

Guidelines for Clinical Evaluation

Psychological, Psychoeducational, and Neuropsychological Professional Practice Guidelines

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Introduction

Clinical evaluations are essential competencies in psychology, requiring sound clinical judgment, technical expertise, and careful interpretation of psychometric information. However, proficiency in administering and interpreting psychological tests is only one part of responsible assessment practice.

Equally important is ensuring that evaluation procedures are guided by clear, consistent, and ethical standards. These guidelines aim to support psychologists in conducting evaluations and assessments that are scientifically sound, clinically meaningful, and respectful of the rights, dignity, and best interests of the individuals being assessed. Adherence to these principles is essential not only for maintaining professional standards, but also for ensuring compliance with the ethical framework and professional responsibilities established by the Lebanese Order of Psychologists (LOPsy).

Scope of the Guidelines

The document applies to neuropsychological, psychoeducational, and psychological evaluations across age groups and settings.

Core Principles

Informed consent, confidentiality, cultural sensitivity, professional competence, respect for diversity, and evidence-based practice underpin all assessment activities.

Professional responsibilities

Based on the LOPSY Ethics Code (*c.f. LOPsy code of ethics: Articles 2, 6 and 9*)

- Practice within areas of competence.
- Maintain training in psychometrics, administration, scoring, and interpretation.
- Follow ethical and legal standards.
- Use culturally responsive and evidence-based practices.
- Integrate multiple sources of information when drawing conclusions.

- Maintain accurate and secure records.
- Provide clear reports, meaningful recommendations, and effective feedback.

Terminology and definitions

Measurement - Process & standard rule

The psychologist follows the process of giving numbers or categories to characteristics or behaviors being assessed, using clear and consistent/standard rules.

Testing - Administration & scoring

The psychologist will administer, score, and analyze results of psychological or performance tests under specified conditions.

Assessment - Evidence gathering & integration & interpretation

The psychologist gathers evidence about an individual's cognitive abilities, vocational interests, personality characteristics, competencies, behaviors, etc., using appropriate psychometric instruments, observation, interviews, and/or other relevant methods.

Evaluation- Decision based on evidence & criteria

The psychologist integrates the assessment findings with the relevant occupational requirements, competency standards, contextual information, and purpose of the referral. The evaluation can support diagnosis and determine suitability, training or treatment needs, as well as progress and readiness.

Individual

The person (child, adolescent, adult) being assessed in the context of psychological, psychoeducational or neuropsychological assessments.

Guardian

A parent or other person who has legal authority to make decisions and provide consent on behalf of a minor, in accordance with applicable Lebanese personal status law or civil court order.

Informants

People who provide information relevant to the assessment of the individual, based on their knowledge, observation, or professional involvement with the individual. Informants may include parents, guardians, caregivers, teachers, employers, healthcare or mental health professionals, and other relevant persons.

1. INITIAL EVALUATION AND ASSESSMENT PLANNING

1.1 Referral and Purpose of the Evaluation

Before testing begins, psychologists should clarify the referral source, presenting concerns, referral questions, and intended use of findings. Referral sources may include healthcare providers, educational institutions, parents or guardians, the individuals being assessed, employers, and legal authorities. Assessment objectives should guide instrument selection, interviews, collateral information gathering, interpretation, and recommendations. The assessment plan should remain flexible and be revised if clinically significant information emerges.

1.2 Informed Consent

Informed consent is both an ethical and legal requirement. Psychologists should explain the purpose of the evaluation, assessment procedures, expected duration, potential benefits and limitations, confidentiality, limits of confidentiality, and the voluntary nature of participation. Consent from parents/guardians or the individuals being assessed should be obtained before testing and before releasing information to third parties. When disclosure is required by law, court order, safety concerns, or safeguarding obligations, this should be clearly communicated. Documentation of the consent process should be maintained.

1.3 Clinical Interview and History Screening

The clinical interview provides the context required to interpret assessment findings. Psychologists should collect identifying information, developmental and educational background, academic and occupational history, health and neurological history, psychiatric history, medication use, family history, social and emotional functioning, trauma exposure, and substance use when relevant. Presenting concerns should be described in terms of onset, duration, frequency, severity, progression, and functional impact. Information from multiple informants should be documented and discrepancies explored.

Risk Screening. Risk assessment should be completed whenever clinically indicated. Areas include suicide risk, self-harm, risk to others, abuse and neglect, exploitation, domestic violence, and vulnerability concerns. Protective factors and actions taken should be documented.

1.4 Behavioral Observations

Behavioral observations complement standardized or projective test data. Relevant observations during assessments include appearance, grooming, motor behavior, mood and affect, communication, attention, persistence, frustration tolerance, motivation, effort, insight, judgment, orientation, and other mental status indicators. Observations should be objective and interpreted within developmental and cultural context.

2. TEST SELECTION AND ADMINISTRATION

- "A **psychological test** is essentially an objective and standardized measure of a sample of behavior." (*Anne Anastasi, 1988, p. 22*); it is a tool, an instrument, carefully designed to objectively evaluate the person's competence in different domains, through tasks to complete.

- **Measurement:** assigns values according to rules
- **Testing:** obtains standardized test-based data
- **Assessment:** integrates and interprets evidence to answer a psychological question
- **Evaluation:** uses that evidence and relevant criteria to make a professional decision

2.1 Principles of Test Selection and Administration

Assessment should be driven by referral questions rather than by routine administration of large test batteries. Instruments should measure constructs relevant to the referral concerns and be appropriate for the individual's age, language, education, culture, and functional abilities. Psychologists should preferentially use measures with strong reliability, validity, and normative support. A multimethod approach should combine interviews, observations,

standardized instruments, records review, and collateral data. These principles are similar whether psychodynamic or cognitive tests are used.

a- Ethical and Professional Requirements

All psychologists who provide psychological assessment services must adhere to the LOPsy Code of Ethics, with particular attention to Articles 2, 6, and 9.

Additional guidelines regarding recommended training and professional qualifications for psychologists conducting psychological assessments are provided in the previously published document, “LOPsy Guidelines for Assessments,” available online under the LOPsy resources.

b- Test selection and Types

Psychologists should make sure to choose the appropriate tests depending on the individual’s age, condition, presenting concerns, and impairments. They should always abide by copyright guidelines. They should also give priority to locally validated versions of the tests when available. Otherwise, they should clearly mention the limitation arising from using non-Lebanese tests or norms.

- **Oral task:** Some tests require an oral response. They focus on oral and verbal skills. The individual’s response to any instruction is done verbally (spoken, written, or signed).
- **Manual or digital task:** Some tests do not require a verbal response. They focus on performance, action, and execution.
- **Scales:** Some tests are called “scales”, and they consist of a series of items, either in the form of questions or in the form of reflective answers. The individual must give an answer or identify an action that sounds familiar or not. These scales might measure mental health, behavior, personality, and much more.
- **Projective tests:** these tests, whether thematic, playful, or structural, are part of a clinical perspective that defines the situation in its intra-subjective and inter-subjective specificity in terms of transference movements. They consist of a series of images or material to handle (both concrete and ambiguous), prompting verbal associations. They might reflect mood, mental health, fears, desires, and even aspects of personality.
- **Material to handle:** This material consists of tests involving a manipulable support that takes on quite varied forms depending on the objective of the measurement. These subtests often target an individual’s cognitive functioning (reasoning, attention, comprehension, visuomotor coordination, speed of execution, memory) and sometimes their behavior (reflective or impulsive).

c- Standardized Administration and Procedures

Psychologists should follow administration and scoring procedures specified by test publishers.

Respect testing conditions by enforcing rigorous control, providing standard instructions, conducting preliminary demonstrations, maintaining standard timing, using approved materials, applying standard scoring, and clarifying how questions will be answered.

Testing conditions should support valid performance through adequate privacy, minimal distraction, appropriate rapport, and standardized instructions. Any deviation from standard procedures should be documented and considered during interpretation.

Standardized procedures. All aspects of the psychometric process must adhere to the same procedure each time a test is administered, whether it is cognitive or psychodynamic.

- *Standardization* will focus on three points:
 - the “nature” of the materials and questions,
 - the “how” the test is administered,
 - the “method” of recording responses.
- *Uniformity* is a necessary condition for comparing different individuals
 - Specific application of the scientific principle of "rigorous control"
 - The assigned task must be formulated with as little ambiguity as possible
 - Respect for the testing conditions as described in the manual (i.e. use standard instructions and administration procedure, standard timing, approved materials, and scoring).
- *Conditions under which the test is conducted* are related to:
 - The subject's state (e.g. motivation, emotional state, fatigue, etc.).
 - The conditions of the testing environment (i.e. a neutral environment, a quiet, private place, simple décor, table and two chairs, etc.).
 - The experimenter's attitude (i.e. neutral, supportive, no judgment).

2.2 Assessment Methods

Assessment methods may include clinical interviews, structured and semi-structured interviews, self-report measures, informant rating scales, behavioral observation, record review, and standardized testing.

Common assessment domains include cognitive functioning, academic achievement, adaptive behavior, autism spectrum characteristics, emotional and behavioral functioning, personality, language, developmental functioning, attention, executive functioning, memory, motor skills, social functioning, and vocational interests.

The appendix contains examples of assessment categories and representative instruments. The examples are illustrative rather than exhaustive and should not limit professional judgment.

3. SCORING, INTERPRETATION, AND CLINICAL FORMULATION

3.1 Scoring Procedures and Quality Assurance

All instruments should be scored according to publisher guidelines. Accuracy should be verified, particularly when calculations are performed manually or scores are transferred across systems. Records should include raw scores, derived scores, percentile ranks, confidence intervals, validity indicators, and relevant observations affecting interpretation.

3.2 Understanding and Interpreting Test Scores

Raw scores have limited meaning without reference to normative data. Standard scores, scaled scores, T scores, percentile ranks, and confidence intervals should be interpreted according to the manual of the instrument. Cutoff scores may inform clinical hypotheses but should never be treated as definitive evidence of diagnosis. Interpretation should acknowledge measurement error and the limits of psychometric precision.

3.3 Principles of Interpretation and Clinical Formulation

Clinical interpretation requires integration of multiple information sources. Psychologists should seek convergence across interviews, observations, testing, records, and collateral reports. Developmental, educational, medical, cultural, linguistic, emotional, and environmental factors should be considered. Both strengths and weaknesses should be identified. Apparent inconsistencies should be examined rather than ignored because they may reveal meaningful clinical information.

Assessment Limitations Psychologists should describe limitations that may affect confidence in conclusions, including language differences, restricted normative samples, incomplete records, response bias, sensory deficits, emotional distress, fatigue, medication effects, or nonstandard administration conditions. They should also assess validity and consider possible bias related to poor effort and malingering.

3.4 Clinical Formulation and Diagnostic Considerations

Clinical formulation is the process of organizing assessment findings into a coherent explanation of the individual's functioning. Conclusions should address referral questions directly and explain the significance of identified strengths and vulnerabilities. Diagnostic impressions, when applicable, should be based on integration of history, symptoms, observations, collateral information, and assessment findings. Formulations should emphasize functional implications for daily life, education, work, relationships, and treatment planning.

4. REPORTING, FEEDBACK, AND COMMUNICATION OF RESULTS

4.1 Report Writing

Reports should be clear, objective, concise, and clinically meaningful. Reports generally include referral information, assessment procedures, relevant background history, behavioral observations, findings, interpretation, diagnostic impressions if applicable, conclusions, and recommendations. Test results should be translated into clinically useful language rather than reported as numbers alone.

4.2 Recommendations and Clinical Guidance

Recommendations should be specific, practical, realistic, and linked directly to assessment findings. Recommendations may include psychotherapy, psychiatric consultation, educational accommodation, workplace support, cognitive rehabilitation, family interventions, behavioral strategies, monitoring, referral to specialized services, or follow-up assessment. Strength-based recommendations are encouraged.

4.3 Feedback Sessions and Communication of Results

Feedback represents an essential component of assessment. Results should be communicated using language appropriate to the individual's developmental level, educational background, and cultural context. Psychologists should explain the practical significance of findings, provide opportunities for questions, address emotional responses, and support informed decision-making.

4.4 Confidentiality, Information Sharing, and Documentation

Assessment findings should be shared only with authorized individuals or entities, except when disclosure is required by law or ethical obligations. The information disclosed should be

limited to what is necessary for the intended purpose. Documentation should include consent, disclosures, recipients, rationale, and relevant legal or ethical considerations.

APPENDICES

Appendix A. Assessment Domains

Domain	Examples of What Is Measured
Academic Achievement and Learning	Reading, written expression and mathematics
Adaptive Functioning	Daily living skills, communication, socialization
Behavioral Functioning	Externalizing and internalizing behaviors, emotional and behavioral regulation
Cognitive and Intellectual Functioning	Verbal and non-verbal abilities, problem-solving, reasoning, processing speed, working memory
Executive Functioning and Attention	Planning, inhibition, working memory, attention, organization
Language & Communication	Receptive and expressive language, vocabulary, verbal communication, pragmatic/social communication
Motor & Visual-Motor Functioning	Fine and gross motor skills, visual-motor integration and visual perception
Psychological and Emotional Wellbeing	Trauma-related symptoms, anxiety, mood, psychological adjustment, emotional well-being
Sensory processing & Occupational functioning	Sensory responses, regulation and participation
Social Skills	Social interaction and relationships

Appendix B. Common Assessment Categories and Examples

The instruments listed in the table below are only examples. Including them does not constitute an endorsement or approval from LOPSy.

Category	Examples of tests
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Academic Achievement	WIAT-III/WIAT-IV, KTEA-3, WJ-IV, etc.
Adaptive Behavior	Vineland-3, ABAS-3, MIGDAS, etc.
Attention & Executive Functioning	Conners CPT-3, TOVA, D-KEFS, Tower of London, etc.
Autism Spectrum	ADOS-2, ADI-R, etc.
Behavioral Functioning	BASC-3, Conners 4, etc.
Developmental Assessment	Bayley-4, MTPEMS, etc.
Emotional & Psychological Functioning	BDI-II, BAI, BHS, etc.
Intelligence	WAIS-IV/WAIS-5, WISC-IV-AR, WISC-V, WPPSI-IV, WJ, etc.
Memory	CMS, WMS-IV, CVLT, etc.
Personality Assessment	MMPI-3, MMPI-2RF, PAI, TAT, CAT, Rorschach, etc.
Sensory processing/Motor skills	Beery VMI, Sensory Profile 2, Grooved Pegboard, M-ABC, DTVP-3, etc.
Social Skills (language/behavior)	CAPs, TSEA, etc.
Speech, Language & Communication	CELF-5, PPVT-5, EOWPVT, ROWPVT, etc.

Appendix C. Projective framework

Purpose and test selection	Psychologists must, - Define the clinical/assessment question before choosing a projective technique. - Use the test when there is sufficient evidence to support the intended interpretation and use. Especially not because it is traditionally used in a particular setting. - Consider age, language, culture, clinical population, and the specific referral question.
Psychometric evidence	Every test should be reviewed for: <i>Validity</i>: evidence supporting the interpretation of scores/responses. <i>Reliability</i>: consistency of scoring and interpretation. <i>Inter-rater reliability</i>: particularly important for projective techniques because scoring can involve examiner judgment. <i>Normative evidence</i>: whether appropriate norms exist for the population. <i>Incremental validity</i>: whether the projective measure contributes information beyond interview, behavioral observation, standardized inventories, etc.
Standardized administration	Psychologists must follow the official test manual exactly. - Standardize instructions, materials, sequence, timing where applicable, and recording of responses. - Record spontaneous responses as accurately as possible. - Avoid leading questions or interpretations during administration. - Any deviation from standardized administration should be documented and considered when interpreting results.

Interpretation	- Projective findings should not normally be interpreted in isolation. They must integrate with clinical interviews, history, behavioral observations, standardized measures, and other relevant information. - Psychologists must avoid diagnostic conclusions based solely on a single projective indicator. - Interpretations should be proportional to the strength of the available validity evidence. Cultural and linguistic factors must be considered.
Important rule	- A projective technique must not be treated as psychometrically standardized merely because it has a formal scoring procedure. - The validity, reliability, normative evidence, and appropriateness of the specific scoring system must be evaluated before scores are interpreted or used for clinical decision-making. - The person administering, scoring, and interpreting the test should have appropriate education, supervised training, and demonstrated competence.

Appendix D. Psychometric Interpretation Guide

- Raw scores should not be interpreted in isolation.
- Confidence intervals should be considered because all test scores contain measurement errors.
- Clinical cut-off scores may identify elevated concern but should never be considered diagnostic in isolation.
- The graph below provides a qualitative interpretation for different types of scores (i.e. standard scores, percentiles, scaled scores, Z-scores)

