The Ins and Outs of Psychological Assessment

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Types of Assessment

- Psycho-educational - will include IQ and Achievement tests
- Neuropsychological – will include a number of different tests, typically including memory and motor tests
  - Only completed by those specifically trained in neuro-psych assessments (e.g. neuropsychologists)
- Psychological – personality tests, symptom inventories
- Developmental – will include skill based assessments (e.g. motor, language) and often include Autism Spectrum assessments
Parenting Capacity Evaluations

- Forensic
- Psychological assessments are given to the parent(s) to evaluate for any mental health concerns
- Parenting assessments are administered
- The clinician will observe the interactions between the children and parent(s)
- Do not make specific conclusions about custody, but note concerns and give recommendations
What are Psychological Assessments Requested For?

- Typically for diagnostic clarification and treatment recommendations
- There should always be a referral question
  - The reason for testing and what should be answered
  - Referral question will guide type of testing (e.g. educational, neuropsychological etc.)
How to Determine Referral Questions

- Be specific
  - Know the questions you have as well as the symptoms present
    - Does this child meet criteria for depression and/or Generalized anxiety disorder vs. What are the child’s current mental health difficulties.
  - Psych evaluation is like any other health assessment- it is meant to evaluate specific symptoms and determine if a diagnosable condition is present.
  - A client will get the most out of a psych evaluation with a clearly defined question, as the assessment will then be geared towards the specific concern.
Who Completes Psychological Assessments?

- Qualifications for those completing psychological assessments are important to be mindful of.
- If a clinician does not have a doctorate (or in a school setting a Master’s), it is important to ask about their training and/or their supervisor.
  - Psychologists are extensively trained in assessment.
    - Clinical psychologists in Virginia have a doctorate.
      - Psychologists will have trainees complete assessment activities under their supervision. These students are typically doctoral students.
    - Most school psychologists in Virginia have a Master’s degree.
Anatomy of a Psych Report

- There are a number of components that should be present in all psychological reports.
  - Introduction
  - Behavioral Observations
  - Test results
  - Summary
  - Diagnosis
  - Recommendations
Case Example

- Chandler Jones: 12 years old, Caucasian, history of sexual abuse and neglect.

- Referral Question: Chandler has a history of sexual behavior problems and aggressive behaviors. He also struggles with frequent fluctuations in mood, difficulty with concentration, and a drop in academic performance over the last year.

- Does Chandler meet criteria for Bipolar Disorder, PTSD, ADHD, and/or ODD? Are his school difficulties due to cognitive deficits or better explained by another mental health concern? What will be the best treatment for Chandler?
Introduction

- **Background information of client:**
  - **Family history:** Chandler is in foster care due to TPR for his parents after founded allegations of abuse and neglect
    - Chandler was reportedly sexually abused by an uncle when he was 8 years old and physically abused by both parents.
  - **Developmental considerations:** Chandler met all developmental milestones within a typical trajectory.
  - **Psychological History:** Previous in home and out of home counseling, two acute inpatient stays for aggression, a number of previous diagnoses given, but none followed up.
  - **Behavior:** Chandler is aggressive towards women and peers. Sexual behavior problems are present, and a safety plan is in place.
  - **Academic and social functioning:** Falling grades, several suspensions for poor behavior. Many friends, but friendships tend to be superficial.
Behavioral Observations

- Bx Observations will give you a snapshot of how the child behaved during testing.
  - This is important information for interpretation of test results
- Example:
  - On the first day of testing, Chandler separated easily from his mother and followed the examiner to the testing room. He was cooperative for the first 2 hours of the session, completing all tasks asked of him. He was easily distracted, often wanting to engage the clinician in conversation instead of focusing on the task he was given, but he was easily redirected. He denied the presence of hallucinations and delusional content was not elicited. Chandler denied suicidal ideation.
Test Results

- Results may be organized in a number of ways (e.g., test by test or by category)
- This part of the report is typically explained during a feedback session with the clinician
- The "meat" of the assessment process
- There will typically be a list of all the assessment measures given.
Cognitive Assessments

- Typically includes IQ, and sometimes Achievement (academic skills)
- Use Standard scores and T-Scores
  - Standard scores Mean of 100 and Standard deviation of 15
  - T-Scores mean of 50 and standard deviation of 10
- Typically scores are presented in a table
## Chandler’s Scores

### WISC-V Scores

<table>
<thead>
<tr>
<th>Scale</th>
<th>Composite Score</th>
<th>Range (95% CI)</th>
<th>Percentile</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Scale IQ</td>
<td>120</td>
<td>114-125</td>
<td>91</td>
<td>Very High</td>
</tr>
<tr>
<td>Visual Spatial</td>
<td>105</td>
<td>97-112</td>
<td>63</td>
<td>Average</td>
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<tr>
<td>Verbal Comprehension</td>
<td>111</td>
<td>102-118</td>
<td>77</td>
<td>High Average</td>
</tr>
<tr>
<td>Fluid Reasoning</td>
<td>126</td>
<td>117-131</td>
<td>96</td>
<td>Very High</td>
</tr>
<tr>
<td>Working Memory</td>
<td>110</td>
<td>102-117</td>
<td>75</td>
<td>High Average</td>
</tr>
<tr>
<td>Processing Speed</td>
<td>126</td>
<td>114-132</td>
<td>96</td>
<td>Very High</td>
</tr>
</tbody>
</table>

Composite Score Mean (M) = 100, Standard Deviation (SD) = 15

### Subtest Scores

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Scaled Score</th>
<th>Subtest</th>
<th>Scaled Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Comprehension Index</td>
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<td>Visual Spatial</td>
<td></td>
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<tr>
<td>Similarities</td>
<td>12</td>
<td>Block Design</td>
<td>11</td>
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<tr>
<td>Vocabulary</td>
<td>12</td>
<td>Visual Puzzles</td>
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<tr>
<td>Working Memory Index</td>
<td></td>
<td>Processing Speed Index</td>
<td></td>
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<tr>
<td>Digit Span</td>
<td>13</td>
<td>Coding</td>
<td>12</td>
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<tr>
<td>Picture Span</td>
<td>10</td>
<td>Symbol Search</td>
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<td>Letter-Number Sequencing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fluid Reasoning</td>
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<td>Symbol Translation</td>
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<tr>
<td>Matrix Reasoning</td>
<td>15</td>
<td>Immediate Symbol</td>
<td>-</td>
</tr>
<tr>
<td>Figure Weights</td>
<td>14</td>
<td>Delayed Symbol</td>
<td>-</td>
</tr>
</tbody>
</table>

Scaled Score M = 10, SD = 3
Autism Testing

- Best Practice Measures:
  - Autism Diagnostic Observation Schedule (ADOS-2)
  - Autism Diagnostic Interview-Revised (ADI-R)
  - Developmental assessments
Symptom Inventories

- Child Depression Inventory, Second Edition (CDI-2)
- Multidimensional Anxiety Scale for Children (MASC)
- Revised Children’s Manifest Anxiety Scale (RCMAS)
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Behavior Assessment System for Children (BASC-2)
- Piers-Harris Self-Concept Scale
Case Example

- Chandler completed the **Revised Children’s Manifest Anxiety Scale**, a self-report measure of anxiety symptoms. On this measure, Chandler’s responses suggest that he does not perceive himself to be experiencing more anxiety than other children his age. Of note, there was a slight elevation on the defensiveness validity scale, suggesting that Chandler may have been defensive in his responding and, thus, may experience higher levels of anxiety than he reported on this measure.

- Chandler also completed the **Multidimensional Anxiety Scale for Children** (MASC-2), a self-report measure of different subtypes of anxiety. On this measure, Chandler appeared to answer questions consistently. His responses led to no scale elevations. Similar to the results of the RCMAS, the results of the MASC-2 suggest that Chandler is experiencing similar levels of anxiety as other children his age.

- Both Chandler and his foster mother completed the **Child Depression Inventory (CDI-2)**, a self-report measure of depressive symptomology. Based on Chandler’s responses, he is not currently reporting clinically significant levels of depression. He appears to experience average levels of sadness for a child his age in comparison to his peers. Ms. Smith’s responses were similar to her foster son’s, though her responses did lead to a “High Average” elevation for total score. This means that while Ms. Smith sees average levels of sadness for her son in comparison to his peers, he may be on the slightly higher side of the typical range in terms of his experience and expression of sadness.

- Chandler completed the **Trauma Symptom Checklist for Children (TSCC)**. On this measure, Chandler did not endorse any items that led to Clinically Significant scale elevations. It should be noted though, that while Chandler’s responses on the TSCC did not lead to scale elevations, even on this measure, he noted that he sometimes remembers scary things, scary ideas or pictures pop into his head sometimes, and sometimes he has bad dreams. Thus, he did report some symptoms of traumatic stress on this measure, just at a lower intensity than on other similar measures. Similarly, Ms. Smith completed the **Trauma Symptom Checklist for Young Children**, and her responses did not lead to Clinically Significant elevations on any scales. It should be noted, though, that many symptoms of PTSD are not readily seen by others, such as intrusive ideation, which is a symptom that Chandler endorsed during the clinician interview.
Objective Personality Assessments

- Millon Preadolescent Personality Inventory (M-PACI)
- Millon Adolescent Personality Inventory (MACI)
- Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A)
Chandler completed the Millon Preadolescent Clinical Inventory (M-PACI), an objective measure of personality. Validity scales on this measure suggest that Chandler responded to the M-PACI in an honest and consistent manner. Results of the M-PACI suggest that Chandler may minimize his needs for dependence and nurturance, leading him to present in an assertive and outspoken manner. He may, thus, strive to suppress his need for affection as a way to protect himself, leading him to strive for independence instead. Chandler’s responses to the M-PACI also suggest that while he may, at times, maintain composure, the ordinary demands of life may lead to distressing emotions for Chandler. This may lead Chandler’s interactions with others to become emotionally charged. Chandler’s responses also suggest that he may show fluctuating moods, as well as erratic and uncontrolled emotions. Chandler is likely impulsive, and may often be explosive, leading others to have a difficulty with being around him. Due to Chandler’s manipulative and volatile behaviors, he likely elicits rejection instead of the support that he wants and needs. He may perceive this rejection as the failure of others to nurture him, possibly leading him to retaliate against others. Chandler’s M-PACI profile also suggests that he may exaggerate his plight, leading him to avoid completing his responsibilities. He is also likely easily offended by perceived slights from others, leading to irritability. Chandler may respond to situations in his life, at times, with threatening outbursts. He may feel that he is misunderstood and unappreciated. These outbursts may present themselves less in brief interactions. Chandler also likely expects criticism from others, and thus he may act defensively and angrily when he anticipates rejection. Additionally, Chandler’s responses to the M-PACI suggest that he may hold feelings of resentment and low self-worth, which could lead to anxiety. He may perceive there to be significant problems at home, which may cause guilt and fear for Chandler. Chandler’s profile also suggests that he may become noncompliant, resentful, and defiant, and may blame others for his discomfort and mistakes. Chandler may expect that things will not work out for him, and that he deserves to suffer. Chandler’s responses further suggest that he may lack confidence in others, and he may doubt that others genuinely care for him.
Projective Personality Assessments

- Rorschach Comprehensive System
- Thematic Apperception Tests
- Robert’s Apperception Test
- Incomplete Sentences
Case Example

Responses to the Rorschach suggest that Chandler may be experiencing a moderate amount of intrusive thoughts which he feels he has little control over. This intrusive ideation may be related to unmet needs or worrisome thoughts about the inability to have control over his life. Rorschach responses also suggest that Chandler may have a limited capacity to think logically and coherently. He may struggle to come to reasonable conclusions about the relationship between events. Chandler may misinterpret events and form mistaken impressions of others and what their actions signify. Thus, Chandler may fail to anticipate consequences of his actions or he may misconstrue boundaries of appropriate behavior. His inaccurate perceptions of others likely lead him to erroneous conclusions and poor decisions. These misperceptions likely affect Chandler’s ability to adjust to new situations. Additionally, Chandler may confuse reality with fantasy at times, leading to inappropriate behaviors. Responses given to the Rorschach suggest that Chandler may lack the psychological resources to cope with the demands of his environment. He may struggle to manage ordinary emotional stresses of daily life without becoming upset. This may lead him to be susceptible to emotional outbursts or impulsive actions. Chandler likely feels the most comfortable in structured situations in which he knows what is expected of him. The sources of stress in his life are likely related to ongoing concerns and not situational or transient worries.
Behavior Problems

- Eyberg Child Behavior Inventory (ECBI)
- Antisocial Processing Screening Device
- Child Sexual Behavior Inventory
- Behavior Assessment System for Children (BASC-2)
Summary and Conclusions

- Integration of all the information gathered
- Will explain why a diagnosis is given, or sometimes why it is not given.
- If only read one part of a report, this is the part to read
- Example of how a diagnosis may be written:
  - F43.10 Posttraumatic Stress Disorder
Case Example

Based on multiple reports, Chandler is evidencing some concerning behaviors, such as angry outbursts, and tantrums. Emotional distress in children is often manifested in behavioral difficulties, especially if they are unwilling or unable to effectively express emotions. Chandler may also have very limited coping skills to help him deal with distress. As noted above, Chandler sometimes struggles to sustain attention and concentration, and “zones out” at times. These symptoms can also be attributed to traumatic stress. In conclusion, taking together the symptoms reported by Chandler (e.g. nightmares, intrusive ideation), the avoidance reported by his foster mother, and the reports of anger, behavioral concerns, and sleep disturbances, Chandler currently meets criteria for Posttraumatic Stress Disorder.

The current assessment also evaluated for deficits in executive functioning skills, specifically inattentiveness. Based on reports by Chandler’s caregiver, Chandler does struggle, at times, to sustain attention and to follow through with multi-step directions. It was also reported that Chandler will “zone out” often, making it difficult to regain his attention. This behavior was observed during testing. Additionally, as noted above, Chandler’s working memory skills were in the above average to average range and his processing speed scores above average. These results suggest that while Chandler may not always sustain attention effectively, he is able to regulate his attention effectively for a child his age. Some hyperactivity was also noted, specifically excessive talking multiple times per week. However, this change in energy level appears to be linked to mood, based on the information gathered during the intake interview. Thus, taking all information together, Chandler does not currently meet the criteria for Attention-Deficit Hyperactivity Disorder. Chandler may still, though, lose attention at times, and need to be redirected to a task. Of note, children with other mental health diagnoses, such as PTSD, often have a difficult time with concentration and attention, suggesting that Chandler’s difficulty in this area may be related to PTSD, and not a primary diagnosis of ADHD.
Recommendations

- This is where treatment recommendations will be given
- Recommendations for school
- Behavioral interventions that can be used in the home may be given
Case Example

1. Chandler should continue to receive Trauma-Focused Cognitive Behavioral Therapy from a certified TF-CBT provider. TF-CBT is an empirically supported treatment for children with symptoms of traumatic stress. TF-CBT also targets symptoms associated with experience of complex trauma and traumatic grief. It will be important for Chandler to be able to develop a strong therapeutic bond with a treatment provider, and for this provider to remain a constant for Chandler throughout treatment. Any transitions in therapy should be made gradually and with adequate planning.
   a. It will be important that any individual therapy program include a strong parent training component. Children often show behavioral concerns when transitioning to a new home placement, and thus, parent management skills will help Chandler’s new caregivers to cope with any behaviors that occur.
   b. Chandler will benefit from a behavioral plan in the home. This plan can be created with the help of a therapist, but should focus on positive reinforcement. A token economy system may be useful in which Chandler is rewarded for positive behaviors that he shows in the home. Chandler will benefit from consistent verbal reinforcement for positive behaviors.
What Happens Next?

- Psych reports can be helpful for school accommodations
- Finding the appropriate therapist
- Determining what activities may best suit a child
- May help determine if out of home placement is necessary (e.g. residential treatment)
- Warning: there is a lot of information about the child in most reports, so important to be careful with who it is given to.
Questions