

# Chapter 2

## The Psychoeducational Assessment Process

### 2.1 Overview

What follows is an overview of the psychoeducational assessment process for children and adolescents. The assessment of children and adolescents requires a specialized skill set that may be introduced through reading a book on the topic, but you will need actual experience with the process to become an expert in it (although expertise is illusive, if ever attained). As you progress through your practica, clinic, and internship you will become increasing competent and self-assured in the psychoeducational evaluation process.

Within this chapter, the overarching framework of the psychoeducational assessment process will be presented followed by general and specific guidance. The comprehensive psychoeducational evaluation process requires that you use data-based decision-making and gather multiple sources of data via many methods of assessment. In some respects, you are undertaking psychological detective work, attempting to uncover as much information as possible about a child to permit you to confidently make an informed, data-based decision.

### 2.2 Steps in the Psychoeducational Assessment Process

There are generalized steps in the psychoeducational assessment process that should be undertaken.

1. *Obtain signed consent prior to starting the assessment.*

This is a critically important step which should not be overlooked. Do not begin the assessment process until you have signed consent from a legal guardian. When both parents are considered legal guardians in the case of divorce or separation then it is legally permitted to begin the process with just one party's consent particularly if it

serves in the best interests of the child. Of course, a good practice would be to obtain signed consent from both legal guardians in this case.

*2. Gather and review relevant educational, medical and psychological records.*

Consistent with the requirement to gather information from multiple sources of data, you should gather relevant educational, medical, and psychological records from the child. This may include information from the following sources:

- Child's therapist
- Pediatrician
- Report cards
- Prior psychological reports
- Functional behavioral assessments
- Behavior intervention plans
- Behavioral write-ups
- Section 504 plans
- IEP documents

Once these documents are collected, you will need to review them and then reconcile with additional information that will be collected during your interview with parents, teachers, and other caregivers involved with the child. For instance, perhaps your collection and review of medical records will reveal a medical condition that better accounts for the child's symptoms of autism or intellectual disability. Or perhaps your review of behavioral write-ups identifies a particular environment or pattern wherein the child is experiencing difficulties (e.g., transition between recess and lunch). This type of information (among others) is something that will need to be sorted out.

*3. Observe the child, conduct interviews, and gather rating forms and questionnaires.*

You will need to observe the child in the classroom and school setting. You will also need to observe the child during the testing session in accord with Chap. 4. If a developmental history questionnaire (i.e., see Child Development Questionnaire (CDQ); Dombrowski, 2014; Chapter 2) or behavior rating forms (e.g., BASC-2) are distributed then these should be collected and reviewed. Additionally, it will be important to interview legal guardians and other collateral contacts (i.e., teachers, support staff, behavioral specialists) to ascertain their perspective regarding the child's functioning across all domain areas (cognitive, academic, behavioral, social, emotional, communication, and adaptive).

*4. Engage in norm-referenced, informal, and curriculum-based assessment.*

Evaluate the child's cognitive, academic, behavioral, social-emotional, and adaptive functioning using a variety of norm-referenced and informal measures. You also need to observe the child during the testing session and interview the child. The interviewing of the child may occur following the testing session. Testing requires a

specific skill set that is described in a later section of this chapter. Interviewing is discussed in Chap. 3 while observing the child is discussed in Chap. 4.

*5. Integrate, conceptualize, classify and recommend.*

Following scoring of standardized and informal assessment instruments, and gathering of relevant background, interview and observational data from multiple techniques and informants (e.g., child, parents, teachers), you must integrate the information collected. Integration of data sources is a necessary prerequisite to writing the conceptualization, classification, and recommendations section of a psychoeducational report. In short, I like to use an acronym—ICCR—to refer to this process. It stands for integrate, conceptualize, classify and recommend.

**(I)ntegrate**  
**(C)onceptualize**  
**(C)lassify**  
**(R)ecommend**

Detailed guidelines for integrating salient information and writing the conceptualization, classification and recommendation section of the report is offered in Chap. 9.

*6. Furnish feedback during an in-person meeting.*

This is often called a feedback session or report conference. It may only be with the parent. This is common in a clinic-based approach (and sometimes a school setting) or it is more likely in the presence of the multidisciplinary team. Please see Chap. 18 for the discussion regarding the provision of oral feedback.

Now that you have been introduced to a general framework for psychoeducational assessment, I would like to discuss additional aspects regarding the process of conducting a comprehensive assessment. This includes how to work with children, a brief overview of how to observe the child, and the nuances of administering standardized tests.

## **2.3 Working with Children**

It is likely that you are pursuing a degree in school or clinical child psychology because you enjoy working with children (or you think you do). These dispositional traits are necessary but insufficient. The next step will be for you to gain experience working directly with children or indirectly by observing how others work with them. If you are in your first year of a graduate program in school or clinical child psychology then you would be well served by observing other experienced practitioners who work with children. I recommend shadowing an experienced psychologist who engages in the assessment of children. I also recommend observing the classroom of a veteran elementary and middle school teacher (i.e., one with greater than 10 years of experience). These individuals have an extensive repertoire of skills for effective management and support of children's behavior. These observational

experiences will get you only so far. Equally valuable would be for you to gain direct work experience with children and adolescents. Some of you may already have had this experience whether through coaching a sport, working at a summer camp, teaching in the classroom, working at a daycare, counseling children, working as a babysitter, having your own children, or even being an older sibling. These experiences will give you greater insight into, and practice with, working with children, but that is still not enough. The assessment of children requires complex clinical skills and a hefty dose of practice. Research suggests that you will not fully develop your expertise until 7–10 years into your role as a school or clinical child psychologist (Ericsson & Smith, 1991).

## 2.4 Observing the Child

The classroom and school observation is an important component of the psychoeducational evaluation. Research supports the incremental validity of classroom and test session observations (McConaughy et al., 2010). Chapter 4 discusses a framework for various observations in the classroom and school setting. An observation should be conducted prior to meeting the child to avoid the Hawthorne Effect. The Hawthorne Effect is a phenomenon where individuals being observed behave differently, often more favorably, than when not being observed. A second observation occurs during the testing session itself. Be mindful, again, that within session validity is limited (Glutting, Oakland, & McDermott, 1989). Children often behave in a more compliant way upon first meeting clinicians or even act out when they normally are well behaved in another setting.

## 2.5 The Testing Environment and the Test Session

A large amount of your time will be spent in direct contact with the child collecting assessment data via formal standardized testing or informal assessment. This will require the consideration of several issues.

### 2.5.1 *Establish a Working, Not a Therapeutic, Relationship with the Child*

The assessment process requires a working relationship, not a therapeutic relationship. Nonetheless, the same processes and skills involved in establishing a therapeutic relationship will come to bare. Your initial contact with the child is important. You should greet the child sincerely and with a smile. If the child is younger or of

smaller stature, then you should squat down to meet the child at his or her eye level. Keep in mind cultural considerations when using this approach as some children from diverse cultural backgrounds may be apprehensive about returning the eye contact of the examiner. Ask the child what he or she prefers to be called. Be cautious about using affected, high pitched speech. It is reasonable to use an elevated tone of voice with very young children, but children who are of school age may respond better to enthusiasm (e.g., “It is very nice to meet you Jacob. I’ve been looking forward to working with you” as opposed to “Hi! How are you? Are you ready for some funsie onesie?”). This affected style with children over age 7 will seem just as odd to the child as it does to the adult. Additionally, you will need to be cautious about being overly loud and assertive. This may serve to intimidate a timorous child. Your body language is also important. Generally, you should not overcrowd a child’s space or tower over a child. This can be intimidating to anyone let alone a child.

While considering the above recommendations, you ought to avoid spending a protracted time attempting to establish a working relationship with the child. Your goal is a working relationship where you can quickly, efficiently, validly and reliably ascertain the information you need from the child. You are less concerned about rapport building than you would be if you were in a counseling relationship with the child.

### ***2.5.2 Take Advantage of the Honeymoon Effect***

Generally speaking, you have a window of opportunity when first meeting children where they will be on their best behavior. The chances are good that even children with significant behavioral difficulties will behave well upon first meeting you. Take advantage of this and begin the testing process quickly.

### ***2.5.3 The Room Layout***

The room where you evaluate the child should be free from distractions such as noise, smells, toys, and other tangibles that may distract or be of interest to the child. It is also important to have an appropriately sized table and chairs. Some school districts may not have adequate space. For example I have been asked to evaluate children in two locations that are worth noting: (1) Next to the music room with thin walls and (2) in the Janitor’s office next to the cafeteria. I will first describe the music room’s poor conditions. The room where I was conducting the testing was situated adjacent to the music room. It was spacious, had comfortable chairs and a table. For the first 30 min, the room seemed ideal. It was away from the noise of the main hallway and well lighted and ventilated. The problems began approximately mid-way through a working memory test on a measure of cognitive ability. The

music teacher played the piano as the rest of the class sang the song, “Little Teapot.” Unfortunately, the walls did not block the music and spoiled the memory test. We had to relocate to another room. This location was clearly inappropriate as it was not free from noisy distractions. The second location was not ideal, but it was acceptable. The testing was conducted during off cafeteria hours in a janitorial alcove. There weren’t any distractions and the location was quiet, so the location, while not aesthetically appealing, sufficed as it suffer from foul smells. Of course, the ideal environment would be a separate office with a table, chairs and the ability to close the door to block out external distractions. You may not always have that ideal location but you do need a quiet location free from noise and distractions. If not, you may jeopardize the validity of the testing session.

### ***2.5.4 How to Start the Testing Session***

You will need to be brief, direct and honest. Discuss the rationale for testing and then move directly to administration. Many of the tests of cognitive ability have their own suggested introductions to the test. I like to use the following to introduce the overall process as I walk the child down the hall to the testing room (or when I take the child to the clinic office).

Today we are going to do a number of activities. Some are like puzzles and games while others are like school. I think you may have fun with some of these activities. They will be used to better understand how you think and learn. I may also ask you questions about your friend’s and behavior at school. Do you have any questions?

After providing this introduction and briefly addressing any questions the child might have then it is time to start the testing session.

### ***2.5.5 Examiner Anxiety***

Oftentimes, neophyte examiners will feel a degree of anxiety about their skills in administering standardized assessment instruments. In fact, I have observed the occasion where a child attains a low score on an instrument and the examiner attributes this score to an error with his or her administration. While it is accurate that new examiners make scoring errors (Mrazik, Janzen, Dombrowski, Barford, & Krawchuk, 2012) examiners should not necessarily misattribute examinee errors to administration problems. When standardized procedures are assiduously followed and protocol scoring errors are minimized then it is more likely that the obtained score reveals the level of the examinee’s ability rather than a presumed error in the examiner’s administration.

### ***2.5.6 Be Well Prepared and Adhere to Standardized Directions***

Students in training (and any psychologist acquiring skills with a new instrument) need to rehearse thoroughly prior to administering an instrument. The time to practice a new assessment instrument should not be when you administer to a child who needs an evaluation. This would be in violation of Test Standards and could jeopardize the validity of the scores. For this reason, students should practice thoroughly the instruments that they will be using. Similarly, you will need to vigorously adhere to standardized directions. This eliminates a high degree of the construct irrelevant variance associated with the test. Departure from either of these strictures is contraindicated and suggests that a norm-referenced score should not be computed.

### ***2.5.7 Triple Check Protocol Scoring***

I cannot tell you how many times I have encountered scoring errors in the protocols of examiners. A red flag sometimes may be an unusually high or low score on a subtest or an index area. However, variability in subtest scores should not be construed to mean that the administrator made an error. But it should trigger the need to thoroughly scrutinize your scoring.

### ***2.5.8 Breaks, Encouragement and Questions***

Younger children may need a break to stretch and get a drink of water. You will need to use your judgment when offering breaks. I would not ask a child every 15 min whether he or she requires a break; otherwise, your testing session may extend for hours if not days. More reticent children may be acquiescent and require a predetermined break. Younger children may also require a bathroom break and may need to be prompted about this. More assertive and verbally impulsive children sometimes frequently ask for a break. During these situations, you may need to redirect the child back to the testing session.

Some more active and garrulous children may ask a significant amount of questions and get drawn off task. You would be wise to avoid engaging in frequent responding to questions of the child and instead prompt the child to remain on task. Much of standardized testing requires that the psychologist avoid praising correctness of response. This may have an awkward feel to the child and is different from what is experienced within the classroom where teachers tend to offer effusive feedback and praise. As a result, a younger child may become discouraged or feel like your transaction with him or her somewhat strange. (It actually is a bit awkward to put on a poker face and avoid offering whether the child answered correctly.) When

I get the sense that a child is beginning to feel uneasy or lacking in confidence from providing an answer and not receiving feedback, I am reminded to offer effusive praise of effort. Another option that I sometimes use to circumvent frustration and upset is to use the following statement:

I really appreciate how hard you are working. I can see that you are wondering how you are doing on this test. This is not important. What is important is that you just try your best. I cannot give you answers or tell you whether your answer is correct. You only need to try your best.

The combination of this statement and frequent praise of effort often serves to alleviate any sense of frustration or anxiety faced by the child.

### **2.5.9 Debrief the Testing Process**

At the end of the testing process, you should praise the child for his or her hard work. For younger children, it is a good idea to offer a selection of stickers from which the child may choose. Most children appreciate this end of testing reward. You should also mention to the child the next steps in the process which will include the production of a written report and a discussion of the report with his or her caregivers. This brings closure to the testing process for the child.

## **2.6 Conclusion**

Within this chapter, you were introduced to the nuances of the psychoeducational assessment process. This chapter serves as a general framework and there are additional skills that will need to be attained. Chapter 3 discusses interviewing and gathering of additional sources of data including rating forms, records, and background information. Chapter 4 furnishes an overview of how to conduct an observation. The remaining chapters in the book discuss report writing including integrating information, writing a report, and providing oral feedback. Additional ethical, legal and practical issues are discussed in Chaps. 18 and 19.

## **References**

- Dombrowski, S. C. (2014). *Child development questionnaire*. Unpublished Document.
- Ericsson, K. A., & Smith, J. (1991). *Toward a general theory of expertise: Prospects and limits*. Cambridge, MA: Cambridge University Press.
- Glutting, J. J., Oakland, T., & McDermott, P. A. (1989). Observing child behavior during testing: Constructs, validity, and situation generality. *Journal of School Psychology, 27*, 155–164.

- McConaughy, S. H., Harder, V. S., Antshel, K. M., Gordon, M., Eiraldi, R., & Dumenci, L. (2010). Incremental validity of test session and classroom observations in a multimethod assessment of attention deficit/hyperactivity disorder. *Journal of Clinical Child Adolescent Psychology, 39*, 650–666. doi:[10.1080/15374416.2010.501287](https://doi.org/10.1080/15374416.2010.501287).
- Mrazik, M., Janzen, T. M., Dombrowski, S. C., Barford, S. W., & Krawchuk, L. L. (2012). Administration and scoring errors of graduate students learning the WISC-IV: Issues and controversies. *Canadian Journal of School Psychology, 27*, 279–290.