

From: ray rudd
Sent: Friday, 13 August 2010 4:38 PM
To: NationalBoards
Subject: Consultation on Inappropriate Use of Psychological Testing

Dear Professor Grenyer

Re the above, I would like to provide the following.

In nearly 35 years of registered practice including as a clinical psychologist since 1983, I have been increasingly concerned with the gradual removal on restrictions to access for tests. I do not have details of direct harm caused by particular cases. However, I do have the benefit of considerable senior level practice hindsight, including teaching of clinical assessment. I taught clinical assessment sessionally as a Senior Fellow of The University of Melbourne for some 20 years of my primary vocation as a clinical psychologist.

In that teaching role, I have witnessed numerous occasions of basic but significant mistakes of administration and interpretation made by postgraduate trainee clinicians. Such students have already completed undergraduate courses on testing, but the room for error especially in my own speciality of clinical where complexity is the norm, is considerable. I feel confident, therefore, in stating that restricted access by non-psychologists who, unlike postgraduate trainees have nil or dubious knowledge or experience, is critical. I make this statement only in relation to tests for cognitive and mental health functioning since I have no direct experience of any difficulties in other specialist areas.

As Convenor of Professional Development for the College of Clinical Psychologists 2004-2008, I found that limited knowledge or misinterpretation of test results can also occur for registered practising psychologists who may not be sufficiently informed regarding specialised assessment.

At the last government action in Victoria to de-regulate access to tests, myself and colleagues strongly urged that in fact more rather than less restriction than applied historically needed to occur for mental health testing in particular, given the unique sensitivity and complexity associated with the area, e.g., testee distortions; implications of misdiagnosis. Additionally, the advent of easier access generally, including via internet, made this restriction more urgent.

Thus, I urge the Board to recommend the highest level of restriction possible, particularly for those functional areas noted above.

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