

# **Response to the PBA Consultation Paper, *Options for the protection of the public posed by inappropriate use of psychological testing.***

By the Victorian Cross-Cultural Psychological Assessment Working Group<sup>1</sup>  
15<sup>th</sup> August, 2010

## **Preamble**

Our group welcomes this Psychology Board of Australia Consultation Paper. As a group of qualified psychologists with a very considerable direct and supervisory experience of psychological assessments we have been concerned for some time about a range of issues in the field.

We have endeavoured to foster and disseminate reviews of cross-cultural assessment practice, research and policy. Specific activities organised, developed and delivered by our group include:

- A conference on *Issues in Cross-Cultural Psychological Assessment*, at St Vincent's Hospital, Melbourne, 16<sup>th</sup> May, 2008, the first national conference of its type,
- A workshop on *Progress and Challenges in Cross-Cultural Psychological Assessment: Applications to Practice*, presented at the 20<sup>th</sup> Congress of the International Association for Cross-Cultural Psychology, in Melbourne, 7<sup>th</sup> July, 2010,
- Published papers from the 2008 national conference as a special edition of the *Australian Psychologist* (2009, volume 44, number 1) on *Issues in Cross-Cultural Psychological Assessment*,
- Consultation on the development and inclusion of an Attachment on *Assessment of refugees and recent arrivals from non-English speaking backgrounds* in the Victorian Department of Education and Early Childhood Development's (DEECD) 2009 *Program for Students with Disabilities: Professional Guidelines - Intellectual Disability*,
- A submission to the Australian Psychological Society (APS) on revision of the *Guidelines for psychological assessment and the use of psychological tests* regarding cultural and linguistic factors that may influence assessments. Recommendations from this submission were included in the 2009 revised Guidelines (APS, 2009).

## **Response**

We follow the structure of the paper's "Questions for Stakeholders" [3.4, page 19].

1. Whilst the paper identifies many key issues it does not "capture all of the main contexts in which psychological testing is used", in particular the cross-cultural context. As 14% of Australia's population (or 2.8 million people) was born in a country where English was not the first language, (Australian Bureau of Statistics, 2007), and as Australian research shows that education, and cultural and linguistic background can influence performance on cognitive tests (Carstairs, Myors, & Fogarty, 2006; Walker, Batchelor, Shores, & Jones, 2010) this is an area of major concern.
2. The PBA discussion paper has not identified "the types of harms that may occur" in the context of administering psychological tests to children, adults and aged people of culturally and linguistically diverse (CaLD) backgrounds. We would like to comment on the

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potential harm that may arise as a result of failing to consider the appropriateness of psychological tests and/or use of test scores when the person being tested is from another culture. We cannot provide examples of cases that are in the public domain. However, the following comments are based on extensive practice experience. Relevant references are also provided.

- 2.1. In practice, it is known by the authors of this submission that it is not uncommon for children of CaLD and of refugee background to be tested soon after arrival in Australia. Furthermore, an unknown number of these children are tested for possible intellectual disability when they perform poorly at school (Fraine & McDade, 2009; Kaplan, 2009). While those children may well have an intellectual or other form of disability, the validity of scores is questionable (Bontempo, 1993; Arnold & Matus, 2000) and over-diagnosis of disability is a distinct risk. It has been the authors' experience that some of these children have been proven over time to not have an intellectual disability. Similar issues relating to inappropriate use of standardised psychological tests have been raised for children from indigenous backgrounds (Lewis, Dingwall, Berkhout, Sayers, Maruff & Cairney, 2010, Westerman & Wettinger, 1997).
- 2.2. A number of factors can render the use of standardised psychological tests of cognitive, neuropsychological and mental health functioning, and their scores inappropriate:
  - 2.2.1. Limited literacy in a person's first language, combined with limited or no English proficiency clearly limits the use of tests which require such proficiency, and scores from such tests are likely to be invalid (Artiola i Fortuny & Mullaney, 1998; Walker et al., 2009).
  - 2.2.2. Where cognitive functioning is being assessed, it is sometimes recommended that non-verbal tests can provide an indicator of cognitive functioning, but comprehension of the task is still necessary, as is familiarity with the task and content (Nell, 2000). English-language-based education and knowledge of the local culture is required to perform optimally on cognitive tests (Carstairs et al, 2006; Malda et al., 2008; Walker, Batchelor & Shores, 2009; Walker et al., 2010). In other words, the cultural specificity of cognitive tests is underestimated. This is obvious for verbal tasks but non-verbal tasks are culturally biased too (Dugbartey, Sanchez, Rosenbaum, Mahurin, Davis, & Townes, 1999). For example, Raven's Progressive Matrices, sometimes recommended as a "culture-fair" test, has been shown to be influenced by culture and by linguistic demands (Nell, 2000, Raven, 2000).
  - 2.2.3. The use of tests translated overseas has been shown to yield unreliable results as overseas norms may not apply to the migrant population in Australia. For example, the Mini-Mental State Examination translated in Greece, was found to overestimate dementia in Greek Australians (Plitas, Tucker, Kritikos, Walters, & Bardenhagen, 2009).
  - 2.2.4. In mental health tests (as well as other tests) the connotations of items may change when translated, so that the psychometric properties are no longer equivalent to the original (Arnold & Matus, 2000; Hambleton, 2005; Lesser, 1997; Westermeyer & Janca, 1997). The language in which a test is administered, even if appropriately translated and back-translated, may elicit differing symptoms.

For example, Latino bilingual patients reported more somatic symptoms on Spanish than on English anxiety scales (Lewis-Fernandez, et al, 2010). The cross-cultural validity of personality tests is also contested (Church et al, 2006; Heine & Buchtel, 2009).

- 2.2.5. The experience of staff at the Victorian Foundation for Survivors of Torture is that some children and adults, from a range of refugee backgrounds, have had relatively little experience of drawing, manipulating blocks, interpreting designs or working with time pressures. Conversely, other cognitive skills, that are relevant to the client's original environment, may not be recognised (Ardila, 1996; Greenfield, 1997; Neiser et al., 1996; Nell, 2000).
- 2.2.6. It is well recognised that a range of non-cognitive factors influence test performance when assessing cognitive functioning. They are particularly relevant in a cross-cultural context and include unfamiliarity with the testing environment and tests, anxiety about the purpose of the test, fear of authority figures and fear about the use of test results (Nell, 2000). These are especially pertinent for people from backgrounds of persecution and human rights violations (Kaplan, 2009).
- 2.2.7. It is moreover well recognised that major psychosocial stressors and psychological symptoms also influence cognitive test performance. Many resettled refugees have experiences such as not living with an intact family, losses, separations, and family pressures to perform well which may affect the capacity to sustain attention on tasks and motivation. (Kaplan, 2009). Furthermore, the majority of relevant research suggests that people from refugee backgrounds experience higher rates than the mainstream population of depression, post-traumatic stress disorder and other anxiety disorders (Davidson, Murray & Schweitzer, 2008). When such symptoms or stressors are contributing to lowered test performance, it is important that this is not mis-attributed to intellectual functioning (Kaplan, 2009). Test performance does not necessarily equate to ability (Klimidis, 2005, cited in Stolk, 2009).
- 2.2.8. The engagement of interpreters can overcome some of the limits outlined but pose a number of problems. Different interpreters may differ in the way they translate tests, so that administration of the test is no longer standardised. Interpreters may also provide cues (wittingly, or unwittingly) to clients about correct or incorrect answers. Some indication of vocabulary and facility with language can be assessed by administering tests with an interpreter, but scaling of items for difficulty level would be changed (British Psychological Society, 2008; Hambleton, 2005; Miletic et al., 2006).
- 2.2.9. Many children and adults from refugee backgrounds have experienced disrupted schooling, or even no schooling, prior to arrival in Australia. It is very common for families to have spent 5-10 years in a refugee camp before resettlement in Australia. Those who did have the opportunity to attend schools in camps may have experienced schooling of low quantity (in terms of hours and regularity), low quality (in terms of lack of resources etc.), and/or simply very different teaching approaches to the Australian system (Brown, Miller & Mitchell, 2006; Shuttleworth-Edwards, et al., 2004; Victorian Foundation for the Survivors of Torture, 2005). Therefore even if a client who is being assessed reports having

been schooled in English and not missing any schooling prior to arrival, it still calls into question the appropriateness of comparing their scores to the Australian norms. No matter how the test is translated, test performance is dependent on education in and knowledge of the host culture and CaLD people have been shown to be at a disadvantage in test scores (Carstairs et al., 2006; Walker et al., 2010).

- 2.3. Adaptations are nevertheless recommended for *assessment* purposes (as opposed to solely testing), as people from different backgrounds should not be precluded from the treatment or intervention benefits which depend on psychological test results (Artiola i Fortuny & Mullaney, 1998; Kaplan, 2009). As the discussion paper amply considers, scores should not be used in isolation from a comprehensive assessment approach.
- 2.4. Adaptations might include conducting assessments over time and in a number of situations to supplement and corroborate formal testing data. Elements of a comprehensive history for people of different cultural backgrounds should include a developmental history including a history of significant attachment relationships and disruptions to those relationships, a history of exposure to violence and traumatic events, forced displacements, access to health services, access to education and level of current psychosocial stressors, as well as clinical assessment of mental health (Kaplan, 2009).
- 2.5. Cognitive testing of anyone normally requires consideration of a range of causes in explaining performance. Important impairments such as hearing loss, visual impairment, head injuries, vitamin deficiencies, etc., need to be considered as contributing factors in any assessment of newly arrived children or adults (Victorian Foundation for the Survivors of Torture, 2007).
- 2.6. A useful example of an appropriate approach to adaptation of standardised psychological testing with CaLD children is provided by the DEECD (2009) Attachment on "Assessment of refugees and recent arrivals from non-English speaking backgrounds" to the *Program for Students with Disabilities: Professional Guidelines - Intellectual Disability*. These guidelines provide advice to psychologists on the standardised tests that can be used, how to work effectively with an interpreter, on the need to conduct a broader contextual assessment, and makes the recommendation that "where standard instruments have been deemed inappropriate for the student, provide the reasons why this is the case, describe, any attempts made to assess the student and provide a detailed discussion of the alternative procedures used to determine the student's intellectual functioning" (p. 15).
3. "The major areas of concern in terms of current practices" relate not so much to non-psychologists, but to the use of standardised test with CaLD clients by psychologists who have not been adequately educated in the issues involved in cross-cultural testing, nor in the assessment adaptations required. An important step has been taken by the APS (2009) by incorporating guidelines on assessment of CaLD clients in the *Guidelines for psychological assessment and the use of psychological tests*. However, more needs to be done to ensure dissemination and adherence to the Guidelines.
4. We "believe that there is a compelling case" for topics on cross-cultural assessment to be integrated into professional psychology courses. At present post-graduate psychology

courses are required to address cultural issues as part of their curriculum, but it is not clear to what extent this is observed, and to what extent and how well these particular issues are addressed.

5. We do not “believe that any significant risks would be attached to such moves” but that current risks would be reduced.

The members of the Victorian Cross-Cultural Psychological Assessment Working Group appreciate this opportunity to comment on the potential harms associated with cross-cultural psychological testing, and would be pleased to contribute to further discussion in direct consultation.

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