

**Practice Standards
For
The Psychological Assessment of
Disability and Impairment**

May 2004

TABLE OF CONTENTS

	Page
Introduction	1
Other Regulations, Standards, Ethics, Guidelines	1
Definitions	2
General Principles	3
Practice Standard 1: Competency	4
Practice Standard 2: Informed Consent for Release of Information	5
Practice Standard 3: Informed Consent to be Assessed for Disability Assessment	7
Practice Standard 4: Observation of the Individual During Disability Assessment	8
Practice Standard 5: Reporting the Assessment	8
Practice Standard 6: Demographic Information	9
Practice Standard 7: Psychometric Procedures	9
Practice Standard 8: Obtaining Histories	10
Practice Standard 9: Completeness of the Assessment	11
Practice Standard 10: Completeness of the Assessment Report	13
Practice Standard 11: Obligations to the Corporate Client	14
Practice Standard 12: Obligations to other Professionals	15
Practice Standard 13: Obligation of the Psychologist Assessor to Themselves	15

INTRODUCTION

The members of the Canadian Academy of Psychologists in Disability Assessment (CAPDA) believe that the psychological assessment of disability and impairment is a specialized area of practice that requires special skills and standards. The standards below were developed by CAPDA to guide its members in providing a high quality service in the assessment of individuals with known or suspected disabilities. These disabilities may be permanent or temporary and can arise because of any combination of physical illness or injury, pain, cognitive dysfunction or emotional problems. Services are most commonly provided when a third-party, such as an insurer, refers to an independent practitioner and pays for a claimant's assessment. However, these Standards may also be applicable to a number of other service situations.

The Practice Standards are provided to protect the claimant, the corporate client or referral source, the psychologist and the public. They are developed to represent accepted practice in the psychological assessment of disability and impairment and to clarify the responsibilities that assessors have to the individuals they see, their corporate clients and to themselves.

Disability assessments frequently need to respond to a wide variety of questions in addition to questions about the presence or absence of impairment. Assessors are often asked to provide opinions on, causality, course, severity, impact, onset, treatment, prognosis and diagnoses. Assessors may also be asked to provide opinions on medical and psychological reports, clinical notes and records and other records such as academic transcripts, performance evaluations and videotapes. Many psychologists also provide psychological treatment to individuals with known or suspected psychological impairments, and may be asked to determine the need for treatment or intervention and its type, frequency and duration. Although these guidelines apply to disability and impairment assessments, most sections also apply to medical (psychological)-legal assessments.

OTHER REGULATIONS, STANDARDS, ETHICS, GUIDELINES

The standards outlined below are practice standards. They do not replace those ethical standards, or conduct regulations, standards or guidelines endorsed by provincial regulatory bodies. CAPDA urges psychologists in disability assessment to attend especially to those provincial conduct principles, which speak to competency, objectivity, thoroughness, the limits of psychometric assessment and the limits of professional judgments and confidentiality.

The practice of psychologist who offer assessments of disability is also governed by other provincial statutes, which determine the procedures for the administration of insurance policies and the procedures for managing claims, releasing information and complaints. Psychologists have the responsibility of being aware of those statutes, which are relevant to their practice.

Members of the Canadian Academy of Psychologists in Disability Assessment are reminded that the by-laws provide for the removal from membership in CAPDA of members who disregard the Practice Standards and the Standards of Conduct of Psychology.

DEFINITIONS

NOTE: CAPDA is aware that the classification system of limitations in functions that the World Health Organization (July, 1999) is currently developing has, to some degree, replaced terms such as disability, impairment and handicap with new references. Impairment in body functions and structures, activity limitation and participation restriction are the new references. For a complete review of this new International Classification of Functioning and Disability (ICIDH-2) the reader is referred to www.who.int/icidh/. Unfortunately, current insurance legislation frequently uses the earlier terms and for this reason impairment, disability and handicap, for the purposes of the current Standards, are employed and defined below. CAPDA members should also be aware that the test for disability may be determined by legislation or the insurance contract between the insurer and the claimant.

Impairment

Impairment: A loss of abnormality of psychological, physiological or anatomical structure or function (World Health Organization, 1980)

Disability

Disability: A restriction or lack of ability (resulting from an impairment) to perform an activity in the manner, or within the range, considered normal for an individual (World Health Organization, 1980).

Handicap

Handicap: A disadvantage for an individual resulting from an impairment or a disability that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors for that individual (World Health Organization, 1980).

Disability Assessment

The assessment of impairment and disability in those individuals with known or suspected impairments in physical, emotional or cognitive functions.

Standards

Practice Standards for the Psychological Assessment of Disability and Impairment.

Individual

A person referred for assessment.

Corporate Client

A group or organization, which requests and/or funds the psychological assessment service.

GENERAL PRINCIPLES

Psychologists who practice in the area of disability assessment are reminded of the importance of respecting the dignity of persons. Disability assessments are different than many other forms of psychological assessments in that the principal client is the person or agency that requests the service, and not the individual who is assessed. The decisions of the psychologist in such assessments may have a substantial impact on the individual's life, potentially resulting in the cessation or reduction of benefits, or the cessation or reduction in some forms of treatment.

Psychologists are mindful of the fact that the individual who is being assessed may not have chosen to be assessed and may find the experience stressful. Psychologists must take into account the pressure that the individual may be experiencing in attending the assessment.

Psychologists should make every reasonable effort to ensure that the patient understands the nature of the assessment, its purpose, potential outcomes and the psychologist's role. The individual must make as free and informed a decision as possible about whether or not to undergo the assessment and authorize the release of information to third parties. The individual must be provided with all the information necessary for them to make an informed decision.

Once the individual agrees to undergo the assessment, the psychologist has a number of obligations. The psychologist

- strives for the utmost fairness and objectivity in the assessment;
- is mindful of the fact that their ultimate client is the members society and the public as a whole, and that their reports will be judge din a legal and regulatory context in which impartiality is particularly important;
- is also mindful of the types of monetary and personal influences and pressures, which can be brought to bear in such assessments;
- strives to provide services, which are based upon sound and contemporary knowledge and practice standards;
- makes every effort to consider all the relevant factors in interpreting assessment findings, including cultural, demographic and psychosocial factors which may be unrelated to the reason for referral but which may be affecting the individual;
- strives to understand the nature of the compensation process and how it affects all the parties;
- strives to understand the nature of the compensation process as a reinforcement system, which can affect the individuals' presentation, and make reasonable efforts to understand how the individual's perceptions and expectations of that process can affect behaviour;
- shall cause no physical or psychological harm to individuals referred for assessment;
- is mindful of the pressures that may be on an individual to attend an assessment and the ways in which this may affect the individual's presentation and behaviour;
- shall, in the interest of all parties, have a clear understanding of the disability test used by the referral source.

PRACTICE STANDARD 1 – COMPETENCY

Psychologists who offer disability assessments shall be sufficiently competent through education, training and experience to provide these services.

- 1.1 Psychologists shall be registered or listed or members in good standing with their respective provincial regulatory body(s).
- 1.2 Psychologists shall have appropriate training, education and experience in those areas of clinical, rehabilitation, clinical neuropsychology and forensic psychology, and tests and measurements that are relevant to their practice of disability assessment.
- 1.3 Adequate competency in the assessment of, and knowledge of the treatment of the following conditions is also required:
 - Posttraumatic physical and psychological disorders
 - Acute and chronic pain
 - Anxiety, depression and anger
 - Malingering and factitious disorders
 - General psychopathology
 - Brain damage, neurological, neurobehavioural, developmental and cognitive disorders, and

Psychologists who practice in clinical neuropsychology shall have an adequate knowledge of:

- Neuropathology
- Neuroanatomy
- Neurological disorders
- Neurodiagnostics
- Neuroimaging
- Neuropsychometrics and
- Brain-behaviour relationships, and,

Psychologists who provide services to children and infants shall have an adequate knowledge of:

- Clinical child psychology
- Clinical child neuropsychology
- Child psychopathology and,

Psychologists who provide services to the elderly shall have an adequate knowledge of psychogeriatrics.

- 1.4 Staff, such as psychometrics, who are employed by psychologists, shall be sufficiently competent through supervision, education, training and experience to provide services.

- 1.5 Psychologists and their staff shall participate in regular and relevant continuing education programs.
- 1.6 Psychologists shall only use trained and professional translators.
- 1.7 Translators used in the assessment of disability shall be adequately prepared for the assessment.

PRACTICE STANDARD 2 - INFORMED CONSENT FOR THE RELEASE OF INFORMATION

Psychologists who offer psychological disability assessments shall fully inform the individual on matters related to the release of information.

- 2.1 Practitioners who offer services in disability assessment and who will be releasing information on an individual to a corporate client have an obligation to inform individuals, or their legal guardians or representatives of the following:
 - The name of the person or corporate client requesting the assessment;
 - The assessor's obligations to the referral source and to the individual;
 - The purpose of the assessment;
 - The names of individuals and/or organizations who will receive information arising from the assessment;
 - Procedures, if any, by which the individual can access the assessment report and other information;
 - Procedures for responding to an individual's request for a change or correction of the assessor's report;
 - Any restrictions in the individual's right to rescind a consent;
 - The expiration date, if any, of the consent to release information;
 - Opportunities and means, if any, for the individual to review the assessment results with the assessor;
 - The opportunity to ask questions about the consent to release information;
 - The assessor's right to review documents and release information at a future date.

and that

- Any information provided to the assessor by the individual or a collateral contact may be referenced in a report;
- Information may also be released to the corporate client from other documents which may be provided to the assessor (e.g. medical, rehabilitation, legal, psychological, hospital or insurance reports);
- The individual can refuse to answer any questions;
- The individual can terminate the assessment at any time;
- The individual will not have an opportunity to review the report before it is released;
- The assessor can only control the distribution of reports directly from her/his service and only within the limits of recognized legal procedures;
- The assessor will be observing behaviour during their attendance at the assessment appointment and reporting on this behaviour.

2.2 Assessors shall inform individuals or their legal guardians or representatives of the limits of confidentiality.

Comment: Although these limits may be different in various jurisdictions the most common limitations are noted below:

- The release of records or obligations to testify in response to duly executed court order or summons to witness;
- The obligation to report child abuse or neglect;
- The obligation to take action if any individual is perceived by the assessor to be a danger to themselves or another person;
- Access to information by the regulatory body or psychology;
- Consultation or involvement of students, regulated colleagues or partners;
- Other limitations specific to the regulations of various acts of the province in which the assessor provides service.

2.3 Psychological assessors of disability shall acquire a witnessed and signed consent by the individual or the legal guardian or representative to the release of information to other parties unless otherwise required by provincial statute or regulation.

PRACTICE STANDARD 3 - INFORMED CONSENT TO BE ASSESSED FOR DISABILITY ASSESSMENT

The individual or their legal guardian or committee, shall be informed about the procedures undertaken in a disability assessment and consent shall be obtained from the individual to undertake the assessment.

3.1 Psychologists who plan to undertake a disability assessment of an individual have an obligation to inform them or their legal guardians or representatives of the following:

- The purpose of the assessment;
- The types of procedures to be undertaken;
- The estimated length of time and the number of appointments of the assessment;
- The availability of breaks in the assessment;
- The consequences if the individual chooses not to proceed with the assessment or answer a question;
- The possible impact the assessment may have on their personal situation including their financial, legal and treatment status;
- The opportunity to ask questions about the assessment;
- The responsibilities and reporting relationships of those staff who will be administering the assessment;
- The training and qualifications of the psychologist and staff.

3.2 Psychological assessors of disability shall acquire a witnessed and signed consent by the individual client or the legal guardian or representative to proceed with a disability assessment unless otherwise required by a provincial regulation or statute.

PRACTICE STANDARD 4 - OBSERVATIONS OF THE INDIVIDUAL DURING DISABILITY ASSESSEMNT

Psychologist Assessors of disability shall evaluate and report on relevant observations of the individual during assessment.

4.1 Disability assessors shall report on important observations made of the individual during their attendance at a disability assessment. Although not limited to the following, reports of observations should address the following if significant.

- The ability of the individual to understand questions;
- The native language of the individual client and the use of an interpreter;
- Behaviours, appearances, physical presentation or thoughts which may reflect psychological or physical pathology or distress and/or coping skills;
- The motivation, cooperation of the individual client;
- The presence of any apparent physical, emotional or cognitive impairments;
- The presence of any pain behaviours;
- Those behaviours and signs which may suggest the effects of medication or other substances.

PRACTICE STANDARD 5 - REPORTING THE ASSESSMENT

If a report is rendered, psychologist assessors of disability shall describe the assessment, which was undertaken.

5.1 Psychologists shall provide the important information about procedures undertaken during a disability assessment. Although not limited to the following, disability assessment reports shall include the following:

- The dates of the assessment(s) and the report;
- The responsibilities of staff involved in the assessment;
- The interview, psychometric or other procedures which were employed;
- The use and preparation of translators;
- The types, authors and dates of any relevant documents reviewed as part of the assessment;
- The names and relation of all persons interviewed during the assessment;
- A record of any attempts to acquire additional information;
- Factors which resulted in any delay in preparing the report;
- Mention of important documents or records not accessible to the psychologist.

PRACTICE STANDARD 6 – DEMOGRAPHIC INFORMATION

Assessors of disability shall acquire and report on relevant demographic information about the individual.

6.1 Although not limited to the following, disability assessment reports shall include the following demographic information about the individual.

- Correct names, date and country of birth;
- Current psychosocial situation;
- Education and place;
- Native language and other languages spoken;
- Marital status, children;
- Immigration date;
- Most recent occupation and employment and status
- Principal practitioners involved in their care.

and for children

- Their school, grade, grades and board of education;
- Parent names and addresses;
- Custody information.

PRACTICE STANDARD 7 – PSYCHOMETRIC PROCEDURES

Psychologist assessors of disability shall be competent in the use, description and reporting of psychometric procedures and, whenever possible, utilize contemporary and appropriate psychometric instruments in the assessment of disability and its consequences.

7.1 Disability assessors and their staff shall make themselves aware of those contemporary psychometric instruments, which are useful in disability assessment.

7.2 Psychologists shall employ multiple standardized psychometric tests whenever possible.

7.3 Assessors shall be aware of the psychometric properties and limitations of the tests that are employed and of their interpretive value with various populations and diagnostic groups.

7.4 Psychologists, whenever possible, shall employ psychometric procedures which measure response bias and symptom validity.

7.5 Psychologists who do disability assessments shall respect the copyright laws issues associated with published psychometric procedures.

- 7.6 Psychologists shall prevent, whenever possible, the circulation of psychometric test protocols in the public domain.
- 7.7 Psychologists shall provide accurate information about the psychometric procedures, which they employ.
- 7.8 Psychologists shall address any apparent discrepancies between the results of psychometric tests and other information.
- 7.9 Psychologists shall not cite raw test results or quote test items or provide explicit descriptions of test materials and/or equipment or its purpose, in their reports.

PRACTICE STANDARD 8 – OBTAINING HISTORIES

Psychologists shall obtain a complete history, whenever possible, of those factors which are relevant to their understanding of the individual's possible disability and its consequences.

- 8.1 Psychologist assessors shall obtain a history in those areas relevant to the assessment of disability. Although not limited to the following, assessors shall be guided by the need to obtain relevant information about the following histories:
 - Family
 - Educational
 - Medical, surgical
 - Psychological including emotional and/or physical trauma
 - Marital
 - Vocational
 - Cognitive
 - Social
 - Disability
 - Legal/criminal
 - Medication, drugs, alcohol, nutritional status which affect the central nervous system

and psychologists who provide service to infants and children shall obtain, in addition, the following histories:

- Birth
- Development
- Family, psychosocial

8.2 Psychologists shall also obtain a complete history of the individual's presenting symptoms as they relate to the assessment inclusive of:

- The type of symptom
- The time of onset
- Frequency, intensity and duration
- Various interventions and their effectiveness
- Improvement or deterioration over time
- The effect on daily work, household, caregiving, self-care, recreational and social life
- The presence of impairment

and in those situations in which various symptoms appear to follow a psychological or physical event, a history of each symptom prior to the event

8.3 Psychologists shall obtain a history of the individual's functions in activities of daily living and as a caregiver and/or student and/or homemaker and/or employee.

8.4 Assessors shall report relevant findings acquired while taking a history.

8.5 Psychologists may contact treating professionals for further information as appropriate.

PRACTICE STANDARD 9 – COMPLETENESS OF THE ASSESSMENT

Disability assessors shall endeavour to undertake a complete assessment.

9.1 During a disability assessment, the assessor shall attempt to evaluate an individual for the presence of a broad range of common psychological conditions. Although not limited to the following, assessors shall assess for the presence of the following:

- Anxiety
- Depression and mood disorders
- Anger
- Posttraumatic stress
- Malingering, factitious disorders
- Acute or chronic pain
- Situational stress
- Personality disorders or factors
- Psychotic or schizophrenic disorders
- Cognitive impairment
- Developmental abnormalities
- Substance abuse and

Practitioners undertaking neuropsychological assessments shall employ accepted assessment procedures to evaluate:

- Language
- Visuospatial abilities
- Cognitive processing efficiency
- Attention
- Concentration
- Problem solving
- Reasoning
- Learning
- Memory
- Intelligence
- Academic achievement
- Sensorimotor abilities
- Effort and motivation
- Mood and personality

to determine the presence of any of the following:

- Dementia/neurodegenerative disease
- Cerebral vascular conditions
- Neoplasm(s)
- Infectious disorders
- Developmental disorders
- Seizure disorders
- Traumatic brain injury
- Toxic conditions
- Neurological illnesses
- Metabolic disorders
- Psychiatric disorders or conditions

9.2 Assessors shall report on the presence of any of these conditions and speak to their:

- Severity
- History
- Effect on functioning
- Relation to any trauma or injury
- Treatments

PRACTICE STANDARD 10 – COMPLETENESS OF THE ASSESSMENT REPORT

Psychologist disability assessors shall prepare complete and comprehensive assessment reports.

10.1 Although not limited to the following, disability assessment reports shall provide relevant information in the following areas:

- Source and reason for referral
- Individual client demographics
- Dates and types of procedures undertaken
- Observations during assessment
- Relevant histories
- Individual client symptoms, complaints
- The results of any psychometric instruments
- A review of important information contained in records
- The psychologists' attempts to acquire additional records
- Assessment findings/conclusions/formulation/diagnosis and reasons
- The relationship of the findings to any injury or traumatic event, life event, or pre-morbid condition
- The presence and degree of any impairment or disability which would affect the individual's function in activities of daily life or as a student, caregiver, homemaker or employee
- Prognosis, if appropriate
- Recommendations
- Answers to corporate client questions
- Additional concerns regarding individual safety or well being or public safety beyond the referral questions.

PRACTICE STANDARD 11 – OBLIGATIONS TO THE CORPORATE CLIENT

When working with a corporate client, psychologists have a responsibility to provide the corporate client with important information about the assessment and to provide a report, which is thorough and objective. Assessors avoid conflicts of interest.

11.1 Assessors shall inform the corporate client of the following:

- The fee schedule
- The date and duration of individual client appointments
- The professional activities undertaken and the charges for each activity
- The dates of individual client contact and the activities undertaken on each date
- Any reason why the assessor should not see the individual client
- Policies for the release of information to the individual client or other parties
- The qualifications of the assessor
- Regulatory body standards which conflict with requests of the corporate client

11.2 Psychologist assessors shall provide the corporate client with a report in a reasonable timeframe and/or discuss any delays with the corporate client.

11.3 Assessors shall prepare thorough reports as outlined in Principle 10.

11.4 Psychologists shall prepare objective reports, which outline the supportive information for any conclusions, diagnosis, recommendations, etiology of symptoms etc., including any discussion of contradictory evidence and the reasons for their diagnosis.

11.5 Psychologist assessors shall avoid conflicts of interest.

11.5.1 Assessors shall avoid situations in which they are in conflict of interest or lose their impartiality and objectivity when dealing with:

- Corporate clients
- Individuals
- Rehabilitation personnel
- Lawyers
- Medical personnel
- Others

11.5.2 Except in situations in which an assessor has undertaken an assessment for the purposes of treatment, assessors do not offer treatment services for individuals who they have seen for assessment.

11.5.3 At all times, Psychologists must be aware of who their corporate client(s) are and their obligations to each client and the individual assessed.

- 11.5.4 In situations in which a Psychologist has more than one corporate client for a single case, the Psychologist must not give preference to one corporate client versus another.
- 11.5.5 At all times, Psychologists shall remember their obligation to those corporate client(s) who first referred the individual and shall not respond to the requests of a potentially new corporate client without consent from the original client(s).

PRACTICE STANDARD 12 – OBLIGATIONS TO OTHER PROFESSIONALS

It is expected that there will be disagreements between psychologists and other psychologists and practitioners. Psychologists are respectful of their professional colleagues.

- 12.1 Psychologists shall respect the opinion of other practitioners such that they:
- Consider, at all times, the opinions of other practitioners to be a professional opinion based on professional judgment;
 - Never use innuendo, denigration or personal defamatory statements to discredit the opinions or services of other practitioners;
 - Respond to requests for information in a timely and ethical manner.

PRACTICE STANDARD 13 – OBLIGATION OF THE PSYCHOLOGIST ASSESSOR TO THEMSELVES

Psychologists have an obligation to be respectful of their personal well-being, and the well-being of their family and staff.

- 13.1 Psychologist assessors of disability shall protect themselves, their families, their colleagues and staff, and the public from physical or psychological abuse while providing services to individuals referred by corporate client.
- 13.2 Psychologists shall refuse to see any individual or shall discontinue seeing any individual who appears to be a physical or psychological threat to themselves, their staff and/or their family.
- 13.3 Psychologists are not obligated to any activity, which may compromise their personal well-being, and the well-being of their family and staff.
- 13.4 Psychologists shall invoice for the services that they provide.
- 13.5 Psychologists may employ other persons who assist them in their delivery of services.