

08/08/2010

Dear Professor Grenyer,

Thank you for the comprehensive evaluation of the issues concerning the inappropriate use of psychological testing and its potential dangers to the public. The Australian Clinical Psychology Association (ACPA) appreciates the opportunity to comment on these issues and the proposals put forward for consideration, and strongly supports the development of safeguards for the public in this complex area.

ACPA considers the discussion paper to adequately capture the main contexts in which psychological testing is used, and the many types of harms that may occur in these contexts. However, two further harms can also be identified: Harms to the public can arise where a lack of test security gives access to test content that can be learned by test takers in order to distort test results; and the release of **accurate** test data is given to the test taker without knowledge of its potential harms.

1. *Further information on the nature and extent of harms to the public currently occurring:*

The Official Statement of the National Academy of Neuropsychology (2003, p. 3) states that when testing is exposed to the public domain it can become invalidated. Under such circumstances, tests become costly to redevelop and standardise, there is harm to copyright and intellectual property interests, the public is deprived of effective test instruments, and this can “act as a major disincentive to prospective test developers and publishers, and greatly inhibit scientific and clinical advances,” all to the detriment of the public. Furthermore, the Statement declares, “Threats to security by release of test data to non-psychologists are significant. Research confirms what is seemingly already evident: individuals who gain access to test content can and do manipulate tests and coach others to manipulate results, and they are also more likely to circumvent methods for detecting test manipulation (p. 3).”

The Statement points to the potential for “great public harm (p.3)” citing an example of an impaired airline pilot obtaining information on the content of tests, and thus being able to produce “spuriously normal scores” (p.3). Such concerns also apply to those required to undertake testing to ensure they are capable of driving a vehicle, for example, in cases of early dementia or after stroke or head injury.

Further harms can also result from disclosure of **accurate** test results due to a lack of knowledge of psychological functioning. There are many concerns about individuals and parents being given test scores, particularly those relating to Intelligence Quotients (IQs) where the psychometric properties of tests are not understood and where they negatively impact on psychological functioning. For

example, it can be extremely distressing for individuals to be given results of intelligence testing, even when accurate. Two recent cases illustrate this potential harm.

A young woman of 19 years was recently treated for over a year in a university training clinic for perfectionism that was impeding her capacity to perform at university. The young woman had been tested at 11 years of age and was reportedly given “an IQ of over 150”. This information was reportedly given to her mother without any warning of its potential impact on a sensitive and anxious child, as this young adult deemed herself to have been. In an attempt to boost her daughter’s confidence at a time she was being bullied at school, the mother disclosed this information to the child.

Being anxious, the child spent the next eight years trying to “live up to [her] potential” via excessive study involving extreme levels of rote learning of material in fear something would be forgotten. This inhibited her capacity to reflect and critically evaluate and analyse material, leaving her exhausted and her grades dropping at university. She presented for treatment in fear she would lose her place in the university extension program, requesting treatment to enable her “to reach her potential” through study enhancement. This young woman had suffered for eight years with anxiety focussed on her performance that became all consuming. Knowing her ability was, at 11 years, extremely high, focussed her anxiety and disabled her from reaching her full potential due to her becoming obsessed with studying, while her study skills were unable to develop as she clung to strategies that had been successful at a young age.

A mother presented to another psychology training clinic insisting her son had not previously been assessed. On assessment he was found to be moderately delayed. The mother then admitted he had been previously tested and stated she had not wanted the current tester to know this, as she wanted an independent assessment of his abilities following intervention. Her commitment to her child was admirable and she had undertaken much intervention to assist him. She had previously been given test scores and wanted to compare current results with previous scores. When the release of test data was not approved, as per clinic policy stated on the consent form she had signed, she submitted a complaint. It was evident that the mother believed a one point increase in scaled or standard scores would mean her son’s intellect had improved. The psychometric properties of tests and the lack of validity of scores from testing undertaken within a specific time period, particularly where intervention may have targeted specific learning relevant to the tests being utilised, needed to be explained. The projected development of her son’s intellectual abilities, and the limits on his possible achievements even with the best intervention available, also needed to be explained as this was not previously understood. Thus previous disclosure of test scores and lack of information on their meaning and the child’s prognosis led to enormous distress for the mother, and an unnecessary repetition of testing a vulnerable child.

## *2. Views on the main areas of concern relating to current practices*

There are multiple areas of concern in terms of current practices where people who are inadequately trained to undertake and interpret psychological tests can effect significant harm on

the public. The greatest impacts occur where unethical practice occurs, such as access being given to test content by the individuals to be tested, and where test results are not interpreted correctly or within context. In such cases there are complaint mechanisms available to deal with unethical and incompetent testers to prevent them from inflicting further harm on the public through continued practice.

However, despite such avenues for complaint, there remains an extremely compelling case to restrict the use of psychological testing to psychologists who are trained in their use, particularly in sensitive contexts. It is important to note that psychologists undertake a rigorous training in statistics that underpins a sound understanding of the statistical properties of tests, allowing for appropriate and sophisticated technical interpretation of test results. The additional focus in psychology training on the emotional, psychological, developmental and social contexts of the individual enables the psychologist to contextualise test data to make sound interpretations of an individual's performance and to give information to those being tested with an adequate understanding of its potential impacts. Such training may not be available or may not be as rigorous for non-psychologists.

We believe the risks associated with increasing protections for the public are minimal and on balance far outweighed by the risks of not enacting additional policy on the restriction of psychological tests. The only identifiable adverse effect of additional policy action is the possible reduction in availability of testing and a potential increase in costs for some organisations. This effect is strongly outweighed by the greater validity and reliability of test outcomes by trained psychologists, and the psychological, developmental and social contextual understanding they bring to testing. There is no other case where a specialised and potentially damaging procedure is opened up to individuals untrained in its appropriate use on the basis of availability and cost of the procedure.

### *3. Views on the range of potential policy actions to restrict psychological testing*

The three broad actions proposed are those put forward internationally to manage the dangers to the public of inappropriate use of psychological testing. They are considered to be comprehensive.

#### *4. Views on the relative merits of the different policy options*

##### *a) Legislation to restrict the use of psychological tests to registered psychologists*

This is the option that most strongly protects the public and provides a recourse to sanctions where breaches of practice occur and damage is inflicted. It is therefore, the preferred option to have specific tests restricted. While harms are most likely to be inflicted in particular settings such as health, forensic and educational settings, the use of psychological tests by non-psychologists that are restricted only in specific contexts is inadequate. Such a practice would more readily expose the public to test content, 'spoil' the test for use in another, perhaps more essential context, and provide conflicting outcomes from psychologists and non-psychologists. Furthermore, while some

specific tests need to be restricted across a range of settings, there are alternative tests available that do not need to be restricted for use by a psychologist.

There are many settings in which group-based and individual psychological tests are able to be administered and adequately interpreted by non-psychologists. For example, tests are widely developed by psychologists for the education and employment sectors, in magazines for entertainment, for dating agencies, for use by non-psychologists. While psychological tests, they have been devised to require little additional training for administration and their potential for harm is considered minimal when used in the context for which they were devised. To allow for flexibility and new developments, the most appropriate action is for legislation to support a list of restricted tests published by the Psychology Board of Australia (PBA). This properly informs test users of the restrictions and enables the PBA to apply sanctions to all test users where necessary.

Identification of the range of tests to be restricted due to the training required for administration and interpretation and the potentials for harm can be readily developed. Publishers already have tests that are restricted, as does the British Psychological Society through the Psychological Testing Centre. The list can be further developed in consultation with universities with expertise in the testing area.

Other professional regulatory bodies do not have the level of knowledge of psychological testing and a full understanding of the importance of individual contexts, developmentally, socially and psychologically to regulate test users. They are unable to adequately determine whether test practice has been adequate or has led to harms. Non-professionals who are not regulated, such as counsellors or psychotherapists, may also cause harm through the misuse or inadequate understanding of test data and its contexts without a regulatory professional body to oversight this practice and apply sanctions. Psychological tests are best regulated through the PBA where the expertise required to properly assess the tester is readily available.

“Self-regulation” is an entirely unsatisfactory option as the risks far outweigh the benefits to the public and there is no means for sanctions to be applied or for the prevention of continuing harmful practices. Publishers report the re-sale of individually-based intelligence tests that require intense training to administer and interpret through eBay, with no restrictions on the buyer. A search on (08.08.2010) revealed for sale four publisher “restricted” tests for adult intelligence (WAIS-R), three for children (WISC-IV) and two primary and preschool children (WPPSI-III) kits available from the USA, none with restrictions on buyers.

Publishers do not have control over the use of restricted tests. Where tests are bought by an organisation for use by a registered psychologist with the expertise to use it, a change in position occupancy to a non-psychologist can readily lead to non-psychologists utilising restricted tests. Thus responsibility and regulation needs to apply to the individual test user.

Currently adequate legislative restrictions have been eroded and, along with greater dissemination of test materials via the internet, have undermined the efficacy of psychological testing. Legislated

restrictions are urgently required to protect the public from substantial harm in the areas of health, forensic, and educational settings as a matter of highest priority.

b) Reinforcing restrictions imposed by publishers

Reinforcing existing publisher-based restrictions is an unsatisfactory solution to the current difficulties. Difficulties occur in having multiple commercial entities agree to and adopt a particular classification system and to assign the relevant educational qualifications required to purchase specific tests. Furthermore, as outlined in the preceding section, such an approach does not provide protection for the public through the re-sale of and misuse of test materials by inadequately trained testers, over which publishers have no jurisdiction or authority that can be enforced.

Mechanisms are not currently in place to ensure accountability of test publishers in developing and adhering to restrictions or a set of standards of required educational training for the use of specific tests. Through publisher-based restrictions, the public relies on the goodwill of these publishers to adequately and correctly apply the appropriate restrictions to the tests they sell. Ensuring test buyer qualifications are appropriate for the level of test usage is a demanding and time-consuming task complicated by the differing degrees and structures available both nationally and internationally. Test user qualification statements protect the publisher, but not the public, where misstatements are made. Furthermore, as pointed out, commercial interests may override concerns about appropriate usage. To properly strengthen restrictions imposed by test publishers and distributors, legislation regarding the sale and re-sale of test materials is required.

While the 1994 report of the Canadian Psychological Society report (Simner, 1994, cited in the PBA consultation paper) provides recommendations to strengthen test publisher and distributor regulation, it does not resolve the inherent difficulties in such an approach in terms of responsibilities and accountabilities. This approach also imposes an enormous impost on test publishers and distributors. Such an approach makes test publishers and distributors responsible for professions, which is not an appropriate scope of responsibility; while giving test publishers and distributors regulatory responsibility with no regulatory authority provides very little protection for the public.

c) Accreditation based approaches

The establishment of a body to accredit the users of psychological tests and to establish and maintain standards with a broader mandate than that undertaken by the British Psychological Society through the Psychological Testing Centre has some appeal. There are certainly professional organisations in Australia who could undertake this venture and a consortium including PBA, the Australian Psychology Accreditation Council (APAC) and professional organisations, such as the Australian Psychological Society (APS) and the Australian Clinical Psychology Association (ACPA), could provide the best support for standards and expertise. The APS has already produced an excellent document providing Guidelines for psychological assessment and the use of psychological tests which were revised in July, 2009. These Guidelines need to be adopted by all test users in the

best interests of the public to guide the use of psychological tests in an ethical manner to an appropriate standard. ACPA strongly recommends that the PBA adopt these guidelines for the profession of psychology as a whole, regardless of the manner determined to regulate the use of psychological testing.

The mandate of any accreditation body would need to cover all seven areas of speciality recognised nationally in Australia; the restriction of standards for testing in areas other than educational and occupational settings would need to be developed. Guidelines on qualifications and standards for testing in other key areas, such as health and forensic settings, would need to be developed as a matter of some urgency.

Unfortunately, there are severe limitations to this proposition in the lack of regulatory powers of such an organisation or consortium, in particular with the capacity to apply sanctions to test users. The Psychology Board of Australia (PBA) has the power to regulate the profession of psychology, including the application of sanctions; however, such powers must not be extended to other organisations that are not responsible in law to the profession and government. Should an accreditation body be developed, it would need to be under the auspices of the PBA and the use of psychological tests regulated by the PBA.

In the Australian context an accreditation-based approval system would be severely limited by the capacity for non-psychologists to use psychological tests without adequate training or accreditation, and the lack of regulatory powers of such an accrediting body.

#### d) Education-based approaches highlighting potential harm

While the merits of an education approach to these issues are documented in the consultation paper in terms of easy implementation of campaigns targeted at test users and the public by the psychology profession, such an approach has highly questionable efficacy and would be unreliable. The increased costs involved in employing adequately trained psychologists to undertake testing as opposed to non-psychologists can strongly deter organisations from a conviction that testing should be restricted to those trained to undertake it. Such an approach also relies on self-regulation, which is inadequate, given the degree of harm that can be associated with inappropriate use of psychological tests. Furthermore, using a voluntary approach to regulation enables individuals and organisations to set standards of training and this is likely to be highly variable and again influenced by cost.

Most essentially, such an approach offers no recourse for the public who suffer harms from the misuse of psychological tests by non-psychologists.

In conclusion, greater restrictions need to be imposed on the use of specific psychological tests, where psychological tests have high potential for inflicting harm on the public. Test users need to be accountable and sanctions need to apply for the protection of the public. The most efficient and least restrictive manner for this to occur is for the PBA to publish a list of specific restricted tests that require substantial training to administer and interpret and have significant potential for harm

through inappropriate usage. This list needs to be supported through legislative change and updated as the need arises. The list should provide information to tests users of the dangers to the public of unqualified individuals using these tests and the sanctions that can be applied.

ACPA would like to thank the PBA for the work it is doing in the best interests of the public in establishing standards and protections that enhance the efficacy of the profession.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Judy Hyde', written in a cursive style.

Dr Judy Hyde

ACPA President

References:

The Australian Psychological Society (2009). *Guidelines for psychological assessment and the use of psychological tests*. Melbourne: Author.

National Academy of Neuropsychology (2003). *Test Security: An update*. Official Statement of the National Academy of Neuropsychology. Unpublished document, National Academy of Neuropsychology Colorado: USA.