

Quadrant II – Transcript and Related Materials

Programme: Bachelor of Arts (Third Year)

Subject: Psychology

Paper Code: PSC106

Paper Title: Psychological Testing

Unit: 01 (Nature, Concepts and Principles of Psychological Testing)

Module Name: Rights of testtakers

Module No: 04

Name of the Presenter: Michelle Fernandes (Ph.D)

Notes

The Rights of Testtakers

As prescribed by the Standards and in some cases by law, some of the rights that test users accord to testtakers are:

- the right of informed consent,
- the right to be informed of test findings,
- the right to privacy and confidentiality, and
- the right to the least stigmatizing label.

The right of informed consent: Testtakers have a right to know why they are being evaluated, how the test data will be used, and what (if any) information will be released to whom. With full knowledge of such information, testtakers give their informed consent to be tested. The disclosure of the information needed for consent must, of course, be in language the testtaker can understand. Thus, for a testtaker as young as 2 or 3 years of age or an individual who has an intellectual disability with limited language skills, a disclosure before testing might be worded as follows: "I'm going to ask you to try to do some things so

that I can see what you know how to do and what things you could use some more help with”.

Competency in providing informed consent has been broken down into several components:

- (1) Being able to evidence a choice as to whether one wants to participate;
- (2) demonstrating a factual understanding of the issues;
- (3) being able to reason about the facts of a study, treatment, or whatever it is to which consent is sought, and
- (4) appreciating the nature of the

Another consideration related to competency is the extent to which persons diagnosed with psychopathology may be incompetent to provide informed consent. So, for example, individuals diagnosed with dementia, bipolar disorder, and schizophrenia are likely to have competency impairments that may affect their ability to provide informed consent. By contrast, individuals with major depression may retain the competency to give truly informed consent. Competence to provide informed consent may be improved by training. Therefore, clinicians should not necessarily assume that patients are not capable of consent based solely on their diagnosis. If a testtaker is incapable of providing an informed consent to testing, such consent may be obtained from a parent or a legal representative.

Consent must be in written rather than oral form. The written form should specify:

- (1) the general purpose of the testing,
- (2) the specific reason it is being undertaken in the present case, and
- (3) the general type of instruments to be administered.

One gray area with respect to the testtaker’s right of fully informed consent before testing involves research and experimental situations wherein the examiner’s complete disclosure of all facts pertinent to the testing (including the experimenter’s hypothesis and so forth)

might irrevocably contaminate the test data. In some instances, deception is used to create situations that occur relatively rarely. For example, a deception might be created to evaluate how an emergency worker might react under emergency conditions. Sometimes deception involves the use of confederates to simulate social conditions that can occur during an event of some sort.

For situations in which it is deemed advisable not to obtain fully informed consent to evaluation, professional discretion is in order. Testtakers might be given a minimum amount of information before the testing. For example, "This testing is being undertaken as part of an experiment on obedience to authority." A full disclosure and debriefing would be made after the testing. Various professional organizations have created policies and guidelines regarding deception in research. For example, the APA *Ethical Principles of Psychologists and Code of Conduct* (2002) provides that psychologists (a) do not use deception unless it is absolutely necessary, (b) do not use deception at all if it will cause participants emotional distress, and (c) fully debrief participants.

The right to be informed of test findings: In a bygone era, the inclination of many psychological assessors, particularly many clinicians, was to tell testtakers as little as possible about the nature of their performance on a particular test or test battery. In no case would they disclose diagnostic conclusions that could arouse anxiety or precipitate a crisis. This orientation was reflected in at least one authoritative text that advised testers to keep information about test results superficial and focus only on "positive" findings. This was done so that the examinee would leave the test session feeling "pleased and satisfied".

But all that has changed, and giving realistic information about test performance to examinees is not only ethically and legally mandated but may be useful from a therapeutic perspective as well. Testtakers have a right to be informed, in language they can understand, of the nature of the findings with respect to a test they have taken. They are also entitled to know what recommendations are being made as a consequence of the test data. If the test results, findings, or recommendations made on the basis of test data are voided for any reason (such as irregularities in the test administration), testtakers have a right to know that as well.

Because of the possibility of untoward consequences of providing individuals with information about themselves—ability, lack of ability, personality, values—the communication of results of a psychological test is a most important part of the evaluation process. With sensitivity to the situation, the test user will inform the testtaker (and the parent or the legal representative or both) of the purpose of the test, the meaning of the score relative to those of other testtakers, and the possible limitations and margins of error of the test. And regardless of whether such reporting is done in person or in writing, a qualified professional should be available to answer any further questions that testtakers (or their parents or legal representatives) have about the test scores. Ideally, counseling resources will be available for those who react adversely to the information presented.

The right to privacy and confidentiality: The concept of the **privacy right** “recognizes the freedom of the individual to pick and choose for himself the time, circumstances, and particularly the extent to which he wishes to share or withhold from others his attitudes, beliefs, behavior, and opinions”. When people in court proceedings “take the Fifth” and refuse to answer a question put to them on the grounds that the answer might be self-incriminating, they are asserting a right to privacy provided by the Fifth Amendment to the Constitution. The information withheld in such a manner is termed *privileged*; it is information that is protected by law from disclosure in a legal proceeding. State statutes have extended the concept of **privileged information** to parties who communicate with each other in the context of certain relationships, including the lawyer–client relationship, the doctor–patient relationship, the priest–penitent relationship, and the husband–wife relationship. In most states, privilege is also accorded to the psychologist–client relationship.

Privilege is extended to parties in various relationships because it has been deemed that the parties’ right to privacy serves a greater public interest than would be served if their communications were vulnerable to revelation during legal proceedings. Stated another way, it is for the social good if people feel confident that they can talk freely to their attorneys, clergy, physicians, psychologists, and spouses. Professionals such as psychologists who are parties to such special relationships have a legal and ethical duty to keep their clients’ communications confidential.

Confidentiality may be distinguished from *privilege* in that, whereas “confidentiality concerns matters of communication outside the courtroom, privilege protects clients from disclosure in judicial proceedings”. Privilege is not absolute. There are occasions when a court can deem the disclosure of certain information necessary and can order the disclosure of that information. Should the psychologist or other professional so ordered refuse, he or she does so under the threat of going to jail, being fined, and other legal consequences.

Privilege in the psychologist–client relationship belongs to the client, not the psychologist. The competent client can direct the psychologist to disclose information to some third party (such as an attorney or an insurance carrier), and the psychologist is obligated to make the disclosure. In some rare instances the psychologist may be ethically (if not legally) compelled to disclose information if that information will prevent harm either to the client or to some endangered third party.

Another important confidentiality-related issue has to do with what a psychologist must keep confidential versus what must be disclosed. A wrong judgment on the part of the clinician regarding the revelation of confidential communication may lead to a lawsuit or worse.

The Court held that “protective privilege ends where the public peril begins,” and so Clinicians may have a duty to warn endangered third parties not only of potential violence but of potential AIDS infection from an HIV-positive client as well as other threats to physical well-being.

Another ethical mandate with regard to confidentiality involves the safekeeping of test data. Test users must take reasonable precautions to safeguard test records. If these data are stored in a filing cabinet, then the cabinet should be locked and preferably made of steel. If these data are stored in a computer, electronic safeguards must be taken to ensure only authorized access. The individual or institution should have a reasonable policy covering the length of time that records are stored and when, if ever, the records will be deemed to be outdated, invalid, or useful only from an academic perspective. In general, it is not a good policy to maintain all records in perpetuity. Policies in conformance with privacy laws should

also be in place governing the conditions under which requests for release of records to a third party will be honored.

The right to the least stigmatizing label The *Standards* advise that the least stigmatizing labels should always be assigned when reporting test results.

Reference:

Cohen, J. R. & Swerdlik, M. E. (2018). *Psychological Testing and Assessment: An Introduction to Tests and Measurement*. (9th ed.). New Delhi: McGraw-Hill Education.