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Using Outdated Versions of Standardized Tests

Question: One of the standardized tests we use at my workplace has recently been revised by the publisher, and a new edition is now available. We still have many blank protocol forms for the older version, so we'd like to continue using it for a while. Can we do this? How soon do we need to transition to using the newer version?

This can be a difficult question to answer, as there are currently very few guidelines on the topic, no real consensus on a definitive timeline, and many factors to consider. Clinicians may come across best practice guidelines that state that an older version of a standardized assessment should only be used for anywhere between 6 months and 2 years after a new edition is published. These timelines are fairly arbitrary and there is no definitive evidence in the literature that specifies when clinicians should start using a newer version of a test. ***Generally, testing standards would require that clinicians begin using the newest version of a standardized assessment as soon as it is practical for them to do so, within a reasonable timeframe.***

Tests are typically revised in order to yield improvements such as:

- Updating the normative data (increasing the number of subjects in the normative sample and/or increasing the diversity of the normative sample to better reflect the general population),
- Improving the validity and reliability of the test,
- Refining the questions and stimuli (e.g., increasing the relevance of stimuli),
- Inclusion of constructs which reflect current trends and issues,
- Improving on the ease of administration,
- Improving the pictures and/or packaging, and
- Making the test more engaging.

Any changes or improvements over an older version will be detailed in the manual of the new version of the test. The publisher of the test may also recommend a timeline for transitioning over to using the new edition on their website or other publication materials.

The purpose for which the test is being used may impact decision making. Given the importance of diagnostic accuracy when determining placement or eligibility for funding, using the latest edition of a standardized assessment should be a consideration, to ensure that the normative sample of the test is reflective of the general population. If the test questions are being used to determine intervention goals, and there will be no comparison to the normative sample, then it may be reasonable to use an older edition of a test.

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Using Outdated Versions of Standardized Tests - continued

While the publication of a newer version does not automatically make an older version of a test obsolete, it remains the responsibility of the clinician to determine which version would be the most appropriate evaluative measure based on:

- Psychometrics and diagnostic accuracy,
- Appropriateness of the normative sample (e.g., diversity of the normative sample and/or inclusion of special populations),
- Appropriate measurement of constructs of interest,
- Clinical and cultural relevance of stimuli,
- Clinical utility (e.g., shorter administration time, more user-friendly format),
- Publisher's recommendation on a timeline for transitioning over to using the new edition, and
- Acceptability to funding agencies.

Accurate assessment is critical, as it determines goals, treatment, and even funding and placement in some situations. Ultimately, the test edition with the greatest diagnostic accuracy, and ability to facilitate treatment and assess change over time should be selected for use. When using an older version of a test, clinicians should have a documented rationale for this, supported by empirical evidence and sound clinical judgement.



References

- American Speech-Language-Hearing Association. (n.d.). *Assessment considerations in speech-language pathology private practice*. <https://www.asha.org/slp/clinical/assessment-in-private-practice/>
- Ballantyne, A.O., Spilkin, A. M., & Trauner, D. A. (2007). The revision decision: Is change always good? A comparison of CELF-R and CELF-3 test scores in children with language impairment, focal brain damage, and typical development. *Language, Speech, and Hearing Services in Schools*, 38, 182–189. [https://doi.org/10.1044/0161-1461\(2007/019\)](https://doi.org/10.1044/0161-1461(2007/019))
- Bush, S. S., Sweet, J. J., Bianchini, K. J., Johnson-Greene, D., Dean, P. M., % Schoenberg, M. R. (2018). Deciding to adopt revised and new psychological and neuropsychological tests: An inter-organizational position paper. *The Clinical Neuropsychologist*, 32(3), 319-325. <https://doi.org/10.1080/13854046.2017.1422277>
- Jakubowitz, M., & Schill, MJ. (2008). Ethical implications of using outdated standardized tests. *Perspectives on School-Based Issues*, 9(2), 79-83. <https://doi.org/10.1044/sbi9.2.79>