



Nederlands Instituut van Psychologen **NIP**

Guidelines for the Use of Tests 2017

Dutch Association of Psychologists



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Foreword

In 2015, the Dutch Association of Psychologists (known by its Dutch initials: NIP) issued a revised version of the Code of Ethics for Psychologists (hereinafter “the Code”) (NIP, 2015). The Code sets out the ethical principles and rules of conduct for professional relationships between psychologists on the one hand and, on the other, clients, principals - including third parties - and other stakeholders. Those who are members of, or who are registered with the NIP must comply with the Code. Compliance with the Code is overseen by two independent disciplinary bodies in the NIP: the Supervisory Board, known by its Dutch initials CvT, and the Board of Appeals, known by its Dutch initials CvB. Anyone who feels directly aggrieved by, and wishes to object to, the professional behaviour of a psychologist who is a member of, or who is registered with, the NIP, may file a complaint with the CvT. The complainant and/or the psychologist can appeal to the CvB against a finding by the CvT. There are also organisations, such as the Foundation for the Youth Quality Register, known in Dutch as the SKJ, that have their own disciplinary rules. However, the professional behaviour of those registered with those organisations is measured against standards set out in the Code if it applies to them.

The Guidelines for the Use of Tests 2017 (hereinafter “the AST-NIP”, after the Dutch initials) is a further elaboration and/or explanation of the Code. It is a revision of, and the successor to, the AST-NIP of 2010. The purpose of the Code is to promote reflection on professional standards, and it also serves as a yardstick for gauging the professional behaviour of psychologists.

The AST-NIP has a corresponding purpose, specific to the use of psychodiagnostic instruments that psychologists deploy in the context of psychodiagnostics, psychological interventions, and/or the evaluation of these latter. In the AST-NIP, therefore, general and other guidelines have been formulated that must be adhered to through a sound choice of tests, which in turn must also be used in a well-considered way. In the AST-NIP, specific articles in the Code are highlighted for illustrative purposes. However, these articles are no more (and no less) relevant to the professional behaviour of the psychologist than are the other articles in the Code.

The CvT and the CvB statute checks directly against the Code. They can bring the AST-NIP, which is itself not part of the Code, to bear in statuting the professional behaviour of the psychologist against the Code, as a further specification and/or interpretation of articles in the Code covering the use of psychodiagnostic instruments. For situations that need further elaboration, specific standards can, if necessary, be developed in the future. These will then be in the nature of supplements to, and specifications of, the Code.

Finally, it must be emphasised that the NIP has major objections to the use of psychodiagnostic instruments by those who do not have the required knowledge or skills, and by psychologists who do not adhere to the Code. The NIP takes the view that the Code and the AST-NIP are closely linked to the general principles of psychodiagnostics, and that these, by their very nature, should apply to the professional practice of all psychologists in all fields and

to that of university-educated psychodiagnosticians from other disciplines. Clients and others must realise, however, that only members of, or those registered with, the NIP can be called directly to account under the Code, including in the context of the NIP’s complaints procedure.

The AST-NIP was decided on by the Governing Board of the Dutch Association of Psychologists on 22 January 2018.

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¹ In the text of the AST-NIP only “psychologist” will be used.

1. Introduction

Through the administration of a psychodiagnostic instrument a person who is being examined in a standardised way has the opportunity to express themselves, either directly or indirectly. Such a person is referred to in the profession as a “client”. The term covers people who can be assessed, such as pupils, applicants and patients. “Psychodiagnostic instruments” means instruments for determining someone’s characteristics with a view to making determinations about that person, in the context of advice to that person themselves, or to others about them, in the framework of treatment, development, placement, or selection.²

This psychodiagnostic context is at the heart of the AST-NIP. Nevertheless, scientific and professional requirements should also be set for the use of instruments and for users in other contexts.

Scientific research has shown that, when it comes to making psychological determinations about a person or group of persons, the use of psychodiagnostic instruments has important advantages over unwarranted judgments prompted by individual experience, intuition, feelings, sympathy, or empathy (see BOXES 1 and 2). The results yielded by using psychodiagnostic instruments are often more reliable, more valid, more easily reproducible and more objective than those produced by an approach that emphasises unwarranted judgments. Moreover, the case can be made that psychodiagnostic instruments can be used more efficiently. In addition, these instruments ideally have norms, so that a client can be compared with people who are similar in terms of relevant characteristics.

BOX 1: No use of psychodiagnostic instruments

In Judgment 14/65 of the CvT, from 2015, a complaint from a client about a psychological report was declared to have been well founded. The content and conclusion of that report were unfounded, according to the CvT, because no scientifically based psychodiagnostic instruments had been used. The assessment by the psychologist included no intelligence test, for instance, whereas the report stated that the person examined was of above-average intelligence - a view that was also unsupported by other observations or findings. The CvT did not come to a determination about the accuracy of the conclusions the report arrived at. That said, the CvT took the clear view that the conclusions were not based on test results, for instance. The CvT ruled that the psychologist in question had not acted in accordance with the Code. Psychologists should always be accountable for their professional behaviour in light of the state of knowledge as represented in the professional literature (see Article 106, “Professional accountability for Professional Activities”).

BOX 2: The report gives no sign of a suitable method for answering the question posed

In Judgment 16/11 of the CvT, from 2016, a complaint from a client about a psychological report was declared to have been well founded. The psychologist had reported (in an undated statement) that in their opinion the classification “Munchausen-by-proxy” syndrome did not apply to the complainant’s ex-partner. The report did not state, however, on what grounds (and/or through what assessment methods) the psychologist had come to this conclusion. The conclusion thus had an insufficient basis in the report, according to the CvT. The psychologist had also, in their professional capacity, made pronouncements about the complainant, without ever having spoken to them, and had thus given an “unwarranted judgment” about them - even though the complainant was not a client of the psychologist and had not given the psychologist permission to come to a finding about them. The CvT ruled that the psychologist in question had not acted in accordance with the Code.

According to the CvT, two articles of the Code had been violated: Article 41, “Independence and objectivity in Professional Activities”, and Article 96, “Provision of Data on persons other than the Client”.

In addition, the psychologist should always answer for their professional behaviour, or be able to do so, in light of the state of knowledge as represented in the professional literature. See Article 106, “Professional accountability for Professional Activities”, which the CvT did not mention, though, in this case.

The data obtained through the use of psychodiagnostic instruments is often the basis for taking important decisions about the person examined.

In order to ensure that no harm is done to the person who has been examined, data about a client must be obtained, used and transferred in a responsible manner. Two problems may come up when psychodiagnostic instruments are used:

1. The instruments may not satisfy the necessary criteria, including scientific criteria.
2. Psychodiagnostic instruments are used inappropriately.

In both cases, the results of an assessment will impact the possibilities offered by an assessment where psychodiagnostic instruments are used. The scientific and other criteria that psychodiagnostic instruments must meet are referred to in the AST-NIP. These criteria are also covered in the publications of the COTAN, such as the Committee’s system for assessing the quality of tests (Evers, Lucassen, Meijer, & Sijtsma, 2009).

The conditions for choosing the right test and the proper use of tests are also discussed in the AST-NIP. It is essential that a psychodiagnostic instrument be used for the right purpose and in the right way. If it is used improperly, a psychodiagnostic instrument can actually cause harm, with the result that the use of tests leads to pseudoscience and the deception of the client and the principal. In addition, one cannot blindly trust psychodiagnostic instruments. Diagnostics always involves more than just the use of tests. Psychodiagnostic instruments are thus tools for scientifically trained psychologists who are aware of both their advantages and limitations.

Please note that the use of psychodiagnostic instruments is not equivalent to psychodiagnostic assessment. The “proper application of a psychodiagnostic instrument” indicates that the use of tests is part of a psychodiagnostic process and not a stand-alone activity. A psychologist should always clarify what the relationship is between the psychodiagnostic instrument that is used and the question that has been posed, as well as that between the test results and the findings that they³ come to on the basis of these. In addition, these results should always apply to the client.

The proper choice and use of psychodiagnostic instruments are primarily the responsibility of the psychologist. Guidance can be given on the responsible choice and use of psychodiagnostic instruments by formulating a standard for these. The professional use of tests also entails that the standard, too, actually serves to offer guidance. On the other hand, professionalism also entails that there can be deviations from the standard. If there is a wish to deviate from the standard, it is recommended that professional colleagues

discuss this among themselves in advance and place what they have discussed in the file. The AST-NIP will offer more details on the conditions under which the use of psychodiagnostic instruments adds value in the context of psychodiagnostics, psychological treatments, and/or the evaluation of these latter.

² For stylistic reasons, “psychodiagnostic instrument” and “test” are used interchangeably in the AST-NIP, and “test” can thus also refer to a questionnaire, an observation scale, or a standardised interview, for instance.

³ By contrast with the treatment of personal pronouns and possessive adjectives in the original Dutch version of the AST-NIP, this translation makes use of an option available in English: the gender-neutral, nominally plural form of personal pronouns and possessive adjectives for subjects in the singular, unless of course the gender of the subject is specified (“their son...he/him/his”). Thus, as a general matter, that gives, “the psychologist...they/ them/their”, and so on.

2. Psychodiagnostics in practice

2.1. Acceptance of an assignment

The contractor, within the meaning of both the Code and the AST-NIP, is the psychologist under whose responsibility the testing is done. That responsibility is also reflected in the psychologist’s signing the psychological report. Strictly speaking, a signature is not required under the Code, but it is recommended because it must be clear to all concerned which psychologist bears professional responsibility for the use of tests, and for assessment and reporting.

2.1.1. The principal

Before the assessment takes place, the psychologist determines who the principal is (see Article 1.8, “Principal”). Formally speaking, there is always a principal who requests that a psychodiagnostic assessment be carried out. In most cases, it is clear who the principal is: it could be an employer who asks the psychologist for a determination or a recommendation regarding an applicant, or a judge who orders a psychodiagnostic assessment. Such cases involve an external principal (see Article 1.9, “External Principal”). In others, such as a recommendation regarding a vocational choice, where this is for the benefit of the client themselves (see Article 1.4, “Client”), that client is the principal. The referrer (see Article 1.10, “Referrer”), for example a doctor or specialist, or a psychologist who treats colleagues, is decidedly not an external principal. In a case where the referrer advises the client to turn to the psychologist for psychodiagnostic assessment, the client is the principal.

The rights that the Code affords minor and legally incapable clients are exercised by their legal representatives (see Article 1.11, “Legal Representative(s)”). These clients should, however, be involved as much as possible in the exercise of their rights (see Article 7, “Underage Clients”, and Article 9, “Incapacitated adult Client”).

A special situation occurs if the psychologist carries out a psychodiagnostic assessment to come to their own judgment. If the psychologist performs an assessment in the context of selection for recruitment - in the capacity, for instance, of a human-resources officer - they are acting on behalf of an external principal, namely their employer. If, in order to come to their own judgment, the psychologist conducts an assessment themselves, the client must be regarded as the principal. The assessment then forms part of the treatment the client requests, whether directly or indirectly.

2.1.2 Consultation

The psychologist takes cognisance of the principal’s question, and assesses whether they can answer the question in the form it is given in, or whether it must be reworded. They also determine whether there are any ethical obstacles, including professional ones, to answering the question. Consultation on the purpose and scope of the professional relationship with the client - or with the principal or external principal and the client if the latter is not a principal - takes place before the assessment starts (see Article 64, “The same information for External Principal and Client”, and Article 65, “Consultation on the details of the Professional Relationship”). Consultations may take place both orally and in writing.

2.1.3. Acceptance and confirmation by the psychologist of an assignment

The psychologist, the client, and the principal or external principal must at some point reach agreement on the question to be used as an assignment for the psychologist. The psychologist formulates the question for the assessment, and confirms the assignment to those involved.

It is not always a matter of an individual client - a client system can also be involved (such as the members of a family), or an assessment at group level (such as on the members of a management team).

In the case of an external principal, the psychologist has a professional responsibility to ensure that, before the assessment is done, both the external principal and the client have the same information on the purpose and the scope of the assessment, as well as on the proposed method (see Article 64, “The same information for External Principal and Client”).

Even in cases where the client is the principal, the psychologist confirms the assignment in writing (whether on paper or digitally). This confirmation always includes the goal of the professional relationship, the working procedure, the way in which reporting will be done, and the adherence by the psychologist to the Code (see Article 63, “Information on the establishment and continuation of the Professional Relationship”).

Those concerned may obtain, on request, a copy of the Code and the AST-NIP. To the extent that there is a more than incidental professional relationship with the client, and where the psychologist’s working procedure is set out in one or more documents, these documents can be referred to for brevity’s sake.

2.2. Assessment procedure

An assessment procedure that involves the use of psychodiagnostic instruments comprises the following steps once the assignment has been accepted:

2.2.1 Invitation to the client

The client is invited personally, and preferably in writing (on paper or digitally), to the assessment. If a situation arises where it is not possible to give a written invitation to the client, the invitation is given in the most appropriate alternative way. Before the assessment starts, the client is informed, preferably in writing, of its purpose, of the method used for it, of how reporting will be done, how access is obtained, how an objection to the psychological report can be filed, how any correction needed to the report can be obtained, and how the principal or external principal or the referrer (if there is one) is informed of the results of the assessment. Only then can the client give informed consent for the assessment to be administered (see Article 62, “Establishing or continuing the Professional Relationship”, and Article 63, “Information on the establishment and continuation of the Professional Relationship”).

In the case of juveniles (those under 16 years of age) or legally incapable clients, the parents or other legal representatives of the client should be informed in writing, preferably in advance. The emphasis, however, remains on the self-determination of the client (see Article 60, “Respectful conduct in the case of limited self-determination”).

2.2.2 Creating a file

Immediately after (or before) the client is invited, a file is started on them. It contains information on them that the psychologist retains because of their relevance to the quality and the continuity of the professional relationship. This therefore includes all information relevant to the psychodiagnostic assessment (see Article 1.14, “File”, and Article 20, “Completeness, necessity and currency of the File”).

2.2.3 Raw test data

“Raw test data” means the test questions or items, with corresponding answers and raw scores, from a client (Frima & Visser, 2008). This data, along with all other relevant data concerning the individual assessment relationship, such as the client’s standard scores, also belongs to the file.

Within the circle of test publishers and test authors and the profession of psychologists, a discussion has been going on for quite some time about giving the client access to raw test data. The client does, after all, have the right to access the entire file or parts of it, and to get a copy of it, including the raw test data (see Article 67,

“Access to and copy of the File”). The personal notes of the psychologist are an exception to this rule (see section 2.2.4, “Personal working notes”). As a consequence, when the client asks for it, the psychologist must also provide a copy of the raw test data (including, for example, completed test forms, such as a questionnaire or written cognitive task). In this way, however, copyright-protected data (test items) can end up in the public domain. Also, as a result of the unauthorised dissemination of tasks from a test, the value of psychodiagnostic instruments could decrease over the long term, because the measurements taken with them will be less valid and reliable, or no longer valid or reliable at all. This prompted the NIP to seek advice in mid-2008 from the Dutch Data Protection Authority (DPA). The Dutch DPA (2008) came to the conclusion that, when it comes to the raw test data from a psychological test, it is justified “to limit this right of access by giving access to the person who has done the test only during a conversation, combined with a written report containing the results from it. This way, psychological tests retain their value and are still copyrighted.” During the conversation, the psychologist may, if desired, give an account of the test questions and the client’s test scores. A copy of the test questions and answers is not provided, to preserve the validity of the tests and the copyright of the test publishers.

Moreover, the principle of combining questions and answers depends on the specific test, and sometimes on its form. This can vary considerably in practice. If questions are included, not in the test itself but in a “test booklet”, for instance, the question is whether the psychologist may copy the booklet into the digital file. That is often not allowed

without the consent of the test publisher, and in that case the psychologist can keep the test booklet outside the digital file, having placed a note in the file that the booklet can be accessed by the client if they wish.

2.2.4 Personal working notes

Personal working notes the psychologist makes do not belong in the file (see Article 1.14, “File”). What exactly should be understood by “personal working notes” seems, in practice, to generate quite a few misunderstandings. It means personal impressions the psychologist has, conjectures they make, and questions they pose - all meant to help them remember their thinking. These notes are usually temporary in nature: when the psychologist believes they are no longer relevant, they must destroy them. If the personal working notes are included in the file, the client also have rights to inspect, and get a copy of, them. It is therefore important to keep personal working notes separate, or screened off - possibly by digital means - from the file. “Personal working notes” decidedly does not mean the notes on conversations, or the observations and impressions the psychologist has about the client. On the contrary: these are relevant to the professional relationship, and thus belong to the file.

The file is, in principle, accessible only to the client, the psychologist, and to employees under the psychologist’s immediate supervision, such as testing assistants and secretarial staff. In the case of proceedings pursuant to a complaint, the file is also accessible to members of the NIP’s disciplinary bodies for inspection, to the extent that it is of significance for the assessment of the complaint. It is advisable for the psychologist to approach with caution their right to defend themselves with the help of the file

(see Article 37, “Use of a File in filing a defence”). For the management and contents of the file, see section 2.4, “File management”.

2.2.5 Description of the assessment question and of the method used for assessment

Before starting the assessment of the client, the psychologist formulates one or more assessment questions, which are included in the report. The psychologist is accountable for translating the assessment questions into the method used for the assessment. The methodological competence of the psychologist should be reflected in the choice of method to be used for the assessment. That way, theory and practice are bound up with each other.

The assessment questions serve to provide insights to the client, any referrer, a principal, including an external principal, and the psychologist themselves into the assessment procedure that is followed. That way, the psychologist is accountable for their professional behaviour (see Article 35, “Rendering of account”). The assessment question can be highly standardised (such as in the selection of human resources, when an instrument is used to make a first selection from the initial list of candidates), but it can also be strictly individual, for example in psychodiagnostic research. An assessment question should in any case be seen as a translation of the assignment into the assessment procedure that is followed. It should be possible to tell from the assessment question why and to what end the psychologist uses certain research methods, including psychodiagnostic instruments.

An assessment question contains at least the following:

- > the reason for the assessment,
- > the client’s assessment question(s),
- > the assignment for the psychologist, as agreed - perhaps with a principal, including an external principal,
- > the choice of method and of instruments for answering the assessment question(s) (see 2.2.7, “Principles in the choice of psychodiagnostic instruments”)

The terms “cause”, “question”, “client”, “principal”, “assignment”, and “assessment question” point to different phases in the creation of an agreement to carry out an assessment. The reason could be “poor results at school”, for instance. The assessment questions from the principal or external principal, such as a parent or a teacher, could thus be, “Is this pupil doing well enough, or do they have insufficient cognitive abilities?” The assignment agreed could be “An assessment of intelligence, motivation and interest on the part of the pupil”. The assessment question or questions then indicate, for example, that in addition to a performance and motivation test, an individual intelligence test will be administered to take into account the pupil’s way of working. Furthermore, it can indicate that a questionnaire will also be used to chart how the student handles problems or stressful events, if, for instance, it has appeared during the intake session that the pupil responds rather stoically when things go badly.

An assessment question can contain one or more hypotheses on the basis of which the psychologist starts with the assessment. An assessment designed to test hypotheses indicates which method the psychologist uses to test the hypothesis or hypotheses, and which instruments are chosen for this - see BOX 3. The psychologist

formulates criteria on the basis of which the hypothesis or hypotheses are rejected or accepted. These criteria may refer, for instance, to the limit values of test results.

BOX 3: Models for testing hypotheses

The literature describes various models on the basis of which psychodiagnostic decisions are, or can be, taken. There are many parallels between these models. For illustrative purposes, one of them, the diagnostic decision process formulated by De Bruyn, Ruijsenaars, Van Pameijer and Van Aarle (2003), is discussed briefly here. According to the authors, four phases can be distinguished within psychodiagnostics in healthcare: the analysis of complaints, of the problem, of explanations, and of indications.

In the first phase, the analysis of complaints, the psychologist collects information on the complaints of the client and/or their surroundings, and discusses these details with the client. If the description of the complaints by the person or persons concerned brings up questions or ambiguities, the psychologist should try to get clarity about the complaints in a conversation with them. This analysis should result in the formulation of helping questions. De Bruyn et al. call this clarifying diagnostics.

In the second phase, problem analysis, the psychologist should draw a link between the complaints reported by the client and/or his surroundings and problems, and assess the severity of these problems. De Bruyn et al call this comprehensive diagnostics.

In the third, explanatory, phase, the psychologist should draw up and test hypotheses on the basis of predefined test criteria. In this phase, the psychodiagnostic instruments are administered. Based on the description by the client and those involved, and on observations and test results, the psychologist forms a picture that, with a certain degree of probability, can serve as a statement of the problems that were defined in the second phase. This, according to De Bruyn et al, is the explanatory diagnosis.

In the fourth phase, analysis and indications, the psychologist formulates one or more recommendations for treatment or guidance: indications. These recommendations are based on data that is collected in the earlier stages, and need to be discussed with the client. De Bruyn et al call this the indicative diagnosis.

The psychologist should test their hypotheses (or assumptions) and theories at the end of each phase, on the basis of the data obtained.

It is advisable to include aspects of the methodological choices in the reporting, insofar as they have direct consequences for the understanding and interpretation of the research results. Examples include describing the theoretical framework the work has been based on, and the consequences of choosing a particular instrument for substantive interpretation. On request, the psychologist can always justify the choices of method and instruments (see 2.2.7, “Principles of choosing psychodiagnostic instruments”).

A psychologist should always clarify, or be able to, what the relationship is between the psychodiagnostic instrument that is used and the phrasing of a given question. They should also clarify, or be able to, what the relationship is between the test results and the findings that they come to on the basis of them. In addition, these results should always apply to the person (the client within the meaning of the Code). Scientifically trained psychologists who use psychodiagnostic instruments should be aware, in testing, of both their advantages and their limitations.

A psychodiagnostic instrument can be seen as a tool through which the person being examined (the client) has the opportunity to express themselves in a standardised way. One condition for this is that a psychodiagnostic instrument is used properly. Improper use of a psychodiagnostic instrument can have harmful consequences for a client and a principal, external or otherwise, because if it is used incorrectly, the results will be wrong.

Psychodiagnostics - and, more specifically, testing - is therefore a professional application of psychology that can

have far-reaching consequences for people’s lives. That is why psychologists should receive enough theoretical and practical training to be able to practice psychodiagnostics responsibly. It is not possible within this standard to give an exhaustive listing of all possible qualifications in the field of psychodiagnostics in the Netherlands - but two examples are given of arrangements that seek to promote appropriate testing.

The first concerns a directive drawn up by the European Federation of Psychologists’ Associations (EFPA), namely the EFPA Standards for Test Use (EFPA, 2012), which describe competencies and qualifications for testing more generally. The directive distinguishes among three categories of test users - with an increasing level of knowledge and skill across the categories: the assistant user, the user, and the specialist in tests and testing. For illustrative purposes, BOX 4 contains the description of these levels of competency that appears in the EFPA Standards for Test Use (with a few minor changes in wording). Many test publishers use such a system to determine who is authorised to purchase a particular instrument, and some may also require that such a purchase be followed by training in the use of the instrument.

BOX 4: Three competence levels for test use in the EFPA Standards for Test Use

Assistant Test User (EFPA Level 1)

An individual who uses specific tests in well-defined and constrained contexts, under the supervision of a more experienced test user, such as an individual who has had training as a psychological testing assistant. One who operates within organisational policies and directives on testing and test use. Choice of tests and details of how they are to be used and applied are outside the person's competence. Briefly:

- > Is able to administer and use specific tests under the supervision of a person qualified at a higher level in clearly constrained settings.
- > Is not able to make choices about which tests should be used or provide interpretations of test scores beyond those provided in standard reports.
- > Has awareness of broader issues related to testing and test use, of limitations and value of using tests, and knows when to seek more expert help.

Test user (EFPA Level 2)

An individual who uses specific tests in well-defined and clearly constrained settings. For qualifications in the work area, this would typically be someone working in an HR department, employment agency or within a consulting firm offering testing services. They may be involved in testing for personnel selection, development or career guidance and advice. For the educational area, this might be a teacher with responsibility for special educational needs assessment. In health-related areas such as clinical and health psychology, this covers a wide range of roles where testing forms a limited but important part of the role, such as routine assessments by psychiatric nurses, psychodiagnostic instruments used by speech therapists and so on, as well as routine assessment procedures carried out by clinical or health psychologists. Briefly:

- > Has an understanding of the technical psychometric qualities of tests that is enough to allow them to use tests but not to construct them.
- > Can work independently as a test user in a specified and limited range of settings.
- > Has the necessary knowledge and skills to interpret the scores on a limited range of specific tests.
- > Is not able to make choices about which tests should be used (beyond choices between those tests on which they are qualified) nor able to provide interpretations of test scores beyond those based on the documentation provided for test users or provided in standard reports.

Specialist in Tests and Testing (EFPA Level 3)

This person will typically be an experienced psychologist who has, within their main area of practice, specialised in testing and test use and who uses tests as a core part of their practice. They may have specialised in relatively specific areas of testing or contexts of application (e.g. assessment of children, assessment for leadership development etc.) but will be expected to have built this on a broad base of knowledge and skills. Specialists in testing, as the term implies, may be particularly qualified to offer one or more of the following services:

- > The provision of advice and consultancy on testing.
- > Training others in test use.
- > Test construction.
- > The provision of expert evidence relating to test use in court cases.

Level 3 does not require sufficient expertise in methodology to construct and develop tests, but people with such expertise would be covered by this level.

Note that the examples are intended to illustrate the kinds of role that can occur at any level. The intention is not to give an exhaustive listing.

One example of a quality seal indicating that the professional has basic knowledge and skills in the field of psychodiagnostics is the Basic Certificate in Psychodiagnostics (Dutch initials: BAPD), a mark of quality of the NIP. This certificate guarantees that psychology graduates possess a basic level of theoretical knowledge and skills in psychodiagnostics, including in the selection, administration, and interpretation of psychodiagnostic instruments. To earn the BAPD, a psychologist must meet a number of criteria, including at least 200 hours of work experience in psychodiagnostics, under the supervision of an authorised BAPD supervisor, the writing of three case studies in the BAPD format, and adherence to theoretical requirements regarding psychodiagnostics, psychometrics and decision-making, psychodiagnostic instruments and procedures, practical skills in psychodiagnostic instruments, interviewing, observation and decision-making, and communication skills. For more information, please see Requirements for the Basic Certificate in Psychodiagnostics on the Dutch Open University website.

In addition, of course, specific additional qualifications and registrations obtain in all kinds of fields, for example with regard to assistance for youth in confinement (NVO-NIP, 2016) or forensic diagnostics within the youth sector. This includes the National Framework for Forensic Diagnostics for Youth, with which a number of organisations are affiliated, such as the Dutch Institute for Forensic Psychiatry and Psychology (Dutch initials: NIFP), the Council for Child Protection (RvdK), and the magistracy (Ministry of Security and Justice, 2014).

2.2.6 When are psychodiagnostic instruments used?

The psychologist should ensure that their professional actions are of a high quality (see Article 14, “Quality care”). The psychologist is supposed to use psychodiagnostic instruments only if there is a reasonable expectation that using these will raise the quality of a finding or of a recommendation about a person or a group. The administration of a psychodiagnostic instrument is generally perceived as stressful by a client and/or those around them, such as parents, a partner or a teacher, because it requires a mental effort on the part of the person examined. People should therefore not be unnecessarily burdened by the use of such measuring instruments.

A client is, or could be, unnecessarily burdened if, inter alia, the choice (and the usefulness) of an instrument cannot be justified. The fact that an institution has a policy of giving each client who comes to it the same test or battery of tests is, for instance, not in itself a sufficient basis for choosing it. The psychologist should be able to justify why this test or battery of tests is needed in the case of a particular client. At the same time, the psychologist should be able to say why they opt not to use psychodiagnostic instruments or a specific test. See also BOXES 1 and 2 in the Introduction.

The psychologist can substantiate the choice of whether to use an instrument by referring to the relevant literature, drawing on their own research, or making deductions from the literature and/or research, including their own. An increase in the quality of an advisory procedure as a result of the use of psychodiagnostic instruments can manifest itself as an increase in validity, reliability and/or efficiency in relation to the use of other sources of information such as school grades, job performance, anamnestic data, a practice

simulation, projects, or an expert opinion.

A client is, or could be, unnecessarily burdened if an instrument has recently been administered that has the same measuring pretension and the case cannot be made that repeating this assessment, or doing an additional one, is necessary - see BOX 5. Please note: there are certainly circumstances in which it is reasonable to administer a psychodiagnostic test repeatedly. Examples include the evaluation of an intervention and a case where there is a need for in-depth research on a specific domain. However, the case then must be made that the psychologist has taken into account procedural and learning effects, such as those set out in the case of the client in BOX 5.

BOX 5 Administration of the same measuring instrument within a short timespan

The client is a boy of 7 years, and the referrer to psychologist X requests an assessment to determine whether his behaviour can be classified as ADHD. Psychologist X chooses to examine the client by using a number of behavioural questionnaires and intelligence test Y. The client’s parents have questions about the administration of intelligence test Y: Why is an intelligence test needed for an ADHD classification? Why is this specific intelligence test being given? The parents also indicate that the exact same test was given six months earlier by a registered diagnostician, who in their report indicated that it was administered reliably.

Commentary BOX 5:

Pursuant to the Code, intelligence test Y in this case is permitted only if psychologist X can show or argue that the repeated use of the test yields information that supplements the results from the first administration of intelligence test Y and therefore gives added value or contributes to the diagnosis. Also, psychologist X must ensure that the psychometric quality of intelligence test Y, if it is repeated, is guaranteed, because there will certainly be learning and procedural effects (the client’s familiarity with the test situation, the testing procedures and the test items themselves) if the intelligence test is taken several times over a short period. For example, one might wonder whether the norms that are used to transform the raw scores into standard scores are suitable for use again if a measurement is repeated. That is, the developer of the test bases the norms on its being administered once. Research on cognitive tests, such as the subtests in an intelligence test, shows that, on average, people’s performance improves after repeated tests: this improvement in performance can be seen most readily when a first measurement is compared with a second that is taken with the same instrument (Collie, Maruff, Darby, & McStephen, 2003).

It can also be that a client is unnecessarily burdened if the psychometric properties of the test (such as reliability, validity and norms) are insufficient given the target group to which the client belongs (see 2.2.7, “Principles in the choice of psychodiagnostic instruments”) and if the psychologist cannot make the case that use of the test is justified. In applying newly developed methods, whose psychometric qualities have not yet been proven, or using an instrument in new fields of application, the psychologist should tread carefully and cautiously (see Article 17, “Care and caution with regards to new methods”). For an elaboration of this, see the case set out in BOX 6. In this context it is relevant to mention that the Code states that the psychologist should do what they can to contribute to the development of norms and standards in their field (see Article 16, “Professional standards”).

BOX 6: Use of an instrument whose psychometric properties have not yet been demonstrated

Psychologist Y knows that University A is developing a concentration test. The University is in the process of examining the psychometric properties of this new instrument. Psychologist Y decides, after consultation with the university, that they are going to administer this test to client A, so that they can use it as an additional measure to chart the ability of this client to regulate their attention, as well as to provide the university with data from the assessment. Even though psychologist Y thinks that the instrument has a lot of potential, they wonder whether the burden of administering it, and the lack of certainty that it is a good instrument from a psychometric standpoint, make it a reasonable option. They also wonder whether they can administer this instrument in the context of diagnostics, without first requesting the express prior permission of client A. Now, the psychologist’s colleagues are making increasing use of tests whose psychometric attributes have yet to be sufficiently demonstrated - and without the permission of the person being tested.

Commentary BOX 6:

One question that should be asked in this case is whether a case can be made that administering the concentration test makes enough of a contribution to client A’s clinical care, or whether the test is being administered in client A’s case primarily in the context of scientific research. Article 85 of the Code, “Provision of information for scientific research”, states that the psychologist may, upon request, provide information and opinions to a third party on the client to benefit research. This data and these opinions should be provided in such a way that the person cannot be identified - that is, that they are anonymised, unless that is not possible in view of the purpose of the assessment. In that case, such data and opinions can be provided only with the client’s permission (see Article 86, “Data for publications, education, quality care, supervision and peer review”).

In addition, a client is, or could be, burdened unnecessarily if in the choice of an instrument too little account is taken of physical or intellectual disabilities, a lack of fluency in Dutch, or the client’s non-Dutch cultural background. Psychodiagnostic instruments that have been developed (including norms) and tested for their psychometric properties within cultural and language area X, for example, cannot be used just like that within cultural and language area Y. Also, the evidence for the psychometric characteristics of the psychodiagnostic instruments within cultural and language area X cannot be applied on a one-to-one basis to culture Y

(see also 2.2.9, “Use of psychodiagnostic instruments with special groups”).

The Code stipulates that, in entering into and continuing the professional relationship, the psychologist should provide the client with information on the assessment methods or treatment(s) that are eligible, on what can and cannot be expected of these, and on the type of information that is collected on the client. This information should preferably be given in writing and, where possible, explained orally (see Article 63, “Information on the establishment and continuation of the Professional Relationship”). The Code (and in particular Article 59, “Respect for autonomy and self-determination”; Article 63, “Information on the establishment and continuation of the Professional Relationship”; and Article 65, “Consultation on the details of the Professional Relationship”) offers space for the client to have their wishes and views be considered on whether to use instruments to measure characteristic X (intelligence, or motivation to achieve) and/or how thorough the investigation should be. See the case set out in BOX 7. This reflects a tension between the right to self-determination on the part of the client and the psychologist’s professional responsibility, which among other things is also an issue in the field of medicine.

BOX 7: The client's right to self-determination versus the professional responsibility of the psychologist

The parents of client Q, who is 8 years old, would like an assessment of the client's intelligence, because they would like to register the client at school X. However, school X requires an IQ of 130 or higher for admission. Before doing the assessment, psychologist R has a talk with the parents. The parents indicate during this conversation that they would like to be presented with multiple options for intelligence tests, so that they can make a choice together with the psychologist about which test is used to examine their child, and determine its intelligence level that way. As it happens, they have read on an internet forum for parents that a specific intelligence test, V, is more suited to children who have especially strong verbal abilities. The mother had also been a student for the previous two years in a bachelor's programme in special education.

Commentary BOX 7:

As an elaboration of the basic principle of "Respect", the Code stipulates that the psychologist has a professional responsibility to respect the knowledge, insights and experience of those concerned, in this case the parents (see Article 56, "Respect for knowledge, insights and experience"). The Code states that the psychologist eventually decides on the basis of their professional responsibility whether it is a good idea to administer a particular psychodiagnostic instrument (see Article 10, "Responsibility"). Respect for the autonomy and self-determination of the client, however, is expressed particularly in the right of the client and their parents to have the freedom to enter into a professional relationship with the psychologist (see Article 59, "Respect for autonomy and self-determination"; Article 61, "Consent for establishing or continuing the Professional Relationship"; and Article 62, "Establishing or continuing the Professional Relationship"). The client - or, in this case, their parents on their behalf - is free, on the basis of information that the psychologist provides conscientiously, to decide whether to continue the professional relationship with the psychologist in question.

2.2.7 Principles governing the choice of psychodiagnostic instruments

If the psychologist wants to use psychodiagnostic instruments, it is important that they sort out which instruments are available for the purpose intended. Usually, multiple instruments with the same measuring pretension can be considered. In that case it is especially important,

in making a choice, to take into consideration the quality of these instruments. The information that a test publisher provides, such as in the manual, can be helpful here.

In addition, an objective quality assessment by the COTAN can also be made available and serve as a tool for the psychologist in choosing among tests. Detailed information on the working method of the COTAN is available on the NIP's website. The COTAN test reviews can be consulted by subscribers in the online COTAN documentation. Individual test reviews can also be requested.

The COTAN assesses the quality of a psychodiagnostic instrument based on seven criteria: the principles of test construction, the quality of the test material, the quality of the manual, norms, reliability, construct validity and criterion validity. See BOX 8 for further details. The rating for each of these criteria can be "insufficient", "sufficient" or "good". It is thus a nuanced evaluation system: the COTAN does not provide a general quality seal "approved psychodiagnostic instrument". Neither does it discourage the use of certain instruments, even if they are given a "insufficient" according to one or more of the seven criteria.

It is and remains the responsibility of the psychologist to choose instruments that are of the highest possible quality and are aligned with the question as it is phrased. Whereas according to Article 101 of the Code, "Use of effective and efficient methods", the psychologist is professionally responsible for choosing methods that will allow them to fulfil the intended purpose of the test as efficiently and effectively as possible, the same actually applies, too, to the choice of tests.

What does it mean, then, for the use of a psychodiagnostic instrument if it earns a "sufficient" or a "good" on one of the COTAN's seven assessment criteria? In addition to a brief explanation of the assessment criteria laid down in the COTAN test review system, BOX 8 also contains a number of examples in which a "insufficient" is called for.

BOX 8: Assessment criteria under the COTAN test review system

1. Principles of test construction: Are the construct to be measured and the theoretical background to it, the intended use of the instrument, and the target group clearly described? In addition, the operationalisation should be sound: how were the items created, and can the case be made that they result from the definition of the construct? For example, if the theoretical model underpinning an instrument is not described, or if there is no explanation of the operationalisation process, an “insufficient” may be given under this criterion.

2. Quality of the test material: Are the instructions, the items and the scoring standardised, and has the individual being tested been given enough directions? An “insufficient” under this criterion may be given, for example, if the items can be interpreted in multiple ways or are formulated in needlessly complicated ways, or if no clear instructions are given on how the answers are to be scored (which happens mostly in the case of an instrument that is administered orally and to one individual). For an instrument that is administered on a computer, additional quality requirements are imposed, among other things regarding the quality of the screen and the security of the data.

3. Quality of the manual: Is information given in support of the test user when the test is administered and interpreted? For instance, if a collection of scientific articles is delivered as a manual, the instrument will earn an “insufficient” under this criterion. That is, the manual must support the use of the instrument in practice in an accessible way, including by discussing case studies, and by summarising research results.

4. Norms: What is the quality of the norms and the information that is provided on them? Are the norm groups big enough, and particularly, are they representative of the target group, bearing in mind the goal of the test? If no clear description of the sample that has been used to gather the data for the norms is given, or if the size of the sample is insufficient or the sample is not representative, this will generate an “insufficient” under this criterion.

5. Reliability: To what extent can it be said that the test score has not suffered from random measurement errors? Accurate measurements are always important, and for many objectives (such as admission to special education) it is especially important for interested parties to obtain results that are as accurate as possible. To assess reliability, information on different reliability coefficients can be reported. The data on which these are calculated must be representative for the target group and the purpose of the instrument. If no descriptive information is given about the assessment of reliability, or if the reported values are below par, an “insufficient” is given under this criterion.

6. Construct validity: Does the psychodiagnostic instrument indeed measure the characteristic it is supposed to? Here, too, the data must be representative for the instrument’s target group and purpose. Common methods for demonstrating construct validity are factor analysis, the comparison of average scores by groups of whom one would expect that they will exhibit differences when it comes to the characteristic in question, and the calculation of correlations with instruments that are supposed to measure the same construct. None of these studies in itself is grounds for giving a “sufficient” under this criterion. Only more-extensive research into both the internal structure and the links with external variables can lead to a “sufficient” or a “good”.

7. Criterion validity: To what extent is the test score a good predictor of non-test behaviour; of behaviour in practice? For a psychodiagnostic instrument that is used for the selection of employees, the predictive value of the instrument for the subsequent performance of these employees is an example. An “insufficient” under this criterion can be given if the validation research does not yield enough proof of the instrument’s predictive value. An “insufficient” may also be given if the research is done with a really small sample size, or if the criterion measures are of little relevance or of low quality.

Of course, it is preferable for the psychologist to use tests that, for as many of the COTAN criteria as possible, have earned at least a “sufficient”. But that does not mean that instruments that have not earned a “sufficient” could not be used safely and sensibly. If an instrument is given a “insufficient” under one or more of the criteria, or if there is

no COTAN test review available at all or for the moment, the psychologist should be able to make a convincing argument for the use of this instrument. They should be aware of any imperfections in the instrument, if possible by removing these during use, and by taking account of them in interpreting results.

The psychologist might be tempted to look at the test that has the highest number of “sufficient” or “good”, while the context of the individual client should determine the choice of the set of instruments. The psychologist must support and substantiate their choice. There are, of course, limits: although the COTAN by no means recommends or discourages certain instruments, a large number of “insufficient” is indeed a signal. It can indicate a potentially good instrument whose imperfections might yet be resolved through further research and development. However, it may also be that the psychologist, after reading the COTAN comments on the test review, concludes that the instrument has clearly lagged behind the state of the science. In that case, taking into account, among things, Article 16, “Professional standards”, they should ask themselves whether they want to use the instrument, and if so whether they can.

In addition to considerations about the quality of an instrument, the psychologist, in selecting it, must wonder whether they themselves, on the basis of their education, training and experience are qualified enough to use a particular instrument (see Article 105, “Qualification”).

In the choice of psychodiagnostic instruments, it is increasingly important that the psychologist ask themselves whether the instrument can give a clear image of the client's characteristics regardless of their age, sex, language and culture. The psychologist is required to do this under Article 58, "Respect for individuality and diversity". Since mid-2015, the COTAN has explicitly characterised the search for the "fairness" or "impartiality" of tests as a complement to the test review. See also the addendum of the COTAN on fairness on the website of the NIP, and the publication by Huijding, Hemker, and Van den Berg (2012).

Precisely because the psychologist must have insight both into the possibilities an instrument offers and into its limitations, as well as its pros and cons - all of which derive from Article 101, "Use of effective and efficient methods" - it is not enough just to note the seven outcomes of the COTAN test review. The list of "insufficient", "sufficient" and "good" speaks volumes, but does not tell the whole story. The psychologist should also take cognisance of the comments of the COTAN that accompany each test review and that form an integral part of it. In addition to descriptive information and research data given in summary, the comments contain, for each criterion, the test reviewers' considerations and arguments in coming to the rating in question and, where possible, information regarding limitations on the use of the instrument.

Two examples can make it clear why it is important to take cognisance of the comments included in the COTAN test reviews. First, the Code requires that, with the use of recently developed methods about which not so much is known yet, extra caution be exercised in going about using them (see Article 17, "Care and caution with regard

to new methods"). Recently, digital versions, mostly online, have been made of many psychodiagnostic instruments that previously had to be taken with a pencil and paper. In certain fields of application, digital versions are the rule rather than the exception these days. Usually that entails not only differences in terms of instructions and examples, but frequently, too, in the presentation of the items themselves. If the test authors or publishers have done no additional research, one cannot simply assume that the hard-copy and digital versions are equivalent. If there is both a paper-and-pencil and a digital version, the comments will offer details, so that the psychologist gets extra information that will allow them to come up with a good assessment in choosing an instrument. Moreover, developments in new types of digital diagnostics and test use are moving rather fast, such as serious games and situational judgment tests. Also with these new forms, care and caution are still advised.

A second example concerns the criterion "reliability". The assessment itself consists of one summary rating, to which a footnote is sometimes added if, for instance, the judgment for subgroups is different. For especially with reliability, the coefficients that are found for various age groups can diverge considerably, and as often as not go from "insufficient" to "good". Similar footnotes also arise in other criteria, such as norms and construct validity. In the comments on the test review, the difference of opinion is shown in a full and balanced way. This is why reading these comments is an important and necessary form of support in choosing an instrument wisely.

From the foregoing it will be clear that, however valuable COTAN reviews of psychodiagnostic instruments are,

it is nothing more and nothing less than an aid for the psychologist. Choosing and working with psychodiagnostic instruments remain at all times the responsibility of the psychologist. It is expected that the psychologist actively follows developments in psychodiagnostics and psychometrics that are relevant to their field and, in accordance with Article 100, "Maintenance and development of professional expertise", that they take follow-up training as needed. In the mental-health field, for example, Routine Outcome Monitoring (ROM) - taking repeated measurements of a client in order to follow up on treatment and evaluation - has secured an important place for itself. This means that the psychologist will also have to delve into test-technical questions related to repeated measurements, such as the question of when, with regard to the reliability of the instrument, there is actually a real difference between two scores. After all, with respect to norms, reliability and validity, psychometrics imposes requirements on tests that are used for repeated measurements that differ from those that are intended for a one-time measurement. The psychologist will need to be aware of this, partly because the test reviews of the COTAN often apply to the test being taken once, and because the psychometric requirements for a test are, or may be, different depending on whether the data is from a single or from multiple administrations of the test.

2.2.8 Use of psychodiagnostic instruments

2.2.8.a. Test-taking procedure: responsibility

When the psychologist who is conducting an assessment makes use of psychodiagnostic instruments, they must ensure that these are administered correctly. However, if different professionals led by the psychologist are involved in the assessment, the psychologist is also responsible

for a clear division of labour, which is included in the file. In this division of labour, it is clear in any case who is responsible for:

- > the phrasing of the assessment question and the examination procedure that is followed,
- > the various administrations of the test,
- > the scoring and the scoring program,
- > the interpretation,
- > reporting to the principal and the follow-up discussion(s).

The psychologist who performs the assessment is in charge of, and is professionally responsible for, the entire administration of the test, and for scoring, interpreting, and reporting on it. Even when others under the authority and direct supervision of the psychologist administer elements of this procedure, the psychologist remains responsible for the quality of this work (see Article 32, "Responsibility for the quality of employees"). This means, for example, that the psychologist also guarantees the quality of the work done by test assistants. Giving proper instructions, and facilitating the appropriate administration of the test, are important here - see BOX 9.

Responsibility for the proper administration of psychodiagnostic instruments also applies even if whoever is giving the test opts to do so with the help of a computer. The psychologist ensures that the psychodiagnostic instruments and the software are aligned with the terms of the assessment question and that these are transparent to them. If automated reporting is used, the psychologist must ascertain how the calculation of test scores has taken place (see 2.3.1, "Parts of the psychological report").

BOX 9: Responsibility for administering the test

Psychologist X examines a 10-year-old girl, and wants to measure her intelligence with an intelligence test. The parents ask whether the test can be taken at home. Psychologist X delegates the administration of the test to their intern, a fourth-year Psychology student with limited experience administering it. The intern administers the test in the living room of the client's house, and once it has been taken, reports the scores to psychologist X. Psychologist X interprets the scores and concludes in their report that the client is of average intelligence. Later the client's mother says it was nice that the test could be taken at home, in a nice, cosy atmosphere - that she could bring in some goodies now and again, and that an older brother, who was also in the living room, was able to help out with the tough questions.

Commentary BOX 9:

With an eye towards professional ethics, a psychodiagnostic instrument should be administered at the home of a client only if the space and the conditions comply with the conditions laid down in the test manual. This means, among other things, that the space must be appropriate for the psychodiagnostic assessment in question, where any disturbances are kept to a minimum, and the client is tested in conditions similar to those in which the norm group is tested. The psychologist should have made demonstrable efforts, in consultation with the client, to fulfil these conditions to the extent possible. The psychologist bears professional responsibility for assessing whether it is responsible to have the assessment take place at home.

It is also worth noting that the psychologist should see to it that it is the client who responds to the items and that they do this on their own, without help from anyone else. The latter is also a point of concern when test material is administered digitally, including online, without proctoring (supervision). The Code stipulates that the psychologist is professionally responsible for choosing methods that are effective and efficient, while also recognising their limitations (see Article 101, "Use of effective and efficient methods"). When these conditions are not guaranteed, the psychometric quality of the relevant psychodiagnostic instrument comes into question. This means that, thanks to help from, or distractions caused by, others, test scores can be higher or lower than they should be, and that there is no valid picture of the characteristic that one wants to measure in the person being tested.

Even the reliability of test scores is at stake, because, if the test is taken again later on without distractions, scores will presumably differ from the previous scores. Finally, this example illustrates how important it is for the psychologist to give proper instructions to test assistants, and to debrief them to establish whether there have been any irregularities. The fact is, the psychologist is responsible for the quality of the work done by those who carry it out under their direct supervision, such as the intern in this example (see Article 32, "Responsibility for the quality of employees"). The psychologist should also support these people in such a way that they can carry out the work professionally and ethically (see Article 33, "Help and support for fellow psychologists, students and supervisees").

When it comes to the administration of the test, the set-up of the test situation must meet the following conditions:

1. The testing is set up by the psychologist or under their responsibility.
2. The testing procedure referred to by the author, as stated in the manual, is adhered to - as regards, for example, the way it is administered and the circumstances involved, the instructions given to the test taker, the sequence in which the testing is done, the completeness of the testing, the use of a computer, the insertion of interviews and practice exercises, and any other requirements. A number of these aspects are explained in more detail below.

2.2.8.b. Test-taking procedure: monitoring

If the psychologist does not administer the psychodiagnostic instrument themselves - for example if the client fills out a questionnaire on their own - it is significant whether the psychologist proctors the test and is available to answer questions as the test is being taken. To ensure the scores are interpreted correctly - for example, when the norms from the test manual are used - there is a requirement that the data on the client be gathered under the same conditions as those in which the norms for the instrument have been collected. An advantage of the unproctored collection of data, where the psychologist does not carry out any supervision while the client does the test, is that the test can be done remotely. This applies to both paper-and-pencil tests and digital tests, including those taken online. The disadvantages are that the identity of the candidate can never be determined with certainty, that it is not possible to check whether the candidate answers the test questions on their own, and that the candidate cannot ask for clarification. This makes the unproctored administration of tests more susceptible to errors and fraud. The COTAN test review system explains how the disadvantages of unproctored testing can vary depending on the type of instrument. Caution is advised, particularly in the case of tests for cognitive skills and abilities, among other things because it is not possible to check whether certain tools were used during the test (see the addendum to the COTAN test review system, "Unproctored data collection", on the NIP's website). The psychologist should be able to justify the choice that is made about a particular type of instrument, especially in light of Article 17, "Care and caution with regard to new methods", and Article 106, "Professional accountability for Professional Activities".

Changes to the original test-taking procedure should be discussed, and preferably backed up by literature or research data - see also the case study presented in BOX 9.

2.2.8.c. Test-taking procedure: testing space

The space is appropriate for the psychodiagnostic assessment in question. This means, among other things, that there is an adequately lit, quiet area free of dust and smoke, and that the chair and table provided are suitable for the client to work on and at without a problem for some time. Workplace health-and-safety standards (from the Dutch Ministry of Social Affairs and Employment, n.d.), for example, can be considered as a guide for the appropriate set-up of the testing space. The psychologist ensures that any disturbances that could distract from the test are kept to a minimum, so that there are as few deviations as possible from the standard situation in which the norms for the psychodiagnostic instrument were collected. Deviations within the testing space, such as a tight or cramped room or a room full of people who are causing distractions, can have a negative impact on test performance, so that the scores can no longer be interpreted in accordance with the norms for the psychodiagnostic instrument. See also the case described in BOX 9.

2.2.8.d. Test-taking procedure: quality of the test material

When a psychologist administers a particular test, they must make sure that it is in its original, or the intended, state. When the test is taken in a worse state than was intended - for instance, when the copies of a questionnaire are hard to read - this can have a negative impact on the test results, besides which there might be a violation of copyright (see Article 99, "Knowledge of legal provisions"). In this case, the instrument measures not only the target characteristic, but also how well a candidate is able to deal with the reduced legibility of the questions. In this context, it is also important to note that care is advisable in the conversion of a traditional paper-and-pencil task to a computer task. In the case of cognitive tasks, for instance, such as pointing out the largest circle on a screen, the brightness, sharpness and size of the screen can play a role in the test performance. It is important to pay attention to standardised test-taking, in which the testing conditions are as close to those in which the norms for the instrument have been collected. Care should be taken that differences in test performance are not caused by deviations in the material presented (see also the case set out in BOX 10).

BOX 10: Quality of the test material

School psychologist X has in his charge a pupil with attention deficits. The pupil has performed poorly on the test that is given at the end of Year 5. The question is whether the pupil will be able to continue on the standard track, or will be put on a special needs education program in Year 6. The pupil's parents question the validity of the test result, and demand that their son be allowed to retake the test. They argue that their son worked with test books that had previously been used, and that this had confused him. Upon inquiry by psychologist X, it appeared that the test booklets had indeed already been used in another class. The multiple-choice questions had thus already been filled in by other students. The class teacher had "solved" this problem by telling the children not to look at what had already been filled in, and to give their own answers on a separate answer sheet.

Commentary BOX 10:

The instructions for pupils' tests state that teachers must ensure that pupils take the test to the extent possible under the same conditions, because only then can their test results be compared to the results of other children. In this example, the test material is defective, with the result that the reliability and validity of the pupil's scores are in question. Because answers were already filled in, the test no longer measures only the intended knowledge and/or skills, but also the extent to which a pupil is able to ignore the distracting information. It seems plausible that, for a pupil with an attention deficit problem or a child who is uncertain of themselves, it will be all the more difficult to shut out disturbances.

School psychologists should monitor the use of adequate instruments and do everything they can to ensure that tests are taken correctly when they are administered by teachers (see Article 31, "Joint responsibility for the quality of the team"). It is advisable to discuss and, if possible, to practice test-taking procedures with teachers - see also Article 33, "Help and support for fellow psychologists, students and supervisees".

Similar situations include taking psychological questionnaires that have been copied (especially where the legibility has deteriorated as a result of the copying), or carelessly putting together a digital variant of a paper-and-pencil test. In the event that these psychodiagnostic instruments are administered by or under the responsibility of the psychologist, the latter must be able to answer for the selection and use of the test material (Article 101 “Use of effective and efficient methods”). Naturally the psychologist should not work with unauthorised copies of tests or questionnaires (see Article 99, “Knowledge of legal provisions”).

2.2.8.e. Test-taking procedure: test security

Several factors play a role in ensuring the security of psychodiagnostic instruments, whether paper-and-pencil or digital tests. First of all, the psychologist, from the point of view of confidentiality requirements (Article 71, “Confidentiality”), should ensure that test data is handled in confidence. In cases where data is stored digitally, additional measures may be needed to prevent abuse such as theft or unauthorised changes to results, and to be able to sufficiently guarantee the privacy and anonymity of whoever takes the test (Article 80, “File security”). Secondly, it is important to guard against unauthorised access to the psychodiagnostic instrument, so that one can be sure that the test is taken by the person it is intended for. Where a test is taken unproctored, it is important that the test taker provide some form of identification. Where an online test is taken unproctored, possibilities include the use of a user name and password, and the use of webcams or screen captures, which make it possible to monitor the screen of

the person who is taking the test. Third, it is necessary to protect the test material, because from the point of view of validity it is not advisable for clients to be able to copy information about the algorithms or scoring rules to another computer, or to print it. The risk that the contents of the test will become known or be deliberately made known should be mitigated to the extent possible. That risk appears smaller in adaptive tests, where the choice of items to be offered is tailored to the pattern of the client’s responses, but even then it can happen that certain items are more likely to be offered. Even for those who are not clients, information on the items must not be easy to obtain. Therefore, in the event that the items are included in an item bank, only authorised persons should have access to the item bank.

2.2.9. Use of psychodiagnostic instruments on certain groups

The use of psychodiagnostic instruments on special groups, such as people with physical or intellectual disabilities, or people who do not speak Dutch, imposes special demands on the test procedure. If a client belongs to a specific sub-population, this can affect the test results. See the topics in BOXES 11 and 12.

BOX 11: Item bias

Item or question bias can come into play when different groups respond differently to a particular question without these groups’ differing from each other with regard to the characteristic that is being measured. In that case, the relevant question measures something other than is intended with the psychodiagnostic instrument. An example of this is a question in a test on study skills, where information from a colour picture must be used. If the use of colour in that picture is such that people who are colour blind cannot get the relevant information from it, then the answer to that question says nothing about the study skills of people with colour blindness. This is clearly a case of question bias, because the question puts people with colour blindness at a disadvantage. Another example of possible item bias is a narrative computation problem to measure numeracy. Such an item might measure the language skills rather than the numeracy of certain groups of respondents.

BOX 12: Test bias

This phenomenon of bias can also be found in an entire psychodiagnostic instrument: if the response time is measured by the computer and left-handed people must work with a right-hand mouse, then this may yield a distorted, and probably a worse, test result. Another well-known example of test bias is an intelligence test in which many culturally specific questions are included. Respondents with that particular cultural background often score higher than other respondents, and this can lead to the false conclusion that this group is more intelligent. However, such an instrument thus measures cultural knowledge rather than intelligence.

If a client belongs to a specific sub-population, the psychologist should take this into account by mapping out relevant factors such as cultural background, language skills, left-handedness and mental or physical handicaps, prior to conducting a test. The professional responsibility of the psychologist for taking account of the individual characteristics and circumstances of each client is laid down in Article 58, “Respect for individuality and diversity”. The psychologist is also expected to strive to allow for culture and diversity in their professional activities.

It is also important to consider these factors when selecting a psychodiagnostic instrument. For instance, a non-verbal intelligence test can thus be used to reduce the effect of language proficiency or cultural background on the test results. Whether this is possible depends on the purpose of taking the test, because if measuring language skills is part of it, the use of a non-verbal instrument does not make sense. The COTAN has put in place a supplement to the

COTAN system for reviewing the quality of tests, whereby the adjudication of the assessment for its fairness is made more transparent. This is done by means of a so-called fairness matrix, in which a structured description of the research that has been done is given, to check for the impartiality of the test. More information on how the COTAN assesses fairness is available on the NIP's website.

The test conditions must be optimal, and it may be necessary, for the test to be administered soundly, to have separate norm tables for these groups. If there is no instrument available for the specific population to which a client belongs, it is important for the interpretation of the test results to take as full account as possible of the factors that may affect them.

For the benefit of a psychodiagnostic assessment of disabled clients, the testing arrangements are set up in such a way that everything is accessible to and suitable for these clients. This means, then, that the testing location for these clients is adapted ergonomically if necessary, in accordance with the standard instructions for test-taking. The psychologist ensures that clients with disabilities get the information they need so the testing can be reliable - and, of course, the standard instructions for taking the test must be observed.

In some cases, a test publisher prescribes adjustments for cases in which the instrument is used for clients with disabilities. Examples include the use of screen-reading software for people with visual impairments or dyslexia, or, for test-takers with dyslexia or motor problems, prolonging the time allowed for the assessment in cases where

there is a time limit. If there is a deviation from the standard test situation, however, this can, in principle, impact the validity and the reliability of the scores. For example, when the norms of an instrument are based on the test's being taken without a time extension, giving extra time can distort a test result. A client's test scores are, after all, comparable to those of a norm group only if the client has taken the test in circumstances as close as possible to those in which the norm group took it. In general, therefore, a justification should be given for a departure from the standard test situation, and the impact on the test results should be discussed (see Article 47, "Exercising due care in obtaining and reporting data"). Thus, it is not a good idea, merely on the basis of a statement by a client that they are dyslexic, to depart from the standard approach called for. The psychologist must have either observed the dyslexia themselves or taken cognisance of a declaration of dyslexia. Such a declaration is a summary of the report of the psychodiagnostic assessment confirming that the client has dyslexia. The statement describes the basis for the diagnosis, what the possible explanations are, and what obstacles the client faces as a result of the dyslexia. It also indicates what treatment, material facilities, guidance and compensation or dispensations are necessary.

2.3. The psychological report

2.3.1. Parts of the psychological report

The psychological report is the product, and sometimes the end product, of a psychodiagnostic assessment. The content of the psychological report is tailored to the assessment question, and contains findings, reviews and opinions that are traceable to one or more persons (see Article 1.16, "Report"). The content of the report will vary, depending on whom the report is intended for. In the context

of treatment, the report is intended primarily for the client, who is, after all, also the principal (see Article 88, "Reports commissioned by the Client"). For example, in education, in selection procedures, and in reporting on social-security matters, reporting is usually done to a third party, who may be external (see Article 89, "Consent required for Reports to Third Parties"; Article 90, "Reporting to Third Parties"; and Article 92, "Oral Reports to Third Parties"). In this case, too, it is assumed that the client themselves must be able to understand the report. The client also has the right, in principle, to be the first to see the report (see Article 91, "Opportunity to inspect the Report before it is issued"), and to decide whether the report can be sent to the third party (see Article 94, "Blocking the Report to the External Principal"). In certain cases, the purpose of the reporting or the need for confidentiality can mean that no recourse can be had to the right to inspect the report or to block reporting (see Article 95, "Right to inspect and block a Report on a Client System"), or that this right is limited.

The psychological report generally contains the following elements:

1. The date of the assessment, and the client's name, sex and date of birth.
2. The origin and description of the question (the assignment).
3. Progress of the research.
4. Psychodiagnostic instruments used (sources of information - see below).
5. Intake and anamnestic data.
6. Results of the assessment, including observations and the degree of uncertainty surrounding the results.
7. Summary.
8. Conclusion, and findings and recommendations.

9. The period of validity for the various components of the report, including the test results.
10. The name of the psychologist under whose responsibility the psychodiagnostic assessment took place. It is advisable to have the report signed by the person responsible for it.
11. The length of the period for which the test data and the psychological report can be kept on file.

In the psychological report, the individual sources of personally identifiable information are traceable (see Article 97, "Limiting Reports to essential Data"). It is necessary to specify the psychodiagnostic instruments used in the report. These can be included in the body of the report or in an attachment. The client can use this information to assess the quality of the instruments used. The choice of the norm group should be clearly stated and well founded.

The statements in the report should in any case be carefully substantiated. The psychologist limits themselves in reports to mentions of such data and assessments as are necessary for, and relevant to, the purpose of the reporting. The conclusions apply only to the purpose or question underlying the reporting (see Article 28, "Prevention of unintentional use and abuse of Reports"). Article 97, "Limiting Reports to essential Data", sets out the minimum quality requirements that reports must meet. These largely correspond to the requirements below, which, according to settled case law from the NIP's disciplinary bodies and from disciplinary boards in healthcare, are imposed on reporting on the basis of marginal testing. The requirement for expertise referred to in 5 below can be found in Article 103, "Limits of psychologists' own expertise".

1. The report lists the facts, circumstances and findings on which it is based.
2. The report exhibits a suitable assessment method for answering the question posed.
3. The report insightfully and consistently sets out on what grounds the conclusions of the report rest.
4. The report lists the resources on which it is based, including the literature used and the names of those who were consulted.
5. The rapporteur remains within the limits of their expertise.

In cases where laypeople can make unintentionally careless use of absolute scores, such as the results of intelligence tests, it is important that confidence intervals are reported.

In their article “The IQ Score Is in Dire Need of Modernisation”, Ruiters, Hurks and Timmerman (2017) give a clear explanation of the interpretation of a confidence interval in a test score:

‘To be able to interpret a confidence interval, it is good to know something more about the theory around measurement errors. The idea is that each test has a certain measurement inaccuracy. According to classical test theory, each test score (X) observed is made up of a reliable part, also called a true score (T), and a part that is attributable to the measurement error (E). That is to say that each individual score on a test is affected by both the level of the person (what we do want to measure, the true score) and by any measurement error (what we do not want to measure). The true score is simply defined as the mean observed score where the test is taken repeatedly, and perhaps many times, by the same person, and where

the person’s level remains the same. The latter is in practice, of course, impossible, because where the test is taken repeatedly there will always be memory, learning, and fatigue effects that come into play. This means in practice that, in such cases the true score changes, and the measurement error cannot be separated from it. We can never determine which part of an observed score is due to the level of the person, and which is caused by measurement error. That means that we will never be able to see exactly what the level of the person is. What we can do is express the degree to which an observed score is in general affected by the measurement error. This influence is expressed as the reliability of a test. The higher the reliability of the test, the smaller the measurement errors in general.’

2.3.2. Automated reporting

The psychological report is often prepared by the psychologist themselves, but increasing use is also being made of reports that are partly or fully automated. When using automated reports, the psychologist involved should be aware of the rules of interpretation that are used in reporting. If automated combinations of scores are calculated in a report - for example, by translating scores on a personality test into competency scores - then the psychologist should ascertain how this calculation has been done.

In looking at a score, the psychologist should be able to give the client both an oral and written explanation of how the automated report has been drawn up (see Article 67, “Access to and copy of the File”, and Article 91, “Opportunity to inspect the Report before it is issued”). As noted above, it is important that, even when digital instruments and

automatically generated reports are used, it is clear to the client and the psychologist which norm group is being used.

Finally, answers and raw scores on psychodiagnostic instruments are increasingly being stored digitally, and only scale scores are reported. The psychologist should, however, be able to take a look at the answers and the raw scores, possibly at the level of each answer. The client, too, has the right to inspect his scores: this data belongs, after all, to the file (see Article 1.14, “File”, and Article 67, “Access to and copy of the File”).

2.3.3. Accountability

Who is accountable for the psychological report is indicated in the file (Article 35, “Rendering of account”). The psychologist makes note of the locations of their findings (sources from the literature, their own research, and so on) as long as these are not cited in the manual of a psychodiagnostic instrument. If the interpretation deviates considerably from what is listed in the manual and there is no such location, the psychologist makes a note of the deduction or induction of theirs that has led to the finding, so that it can be reproduced on request.

The information contained in the report, and the findings it makes, should be limited to what is relevant in view of the question as it is phrased for the assessment (see Article 97, “Limiting Reports to essential Data”). For example, in the case of an assessment of fitness, the criterion for the assessment, such as the job requirements (for example, “University of applied sciences working and thinking level”), is clearly marked.

When the psychologist is commissioned by a third party to carry out the assessment, they will have to establish that, prior to the assessment, both the client and the third party had the same information at their disposal, such as on the phrasing of the question for the assessment, and the purpose and the design of the assessment (see Article 64, “The same information for External Principal and Client”).

2.3.4. Rights of the client

The psychological report is normally released in writing. Before the assessment begins, the client is apprised - clearly, and preferably in writing - of their rights with regard to the report. These include the rights to:

- > get a debriefing on the assessment,
- > inspect the report prior to its release,
- > block the report, if applicable,
- > make improvements or additions to data, or to delete data,
- > get a copy of the report after its release,
- > get guided access to the raw test data (see also 2.2.3, “Raw test data”).

The client has the right to inspect the raw test data at the level of individual items, but they are not entitled to a copy of the raw test data at that level. The client does have the right to get a copy of raw scaled scores and normed scores.

The client has the right to block reporting to the third party, unless this right does not apply or is excluded by legislation, in which case they do not have that right. The psychologist can, if a legislative rule is missing, and on the basis of a serious interest, decide on balance not to accord to the client the right to block the report. The psychologist should notify the client about this in writing prior to the assessment

(see Article 94, “Blocking the Report to the External Principal”). The legislation on the right to block the report does not give a definitive answer in all cases. It is advisable, in case of any questions or uncertainties, to seek advice during the walk-in consultation on professional ethics that the NIP runs.

The third party is updated in advance - that is, before acceptance of the assignment to carry out the assessment - on the right to block the report. Where a report is blocked, the psychologist informs the third party of this without further explanation.

A special form of reporting will take place in digital psychodiagnostic instruments where automatically generated reports are used. Here, too, the client has the right to access the data and block its reporting. This means that automatically generated reports should be sent to the client first and can be sent to the principal only after the client has given their consent - see BOX 13.

BOX 13: The right to block the report

In the context of test reports that are generated automatically online, the finding, dated 16 December 2015, by the NIP's CvT in case 15/31 is instructive. In this example, a complaint was dealt with about the provision to the third party of the automated report on a test that was taken online. The consulting firm that, under the responsibility of the psychologist, was engaged to facilitate the test-taking by the client, had sent the client's test results directly to the principal, without first having let the client have a look at them or giving them a right to exercise their right to stop others from seeing them. The CvT ruled that the technique for administering the psychodiagnostic instruments should have been set up so as to adhere to Article 91, “Opportunity to inspect the Report before it is issued”, and Article 94, “Blocking the Report to the External Principal”, in the Code. In this case, the CvT ruled that both articles had been violated.

It should also be noted that, for security reasons, sending psychological reports via e-mail is not the most secure way of communicating. It is therefore preferable to use a web portal that is protected by a user ID and password, and where the client can download the report. The key point here is that the psychologist should ensure that the confidentiality of this data is preserved (see Article 72, “Due care in communications”).

2.3.5. Provision of data obtained from tests to third parties

The confidentiality of the information obtained during the assessment implies confidentiality requirements for the psychologist and for those who contribute to the assessment under their responsibility. If reporting to third parties is part of the assignment, then there is no obligation of confidentiality to the recipient of the psychological report for the data that are relevant to it (Article 73, “Confidentiality in Reports and in the Provision of Data”). This does not mean that third parties receive the file as a whole, at least not without the specific consent of the client. Access can be had only to the processed results of the test data. The completed tests themselves, the testing protocols, data from observation forms and other raw test materials may be seen solely by the client, since they do, after all, belong to the file (see also 2.2.2., “Creating a file”). The psychologist should nevertheless always be able to substantiate their findings.

Third parties (such as employers, benefits agencies, schools, health-and-safety or insurance doctors, and so on) have a right to information from the assessment only after it has been completed and with the express consent of the client. These third parties do not have access to the raw test data at the level of individual items or tests.

In the event of a complaint, the psychologist can defend themselves by using the file insofar as the data that are involved are meaningful when it comes to assessing the complaint (see Article 37, “Use of a File in filing a defence”).

It is recommended that the psychologist do this reluctantly, that is to say that they bring into the procedure only the information from the file that is relevant to their defence, and that they also refrain from making statements at the hearing that unnecessarily compromise the privacy of the client. In the handling of complaints, the NIP's CvT and CvB can inspect the report. Of course, the members of NIP's disciplinary bodies are also bound by confidentiality requirements.

For the benefit of scientific research, the psychologist may provide data to third parties, but only if the client's identity cannot be deduced from it (see Article 86, “Data for publications, education, quality care, supervision, and peer review”).

With the huge increase in the number of tests that are administered digitally, test scores will be stored in databases more and more often. This requires additional safety measures and arrangements to ensure the client's privacy. And that means in turn that what are known as processor agreements will have to be concluded with providers of digital psychodiagnostic instruments, whether they are taken online or offline. The ITC Guidelines on Computer-Based and Internet Delivered Testing (International Test Commission, 2005) offer guidance in this area. But many developments are taking place in this area. In the COTAN test review system, this factor is assessed in accordance with the “quality of the test material” criterion.

2.4 File management

Information is kept only for the time required for the purpose of the psychodiagnostic assessment or to the extent that legal rules apply. The Dutch Medical Treatment Contracts Act (Dutch initials: WGBO) requires as a general matter that a file be kept for 15 years, after which it must be destroyed. The Act lists exceptions for the preservation of the data for a longer period, for example in the context of the continuity of care. Not all files within the meaning of the Code fall under the WGBO. The medical treatment of a patient must be involved. In that case, the files held by a treating psychologist are also covered by the legal retention period of the WGBO. Reporting on the basis of an assessment that is carried out by a work and organisational psychologist in the context of personnel selection is not covered by this legal retention period, however. In such a case, the psychologist should choose a retention period for the file, depending on what is common in the field, having regard to the following.

The personal file within the meaning of the Code is kept for at least the period of validity of the psychological report, with a minimum term of one year (see Article 36, “Period of retention of Files”). This minimum term is chosen with a view to the possibility that the psychologist still has the file at the moment in which the client asks to inspect it, or when a complaint would be filed. Incidentally, the psychologist does not destroy the file, even after the expiry of the retention period, if a complaint has been lodged and the case has not yet been closed.

There is no fixed period in the Code for the retention of anonymised data to benefit research. The key point here is that it is no longer a matter of data that can be traced back to the client (see Article 86, “Data for publications, education, quality care, supervision, and peer review”). The psychologist makes the test data that has been collected accessible in such a way that statistical or psychometric analyses can be performed on it. To that end, the data is saved in an anonymised file. This condition is also met if the data is stored in such a way that it is easy to separate from the rest of the file data.

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Development of the Guidelines for the Use of Tests 2017

The revision of the AST-NIP has been prepared by a delegation of members of the Dutch Committee on Tests and Testing (COTAN), namely Remko van den Berg, PhD, Petra Hurks, PhD, Wouter Lucassen, M.A., and Marike Polak, PhD, in collaboration with the senior executive of the COTAN, Karin Vermeulen, LL.M., M.A., and the NIP's senior executive for professional ethics, Rosalinde Visser, LL.M.

The COTAN discussed and approved the AST-NIP at its meeting of 18 May 2017. The NIP's Ethics Committee (Dutch initials: BEZ) discussed the AST-NIP at its meeting of 19 June 2017, and assessed in particular whether it complies with the Code.

The Governing Board of the NIP adopted the AST-NIP on 22 January 2018.

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