
Continuing Peer Commentary

Response to “Measurement as a Dangerous Activity” by Rebecca McCauley

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In reading Rebecca McCauley’s article I am reminded of a visit I made a number of years ago to a major pharmaceutical company that provided computerized personality test scoring and interpretation services for psychologists and psychiatrists. A general medical practitioner wrote the director a letter of complaint, objecting to the policy of not releasing test reports to general physicians. After all, he pointed out, he and other physicians had ready access to the company’s drugs. The director, whose training was in pharmacology, not testing, wrote that the test results were more dangerous than the drugs. Dr. McCauley has an ally in him and in me; tests are potentially dangerous in the hands of persons who have not acquired the knowledge to evaluate them critically and to use them wisely.

If important diagnostic decisions are to be made about people based in part on test results, I could not agree more with Dr. McCauley’s major point that tests be used wisely and that clinicians become knowledgeable about tests, both from a psychometric perspective and from a clinical one. Indeed, in the field of communication disorders, as in psychology, the person interpreting the test is an integral part of the assessment process. A valid test poorly interpreted constitutes a failure of the diagnostic process, as does the choice of the wrong test for a particular diagnostic decision. But to choose wisely among the large number of devices marketed commercially requires on the part of the clinician not only knowledge of his or her substantive area, but, as well, grounding in test theory and test construction. This grounding is also essential for interpreting

a test manual and test results. It is an essential feature of clinical acumen to know when to place great weight on test data and when to discount results that are not consistent with other information. It is equally essential to be in a position to identify tests and test manuals that are seriously deficient. The use of a poor or inappropriate test is often worse than using no test at all.

The second point that Dr. McCauley makes is that tests, although dangerous, are essential. Churchill’s observation that democracy is the worst form of government, but better than any alternative can be rephrased so as to apply to tests. What are the alternatives to tests and how good are they? In the light of an extensive research literature we should be properly sceptical about claims made regarding the alleged accuracy of clinical hunches based solely on interviews with clients and informants. If we are measuring distance, a ruler in the hands of one who can read and interpret the numbers will generally be more accurate than guesses. Tests that are appropriately normed, standardized, and validated are indeed an essential foundation for accurate diagnosis and decision making.

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Editor’s Note: Dr. Jackson is a former Chair of the Committee on Psychological Tests and Assessments, American Psychological Association (APA), and current President-Elect of APA’s Division of Measurement Evaluation and Statistics.