

Understanding and Interpreting Psychological Evaluations

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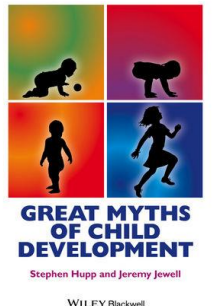
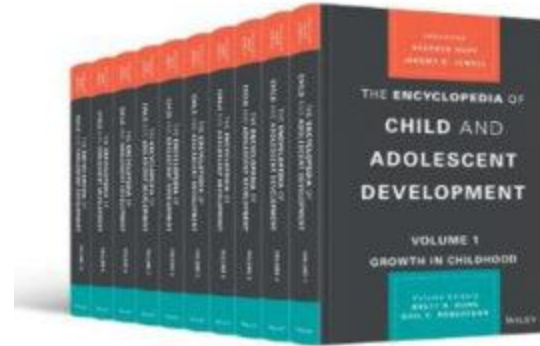
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A little bit about me

- Professor at SIUE
- Evaluate youth/adults
- Published research
- Author
 - Great Myths of Child Development
 - Great Myths of Adolescence
 - 10 volume Encyclopedia of Child & Adolescent Development
 - Children First Foundation Parent Education Curriculum
 - Kid First / Teen First Divorce Program



Referral Question

- What is the purpose of the report?
 - General? Diagnoses and recommendations?
 - Fitness to Stand Trial, NGRI, Guilty but Mentally Ill?
 - Estimating low IQ and/or intellectual disability
- Fees can differ based on type of evaluation
- For youth with unique behaviors and problems
 - Provide more specific information and referral questions

What can be in a typical report

- Interviews with youth, parents, etc.
 - Full social history
- Rating Scales (behavioral, emotional, family functioning)
- IQ (full or abbreviated)
- Achievement test (less likely)
- Projective testing (be careful)
- Diagnoses
- Prognosis rating and/or rating of risk

What is in a typical report by Dr. Jewell

- Semi-structured Social History Interview
- Clinical Interview with Youth
- Incomplete Sentence Task
- Self-Report Measure of Family Functioning – Child Version Revised (SRMFF-CR)
- Stanford Binet – 5th Edition (SB-V) Abbreviated IQ
- Wide Range Achievement Test—5th Edition (WRAT-5)
- Structured Assessment of Violence Risk in Youth (SAVRY)
- Diagnoses
- Prognosis rating

Rating Scales and Checklists

- Examples include the Conners or the Behavior Assessment System for Children (BASC)
- Sometimes reports “T scores”, interpret the category

	Low Score	Average Score	High Average Score	Elevated Score	Very Elevated Score
Content Scales					
Emotional Distress					X
Defiant/Aggressive Behaviors			X		
Academic Difficulties		X			
Hyperactivity/Impulsivity				X	
Separation Fears				X	
Violence Potential Indicator			X		
Physical Symptoms			X		
DSM-5 Symptom Scales					
ADHD Predominantly Inattentive Presentation		X			
ADHD Predominantly Hyperactive-Impulsive Presentation				X	
Conduct Disorder		X			
Oppositional Defiant Disorder				X	
Major Depressive Episode					X
Manic Episode			X		
Generalized Anxiety Disorder					X
Separation Anxiety Disorder			X		
Social Anxiety Disorder (Social Phobia)					X
Obsessive-Compulsive Disorder		X			

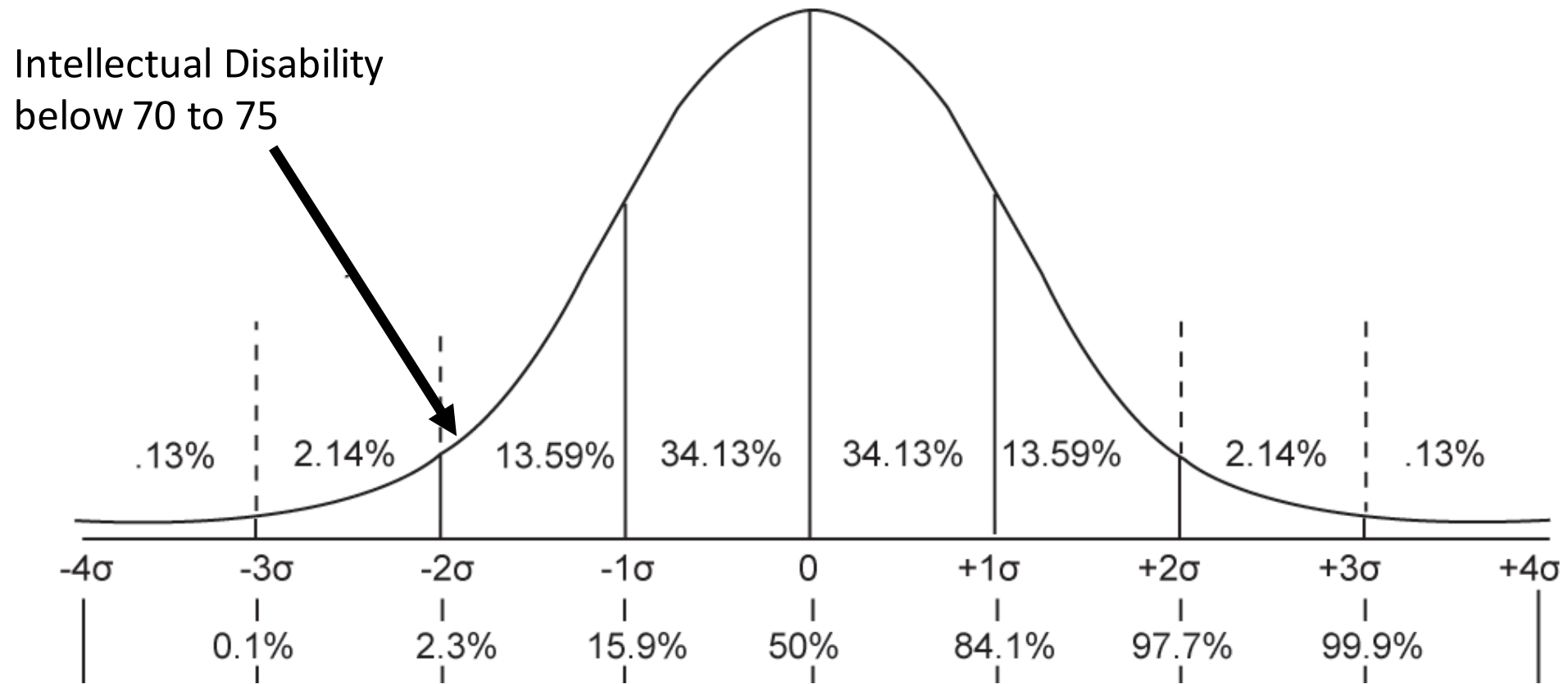
Problems with Rating Scales and Checklists

- Sometimes difficult to get parent to complete
- Parent “Halo Effect”
 - The kid is horrible in every way
- Youth does not see or admit any problems

Stanford Binet V Abbreviated IQ

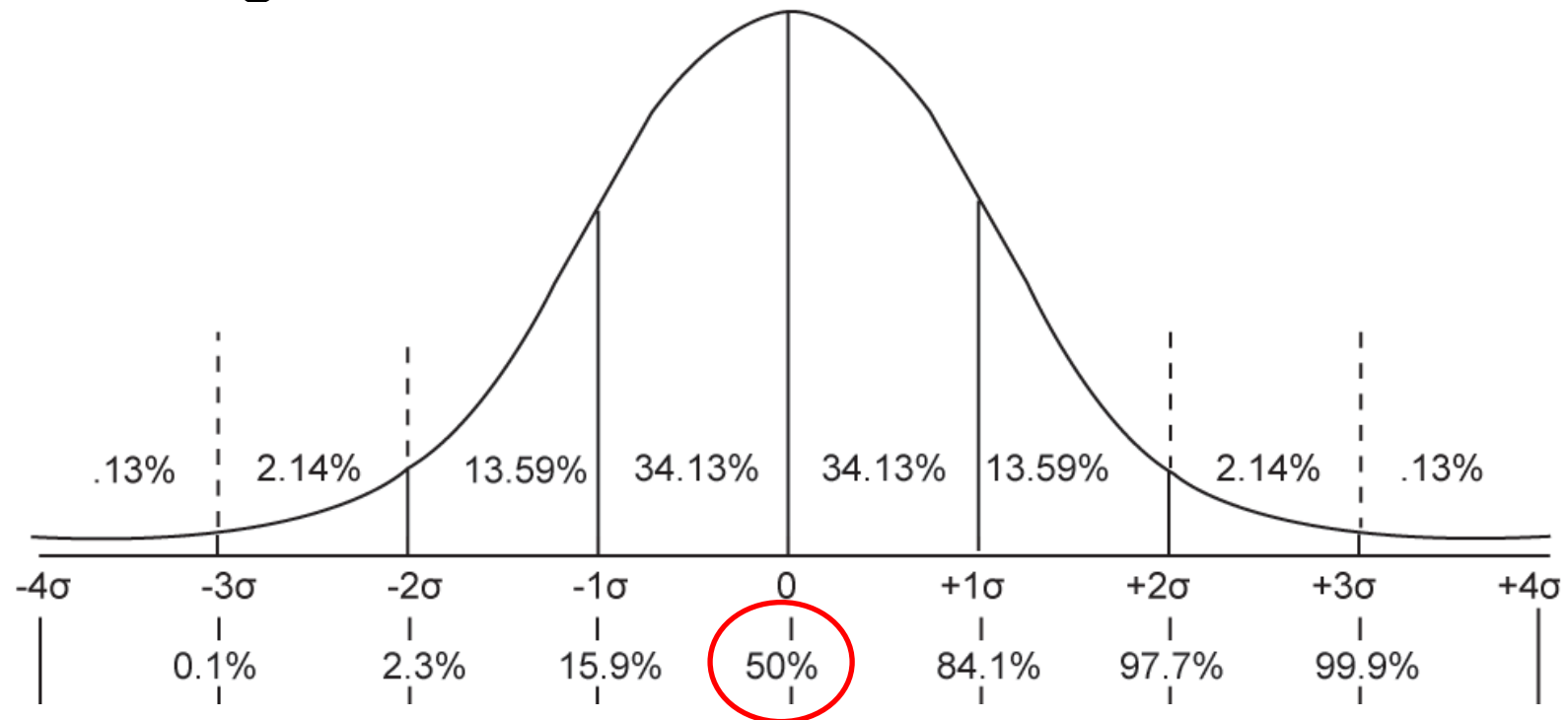
- Not biased against children in poverty or English as a second language
- Abbreviated IQ is highly correlated with full IQ
- If abbreviated IQ 75 or less, will administer full IQ
- If full IQ less than 75, will administer measure of adaptive functioning to determine if Intellectually Disabled

Understanding percentile rank & the normal curve



Understanding percentile rank & the normal curve

- Difference between percent and percentile rank
 - 50% correct on a test – you fail
 - 50th percentile, you are average



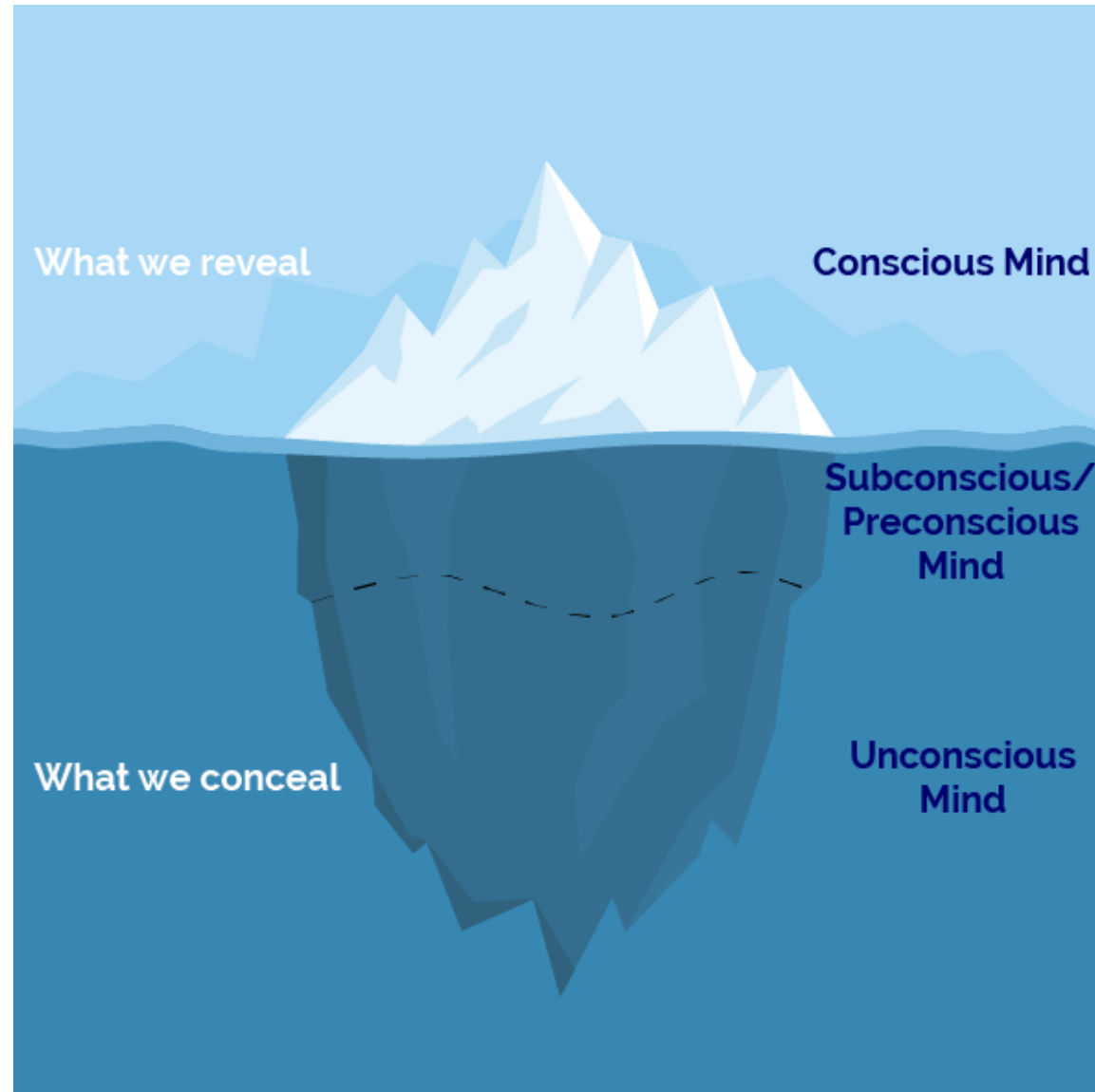
Wide Range Achievement Test

- Measures
 - Basic word reading
 - Reading comprehension
 - Math computation
 - Spelling
- Same scores and percentiles given as SBV IQ

Structured Assessment of Violence Risk in Youth (SAVRY)

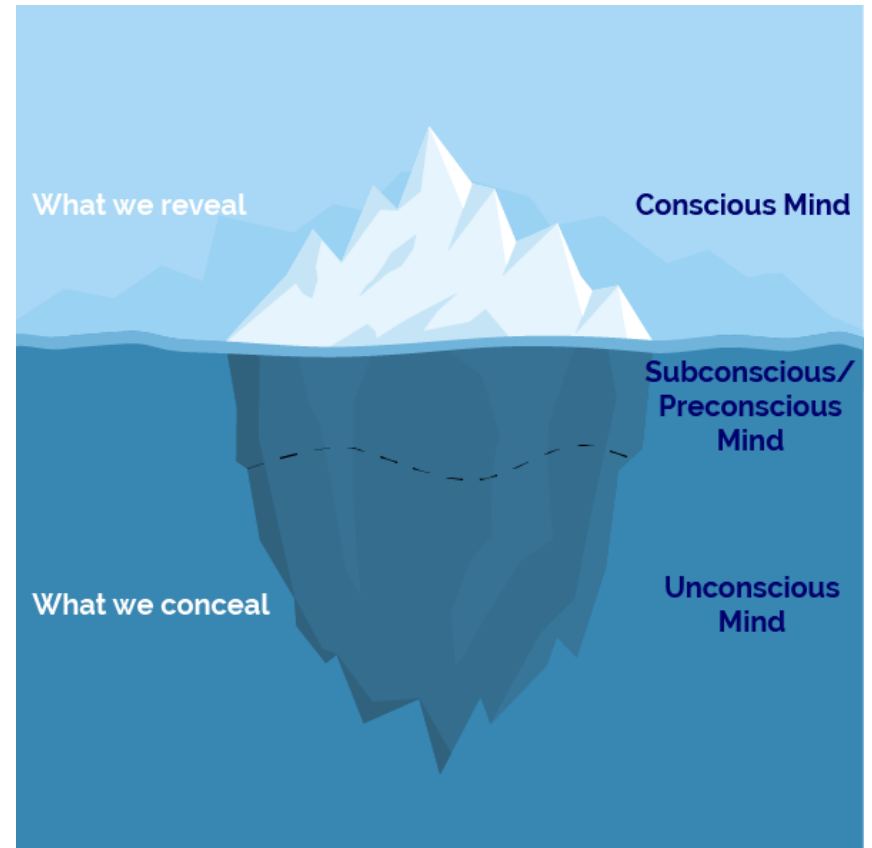
- Superior validity in predicting recidivism compared to all other measures
- Measures violence risk, not sexual reoffending
- Total mostly derived from risk factors with some consideration of protective factors
- 24 Risk factors

Projective Testing – Freud's Theory



Projective Testing – Freud’s Theory

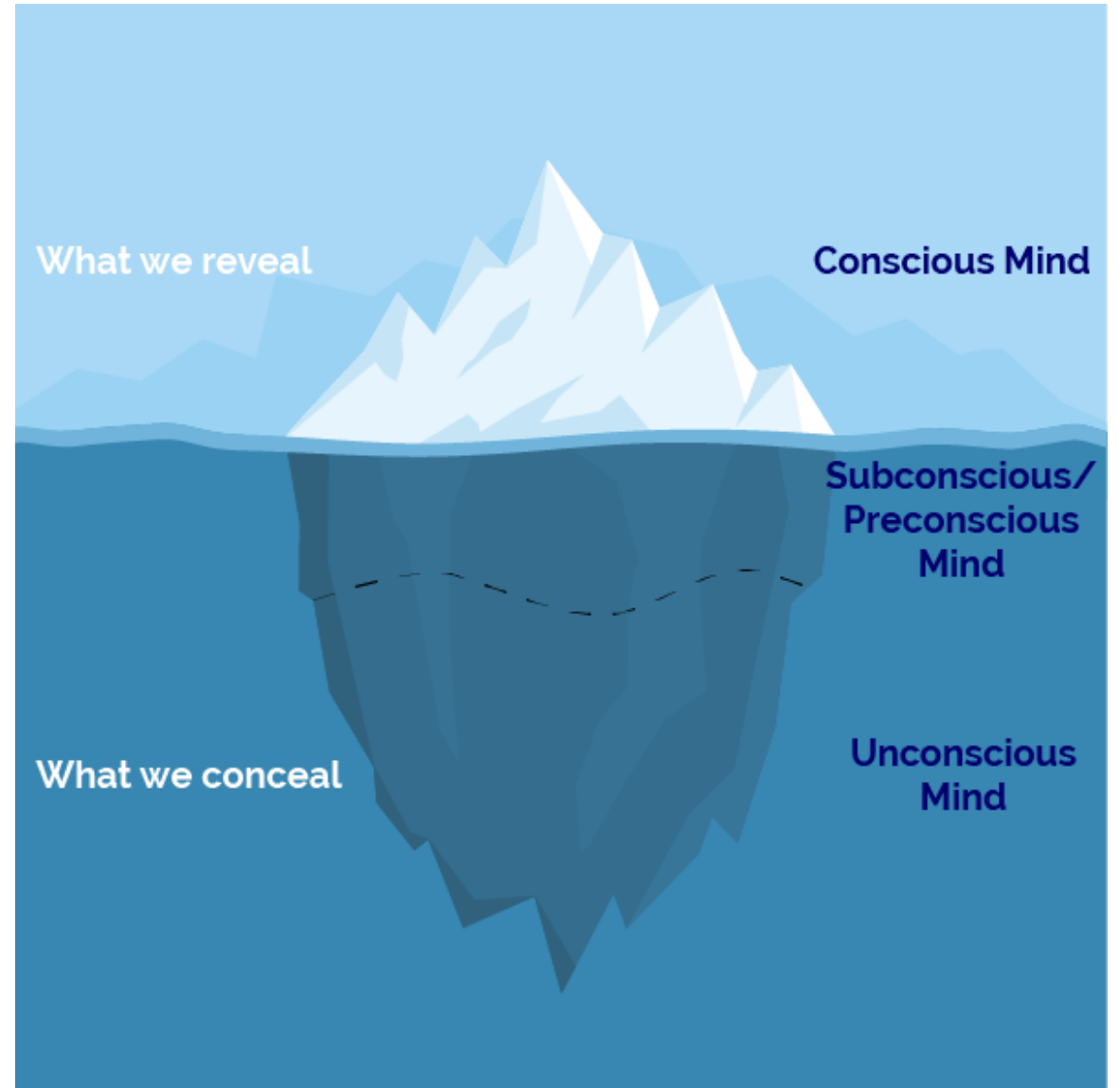
- Gives a client an ambiguous task for them to “project” their subconscious thoughts, beliefs, etc.
- Some tests are “more projective”
- More projective tests lack validity



Projective Testing

Incomplete sentence task →

Rorschach Ink Blot →



Diagnoses

- Most prevalent diagnoses for court-involved youth
 - Conduct Disorder, ODD
 - ADHD
 - Depression, Anxiety
 - PTSD
- More rare disorders for court-involved youth
 - Bipolar Disorder (controversy)
 - Psychosis
 - Intermittent Explosive Disorder

Sample Rating of Prognosis

- [] A EXCELLENT: The youth is highly motivated towards treatment and few barriers to successful completion of treatment exist.
- [] B GOOD: The youth is generally open to treatment, though some barriers to the youth's successful completion of treatment may exist, such as problems with transportation or a history of poor family engagement.
- [] C FAIR: The youth has only minimal motivation to treatment and significant barriers may exist. Examples of these barriers may include a complex history of mental illness, low intellectual functioning, etc.
- [] D GUARDED: The youth is relatively unmotivated regarding treatment and numerous barriers exist. Examples of these barriers may include significant mental illness, a high risk of future violence, etc.
- [] E POOR: The youth has no motivation to change or treatment of any kind at this time. Multiple significant barriers to successful treatment exist and their risk of future violence is high.

- Most referrals are B, C, or D

Recommendations

- For school, home, and providers
- Will recommend for psychiatric evaluation if diagnosis appropriate
 - Will not recommend specific medications usually
- Recommendations should follow evidence based practices

Questions?

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