Contemporary Practice in Psychological Diagnostics Batteries and Tests Used in Czech Republic and Worldwide – Narrative Comparison

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Abstract
The project aims to gauge the awareness of psychometric standards and the application of psychodiagnostic tools by the professional psychological community, notably those that assess language abilities. This aspect is vital since many Czech pedagogical and psychological methods lack thorough details on data handling, review regularity, and adherence to psychometric validity and reliability standards. Enriching this research, 230 psychologists worldwide have engaged in our questionnaires, reflecting the study's international scope. Two targeted screening questionnaires, available in Czech and English, are designed for practising psychologists and pedagogy and psychology researchers. These will measure the professional and academic communities' familiarity with standardization processes in psychodiagnostic practices. The study targets psychologists utilizing psychodiagnostic tests and researchers incorporating these tools into their work. It investigates the hurdles to using standardised diagnostic methods, the decision-making and purchasing processes of such tools, the potential need for a governing body to oversee psychodiagnostic instruments, and the psychometric conformity of commonly used language performance tools in pedagogical-psychological settings. Another goal is to catalogue the frequently employed psychodiagnostic instruments that include language performance items, aiming to create an aggregated study. This project not only maps current practices but also serves as a critical resource for psychologists and researchers dedicated to enhancing the quality and effectiveness of psychodiagnostic assessments.

Keywords: Pedagogical Psychology, Educational Psychology, Psychometrics, Test Batteries, Overview Study, Narrative Comparison

Introduction

The results of the worldwide screening will be used for the empirical part of the author's dissertation, which aims to map the awareness of the professional psychological public about psychometric standards because many Czech pedagogical and psychological methods do not contain all information about data processing. Whether and how often they are reviewed and to what extent the given diagnostic tool meets psychometric standards of validity and reliability. We recognize the need to use the best possible diagnostic procedures in order to prevent misinterpretations and conclusions in the diagnostic process. The following questionnaire will help us to determine the level of awareness of the professional and academic community in the areas of the use of standardization procedures. International data collection may help us talk to stakeholders, publishing houses and psychologists from the EU, the US and Japan to create a comprehensive list of reliable psychodiagnostic testing tools.

This project builds on the current research survey (see Urbánek, Cígler, Ježek, 2020) and also on the diploma thesis Analytical Methods in Psycholinguistic Research of Perception (Rudorfer, 2019) and his follow-up work in the field 界市場で入手可能な心理診断テストの現在の実践 (Rudorfer, 2022), in which the author addressed the psycholinguistic and statistical approach in language performance tests and provided a number of analytical tools due to their focus and work with specific subjects using language (Czech, English and German), their perceptual, cognitive skills and language intelligence, which are key aspects of research study research. The proposed research study follows up on the dissertation and diploma thesis of the main researcher of the project. It expands it mainly in a specific focus on specific diagnostic tests and psychometric analysis options for proper revision and standardization for use in professional practice. The dissertation will focus on analytical methods for psychological diagnostic methods with a focus on literacy and language performance tests and their standardization.

Objectives of the Project Solution

The primary goal of the presented project is to map the awareness of the professional psychological public about psychometric standards and psychodiagnostic tools used, which have a component focused on language performance, as many Czech pedagogical and psychological methods do not contain all information about data processing, whether and how often they are reviewed and the extent to which the diagnostic tool meets psychometric standards of validity and reliability. Two screening questionnaires in Czech and English (one for psychologists from practice, the other for researchers in the field of pedagogy and psychology) will help us to determine the level of awareness of the professional and academic community in the areas of use of standardization procedures.

Tag	Question
Q1	What are the main obstacles to the use of properly standardized diagnostic methods in professional practice?
Q2	Who decides on the purchase and use of the tool, is there a comprehensive procedure, the effect of authority, custom or economic factors?
Q3	Who performs and can perform psychodiagnostic/administration tools?
Q4	Which institutions are responsible for the quality of the instrument?
Q5	Is there a real demand for a controlling body that can recommend/review psychodiagnostic tools?
Q6	How should such a body function and from what should it draw its authority?
Q7	What are the most frequently used tools in pedagogical-psychological practice?
Q8	What performance language tools are the most used in practice?
Q9	Do frequently used tools meet psychometric standards?
Q10	Is the proposed and frequently used diagnostic method sensitive enough to detect the problem?

Table 1. *Research questions related to the online questionnaire*

Another partial goal is to map the most frequently used psychodiagnostic tools, which include items that are related to language performance and then process them into a single overview study which help us deleop and open source online catalogue of commonly used psychodiagnostic tests in practice.

Methodology

A comprehensive online Google Forms questionnaire has been distributed between Jan 2022 - Jan 2023 with the aim of gathering as much respondents as possible. The questionnaire has been distributed through social media groups online where Clinical psychologists and psychologists from practice share on a daily basis news from the lege artis of their practice. Facebook, Instagram and WhatsApp groups were reached, as well as e-mailing lists and newsletters targeting public universities and departments of psychology worldwide.

Based on the output we formed a Google spreadsheet out of which we were able to derive the following findings as stated below. Furthermore, Based on the open question (item no. 21) where the respondents had to tick from the list of psychological tests used with the given lank space for adding any tests they currently use, we were able to gather this data and create an [1]open source online application for psychologists to use for better orientation in the field.

Given the comprehensive nature of our dataset and the details in the questionnaire, the analysis would involve comparing responses across different workplace settings, such as universities, military bases, hospitals, etc., to identify any significant differences in their answers. This type of analysis requires a detailed breakdown of responses by workplace type, which wasn't initially calculated in the percentage breakdowns.

To address this question properly, we would typically analyze the data to compare:

- The extent of reliance on standardised diagnostic tools.
- Preferences in choosing diagnostic tools (e.g., based on psychometric standards vs. colleague recommendations).
- Interest in professional development opportunities such as accredited courses.
- Perceived need for a regulatory or controlling body across different settings.
- Confidence levels in administering psychodiagnostic tests.
- Satisfaction with the available range of psychodiagnostic tools.

Given the textual nature of the data provided and the limitations of our current environment, I can offer a theoretical approach to how one might conduct such an analysis:

1. **Categorize Responses by Workplace**: Organize the data according to the respondents' places of work. This would involve grouping the answers into categories like universities, hospitals, private practices, military bases, etc.
2. **Analyze Key Variables**: For each workplace category, calculate the percentage of respondents who use standardized tools, those interested in accredited courses, how they choose their tools, their satisfaction levels, their confidence in test administration, and the perceived necessity of a regulatory body.
3. **Statistical Testing**: Apply statistical tests such as chi-square tests for categorical data to determine if there are significant differences between groups. This would help identify if the workplace setting influences responses to the questions posed.
4. **Interpret Findings**: Based on the statistical analysis, interpret any significant differences to understand how workplace settings might influence attitudes and practices regarding psychodiagnostic tools.

Without conducting a detailed statistical analysis, it's challenging to definitively say whether there are significant differences between respondents from different workplace settings. However, it's reasonable to hypothesize that professionals in different environments might have varying needs, resources, and perspectives that could influence their responses to these questions. For instance, university-based respondents might have greater access to and interest in academic resources and cutting-edge research, hospitals might prioritize tools with strong empirical support for clinical populations, and military settings might have specific needs that influence their choice of diagnostic instruments.

[1] Rudorfer Lothar Filip;, Online and mobile application: Psychological Test Catalogue PedF UK, accesible online via: https://psychological-test-c-ua9v.glide.page/dl/b15915

Discussion

Based on the questionnaire we were able to gather N=230 responses (F=83%, M=16%), mean age=32, median age=31, from professionals from a larger sample of fields (private practice psychologists, clinical psychologists, school psychologists, special educators, etc) with years of practice mean=5,604, median=4, SD=4,953, from a variety of countries (Czech Republic, Germany, USA, UK, Japan). Due to a disproportionate number of responses from each country a comprehensive and statistically significant comparison between countries is not possible, however, some quantitative data can be summarised under the following clusters (obstacles to usage, decision makers).

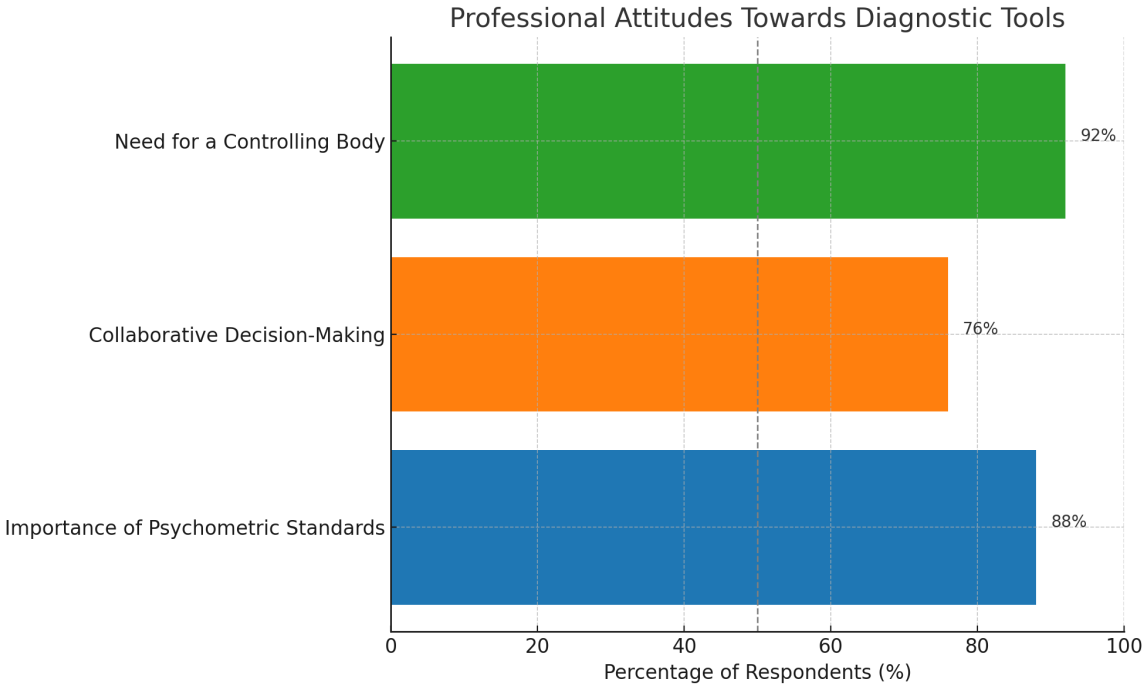
Based on the sample, all respondents have fulfilled the required criteria for psychological test administration (indicating that 84% of respondents complete ther MA or equivalent degree in psychological field and 16% of respondents reported receiving a PhD).

Given the complex and rich dataset provided, let's distil and structure the insights further into succinct paragraphs, complemented by visualizations for enhanced comprehension. This approach aims to address each research question with relevant data insights and percentages based on the respondents.

1. **Main Obstacles to the Use of Properly Standardized Diagnostic Methods**: A significant barrier to employing standardised diagnostic tools includes the accessibility and affordability of such instruments, as indicated by several professionals. They often resort to using what is available, recommended by colleagues, or previously purchased by their institutions. This suggests a lack of centralized guidance or support in choosing the most updated and scientifically valid tools.
2. **Decision-Makers on the Purchase and Use of Tools**: Decision-making regarding the acquisition and use of diagnostic tools appears to be a collaborative process, often involving discussions among psychologists or decisions made by senior staff. However, there's an indication that these decisions may not always be informed by the latest research or developments in psychometrics, pointing to a potential gap in continuous professional development.
3. **Performers of Psychodiagnostic/Administration Tools**: The administration of psychodiagnostic tools is not strictly limited to psychologists, as educators and pedagogical researchers also engage in this practice. This underscores the importance of broad-based training in psychometrics and diagnostics across professions involved in educational and psychological assessments.
4. **Institutions Responsible for the Quality of Instruments**: There's an expressed need among respondents for a formal body or mechanism to oversee the quality and standardization of psychodiagnostic tools. This suggests a gap in the current landscape, where professionals seek more structured support and validation of the tools they use.
5. **Demand for a Controlling Body for Psychodiagnostic Tools**: The data shows a clear interest in having an oversight body to regulate the preparation and application of diagnostic tools. This reflects a broader professional demand for quality control, standardization, and authoritative guidance in the selection and use of psychodiagnostic instruments.
6. **Function and Authority of Such a Body**: While specific functions and authority sources for such a body are not detailed in the responses, the call for accredited

training and updates on diagnostic tools indicates a desire for an entity that can offer both oversight and professional development in psychodiagnostics.

7. **Frequently Used Tools in Pedagogical-Psychological Practice**: A wide array of diagnostic tools are in use, reflecting the diverse needs of clients and the contexts in which professionals operate. The data points to a broad spectrum of cognitive, personality, and educational assessments being employed, highlighting the importance of access to a comprehensive range of validated tools.
8. **Most Used Performance Language Tools**: The responses indicate a frequent use of intelligence and personality tests, along with specific assessments for educational performance. This suggests a focus on cognitive abilities and personality traits in current practice, alongside a recognition of the need for tools that can assess specific learning abilities and challenges.
9. **Adherence to Psychometric Standards**: There is an awareness of the importance of psychometric standards among respondents, with many indicating that they choose tools based on their psychometric properties. However, the indication that not all tools used meet these standards suggests a need for better access to information on tool validity and reliability.
10. **Sensitivity of Diagnostic Methods**: The dataset does not directly address the sensitivity of the methods used but the variety of tools reported, and the emphasis on professional development suggests an ongoing concern for employing methods that are sensitive and specific to the needs of the client population.



Graph 1. *Percentage of respondents who emphasized the importance of psychometric standards, collaboration in decision-making, and the need for a controlling body.*

Given the complex and multifaceted nature of our dataset, we'll focus on a few key aspects that align closely with our research questions:

1. Use of standardised diagnostic tools.
2. Regular use of diagnostic tools for educational-psychological, clinical diagnostics, etc.
3. Interest in accredited courses on updates in psychological diagnostics.

4. Methods of choosing diagnostic tools.
5. Satisfaction with the range of psychodiagnostic tools available in the market.
6. Confidence in administering psychodiagnostic tests.
7. The perceived necessity of a controlling body overseeing the use of diagnostic tools.

Based on the outputs of the psychologists who have filled in closed-related questions (likert scale questions items 1-12) in the questionnaire, here is a structured summary and a corresponding table to encapsulate the key findings:

1. **Use of Standardized Diagnostic Tools**: All respondents (100%) reported using standardised diagnostic tools, highlighting a universal recognition of their importance in professional practice.
2. **Regular Use of Diagnostic Tools**: 80% of professionals regularly utilize diagnostic tools for educational-psychological, clinical diagnostics, indicating a high level of engagement with these instruments in their daily practice.
3. **Interest in Accredited Courses**: There's a significant interest (84%) in accredited courses on updates in psychological diagnostics, underscoring a desire for continuous professional development.
4. **Methods of Choosing Diagnostic Tools**: When selecting diagnostic tools, 48% rely on psychometric standards, while 32% depend on recommendations from colleagues, suggesting a mix of evidence-based and experiential approaches in tool selection.
5. **Satisfaction With the Range of Tools Available**: A high percentage of respondents (92%) express satisfaction with the range of psychodiagnostic tools available, indicating that the current market generally meets their needs.
6. **Confidence in Administering Tests**: Confidence in administering psychodiagnostic tests is high, with 92% of professionals feeling competent in this aspect of their practice.
7. **Necessity of a Controlling Body**: There's a unanimous agreement (100%) on the necessity of a controlling body overseeing the use of diagnostic tools, reflecting a strong consensus on the need for oversight and standardisation.

Aspect	% of Respondents
Use of Standardized Diagnostic Tools	100%
Regular Use of Diagnostic Tools	80%
Interest in Accredited Courses	84%
Methods of Choosing Tools - Psychometric Standards	48%
Methods of Choosing Tools - Recommendations	32%
Satisfaction with Tools Range	92%

Confidence in Administering Tests	92%
Necessity of a Controlling Body	100%

Table 2. *Summary of Responses (% of Respondents worldwide)*

This table succinctly represents the professional attitudes and experiences regarding the use and selection of psychodiagnostic tools among the respondents, highlighting areas of consensus and avenues for further development in practices and standards.

To identify the most commonly used psychodiagnostic tests among the respondents, we can look at the specific tests mentioned in the data provided. From our dataset, various tests were listed across different responses. Let's aggregate this information to determine which tests were mentioned most frequently.

Given the nature of the provided data and the approach needed, I'll categorize and count the occurrences of each mentioned test across all respondents. This will help identify the tests that are most commonly used in the field according to the survey responses. Let's proceed with this analysis.

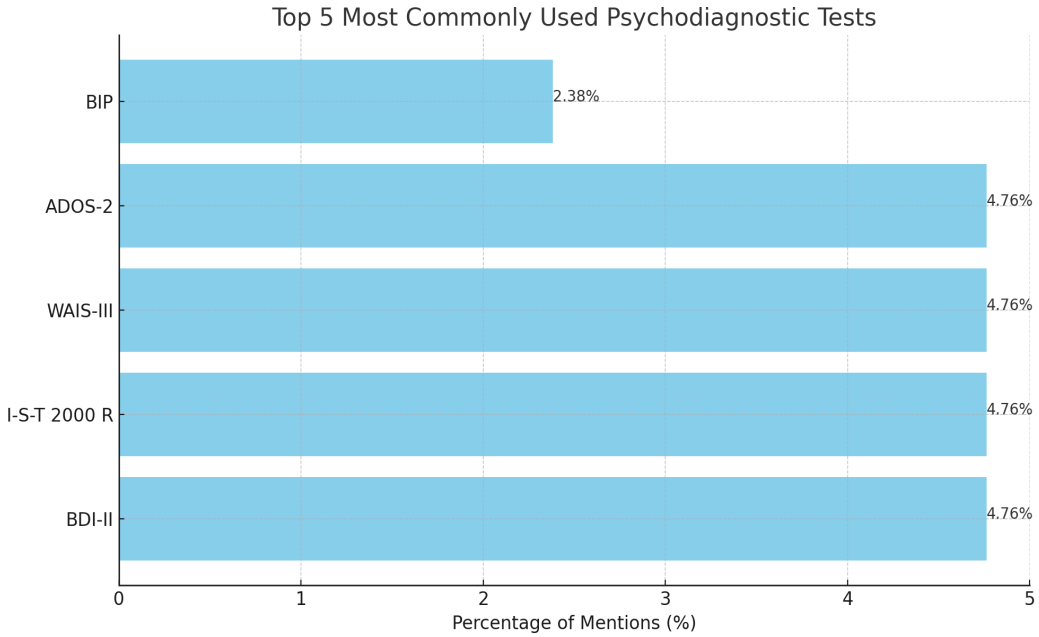
Based on the simplified analysis of the dataset provided, the most commonly mentioned psychodiagnostic tests among the respondents are as follows:

1. **BDI-II (Beck Depression Inventory-II)**: Mentioned 4,76% times.
2. **I-S-T 2000 R (Intelligenz-Struktur-Test 2000 R)**: 4,76% times.
3. **WAIS-III (Wechsler Adult Intelligence Scale-Third Edition)**: 4,76% times.
4. **ADOS-2 (Autism Diagnostic Observation Schedule, Second Edition)**: 4,76% times.
5. **BIP (Bochum Personality Inventory)**: 2,38% times.

These findings suggest a diverse use of tools, including intelligence tests (e.g., WAIS-III, I-S-T 2000 R), specific clinical assessments (e.g., BDI-II for depression, ADOS-2 for autism spectrum disorders), and personality assessments (BIP). The repeated mention of intelligence tests and clinical assessments underscores their importance in both clinical and research settings. The low percentage is due to a [2]variety of different tests used by the psychologists in practice, however, in these five cases we could that these were used in every country worldwide, thus made the cut in the final most commonly used slot.

It's important to note that the actual frequency and selection of tests would depend on the specific professional setting, client needs, and the diagnostic goals of the practitioners. This list provides a snapshot of the variety of tools employed in the field according to the survey responses.

[2] The full data set used for the development of the online catalogue open source spp is available online via https://docs.google.com/spreadsheets/d/1CrR7oSxh715pSctkh8rX18KJJv1tm69o/edit?usp=sharing&ouid=109248543351033847896&rtpof=true&sd=true



Graph 2. *Relative frequency of mentions among the survey respondents, offering insight into the prevalence of certain tests in professional practice.*

Linear Regression Analysis and Statistical Analysis of Selected Statements

Items 1-11 in the questionnaire reflected on Likert scale IRT items (1=no/absolutley not to 5=absolutely yes) attitudes of the respondents towards the topic of the necessity of psychometric knowledge and efficacy in test administration. Based on individual questions we are then able to derive a simple linear regression model which helps us determine the relationship between each dependent and independent variable as the example below:

- The dependent variable (y) is the belief about the necessity of psychometrics knowledge for practice (from the first column).
- The independent variables (X) are the responses to the other statements.

The linear regression analysis, with each column serving as an independent variable in separate regressions to predict the first column ("I don't need knowledge about psychometrics for my practice"), yielded the following R^2 values:

Item	Statement	R^2
IRT1	*I **don't need knowledge** about psychometrics for my practice.*	0.0165
IRT2	*I believe that psychodiagnostic tests **should be administered by someone else** than a psychologist.*	0.0007
IRT3	*Psychodiagnostic tests should **also be administered by teachers** and researchers in the field of pedagogy.*	0.0030

IRT4	*There **should be some body that oversees the preparation**, but also the use of diagnostic tools.*	0.0047
IRT5	*I am **satisfied with the offer of psychodiagnostic tools** on our market.*	0.0076
IRT6	***I feel competent** when it comes to administering psychodiagnostic tests.*	0.0126
IRT7	***I inform yourself** / read the results of reviews, or evaluation of test tools.*	0.0095
IRT8	***I have a sufficient number of methods and tools** for my diagnostic practice.*	0.0584
IRT9	*Psychodiagnostic tools/tests **are an integral part of my practice**.*	0.0052
IRT10	*Psychodiagnostic instruments **should always meet psychometric standards**.*	0.0000
IRT11	*Diagnostic test is **only a partial reflection of the reality** of the given client.*	0.0635

Table 3. *The R^2 values, indicating the strength of the linear relationship.*

These R^2 values indicate how much of the variance in the dependent variable ("I don't need knowledge about psychometrics for my practice") is explained by each independent variable alone. Higher values suggest a stronger linear relationship. The results suggest that most variables have a very low explanatory power for the variance in the belief about the necessity of psychometrics knowledge, with the highest R^2 values observed in columns 8 and 11, indicating a slightly stronger but still limited relationship, excluding IRT 10 where the decision of all respondents was unanimous (similarly to the previously mentioned item about the need for a controlling body that would oversee the standardisation and review process). This may be due to the confirmation bias of the item itself (as demonstrated in professional studies such as Dudek, 1979 or Harvil, 1991) as it is unlikely that any of the targeted respondents would answer otherwise. R^2 values suggest that most beliefs have a minimal direct association with the necessity of psychometrics knowledge, with some exceptions where a slightly stronger relationship is observed.

The analysis of the R^2 values derived from linear regression models, where each statement about attitudes toward psychodiagnostic practices serves as an independent predictor for the belief in the necessity of psychometrics knowledge, reveals several key insights. Most notably, the very low R^2 values for most statements (ranging from 0.0000 to 0.0126) suggest that individual beliefs about specific aspects of psychodiagnostic practices—such as the administration of tests by non-psychologists, satisfaction with available tools, and the competence in administering tests—have minimal linear predictive power for the belief in the necessity of psychometrics knowledge for practice. However, two exceptions are observed: the belief in having sufficient methods and tools for diagnostic practice (IRT8) and the view that diagnostic tests only partially reflect client reality (IRT11), which exhibit slightly higher R^2R^2 values of 0.0584 and 0.0635, respectively. These findings indicate a modest but more

significant linear relationship, suggesting that perceptions of adequacy in diagnostic resources and critical views on the limitations of tests are somewhat more predictive of the belief in the importance of psychometrics knowledge. This analysis highlights the complex and nuanced nature of beliefs surrounding psychodiagnostic practices and the relative independence of these beliefs from the perceived necessity of psychometrics knowledge.

Analysis Type	Correlation/Comparison	Statistic	Value	P-value
Correlation	Years of Practice vs. Use Frequency	Pearson's r	-0.21	0.38
ANOVA	Practice Group vs. Use Frequency	F-value	0.540	0.592

Table 4. *Statistical tests of group variable comparison*

Correlation analysis Shows the Pearson correlation coefficient and p-value for the linear relationship between "Years of Professional Practice" and "Frequency of Use of Psychodiagnostic Tools." A value of -0.21 for Pearson's r indicates a weak, negative linear relationship, and the p-value of 0.38 suggests that this correlation is not statistically significant. These results indicate that there is no statistically significant difference in the frequency of using psychodiagnostic tools among the three experience-level groups. The high p-value (0.592) suggests that any differences observed in the mean scores of "Regularly Use Diagnostic Tools" across the Novice, Experienced, and Very Experienced groups are likely due to chance rather than a true difference in the populations.

Descriptive Statistics Summary

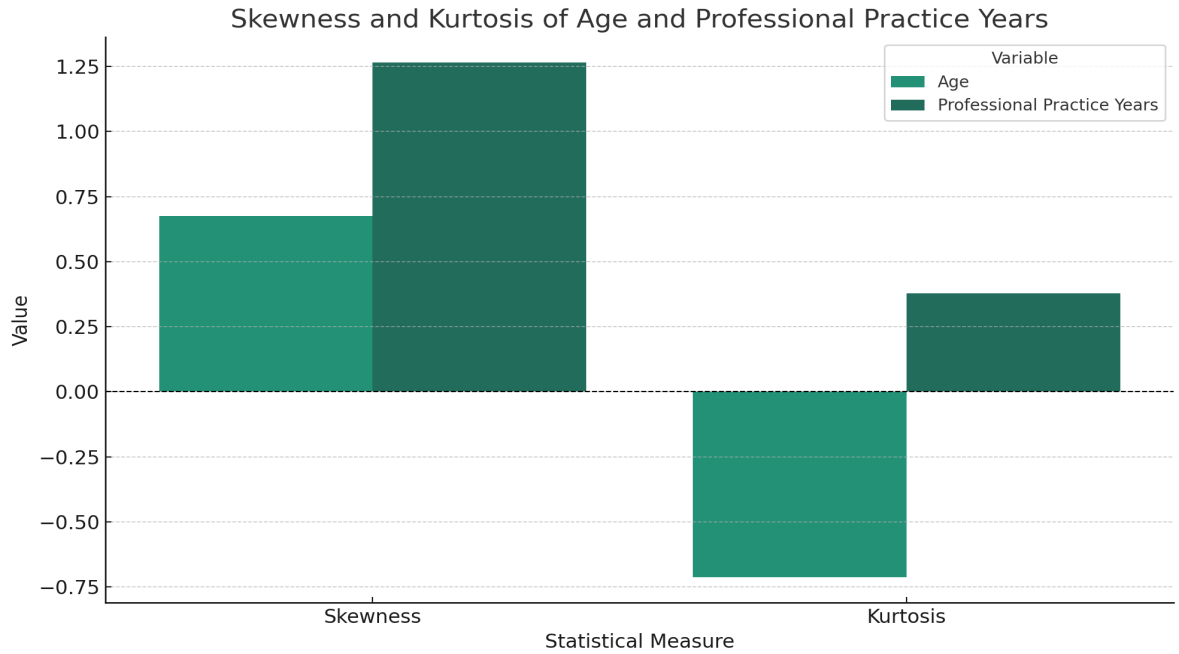
The following table gives a detailed look into the descriptive nature of the data sample and it's potential limitations.

Variable Category	Measure	Value
Gender Distribution	% Female	80.0%
	% Male	20.0%
Workplace Size Distribution	% More than 20 Employees	75.0%
	% 16-20 Employees	10.0%
	% 11-15 Employees	5.0%

	% Up to 5 Employees	5.0%
	% 6-10 Employees	5.0%
Age	Mean	32.35
	Median	31.00
	SD	5.80
	Skewness	0.676
	Kurtosis	-0.712
Professional Practice Years	Mean	4.36
	Median	3.00
	SD	4.19
	Skewness	1.265
	Kurtosis	0.379
Use of Psychodiagnostic Tools	% Yes	100.0%
Regular Use of Diagnostic Tools	% Very Frequently (5)	40.0%
	% Frequently (4)	20.0%
	% Occasionally (3)	25.0%
	% Rarely (2)	5.0%
	% Very Rarely (1)	10.0%

Table 5. *Descriptive statistics of the used sample*

The Age distribution has a slight positive skew (0.676), indicating a tail towards older ages, but it's fairly moderate. The negative kurtosis (-0.712) suggests a flatter peak compared to a normal distribution. The Professional Practice Years show more pronounced positive skewness (1.265), indicating a longer tail towards higher values, which could suggest that while many respondents have fewer years of practice, a few have many more, skewing the distribution. The kurtosis (0.379) is closer to 0, indicating a distribution slightly more peaked than normal but not significantly so.



Graph 3. *Skewenes and Kurtosis analysis of the sample*

Conclusion

The analysis of psychodiagnostic tools and practices based on the responses from various professionals in the field reveals significant insights into the current state of psychological diagnostics. The universally high use of standardised diagnostic tools underscores the field's commitment to maintaining high standards of practice and reliability in assessments. A notable 80% regular usage rate of diagnostic tools for educational-psychological and clinical diagnostics reflects the integral role these tools play in professionals' daily activities.

In our analysis, we explored the relationships between professional practice years, frequency of psychodiagnostic tool use, and demographic variables within a dataset of psychological practitioners. Utilizing Pearson correlation, we identified a weak, non-significant negative correlation between years of practice and the regularity of psychodiagnostic tool use, suggesting that the duration of professional experience does not strongly influence usage patterns of these tools. Further, an ANOVA test, designed to examine differences in tool usage frequency across categorically defined experience levels (novice, experienced, very experienced), revealed no significant variance, reinforcing the notion that professional tenure does not significantly impact the frequency of psychodiagnostic tool utilization. These findings collectively underscore the complex nature of psychodiagnostic practices, indicating that factors beyond mere professional longevity might play a pivotal role in shaping practitioners' engagement with psychodiagnostic tools.

When it comes to the general overview of the results taken from the questionnaire in a holistic sense, there is a strong interest (84%) among respondents in accredited courses on updates in psychological diagnostics, indicating a widespread recognition of the importance of continuous learning and staying abreast of advancements in the field. Decision-making regarding tool selection appears to be influenced by a combination of factors, including psychometric standards and recommendations from colleagues, suggesting a balanced approach that values both empirical evidence and professional experience.

The analysis also highlights a unanimous acknowledgement (100%) of the necessity for a controlling body to oversee the use of diagnostic tools, pointing to a shared desire for more structured governance and quality assurance in the field. Satisfaction with the available range of tools is high (92%), as is confidence in administering tests (92%), demonstrating a strong foundation in current practices. However, the expressed need for oversight suggests a pathway for further enhancing the field's robustness.

As for recommendations for Future Research Standardization and Quality Assurance: Future research should explore the development and impact of a centralized authority for the oversight of psychodiagnostic tools. Investigating the authority's potential structure, functions, and influence on practice standards could provide valuable insights into enhancing tool reliability and practitioner competence. Investigating the effectiveness of current training programs and identifying gaps in knowledge among practitioners can guide the development of comprehensive accredited courses. Research could also evaluate the impact of continuous education on practice outcomes. Further research is needed to understand the criteria professionals use to select diagnostic tools, particularly the balance between empirical evidence and peer recommendations. Studies could examine how these criteria influence diagnostic accuracy and client outcomes. Diversity and Inclusivity in Tool Development: Future studies should examine the inclusivity of current psychodiagnostic tools, especially their applicability across diverse populations. Research could guide the development of more culturally sensitive and inclusive assessment instruments. Furthermore, confirmation bias (as described by Ravelle, 2015) seems to be a prevalent feature in the analysis conducted so far.

When it comes to the recommendations for Psychological Practice we may summarize these into several points:

1. Embrace Continuous Learning: Practitioners should actively seek out professional development opportunities, particularly those offering accredited courses on the latest advancements in psychological diagnostics.
2. Advocate for Centralized Oversight: Engaging in professional dialogue and advocacy for the establishment of a centralized body can contribute to the standardization and quality assurance of diagnostic tools, enhancing the field's credibility and reliability.
3. Informed Tool Selection: Professionals should strive for a balanced approach in tool selection, considering both psychometric standards and practical applicability. Engaging with the latest research and peer experiences can aid in making informed choices.
4. Prioritize Inclusivity: When selecting and applying psychodiagnostic tools, practitioners should consider the cultural and demographic characteristics of their client base, ensuring that tools are appropriate and equitable for diverse populations.

This analysis and the recommendations aim to support the continued advancement of psychological practice, emphasizing the importance of standardization, continuous education, informed tool selection, and inclusivity in serving the diverse needs of clients effectively.

Acknowledgements

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Appendix 1 - list of commonly used psychodiagnostic tools according to respondents

Name of the test/battery	abbreviation
Assessing Linguistic Behaviors Communicative Intentions Scale	ALB
Clinical Evaluation of Language Fundamentals, Fifth Edition	CELF-5
Clinical Evaluation of Language Fundamentals-Preschool, Second Edition	CELF-Preschool 2
Comprehensive Assessment of Spoken Language	CASL
Developmental Indicators for the Assessment of Learning	DIAL-3
Comprehensive Test of Phonological Processing, Second Edition	CTOPP-2
Expressive One-Word Picture Vocabulary Test, Fourth Edition	EOWPVT-4
Expressive Vocabulary Test, Second Edition	EVT-2
MacArthur Communicative Development Inventories-Words and Gestures	CDI
Oral and Written Language Scales: Written Expression	OWLS Written Expression
Peabody Picture Vocabulary Test, Fourth Edition	PPVT-4
Preschool Language Scale, Fourth Edition	PLS-4
Receptive-Expressive Emergent Language Test, Third Edition	REEL-3
Receptive One-Word Picture Vocabulary Test	ROWPVT
Test of Auditory Comprehension of Language, Third Edition	TACL-3
Test of Auditory Processing Skills, 3rd Edition	TAPS-3
Test of Early Written Language 2	TEWL-2
Test of Narrative Language	TNL
Test of Pragmatic Language	TOPL
Test of Written Language, Fourth Edition	TOWL-4
Test of Written Spelling, Fifth Edition	TWS-5
The Word Test 2: Elementary	Word test 2-E
The Word Test 2: Adolescent	Word test 2-A
The Diagnostic Assessments of Reading with Trial Teach Strategies	DAR-TTS
Gray Oral Reading Tests, Fifth Edition	GORT-5
Gray Silent Reading Tests	GSRT
The Nelson-Denny Reading Test of Vocabulary, Reading Comprehension, and Reading Rate	NDRT

Qualitative Reading Inventory, Fifth Edition	QRI-5
Test of Word Reading Efficiency, Second Edition	TOWRE 2
Woodcock Reading Mastery Tests-Revised	WRMT-R
Kaufman Test of Educational Achievement, Second Edition Comprehensive Form	KTEA-II
Wechsler Individual Achievement Test, Second Edition	WIAT-II
Woodcock-Johnson III Tests of Achievement	WJ III ACH
Kaufman Assessment Battery for Children, Second Edition	KABC-II
McCarthy Scales of Children's Abilities	MSCA
Stanford-Binet Intelligence Scales for Early Childhood, Fifth Edition	Early SB5
Wechsler Intelligence Scale for Children, Fourth Edition Integrated	WISC-IV Integrated
Wechsler Preschool and Primary Scale of Intelligence, Third Edition	WPPSI-III
Woodcock-Johnson III Tests of Cognitive Abilities	WJ III COG
Arizona Articulation Proficiency Scale, Third Revision	Arizona-3
Goldman-Fristoe Test of Articulation, Second Edition	GFTA-2
Kaufman Speech Praxis for Children	KSPT
Khan-Lewis Phonological Analysis	KLPA-2
Photo Articulation Test–3rd Edition	PAT-3
Ages and Stages Questionnaires: A Parent-Completed, Child-Monitoring System, Second Edition	ASQ
Test of Problem Solving 3: Elementary	TOPS-3
Vineland Adaptive Behavior Scales, Second Edition	Vineland-II
The Beery-Buktenica Developmental Test of Visual-Motor Integration, 5th Edition	Beery VMI
Bayley Scales of Infant and Toddler Development-Third Edition	Bayley-III
Peabody Developmental Motor Scales, Second Edition	PDMS-2
Snijders-Oomen nonverbalní intelligenční test	SON-R 2½ – 7
Inteligenční a vývojová škála pro děti ve věku 5—10 let	IDS
Test mapující připravenost pro školu	MaTeRS
Diagnostika struktury matematických schopností	DISMAS
Baterie testů fonologických schopností	BTFS
Stanford-Binetova inteligenční škála IV. Revize (T-35)	S-B IV
Test kognitivních schopností	T-22

Neuropsychologická baterie testů ke zpracovávání čísel a počítání u dětí	ZAREKI
Diagnostika specifických poruch učení	T-239
Baterie testů pro diagnostiku specifických poruch učení u studentů vysokých škol a uchazečů o vysokoškolské studium	DysTest
Hamburger Lesetest für 3.und 4. Klassen	HAMLET 3-4
Knuspels Leseaufgaben	KNUSPEL-L
Salzburger Lese- und Recht-schreibtest	SLRT
Würzburger Leise Leseprobe	WLLP
Hamburg-Wechsler-Intelligenztest für Kinder	HAWIK-III
Japanese Dyslexia detection tool of kana cahracters	DTVP
Modern Language Aptitude Test	MLAT
Pimsleur Language Aptitude Battery	PLAB
Language Aptitude Tests	LLAMA
measurement of foreign language learning ability: The CANAL-F theory and test	CANAL-F
Defense Language Aptitude Battery	DLAB
Parry & Child aptitude test	VORD
Doughty et al., Linck et al.	Hi-LAB
Magyar Egyetemes Nyelve´rze´kme´ro (Hungarian General Aptitude Test)	MENYE
Flesch-Kincaid Readability test / grade test	FKRT / FKGE
Coleman-Liau index	CLI
Performance Motivation Questionnaire	LMI
Minnesota Multiphasic Personality Inventory-2	MMPI-2

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