

Good morning!

Kimberly Hills, Ph.D., NCSP
Licensed Psychologist,
Certified School Psychologist
Clinical Associate Professor



Case examples in this presentation are deidentified and modified.

1

Useful tips for understanding Psychoeducational Testing

What information might be useful?
How can it be useful in treatment
planning?



Quick Reference Guide: Important Considerations

Qualification for special education services/504 plan
Medical Diagnosis vs. Educational Diagnoses/Eligibility

Is your client currently receiving special education services? If yes:

Is it via a 504 or IEP?

What is their disability (e.g. learning disability, ADHD, etc).

If IEP, what type of placement (what percentage of their school day is in special education)?



How can psychoeducational evaluation information be useful?

Identify important factors that can impact ability to engage in treatment and/or impact vocational goals.
Help identify functional deficits/ level of impairment
Diagnosis/Eligibility Information
Present Levels of Performance
Information related to Risk/Protective Factors

Quick Reference Guide: Understanding Psychological Test Scores

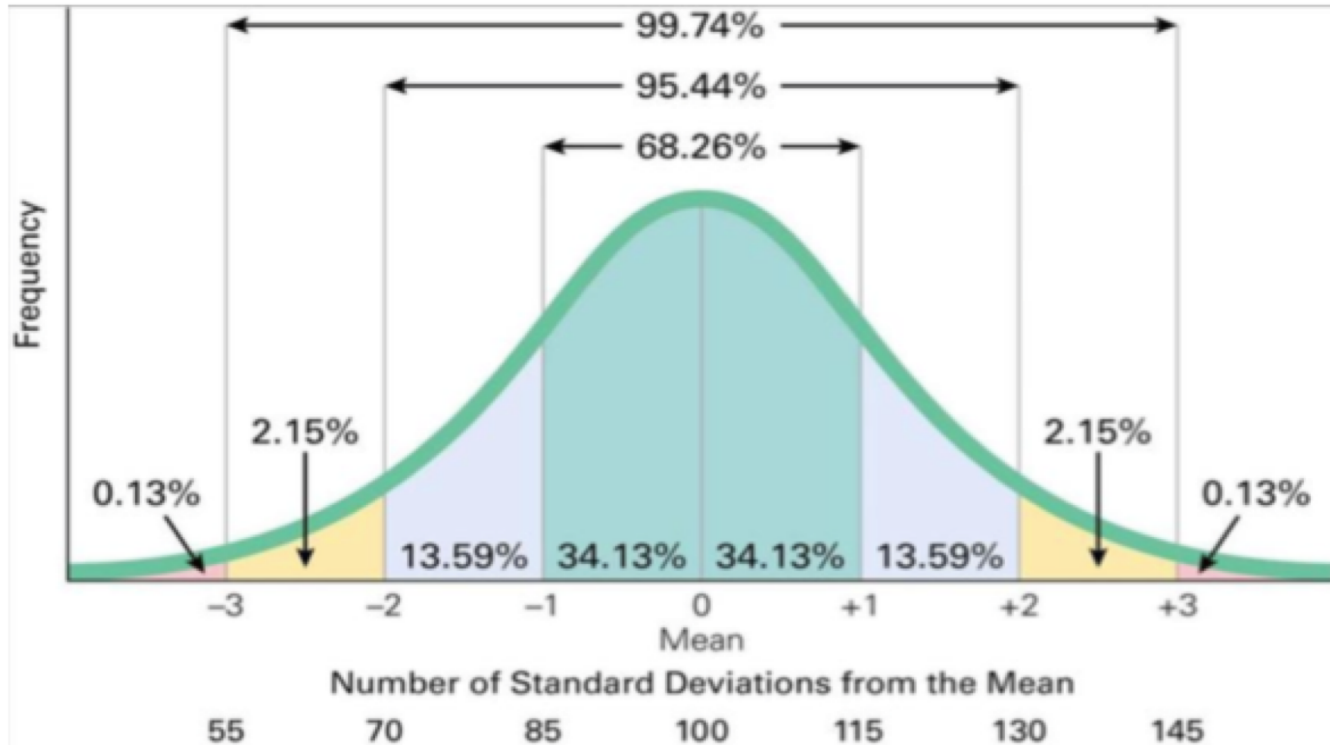
Norm-referenced Standardized Tests

Depicting a person's score relative to the norm sample (typically the norm-reference group is same age peers).

Administered in a standardized format.

Percentiles are often the most consistently reported data point across different measures.

Bell Curve



Sample Statistics

	Standard Score	Scaled Score	T-Score	Percentile Rank
Mean (M) and Standard Deviation (SD)	M = 100, SD =15	M = 10, SD = 3	M = 50, SD = 10	-
CLASSIFICATION				
Very Superior	130 and above	16 and above	70 and above	98 th and above
Superior	120-129	13-14	64 to 69	92 nd – 97 th
High Average	110-119	12-13	58-63	77 th – 91 st
Average	90-109	8-11	43-57	25 th -75 th
Low Average	80-89	6-7	37-42	9 th – 23 rd
Below Average/Borderline	70-79	4-5	30-35	3 rd – 8 th
Extremely Low	Below 70	3 and below	29 and below	2 nd and below



Standardized Cognitive/Intellectual Assessments

Most Common:

*Wechsler Intelligence
Scale for Children 5th
ed. (WISC-V)*

*Woodcock-Johnson
Tests of Intelligence 4th
ed. (WJ-IV COG)*

Types of Scores:

Standard Scores
(Composites)

Scaled Scores
(individual subtests)

Measures:

An array of
thinking abilities
that are strongly
related to
academic
achievement.



Standardized Academic Achievement Assessments

Most Common:

*Wechsler Individual
Achievement Test for
Children 3rd ed.*
(WIAT-III)

*Woodcock-Johnson Tests of
Achievement 4th ed*
(WJ-IV ACH)

Types of Scores:

Standard Scores (SS)
Scaled Scores

Measures:

An array of
reading, math and
written language
skills.



Standardized Behavioral/Emotional/ Personality Assessments

Most Common:

Behavior

*Assessment Scale
for Children 3rd ed.*

(BASC-3)

Conners

*Adaptive Behavior
(Vineland, ABAS)*

Types of Scores

T-Scores

Standard Scores (SS)

Scaled Scores

Measures:

Some measures assess a variety of characteristics/ domains and some measure a single domain (e.g. ADHD)

Adaptive Skills
across various
domains



Informing Treatment Example—Cognitive Tests

Example Client 1 WISC-V

Composite / Subtest	SS	Percentile Rank
Full Scale IQ	70	2
Verbal Comprehension	78	7
Visual Spatial	70	2
Fluid Reasoning	76	5
Working Memory	76	5
Processing Speed	76	5

Example Client 2 WJ-IV

<u>Cluster/ Subtest</u>	<u>SS</u>	<u>Percentile</u>
General Intellectual Ability (GIA)	103	58
Comprehension-Knowledge	104	61
Fluid Reasoning	109	72
Short Term W Memory	103	58
Cognitive Processing Speed	99	46
Auditory Processing	105	64
Long Term Retrieval	84	15
Visual Processing	98	44



Informing Context & Treatment Example—Academic Achievement Tests

Example Client 1

Composite	SS	Percentile Rank
Early Reading Skills	100	50
Total Reading	110	87
Reading Comprehension	118	89
Written Expression	105	69
Mathematics	100	50

Example Client 2

Composite	SS	Percentile Rank
Early Reading Skills	62	1
Total Reading	70	2
Reading Comprehension	80	9
Written Expression	78	7
Mathematics	100	50



A psychoeducational evaluation is a snapshot of the client's functioning.

Be careful about what you make it mean.

Use the information as a way of understanding a client not defining a client.

Evaluation results do not dictate who they are and get to be.



2

Recognizing Autism Spectrum Disorder in School Age Youth

Recognizing characteristics
Working with clients on the spectrum



”Once you have met one person with autism,
you have met one person with autism”

Characteristics of High Functioning Autism (HFA)

Children with autism and typical or superior intellectual abilities are diagnosed significantly later than those with learning difficulties.

May not have exhibited developmental delays in early social communication or other areas.

A child with high functioning autism may have “just enough” social skills to get by until middle/high school.

Many youth with HFA are better at interacting with adults or younger children.

Girls with HFA can be especially difficult to identify given most of what we know about autism is based on males with autism.

Developmental Differences in autism

Language and Communication

Social relationships and Emotional
Responses

Sensory Use and Interests

Note: DSM-5 criteria focus on Social Communication/Relationships (criterion A) and Restricted Repetitive Behaviors and Interests (Criterion B)



Characteristics of High Functioning Autism (HFA)

Developmental Differences in Language and Communication

Difficulty with nonverbal conversation skills (distance, eye contact, gestures, facial expressions).

Difficulty with intonation and inflection in speech: loudness, modulating tone, etc. Voice volume may increase in a pronounced way when interrupted.

May use a speaking style that is overly formal, specific, or sounds scripted, especially around preferred topics.

Uses questions as a way to direct the conversation to preferred topic.

Difficulty shifting focus to the agenda of others and/or incorporating others agenda into their own.

Uses words/phrases like “well, actually” or other recurring phrases (“you know” “the issue is” ...).

Characteristics of High Functioning Autism (HFA)

Developmental Differences in Social Relationships

Desires friendships but has difficulty with social interactions, misses social cues (e.g. doesn't know how to interact or make friends).

May be able to make friends but has difficulty maintaining friendships.

Poor insight into relationships, a preference for facts and details while omitting or minimizing social or relationship information.

Difficulty recognizing and following the back and forth process involved in social exchanges (e.g. conversation) with others.

Characteristics of high functioning autism.

Developmental Differences in Sensory Use and Interests

Displays a notable increase in engagement when preferred topics are introduced.

May interrupt and override the comments made by adults especially when talking about preferred topics.

Restricted interests (challenges here may be their interest area is consistent with peers but unique in intensity and focus).

Desire for sameness/rigidity—difficulty with changes in routine (strongly rely on routine).

Recognizing High Functioning Autism

Common Characteristics:

Poor coordination/clumsy

Adaptive Skills inconsistent with cognitive level (i.e. has average to above average cognitive skills/IQ but cannot accomplish age-appropriate daily living skills).

Difficulty with unstructured assignments, environments.

Affinity for the rules.

Emotional regulation difficulties (e.g. anxiety). Anxiety and depression (may initially present with anxiety as primary reason for referral).

May become overwhelmed when presented with language laden demands in the absence of visual cues. *Context example: talking through an experience may be difficult. Reduce the verbal and nonverbal demands.*

May not be able to generalize learned behavior easily especially social skills.

Case Example: 16 year old female

WASI-II Wechsler Abbreviated Scale of Intelligence

Composite	SS	Percentile Rank
Full Scale IQ – 4	135	99
Verbal	125	95
Nonverbal	138	99

SCARED-Self Report—Anxiety Measure Open Source

Domain	Cutoff Score	Self-Report Total Raw Score
Overall Score	24	34
Panic Disorder/ Significant Somatic Symptoms	7	12
Generalized Anxiety Disorder	9	9
Separation Anxiety	5	4
Social Anxiety	8	7
Significant School Avoidance	3	1

BASC-3: Parent-Report

Composite/ Clinical Scale	T-Score	Percentile
Externalizing Problems	62*	90
Hyperactivity	76**	97
Aggression	57	84
Conduct Problems	50	66
Internalizing Problems	61*	88
Anxiety	54	72
Depression	59	86
Somatization	67*	93
Behavioral Symptoms Index	64*	91
Atypicality	69*	94
Withdrawal	50	62
Attention	64*	90
Adaptive Skills	37*	11
Adaptability	35*	9
Social Skills	41	20
Leadership	46	35
Activities of Daily Living	34*	7
Functional Communication	35*	9

Change the story and things get better...

You can help clients and their families change the narrative to one that serves them.

THANKS!

Questions?

Contact info: hillskj@email.sc.edu

References Consulted Resources

Monteiro, M. J. (2010) Autism Conversations: Evaluating Children on the Autism Spectrum through Authentic Conversations. Western Psychological Services.

Diagnostic and Statistical Manual of Mental Disorders (2013). American Psychiatric Association.