

Tests Recommended by New Zealand Hospital Psychologists

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A total of 120 hospital psychologists were asked to indicate which tests from a list of 110 widely used measures they would recommend clinical psychology graduates should have had experience with during the course of their training. From the 107 replies, a rank ordered list of the 20 most commonly endorsed tests was compiled. Measures of intelligence and the effects of brain damage tended to predominate, with projective tests being less highly ranked than in comparable surveys in the United States.

The past 20 years have witnessed the gradual erosion of confidence in the ability of psychological tests to make a contribution to decision making in a variety of contexts. The challenge which Mischel (1968) and others proposed to trait and psychodynamic theorists that they demonstrate that their measures could do more than be internally consistent, has resulted in, at best, a contradictory result (e.g., Bem, 1972; Mischel, 1973; Watchel, 1973). At the same time, the validity of intelligence testing in educational settings and the use of tests in personnel selection, have been widely debated.

The impact of the equivocal status of psychological tests on clinical practice has been documented in the United States. In three surveys of clinical psychologists conducted between 1961 and 1976 (Brown & McGuire, 1976; Lubin, Wallis & Paine, 1971; Sundberg, 1961), there was considerable stability in reported test uses over that period of time, with no marked change in the popularity of projective tests, despite constant criticism of their continued use (Jensen, 1965). Four projective tests were listed in the first 10 ranked tests in 1961, which increased to five in both 1971 and 1976. While the popularity of the Rorschach appeared to decline (from first in 1961 to fifth in 1976), a further survey (Wade & Baker, 1977) placed the Rorschach and the Thematic Apperception Test (TAT) at the top of the list of tests clinicians advise clinical psychology students to learn. Wade and Baker (1977) examined the importance clinicians placed on various reasons for selecting certain tests and reported that

"Clinicians indicated that personal clinical experience with a test was more important in their test-use decisions than pragmatic or psychometric considerations" (page 874).

The implication of their investigation of reasons clinicians give for selecting particular tests is that testing research and discussion of related psychometric issues has had little impact on actual test use by clinical psychologists. Their subjective validation of test results outweighs the experimental evidence and, given the need to conduct assessments, there are few feasible alternatives to using standardized tests.

As in the United States, psychological testing is an important part of the actual and expected professional activities of clinical psychologists in New Zealand (McKerracher & Walker, 1982). However, since no data exist on the relative importance accorded to different tests by clinical psychologists in New Zealand, psychologists employed by Hospital Boards were surveyed to determine which tests they considered clinical psychology graduates should have had some experience in administering and interpreting. It was decided early in the planning of this survey to confine attention to psychologists employed in hospitals and not to include in the sample Justice, Social Welfare, privately employed, or academic clinicians. This was done to enhance the homogeneity of the sample and also because the numbers of clinicians in each of the employment categories listed above is relatively small. The results of the present study therefore concern only the views of hospital-based clinical psychologists.

Method

Subjects

The sample comprised all 120 current members of the New Zealand Association of Hospital Psychologists (NZAHP), a body formed to represent

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Table 1: Mean Number of Years Employed, Test Recommended, and Tests the Respondent Was Unfamiliar With, for Each Occupational Grading.

Grade	n	Years Employed ^a	Number of tests	
			Recommended	Unfamiliar
Senior grade or above	M	13.41	31.08	52.62
	SD	6.75	13.63	22.02
	M	5.31	29.09	66.31
Clinical grade	M	61		
	SD	2.76	13.18	15.28
	M	2.50	34.37	52.25
Assistant grade	M	8		
	SD	1.60	14.73	13.48
	M	7.76	30.16	60.69
Total sample	M	103		
	SD	5.98	13.39	18.79
Unclassified	4			

^aAs a psychologist at any grade

the professional interests of clinical psychologists employed by Hospital Boards throughout New Zealand. Of the 120 questionnaires sent, 107 (89.2%) replies were received, two (1.6%) questionnaires were returned unanswered, and no response was received from 11 (9.2%) of the clinicians surveyed. This response rate compares favourably with the United States surveys, where the return rate has been about 50%. Because hospital psychologists are employed by individual regional Hospital Boards, the Health Department's central statistics tend to be outdated and inaccurate; however, the records available list a total of 157 hospital psychologists, 33 at the senior grade or above, 79 at the clinical psychologists grade, and 45 at the assistant clinical grade. In the present study, responses were received from 34 psychologists at the senior grade or above, 61 clinical grade, and eight assistant clinical grade psychologists. The sample is representative of hospital psychologists at the clinical grade and above (comprising 85.6% of the total numbers recorded by the Health Department) most of whom belong to the NZAHP. Assistant grade psychologists, who are most commonly persons in training are grossly under-represented. This is appropriate since most assistant psychologists are themselves under supervision, have not usually attained appropriate professional qualifications, and may not therefore have had sufficient experience to make judgments about test use. The average number of years employment as a psychologist for each grading is given as part of Table 1.

Questionnaire

The questionnaire consisted of a checklist of 110 tests. Subjects were asked to place a tick, in the two separate columns provided, alongside those tests which (a) "in your opinion, clinical psychology graduates should have experience in administering and interpreting", or those (b) "you are not sufficiently

familiar with to evaluate". Since there are now over 2400 published tests, some selectivity in formulating the checklist was necessary. The 110 tests selected were all those published tests distributed by the New Zealand Council of Educational Research and listed in their 1982-83 catalogue, with the exception of those tests primarily constructed to measure academic achievement. These tests were excluded because of their large numbers, and because few of them are routinely used by clinical psychologists. In addition, tests published by the Psychological Corporation, Western Psychological Services, and NFER-Nelson Publishing Company, not listed in the catalogue, were added to the checklist. The final list, therefore, comprised those published tests generally available commercially in New Zealand, excluding those tests specifically constructed principally to measure academic abilities (e.g., the ACER achievement tests, the Neale Analysis of Reading Ability). It should be noted that these criteria exclude measures not commercially available but widely used in New Zealand (e.g., the William's Delayed Recall Test, the Beck Depression Inventory) and others widely used in other countries but neither commercially available nor extensively used (in particular, the Halstead-Reitan Battery).

The questionnaire was posted to all subjects in September 1983, and a second follow-up questionnaire was sent to those who had not responded within eight weeks.

Results

The average number of tests which those clinicians surveyed recommended that clinical psychology graduates should be familiar with was 30.16 out of the total of 110 (Table 1). There was no significant difference between senior, clinical, and assistant psychologists in this respect. The correlation between number of tests

Table 2: Tests Hospital Psychologists Believe Clinical Psychology Graduates Should Have Had Experience in Administering and Interpreting.

Test ^a	Total Sample (n= 107)		Rank order ^a		
	% Advising Experience	% Unfamiliar with test	Senior ^b Grade (n= 34)	Clinical Grade (n= 61)	US ^c Sample (n= 236)
Wechsler Adult Intelligence Scale	99	1	1=	1	3
Wechsler Intelligence Scale for Children	97	3	1=	2	6
Benton Visual Retention Test	94	3	3	3=	—
Ravens Progressive Matrices	93	2	4=	3=	—
Wechsler Memory Scale	88	4	6	5	—
Minnesota Multiphasic Personality Inventory	85	4	4=	7	4
Stanford-Binet	85	4	7	6	9
Peabody Picture Vocabulary Test	79	9	8=	8	—
Luria-Nebraska Neuropsychological Battery	74	12	8=	11	—
Bender-Gestalt Test	74	6	14=	9	5
Memory-for-Designs	72	12	10=	10	—
Hooper Visual Organisation Test	70	15	10=	14	—
Eisensen Examining for Aphia	70	21	12	12=	—
Wechsler Preschool & Primary Scale of Intelligence	68	22	20=	12=	11
Symptom-Sign Inventory	61	20	23	15	—
16 Personal Factor Questionnaire	59	17	14=	17=	15=
Kendrick Battery for Detection of Dementia in the Elderly	58	37	20	16	—
Vineland Social Maturity Scale	57	12	14=	17=	—
Family Relations Test	55	35	20=	19=	—
Thematic Apperception Test	52	6	17=	20=	2

^aRanked in order of % advising experience.

^bThe Gunzburg Progress Assessment Charts were ranked 17= by Clinical Grade Psychologists.

^cFrom Wade and Baber (1977, Table 2).

recommended and number of years employed as a psychologist was .08 ($p = .21$). Clinical grade psychologists reported that they were unable to evaluate significantly more tests than either senior or assistant psychologists ($t = 3.54$, $p < .01$) and there was a significant negative correlation between number of years employed as a psychologist and number of unfamiliar tests ($r = -.25$, $p < .01$).

In Table 2, the 20 tests most often recommended as tests graduates should have experience with are presented, ranked in order of frequency of endorsement by the total sample. From inspection of the rankings, it is clear that

intelligence scales and measures of brain damage predominate, with the MMPI (6th) and the Symptom-Sign Inventory SSI (15th) being the only measures of personality or psychopathology to feature in the first 15 tests. The rankings of tests by senior and clinical grade psychologists are also presented separately in Table 2. Generally the ranks are similar; although the Bender-Gestalt, the SSI, the Wechsler Preschool and Primary Scale of Intelligence, and the Kendrick Battery were ranked more highly by clinical than senior grade psychologists, and the Hooper Visual Organisation Test was ranked more highly by senior psychologists. The Wade and Baker

Table 3: Percentage of Psychologists Recommending Experience in Projective and Non-projective Personality Measures (n=107).

Tests	% Advising Experience	% Unfamiliar with test	% Familiar, but not advising experience
Minnesota Multiphasic Personality Inventory	85	4	11
Symptom-Sign Inventory	61	19	20
16PF Questionnaire	59	7	34
Family Relations Test	55	33	12
Thematic Apperception Test	52	6	42
State-Trait Anxiety Inventory	50	36	13
IPAT Anxiety Scale	47	33	21
Rotter Incomplete Sentences Blank	45	27	28
Goodenough-Harris	44	22	34
Eysenck Personality Inventory	42	16	42
Eysenck Personality Questionnaire	36	22	42
Rorschach Inkblot Test	36	8	56
Delusions-States- Symptoms Inventory	32	59	8
Children's Apperception Test	32	41	27
Edwards Personal Preference Schedule	31	33	36

(1977) rankings of the tests in Table 2 are also given to provide a comparison between the test-use characteristics of clinicians in the United States and New Zealand. Of the first 10 tests in the Wade and Baker study, four were projective, three were measures of intelligence, two measures of brain damage, and one a non-projective personality inventory. In contrast in the present study, five of the top 10 tests were intelligence scales, four measures of brain damage and one a non-projective personality inventory. The highest rank test in the Wade-Baker study was the Rorschach, which did not make the list of the first 20 tests in this survey.

In Table 3, a closer examination of the results for the 15 highest-ranked personality measures is made. The MMPI heads the list, and only 11% of clinicians were both familiar with the MMPI and did not recommend that graduates should have experience with this test. The Rorschach was ranked only 11th equal on this list. Although a total of 92% of clinicians reported themselves as being familiar with the Inkblot Test, only 36% recommended experience with the Rorschach, with 56% recommending against such experience. The TAT was known to 94% of the sample, recommended by 52% and not advised by 42%,

making it the most highly ranked projective measure. Finally, it is interesting to note that the SSI is more familiar (80%) and more highly recommended than its successor, the Delusions-States-Symptoms Inventory (40% familiar, 32% recommended).

Discussion

McKerracher and Walker (1982) reported that New Zealand hospital psychologists spend an estimated 21.0% of their time in assessment activities, an amount of time second only to that spent on carrying out treatment, 38.2%. Although the average percentage of time their sample felt should ideally be spent on assessment was 15.9%, it is apparent that client assessment is an important part of the clinician's role. Their perception of the value of individual tests is therefore not only of practical significance in keeping academic psychologists in touch with practices in the field, but also important in documenting the distinctive features of the development of clinical psychology in New Zealand.

Of the 10 tests most frequently selected by respondents as being those they believed clinical psychology graduates should have experience

with (Table 2), five were intelligence tests, four were measures of cognitive impairment, and the MMPI was the only personality measure which appeared on the list. The Wechsler Adult Intelligence Scale was the most highly-ranked individual intelligence test, and the Raven's Progressive Matrices the most highly-ranked group measure of intelligence. The Benton Visual Retention Test (3rd), the Wechsler Memory Scale (5th), and the Luria-Nebraska Neuropsychological Test Battery (9th) were the three most frequently-endorsed tests of brain impairment. Of tests published in the last five years, the LNNB (9th) and the Kendrick Battery (17th) have become widely known despite the recency of their publication.

It is interesting to compare the results of surveys conducted in the United States with the present results. New Zealand is in the position of having no indigenous tests in widespread use, and thus needing to import tests from the United Kingdom and the United States. Several British tests, notably the Raven's Matrices (which have filled the place occupied by the Wide Range Achievement tests in the United States), the Symptom-Sign Inventory, the Bene-Anthony Family Relations Test, and the Kendrick Battery have become well established in New Zealand. None of these measures appear in the United States surveys. The most striking difference however is low status accorded to projective measures in New Zealand. The Wade-Baker list contains no less than six projective tests in the first 20 tests, with the Rorschach and TAT occupying first and second place, while in Table 2 above, only one projective measure is ranked, the TAT in twentieth place. It is most likely that this difference reflects the relative youth of the New Zealand sample. Only 8.49% of clinicians surveyed in this study had 20 or more years of experience, which is in marked contrast to the figures of 36.1% (Norcross & Prochaska, 1982) and 33.44% (Garfield & Kurtz, 1976) for percentages of United States clinicians with 20 or more years post-doctoral experience. The training of most New Zealand clinicians has coincided with (and probably been influenced by) the rising criticism of traditional psychodynamic and trait assessment procedures (e.g., Chapman & Chapman, 1971; Mischel, 1968, 1973).

It should be noted that the focus of the questionnaire used in this study was on clinicians' views about the tests most appropriate for clinical

psychology graduates to have experience with during the course of their training. Experience was defined as administering and interpreting the test, rather than just being aware of its existence and potential use. This is an indirect method of evaluating test use, adopted in this case to compare with the most recent United States research, and also because reports of actual test-use are likely to be constrained by the setting in which the hospital psychologist is practising. From the results of this survey it is apparent that use of standardized tests is a significant component of the role of clinical psychologists in New Zealand, and the high average number of tests recommended suggests that they are concerned that trainees receive adequate training and exposure to a variety of standardized tests.

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