Language: ASPPB offers a French form of the EPPP (the FEPPP) where a licensing authority legally requires one; the integrated EPPP is offered in French from Fall 2027, and the March and April 2027 beta is in English only. Canadian candidates may take the English form, and some licensing authorities do not accept scores from non-English versions. ASPPB has published the competency statements in French (Future EPPP Content Areas (Français)); our questions and cards are in English for now.

EPPP STUDY SHEET · DOMAIN 2

Assessment

Examination for Professional Practice in Psychology (EPPP)

20% of the exam · 16 competency statements · ASPPB integrated EPPP

This competency domain requires knowledge of psychometric principles and application of this knowledge to the provision of psychological assessment services to the public, including differential diagnosis, application of assessment methods, and communicating results.

Every competency statement and its key concepts

2.A.1 Psychometric foundations: consistency, evidence, accuracy and fairness

Reliability and the standard error of measurement: Reliability is the consistency of scores across occasions, forms, items or raters. The standard error of measurement (SEM), the standard deviation times the square root of (1 minus reliability), sets the band of error around one person's score; higher reliability gives a narrower band.

Validity as evidence for a use: Validity is the degree to which evidence supports a specific interpretation of scores for a proposed use, not a fixed property of the test. The Standards name five sources of evidence: test content, response processes, internal structure, relations to other variables, and the consequences of testing.

2.A.2 Assessment methods and what each can and cannot show

Self-report: Questionnaires and rating scales are efficient and give access to inner experience, but they depend on insight, memory and willingness to disclose. Global retrospective reports are open to recall bias; ecological momentary assessment (EMA) samples current experience repeatedly in daily life to reduce it.

Multi-informant reports: Parents, teachers, partners and supervisors see behavior in different settings, so their reports agree only modestly. Across 341 studies of children and adolescents, cross-informant correlations averaged .28, and a discrepancy can reflect real differences between contexts rather than an error by one informant.

2.A.3 Choosing and adapting assessment methods

Evidence for the intended use: Validity evidence is specific to a purpose and a population. A measure supported for screening adults may lack evidence for diagnosis, for children or for a legal question; incremental validity asks whether the measure adds accurate information beyond what is already known.

Translation and cultural adaptation: Translation alone does not make a test equivalent. The International Test Commission's guidelines call for careful translation reviewed by qualified bilingual experts, pilot work with the target group, and evidence that items and scores function the same way across versions before scores are compared.

2.A.4 Common instruments and matching them to the question

Cognitive and achievement batteries: Individually administered intelligence batteries, such as the Wechsler scales, and achievement tests estimate abilities and academic skills against age or grade norms. They are central to questions about intellectual disability, learning disorders and cognitive change, but a composite score rarely settles such a question alone.

Broadband personality inventories: Inventories such as the MMPI-3 and the Personality Assessment Inventory cover many dimensions of personality and psychopathology in one administration and include validity scales for overreporting, underreporting and inconsistent responding.

2.B.1 Fitting instruments to the person being assessed

Norms that include the person: Scores are interpreted against a reference group, so the norm sample should include people of the client's age, language background and, where it matters, education. When no norms fit, the psychologist states the limit instead of ignoring it.

Construct-irrelevant barriers: A test should measure its intended construct, not an unrelated limitation. A timed task penalizes slowed movement and a written questionnaire penalizes poor reading or vision, lowering scores for reasons that have nothing to do with what the test is meant to measure.

2.B.2 Tailoring the assessment as it unfolds

Multimethod by design: A review drawing on more than 125 validity meta-analyses and 800 multimethod samples concluded that distinct methods provide unique information and that clinicians who rely only on interviews are prone to incomplete understandings.

Hypothesis-driven sequencing: Starting broad and then adding focused measures where screening, history or observation point keeps the assessment efficient and aimed at the referral question, instead of testing everything or stopping at the first plausible explanation.

2.B.3 Letting the referral context shape working hypotheses

Who asked, and for what decision: When a third party requests the service, APA Standard 3.07 asks the psychologist to clarify at the outset the relationship with everyone involved: the psychologist's role, who the client is, the probable uses of the information and any limits on confidentiality.

The psycholegal question: Forensic evaluations are framed around the legal question, such as a particular capacity, and the Specialty Guidelines for Forensic Psychology direct attention to legally relevant factors rather than to a general diagnosis.

2.B.4 Differential diagnosis: from findings to conclusions

Consider the common mimics first: Before settling on a primary mental disorder, the psychologist asks whether symptoms are feigned, caused by a substance or medication, or caused by another medical condition; most DSM-5-TR criteria sets exclude symptoms better attributed to a substance or medical condition.

Timing and course: When symptoms began relative to substance use, illness, stressors or developmental stage, and whether they come in episodes or persist, often separates competing explanations more clearly than a count of symptoms does.

2.B.5 Base rates, development, culture and the traps of clinical judgment

Base rates: The base rate is how often a condition occurs in the population being assessed. Meehl and Rosen showed that when a condition is rare, decisions from a test sign or cutting score can produce more errors than simply predicting from the base rate.

Heuristics: Tversky and Kahneman described representativeness (judging by resemblance to a typical case), availability (judging frequency by how easily examples come to mind) and anchoring (adjusting too little from a starting value): economical shortcuts that lead to systematic, predictable errors.

2.C.1 Scoring and interpreting standardized tests

Norm-referenced versus criterion-referenced: Norm-referenced scores compare a person with a reference group, such as others of the same age. Criterion-referenced scores compare performance with a fixed standard of mastery, whatever other examinees did.

Score metrics: Standard scores (mean 100, SD 15), T scores (mean 50, SD 10), scaled scores (mean 10, SD 3) and z scores are linear transformations of one another. Percentile ranks are not equal-interval: near the mean a few points shift the percentile a lot, at the extremes far less.

2.C.2 When standard administration is not possible

Follow the standard procedures: Tests are administered and scored as the manual specifies, including timing, instructions, prompts, and start and discontinue rules, because any departure changes the conditions under which the norms were collected.

Document departures and limits: Changes or disruptions to standard administration are documented and reported (Standards, Chapter 6). APA Standard 9.06 requires taking into account factors that might reduce the accuracy of interpretations and stating any significant limitations.

2.C.3 Integrating findings across methods and informants

Expect modest agreement: In a meta-analysis of adult assessment, self and informant reports correlated about .43 for internalizing and .44 for externalizing problems on parallel instruments, and about .30 on different instruments, so neither source can stand in for the other.

Discrepancy as information: Informants observe the person in different contexts, so a disagreement may mean the problem appears in one setting and not another, or is internal and hard to see, rather than that one informant is wrong.

2.D.1 Keeping the assessment on the question

The question defines relevance: Information is relevant when it bears on the referral question or on how far the findings can be trusted. Effective reports are consumer-focused and address the concerns of the people who made the referral.

Germane information only: APA Standard 4.04(a) limits written and oral reports and consultations to information germane to their purpose, so sensitive details that do not bear on the question, such as an unrelated past relationship, are left out.

2.D.2 Using models of psychopathology to formulate

Diathesis-stress: Vulnerabilities (diatheses), biological or psychological, interact with stressors to produce disorder, and neither alone explains onset. Monroe and Simons urged precision about which stressors interact with which diatheses, noting that a diathesis can also shape the stress a person encounters.

Cognitive maintenance models: In the cognitive model of panic, attacks arise from a tendency to misinterpret bodily sensations as signs of imminent catastrophe, and avoidance and within-situation safety behaviors keep those beliefs from being disconfirmed.

2.D.3 Diagnosing with current taxonomies

DSM-5-TR: The current DSM is the 2022 text revision, which added prolonged grief disorder. Its criteria combine symptom counts, duration, distress or impairment, and exclusions for substances, other medical conditions and other mental disorders.

ICD-11: ICD-11 was approved in 2019, with reporting based on it from January 2022. It adds a lifespan approach and cultural guidance for each disorder and builds dimensional approaches into personality disorders and primary psychotic disorders.

2.D.4 Communicating results that people can use

Explaining results: APA Standard 9.10 requires reasonable steps to ensure that results are explained to the person assessed or a designated representative, unless the nature of the relationship precludes it, as in some forensic or preemployment evaluations, and this was clearly explained in advance.

Consumer-focused reports: Effective reports address the concerns of the referring persons, present data appropriately, communicate clearly and concisely and offer useful recommendations; undefined psychological terms are one reason many reports are hard for nonpsychologists to read.

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