. S., & Summerfeldt, L. J. (1995). Intelligence, personality, psychopathology, and adjustment. In D. H. Saklofske, & M. Zeidner (Eds.), *International handbook of personality and intelligence* (pp. 249-284) New York: Plenum Press.  
[https://doi.org/10.1007/978-1-4757-5571-8\\_13](https://doi.org/10.1007/978-1-4757-5571-8_13)
- Esquivel, A., Dunn, K., McLane, S., Te'eni, D., Zhang, J., & Turley, J. (2009). When your words count: a discriminative model to predict approval of referrals. *Journal of Innovation in Health Informatics, 17*(4), 201-207. <https://doi.org/10.14236/jhi.v17i4.738>
- Evans, F. B., & Finn, S. E. (2017). Training and consultation in psychological assessment with professional psychologists: Suggestions for enhancing the profession and individual practices. *Journal of Personality Assessment, 99*, 175-185.  
<https://doi.org/10.1080/00223891.2016.1187156>
- Falender, C., Cornish, J., Goodyear, R.K., Hatcher, R., Kaslow, N.J., Leventhal G., Shafranske, E.,

- Sigmon, S.T., Stoltenberg, C. & Grus, C. (2004). Defining competencies in psychology supervision. *Journal of Clinical Psychology*, 60(7):771-85.  
<https://doi.org/10.1002/jclp.20013>
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington DC: American Psychological Association.  
<https://doi.org/10.1037/10806-000>
- Falender, C., Grus, C., McCutcheon, S., Goodyear, R., Ellis, M.V., Doll, B., Miville, M., Reycasserly, C. & Kaslow, N., (2016). Guidelines for clinical supervision in health service psychology: Evidence and implementation strategies. *Psychotherapy Bulletin*, 51, 6-18.
- Fleeson, W., & Jayawickreme, E. (2015). Whole trait theory. *Journal of Research in Personality*, 56, 82-92. <https://doi.org/10.1016/j.jrp.2014.10.009>
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., ... & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4S), S5. <https://doi.org/10.1037/a0015832>
- Frith, C.D., & Frith, U. (2007). Social cognition in humans. *Current Biology*, 17, R724-R732.  
<https://doi.org/10.1016/j.cub.2007.05.068>
- Galanter, C. A., & Patel, V. L. (2005). Medical decision making: A selective review for child psychiatrists and psychologists. *Journal of Child Psychology and Psychiatry*, 46(7), 675-689. <https://doi.org/10.1111/j.1469-7610.2005.01452.x>
- Galton, F. (1879). Psychometric experiments. *Brain: A Journal of Neurology*, 11, 149-162.  
<https://doi.org/10.1093/brain/2.2.149>
- Groth-Marnat, G., & Horvath, L. S. (2006). The psychological report: A review of current controversies. *Journal of Clinical Psychology*, 62, 73-81.  
<https://doi.org/10.1002/jclp.20201>
- Grus, C.L., Shen-Miller, D., Lease, S.H., Jacobs, S.C., Bodner, K.E, Van Sickle, K.S., Veilleux, J. & Kaslow, N.J., (2018) Professionalism: A Competency Cluster Whose Time Has Come, *Ethics & Behavior*, <https://doi.org/10.1080/10508422.2017.1419133>
- Handler, L., & Smith, J. D. (2013). Education and training in psychological assessment. In J. R. Graham & J. A. Naglieri (Eds.), *Handbook of psychology—Volume 10: Assessment psychology* (2<sup>nd</sup> Ed., pp. 211-238). Hoboken, NJ: Wiley.

- Hatcher, R. L., Fouad, N. A., Grus, C. L., Campbell, L. F., McCutcheon, S. R., & Leahy, K. L. (2013). Competency benchmarks: Practical steps toward a culture of competence. *Training and Education in Professional Psychology, 7*(2), 84-91.  
<https://doi.org/10.1037/a0029401>
- Haynes, S. N., Smith, G. T., & Hunsley, J. D. (2011). *Scientific foundations of clinical assessment*. New York: Routledge. (new edition on its way).  
<https://doi.org/10.4324/9780203829172>
- Hays, P. A. (2008). *Sorting things out: Culturally responsive assessment: Addressing cultural complexities in practice* (2nd ed., pp. 105–127). Washington, DC: American Psychological Association.
- Hogan, R., Hogan, J., & Roberts, B. W. (1996). Personality measurement and employment decisions: Questions and answers. *American psychologist, 51*, 469-477.  
<https://doi.org/10.1037/0003-066X.51.5.469>
- Hogan, R. (2017). *Personality and the fate of organizations*. New York: Psychology Press.
- Horowitz, L. M. (2004). *Interpersonal foundations of psychopathology*. Washington, DC: American Psychological Association. <https://doi.org/10.1037/10727-000>
- Horowitz, L. M., & Strack, S. (2011). *Handbook of interpersonal psychology: Theory, research, assessment and therapeutic interventions*. Hoboken, NJ: John Wiley & Sons.
- House, R., Kalisch, D., & Maidman, J. (2018). *Humanistic psychology: Current trends and future prospects*. New York: Routledge.
- Hunsley, J. & Meyer, G. (2003). The incremental validity of psychological testing and assessment: Conceptual, methodological, and statistical issues. *Psychological Assessment, 15*, 446-455. <https://doi.org/10.1037/1040-3590.15.4.446>
- Hunsley, J. & Mash, E. (Eds.) (2018). *A guide to assessments that work* (2<sup>nd</sup> ed.). New York: Oxford University Press. <https://doi.org/10.1093/med-psych/9780190492243.001.0001>
- Joint Committee on Testing Practices (2004). *Code of fair testing practices in education*. Washington, DC: Retrieved from <https://www.apa.org/science/programs/testing/fair-testing.pdf>. <https://doi.org/10.1044/policy.RP2004-00195>
- Kaslow, N.J., Grus, C.L., Allbaugh, L.J., Shen-Miller, D., Bodner, K.E., Veilleux, J. & Van Sickle, K.S. (2018) Trainees with Competence Problems in the Professionalism Domain, *Ethics & Behavior*, <https://doi.org/10.1080/10508422.2018.1438897>

- Krishnamurthy, R., VandeCreek, L., Kaslow, N. J., Tazeau, Y. N., Miville, M. L., Kerns, R., ... & Benton, S. A. (2004). Achieving competency in psychological assessment: Directions for education and training. *Journal of Clinical Psychology, 60*(7), 725-739.  
<https://doi.org/10.1002/jclp.20010>
- Krishnamurthy, R., & Yalof, J. A. (2010). The assessment competency. *Competency-based education for professional psychology* (pp. 87-104). Washington DC: American Psychological Association. <https://doi.org/10.1037/12068-005>
- Krueger, R. F., & Markon, K. E. (2014). The role of the DSM-5 personality trait model in moving toward a quantitative and empirically based approach to classifying personality and psychopathology. *Annual Review of Clinical Psychology, 10*, 477-501.  
<https://doi.org/10.1146/annurev-clinpsy-032813-153732>
- Leahy, R. L. (2018). *Science and practice in cognitive therapy*. New York: Guilford.
- Levine, J.M., & Resnick, L.B., (1993) Social foundations of cognition. *Annual Review of Psychology, Vol #*, 585-612. <https://doi.org/10.1146/annurev.ps.44.020193.003101>
- Lewis, M., & Rudolph, K. D. (2014). *Handbook of developmental psychopathology (3<sup>rd</sup> Ed.)*. New York: Springer. <https://doi.org/10.1007/978-1-4614-9608-3>
- Lingiardi, V., & McWilliams, N. (2017). *Psychodynamic Diagnostic Manual (2<sup>nd</sup> Ed.)*. New York: Guilford.
- Luyten, P., Mayes, L. C., Fonagy, P., Blatt, S. J., & Target, M. (Eds.). (2017). *Handbook of psychodynamic approaches to psychopathology*. Guilford Publications.
- Meehl, P. E. (1959). Some ruminations on the validation of clinical procedures. *Canadian Journal of Psychology, 13*, 102-128. <https://doi.org/10.1037/h0083769>
- Messick, S. (1989). Validity. In R.L. Linn (Ed.), *Educational measurement* (3rd ed., pp. 13-103).
- Mesulam, M.M. (2000). *Principles of behavioral and cognitive neurology (2<sup>nd</sup> Ed.)*. New York: Oxford University Press.
- Mihura, J. L., Roy, M., & Graceffo, R. A. (2017). Psychological assessment training in clinical psychology doctoral programs. *Journal of Personality Assessment, 99*, 153-164.  
<https://doi.org/10.1080/00223891.2016.1201978>
- Mihura, J. L., Bombel, G., Dumitrascu, N., Roy, M., & Meadows, E. A. (2018, online). Why we need a formal systematic approach to validating psychological tests: The case of the

- Rorschach Comprehensive System. *Journal of Personality Assessment*. Advance online publication. <https://doi.org/10.1080/00223891.2018.1458315>
- Millon, T. (2010). Classification considerations in psychopathology and personology. In T. Millon, R. F. Krueger & E. Simonsen (Eds.), *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11* (pp. 149-173) New York: Guilford Press.
- National Association of School Psychologists (2010). Principles for professional ethics. Retrieved from: <http://www.nasponline.org/standards-and-certification/professional-ethics>.
- National Council of Schools and Programs in Professional Psychology (2007). *Competency Developmental Achievement Levels (DALs) of the National Council of Schools and Programs in Professional Psychology*. Retrieved from: <http://ncspp.net/wp-content/uploads/2017/08/DALof-NCSPP-9-21-07.pdf>
- Nelson-Gray, R. O. (2003). Treatment utility of psychological assessment. *Psychological Assessment*, 15, 521-531. <https://doi.org/10.1037/1040-3590.15.4.521>
- Pincus, A.L., & Hopwood, C.J. (2012). A contemporary interpersonal model of personality pathology and personality disorder. In T.A. Widiger (Ed.), *Oxford handbook of personality disorders* (pp. 372-398). New York, NY: Oxford University Press.
- Poston, J. M., & Hanson, W. E. (2010). Meta-analysis of psychological assessment as a therapeutic intervention. *Psychological Assessment*, 22(2), 203-212. <https://doi.org/10.1037/a0018679>
- Ready, R. E., & Veague, H. B. (2014). Training in psychological assessment: Current practices of clinical psychology programs. *Professional Psychology: Research and Practice*, 45(4), 278-282. <https://doi.org/10.1037/a0037439>
- Ridley, C. R., Li, L. C., & Hill, C. L. (1998). Multicultural assessment: Reexamination, reconceptualization, and practical application. *The Counseling Psychologist*, 26, 827-910. <https://doi.org/10.1177/0011000098266001>
- Ridley, C. R., Tracy, M. L., Pruitt-Stephens, L., Wimsatt, M. K., & Beard, J. (2008). Multicultural assessment validity: The preeminent ethical issue in psychological assessment. In L. A. Suzuki & J. G. Ponterotto (Eds.), *Handbook of multicultural*

- assessment: Clinical, psychological and educational applications* (3rd ed., pp. 22–33). San Francisco, CA: Wiley.
- Rodriguez-Seijas, C., Eaton, N. R., & Krueger, R. F. (2015). How transdiagnostic factors of personality and psychopathology can inform clinical assessment and intervention. *Journal of Personality Assessment, 97*, 425-435.  
<https://doi.org/10.1080/00223891.2015.1055752>
- Sattler, J.M (2008). *Assessment of children: Cognitive foundations* (5<sup>th</sup> Ed.). Sam Diego, CA. Jerome M. Sattler, Publishers, Inc.
- Schneider, K. J., & May, R. (1995). *The psychology of existence: An integrative, clinical perspective*. New York: Mcgraw-Hill.
- Schneider, K. J., Pierson, J. F., & Bugental, J. F. (2014). *The handbook of humanistic psychology: Theory, research, and practice* (2<sup>nd</sup> Ed.). Los Angeles: Sage.
- Shuttleworth-Edwards, A. B. (2016). Generally representative is representative of none: Commentary on the pitfalls of IQ test standardization in multicultural settings. *The Clinical Neuropsychologist, 30*(7), 975-998.  
<https://doi.org/10.1080/13854046.2016.1204011>
- Skinner, B.F. (1974). *About behaviorism*. New York: Vintage Books.
- Smith, S. R., & Krishnamurthy, R. (Eds.). (2018). *Diversity-sensitive personality assessment*. Routledge. <https://doi.org/10.4324/9780203551578>
- Society for Personality Assessment (2006). Standards for education and training in psychological assessment: Position of the Society for Personality Assessment. *Journal of Personality Assessment, 87*, 355-557. [https://doi.org/10.1207/s15327752jpa8703\\_17](https://doi.org/10.1207/s15327752jpa8703_17)
- Strauss, E., Sherman, E.M.S., and Spreen, O. (2006). *A compendium of neuropsychological tests. Administration, norms, and commentary* (3<sup>rd</sup> Ed.). New York: Oxford University Press.
- Sunderaraman, P., Zahodne, L. B., & Manly, J. J. (2016). A commentary on ‘generally representative is representative of none: Pitfalls of IQ test standardization in multicultural settings’ by AB Shuttleworth-Edwards. *The Clinical Neuropsychologist, 30*(7), 999-1005.  
<https://doi.org/10.1080/13854046.2016.1211321>
- Suzuki, L. A., & Ponterotto, J. G. (2008a). *Handbook of multicultural assessment: Clinical, psychological, and educational implications* (3<sup>rd</sup> ed.). San Francisco, CA: Wiley.

- Teglasi, H., Nebbergall, A. J., & Newman, D. (2012). Construct validity and case validity in assessment. *Psychological Assessment, 24*, 464–475. <https://doi.org/10.1037/a0026012>
- Trent, E., Zamora, I., Tyree, A. William, M.E. (2018). Clinical considerations in the psychological assessment of bilingual young children. *Professional Psychology: Research and Practice, 49*, 234-246. <http://dx.doi.org/10.1037/pro0000195>.
- Turner, S.M., DeMers, S.T., Fox, H.R., & Reed, G.M. (2001). APA's guidelines for test user qualifications: An executive summary. *American Psychologist, 56* (12), 1099-1113, <https://doi.org/10.1037/0003-066X.56.12.1099>
- Vygotsky, Lev (1978). *Mind in society*. London: Harvard University Press.
- Widiger, T. A., Sellbom, M., Chmielewski, M., Clark, L. A., DeYoung, C. G., Kotov, R.,... & Samuel, D. B. (2018). Personality in a hierarchical model of psychopathology. *Clinical Psychological Science*, Advanced online: DOI 2167702618797105.
- Wright, Z. E., & Krueger, R. F. (2018). Pathological personality traits: The movement toward dimensional approaches to psychopathology. *The SAGE handbook of personality and individual differences, Vol. 1: The science of personality and individual differences* (pp. 409-438). Los Angeles: Sage.
- Wolfe-Christensen, C., & Callahan, J. L. (2008). Current state of standardization adherence: A reflection of competency in psychological assessment. *Training and Education in Professional Psychology, 2*, 111–116. <https://doi.org/10.1037/1931-3918.2.2.111>
- Work Group on Screening and Psychological Assessment (2014). Distinguishing between screening and assessment for mental and behavioral health problems: Statement from an American Psychological Association and American Psychological Association Practice Organization Work Group on Screening and Psychological Assessment. Retrieved from <http://www.apapracticecentral.org/reimbursement/billing/assessment-screening.aspx>, October 29, 2018.
- World Health Organization (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: Author.
- ZERO TO THREE (2016). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood: Revised Ed. (DC:0–5)*. Washington, DC: Author.

**Appendix A: Definitions**

**Method** - an overarching term that encompasses all the ways in which information is obtained for a psychological assessment

**Multimethod Assessment** – entails gathering information from a number of informants, across settings, and employing a range of procedures

**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)

## Appendix B. Task Force Roster

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