

## BRIEF

February 2015

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# Psychological Assessments of Children

## Common Components of Assessments

Psychological assessment of children is used to help clinicians, educators, and families have a better understanding of behavior and cognition, as they relate to overall development. Using a combination of approaches and assessment methods, psychologists attempt to understand not only a child's overall level of functioning, but also any meaningful pattern of strengths and weaknesses of their skills that may help with plans for interventions. That information and perspective may assist in planning for the child's medical, social and educational needs. Psychological assessment in particular, may be helpful by offering any or all of the following:

- Delineation of baseline functioning in one or more areas of concern
- Quantification and qualitative description of disturbances to some area of functioning
- Assistance in diagnosing relevant syndromes (e.g., Autism, ADHD)
- Monitoring changes in skills or functioning over time
- Monitoring the progression of an illness or disease process
- Tracking recovery from an illness or injury
- Development of intervention programs, based on current assessment functioning
- Description of the cognitive, emotional, and behavioral processes that will impact the child's functioning in school, work, and social situations
- Recommendations about a child's need for supervision or other environmental accommodation
- Guidance to parents and guardians on life decisions (e.g., school placement)

Psychological assessment is more than the administration of psychometric tests. A comprehensive approach to assessment draws information from three primary sources—history, observations, and formal testing—while taking into account the unique life circumstances of the child who is functioning within a particular educational and/or social setting. Psychological assessment has well-documented application in both medical and educational settings. Assessments typically include an **interview**, which may involve the child, the parent(s), the teacher(s), or various combinations of the three. The interview is one of the most important parts of the assessment process, and is used to: 1) obtain history about the child, 2) clarify questions about the current situation, 3) identify the child's strengths and needs, and 4) set goals for the assessment. An interview is key for "making sense" of the child's behavior, and for uncovering potential causes of problem behaviors, including stress, trauma, bullying, depression, and anxiety.

In addition to the interview, information about the child is collected by questionnaires and **rating scales**. The child, his/her parent(s), his/her teacher(s), or various combinations of all three complete rating scales during an assessment to help the psychologist determine if the child's behaviors are typical or unusual for his/her age. Rating scales also help the psychologist determine in what setting(s) the child's problem behaviors typically occur (e.g., home, school, community), as well as how often they occur (e.g., never, sometimes, often). Rating scales are crucial for making sense of behavior, and they help to identify problems such as inattention, conduct issues, depression, anxiety, and adaptive dysfunction (e.g., grooming and dressing).

Assessments also typically include the use of **standardized tests**. Standardized tests allow the psychologist to observe a “sample of the child’s behavior,” and see how the child performs compared to other children of the same age. Standardized tests may require the child to perform many different tasks, and can be used to measure abilities such as intelligence, attention, language, memory, processing/performance speed, executive functioning, reading, and math. When combined with other sources of information, results from standardized tests can be used to identify potential causes of behavior or learning problems, including disorders of intellect, learning, or language. Results from standardized tests can also be used to identify overt or more subtle skill deficits that may contribute to learning and behavioral issues, including memory impairments, perceptual deficits, motor problems, and executive dysfunction.

## Types of Assessments

There are a number of different kinds of assessments performed by psychologists for children and adolescents, including *psychoeducational*, *psychological*, and *neuropsychological* assessments. While there are many similarities, assessments differ with regard to the types of questions that they can help to answer.

***Psychoeducational assessment*** is usually conducted by a school psychologist, and is focused on the child’s learning, behavior, and mental health in the school environment. An assessment can involve a classroom observation as well as standardized testing, and often involves comprehensive testing of intelligence and academic skills. Psychoeducational assessment is conducted within the context of a larger educational team assessment, and is typically focused on, but not limited to, helping to determine if the child is eligible for educational services and school-based accommodations under one of the thirteen Individuals with Disabilities Education Act (IDEA) disability categories (e.g., Autism, Emotional Disturbance, Specific Learning Disability, etc.). Psychoeducational assessments are typically paid for by the child’s school district.

***Psychological assessment*** is conducted by a licensed psychologist. Much like a psychoeducational assessment, it is focused on the child’s learning, behavior, and mental health, but the scope extends beyond school to include both home and community settings. In order to answer questions about the child’s functioning in multiple settings, psychological assessment frequently uses a broad array of testing instruments, including measures of attention, intelligence, memory, academic skills, perception, executive functions, and personality. Psychological assessment is frequently used to determine if a child meets diagnostic criteria for a disorder as defined by the DSM-5, including neurodevelopmental disorders (such as Intellectual Disability, ADHD, and Specific Learning Disorder), depressive disorders, anxiety disorders, and other conditions of childhood. Assessment is frequently performed to help determine eligibility for services/funding from public agencies, including local Departments of Mental Health and/or provide an “outside opinion” for school planning purposes. Psychological assessments are typically paid for privately, by health insurance, or by a public agency (e.g. child welfare).

***Neuropsychological assessment*** is conducted by a licensed psychologist with specialized training and knowledge in brain-behavior relationships. Many neuropsychologists earn and maintain board certification to demonstrate competence in clinical neuropsychology. Much like a psychological assessment, neuropsychological assessment considers the child’s capabilities in multiple settings (home, school, community) and uses a clinical interview as well as a broad range of test instruments to identify deficits or impairments that may disrupt the child’s adaptive or academic functioning. Unlike psychoeducational and psychological assessment, however, the test findings from a neuropsychological assessment are interpreted within the context of the child’s medical / neurologic history. In many cases, neuropsychological assessment is used to identify and clarify the extent to which a medical condition/treatment (i.e., epilepsy, brain tumors, chemotherapy, traumatic brain injury, genetic disorders, etc.), has disrupted the typical course of brain development and the child’s subsequent cognitive/behavioral functioning. In other cases, neuropsychological interpretation of patterns of test findings can be used to help identify potential medical causes for a child’s cognitive/behavioral presentation. Neuropsychological assessment is used to establish DSM-5 diagnoses, help determine eligibility for services or funding from public agencies, provide consultation to educational planning

teams, and determine the impact of altered brain function / development. This type of assessment is typically paid for privately, by health insurance, or by a public agency.

## Choosing the Right Type of Assessments

In general, the type of assessment required for a referred child or youth is driven by the referral problem, the scope of the problem behaviors, the complexity of the symptom presentation, and the extent of medical/neurologic involvement. Psychoeducational assessment is an appropriate "first line" diagnostic step for children with cognitive/behavioral difficulties that are confined to academic settings and/or particular subjects. Psychological or neuropsychological assessments are a more appropriate option when problem behaviors/symptoms extend into multiple life domains (e.g., home, school, community) and when the cause(s) of the problems are less clear. They are also appropriate if/when "first line" treatment approaches have not been effective. Neuropsychological assessment is indicated when the child has a known medical, genetic, or developmental condition; or when brain dysfunction is a suspected cause of the child's cognitive/behavioral difficulties.

## Special Considerations in Assessments of Children

**Error Variance:** Psychological assessment typically requires responses from individuals under standardized test procedures. Test scores are thought to reflect an estimate of the individual's ability or behavior in some domain. These estimates, however, are always considered to reflect the sum of the individual's "true" skill, plus (or minus) some amount of measurement error. This error can be a function of the test itself, examiner or child variables, or a host of situational variables (e.g., fatigue, anxiety, or hunger). In the course of assessment, psychologists attempt to minimize these potential sources of error variance, so that the acquired test scores represent the individual's true skill as accurately as possible. Therefore, examiners maintain uniform testing conditions by controlling the testing environment, instructions, time limits, and rapport in an effort to reduce and control error variance.

**Flynn Effect:** Researchers have documented increasingly higher scoring on intelligence tests over the past 100 years. Known as the "Flynn effect," in the United States, these increases in IQ scores amount to approximately 3 points per decade. As a result, when an IQ test is re-normed, which occur every 10-15 years, the mean is reset to 100, and children may have to become "smarter" or otherwise show improvement in performance in order to maintain a constant performance.

## Summary

This brief is part of a series on Developmental and Intellectual Disabilities and taken together, will give you a more in depth understanding on how to assess and treat this special population of children and young adults, who often intersect with the mental health field. Assessment is one of the first steps of the process, and knowing the difference between the different types of evaluations (psychoeducational, psychological, and neuropsychological) is critical in ensuring that children are getting the most comprehensive care possible. Additionally, having a more robust understanding of how scoring and rating is conducted, while seemingly complex, will further help you in assisting children and their families.

## ABOUT THE NATIONAL TECHNICAL ASSISTANCE NETWORK FOR CHILDREN'S BEHAVIORAL HEALTH

The National Technical Assistance Network for Children's Behavioral Health (TA Network) operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch. The TA Network partners with states, tribes, territories, and communities to develop the most effective and sustainable systems of care possible with and for the benefit of children and youth with behavioral health needs and their families. The TA Network provides technical assistance and support across the country to state and local agencies, including youth and family leadership organizations.

This resource was produced by John's Hopkins University in its role as a contributor to the Clinical Distance Learning Track of the National [Technical Assistance Network for Children's Behavioral Health](#).