

Ethical guidelines for psychological assessment and the use of psychological tests

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1. Introduction

- 1.1 Psychological assessment encompasses multiple sources of data generated from one or more assessment methods, such as psychological tests; behavioural observation; structured, semi-structured and clinical interviews; questionnaires; rating scales; checklists; behavioural simulations or games; and other structured and evidence-based approaches to gathering information about *clients*. These *Guidelines* inform *psychologists* about key ethical considerations when conducting psychological assessments, and because many psychological tests can be accessed and administered via the internet, these *Guidelines* also address the ethical issues relevant to that context.
- 1.2. A component of psychological assessment involves the use of psychological tests. In these *Guidelines*, psychological tests are characterised by standardised administration and scoring, the availability of population or sample norms to assist interpretation, and a set of items that allows measurement of some attribute of an individual, for example, intelligence, aptitudes or personality traits (AERA et al., 2014; APS, 2017).
- 1.3. *Psychologists* undertake psychological assessment for varying purposes including diagnosis; treatment; planning and intervention; monitoring effectiveness of interventions; vocational suitability; organisational functioning; and forensic and legal purposes.

2. Competence

Refer to the APS *Code of Ethics* (2007), standard B.1. Competence.

B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:

- (a) working within the limits of their education, training, supervised experience and appropriate professional experience;
- (b) basing their service on the established knowledge of the discipline and profession of psychology;
- (c) adhering to the *Code* and the *Guidelines*;
- (d) complying with the law of the *jurisdiction* in which they provide *psychological services*; and
- (e) ensuring that their emotional, mental and physical state does not impair their ability to provide a competent *psychological service*.

Refer to the *Code*, standard B.13. Psychological assessments.

B.13.2. *Psychologists* specify the purposes and uses of their assessment techniques and clearly indicate the limits of the assessment techniques' applicability.

B.13.3. *Psychologists* ensure that they choose, administer and interpret assessment procedures appropriately and accurately.

B.13.4 *Psychologists* use valid procedures and research findings when scoring and interpreting psychological assessment data.

- 2.1. *Psychologists* are aware that the competent conduct of psychological assessments includes, but is not limited to, the following steps:
 - a) clarifying the purpose of the assessment;
 - b) determining the need to undertake a psychological assessment;
 - c) clarifying whether previous assessment data exist, and if so, whether the existing assessment data can be considered current, or a new assessment is required;
 - d) choosing psychometrically sound measures that are appropriate to the purpose of the psychological assessment and the needs of the *client*;
 - e) authenticating the identity of the *client* being assessed;
 - f) monitoring the *client's* motivation and level of compliance throughout the assessment;
 - g) accurately scoring test data and interpreting the results;
 - h) considering the assessment data in the context of all available and relevant information;
 - i) drawing conclusions from the assessment of the *client* that are based on data obtained from a range of sources;
 - j) effectively communicating the results by oral and/or written feedback to the individual *client*, and/or by a written report to the commissioning party (e.g., to the medical practitioner, insurance company, or employer);

- k) making sound recommendations and decisions on the basis of the results, ensuring each component of the assessment is appropriately weighted and integrated; and
- l) outlining any limitations of the assessment measures, methods and process.

Refer to *Practice guide for the use of psychological tests and instruments* (APS, 2016b); and *International Test Commission guidelines on test use* (ITC, 2013).

- 2.2. *Psychologists* appreciate that the following broad areas of knowledge and understanding underpin competent use of psychological tests:
 - a) the psychological theory underpinning the test;
 - b) the nature of the construct(s) underlying a test score, which is essential to the way in which inferences are to be drawn from test results;
 - c) basic psychometric principles and procedures, and the technical requirements of tests;
 - d) the technical properties and limitations of the particular instrument or instruments used; and
 - e) the context in which the test is being used (e.g., for clinical diagnosis, forensic/legal purposes, personal/relationship counselling, school achievement, personnel selection, diagnosis of brain functioning) in order to integrate the test results with other pertinent information.
- 2.3. *Psychologists* ensure that any test used as part of a formal psychological assessment:
 - a) has clear directions for administration and scoring, and adequate information about the properties of scores derived from the test – including the purpose of the test, the relevant standard errors, and validity and reliability data;
 - b) is valid for the purpose for which the test is being used, and is also valid for any sub-population of the total population to be included in the particular testing program (e.g., sub-populations defined according to age, gender, ethnicity, language background or socioeconomic status); and
 - c) has appropriate normative or reference group data to allow for the interpretation of scores in relation to a clearly defined population.
- 2.4. *Psychologists* ensure they have the necessary training and experience for the psychological tests they administer. *Psychologists* are aware that revisions, updates, or variations of tests with which they are already skilled and knowledgeable still require self-evaluation and adequate preparation. *Psychologists* understand that tests with which they are unfamiliar, particularly those with complex scoring, analysis, and interpretative systems, require training and supervision. *Psychologists* comply with the test publisher's training and accreditation requirements.
- 2.5. *Psychologists* monitor and periodically review the continuing effectiveness of tests they use. They keep abreast of the professional literature regarding psychological tests and testing, including reviews of tests and reports on their validity in different contexts.
- 2.6. *Psychologists* are mindful of the possibility that *clients'* previous and current experiences may affect their readiness to be assessed.
- 2.7. *Psychologists* construct records in a manner that facilitates their use by *psychologists* and other authorised persons. They ensure that record entries are legible and intelligible, and complete the records in a timely manner.
- 2.8. *Psychologists* collect and use only the information about a *client* that is relevant to the assessment and the *psychological service* provided at that time. For example, it may not be appropriate to obtain demographic data such as age in some aspects of occupational testing.
- 2.9. *Psychologists* are aware that a *client's* test performance can be affected by factors such as disability, language or cultural background, or other physical or mental conditions (e.g., intoxication or drug use, side effects of medication on judgement or concentration, temporary illness).
- 2.10. *Psychologists* consider and acknowledge all information about the *client* that is relevant to drawing inferences from test results. For example, the *client* may have been very nervous about being tested, may be on medication that affects their performance, or may have taken the same or a similar test previously.
- 2.11. When interpreting assessment results *psychologists* take account of all relevant data, and acknowledge all sources of data that they have utilised when compiling reports. They are aware of the limitations of computer-generated reports and recognise that the integration of diverse information about a *client* requires informed judgment.

- 2.12. *Psychologists* are fully responsible for the interpretation of test results and the preparation of psychological reports. *Psychologists* are meticulous about word use in their reports. For example, they clearly differentiate between statements of fact (e.g., a score on a test) and their interpretation of facts or observations.
- 2.13. *Psychologists* exercise caution in drawing inferences from psychological assessment instruments which are:
- in the process of development;
 - being applied outside their empirically established purposes or populations; or
 - used informally to generate hypotheses that will help to guide their decisions about the type of formal assessment that will be required for the *client*.
- If such instruments are the best available, that factor is addressed in the assessment report.
- 2.14. *Psychologists* are aware of the potential limitations some publishers impose on access to raw data from online testing. When selecting a suitable test to address a *client* need, *psychologists* carefully consider the likely impact on interpreting test results when not having access to raw scores.
- 2.15. *Psychologists* are aware that the provision of online screening of psychological conditions constitutes the provision of a *psychological service*.
- 2.16. *Psychologists* are aware that online testing of clinical conditions may require an immediate clinical response by the *psychologist* and that an automated response may not meet the *clients'* needs or protect them from harm.

Refer to *Ethical guidelines for providing psychological services and products on the internet and telecommunications technologies* (APS, 2011a); and *Online psychological testing* (APS, 2013b).

- 2.17. *Psychologists* recognise the possible harm to the *client* of providing individual test scores without any supporting or contextual information.
- 2.18. When asked to provide a second opinion and evaluate psychological reports prepared by other psychologists, *psychologists* are aware of and state the limitations to what can be said about a *client* they have not evaluated, and with whom they have not interacted.
- 2.19. *Psychologists* are mindful of the context and purpose for using “blind” tests, that is, interpretation of tests in isolation without observing the test taker.

Refer to the *Code*, standard B.6. Delegation of professional tasks.

B.6. *Psychologists* who delegate tasks to assistants, employees, junior colleagues or supervisees that involve the provision of *psychological services*:

(a) take reasonable steps to ensure that delegates are aware of the provisions of this *Code* relevant to the delegated professional task;

...

(d) take reasonable steps to ensure that the delegates are competent to undertake the tasks assigned to them; and

(e) oversee delegates to ensure that they perform tasks competently.

- 2.20. *Psychologists* retain full responsibility for the interpretation, reporting of, and feedback regarding psychological test scores, but may delegate the administration and scoring of some tests to suitably trained persons. *Psychologists* ensure that any non-psychologist to whom delegation is made is aware of, and abides by, all relevant ethical and procedural requirements.
- 2.21. *Psychologists* may delegate some aspects of the assessment process to non-psychologists, provided the *psychologist* assumes responsibility for their use and has determined the manner in which test results are to be used.
- 2.22. *Psychologists* do not support the use of a single score on a psychological test by an organisation as a rationale for *clients'* access to or withdrawal of services.
- 2.23. When providing reports *psychologists* do not make professional judgements about individuals who have not been included in the assessment process.

3. Development of psychological tests

Refer to the *Code*, standard B.13. Psychological assessments.

B.13.1. *Psychologists* use established scientific procedures and observe relevant psychometric standards when they develop and standardise psychological tests and other assessment techniques.

Where *psychologists* engage in the development of new psychological tests, they are responsible for maintaining appropriate psychometric standards, including the communication of current relevant data on the reliability and validity of the tests. *Psychologists* are aware that the American Education Research Association's *Standards for Educational and Psychological Testing* (2014) provide additional standards for test development.

4. Informed consent

Refer to the *Code*, standard A.3. Informed Consent.

A.3.1. *Psychologists* fully inform *clients* regarding the *psychological services* they intend to provide, unless an explicit exception has been agreed upon in advance, or it is not reasonably possible to obtain informed consent.

A.3.2. *Psychologists* provide information using plain language.

A.3.3. *Psychologists* ensure consent is informed by:

- (a) explaining the nature and purpose of the procedures they intend using;
- (b) clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend using;
- (c) explaining how information will be collected and recorded;
- (d) explaining how, where, and for how long, information will be stored, and who will have access to the stored information;
- (e) advising *clients* that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them;
- (f) explaining to *clients* what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures;
- (g) clarifying the frequency, expected duration, financial and administrative basis of any *psychological services* that will be provided;
- (h) explaining confidentiality and limits to confidentiality (see standard A.5.);
- (i) making clear, where necessary, the conditions under which the *psychological services* may be terminated; and
- (j) providing any other relevant information.

Refer to the *Code*, standard C.6. Financial arrangements.

C.6.2. *Psychologists* make proper financial arrangements with *clients* and, where relevant, third party payers. They:

- (a) make advance financial arrangements that safeguard the best interests of, and are clearly understood, by all parties to the *psychological service*; and
- (b) avoid financial arrangements which may adversely influence the *psychological services* provided, whether at the time of provision of those services or subsequently.

4.1. *Psychologists* explain clearly to their *client*:

- a) the purpose of the psychological assessment;
- b) what is involved in the assessment process;
- c) to whom any *client* information will be disclosed including the distribution of any reports;
- d) the limits to confidentiality;
- e) how and when assessment results will be communicated;
- f) how assessment data and reports will be stored, and for how long; and
- g) the financial arrangements for payment of the assessment and any related services.

4.2. Where relevant, *psychologists* explain to *clients* that some aspects of the psychological assessment may involve questions of a sensitive nature, (e.g., about the *client's* relationships, the *client's* family history, or the *client's* sex life), and confirm that *clients* are prepared to answer such questions.

Refer to the *Code*, standard A.3. Informed Consent.

A.3.6. *Psychologists* who work with *clients* whose capacity to give consent is, or may be, impaired or limited, obtain the consent of people with legal authority to act on behalf of the *client*, and attempt to obtain the *client's* consent as far as practically possible.

A.3.7. *Psychologists* who work with *clients* whose consent is not required by law still comply, as far as practically possible, with the processes described in A.3.1., A.3.2., and A.3.3.

- 4.3. *Psychologists* are aware that children, young people and some adult *clients* may be unable to give voluntary informed consent to participate in psychological assessment and testing. *Psychologists* ensure informed consent is provided by those with legal authority for the *client* and, with the best interests of the *client* in mind, *psychologists* attempt to provide sufficient information about the assessment to gain the *client's* assent.

Refer to *Ethical guidelines for psychologists working with young people*, (APS, 2009); *Ethical guidelines for working with older adults* (APS, 2014); and *Ethical guidelines for psychological practice with clients with an intellectual disability* (APS, 2016a).

- 4.4. If *psychologists* seek information about a *client* from an *associated party*, *psychologists* obtain and document informed consent from the *client* or from the person with legal responsibility for the *client*. *Psychologists* attempt to obtain the *client's* assent when a *client* cannot provide direct consent. *Psychologists* inform *clients*:
- about the identity of the *associated parties* from whom information will be collected, the nature and purpose of the information they intend collecting, and how the information will be collected;
 - that they may not have access to information collected from the *associated party* if the *associated party* does not provide consent;
 - that they may decline the request to collect information from an *associated party*, or withdraw consent, and outline the foreseeable consequences of doing so.

- 4.5. *Psychologists* understand that psychological assessment information is used only for the purposes for which it was collected, and for which consent was obtained from the *client* being assessed. If assessment results are to be used for an unrelated secondary purpose, *psychologists* obtain consent from the *client* prior to commencing the assessment or at the time at which they become aware of the need for a secondary purpose. Exceptions may include aggregated de-identified information used in duly approved research; service planning; development models of care; and funding models.

Refer to the *Code*, standard A.4. Privacy

A.4. *Psychologists* avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:

(a) collecting only information relevant to the service being provided;

...

- 4.6. Where multiple *clients* require the results of the psychological assessment or test, *psychologists* clarify and agree, where possible, in advance with each *client*, and those with legal authority for the *client*, the nature and extent of the information that will be communicated to them.

5. Confidentiality

Refer to the *Code*, standard A.5. Confidentiality.

A.5.1. *Psychologists* safeguard the confidentiality of information obtained during their provision of *psychological services*. Considering their legal and organisational requirements, *psychologists*:

- (a) make provisions for maintaining confidentiality in the collection, recording, accessing, storage, dissemination, and disposal of information; and
- (b) take reasonable steps to protect the confidentiality of information after they leave a specific work setting, or cease to provide *psychological services*.

A.5.4. When a standard of this *Code* allows *psychologists* to disclose information obtained in the course of the provision of *psychological services*, they disclose only that information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information.

A.5.5. *Psychologists* use information collected about a *client* for a purpose other than the primary purpose of collection only:

- (a) with the consent of that *client*;
- (b) if the information is de-identified and used in the course of duly approved research; or
- (c) when the use is required or authorised by or under law.

Refer also to *Ethical guidelines on confidentiality* (APS, 2015a).

- 5.1. When conducting psychological assessments, *psychologists* are responsible for informing *clients* about the limits to confidentiality. An important part of *clients'* informed consent is written consent for the release of test results to named parties, where applicable.
- 5.2. *Psychologists* clarify with their employer the ethical requirement for confidentiality of psychological assessment data and reports.

Refer to *Ethical guidelines on record keeping* (APS, 2011b).

- 5.3. *Psychologists* who are employed by organisations in which there is a requirement to share files and data with other professionals ensure that *clients* are aware of this requirement prior to commencing the provision of a *psychological service*.
- 5.4. *Psychologists* who work in multidisciplinary teams clarify with their colleagues:
 - a) the ethical requirement for confidentiality of psychological assessment data;
 - b) the type and extent of *client* information that will be shared; and
 - c) how that information sharing will take place.
- 5.5. *Psychologists* protect the confidentiality of *client* data by sharing only that information which is essential to the effectiveness of the *psychological service*.
- 5.6. *Psychologists* are alert to the possibility that inappropriate requests for *client* assessment records may be made by other professionals. They decline to comply if doing so would be a breach of confidentiality, or a breach of the provisions of the Privacy Act.

Refer to *Managing legal requests for disclosure of test data and test materials* (APS, 2015b).

6. Communication of psychological assessment results

Refer to the *Code*, standard A.2. Respect.

A.2.1. In the course of their *conduct*, *psychologists*:

- (a) communicate respect for other people through their actions and language;

...

- (c) respect the *legal rights* and *moral rights* of others; and
- (d) do not denigrate the character of people by engaging in *conduct* that demeans them as persons, or defames, or harasses them.

Refer to the *Code*, standard B.3. Professional Responsibility.

B.3. *Psychologists* provide *psychological services* in a responsible manner. Having regard for the nature of the *psychological services* they are providing, *psychologists*:

- (a) act with the care and skill expected of a competent psychologist;
- (b) take responsibility for the reasonably foreseeable consequences of their conduct;
- (c) take reasonable steps to prevent harm occurring as a result of their *conduct*;

...

- 6.1. *Psychologists* are aware that *clients* may request feedback on the results of psychological assessments they have completed. *Psychologists* provide such feedback as appropriate.

Refer to the *Code*, standard A.6. Release of information to clients.

A.6. *Psychologists*, with consideration of legislative exceptions and their organisational requirements, do not refuse any reasonable request from *clients*, or former *clients*, to access *client* information, for which the *psychologists* have professional responsibility

- 6.2. *Psychologists* understand that the release of test results to clients may be sought under Privacy or Freedom of Information legislation, depending on the *psychologist's* work context. *Psychologists* are aware that the conditions of application and grounds for release of documents vary, and that these requirements are available from the relevant authorities. Test materials may be deemed exempt documents on the grounds that disclosure would be contrary to the public interest, where disclosure would:
- invalidate the utility of the test or tests in the practice of psychology;
 - impair the ability of *psychologists* to perform their duties properly;
 - constitute a breach of the contractual arrangements under which *psychologists* are supplied with test materials.
- 6.3. *Psychologists* communicate the results of psychological assessments and tests only to those identified with the informed consent of the *client*, or those with legal responsibility for the *client*.

Refer to the *Code*, standard B.13. Psychological Assessments.

B.13.5. *Psychologists* report assessment results appropriately and accurately in language that the recipient can understand.

- 6.4. In contexts where a psychological assessment is conducted to determine safety, risk and potential for harm, *psychologists* clarify the expectations and requirements for feedback of results to the person being assessed.
- 6.5. When giving feedback and discussing the results of psychological assessments with their *clients*, *psychologists* convey respect, and communicate in clear language. *Psychologists* explain the meaning of the results so that *clients*, and those with legal responsibility for them, understand their scope and limitations.
- 6.6. *Psychologists* are aware of the potential for *clients'* adverse reactions to unfavourable results. *Psychologists* manage the feedback process with the *client's* wellbeing in mind.
- 6.7. *Psychologists* provide an indication of the time frame within which *clients* can expect to receive feedback on their assessment results and take steps to avoid unnecessary delays.

7. Security of psychological assessment data and records

Refer to the *Code*, standard B.2. Record keeping.

B.2.1. *Psychologists* make and keep adequate records.

B.2.2. *Psychologists* keep records for a minimum of seven years since last *client* contact unless legal or their organisational requirements specify otherwise.

B.2.3. In the case of records collected while the *client* was less than 18 years old, *psychologists* retain the records at least until the *client* attains the age of 25 years.

B.2.4. *Psychologists*, with consideration of the legislation and organisational rules to which they are subject, do not refuse any reasonable request from *clients*, or former *clients*, to amend inaccurate information for which they have professional responsibility.

- 7.1. *Psychologists* oversee and take reasonable steps for the security of psychological assessment data and records. In organisational settings or when working under contract, *psychologists* seek information about the processes in place for securing psychological tests and assessment records, and raise with the employer any non-compliance with the requirements of the *Code*.
- 7.2. *Psychologists* who work in multidisciplinary environments take steps to ensure the security of psychological tests and assessment records in accordance with publishing and licensing requirements. They ensure that the informed consent process advises *clients* about the multidisciplinary nature of the service and that other clinical staff may have access to their assessment records.

- 7.3. In deciding how long to keep *client* psychological assessment data and records, *psychologists* are aware of their professional accountability and consider relevant legislation and the policies of their organisation.
- 7.4. If *psychologists* leave a workplace, they take reasonable steps to secure the psychological assessment data and records for which they had responsibility.
- 7.5. *Psychologists* who work independently establish a procedure for the ongoing security of *client* data in the event of their discontinuing their practice, or after their death. For example, Health Privacy Principle 10 from the Victorian Health Records Act (2001) clarifies the responsibilities for health service providers in the event of the transfer or closure of a practice, or death of the health service provider.

Refer to *Ethical guidelines on record keeping* (APS, 2011b); and *Retaining test protocols in electronic format (including online storage)* (APS, 2016d).

8. Justice

Refer to the *Code*, General Principle A – Respect for the rights and dignity of people and peoples.

[*Psychologists*] have a high regard for the diversity and uniqueness of people and their right to linguistically and culturally appropriate services. *Psychologists* acknowledge people's right to be treated fairly without discrimination or favouritism, and they endeavour to ensure that all people have reasonable and fair access to *psychological services* and share in the benefits that the practice of psychology can offer.

Refer to the *Code*, standard A.1. Justice.

A.1.1. *Psychologists* avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law.

A.1.2. *Psychologists* demonstrate an understanding of the consequences for people of unfair discrimination and stereotyping related to their age, religion, sexuality, ethnicity, gender, or disability.

- 8.1. *Psychologists* undertake psychological assessment in diverse settings and are aware that *clients'* language and cultural background are important factors influencing the assessment. This awareness may affect *psychologists'*:
 - a) choice of assessment methods;
 - b) interpretation of results;
 - c) compilation of their reports; and
 - d) communication to their clients and third parties regarding the assessment.
- 8.2. *Psychologists* are aware of, take account of, and inform their *clients* about, the limitations of using English language assessment tools for the psychological assessment of culturally and linguistically diverse *clients*.
- 8.3. When *psychologists* conduct assessments of cognitive functioning for culturally and linguistically diverse *clients*, *psychologists* adapt their assessment processes to ensure that they obtain the most accurate results.
- 8.4. *Psychologists* take steps to support the performance of *clients* with physical, intellectual, learning or other disabilities without compromising the fundamental purpose of the test. Where appropriate, *psychologists* make provision for the use of aids to support those with physical, visual or hearing problems that do not affect the construct being measured by the test.

Refer to the Special Issue: *Australian Psychologist*, 44, (1) 2009; and the Standards for Educational and Psychological Testing (AERA, 2014).

- 8.5. When obtaining informed consent for a psychological assessment and explaining the limits to confidentiality, *psychologists* are aware that some *clients* from culturally and linguistically diverse backgrounds may not understand or be familiar with these concepts. Where necessary, *psychologists* seek the assistance of a suitable professional who can help explain these concepts. *Psychologists* do not proceed until they are confident that the *client* fully understands the limits to confidentiality and consents to participate.

Refer to the *Ethical guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia* (APS, 2015c); *Ethical guidelines for working with older adults* (APS, 2014); *Testing and disability: Current key themes* (APS, 2013a); and *Practice guide for psychological testing with people with disability* (APS, 2016c).

9. Acquisition, security, and disposal of psychological tests

- 9.1. When *psychologists* purchase tests, they take responsibility for the use of the tests, which may include use by supervisees or students who are being trained in testing.
- 9.2. *Psychologists* employed in organisations who have responsibility for psychological test and test material purchases clarify with their employer and their colleagues the ethical requirements for the security, use and access of the tests.
- 9.3. *Psychologists* dispose of no longer used psychological tests and test materials in a manner which maintains their security and avoids inappropriate access.

Refer to the *International Test Commission guidelines for practitioner use of test revisions, obsolete tests, and test disposal* (ITC, 2015).

10. Teaching psychological assessment

Refer to the *Code*, A.4. Privacy.

A.4. *Psychologists* avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:

...

- (b) not requiring supervisees or trainees to disclose their personal information, unless self-disclosure is a normal expectation of a given training procedure and informed consent has been obtained from participants prior to training.

Refer to the *Code*, standard A.5. Confidentiality.

A.5.2. *Psychologists* disclose confidential information obtained in the course of their provision of *psychological services* only under any one or more of the following circumstances:

...

- (d) when consulting colleagues, or in the course of supervision or professional training, provided the *psychologist*:
 - (i) conceals the identity of *clients* and *associated parties* involved; or
 - (ii) obtains the *client's* consent, and gives prior notice to the recipients of the information that they are required to preserve the *client's* privacy, and obtains an undertaking from the recipients of the information that they will preserve the *client's* privacy.

- 10.1. *Psychologists* ensure that the content of their teaching or training programs on psychological assessment is based on research evidence and sound professional practice.
- 10.2. When *psychologists* use test materials for teaching or demonstration purposes, students or trainees are made aware of the full, delegated responsibilities they take on, particularly in relation to the non-disclosure of secure test materials and the confidentiality of results. *Psychologists* also inform trainees that, when using tests, they take responsibility for keeping the tests securely stored.
- 10.3 *Psychologists* exercise their responsibility to others in the teaching of psychological assessment by:
 - explaining to students the nature and purposes of the assessment in the provision of *psychological services*;
 - advising students of the potential risks of practising assessments with family, friends, or others with whom they have a personal relationship;
 - advising students of the potential risks of practising test administration on individuals for whom there is a reasonable likelihood that they may need to be administered these tests in the future;
 - obtaining the informed consent of individuals, including students, with whom the assessment procedures will be demonstrated;

- ensuring that the emotional and psychological wellbeing of persons who participate in classroom or training demonstrations are not compromised; and
- advising students who practise psychological assessment with other people that the students need to explain the nature and purpose of the assessment and obtain informed consent;
- obtaining an undertaking from students that they will preserve the confidentiality of participants in the demonstration and practice of psychological assessment and respect the participants' rights to privacy.

11. Research context

Refer to the *Code*, B.14.2. Research.

B.14.2. After research results are published or become publicly available, *psychologists* make the data on which their conclusions are based available to other competent professionals who seek to verify the substantive claims through reanalysis, provided that:

- (a) the data will be used only for the purpose stated in the approved research proposal; and
- (b) the identity of the participants is removed.

- 11.1. *Psychologists* obtain informed consent from those recruited as participants in research related to or involving psychological assessment.
- 11.2. *Psychologists* are aware that conducting psychological assessment in research contexts is different from clinical settings. *Psychologist* researchers identify areas of potential harm and put in place safeguards to protect the wellbeing of their participants.

12. Summary

Psychologists understand that psychological assessment is a core competency for psychologists. *Psychologists* conduct psychological assessments for a wide range of purposes across a broad range of contexts, and often with a growing range of assessment methods, including those emerging through the use of internet and media technologies. When conducting psychological assessments, *psychologists* ensure that they obtain informed consent; outline the limits of confidentiality; and manage *client* relationships respectfully. *Psychologists* are qualified and competent in the selection, administration, interpretation, integration and reporting of the results of psychological assessments, and are aware of the risks associated with unsupervised or blind testing. They are aware that *clients'* test performance can be adversely affected by language barriers, cultural background and physical or mental conditions, and they consider assessment data in the context of other relevant information about the *client* and the circumstances in which the assessment was conducted. *Psychologists* maintain the security of psychological tests and other assessment materials and limit access to those who have the appropriate qualifications and training. They are also responsible for the use of psychological tests by their students or those to whom they delegate test administration. *Psychologists* keep themselves up-to-date with developments in assessment and testing which relate to their area of work.

13. References

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