

A comment on the Psychology Board of Australia Consultation Paper, 'Options for the protection of the public posed by the inappropriate use of psychological testing'.

Johanna Badcock*, Specialist Clinical Psychologist - Centre for Clinical Research in Neuropsychiatry/Adjunct Professor- School of Psychiatry & Clinical Neurosciences, UWA.

Andrew Page, Professor - School of Psychology, University of Western Australia.

This Consultation Paper is both important and timely. It outlines several areas of concern regarding the inappropriate use of psychological tests. We provide comments on two specific issues, 1) Section 3.2 Harms arising from poor practice in health, welfare and educational contexts, and 2) Harms arising from inappropriate use of psychological testing in research contexts – which is a serious omission from the document.

The overarching theme linking these comments is that a 'competence model' should be used to address the issue of the use of psychological tests - in all contexts. Psychologists are qualified to develop, administer and interpret psychological tests in line with their training and ongoing professional development; that is, they already meet the necessary standards of competence. Therefore, such training and ongoing professional development represents the *minimum* standard which all other professionals wishing to use psychological tests should conform to and be able to demonstrate. Consequently, to assure the appropriate use of psychological tests it is necessary to a) develop accredited training programs (in association with the professional bodies of psychology) for non-psychologists which adopt these competency standards and b) assess the competence of any other use of psychological tests against this benchmark set by psychology.

The question about the proper use of psychological tests becomes one of determining (i) has an organization recruited the services of a psychologist to ensure proper administration and interpretation of psychological tests, or (ii) has the organization recruited the services of another professional who can demonstrate that they have equivalent skills in test administration and interpretation. How the latter decision is made is then up to a relevant body who can make the decisions on a case-by-case basis or by accrediting training programs.

The specific comments below are structured around the Questions for Stakeholders presented in Section 3.4.

1) Harms arising from poor practice in health, welfare and educational contexts

1) Does the above discussion capture all the main contexts in which psychological testing is used?

Whilst it is clear that the contexts presented are not intended to be comprehensive, it is important to consider the inappropriate use of psychological tests in mental health settings in more detail. For example, Table 1 shows that 2.3% of adult population (around 369,000 individuals) used the services of a psychiatrist for mental health problems in 2007, whilst substantially more (8.1%, or approximately 1.2 million of the adult population) visited a general practitioner.

Psychological assessment is a function shared by psychiatrists/general practitioners and psychologists; consequently it seems likely that psychological testing may have been undertaken by these non-psychologists in a sizeable proportion of these cases.

In this context it is reasonable to expect that the standards of training and accreditation required of psychologists should be met by other mental health professionals. The Australian Psychological Society Guidelines on the Use of Psychological Tests focuses on the knowledge base and skills required to use tests competently, safely and ethically, rather than the context of their use. These are currently gained by undertaking an approved course of study over an extended period, including direct supervision from an appropriately qualified psychologist. Furthermore, maintenance of these professional skills is a requirement for ongoing registration. The extent to which the training of psychiatrists and general practitioners does not meet these standards poses a potential for harm to the general public.

2) Does the discussion adequately identify the types of harms that may occur in each context?

The potential harms arising from inadequate or incomplete training in the mental health context include:

- wrong decisions (no treatment, incorrect treatment, unnecessary stigma) arising from the use of outdated tests, tests with no appropriate norms, or tests that have been administered poorly and interpreted incorrectly.
- indirect effects on families and friends.

The extent to which psychiatrists and general practitioners use psychological tests with inadequate or incomplete training suggests that test restriction is viewed as an “inconvenient hurdle” to be overcome, and that psychologists have failed to adequately impart to other clinical professionals an understanding of the extent and complexity of the background knowledge and skills required for the

competent use of psychological tests. Consequently an additional harm includes:

- the perceived value of psychologists in clinical practice is likely to be diminished.

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?

- **Training Standards/Accreditation**

In order to ensure the continued protection of the public, the training and assessment of psychiatrists/general practitioners in psychological test use should be equivalent to that currently required of psychologists. The demand for psychological testing is rapidly increasing in some areas of mental health, e.g. assessment and treatment of cognitive dysfunction in individuals with psychosis¹, cognitive assessment in aging populations, which is unlikely to be met by the existing workforce of psychologists. It is concerning that current education of psychiatrists on the benefits of psychological testing is not necessarily matched by in-depth specialist training in the complexities of psychometrics, test administration, scoring and interpretation. Of note, the APS Code of Ethics on the Use of Psychological Tests generally indicates that short courses alone are not sufficient to achieve competence in the use of psychological tests. The burden of proof should fall on other professionals to demonstrate that competence in the use of psychological tests does not simply rest on short courses of instruction which do not meet the minimum standards set for psychology.

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?

No. It is fair and reasonable and in the community's best interests, however, to expect that the competence of other professionals' use of psychological tests be at least equivalent to the minimum standard set for psychologists.

2) Harms arising from inappropriate use of psychological testing in research contexts.

1) Does the above discussion capture all the main contexts in which psychological testing is used?

No. The Consultation Paper has omitted consideration of the harms arising from incompetent development, selection, administration and interpretation of psychological tests conducted in the context of research.

The extent and impact of psychological science on other scientific disciplines has been clearly documented.² The status of psychology as a “hub discipline” means that many fields of scientific research draw heavily on the tools, techniques and outcomes of psychological research. This suggests that psychological testing by non-psychologists in basic and applied research settings is likely to be extensive and to continue to increase in the future. In particular, in the field of clinical psychology there has been growing recognition of the vital need for the skills of psychologists to be correctly implemented (and funded) – due to the likely impact on improved public health.^{3,4}

2) *Does the discussion adequately identify the types of harms that may occur in each context?*

The potential harms arising in this context include:

- impoverished evidence base for ALL areas of professional practice
- undermining public understanding of the value (i.e. expertise) of professional and research psychologists

Failure to address these potential harms may:

- reinforce the belief that “anyone” can use psychological tests
- increase the probability that non-psychologists will continue to use tests inappropriately

In sum, both the magnitude and frequency of harm to the public, arising from inappropriate use of psychological tests in research settings may well be substantial.

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?*

- Employment

Advertisements for generic research positions (research assistant, research officer etc) do not always specify that the use of psychological tests is an essential requirement of the position, or use generic terms (e.g. the successful applicant will be required to administer cognitive/neurocognitive tests) where currently restricted psychological tests are involved, or do not include prior training in use of psychological tests as an essential criteria for employment, or do not have a qualified psychologist as a direct line manager.

- Governance

State Registration Boards have asserted that the use of psychological tests in research settings falls outside their area of responsibility. This view appears to

conflict with the established “research-practitioner” model which is the foundation of psychological practice. The Psychologists Act 2005 (Division 2, section 9c Functions) also states that the functions of the board are: “to support and promote public education and research in relation to the practice of psychology”. Test Publishers’ regulation of the availability of psychological tests for research purposes also appears to be less stringent on enforcing user qualifications.

- Consumer participation in research

In 2002 the NH&MRC released a Statement on Consumer and Community Participation in Health and Medical Research, followed by further related documents in 2005.⁵ One of the objectives in this process is, for example, “the partnership of consumers and researchers will support the rights of research participants to their own results (p2).” To the extent that non-psychologists are engaged in the use of psychological tests in research contexts, the inappropriate interpretation and dissemination of test materials and results may become widespread.

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?*

No. As noted above it is fair and reasonable, and in the public interest, to expect that the competence of other professionals' use of psychological tests be at least equivalent to the minimum standard set for psychologists - including the use of such tests in research settings.

Additional policy action may be needed specifically to balance the NH&MRC requirements of consumer and community participation in research with requirements for the ethical and appropriate use of psychological tests.

*This commentary represents the personal views of the authors.

References.

1. <http://www.matricsinc.org/> or <http://cntrics.ucdavis.edu/>
2. Boyack, K.W., Klavans, R., & Börner, K. (2005). Mapping the backbone of science. *Scientometrics*, 64, 351-374.
3. DeLeon, P. H., Hagglund, K. J., Ragusea, S. A., and Sammons, M. T. (2003). Expanding Roles for Psychologists in the Twenty-First Century. In *Handbook of Psychology: Clinical Psychology*, Vol. 8, G. Stricker and T. A. Widiger, eds (Hoboken, NJ, John Wiley & Sons), pp. 551–568.
4. Smedley, B. D., and Syme, S. L. (eds.) (2000). *Promoting Health: Intervention Strategies from Social and Behavioral Research*. Washington, DC, National Academy Press.
5. Resource Pack for Consumer and Community Participation in Health and Medical Research, 2002. Australian Government, National Health and Medical Research Council.