

SEPAC Meeting Minutes/Notes

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What are Tests Testing?

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Many parents are frustrated by the testing process that is followed when children are suspected to have learning disabilities or some other issue that is causing them problems at school. They are not finding out what they want to know, and/or they're not getting what they want to get out of the tests.

Who gets evaluated? Why are they evaluated?

The primary issue is to determine if there is a problem; whether something seems to be wrong. Parental concerns can be difficulties in the development of language, academic skills, social skills, self-regulatory ability, attention, or organization. The tests are used to see where the child rests within basic parameters are what's in the spectrum of normal development and what is within expected ranges.

Tests should provide a measurement of where a child stands, relative to other children of the same age. If the tests do indicate that there could be issues, how far outside of the expected range do the child's test results fall. And if so, why?

Testing will examine the different possible hypotheses. It could be anxiety, a language problem, an attention issue, or any of a number of things.

It is helpful to see children over a span of time. See if there has been a pattern, and chart a trajectory of the child's development. Was there a sudden decline or more gradual?

Tests can also be used to determine eligibility for special education services. They can also help determine the appropriate intervention if a child is having difficulty accessing the curriculum, whether it's due to reading, writing, attention or other deficits. Tests can also help examine whether the child is a candidate for medication, behavior therapy, or psychotherapy. The assessment will help create a map and determine priorities.

What is done in an evaluation and how is it translated into usable recommendations?

There are myriad types of tests with different structures and different demands on the child being tested. Some tests are timed and some are untimed. Some test for specific skills (reading comprehension, writing) while others test for more general skills such as organization and attention. It's important to know what the demands of the tests are before trying to interpret the results.

Testing is important, but it really just one-third of the evaluation. It's about the test results, for sure, but it's equally about the observations of the clinician doing the testing (usual a psychologist) and it's about the child's history. In fact, the clinician's observations and the child's history are often more important than the test scores or results.

Common conundrum: Is the child having a hard time learning because of trouble paying attention; or is the child having a hard time paying attention because of a problem with learning? It's a chicken and egg thing that can't be teased out without direct observation or without looking back at the child's history. The tests are meant to be tools, but they are subordinate to the clinician's judgment and the child's history.

Once an evaluation and/or test is completed and a report is generated, it can often be difficult for a lay person to understand or interpret. Reports can contain a lot of jargon. In reading the report, it is good to keep in the front of your mind, "Was the evaluator asking the same question that you were asking?" What skill or behavior was of concern?

It's also important to verify if the appropriate test or battery tests were used. How valid is the test? It's not like a blood test, where the results are objective. The child has to be tested in the right setting and in the right circumstances. There can't be unnecessary distractions. Child can't be sick or otherwise not at his/her best.

Also, the conclusion should logically follow the test results. A good report should have a narrative. It should begin with a question(s) and then answer that question or questions.

What happens after the evaluation?

Parents should have a follow-up meeting with the evaluator. And there should be a follow-up visit to the school to see how recommendations will be implemented.

Some parents are told that a child is "not testable." It's often because the child is not able to cooperate or can't pay attention to test material. Perhaps the child is non-verbal or has no means of communication. It can also be because they are very young; some feel tests aren't valid if child is less than four years old, while others place that bar at age seven.

The challenge is to break through those barriers. There are measures that can be valid as early as infancy. These are tests that don't require verbal response, or that don't require the child to truly understand the clinician's language. Child can follow gestures or other prompts.

It's important to know what the barriers to cooperation and/or attention are. It can be because the child is low-functioning and can't understand. It can be because the child is on the autism spectrum and has no innate desire to conform to what is expected.

The numbers one gets on the tests are best read as "estimates," not definitive measures. The observations/comments of the clinician can be far more important

Q&A

Parent: at what age are tests able to be delivered?

Presenter: Some tests have broad ranges. They are designed to determine where the child is developmentally.

Parent: What do full neuro-psychological evaluations costs?

Presenter: The costs can vary but typically they can cost around \$3000. Often, parents will pay, but some health insurance will cover it. Some school districts will pay for it, but that varies as well.

Valerie Flynn (Needham Public Schools): In Needham, there is in-house capability to do a neuro-psych. If parents are for some reason not satisfied with that evaluation, there could be a “second opinion” test by an outside evaluator. Not every child may need a full neuro-psych test. Like all tests and services, it’s individualized to the child’s needs.

Parent: What’s the difference between a basic psychological evaluation and full neuro-psych?

Presenter: A neuro-psych is more comprehensive and takes into account what “the presenting problems” are. It is not merely testing a particular skill or for a particular disability; it is a fuller assessment of the child.

Parent: How does a parent use the test results to address placement or the child’s IEP? If the evaluation calls for small class sizes or other accommodations, what happens if the school either can not or will not provide that?

(Answers came from multiple sources, including NPS staff): Some evaluations will make recommendations that are simply not practical, such as “20 hours” of one-on-one therapy of a certain type. Child’s school week is only 30 hours or so of in-class time and that would not leave time for rest of child’s educational needs.

Schools are not required to implement recommendations from an outside neuro-psych.

Parent: Can an evaluation test for executive functioning or determine executive function goals?

Presenters: Executive Function refers to a broad category of skills having to do with self-control, planning, organization and planning. It’s probably most readily described as “all the things that a teenager does not have.”

Executive function deficits may be analogous to how medical doctors look at a fever: It is a symptom, but it is a symptom that can signify many different diagnoses. Not sure it’s reasonable to expect a school system to develop a child’s executive function skills. It

may be more reasonable to focus on what the perceived issues are that form the basis of the executive function concerns.

Parent: What about the case of a child who shows superior IQ at an early age and then sees that decline year over year. How does that happen?

Presenter: IQ scores CAN decline over time. That in itself is an indication of a problem with development. It's not uncommon to see high scores at an early age if the child has been raised in an educationally rich environment. By age 12 or 13, other children who may not have spent their first years in such educationally rich environments have subsequently been exposed to more education and more training. It's possible others have caught up with the child who had the better start.

Parent: It seems common that when one compares a school-funded, narrowly developed evaluation with a more expansive, private neuro-psych evaluation, that the schools will underplay problems to avoid offering services.

Presenters: Children often have subtle profiles that might be more evident after a full neuro-psych, rather than via a perhaps more limited school evaluation. Schools are working within a system that is more constrained by limitations and regulations. It's really not surprising that the two can reach different conclusions.

It seems like a crude analogy, but think of the difference between your experience in going to a car dealer when your car is under warranty as opposed to going to a private mechanic.

Conversely, a school system is often skeptical of a privately paid evaluation. Outside evaluations often don't fit into the framework of public education, where any recommendations have to be "do-able."