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Valid Inferences From Invalid Tests?

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I read with interest the remarks of Reuben J. Silver, which were published in the November 2001 issue of the *American Psychologist* on the occasion of his receiving the Award for Distinguished Contributions to Applied Psychology as a Professional Practice. Silver took the opportunity to delineate his approach to the practice of professional psychology. He described a perspective that combines an appreciation for actuarial prediction and empirical data with a sensitivity to the many instances when a practitioner must act without the benefit of empirical support. In this regard, Silver imparted a wonderful example of the integration of science and practice. However, I must disagree with one aspect of what Silver conveyed regarding the use of psychological tests.

Silver (2001) emphasized the importance of accurate diagnosis and the use of empirically validated psychological tests to help achieve accurate diagnosis. He then stated,

> I even use psychological tests whose validity is in question. For example, I will administer the Draw-A-Person Test (Machover, 1949). Again, I make specific predictions. Without so doing, I would not use this test because of the weak support for its validity. (Silver, 2001, p. 1009)

This is a curious juxtaposition. It seems that Silver appreciates the need to base professional practice on a body of accumulating empirical data but advocates using invalid psychological tests, as long as one makes specific predictions about how the patient will perform. Silver's rationale for using invalid tests in this manner is not made clear. Is there something about making predictions in advance that allows psychologists to glean valid information from otherwise invalid psychological tests?

Let me address this question by taking as an example the use of the Draw-A-Person Test (DAP) for diagnosing schizophrenia. Machover (1949) suggested numerous indicators of schizophrenia, but none of these indicators are greater than chance at identifying patients who have schizophrenia (Fisher, 1952; Lilienfeld, Wood, & Garb, 2000). In other words, for the purpose of diagnosing schizophrenia, the DAP is comparable to a method that assigns diagnoses at random, such as flipping a coin and interpreting a result of heads as indicating a diagnosis of schizophrenia and a result of tails as indicating the absence of schizophrenia. But does following Silver's (2001) recommendation for using invalid psychological tests make it possible to glean valid diagnostic information from these invalid tests?

If a clinician applies Silver's (2001) method to a patient suspected of having schizophrenia, he or she would predict in advance that flipping a coin would yield a result of heads. Suppose the test is performed and the result turns out to be heads. Should the clinician have more confidence in his or her initial clinical impression? This result would obviously not be regarded as converging evidence. Similarly, DAP indices would not aid in diagnosing schizophrenia, even if predictions regarding the patient's performance on the test turn out to be correct.

Like Silver (2001), I believe that arriving at a correct diagnosis is important and that it is valuable to use empirically validated assessment measures to aid in making a diagnosis. However, I do not agree that invalid psychological tests increase diagnostic accuracy, regardless of whether specific predictions are made in advance. Following Silver's technique leads to one of two outcomes: (a) The psychologist's prediction happens to be contradicted, or (b) the psychologist's prediction happens to be confirmed. The former result is disregarded because it does not match the hypothesis, whereas the latter leads to false confidence in the initial diagnostic impression and, in turn, to misguided case conceptualization and intervention planning.

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