

**Submission to the Psychology Board of Australia
Consultation Paper**

***Options for the protection of the public posed by the
inappropriate use of psychological testing***

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Executive Summary

The Australian Psychological Society (APS) commends the Psychology Board of Australia (PBA) in undertaking consultation over the complex issue of psychological tests and testing. The risk and harm posed by psychological tests are real and well canvassed in the Consultation Paper, which demonstrated the seriousness with which the PBA views this issue.

However, as with any complex problems, issues presented by psychological tests and their administration and interpretation are multifaceted in nature and therefore require a range of, if not a combination of, legislative and self regulatory actions by various stakeholders.

Due to the complexities of this issue, the APS urges the PBA to undertake further extensive consultation with relevant stakeholders to progress in a logical and planned manner.

Lessons from current and previous restrictions on psychological testing provide a logical starting point for discussions. While the National Registration and Accreditation Scheme for health professionals has many challenges, it also presents unparalleled opportunities for a coordinated and nationally consistent approach on psychological testing.

With this in mind, the APS recommends the following course of action by the PBA:

- 1. A distinction is made between administration and interpretation of tests, as the foundation for risk evaluation.**
- 2. Risk be evaluated and prioritised on the basis of administration (including scoring) and interpretation of test results and their implications rather than tests themselves or the settings in which they are administered.**
- 3. That a Reference Group be established with industry stakeholders to act as a strategic think tank to progress the first two recommendations above. In particular, the Reference Group may:**
 - a. Clarify and quantify risks posed by all aspects of psychological tests (from administration through to interpretation), followed by identification and delineation of measures to effectively manage and minimise risk;**
 - b. Commission targeted working groups to undertake specific actions (e.g. overview current significant developments overseas in regard to occupational assessments); and**
 - c. Communicate and collaborate with external stakeholders as required.**

General Comments

The APS recognises the importance of this Consultation Paper and the need for thorough consideration of all aspects of the proposed options. The scope of issues covered and the depth to which they are covered in the Paper underscore the tasks that lie before the PBA. The APS has therefore prepared this submission, and responses to the questions outlined in the Consultation Paper, with the view that further extensive dialogue will occur with the PBA and other stakeholders regarding this issue.

As alluded to in the Consultation Paper, psychological testing is a complex process with multiple variables that demand careful consideration of a range of factors including:

- Purpose or goal of assessment;
- Methodology of the testing (individual, group, quantitative, qualitative), within the broader context of psychological assessment;
- Assessor training and competence;
- Appropriate selection and application of a test or tests; and
- Competent administration, scoring, interpretation and reporting of tests embedded in the broader context of assessment.

Section 2: Background

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

It is difficult to cite a record of harm as it is not routinely reported nor are there clear provisions for the public to do so; the APS certainly has no brief to collect such data. Jurisdictional based Registration Boards have in the past declined to accept complaints when the claimed misuse does not involve registered psychologists. Much of what is known, therefore, is anecdotal. These anecdotes are often from public bodies or from senior professionals who report serious flaws in testing processes (including interpretation) and injustices produced by these. What is concerning to the APS is the inference that instances of injustices and poor practice must have taken place before concerns are taken seriously. Surely, the identification of risk and its potential for public harm should be sufficient grounds for intervention by Government.

It is vital to point out that harm may have both primary and secondary impacts. Primary harm is that done directly to clients (individuals or organisations) that lead them to become adversely affected (e.g. inappropriate selection, use and interpretation of a test leading to a misdiagnosis). Secondary harm is that done more generally to the community, and may be linked directly to primary harm. For example, if a misdiagnosis of an individual not only places that person at risk but places the community at risk as well. A further risk of harm that could lead to both primary and secondary harm is the loss of test or testing validity more generally to the community as a consequence of failing to protect tests from open publication and access as discussed in more detail below.

2. Stakeholder views on the range of potential policy actions in this area

The range of risks of harm posed by psychological tests and testing means that a range of policy options must be considered. This means that a number of actions are required to address the management of psychological tests. It is vital that key stakeholder groups are formally and extensively consulted, so that a comprehensive set of policy options are considered prior to any actions being undertaken. These consultations should include the following components:

- a. Extensive consultation with key training and educational providers (i.e. universities), individual experts, accreditation bodies, other regulatory agencies, test publishers/distributors and professional bodies regarding psychological tests and testing;
- b. Reference to international developments in psychological tests (e.g. ISO, BPS) and testing to ensure any Australian initiatives are consistent alongside international standards wherever possible; and
- c. Engagement with relevant government departments and agencies (i.e. beyond health) at both jurisdiction and national levels that employ or contract psychologists for their professional services.

Details of these policy options and their implications form the remaining responses from the APS to the questions posed in the Consultation Paper.

3. Views on the relative merits of the different policy options

It is too early to comment on the relative merits of any policy actions until agreement is reached regarding the extent and nature of various policy options available. Such an agreement will require input from all stakeholder groups mentioned above. The APS envisages that a Reference Group, consisting of representatives from various key stakeholders, be established as an initial step to canvass the broad policy categories and their options. In due course, the Reference Group may wish to commission various Working Groups to canvass specific policy options, while maintaining overall responsibility for the coordination and communication between the Working Groups and professional and regulatory bodies. This concept will be elaborated in the latter sections of this submission.

Section 3: Main areas of concern and harms likely to arise

The APS is concerned that case studies outlined in the Consultation Paper appeared to have argued the issues of tests and testing in an isolated manner, when in reality they are part of an overall (and more complex) assessment process, which, in turn, frequently forms part of an intervention or decision making process. This matter was referred to, but not stated explicitly. Therefore any training and supervision that psychologists receive on tests and testing must also consider the circumstances and context in which these tests are utilised, and what additional information must be considered, including any other tests to support or contextualise findings of the original test.

Put bluntly, tests are tools. When chosen and used in the right manner by a competent practitioner, they will achieve their desired results. In choosing and selecting tests, practitioners need to have an awareness and good understanding of, key constructs of standardised tests such as validity, reliability and the norming process. These key constructs, together with other broad foundations of test theory and statistical methods – foundation subjects taught to students in the APAC accredited four year sequence of study in psychology – form the first line of defence in minimising the misuse or abuse of tests.

Secondly, a competent practitioner must be further trained in the interpretation of test results and its contribution in diagnosis formulation and intervention planning. Therefore, while the administration of an intelligence test to someone with a head trauma will produce a set of results, they are not sufficiently meaningful until they have been interpreted. This requires the practitioner to give consideration to other relevant client information, such as their educational attainment, and adaptive and learning behaviours among others, the assessment of which may require other tests. Moreover, the formulation of diagnoses and any associated intervention plans based on test results and other factors must also be embedded within a scientific or theoretical framework within the area of specialisation. These issues are covered in the postgraduate professional training of psychology students.

Finally, as required under the APS Code of Ethics that governs psychologists' professional obligations, and explicitly stated in their registration legislation, ongoing professional development and working within their areas of professional competence are key requirements.

Failure in any one of these three lines of defence will have repercussions for risks and harm to the community from psychological testing.

1. Does the above discussion capture all of the main contexts in which psychological testing is used? If not, what other contexts can be identified in which psychological testing is used and gives rise to concerns regarding the potential for harm to the public?

The Consultation Paper outlined three areas of harm likely to arise:

1. Forensic contexts;
2. Health, welfare and educational contexts; and
3. Employment related. contexts

The APS agrees with these three major contexts, but would like to highlight two areas within these three contexts for additional consideration: clinical diagnostics and higher level personnel testing and selection. Both of these areas can be associated with considerable risk and therefore potential harm. While the issue of clinical diagnosis was covered with regard to forensic services in the Consultation Paper, its implications in the health or educational contexts were not mentioned explicitly. In particular, the clinical diagnosis of individuals takes place in a range of units including psychiatric, geriatric, educational, specialist medical, neurosurgical and for in-patient, out-patient, sub-acute and community health settings and in many private practices. Such assessments determine the type and extent of clinical interventions with these clients. Examples of clients for whom these

assessments are critical include those with mental disorders, stroke, post-surgical sequelae, head injury, cardiac disease and many other physical illnesses.

The critical role of these assessments in rehabilitation settings in determining dysfunctions and capacities as a basis for rehabilitation, planning and return to work programs needs acknowledgment. Similarly, the role of psychologists in the diagnosis of learning and other developmental disorders within the school context as a basis for remedial planning, resource planning and teaching programs deserves equal acknowledgement.

The issue of personnel selection and testing, particularly for highly sensitive jobs such as those in the police, the defence forces, and intelligence organisations, also deserves special mention. Harm done in these contexts goes far beyond the individual and extends to the community and even to national interests. A greater recognition of the risks of harm in employment, training, occupational choice and career planning/development is therefore warranted.

2. Does the discussion adequately identify the types of harms that may occur in each context? If not, what other significant harms should be taken into account?

As outlined above, the issue of harm has secondary implications for the community. It might be useful therefore, to outline harm to the individual or organisation (primary) as well as those to the community at large (secondary). The wrongful incarceration of an individual found in Case Study 3 of the Consultation Paper represents not only loss of that individual's rights and freedom (primary harm), it also costs the community in term of his imprisonment, appeals process and lost productivity (secondary harm). While it is acknowledged that the latter is often very difficult to quantify, the concept of secondary harm nonetheless provides a useful pillar in the overall framework of psychological tests and testing and their potential harm. This is a vital aspect of the discussion and deserves more careful examination and delineation. A widely based Reference Group, as referred to above, would be a useful resource to conduct such an exercise. It will need representation from those with extensive professional experience to achieve a thorough examination.

3. What, in your view, are the major areas of concern in terms of current practices (i.e. involving the use of psychological testing by non-psychologists) leading to harms to the public? Are you aware of any specific data as to the extent of these harms?

The major areas of concern with regard to access to psychological tests by non-psychologists are not new. Education regarding the inherent pitfalls and dangers of psychological testing form an integral part of the training of psychologists and are explicitly stated in the APS Code of Ethics. They are well set out in the Background section of this Paper and have been expressed also by the APS in submissions to the National Registration and Accreditation Scheme for health professionals (NRAS). On one such occasion the APS wrote:

The risks to the public associated with the open access and misuse of psychological tests are very serious and concerning. There are many serious risks to the public from not limiting these tests to trained psychologists both from misuse and freedom of access to these tests:

- (1) *Misdiagnosis of serious and/or co-morbid psychological disorders (e.g. neuropathology, psychopathology, intellectual disability, developmental disorders);*
- (2) *Misuse of the results of cognitive and intellectual functioning;*
- (3) *Personal distress and life-long personal misperceptions from misinformation;*
- (4) *Poorly informed career and life decisions;*
- (5) *Threats to life opportunities and self esteem from misclassification;*
- (6) *Invalidation of diagnostic tools by public familiarity with the content of the tests. (Because of practice effects, many tests cannot be re-administered until at least one year later.)¹*

As alluded to in the opening statements of this submission, psychological testing is a complex process embedded in a broader assessment process involving multiple variables around the client, the test and the assessor. It therefore requires a practitioner who is competent, engaged in ongoing professional training (requirement for APS membership and now registration) and capable of making professional judgements based on complex information. In this context, the root cause of harm is the lack of psychologists' ability to maintain the three foundations of testing outlined above: test selection and usage based on sound knowledge, ability to interpret test results in the context of other information, working within their areas of professional competence and maintaining ongoing professional development. Any attempt to minimise harm to the public must also address issues related to practitioner training, competence and appropriate credentialing. The only proviso to the above is the additional need to protect such tests from public exposure.

The APS is not privy to any specific data as to the extent of harm caused by administration of psychological tests by non-psychologists. Complaints to past State and Territory Registration Boards and to Health Services Commissioners may add further insight into this area. However, these complaints are restricted mainly if not wholly to psychologists as these regulatory agencies have no real power to investigate non-psychologists using psychological tests, and therefore any harm caused is simply not reported or left un-investigated. This issue will be discussed in further detail in latter part of this submission.

4. Do you believe that there is a compelling case for additional policy action to be undertaken to better restrict the use of psychological testing to psychologists?

The APS feels strongly that there is a compelling case. This position is clearly stated above and is further set out in the concluding argument. In addition, the removal of legislative restriction over recent years has left the entire process of psychological testing very vulnerable to abuse and misuse and currently relies on the test publishers to restrict certain tests to psychologists and perhaps a belief by many that legislative restrictions are still in place based on information from the past. It must be acknowledged that the almost all test publishers continue to restrict sales of psychological tests to psychologists despite this

¹ APS Response To The Consultation Paper On, The National Registration And Accreditation Scheme For The Health Professions, Submission On Exposure Draft Bill B, July 2009.

possibly limiting their potential market. However, restricting sales of certain tests to psychologists does not extend to restricting who can use and interpret these tests (issues with the Queensland Education Department being the paradigm case). Therefore there is a need for additional specific legislative restrictions, which will also strengthen current self-regulation on test sales by test publishers and distributors.

5. Do you believe that any significant risks would be attached to such moves? If so, what are these risks?

While the APS feels that significant risks exist in not acting rather than acting at this stage, there is a qualifying factor: the paramount reliance on the competence of practitioners in the selection, administration, scoring and interpretation of test. There may two unintended consequences of restriction of tests: a sense of false competence or entitlement by some practitioners (i.e. a false belief that one is capable of administering and interpreting tests even with minimal or no formal training in use of such tests if legislation prohibits anyone other than psychologists to do so); and restricted community access to these tests as a result of workforce shortages. This issue can be canvassed by the abovementioned Reference Group in consideration of various policy options.

Section 4: Possible policy response

1. What is the likely practicability of identifying the range of tests to be restricted, having regard to the need to revise and update the relevant list of tests as required? What do you believe are the major reasons for the failure to use the legislative provisions enabling the restriction of the use of these tests in South Australia from the 1970s to the 1990s?

There were two reasons for the legislative failures in South Australia from the 1970s to the 1990s. First of all, the restrictions applied to people purporting to be psychologists or similar titles, which can be easily overcome by unscrupulous individuals. Secondly, test restrictions were limited to two specific test types: tests for intelligence and tests for personality. Such restriction on one element of psychological testing did not take into account other variables in psychological testing: test setting, test use and interpretation of test results. Therefore, conducting an “audit” of someone’s profile cannot be challenged, even if such audits were done by non-psychologists and involved testing of personalities.

In keeping with the arguments made earlier that there are tests for which access should be restricted then it follows that a mechanism must be identified for classifying tests and maintaining an up-to-date list of restricted tests. How this might work would best be explored in greater detail by the proposed Reference Group. Possibilities range from a panel of experts assessing all tests prior to publication in Australia and classifying them, through to relying on test developers and test publishers to classify tests as they currently do. This does not remove the possibility of some monitoring and assessment their restrictions.

2. What is your view of the alternative approach of relying on other professional regulatory bodies to restrict or prohibit the use of psychological tests by members of the profession which they regulate, as highlighted in the above NCP review?

The APS is unaware of any professional regulatory bodies that, in the absence of a legislative framework, specifically forbid in their code of practice the use of psychological tests. There is some assurance that under the legislation that underpins the NRAS, that there is provision to penalise those practitioners who practise outside of their areas of competence. However, this legislation only covers health professionals and therefore excludes practitioners in areas such as human resources, corrections, education and disability services, among others. Therefore the legislation may have no power to investigate and penalise non-registered practitioners (i.e. anyone other than the 10 professions covered under the Act, the same issue encountered by the repealed Psychological Practices Act in SA) other than to refer such complaints to other jurisdictionally based authorities such as Consumer Affairs in Victoria. Therefore some form of legislative support seems warranted, but this must be in conjunction with other methods of restriction such as the existing publisher based restrictions.

3. To what degree do you believe that the option of "self-regulation" by public sector employers could be successfully used as a mechanism for restricting the use of psychological tests?

Self regulation by the public sector is and should remain a secondary mechanism in minimising harm to the public posed by psychological tests and testing. The issues in Queensland, as highlighted in the Consultation Paper, demonstrate that this mechanism is not always effective. Appropriate restriction in the access to and the use of these tests by suitably qualified and credentialed individuals, should act as the primary mechanism.

4. What evidence exists that long-standing publisher-based restrictions have become less effective over time?

The APS is not aware of any evidence demonstrating that publisher-based restrictions have become less effective over time. However, it is keenly aware that this has become the primary protection and likely to prove to be inadequate in future. Publishers can only restrict sales and even if they place conditions on sales specifying that purchasers must not allow access to the purchased tests by non-qualified users, they have no way of enforcing this beyond perhaps refusing further sales to an individual who has not met this condition. The increased scope and magnitude in which matters are discussed and displayed on the internet (currently without Government intervention in Australia) poses additional risks through release of test data or even tests themselves. This will not only allow individuals to rehearse for tests, it also represents the loss of these tests to the community as they are no longer valid.

5. Are there contexts (e.g. employment decisions) in which the use of psychological tests by non-psychologists would not be expected to yield significant harms, or in which restrictions on the use of tests would be inappropriate and/or impractical? What are these contexts?

Until further extensive consultations are carried out, as suggested in the earlier parts of this submission, it is difficult for the APS to provide a fully informed response. However, the use of “employment decisions” as an example of the use of psychological tests by non-psychologists that “would not be expected to yield significant harms” in the Consultation Paper was poignant. As indicated above, people applying for highly sensitive jobs such as defence personnel or intelligence officers need to undergo rigorous psychological testings. Errors made in this area by non-psychologists will be significant, at a personal level as well as at a national level. Even in “normal” employment situations, it is not uncommon for someone with no training in psychological testing to conduct or even interpret the test results, which often forms the basis of decisions regarding employment and/or career advancement. These two examples underscore the importance of “hasten slowly” in relation to targeted and extensive consultation with all relevant stakeholders over the issue of psychological testing. The notion of context or specific setting as a sole criterion by which to discriminate harm or to place legislative restriction is not sound. This will be elaborated on later.

Section 4.2: Adopting context specific legislative restrictions

1. Do you believe that specific legislative restrictions on the use of psychological testing have been effective, where they currently exist?

In addition to the comments provided above, the APS would like to highlight the fact that any legislative restrictions rely on prosecuting those who used the tests inappropriately, rather than only restricting access to and denying access to tests by inappropriately trained and qualified practitioners. Again, the current lack of data on harm done by inappropriate psychological testing may be attributed to a combination of past legislative restriction, continued self-regulation by test publishers, self-regulation of other registered professions and a lack of reporting, documenting and investigating such complaints.

2. More generally, what do you see as being the merits of this potential approach to the issue?

As will be set out later in this submission, the APS feels that the risks associated with psychological testing are not context or setting specific but rather process specific. In essence, that means that the consequences of the misuse of psychological tests can be just as harmful in a non-health setting as a health setting and any other contention may be seen as “health elitism”.

3. *If further action were to be taken in this area, what would you see as being the areas of highest priority?*

As stated above, all psychological tests, through misuse or incompetency, pose risks of harm at the individual, organisational and the community levels. Therefore any attempt to prioritise tests and/or settings or rank these will have associated risks. The continuation of existing restrictions, both at the legislative and the self-regulatory level (through test publishers), should be a starting point (but certainly not sufficient) for an overall framework to be developed by the abovementioned Reference Group.

Section 4.3: Accreditation based approaches

1. *How effective do you believe that an accreditation-based approach would be in the Australian context?*

An accreditation based approach could make a significant contribution, especially when used in combination with other approaches. This approach has been highlighted by the APS in the earlier part of this submission and has been referred to as a credentialling system. In the face of the current lack of legislative sanctions, creating the foundations for an accreditation based approach is sound and may be strengthened over time with tighter practice restrictions and/or regulations and sanctions from agencies such as the PBA.

2. *Do you have any experience of the operation of an accreditation system in the UK or elsewhere? Can you provide data on its performance?*

The APS is fully aware of the system in UK and has engaged in some discussion with representatives of the BPS Psychological Testing Centre. While having no direct experience with this system, the framework and associated levels of certification developed addressed the problems encountered by psychological testing in the UK. These problems were almost identical to those experienced in Australia and outlined in the Consultation Paper. Given the history and development of the UK system, which also paved the way for the European Federation of Psychologists' Associations (EFPA) European Test User Standards, an accreditation based system promises a way forward. Importantly, when used with other suggestions put forward by the APS, such as specific legislative restrictions, an accreditation system can be a flexible and adaptive model to minimise harm to the public posed by psychological testing.

Submission from the APS College of Organisational Psychologists may provide a more informed response to this question in relation to occupational assessments and its implication for other areas of psychological practice.

3. *What do you believe would be the key success factors in respect of an accreditation-based approach?*

One of the clear benefits of this approach would be the setting of minimum standards for all test users. This would have benefits for all test users, including in the occupational and vocational arenas where some unconstrained practices have emerged. In other areas it

might also assist with relieving the pressures on workforce shortages but would only have APS support with the adoption of recommendations on interpretation set out below. The success or otherwise of an accreditation-based system will depend on a tight collaborative framework from all relevant stakeholders including higher education providers, test publishers and distributors, professional associations and regulatory bodies. Therefore the initial suggestion by the APS of a Reference Group on psychological tests and testing, with representation from key areas of psychological practice that use such tests, presents the most logical step forward.

Section 4.4: Education-based approaches highlighting potential harms

1. *What you see as the merits of an education-based approach to this issue?*

While education forms the basis of the profession's approach to all aspects of professional training and development it is not felt to be sufficient on its own to protect the public and the tests from lack of legislative protection. Education without some legislative support from Government lacks viability. As argued above, while the existing registration framework may deter some professionals from working outside their areas of competence, this does not extend to individuals not covered under the National Registration and Accreditation Scheme. An education-based approach will only work effectively if it forms part of a wider strategy to minimise the risks of harm posed by psychological testing. In particular, the accreditation-based approach as described in the Consultation Paper will be strengthened if an education-based approach is used concurrently.

2. *Do you believe that an education-based approach constitutes a sufficient response to the issues highlighted in this Consultation Paper?*

As outlined immediately above, an education-based approach on its own may have minimal impact on potential harm to the public, and therefore will not be a sufficient response unless there is some legislative underpinning to protect its provision. Even where it does prove successful, staff changes may mean loss of organisational understanding and commitment, and that continuing education and re-education is required.

Section 4.5 Reinforcing existing publisher-based restrictions

1. *What do you see as being the merits of an approach to this issue that is based on working to improve publisher self-regulation?*

As with an education-based approach, improving publisher self-regulation should form part of an overall strategy implemented concurrently with accreditation. Publisher self-regulation constitutes a significant contribution in this area, and must be supported in order for this mechanism to continue. In particular, support and protection of publishers from complaints made under the Trade Practice Act (for anti-competitive behaviour) would be significant.

2. Do you believe that this approach could constitute a sufficient response to the identified issues?

This approach is considered insufficient in its own right and should be implemented as an element within a wider strategy in order to maximise its effect.

3. Do you believe that these steps outlined in the Canadian report discussed above constitute the best approach within this context?

The recommendations from the Canadian report represent good steps to be undertaken within a publisher-based restriction approach. As highlighted above, such an approach should be part of a wider strategy, incorporating current developments in Europe and the UK, in order to maximise their effect.

4. If not, what other possible actions could be taken?

An overall strategy involving key stakeholders with the following critical elements:

- Accreditation/credentialing based requirements for test users;
- Development of practice restrictions on psychological testing within the National Registration and Accreditation Scheme and associated practice regulations by the PBA and other co-regulatory agencies;
- Education of the public and test end-users (e.g. Government departments); and
- Promotion of best practice among test publishers and distributors to restrict access by unqualified or underqualified individuals.

Concluding Comments

The issues surrounding test and testing, which should always be embedded in the wider context of assessment, are not homogeneous and therefore need a tailored approach to ensure balance between risk and costs. Some specific legislative restrictions are necessary, along with associated practice guidelines for the professions. Agreement across countries is possible, such as the moves for the adoption of ISO standards for occupational assessment (please refer to APS College of Organisation Psychologist's submission).

The desired outcome of this review of psychological testing policy is the creation of a system that optimises benefits while manages risks of harm to the public (safety), ensures quality services and protects tests from inappropriate use. To create policy that achieves all three objectives requires a conceptualisation of the whole domain that will provide a logical basis for the measures and procedures that need to be adopted. Identifying such a conceptualisation or model of testing is in itself a challenge of some proportions. The possible optional models are discussed in some detail below.

Test Type: The fundamental problem with this model as a predictor of risk is the complexities that all but overwhelm the topic. The first of these complexities is defining

psychological testing, which is an essential first step prior to distinguishing types of test. Indeed it is a fundamental starting point in terms of considering the protection of the public. Psychological tests may be regarded as formal assessment tools that meet the stringent requirements of test theory and design and are developed within a particular psychological theoretical context to measure psychological attributes. By their very nature they require detailed knowledge of test theory and of the theoretical context in which they are embedded for their interpretation. Thus a psychological test of attitudes would be expected to meet much more stringent requirements including the use of Likert scales than say a 10-item “attitude test” in a popular magazine which may use “Likert-type scales” and have little validity. Similarly a psychological test of intelligence or general cognitive ability will differ greatly from a 10 or 20 item quiz in a popular magazine under the banner of “test your own intelligence”. Clearly there are risks of harm associated with these pop tests but they are likely to be less with a general public awareness that they have little if any credibility. They are also beyond the scope of this Paper. In contrast all psychological tests are regarded as providing valid, reliable and credible assessments and so the impact of misuse is considerable.

Within the general category of psychological tests there is a wide array of different types that can be distinguished along a number of dimensions including area of assessment (e.g., attitudes, aptitude for work, intelligence), means of administration (individual, group), and nature of the test (e.g., questionnaire, rating scale, series of subtests requiring a range of response types). Simply distinguishing test type as a way of discriminating components of testing or as a means of driving policy will not adequately predict the risk of harm associated with their use despite there being differences for example between social behavioural questionnaires and measures of cognitive skill. While some specific legislative restrictions may present a way forward, this on its own is insufficient.

Setting: A complementary approach may be to consider the setting or circumstances in which testing occurs. Such a process would, in addition to the measures above, identify the specific setting as defining the patterns and use of testing in specific settings that would assist in discriminating test use and the risk associated with it. For instance, it might be argued that psychological tests used in vocational counselling or staff selection setting would only be available to those with demonstrated competence or with accredited training or endorsed as practising in organisational psychology. Similarly those psychological tests that assess neuropathology may be limited to clinical neuropsychologists and so on. The criteria used in this approach may be the type of tests being used, the client population targeted and the tests’ abilities as diagnostic tools. As with test type, specific setting on its own does not represent an adequate predictor of risks of harm, but should form one element of an overall considered approach.

Purpose and Use: Defining risk and prescribing management of psychological testing on the basis of use is also not simple but may provide a means for classifying risk. The vulnerability of the person receiving the test is important. For example, the use of a test for the measurement of attitudes regarding management styles or conservative social views for the intention of evaluating appropriateness for promotion or selection, while can still cause considerable harm, may not carry quite the associated risk that the misdiagnosis of autism or

dementia might have. There may even be some way of discriminating between intelligence measures (IQ levels) for accessing special resources and neuropsychological testing for demonstrating intactness of brain areas prior to neurosurgical procedures.

What does become clear from the consideration of use is the fundamental importance of the distinction between test administration and test interpretation. Test administration, while requiring considerable training remains a means leading to the goal of interpreting the results in the broader context of assessment drawing on other information for such purposes as diagnosis and intervention. Hence the use of the test findings, or interpretation, is the more critical aspect of psychological testing. In fact, assuming the test has been administered and scored correctly; interpretation is the threshold at which risks of harm become exposed and very evident. This is argued in more detail below.

Administration versus Interpretation: There is a need to distinguish between the administration and scoring of tests and the interpretation of test results. It becomes useful to make this distinction as the risk is largely associated with the latter and only to some extent with the former, especially if the risks associated with test type, setting, use and competency in administration are carefully managed as argued above. Competent administration is vitally important to gain reliable and valid scores and ensure the best performance of clients. Competent administration gains rapport from clients through confidentiality and trust throughout the experience. It is thus necessary to require standard training and supervised experience, including the understanding of psychological concepts underlying test theory, to ensure test administration is done appropriately. These foundations, as argued earlier, are an integral part of the training for all psychologists.

Interpretation is an entirely more sensitive matter. To make sense of tests results and provide the diagnostic and predictive outcomes of which psychological tests are capable requires extensive training and experience in the area of professional activity to which these findings are to be applied. For example, if an IQ score below 70 is obtained for an individual whose adaptive behaviour score was well within the normal range, and who had no history of delays with respect to key milestones including no language delays and no reported learning problems at school then interpretation by a trained psychologist would lead to a reconsideration of the accuracy of the IQ score. Similarly, the diagnosis of autism goes well beyond the results of one or two tests of behaviour or cognition and relies on the integration of test results with family and developmental history, observations and thorough knowledge of the syndrome itself. That is the domain of the expert – someone with postgraduate qualification, experience and perhaps even additional training in specific tests. The risks of misdiagnosis leading to substantial harm by practitioners who may be competent in administering a particular test but have no background in the area in which they are using it therefore are substantial.

Managing Risk: It is clear that no single mechanism based on a testing model will be suitable as the foundation for arguing for the minimisation of risks to the public through misuse of psychological tests. However, defining psychological tests, and then making a distinction between test administration and test interpretation would represent logical first steps forward.

The suggestion inferred is that the administration of psychological tests might be undertaken by individuals who have completed an appropriate training qualification in the administration of such tests under the supervision of a registered psychologist and then reserving interpretation to psychologists with additional training and experience in the particular tests.

What is suggested is that the interpretation of tests needs to be restricted to psychologists with specific specialist training and experience. This should be confined to those psychologists who are registered practitioners with demonstrated experience, or additional specific training, or specialist endorsement for the appropriate area of psychological practice. This will minimise the likelihood (and therefore risks of harm) of psychologists practising outside their areas of professional competence. When used with legislative support for the restriction in the use of tests, this approach, namely defining psychological tests and separating test administration from interpretation, has the potential to ensure standard psychological tests are be interpreted and reported by a specialist or senior psychologist.

Protecting Tests: What has not been fully canvassed in the Consultation Paper has been the issue of validity of psychological tests should there be unrestricted access. Many psychological tests are utilised for diagnosis and characterisation of clients in schools, hospitals and other organisations as well as by private practitioners for the courts, schools, corporations, third party funders and health services. A large number of these tests are circumscribed by test-retest limitation, which means that they cannot be readministered with the same client in less than 1 to 2 years. Even more importantly, it is vital that clients are not exposed to the content of these tests in advance of their administration or between administrations. Such exposure invalidates the use of the test and therefore the diagnosis based upon them.

Not surprisingly, psychologists are extremely vigilant about the issue of wider public access to certain psychological tests that may flow from their distribution to a population of non-psychologists who are not bound by the same ethical codes or professional awareness. It is clear that the exposure of tests of intelligence or specific neuropsychological cognitive tests on the web would completely invalidate any assessments undertaken using these tests and prevent accurate diagnosis and intervention planning.

Unrestricted access to psychological tests will destroy the very tests themselves. Any standardisation and normalisation process that was built into the test design will become null and void. This would render the psychological tool as useless and deprive the community of a critical component of assessment and diagnosis, with enormous consequences for a wide range of settings where test scores are crucial (e.g. courts, education, etc).

So apart from the need to manage risk for the public of misuse of individual tests, there is a need to protect many psychological tests from wider distribution. While this is currently being monitored by test publishers, the restriction cannot currently be effectively enforced. Legislation to protect such tests from general distribution beyond those with demonstrated competence or training or endorsed to administer them would seem to be the only reasonable means of retaining these costly and valuable resources.

About the APS

The Australian Psychological Society (APS) is the peak national body for the profession of psychology, with over 19,000 members, representing over 60% of registered psychologists. As the representative body for psychologists, the APS has access to a vast pool of psychological expertise from both academic and professional service delivery perspectives. The APS has responsibility for setting professional practice standards, providing ongoing professional development and accrediting university psychology training programs across Australia. It is represented on a number of advisory groups involved in the planning, implementation and ongoing monitoring of Government policy initiatives.

Constant communication with its members, plus access to high level psychological expertise and detailed involvement in Government initiatives, enables the APS to significantly influence the psychology workforce to ensure best practice in health service delivery.