The Role of Psychological Assessment in Pediatric Primary Care

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Potential Conflicts and Roles

• Practicing Neuropsychologist
• Voting Member, Blue Cross Blue Shield of Minnesota Medical and Behavioral Health Policy Committee
Objectives

• Identify the appropriate utilization of subspecialty psychological services
• State basic screening procedures toward diagnosis of ADHD, mood and anxiety disorders, and learning disability
• Explain the school/special education role in identifying children with disabling conditions.
Outline

• Primary Care Pediatrics and the increased focus on behavioral health
• Basic concepts of psychological assessment
• The educational setting as a rich source of psychological assessment data.
• Common and not so common screening evaluation and screening instruments
• Psychological Assessments
Source of increasing need for behavioral health care in primary care

• We have an increasing incidence of children with developmental difficulties in learning, behavior and emotional functioning
  – due to our better diagnostic sensitivity to neurodevelopmental problems
  – due to residual central nervous system problems that result from success in life-saving treatments in infancy and childhood.
  – due to educationally mandated evaluations to determine eligibility for special education.
Analysis of Prevalence Trends of Autism Spectrum Disorder in Minnesota
James Gurney, Melissa Fritz, Kirsten Ness, Phil Sievers, Craig Newschaffer, and Elsa Shapiro

Figure 1. Number of children classified as having an autism spectrum disorder (ASD) special educational disability in Minnesota from 1981-1982 through 2001-2002.
Continued Emphasis on the Medical Home

- The primary care pediatrician is often the first line for evaluation and treatment of behavioral health disorders.
- Symptom overlap is often a challenge in the primary care setting.
- Time is not on your side.
Referring to outside behavioral health specialist is a pervasive challenge

• Poor axis
• Long wait times to get into just about any specialist for evaluation and treatment
• Long wait for written reports
Primary Care Pediatrics and the Increased Focus on Behavioral Health

CLINICAL PRACTICE GUIDELINE

ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents
What’s New

• Expanded age range
  – Previously 6-12, now 4-18

• DSM criteria
  – Obtain information from parents (guardians), educators, MH professionals

• Evaluation of coexisting conditions
  – emotional or behavioral (e.g., anxiety, depressive, oppositional defiant, and conduct disorders), developmental (e.g., learning and language disorders or other neurodevelopmental disorders), and physical (e.g., tics, sleep apnea) conditions.
Practice guidelines can lead insurers to deny coverage for traditional psychological assessment activities that used to be covered.
Psychological testing for ADHD

Medical and Behavioral Health Policy
Section: Behavioral Health
Policy Number: X-45
Effective Date: 01/22/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING
Psychological and/or neuropsychological testing is considered NOT MEDICALLY NECESSARY for the following:

- Solely for diagnosis or management of attention deficit/hyperactivity disorder (ADHD) in the absence of other signs or symptoms suggestive of other mental health or neurocognitive disorders which meet medical necessity requirements for testing.

- Testing is predominately for academic or educational purposes
Is all this assessment really possible in the primary care setting?

• Primary care pediatric practices are busy with pediatricians examining 5-6 patients/hr.
• Some practices have slots for longer consultations up to 30 minutes.
• Documentation is always a chore, and the requirements of electronic health records can initially increase the time it takes for documentation.
What is psychological assessment?

• A process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, skills, capabilities and personality.

• Psychological assessment is also referred to as psychological testing, or performing a psychological battery on a person.
Basic Concepts in Psychological Assessment
Components of Psychological Assessment

• Norm-Referenced Tests
  – A standardized psychological test is a task or set of tasks given under standard, set conditions. It is designed to assess some aspect of a person’s function. Performance is based on a comparison to a normative sample
    • Individually administered – intelligence, academic achievement, memory, executive functioning
• parent, teacher or direct-person administered behavior rating scales/questionnaires
  – Child Behavior Check List (CBCL)
  – Behavior Assessment System for Children (BASC)
  – Personality Inventory Children or Youth (PIC, PIY)
History/Interview

• pediatric behavioral health concept of history is very broad
  – History taking can take long periods of time, due to the need to consider the multiple contexts and systems in which behavioral/emotional difficulties occur.
    • Home
    • School
    • Community
    • Social
Challenges of Interviewing Children with Behavioral Health Problems

• A developmental view of a child’s functioning requires a broad perspective involving multiple systems.

• Children, based on their age and disability often cannot report meaningful history.
  – often leads to a lack of child’s perspective

• The need for multiple informants can be imperative.

• New parents often lack a reference comparison.
Behavioral Observations

• General Presentation – appearance
• Attention and activity level
• Observations of communication, expressive and receptive language
• Auditory and visual perception
• Affect
Goals of Psychological Assessment

• To obtain relevant, reliable and valid information about the patient and their problems

• To obtain data that provides convergence in the process of differential diagnosis and leads to appropriate interventions
  – Psychotherapy, medication, special education, etc.
The role of psychological assessment is important in primary care

• Who does psychological assessment?
  – Primary care physicians (pediatricians, family practice, subspecialists) – more screening
  – Psychiatrists
  – Psychologists
  – Social workers
  – Educators
Most common referrals for psychological assessment from pediatricians

- ADHD
- Dyslexia – Learning disabilities
- Processing problems
- Behavioral and emotional problems
Pediatricians who want psychological assessment/evaluations rarely identify specifics to the outside consultant

• The art of the referral letter is dead!
Public Schools as a Source of Psychological Assessment Data

• Special Education for the primary care physician: What you may want to know about special education and its application in clinical practice.
Practice Quiz

• What is the name of the federal statute the underlies special education law?
• What special education eligibility categories are most likely to be related to medical, behavioral, emotional and neurodevelopmental disorders?
• Who makes the decision about special education eligibility?
• Who is responsible for delivery for special education?
• What is the age range for special educational eligibility
• What is Child-find
• Why do I have to fill out those stupid medical forms?
Special Education and Related Services Defined

- Special Education: Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including instruction in the classroom, home, hospitals, institutions and other settings.
• Related Services: such developmental, corrective or other supportive services, (psychological and counseling services, OT, PT, speech, etc.) as may be required to benefit from special education, including early identification and assessment of disabling conditions
Why is this information important to primary care physicians?

• Many patients are either in or eligible for special education.

• How a patient progresses educationally can inform treatment decisions.

• Difficulties in the education setting can exacerbate problems that are associated with medical disease.

• Educators are important sources of information about the child’s functioning
• Making statement about a child’s progress in their educational setting or suggesting that school consider eligibility can have a significant impact in moving child through the process of evaluation and eligibility
Where do all the children eventually go?

- Home/community
- Schools
  - Most of these children (over 5 million) are in Special Education under the Individual with Disabilities Education Act (IDEA)
  - Section 504 of the Rehabilitation Act protects millions more from discrimination
Sources of information about a patient’s special education status

• Parent
  – They often know that their child is in special education, but not the programming specifics.

• Regular educators
  – They sometimes know that their pupil is in special education and often do not know about programming specifics or their role in implementation.

• Special educator
  – They should know about programming specifics but often unaware of mainstream factors.
Special Education Classifications

A child with a disability is a child who needs special education with related services because of any of the following conditions:

- Physically impaired
- Specific Learning Disabilities
- Developmental Cognitive Disability
- Speech/Language Impaired
- Autism spectrum disorders (ASD).
- Traumatic Brain Injury
- Emotional or Behavioral Disorders (EBD)
- Other Health Disabled (OHD)
- Visually Impaired
- Multiply Impaired
- Deaf and hard of hearing
- Deaf-blind
Federal Settings

I. **Regular Class**
   – majority of special education and related service in the general education with no more 21% of the school day for pull-out services

II. **Resource Room**
   – special education and related services in a resource room for at least 21% but no more than 60%

III. **Separate Class**
   – special education and related services in a separate class for more than 60% of the school day

IV. **Public Separate Day School**
   – special education and related services greater than 50% of the school day

V. **Private Separate Day School**

VI. **Public Residential**

VII. **Private Residential**

VIII. **Homebased/Homebound/Hospital**
Special Education Culture

• Significant administrative hierarchy
  – Paraprofessionals - front line
  – Special education teachers - front line
  – Related service specialists - front line
  – School Psychologists
  – Social Workers - front line
  – Case Managers
  – Coordinators per disability areas
  – Assistant Directors
  – Directors
• Rule and Procedure Bound
  – Specific timelines for all aspects from evaluation to service delivery
  – Adherence to strict criteria for eligibility for special education classification
  – Eligibility categories, not DSM/ICD diagnoses

• Decisions regarding eligibility and specific service delivery based on **team (IEP) consensus**, not the recommendation of an outside provider.
The Rehabilitation Act of 1973
Section 504

• Section 504 is a civil rights law. Section 504 prohibits discrimination against individuals with disabilities. Section 504 ensures that the child with a disability has equal access to an education. The child may receive accommodations and modifications.
• Unlike IDEA, Section 504 does not require the school to provide an individualized educational program (IEP) that is designed to meet the child's unique needs and provides the child with educational benefit.
• Fewer procedural safeguards are available for disabled children and their parents under Section 504 than under IDEA.
• Section 504 requires accommodations, modifications, special education (if qualified) and supplementary aids and services for students whose disability significantly impairs their learning
Important Special Services Terminology Often Used and Confused

- Accommodations
- Strategies
- Modifications
Accommodations

• Accommodations refer to the actual teaching supports and services that the student may require to successfully demonstrate learning. Accommodations should not change expectations to the curriculum grade levels.

• Examples: taped books, math charts, additional time, oral tests, preferred seating, study carrel, amplified system, Braille writer, adapted keyboard, specialized software
Modifications

- **Modifications** refer to changes made to curriculum expectations in order to meet the needs to the student. Modifications are made when the expectations are beyond the student’s level of ability.

- **Examples**: second language exemptions, withdrawal from specific skills, include student in same activity by individualizing the expectations and materials, student is involved in same theme/unit but provide different task and expectations.
Strategies

• **Strategies** refer to skills or techniques used to assist in learning. Strategies are individualized to suit the student learning style and developmental level.

• Examples: highlighting, rehearsal, color coding, memory joggers, visual cues, number lines, alphabet strips, flip charts, organization/transition cards
Adaptations

- Supplemental Aids/Services in general education and special education
  1) Consultation
  2) Para
  3) Transportation

- Program Modifications/Supports
  - Behavior Intervention
  - Spelling will not count on essays – someone will proofread essay before graded
  - Extended time
  - Shortened assignments
  - Balancing load of assignments
  - Chunking assignments
Behavioral Health Screening Procedures of Varying Length, Specificity and Complexity
Considerations when conducting behavioral health screen

• Age and developmental level of the child
• Apparent or reported behavioral or learning limitations that can compromise validity
  – Can they attend to the material?
  – Can they read the material?
  – Can they understand the material?
• Are they open to discussing their behavioral and emotional health issues
<table>
<thead>
<tr>
<th>Letter code</th>
<th>Degree</th>
<th>Additional training</th>
<th>Products qualified to purchase</th>
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<tbody>
<tr>
<td>N</td>
<td>PhD</td>
<td>None</td>
<td>All products</td>
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<tr>
<td></td>
<td>OR MA</td>
<td>At least a weekend workshop on neuropsychological assessment</td>
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<td></td>
<td>OR</td>
<td>None</td>
<td>All products except advanced psychiatric instruments and advanced neuropsychological instruments.</td>
</tr>
<tr>
<td></td>
<td>MA</td>
<td>None</td>
<td>All products</td>
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<td></td>
<td>OR</td>
<td>License or certification from an agency/organization that requires training and experience in assessment</td>
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<td></td>
<td>BA</td>
<td>None</td>
<td>General screening, counseling, instructional materials, achievement tests</td>
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<td></td>
<td></td>
<td>No degree requirement</td>
<td>Books and instructional materials only</td>
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</table>
Broad-Based Measures of Behavioral and Emotional Functioning

- Behavior Assessment System for Children (BASC)
- Child Behavior Check List (CBCL)
- Connors Comprehensive Behavior Rating Scale
  - Pros – can assess across multiple informants and screen for internalizing and externalizing problems
    - parent, teacher and self rating
  - Cons – required time to score via computer entry and requires a moderate level of interpretation
<table>
<thead>
<tr>
<th>PRIMARY SCALE</th>
<th>Teacher Rating Scales</th>
<th>Parent Rating Scales</th>
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<tbody>
<tr>
<td></td>
<td>Preschool 2–5</td>
<td>Child 6–11</td>
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<tr>
<td>Activities of Daily Living</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Adaptability</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Aggression</td>
<td>*</td>
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<tr>
<td>Anxiety</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Atypicality</td>
<td>*</td>
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<tr>
<td>Conduct Problems</td>
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<td>*</td>
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<tr>
<td>Depression</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Functional Communication</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Hyperactivity</td>
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<td>*</td>
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<tr>
<td>Leadership</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Learning Problems</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Social Skills</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Somatization</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Study Skills</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>NUMBER OF ITEMS</td>
<td>100</td>
<td>139</td>
</tr>
</tbody>
</table>

Adaptive Scales | Clinical Scales
Conners Comprehensive Behavior Rating Scale

- Emotional Distress
- Academic Difficulties
- Separation Fears
- Violence Potential Indicator
- Perfectionistic and Compulsive Behaviors
- Defiant/Agressive Behaviors
- Hyperactivity/Impulsivity
- Social Problems
- Physical Symptoms
- ADHD Hyperactive-Impulsive
- ADHD Inattentive
- ADHD Combined

- Generalized Anxiety Disorder
- Conduct Disorder
- Oppositional Defiant Disorder
- Manic Episode
- Major Depressive Disorder
- Depressive Episode, with mixed features
- Manic Episode, with mixed features
- Separation Anxiety Disorder
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder
- Autism Spectrum Disorder
Diagnostic Specific Measures-ADHD and screen for other diagnoses

• Conners Short Form -3-ADHD Index
  – Endorsement of severity of specific DSM-derived symptoms across multiple informant
    • Inattention, hyperactivity/impulsivity, learning problems, executive functioning, aggression, peer relations
• NICHQ Vanderbilt Assessment Scales
  • Endorsement of severity of specific DSM-derived symptoms across multiple informants
  • Diagnostic specific for ADHD subtypes
  • Screens for Oppositional Defiant Disorder, Conduct Disorder, Anxiety/Depression
Executive Functioning

- Executive function includes the ability to:
  - manage time and attention
  - switch focus
  - plan and organize
  - remember details
  - inhibit inappropriate speech or behavior
  - integrate past experience with present action
Executive Functioning Specific Rating Scale

- Behavior Rating of Executive Functioning
  - Rating across informants from preschool to adulthood
## BRIEF® Score Summary Table

<table>
<thead>
<tr>
<th>Index/scale</th>
<th>Raw score</th>
<th>T score</th>
<th>Percentile</th>
<th>90% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhibit</td>
<td>26</td>
<td>73</td>
<td>97</td>
<td>68 - 78</td>
</tr>
<tr>
<td>Shift</td>
<td>13</td>
<td>53</td>
<td>74</td>
<td>45 - 61</td>
</tr>
<tr>
<td>Emotional Control</td>
<td>27</td>
<td>73</td>
<td>98</td>
<td>68 - 78</td>
</tr>
<tr>
<td>Behavioral Regulation Index (BRI)</td>
<td>66</td>
<td>71</td>
<td>96</td>
<td>67 - 75</td>
</tr>
<tr>
<td>Initiate</td>
<td>21</td>
<td>75</td>
<td>98</td>
<td>67 - 83</td>
</tr>
<tr>
<td>Working Memory</td>
<td>26</td>
<td>72</td>
<td>97</td>
<td>67 - 77</td>
</tr>
<tr>
<td>Plan/Organize</td>
<td>35</td>
<td>82</td>
<td>≥ 99</td>
<td>76 - 88</td>
</tr>
<tr>
<td>Organization of Materials</td>
<td>18</td>
<td>71</td>
<td>≥ 99</td>
<td>65 - 77</td>
</tr>
<tr>
<td>Monitor</td>
<td>21</td>
<td>69</td>
<td>98</td>
<td>61 - 77</td>
</tr>
<tr>
<td>Metacognition Index (MI)</td>
<td>121</td>
<td>79</td>
<td>≥ 99</td>
<td>75 - 83</td>
</tr>
<tr>
<td>Global Executive Composite (GEC)</td>
<td>187</td>
<td>78</td>
<td>98</td>
<td>75 - 81</td>
</tr>
</tbody>
</table>
Generalized Anxiety Disorder Assessment (GAD 7)

Generalized Anxiety Disorder 7-item (GAD-7) scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all sure</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being so restless that it's hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Add the score for each column

Total Score (add your column scores) = [Sum of the column scores]

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all
Somewhat difficult
Very difficult
Extremely difficult

PATIENT QUESTIONNAIRE (PHQ-9)

Name: ___________________________ Date: _______________

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "☐" to indicate your answer)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling/staying asleep, sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

Add Columns: _____ + _____ + _____

(Total: __________________)

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all: _______
- Somewhat difficult: _______
- Very difficult: _______
- Extremely difficult: _______

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Doctor, I think my child has a learning disability/dyslexia

• Data from school can help sort this question out

• Northwest Evaluation Association™ (NWEA™) Measures of Academic Progress® (MAP®)
  – Assesses core academic areas.
  – Generally administered in the fall as a baseline and the spring as a measure of academic progress

• broad average performance = low likelihood of a learning disability
# Minnesota Statewide Testing Program

<table>
<thead>
<tr>
<th>Assessment</th>
<th>K</th>
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<th>2</th>
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<td>MCA and MTAS</td>
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<td>• Math</td>
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<td>• Science</td>
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<tr>
<td>(English Learners only)</td>
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<tr>
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- Required for federal and state accountability. Developed and administered by the state (includes MCAs and special education assessments)
- Required for English Learners for federal Title III accountability. Used as exit criterion for state funding. An alternate assessment is available for ELs with significant cognitive disabilities
- Nationally available assessment required as part of Career & College assessments
Four achievement levels for the MCA

• Exceeds the Standards (E)
• Meets the Standards (M)
• Partially Meets the Standards (P)
• Does Not Meet the Standards (D)

If a child does not meet standards strongly suspect a disability
Psychological Assessment Specialties to Consider
Psychodiagnostic Evaluation

- Establishment of a cognitive level
- Assessment of basic academic achievement – R/O Learning Disabilities
- Broader understanding of the personality and family situation of the child.
- Information to aid in planning psychotherapy or other interventions such as medication
Pediatric Psychology

• Emphasis on the effects of medical disease/syndromes on the psychological functioning of the child.
  – Specific attention often given to adherence and treatment monitoring

• May use similar methods and assess the same domains as a psychodiagnostic evaluation.
Neuropsychology

- diagnosis of neurological, neurodevelopmental, or neurospsychiatric disorders
- identification of functional cognitive/behavioral deficits
- identification of effects of functional deficits on academic performance and social/emotional adjustment
- identification of strengths to develop compensatory skills
- education of parents and school
- recommendations for appropriate interventions (medication, psychotherapy, other educational/vocational treatments)
- baseline evaluation to monitor disease progression and treatment outcomes
- evaluation of intervention/treatment efficacy
Closing Thoughts

• Primary care pediatricians are often placed in difficult care situations when providing treatment to psychiatrically involved children.

• The continued movement to place more emphasis on integrated care models comes at a cost that is not well-aligned with the current training experiences and productivity requirements in busy primary care practices.

• Screening and referral for psychological evaluation often delays care due to poor and uneven access.