

RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.



College of

HEALTH AND CARE PROFESSIONALS OF BC

The information in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, its Indigenous Cultural Safety and Humility and Anti-racism Standard, or any other official College communications or professional standards. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct or the Indigenous Cultural Safety and Humility and Anti-racism Standard. In the case of any inconsistency between this checklist and any Code standard or the Indigenous Cultural Safety and Humility and Anti-racism Standard, the Code standard or Indigenous Cultural Safety and Humility and Anti-racism Standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

Psychological Assessments Checklist

It is recognized that registrants may be asked to provide assessment services in a broad range of contexts, for a diverse range of clientele, and in response to various referral types or assessment needs. This checklist is intended to assist registrants in thinking about services they offer that require assessment skills and judgements, be that in the role of a non-treating professional providing diagnostic opinions and/or recommendations based on a formal psychological assessment, or in the role of a treatment provider who is being asked to provide evaluative opinions based on that treatment relationship, such as whether symptoms of a disorder have responded to treatment. It is understood that a treatment relationship and an assessment relationship are considered to be mutually exclusive due to various ethical considerations. Although this checklist is primarily concerned with situations requiring a formal psychological assessment, it also contains some items of relevance for treatment providers who are being asked to provide evaluative opinions.

The following items are provided to assist registrants in thinking about the assessment services they offer, including whether those services are within one's area of competence, and a match for the client, the referral question(s), and/or the context under consideration. Psychologists bring unique skills to assessment, with reliance on an empirically informed and scientific hypothesis testing model that is the hallmark of all psychological assessments. There are additional important issues that distinguish assessments in specialized areas of practice, such as family law assessments. Registrants are advised that there is a **Specific Checklist for Family Law Parenting Assessments**, which is intended as a companion document to this general assessment checklist. Registrants offering assessment services in other specialized areas may wish to review the specific checklist to assist them in considering parallel issues in their own area(s) of practice. Registrants are also reminded of the Telepsychology Services Checklist and Telepsychology Assessment Checklist in the event they are considering use of a telepsychology medium for any portion of an assessment service.

This checklist is designed to assist registrants in ensuring they are in compliance with the *Code of Conduct*, including the Code requirement to maintain knowledge of governing statutes relevant to one's area of practice. Relevant *Code of Conduct* standards and other resources are indicated in brackets following the checklist items.

A. PRIOR TO CONDUCTING THE ASSESSMENT

- I have the requisite education, training, and experience to provide the type of assessment being requested. (3.3, 3.5, 3.10, 3.11, 3.15, 3.21, 3.25, 11.1)
- I maintain current awareness of professional developments in the area(s) in which I offer assessment services. (3.2, 3.3, 3.7, 3.15)
- I maintain current awareness of all relevant federal and provincial statutes and regulations, any relevant agency and professional bylaws, codes of conduct, and practice advisories related to the area(s) in which I offer assessment services. I have reviewed any and all legislation pertaining to my contemplated assessment service(s), and will conduct my assessment, report writing, testimony, and record keeping in compliance with all relevant legal and professional requirements. (3.1, 3.8, 18.1)

- I have clarified with the parties any issues regarding the referral question(s), the scope of the assessment, and what questions may be addressed or opinions offered from the assessment process, and have determined that these questions are within my professional scope and appropriately addressed by way of the assessment being requested. (3.5, 4.9, 8.2, 11.4)
- I have the requisite education, training, and experience, and scope of practice, to respond to the specific referral question(s). (3.3, 3.5, 3.10, 3.11, 3.15, 3.21, 3.25, 11.1, 11.2)
- I have the requisite education, training, and/or experience to provide assessments for the types of referral issues I undertake, such as whether an individual meets the criteria for Community Living BC (CLBC) support, an assessment related to the *Family Law Act* or other legal or forensic context such as to assist decision-makers with evaluating parole applications or other Corrections-related questions, a psychoeducational assessment, an assessment related to an insurance compensation issue, to provide an opinion on whether an individual needs an emotional support animal, whether a candidate is suitable for a specific workplace role or environment, etc. (3.3, 3.5, 3.10, 3.11, 3.15, 3.21, 3.25, 11.1, 11.2)
- My methodology, including test selection, is appropriate and sufficient to respond to the specific referral question(s). (3.3, 3.10, 3.14, 3.15, 3.16, 11.1, 11.2, 11.3, 11.4, 11.6, 11.15, 11.19, 11.22, 11.32, 11.33)
- Where applicable, I have the requisite education, training, and experience, and will utilize appropriately selected tests, methods, and procedures, to assess members of special populations such as those belonging to particular ethnic cultures, presenting with particular disabilities, belonging to or seeking to work in specialized work forces, having a primary language that is not English, having legal or Corrections involvement, etc. (3.3, 3.5, 3.10, 3.14, 3.18, 3.23, 3.24, 3.25, 8.2, 11.1, 11.2, 11.3, 11.6, 11.9, 11.15, 11.33)
- I have evaluated whether or not the client(s) is/are a member(s) of a group for which special training, adjustments to test administration or interpretation, or nonstandard test selection is required due to factors such as gender, age, race, ethnicity, national origin, religion, gender identification, disability, language, socioeconomic status, peer culture, work culture, values, motivation, etc. (3.5, 3.10, 3.18, 3.23, 3.24, 8.2, 11.1, 11.2, 11.6, 11.9, 11.15)
- I have evaluated whether or not the individual(s) to be assessed belongs to a group for which standard tests are inadequate or inappropriate, or for which test norms do not apply. (3.10, 3.18, 3.23, 3.24, 8.2, 11.9, 11.15)
- With specific regard to Indigenous cultural safety and humility issues, in the event I am providing assessment services for any Indigenous person I will be mindful of: the need for intercultural competency that includes culturally sensitive and respectful language and testing materials; Indigenous health issues, including the history and legacy of residential schools; and, where possible and appropriate, Indigenous teachings, practices, and perspectives. (3.3, 3.13, 3.14, 3.18, 3.23, 3.24, 5.1, 5.7, 5.26, 5.31, 8.2, 11.2, 11.9, 11.11. See also the CPBC Practice Support Indigenous Cultural Safety Checklist.)
- As a treatment provider, having been asked to render any opinion on treatment progress, return to work readiness, further treatment required, readiness for Corrections programming or suitability for an alternative Corrections placement, hospital program eligibility, need for a support animal, or any other matter:
 - I have determined that I have a sufficient basis through my treatment role for providing the opinion sought. (3.14, 3.16, 11.6)
 - I have reviewed the referral questions to evaluate the likelihood of being engaged in an inappropriate dual role if I attempt to address them and, if so, I have considered making or recommending a referral to an independent assessor. (3.6, 5.1, 5.10, 5.11, 5.12, 5.26, 11.24)
 - If I am providing evidence as a fact witness in a family law matter based on my treatment role with one or more parties (e.g., as one parent's treating psychologist, as the treatment provider to a child or children, as therapist for the couple), I will do so without making reference to parenting skills or abilities, and I will not provide any opinion regarding anyone with whom I have not been involved. (3.14, 3.16, 5.10, 5.11, 5.12, 11.22, 11.24)

B. INFORMED CONSENT/ASSENT

- I have identified all parties from whom I need to obtain informed consent to proceed with the assessment service. (1.1, 4.1, 4.3, 4.4, 4.11. See also the CPBC Practice Support Informed Consent and Assent Checklist.)
- I have identified all parties from whom I need to obtain informed assent to proceed with the assessment service. (1.1, 4.1, 4.3, 4.4, 4.11. See also the CPBC Practice Support Informed Consent and Assent Checklist.)
- I have reviewed the relevant referral documentation, such as the insurance referral letter, the court order, or other referral document, considered and defined my role with all of the parties in the case, and have disclosed any known, suspected, or potential conflicts of interest. (4.1, 4.2, 4.6, 4.11, 5.2, 5.9, 5.13, 6.4)
- In the multi-party context, such as in the family law area, I have identified any prior contact with either party, and this has been fully disclosed as part of obtaining written consent that specifically includes acknowledgement of this prior contact from all relevant parties (4.1, 4.2, 5.10, 5.11, 5.12, 7.19, 13.6)

- I have provided written information about the assessment, including policies, procedures, fees, access to and release of information, any expected post-report services (e.g., court testimony), and any other information that may reasonably be expected to influence a client's decision-making with respect to consent. (4.2, 4.6, 4.9, 4.11, 5.13, 6.1, 6.3, 6.4, 12.1, 12.2)
- I have provided information regarding fee collection to the client(s), and the payer if different than the client. (12.1, 12.2, 12.6, 12.7, 12.8, 12.9, 12.10, 12.11, 12.15)
- Wherever possible I have obtained the written consent of all relevant parties, and where this has not been possible I have thoroughly documented my informed consent process in my practice record. (4.1, 4.2, 4.3, 4.4, 4.11, 7.19, 13.6)
- I have thoroughly documented my informed assent process, if any. (4.1, 4.3, 6.9, 6.10, 7.19, 13.6)
- I will continue to disclose any known, suspected, or potential conflicts if and as they become known during the assessment, and will document this and any resulting steps in my practice record. (4.2, 4.5, 5.10, 5.12, 7.19, 11.25, 11.26, 13.6)
- I have taken steps to ensure that collateral sources, if any, know and understand how the information they provide may potentially be used and are informed regarding all possible recipients of that information, in writing where possible, and I have documented this in my record. (13.6)
- As a treatment provider, having been asked to render any opinion regarding my treatment client and having determined after careful consideration that providing the requested opinion does not conflict with my obligations under the Code of Conduct:
 - I have reviewed with my client the nature of the requested opinion, the basis upon which I will provide the opinion, any anticipated risks and other information that may affect my client's willingness to consent, and any associated fees and who will be responsible for these. (4.1, 4.2, 4.5, 5.1, 5.2, 5.26, 12.1, 12.2)
 - I have documented my informed consent process and I have obtained the client's signed consent to proceed. (4.1, 4.2, 4.5, 6.2, 13.6)

C. THE ASSESSMENT PROCESS

- I have used appropriate methods and tests and have sufficient sources of information in order adequately to capture the data required to assess the question(s) under consideration. (3.3, 3.14, 11.1, 11.2, 11.3, 11.6, 11.15, 11.32, 11.33)
- I have considered whether my test selection is appropriate and sufficient for the particular client(s), the particular context, and for these particular referral questions. (3.3, 3.14, 3.23, 11.2, 11.3, 11.6, 11.9, 11.15, 11.31, 11.32, 11.33)
- I have selected assessment tools/tests of sufficient relevance and with appropriate supporting research for this particular type of assessment (3.3, 3.10, 3.14, 3.15, 11.2, 11.15, 11.18)
- My assessment procedures adequately evaluate issues that may influence or invalidate the results, such as secondary gain, exaggerating or minimizing problems, specific client values, level of rapport, etc. (3.3, 3.14, 11.2, 11.3, 11.6, 11.9, 11.15, 11.19, 11.32, 11.33)
- I have employed appropriate normative data specific to contextual and cultural factors, used caution with computerized interpretations, especially when they do not reflect population- or context-specific norms (e.g. child custody assessment, evaluation of candidates for specialized work forces, etc.), and considered and stated limitations to the validity of the testing results based on the normative data that was used. (3.3, 3.14, 3.15, 3.18, 3.23, 11.2, 11.9, 11.11, 11.18, 11.19, 11.28)
- I have created, signed, and will maintain detailed, legible records (in whatever form, be that physical, electronic, etc., as appropriate) of all aspects of the evaluation in such a manner as to preserve confidentiality and in such a format as can be readily produced when I am called upon to do so. (6.5, 7.19, 7.20, 7.21, 13.1, 13.2, 13.3, 13.6, 13.7, 13.10, 13.11, 13.12, 14.1, 14.2, 14.3, 14.4, 14.5, 14.13)
- I have refrained from making or communicating any interim recommendations without a specific request and an appropriate basis for doing so. (4.5, 8.3, 11.27)
- The tools/tests selected are of sufficient empirical basis for use in the particular assessment context and have sufficient reliability and validity. (3.3, 3.10, 3.14, 3.15, 3.23, 3.25, 11.2, 11.3, 11.6, 11.9, 11.15, 11.18, 11.32, 11.33)
- For family law assessments, I will ensure that I have considered all issues addressed in the Specific Checklist for Family Law Parenting Assessments, as appropriate. (3.3, 3.5)
- For assessments in a compensation context, I have considered and addressed the key differential diagnostic issues in my assessment. (3.3, 3.25, 11.2, 11.3, 11.4, 11.6, 11.32, 11.33)
- For assessments involving any use of telepsychology, I will ensure that I have considered all issues addressed in the Telepsychology Services Checklist and the Telepsychology Assessment Checklist. (3.3, 3.5)

- As a treatment provider, I have adequately considered issues related to secondary gain, the possibility of a client exaggerating or minimizing problems, client motives, reliability of self-report, possible incongruence between *in vivo* and *in vitro* presentations, the impact of my existing treatment relationship on my objectivity, limitations to my opinions based on information available to me in my role as a treatment provider, etc. (3.12, 3.13, 3.14, 3.16, 3.18, 11.6, 11.28, 11.29, 11.33)

D. THE ASSESSMENT REPORT

- I have presented the assessment results in an accurate, balanced, clear, and understandable manner, and included any limitations (and the impact if any of those limitations) to my opinions and recommendations. (3.12, 3.13, 3.14, 3.18, 3.19, 3.20, 4.10, 11.4, 11.9, 11.10, 11.11, 11.19, 11.20, 11.28, 11.31, 11.33)
- I have included in the report a discussion of limitations associated with any procedures, testing, data, opinions, conclusions, and/or recommendations. (3.13, 3.18, 11.9, 11.11, 11.28)
- I have included a discussion of any and all limitations to my opinions or recommendations that may be present due to client factors, contextual issues, and any other factors. (3.13, 3.18, 3.23, 3.25, 11.9, 11.11, 11.27, 11.28)
- I have ensured that all opinions and recommendations follow logically from the information gathered in the assessment. (11.6, 11.32, 11.33)
- For any court-ordered assessment, I have written and produced a report in compliance with directives in the relevant legal statutes (e.g., Supreme Court Family Rules, *Family Law Act*), and the court order or consent document. (3.3, 3.8, 3.25, 7.19, 18.1)
- For any assessment in the compensation context, my report contains appropriate analysis of the differential diagnostic issues that are key in assessments in this context. (3.3, 3.15, 3.25, 11.4, 11.6, 11.33)

E. POST-REPORT PSYCHOLOGICAL SERVICES, INCLUDING RELEASE OF INFORMATION

- I have provided, in writing, policies surrounding my post-report services and communication. (4.1, 4.2, 4.6, 4.11, 6.3, 6.4)
- I will continue to ensure that I have full informed consent from all parties for any post-report services or releases of information that were not addressed in my initial informed consent process, and will document this appropriately. (4.1, 4.2, 4.3, 4.4, 4.5, 11.24, 11.27, 13.6)
- I have reviewed relevant Code standards prior to releasing any information and/or records (6.2, 6.11, 6.12, 6.13, 11.12, 11.13, 11.14, 11.16, 18.1. See also the CPBC Practice Support Considerations When Contemplating Releasing Information in Various Circumstances Checklist and the Responding to Requests for Release of Information Checklist.)
- New services, such as update reports, are managed with properly updated consent and documentation, and with a new service agreement if appropriate. (4.1, 4.2, 8.1, 11.24, 13.6)
- For any court related assessment, including family law assessments:
 - I will conduct myself in all post-report activities in such a manner as to preserve my role as an independent, neutral expert for the court. (3.12, 5.10, 5.11, 5.12, 11.24, 11.25, 11.26, 11.27)
 - I have maintained awareness of issues related to established agreements, consent, parallel procedures, balance, and objectivity in all post-report activities, requests, and communication, in compliance with *Code of Conduct* standards and professional standards, including but not limited to the following areas: responding to requests for information; bilateral communication; release of testing to qualified professionals; file production, copying; fees; not altering the original file; expert witness testimony; etc. (3.12, 3.13, 3.25, 4.1, 4.5, 5.10, 5.11, 5.12, 6.2, 6.4, 6.12, 6.13, 8.3, 11.12, 11.24, 11.27, 11.28, 12.2, 13.7, 18.4)
 - If called upon to testify in court, I will continue to preserve my neutrality regarding the litigants and will testify in accordance with relevant legal statutes (e.g. Supreme Court Family Rules, *Family Law Act*, etc.). (3.8, 3.12, 3.13, 3.18, 3.19, 11.11, 11.27, 11.28, 11.30, 11.33, 18.1)
- As a treatment provider:
 - I will continue to ensure that I have the fully informed consent of my treatment client(s) for any post-report services, and will ensure this is documented in my practice record if not already addressed by my previous consent process and documentation. (4.1, 4.2, 4.5, 13.6)
 - I will continue to clarify my role as required, identifying myself as a treatment provider and not an independent, neutral assessor for the court or other party. (3.13, 3.18, 11.24, 11.25, 11.26, 11.28, 11.29)
 - I will continue to clarify the limitations to my opinions. (3.13, 3.18, 11.28, 11.29)