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ABSTRACT

The author describes her success in reporting the results of psychological evaluations directly to the parents and individuals involved, but notes that some of her colleagues fear that such a practice might lead to misuse and misinterpretation. Her survey of 137 school and clinical psychologists, with regard to their practice of reporting test results to parents, adults and adolescents, indicates that the great majority of those responding rarely or never supply written reports. In addition, most rarely or never report intelligence test results in terms of specific numbers or give to those involved the same amount of information they would give professional colleagues, either in written or verbal form. The conclusion drawn is that many psychologists have interpreted the Code of Ethics to mean withholding IQ scores. The author suggests that such a practice can be damaging and recommends a change in psychologists' behavior. (Author/TL)

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What Information do School and Clinical Psychologists  
Give to Individuals Evaluated? A Report of a Survey

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For many years it has been my practice to report results of psychological evaluations directly to the individuals tested in terms much as I would report them to another professional. This has been true of adolescents and adults and parents of young children. Perhaps this habit arose from necessity because the school district in which I worked for ten years would not permit a child to be placed in a special class unless the parents gave permission. Getting permission was not simple because the special classes were in the oldest school in the district and there was no busing. If a child was to be transferred to a special class, this meant he faced a longer walk than to school.

You may be wondering if we ever managed to get permission? The answer is yes. We failed only once and this was when a father, who was a local policeman was asked to come to school to discuss his daughter's transfer. He arrived in the child's classroom the next morning before school began, put his gun on the teacher's desk and announced "My daughter is not going to special class." The daughter didn't go. We decided consent might be a little difficult to get.

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In view of all the difficulties associated with transferring a child to special class in this district, I found that one way to convince the parents was to give them complete information. This usually meant showing them the test results and often testing the child in front of them. It also included agreeing to retest the child if the parents felt the original test was not an accurate representation of his ability and in addition promising the parents I would remove the child after six weeks if the child was not happier than in his regular class. Obviously there was little room for error with this kind of procedure and children were not recommended for special class unless the evaluation was extensive and all other possibilities were exhausted. I never had to remove a child after six weeks because the special class teachers were excellent. They made the classes so rewarding for the children that the parents were satisfied to have them remain.

Because of these experiences I have felt that reporting results of evaluations directly to parents and individuals involved is desirable. Discussions with other local colleagues indicated that many of them felt that reporting results of evaluations might lead to misunderstanding and misuse. The present survey was an attempt to determine what the practices of school and clinical psychologists throughout the United States might be with respect to reporting results of psychological evaluations to the individuals concerned. The survey was conducted by mail and postmarks were used to determine the area

in which the respondents lived. Because those answering were not asked to identify themselves, it was not possible to determine the representativeness of the sample. Questionnaires were returned from 137 psychologists from 14 different states, namely California, Connecticut, Colorado, Illinois, Minnesota, Nebraska, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Virginia and the state of Washington. The greatest number of returns, 55% were from New York State, with 23% coming from New York City. The state with the next largest percentage was Nebraska, with 11% of the total.

Of the respondents, 55% reported holding only one position. 28% of the group listed two positions and 17% listed three or more. 61% of the sample indicated their primary position was that of a school psychologist. Psychologists in private practice comprised the next largest group, namely 16% of the sample.

An analysis of the returns showed considerable uniformity of response throughout the United States and few significant differences between New York State and other areas. The questions asked are shown in Figure 1 and the overall results are shown in Table 1.

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As may be seen, 86% of those responding rarely or never report intelligence test results in terms of specific numbers to adults or adolescents evaluated or to parents of children evaluated, and 88% rarely or never give written reports of psychological evaluations to adults or adolescents evaluated or to parents of children evaluated.

Because so few psychologists indicate they supplied written reports, question 3 which inquires about written reports is not particularly meaningful. An analysis of the responses from the 22 psychologists who said they give written reports almost always or fairly often, showed that 50% or just 11 of the 137 psychologists replying gave the same amount of information in written reports to adults or adolescents or to parents of children evaluated as they do in written reports to other professionals.

In answer to question 4, 51% indicated that they rarely or never include in verbal reports given to individuals evaluated the same amount of information they would give to professional colleagues. Only on this question did psychologists from New York State differ from those in other parts of the country. 59% of the New Yorkers rarely or never include information compared to only 38% from other parts of the United States.

In order to determine whether the type of setting in which psychologists work influences their behavior in reporting, the 50 psychologists who worked only in the schools were compared with the

48 psychologists who worked full time in private practice or who combined private practice with another position. The results shown in Table 2 indicate that there were significant differences.

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between the two groups ranging from the .001 to the .05 level on questions 1 and 2. Significantly more psychologists in private practice, 27% compared to only 2 to 7% of those in the schools almost always or fairly often reported intelligence test results in terms of specific numbers to adults, adolescents and parents of children evaluated. Significantly more of the psychologists in private practice almost always or fairly often gave written reports to adults, adolescents or parents of children evaluated; 20 to 34% compared to 4 to 6% of the school psychologists.

There were no significant differences between the groups on questions 3 and 4. The results showed that 42% of the school psychologists and 45% of the psychologists in private practice would include in verbal reports to the individuals involved the same amount of information they would give to other professionals. On the whole it would appear that working in private practice may induce psychologists to report IQs in specific numbers and to give written reports to the individuals involved more often, but it should be remembered that the majority of the group does not do this.

On the whole results of the survey suggest that many psychologists have interpreted the Code of Ethics to mean that results, and particularly specific IQs should be withheld from the individuals involved.

Many of those who answered, expressed concern that giving results to parents and individuals evaluated will lead to misuse, misinterpretation and be upsetting. It would seem that as long as comparisons of any sort are made among people, whether it be in the selection of athletes, beauty queens or merit scholarship winners, the means of selection will be misinterpreted, misused and upsetting to some involved. Although the desire to avoid misinterpretation of the results is a laudable one, the practice seems to imply a basic distrust of those who come to us for help. It suggests that we and our colleagues are so superior that we must determine what is good for the individual rather than permitting the individual to use the results we obtain to determine his own welfare.

Experience with parents of children who are brought to the Hofstra Psychological Evaluation Center, where we do give reports and IQs complete with explanatory charts, shows that many of them feel bitter about previous experiences with psychologists who denied them reports when requested. Many parents state in advance they will not come if they do not get a report. Others, assuming reports will be given, come to the conference armed with tape recorders or stenographers notebooks. Some have told us they had obtained reports from psychologists through the ruse of having the

report sent to the family physician who turned it over to them.

Does the psychologist in his attempt to protect the individual from himself, really help the individual or does he give rise to a different sort of misinterpretation. An example of the upset that withholding information can generate was demonstrated by an education student who came up after class one day to ask advice about her child. She said she had him tested by a local psychologist who, after verbally interpreting the results, refused to give her a report or a specific IQ for the child. He offered to send the results to the child's teacher. When the parent pointed out that she was a teacher too, the psychologist replied he could not give her the results because she would become too upset. Whether the psychologist said this, I don't know, but I do know that the woman was a lot more upset by the withholding of the information and stated she felt the psychologist was unethical, than she would have been by whatever the report would include.

What does this kind of behavior do to the field of psychology in the eyes of the public? Is it sensible to withhold information about the IQ when the publishing field is flooded with books on "how to raise your child's IQ." One of our eminent psychologists, Dr. Eysenck, has published a paperback called "Know Your Own IQ" (Eysenck, 1962) which is available on the newsstands in England. With this book anyone can sample his own IQ by taking one of the eight IQ tests supplied in the back of the book, along with the

answers. It would appear that the time has come for psychologists to consider a change in their behavior with respect to reporting results of psychological evaluations to the individuals involved.

#### References

Casebook on Ethical Standards of Psychologists Washington, D.C.

American Psychological Association, 1967.

Eysenck, H.J. Know your own I.Q. Harmondsworth, England: Penguin

Books Ltd., 1962.

The Survey

1. My general practice is to report intelligence test results ~~as~~ in terms of specific numbers to:

- a. adults evaluated
- b. adolescents evaluated
- c. parents of children evaluated

2. My general procedure is to give a written report of the evaluation to:

- a. adults evaluated
- b. adolescents evaluated
- c. parents of children evaluated

3. My general procedure is to include in written reports given to individuals, the same information I would give to a professional colleague. I would explain the material in terms that the individual would understand, but if I indicated a child was brain damaged in a report to a colleague I would use this term with the parents of the child. If I stated that an adult was paranoid in a report to a colleague I would tell the adult that this label might be applied to him by society because of the way he was acting.

4. My general procedure is to include in verbal reports given to individuals the same information I would give to a professional colleague, as outlined in question 3 above.

Results

Table 1. Responses of the Total Sample N=137

	Almost always	Fairly often	rarely	never	total*
1a	6%	8%	31%	55%	121
1b	6	8	31	55	131
1c	7	5	37	51	134
2a	6	6	25	63	112
2b	4	5	19	72	124
2c	9	5	28	58	130
3	7	11	33	49	128
4	22	27	30	21	128

\*no one answered all questions so the total varies

†all results are in percentages except the totals which indicate number responding

Table 2. Responses of those who work only in the schools n=50

	almost always	fairly often	rarely	never	total
1a	3%	3%	22%	72%	36
1b	4	3	29	64	42
1c	2	2	41	57	48
2a	4		7	89	29
2b		5	3	90	38
2c	3	3	12	82	40
3	3	10	24	63	41
4	13	28	31	28	46

Table 3. Responses of those in full or part time private practice N=48

	almost always	fairly often	rarely	never	total
1a	11%	16%	35%	38%	37
1b	10	17	35	38	40
1c	15	12	35	38	39
2a	12	16	23	49	39
2b	7	13	18	62	45
2c	22	12	25	41	41
3	13	16	24	47	38
4	28	17	30	25	40