

Guidelines for psychological assessment and the use of psychological tests

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1. Introduction

Refer to the *APS Code of Ethics* (2007), General Principle A: Respect for the rights and dignity of people and peoples.

They [*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.

- 1.1. The process of psychological assessment encompasses multiple sources of data, such as psychological tests, observation, structured interviews, questionnaires, rating scales, checklists, and other forms of data collection (Aiken & Groth-Marnat, 2006).
- 1.2. As psychological tests are the most common method of assessment both in *psychological services* to individuals and in research, these *Guidelines* have sections devoted to their use, and ethical principles and standards that apply specifically to them.
- 1.3. *Psychologists* undertake psychological assessment in diverse settings and are aware that *clients'* language and cultural background are important factors influencing the assessment. This awareness influences *psychologists'*:
 - a) choice of assessment methods;
 - b) interpretation of results;
 - c) compilation of their reports; and
 - d) communication to their *clients* regarding the assessment.
- 1.4. *Psychologists* undertake psychological assessment for varying purposes. A psychological assessment may be undertaken as a foundation for:
 - a) diagnosis - for example, cognitive impairment; intellectual ability; psychiatric illness; learning difficulty; etc.
 - b) planning and intervention - for example, obtaining a baseline measure prior to the implementation of a behaviour change program; identifying interests and preferences to guide career counselling;
 - c) decision-making - for example, pre-employment testing;
 - d) monitoring interventions - for example, assessing behaviour change; measuring psychological improvement; and
 - e) development of individuals, or groups in organisations.

2. Psychological assessments

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.

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

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.

- 2.1. When receiving a request for a psychological assessment, *psychologists* clarify the purpose of the request and select appropriate methods that are consistent with the purpose of the psychological assessment.
- 2.2. *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, particularly the distribution of any reports; and
 - d) how reports will be stored and the duration of storage.

- 2.3. Where relevant, *psychologists* explain that some aspects of psychological assessment may involve questions of a sensitive personal nature, (e.g., about the *client's* relationships, the *client's* family history, or the *client's* sex life).

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.

- 2.4. The financial arrangements for payment of a psychological assessment are clearly discussed with or conveyed to the *client*.

3. Conducting psychological assessments

Refer to the *Code*, 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*.

- 3.1. Competent conducting of psychological assessments includes, but is not limited to, the following steps:
 - a) determining the need to undertake a psychological assessment;
 - b) clarifying whether previous assessment data exist, and if so, whether the existing assessment data can be considered current, or a new assessment is required;
 - c) choosing appropriate and psychometrically sound assessment procedures and, where necessary, making adaptations to allow for cultural differences (refer to Section 4);

- d) accurately scoring and interpreting the results;
- e) considering the assessment data in the context of all available information about the *client*, rather than interpreting assessment data in isolation;
- f) drawing conclusions from the assessment of the *client* that are based on data obtained from a range of sources;
- g) effectively communicating the results by oral 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 human resources agency); and
- h) making sound recommendations and decisions on the basis of the results, ensuring each component of the assessment is appropriately weighted.

Refer to *Guidelines for the provision of psychological services for, and the conduct of psychological research with, Aboriginal and Torres Strait Islander people of Australia* (2003).

Refer to *Guidelines for the provision of psychological services for, and the conduct of research with, older adults* (2005).

- 3.2. When conducting psychological assessments, *psychologists* consider the particular *client* group with whom they are working, and the purpose of the assessment, and choose assessment tools accordingly. For example, *psychologists* ensure that the norms provided for use with a particular test are appropriate for the individual and/or population in question, and that the test items are culturally appropriate. Refer to the 'Special Issue: Issues in cross-cultural psychological assessment' (*Australian Psychologist*, 2009) and the Standards for Educational and Psychological Testing (1999), for further guidance on these and other similar issues.
- 3.3. When compiling psychological reports, *psychologists* explain the assessment method and measures, and take account of all relevant data when interpreting assessment results. They are aware of the limitations of computer-generated reports and recognise that the integration of diverse information about a *client* requires expert judgment. See also Section 6 – "Content of records" from *Guidelines for record keeping* (2004).
- 3.4. *Psychologists* exercise caution in drawing inferences from psychological assessments which are:
 - in the process of development;
 - being applied outside their empirically established purposes or populations; or
 - used informally to generate hypotheses.
 When such instruments are the best available, these features are mentioned in any formal report and taken into account in the assessment.
- 3.5. In the context of providing reports, *psychologists* do not make professional judgements about individuals who have not been included in the assessment process.

Refer to *Advice statement for psychologists offering second opinions* (2000).

- 3.6. When asked to provide a second opinion and evaluate reports by other *psychologists*, *psychologists* are aware of the limitations to what can be said about a *client* they have not evaluated and with whom they have not interacted.

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

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.

- 3.7. Psychological assessment information is used only for the purposes for which it was first collected, and for which consent was obtained from the *client* being assessed, (refer to section 2.2.). If assessment results are to be used for a secondary purpose, *psychologists* obtain consent from the *client* prior to commencing the assessment.

4. Assessment of culturally and linguistically diverse clients

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.

Refer to the *Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia* (2003).

Refer to *Guidelines for the provision of psychological services for, and the conduct of research with, older adults* (2005).

Refer to the 'Special Issue: Issues in cross-cultural psychological assessment' (*Australian Psychologist*, 2009).

- 4.1. *Psychologists* are aware of the limitations of using English language assessment tools for the psychological assessment of culturally and linguistically diverse *clients* (Stolk, 2009).
- 4.2. When *psychologists* are 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 be familiar with these concepts. Where necessary, *psychologists* seek the advice of a relevant cultural consultant.
- 4.3. When assessing *clients* who are immigrants or former refugees, *psychologists* take responsibility for overcoming any language or cultural bias in the assessment instruments used. *Psychologists* are also mindful of the possibility that these *clients'* previous experiences may affect their readiness to be assessed.
- 4.4. When *psychologists* conduct assessments of cognitive functioning for culturally and linguistically diverse *clients*, *psychologists* review the suitability of available assessment tools, and adapt their assessment processes to reflect accurately each *client's* capabilities.

5. Confidentiality of psychological assessment data and records

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*.

Refer to *Guidelines on confidentiality* (2007).

- 5.1. When conducting psychological assessments, it is the ethical responsibility of the *psychologist* to indicate to those assessed the limits to confidentiality. An important part of *clients'* informed consent is written consent for the release of test results, where applicable.
- 5.2. *Psychologists* are responsible for safeguarding the confidentiality of psychological assessment data.
- 5.3. *Psychologists* clarify with their employer, at the outset of their employment in an organisation, the ethical requirement for confidentiality of psychological assessment data.
- 5.4. *Psychologists* working in multidisciplinary teams clarify with their colleagues:
 - a) the ethical requirement for confidentiality of psychological assessment data;
 - b) the type and extent of information that will be shared; and
 - c) how that information sharing will take place.

- 5.5. *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*.
- 5.6. *Psychologists* are reminded that the Commonwealth Privacy Act (1988), and some state Health Records Acts contain legally binding provisions regarding confidentiality of people's personal information. For example, *psychologists* are required to inform *clients* about how their personal information will be used, and to whom it may be disclosed.
- 5.7. *Psychologists* also protect the confidentiality of *client* data by sharing only that information which is essential to the effectiveness of the *psychological service*.
- 5.8. *Psychologists* are alert to inappropriate requests for *client* assessment records made by other professionals, and they decline to comply if doing so would be a breach of confidentiality, or the provisions of the Privacy Act.
- 5.9. The release of test results to *clients* may be sought under Privacy legislation or Freedom of Information, depending on the work context of the *psychologist*. The conditions of application and grounds for release of documents vary from system to system, and are available from the relevant authorities within each system. Test documents may be deemed exempt documents on the grounds that disclosure would be contrary to the public interest, where disclosure would:
 - a) invalidate the utility of the test or tests in the practice of psychology;
 - b) impair the ability of *psychologists* to perform their duties properly;
 - c) constitute a breach of the contractual arrangements under which *psychologists* are supplied with test materials.
- 5.10. If a *psychologist* leaves a multi-disciplinary environment and is not replaced by another psychologist, the responsibility for these data should be passed to another nominated psychologist and, where possible, *clients* should be advised of this requirement. An example from the Victorian Health Records Act (2001) enunciates the responsibilities for health service providers in the event of the transfer or closure of a practice, or death of the health service provider.

6. Management of assessment data and records

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

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.

- 6.1. In deciding how long to keep assessment data and records, *psychologists* are aware of their professional accountability and consider factors such as any relevant legislation, and the policies of their organisation.
- 6.2. *Psychologists* oversee and take responsibility for the security of psychological assessment data.

Refer to *Guidelines on record keeping* (2004).

7. Psychological tests

- 7.1. Psychological tests are characterised by standardised administration and scoring, the use of a manual and usually the availability of population norms to assist interpretation. A psychological test is a set of items that has accepted levels of reliability and validity, and allows measurement of some attribute of an individual, for example, intelligence, aptitudes or personality traits (Shum, O'Gorman & Myers, 2006).
- 7.2. *Psychologists* ensure they have the appropriate training and experience for each psychological test they use (Eyde et al, 1993; Kaplan & Saccuzzo, 2005). Psychological tests may be used only by *psychologists* who have appropriate training and experience. (Refer also to International Test Commission, 2005).

8. Acquisition of psychological tests

- 8.1. Where purchases of tests for *psychologists* are made through a central agency within an organisation, professional authorisation of the purchase by a psychologist is essential.
- 8.2. Tests are acquired and used with full regard for the rights of authors, publishers, distributors and copyright holders. In particular, unauthorised photocopying of copyrighted tests is considered unethical.
- 8.3. When *psychologists* purchase tests, they take full ethical responsibility for the use of the tests. This may include their use by supervisees or students who are being trained in testing.

9. Security of psychological tests

- 9.1. *Psychologists* have a responsibility to protect the intellectual property of test authors and publishers. Where third parties request original test protocols, the third parties are usually offered a report that does not include the original test protocols.
- 9.2. Psychological test materials are kept secure so that test administration, scoring and interpretation are not compromised, for example, by a *client* having prior knowledge of test item content.
- 9.3. Where test materials are used for teaching or demonstration purposes, students or trainees are made aware of the full, delegated ethical responsibilities they also assume, particularly in relation to the non-disclosure of secure test materials and the confidentiality of results. Trainees are also made aware that they assume responsibility for keeping the tests securely stored while in their use.

10. Use of psychological tests

- 10.1. The following broad areas of knowledge underpin competent use of psychological tests:
 - a) understanding the nature of the construct(s) underlying a test score, as this is essential to the way in which inferences are to be drawn from test results;
 - b) understanding basic psychometric principles and procedures, and the technical requirements of tests;
 - c) understanding the technical properties and limitations of the particular instrument or instruments used; and
 - d) awareness of the context in which the test is being used (e.g., for clinical diagnosis, personal/relationship counselling, school achievement, personnel selection, diagnosis of brain functioning) in order to be able to integrate the test results with other pertinent information about the individual(s) being tested.

Additional knowledge, understanding and skills relevant to test usage are outlined in the International Test Commission Guidelines (2005).

- 10.2. *Psychologists'* use of tests is based on accepted standards of test use. Test users ensure that any test used as part of a formal psychometric 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 standard error of measurement, and validity and reliability data;
 - b) is valid for the purpose for which the test is used, and is also differentially 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 social class);
 - c) has adequate evidence of the reliability of test scores; and
 - d) has appropriate normative or reference group data to allow for the interpretation of scores in relation to a clearly defined population, which requires adequate information on the sampling procedure, the characteristics of the norm sample, and the date(s) when the normative data were collected.
- 10.3. *Psychologists* monitor and periodically review the continuing effectiveness of tests they use. They keep abreast of the professional literature concerning psychological tests and testing, including reviews of tests and reports on their validity in different contexts.

11. Delegating administration of psychological tests

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.

11.1. While a *psychologist* retains full ethical responsibility for the interpretation and reporting of psychological test scores, the administration and scoring of some tests may be delegated to suitably trained persons. Examples are noted in the selection of candidates for employment or staff development purposes, by computerised testing services. The *psychologist* will be satisfied that any non-psychologist to whom delegation is made is aware of, and abides by, all relevant ethical and procedural considerations to ensure proper administration and scoring and the maintenance of confidentiality.

11.2. Some aspects of using test results (e.g., applying decision rules on the basis of cut-off scores) might also be entrusted to non-psychologists, provided the *psychologist* (or other competent professional) has determined the manner in which the test is to be used and assumes responsibility for its use. Interpretation and reporting of the test results and the provision of feedback remain the responsibility of the *psychologist*.

12. Interpreting psychological tests

12.1. The interpretation of test results and preparation of the psychological report is the full responsibility of the *psychologist*. *Psychologists* select their words carefully, and 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.

12.2. *Psychologists* consider all other information about the *client* that is relevant to drawing inferences from test results (e.g., the person might not be proficient in English, may have been very nervous about being tested, may be on large doses of medication, or may have taken the same or a similar test previously).

13. Communication of psychological test results

13.1. When communicating psychological test results, *psychologists* are aware of the concept of “standard error of measurement” and associated confidence intervals, and explain the meaning of a *client’s* test results so that *clients* understand the limitations of the test results.

13.2. *Psychologists* recognise the possible harm of providing individual IQs, either as percentiles or in qualitative terms, without any supporting or contextual information, such as characteristics of both the test itself and of the person being tested. *Psychologists* recognise the importance of communicating confidence intervals as part of the information about test scores.

13.3. *Psychologists* do not support the use of a single IQ score as a rationale for *clients’* access to or withdrawal of services.

14. 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.

Within the scope of their competence, *psychologists* may also engage in the development of new psychological tests, and are responsible for maintaining appropriate psychometric standards, including the communication of current relevant data on the reliability and validity of the tests. The American Education Research Association's *Standards for Educational and Psychological Testing* (1999) provide additional standards for test development.

15. Online psychological tests and testing

Refer to *Guidelines for providing psychological services and products on the internet* (2004).

- 15.1. The internet has enabled greater access to psychological tests, particularly for *clients* in remote locations. It has also enabled greater convenience of administration, increased speed and access to testing, and improved accuracy in scoring. The use of unsupervised testing is particularly prevalent in occupational testing where it enables candidates anywhere in the world to complete an assessment without the requirement for supervised administration. *Psychologists* are aware of the risks associated with unsupervised test administration which is increasingly afforded by internet technologies. (Bartram & Hambleton, 2006; British Psychological Society, 2007; ITC Guidelines for computer-based and Internet delivered testing, 2005).
- 15.2. *Psychologists* ensure that tests available on the internet have adequate psychometric properties, and that their use can be justified in the context in which they are applied.
- 15.3. *Psychologists* are also aware of the potential limitations some publishers impose on access to raw data, and take steps to ensure that they have adequate access to the raw data they require.
- 15.4. As data on the internet are accessible worldwide, there is the potential for online tests to be completed by a population for which they were not designed. *Psychologists* take steps to ensure that tests are undertaken by appropriate individuals and that there is appropriate use of test norms (Naglieri et al, 2004).
- 15.5. The publication of tests online has enabled materials to be copied and distributed by unqualified persons. It is the responsibility of *psychologists* to limit access to testing materials and to report copyright violations.
- 15.6. *Psychologists* who conduct unsupervised testing using the internet have a responsibility to be aware of the associated issues, risks and limitations associated with informed consent, test taker authentication, standardisation of administration, data security, the interpretation of "blind" tests, and the provision of feedback.
 - 15.6.1. Informed consent.
Psychologists provide sufficient information prior to test taking to enable informed consent. As written consent is not possible, candidates may be advised that their completion of the test is an indication of their consent.
 - 15.6.2. Test taker authentication.
When online tests are administered without the supervision of a *psychologist* or test administrator, it is not possible to authenticate the test taker. *Psychologists* take steps to verify the results by, for example, subsequent supervised testing using parallel forms of the test or by requesting the test taker endorse a statement that they are the test taker. *Clients* are made aware upfront of such testing options, and the strengths and costs associated with these testing alternatives.
 - 15.6.3. Standardised administration.
Psychologists are aware of the potential for unsupervised online testing to compromise the standardisation of administration procedures and take steps to minimise the associated risks. *Clients* are advised about the need for an appropriate time and space in which to complete the test to minimise distractions and other factors that may undermine their test performance.
 - 15.6.4. Data security.
When data are collected online, security is protected by the provision of usernames and passwords. *Psychologists* inform their *clients* of how test data will be stored (e.g., electronic database which is backed up). Regarding data storage, ideally secure test environments should use a three-tier server model consisting of an internet server, a test application server, and a database server (Naglieri et al, 2004). Measures are taken to ensure that the testing site is secure and that it cannot be entered without authorisation or be corrupted.

15.6.5. “Blind” interpretation of test data.

Psychologists are aware of the limitations of “blind” test interpretation, that is, interpretation of tests in isolation without supporting assessment data and the benefit of observing the test taker. These include not having the opportunity to make clinical observations of the test taker (e.g., test anxiety, distractibility, or potentially limiting factors such as language, disability etc) or to conduct other assessments that may be required to support the test results (e.g., interview). It is also important that measures are taken to ensure that *clients’* test performance has not been affected by factors such as disability, language or cultural background, or other physical or mental conditions (e.g., intoxication or drug use, legal medication, temporary illness).

15.6.6. Giving feedback.

Despite the physical distance, *psychologists* provide the opportunity for feedback to be given to *clients* who have completed unsupervised testing online in remote locations (Naglieri et al, 2004).

15.6.7. Equivalence with pencil-and-paper tests.

Tests that were developed for pencil-and-paper administration under supervised, controlled conditions cannot be assumed to provide equivalent measurement when administered over the internet in unsupervised conditions. When using traditional pencil-and-paper tests that have been adapted for online administration, *psychologists* are aware of their equivalence and the relevance of the norms used.

15.7. *Psychologists* recognise that conducting an online unsupervised psychological assessment is not a substitute for supervised psychological assessment performed by a qualified professional. At best, it may provide a complementary function.

16. Summary

Psychologists bring ethical commitment, knowledge and skills to the practice of psychological assessment and are aware of their duty of care to their *clients*. They are ethical and skilled in their selection of assessment procedures, and their application to individuals and groups, the preparation of reports and communication of results. They keep assessment materials and records confidential, and they seek to have current knowledge about the procedures they employ. They are aware of the necessity of continuing education, for example, in relevant test theory and research.

17. References

- Aiken, L. R. & Groth-Marnat, G. (2006). *Psychological testing and assessment*. (12th ed.). Boston: Pearson.
- American Education Research Association's *Standards for Educational and Psychological Testing* (1999)
- Australian Psychological Society. (2000). Advice statement for psychologists offering second opinions. *In Psych, the Bulletin of The Australian Psychological Society Ltd*, 22 (3), 12.
- Australian Psychological Society. (2003). *Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia*. Melbourne: Author.
- Australian Psychological Society. (2004). *Guidelines for providing psychological services and products on the internet*. Melbourne: Author.
- Australian Psychological Society. (2004). *Guidelines on record keeping*. Melbourne: Author.
- Australian Psychological Society. (2005). *Guidelines for the provision of psychological services for, and the conduct of research with, older adults*. Melbourne: Author.
- Australian Psychological Society. (2007). *Code of ethics*. Melbourne: Author.
- Australian Psychological Society. (2007). *Guidelines on confidentiality*. Melbourne: Author.
- Bartram, D. & Hambleton, R. K. (2006). *Computer-based testing and the internet: Issues and advances*. Chichester: John Wiley & Sons.
- British Psychological Society (2007). *Report of the working party on conducting research on the internet*. Leicester: Author.
- Eyde, L. D., Robertson, G. J., Krug, S. E., Moreland, K. L., Robertson, A. G., Shewan, C. M., Harrison, P. L., Porch, B. E., Hammer, A. L., & Primoff, E. S. (1993). *Responsible test use: Case studies for assessing human behaviour*. Washington: APA.
- International Test Commission. (2005). *International guidelines on computer-based and internet delivered testing*. Author.
- Kaplan, R. M., & Saccuzzo, D. P. (2005). *Psychological testing: Principles, applications and issues*. (6th ed.). Belmont, California: Wadsworth.
- Naglieri, J. A., Drasgow, F., Schmit, M., Handler, L., Prifitera, A., Margolis, A., & Velasquez, R. (2004). Psychological testing on the internet: New problems, old issues. *American Psychologist*, 59, 156-162.
- Shum, D., O'Gorman, J., & Myors, B. (2006). *Psychological Testing and Assessment*. South Melbourne: Oxford University Press.
- Special Issue: Issues in cross-cultural psychological assessment. (2009). *Australian Psychologist*, 44, 1-64.
- Stolk, Y. (2009). Approaches to the influence of culture and language on cognitive assessment instruments: The Australian context. *Australian Psychologist*, 44, 1-5.

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