



the british
psychological society
psychological testing centre

GUIDANCE

Guidance for Test Users (Level 2 Test Qualifications) during Covid-19

Produced by the Committee on Test Standards/Verifiers Group

AIM OF THIS GUIDANCE:

Whilst there are now a number of BPS produced guidance documents related to both professional practice and psychological assessment issues during the Covid-19 pandemic, along with others in the educational domain, this brief document aims to provide a quick reference guide for Test Users, to signpost some of the professional guidance available; offer practical options to support test use during this period and to ensure that adherence to test standards are considered and maintained during the ongoing pandemic period.

BPS AND OTHER PROFESSIONAL GUIDANCE CURRENTLY AVAILABLE, RELATING TO ASSESSMENT DURING COVID-19

Adaptations to psychological practice: Interim guidance during Covid-19 pandemic 4/5/2020.

BPS Guidelines on Psychological Assessment Undertaken Remotely (12/5/2020).

Division of Neuropsychology Professional Standards Unit Guidelines to Colleagues on use of Tele-neuropsychology, April 2020.

SASC (SpLD Assessment Standards Committee) Position Paper on Conducting Diagnostic Assessments and Access Arrangements On-line, March 2020.

BPS, Neurodiversity and Employment Group, Division of Occupational Psychology - Delivery of Disability Support Assessments for Adults (18+) during Covid-19 lockdown.

GUIDANCE

British Psychological Society, (2020). Assessment of adults with learning disabilities during Covid-19.

Psychologist expert witnesses undertaking remote psychological assessments 28/7/2020.

Psychological assessment of adults with learning or intellectual disabilities undertaken remotely 4/6/2020.

Covid-19: Meeting the psychological needs of people with learning/intellectual disabilities, and their families and staff 13/5/2020.

Considerations for psychologists working with children and young people using online video platforms 7/4/2020.

Remote assessment is recognised as a routine practice in some contexts/circumstances, but for many of us, remote assessment remains a more unfamiliar approach. During the pandemic, this may have become the approach undertaken currently, or as a gradual return to more 'business as usual' occurs, as psychologists we may need to consider what additional considerations we need to adopt to support effective social distancing and hygiene requirements when using psychological test materials.

This document signals some of those considerations; practical issues and a range of other factors that we as Test Users need to consider.

WHAT DOES ASSESSMENT INVOLVE

Assessment undertaken by Test Users with BPS Level 2 Testing Qualifications may include diagnostic, clinical or risk assessments supporting legal or statutory processes where in a forensic context; may be linked to assessing educational concepts or identification of provision for supporting educational needs in the educational domain, or for recruitment and selection purposes or career advancement where using occupational psychometrics. Assessment approaches may include, for example, administration of a range of standardised psychometric assessments/tests, use of structured questionnaires or self-report measures, (for example, personality measures or occupational preference tools), the use of more structured professional judgement type measures and/or observations of behaviour, to inform a range of decision making in occupational, educational, forensic or other applied psychology contexts. This may include but is not limited to ability/aptitude assessments, personality/personality disorder assessments, mental health assessments, risk assessments, specialist educational or clinical/neuropsychological assessments etc.

During the pandemic, face-to-face contact may or may not be possible, with remote assessment or telepractice approaches also being undertaken as alternative options at this time; if face-to-face contact is involved, adaptations to test use or accommodations may need to be considered, along with practical considerations in terms of the delivery approach to support social distancing and hygiene needs; where telepractice approaches are utilised, those too may involve a range of additional considerations, such as third party involvement, digitalisation of approach, use of and familiarity with technology and consideration throughout of Equality, Diversity and Inclusion needs etc. In addition, consideration of reliability and validity of any assessment approach must remain a key consideration.

SOME ISSUES TO CONSIDER

Anxiety of individuals during the pandemic generally about implications of Covid-19 and risks inherent in social contact situations, especially where being assessed face-to-face or in a small group.

Consideration of a process to allow contingency planning or flexibility if you as the Test User or the candidate is unwell on the day of the assessment, making this transparent to limit additional anxieties and to ensure that track and trace is possible.

The need to ensure that materials are sufficiently disinfected, safe to use and do not lead to inadvertent cross-contamination, as well as being conducted in line with governmental guidelines on social distancing and hygiene requirements.

Acknowledgement that potential anxiety of test takers in a face-to-face assessment context, may be more pronounced where individuals experience health vulnerabilities or mental health issues and are anxious about social contact more generally.

Health and Safety/Duty of Care implications of test use with test takers, especially where this involves a remote administration or telepractice process, (ethical considerations).

Not breaching copyright or intellectual properties of tests, ensuring that test data is considered in line with information assurance protocols in place and also, that the testing process generally is conducted in accordance with best test practice and adheres to ethical testing requirements.

Where digitalised approaches/telepractice approaches are used, familiarisation of the candidate with such technological approaches and/or familiarity generally with IT and also, additional anxieties this may evoke for those individuals unfamiliar with technology, especially where mental health or complex learning/intellectual needs are signalled in relation to the test taker.

Where telepractice/remote approaches are used, the impacts on and limitations for those candidates with intellectual or learning disabilities in terms of observing behaviour or receptivity to non-verbal cues; impacts on rapport building; additional communication difficulties this may create or other implications for certain diversity or disability needs, (such as sight or hearing loss implications.) (There are specific guidance documents that have been developed for working with individuals with intellectual or learning disabilities during the pandemic. Such guidance should be consulted).

Where face-to-face administration is conducted using face masks, implications on effective communication (for example for lip readers) or additional anxiety this may create for some individuals, also needs consideration.

Impact of non-standardised approaches, changes or accommodations during the pandemic, in terms of administration and the corresponding impacts on reliability or validity. (Tests are standardised in a given specific context and where this is changed, for example, as a result of remote administration/telepractice approaches, the outcomes can no longer be compared to the original sample population.) Additional anxieties experienced by individuals currently also impact on reliability and validity during this time. There is some limited research available, some of which test publishers have been signalling in relation to their materials. Generally speaking, those tasks which are purely verbal are less likely to be affected in terms of reliability/validity when used remotely. Those involving visual presentation of materials or where physical manipulation is involved are more likely to be affected in terms of reliability or validity at this time.

In most cases, decisions are currently being taken about inherent risks of completing versus not completing the assessment and implications thereof. In a forensic context, for example, choosing not to continue with an assessment could affect an individual's release, or prison progression, whilst in an educational context, may affect the support that can be mobilised for an individual. These are important considerations for the Test User. Decisions also need to consider the reliability/validity of the assessment process and impacts to either of these important aspects of standardised assessment, where any changes to administration is undertaken, whether assessment is being undertaken remotely or face-to-face. The Test User may also need to consider whether there are alternative approaches that will provide the information required from the assessment, which could be considered as different, but equally effective options to reach required outcome decisions.

PRACTICAL IMPLICATIONS OF ASSESSMENT DURING THE PANDEMIC: FACE-TO-FACE CONTACT

Use of PPE may be required. This may involve use of gloves; face masks; visors; plastic flexi-screens etc. Being mindful however of the impact of face masks on the effectiveness of communication in the case of a number of diversity implications (including but not limited to hearing loss, those reliant upon lip reading for additional cues etc.), the limitations this may possibly place on interactional cues or the added implications this may have on building rapport or adding to anxiety, especially in the case of candidates with learning or intellectual disabilities.

Use of hand sanitiser/hand washing and good hygiene requirements prior to, during and after the assessment process. This may require additional breaks to facilitate this and also support regular hydration as per current recommendations.

Additional considerations linked to the testing environment, for example, ensuring adequate ventilation in the assessment room, adequate cleaning protocols in the assessment room and desk areas, reduction in the number of candidates/adequate social distancing where a group based assessment or smaller group or one to one assessment as a preference, sufficient space in the assessment interviewing room for social distancing and adequate desk space to limit close contact. There also needs to be track and trace provision in place.

Materials sufficiently cleaned or disinfected in advance as needed and processes to limit cross contamination considered between candidate and test user.

Adherence to social distancing requirements in line with Government guidance at the time of the assessment, (these may be context specific, for example in HMPPS this remains at two meters currently, or may be due to changes in governmental Policy). This has implications for size of room, desk layout, positioning of materials and candidate/test administrator etc.

Cleaning in advance of pens or pencils, ensuring these are kept for separate use, where such materials are to be used by candidates.

Processes to ensure a 'used equipment process/protocol', (for used implements, test stimulus booklets or physically manipulated items), with a disinfecting/rest period prior to re-use with the next candidate or where materials are shared between different test users.

Completed test sheets to be stored and allowed to 'decontaminate/rest' before being marked. This will also need consideration of scoring templates if/where those are shared across different test users on a regular basis.

Covering test stimulus booklet materials with plastic covers, using a physical pointer rather than candidates touching shared materials, turning pages for candidates to limit cross contamination etc.

Consideration of pro-rating and substitution options in tests where possible, to limit need for physical manipulation of materials for example, again to limit cross contamination, (e.g. block design on the WAIS).

Informed consent might be taken verbally rather than via signature, where this process is problematic.

Being aware that the use of gloves by candidates might inhibit some physical manipulation tasks, especially where timed motor responses and speed of processing is important in terms of outcome.

If you consult test publisher guidance, many are offering practical considerations when using their test materials. Likewise, there may be additional guidance offered in terms of implications to reliability or validity of materials where these are used in a non-standardised manner and the potential impact therefore on the certainty of outcome information and its interpretation.

DO

Consider hygiene, social distancing and the needs of the individual in a face-to-face context;

Think about equality, diversity and inclusion needs when conducting face-to-face assessments during the pandemic;

Think about the additional anxiety this could create and how this might impact on the assessment outcomes for different individuals;

Consider the testing environment and added precautions needed;

Consider ways to limit cross contamination in terms of test materials/the testing process, prior to, during or post assessment, including scoring of materials;

Consider other options to obtain information needed, use substitution or pro-rating where physical manipulation is involved;

Have track and trace processes and contingency plans in place if you or test takers are unwell;

The guidance indicates stating that test outcomes should be considered provisional at this time, (with additional confidence intervals / caveats about the reliability of outcomes being acknowledged when interpreting assessment information.).

DO NOT

Change test administration processes without fully considering implications on reliability and validity;

Breach good test practice in terms of information assurance protocols or ethical practice in terms of testing and use of test materials;

Allow cross-contamination of test materials, either between yourself and the test taker; between other test takers or other test users, where materials are shared within an organisation. Think about how you can allow materials to rest or limit decontamination during and after assessment;

Forget to consider the impact of the assessment process on the individual and any equality, diversity or inclusivity needs they may have.

REMOTE/TELEPRACTICE APPROACHES

Where telepractice approaches are utilised, informed consent may need to be obtained verbally.

Where using remote/telepractice approaches, acknowledge the impact this has on development of rapport; be aware of implications for impacts on effective communication in respect of certain diversity issues, (for example, candidates with sight loss may experience additional difficulties with this approach, as may those with hearing loss, where sound or visual quality is poor); communication implications for those candidates with intellectual or learning disability or increased levels of anxiety for some candidates, such as those with additional communication needs.

Consider familiarity with such remote interactional opportunities or familiarity with use of IT generally for some candidates, and the additional potential for anxiety where unfamiliar or not confident with such approaches. (Conversely for some candidates this may be preferential as a medium, and this too needs consideration).

Ensure there is scope for third party involvement where necessary to support the administration process, to support set up processes or to deal with and respond to disruptions or problems with the technology. (This may cause additional concerns in terms of the reliability of the assessment process, where the person is not appropriately trained in correct administration processes and the importance of standardisation).

Delivery of visual materials and physical manipulation tasks may be more challenging using this medium and would definitely require a third party. There is need for a suitable camera system to be able to clearly observe such tasks from a distance which may be an additional practical challenge to set up.

Consider potential for missed interactional cues or observation of candidate strategies during test use.

Practical issues linked to the quality of connection, what to do where this is interrupted, the nature of the environment in which the assessment is being undertaken, (is it quiet, confidential, free of interruption, lighting levels sufficient etc.).

The issue of environment may be equally important to the test user and in the case of sensitive assessments, such as those of a forensic nature, there may be additional anxieties related to remote assessment from personal/home locations, especially where others are in nearby proximity or personal space is impacted upon.

Duty of care to and of individuals, where assessed remotely should be a key consideration.

Where there is limited scope to meet face-to-face with candidates, a pre-meeting might be beneficial to ensure that familiarity with this medium and/or diversity needs are explored and to test out equipment and sound levels etc.

The potential for support or coaching from the third person may need to be considered if the third party is not appropriately trained.

Security of this process and ethical issues linked to recording of the process/corresponding information assurance processes related to test materials etc.

In all cases adherence to GDPR must be acknowledged, as must copyright/intellectual property and security of test materials.

DO

Consider familiarity of the individual with IT and/or additional anxiety this creates where unfamiliar;

Consider the needs of the individual, especially in relation to equality, diversity or inclusion and the impacts of communicating in this manner;

Consider the quality of the connection and suitability of the testing environment for the test taker and as the test user yourself;

Consider possible impacts of using a third party where they are not appropriately trained;

Consider if assessment remotely/using telepractice approaches will impact on reliability or validity of the assessment and if you can practically observe tasks where needed;

Consider additional duty of care needs of the test taker and how you will gain their consent to proceed where not in person;

Consider the impacts on rapport during the assessment process and implications this may have on effective communication throughout, especially where individuals have particular needs;

Consider security of test materials and potential for recording / other impacts on information assurance processes;

Consider a process for support if/where there are technology problems;

Consider practice in terms of the equipment and process;

DO NOT

Assume that everyone is comfortable with this approach, acknowledge personal differences and also anxieties this can create;

Overlook peoples' individual needs in terms of equality, diversity or inclusion and especially in terms of communicating in this way;

Assume the technology will work perfectly – have contingencies and processes in place if things go wrong or do not work well;

Assume that the reliability and validity is not affected by this change in terms of delivery approach, this is not a standardised approach as the test will most likely not have originally been conducted in this manner;

Assume that any third party will know what to do if not appropriately trained in assessment and allow for that. Consider also that they may try to assist and this may affect outcomes.

GUIDANCE ON REPORTING OUTCOMES

Current professional guidance indicates offering provisional recommendations in terms of test interpretation, acknowledging the potential impacts of the pandemic on outcomes and allowing for a wider consideration in terms of confidence limits etc. This is true for current face-to-face delivery approaches and where remote administration/telepractice approaches are utilised. A form of words should therefore be added to reports produced during the pandemic to acknowledge such caveats or cautions in terms of assessment outcomes.

The following is a suggested form of wording:

This assessment was completed face-to-face, in line with required hygiene and social distancing requirements, during the Covid-19 pandemic period.

OR

This assessment was completed remotely/using telepractice approaches during the Covid-19 pandemic).

Particular care was taken during the administration to ensure that the assessment was conducted as much as possible in line with Test Publishers manuals on test administration and did not deviate markedly from that specified where-ever possible. The outcomes of this assessment are therefore considered provisional, with a recognised caveat that these current circumstances, (for example increased anxiety in terms of face to face interaction for some individuals) or any adaptations required, (for example where there is need to pro-rate, substitute or adapt administration) will have some potential to impact on test outcomes, and have been acknowledged in terms of this interpretation and recommendations made.

CONTRIBUTORS

Lorraine Hough CPsychol AFBPsS



the british
psychological society
promoting excellence in psychology

St Andrews House,
48 Princess Road East,
Leicester LE1 7DR, UK

☎ 0116 254 9568 🌐 www.bps.org.uk ✉ info@bps.org.uk