

Standard 9: Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard [2.04, Bases for Scientific and Professional Judgments.](#))

(b) Except as noted in [9.01c](#), psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards [2.01, Boundaries of Competence](#), and [9.06, Interpreting Assessment Results.](#))

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret or use assessment techniques, interviews, tests or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

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

9.04 Release of Test Data

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

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities and other characteristics of the person being assessed, such as situational, personal, linguistic and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards [2.01b and c, Boundaries of Competence](#), and [3.01, Unfair Discrimination](#).)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard [2.05, Delegation of Work to Others](#).)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard [2.01b and c, Boundaries of Competence](#).)

(c) Psychologists retain responsibility for the appropriate application, interpretation and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants

or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term test materials refers to manuals, instruments, protocols and test questions or stimuli and does not include test data as defined in Standard [9.04, Release of Test Data](#). Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

COMMENTARY

Standard 9: Assessment

9.01 Bases for Assessments: Very few standardized assessment instruments have been normed or validated with specific Indigenous peoples. Hence their validity is not established within the confines of the specific nations. Psychologists often do not acknowledge this in their written or oral reports of assessment findings with American Indian subjects. Cultural competence in the client's specific Tribal background is of paramount concern in guiding the choice of assessment instruments and the interpretation of the results.

9.01: Most commonly used psychology assessments and measures do not have Native norms. But even when they do, the measure's original development was not usually done in consultation with a Native population using Native constructs (refer to Values Statement). So the validity of using Westernized measures with Native people is further reduced if not completely absent.

9.02 Use of Assessments: It is almost impossible to find instruments whose validity and reliability have been established with Native people. That being said, when assessments are necessary, interpretations should be highly qualified. The robustness of the results cannot be assumed.

9.02 (a): The assessment interview is generally taught as a series of questions that build upon one another in a linear way to generate a diagnosis and guide the development of a treatment plan. For Native clients, circular story telling must be understood and incorporated, since linear story telling may not be as familiar.

9.02 (a): The context of the client in their community must be understood in order to gather appropriate information during an assessment. The assessor should understand the presence and salience of intergenerational trauma and grief in the client's individual background and in the specific community.

9.02 (c): Many Native people do not speak English and if they do, they may not speak the type of English used in the assessments. I have never heard of a measure having Cherokee, Blackfeet, Navajo, etc. norms.

Story

I was conducting psychological assessments for Child Protection Services on the Navajo reservation. I was using a battery of tests that included the Rorschach, Thematic Apperception Test, Incomplete Sentence Blank, and the WAIS III. When I first began to do the testing, I used the standard TAT test, where the respondent was to make up a story related to the picture I presented. I noticed right away that the respondents were pausing before giving a response to the pictures. For example, Card 1 has a white boy in a white starched shirt looking at a violin. My sense was that the Navajo children I was testing did not have a lot of exposure, if any, to a violin. Secondly, they were trying to think about

what a white boy would be doing with this violin, therefore were not putting themselves into the story.

I created a set of cards that had Navajo children and adults, as well as Navajo scenery. I noticed that the children responded right away to the pictures, as they were more able to identify with the figures and the scenery in the pictures. Interestingly, years later, I thought I could use these same cards with children at the Taos Pueblo, but found them to respond, “This looks like a Navajo... etc., etc.”! Thus, I changed the pictures to include Pueblos and Pueblo scenery. I did the same with Lakota respondents, selecting pictures of Lakotas in various situations.

9.03 Informed Consent in Assessments: Informed consent is not necessarily accurate with American Indian people because they are more likely to respond more to the social skill repertoire of the psychologist than to the content of the proposed assessment. “If I trust you, sure, I’ll do what you want me to do.” If the client distrusts the psychologist, they are more likely to be passive and quiet; giving half-hearted cooperation and reducing the accuracy of the outcome measures.

9.03 (b) This can be very complicated when there is a language barrier.

9.03 (c): The use of an interpreter is likely to generate a situation of multiple relationships. It is highly likely that the interpreter will know the client or perhaps even be a family member. This would potentially limit confidentiality and also create a higher level of discomfort for the client because a friend, family member, or community member is in their session.

9.03 (c): Conducting an assessment through interpreters creates a set of problems stemming from the difficulty of accurately translating items from English to Native tongue, and responses from Native tongue to English. Ideally, the responses would be checked with translation-back translation methods to determine the variance of items across the languages before being used to formulate the interpretation.

9.05 Test Construction: Test construction methods currently in use do not create tests valid for use across different Native groups. Researchers rarely work with Native people to develop accurate measures. It is the responsibility of psychologists to create assessments for Native people that have strong psychometric qualities.

9.05: Appropriate assessments for Native clients include information about the client’s collective family and community rather than merely just individual measures. These assessments may include a home visit or community cultural visit to look at the in-vivo factors of resiliency. (See Value Statement, especially #7.)

Story

Our Tribe believes in the “Spirit” and our relationship to the sacred in all things. It is important to utilize this concept while conducting assessments with our people. Native psychologists utilize this concept in designing how we move through the process of assessment with our clients. It influences relationship building and subsequent interpretation. Non-verbal and spirit-moved exchanges are included in the assessment process. An assessment might need to be prolonged so a client can utilize the established and growing rapport to cry and share her or his narrative before the information gathering of assessment can continue. The character of the assessor is very important, making a difference in the effort put forth by the client.

It is our responsibility as Native psychologists to master this approach in addition to the objective, linear approach we learned in graduate school. Our professionalism is not reduced or compromised by pursuing this approach to assessment.

9.06 Interpreting Assessment Results: The context of the client in their specific community must be understood in order to appropriately interpret the information gathered during an assessment. Too frequently, the interpretation of results may be incorrect due to lack of cultural competence in the assessor, a lack of cultural understanding, and of course, the lack of norms. The literature is replete with interpretation problems when it comes to indigenous communities and individuals. Interpretations have failed to understand the spiritual belief system; failed to take into account the community versus individualistic views; and failed to see the client within their cultural norms. Those incorrect interpretations tend to be based upon the dominant culture’s norms, individualistic perspectives and spiritual systems.

9.06: The level of acculturation of the client and the level of cultural competence of the administrator could influence the validity as well as the interpretation of the results of an assessment.

Story

In conducting an ADHD assessment with a 5 year-old boy, I realized that the way of interpreting the results of an assessment could narrow our view of the client’s needs and the subsequent treatment planning. Collateral data for this child suggested that his ADHD symptoms might be the consequence of trauma often experienced in low-income, marginalized populations. Standard practice in the clinic supported psychotropic treatment for ADHD, based on the presence of symptoms in the assessment for ADHD.

The problem for me was that the information related to trauma and environmental issues were ignored by the senior clinician. The narrow focus on the results from the ADHD assessment put a 5 year-old on Ritalin and his parents in parenting classes that ignored environmental variables.

From an Indigenous perspective healing starts with the family and community. The assessment available did not support a holistic perspective on wellbeing that could generate answers and solutions for healing from the Indigenous perspective. A systems

perspective in assessment is needed to examine the dynamic that otherwise could pathologize a child's natural response to their stressful environment.

9.07 Assessment by Unqualified Persons: Many who do assessments in Indian country are not qualified but do it because they lack cultural competence. When there is no one else to do the assessment, it is incumbent upon the psychologist to obtain culturally competent supervision.

9.09 Test Scoring and Interpretation Services: It is the observation of many SIP members that the use of extreme caution when scoring and interpreting assessment results for Native clients is not used enough. It is also rare to find non-culturally competent psychologists seeking supervision about test scoring and interpretation (refer to the Principle of Humility in the Values Statement).

9.09 (b): There are no automated interpretation services that use norms for Native populations.

9.10 Explaining Assessment Results: It is rare to find a culturally competent psychologist who can explain assessment results regarding American Indian clients. It is equally rare to find non-culturally competent psychologists who seek supervision about this (refer to the Principle of Humility in the Values Statement).