

Comparisons of psychological tests and assessments



Psychological testing and assessments are related to medical testing. They serve a purpose that will help form a treatment plan. In a Psychological evaluation tests and assessments are used to help psychologists measure and observe an individual's behavior to arrive at a diagnosis and guide treatment. Some of the testings may involve formal tests which can include questionnaires or checklists. A psychological assessment can be comprised of many components that can include informal tests and surveys, interview information, school or medical records, medical evaluation, and observational data. The psychologist must determine the information that will be used based on the questions that are being asked. Psychologists may administer tests for a wide variety of reasons in which a clinical interview may be needed after speaking to or after observing an individual. Both testing and assessment allow a psychologist to get the full picture of an individual's strengths and their limitations. (American Psychological Association, 2018).

In this paper, I will compare at least two psychological or educational tests and or assessments procedures for children with neurodevelopmental disorders, children and adolescents with anxiety disorders, and children with attention deficit or hyperactivity disorder. I will analyze and describe the psychometric methodologies employed in the development or validation of the tests, and assessment procedures that are associated with the topics. I will also debate any relevant approaches to assessment of the constructs being evaluated by any tests and assessments, provide an analysis of any challenges related to assessing individuals from diverse social and cultural

backgrounds, and conclude by evaluating the ethical and professional issues that influence the interpretation of testing and assessment data.

Neurodevelopmental disorders are linked with the primary functioning of the neurological system and the brain. This disorder refers to the developmental, cognitive function, motor function, verbal communication, social skill, and behavior disorders. The growth and the development of the central nervous system are shaped by these disorders (Ahn & Hwang, 2018). There are 10 neurodevelopmental disorders that are categorized under The American Psychiatric Association and this includes: intellectual disabilities, global developmental delay, communication disorders, autism spectrum disorder, attention-deficit/hyperactivity disorder, specific learning disorders, developmental coordination disorders, stereotypical movement disorders, tic disorders, and Tourette's syndrome (Ahn & Hwang, 2018).

The first topic that is very interesting and in my field of study is children with neurodevelopmental disorders. Neurodevelopmental disorders can affect children in a variety of ways. Some children will often face difficulties with normal cognitive development, and this is because cognitive problems develop at an early age. Children that are affected usually are not able to reach developmental stages for their respective developmental ages. Some of these disorders can cause inadequate social function and negative behavior for school-age children or adolescent.

The symptoms and behaviors of neurodevelopmental disabilities can change or evolve over time. As children grow some of these disabilities can be permanent in which diagnosis and treatment of neurodevelopmental

disorders can be difficult. According to Ahn and Whang (2018), “ there are several early and intensive interventions that can aid in the improvements of adaptive and communication behaviors as well as the social skills of children.” Children who have neurodevelopmental disorders can receive services such as occupational therapy during early childhood and this has allowed them to be able to perform many different tasks that are respective of their cognitive abilities. Cognitive therapy on the preschool level will usually have a good prognosis. There are current studies which show progress with the behavioral outcomes of children who have neurodevelopmental disorders.

There have only been a few studies that have examined the effectiveness of certain types of cognitive interventions with neurodevelopmental disorders in children. Adaptive behavior is essential in the process of occupational therapy. Adaptive behavior helps by aiding in the development of growing children with neurodevelopmental disorders (Ahn & Whang, 2018). The Wechsler Intelligence Scale for Children-IV (WISC-IV), Wechsler Preschool and Primary Scale of Intelligence (WPPSI-III) and Mullen Scales of Early Learning (MSEL) are assessments that can be used to assess children with neurodevelopmental disorders, but these assessments are dependent upon the age and the level of development of children.

The second topic is children and adolescents with anxiety disorders. Children and adolescents who are dealing with anxiety disorders are more likely to show future impairment across all domains. The most recent studies support that children and adolescents with anxiety may experience a heightened anxiety while at school and this may result in decreased school achievement

and difficulty in concentrating (Kendall, Swan, Carper & Hoff, 2018). Anxiety disorders can not only cause interference in daily functions, but it has also been linked to more long-term negative outcomes. This disorder is chronic and unlikely to diminish without proper treatment. Children and adolescents who have anxiety can progress into adults with anxiety. This disorder, when left untreated, can develop into depression, suicidal ideation, and substance-abuse problems (Kendall et al., 2018).

One of the Psychological therapies that have been developed to treat children and adolescents is cognitive-behavior therapy (CBT). CBT therapy is a treatment that is well-established for anxiety disorders in children and adolescents. Understanding and knowing what factors that can contribute to the onset, maintenance, and exacerbation of anxiety symptoms throughout development are vital. Being able to identify different targets for interventions have been successful in the adaptation of existing treatments (Kendal et al., 2018). The most common anxiety disorders in children and adolescents are generalized anxiety disorder (GAD), social anxiety disorder (SAD), and separation anxiety disorder (SepAD) and in order to get an accurate assessment and diagnosis, mental health professionals can use a wide variety of methods and tools. This can include clinician-administered interviews, behavioral observations, self-report, and multiple informant reports that can guide case conceptualization (Kendal et al., 2018).

Anxiety disorders that are clinician-administered follow a semi-structured interview that is able to assess major anxiety, mood and externalizing disorders that are experienced by children and adolescents. The measurement that is used for this is Anxiety Disorders Interview Schedule for

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Children—Child and Parent Versions (ADISC/P) (Kendal et al., 2018). A composite diagnosis can be made based on the information that has been gathered from both the children and the parents and this includes the diagnostic criteria that can only be met if parents have validated symptoms (Kendal et al., 2018).

There are various other assessments that include the Pediatric Anxiety Scale which measures youth anxiety symptom severity. The Multidimensional Anxiety Scale for Children (MASC) measures the presence of general, social, and separation anxiety symptoms that are present in children and adolescent earlier (Kendal et al., 2018). Although there are several assessments that can measure anxiety Cognitive-Behavioral Therapy (CBT) shows the strongest empirical support for the psychological treatment of children and adolescents. CBT consist of the awareness of anxious feelings, thoughts, and behavior that is usually followed by learning skills that will help children and adolescents learn how to cope with their feelings of anxiety. CBT allocate for the needs of children and adolescent being able to practice skills in real-life behavioral exposure tasks, this will allow them to be able to use relaxation techniques and be more prepared when facing feared situations during their therapy sessions (Kendal et al., 2018).

The third topic that was very appealing to learn more about is children with attention deficit hyperactivity disorder. Attention deficit hyperactivity disorder (ADHD) is a brain disorder that is noticeable by three different types which are inattention, impulsivity, and hyperactivity. Children with persistent patterns of inattention and hyperactivity may have problems with development and functioning. The inattentive type of ADHD can send out

offhand mistakes, but the hyperactive types exude behavior or feelings that are constantly shuffling or moving. The hyperactive type onset begins in early childhood and continues throughout adolescence until adulthood (Behbahani, Zargar, Assarian, & Akbari, 2018).

The levels of stress from parents of children with ADHD are higher and reports are proving that children with ADHD exhibit a pattern of noncompliance, negative parent-child interactions, and reduction in adaptability (Behbahani et al., 2018). Children who have ADHD are susceptible to experience more problems from family as well as psychological aspects. There is an increased risk for other comorbid psychopathologic problems such as opposition, conduct, antisocial disorder, mood and anxiety disorders in children. These impairments can cause problems with school performance and can continue into adulthood (Behbahani et al., 2018).

The treatment for ADHD has been both medication and psychotherapy, but medication can work only on a short-term basis and can be accompanied by side effects. Psychotherapy has shown to be the most effective form of treatment. There have been several limitations in cognitive behavioral therapy and behavioral therapy because of the generalization of learned skills that can be classified as inadequate (Behbahani et al., 2018). The scales that have been used to measure ADHD include The Parenting Stress Index-Short Form (PSI-SF) which can assess the level of stress that is associated with caring for children who have ADHD. The Swanson, Nolan, and Pelham Parent and Teacher Rating Scale (SNAP-IV) offers diagnosis and classification of ADHD disorder.

Clinical services for children with developmental disorder believe that formal cognitive (IQ) assessments are important in supporting the diagnosis and providing the best educational and therapeutic needs for children. The limited access to detailed psychometric assessments in pediatric settings can be a problem especially when Pediatricians do not have access to psychological testing and must rely on parents to estimate their child's ability in developmental disorders.

The WISC-IV, WPPSI-III, and MSEL can be employed for each of the topics listed above based on the child's age and developmental level (Chandler, Howlin, Simonoff, Kennedy & Baird, 2016). The Child and Adolescent Psychiatric Assessment (CAPA) measurement can be used to assess children between the ages of 4-16 with neurodevelopmental disorders and attention deficit hyperactivity disorder (ADHD) along with the WISC-IV, WPPSI-III and MSEL. Parents can be given questionnaires that will be preceded with IQ testing for these assessments. The CAPA has several strengths in which the sample size can be large, there are formal IQ measures as well as parental estimates of ability, there are also several methodologies that can affect the findings (Chandler et al., 2016).

Cognitive-behavioral therapy has been proven through all three of my topics to be the most effective form of treatment for children and adolescents.

Therapists who use CBT with children can recognize the social cognitive and linguistic complexities of children with other disorders and while therapeutic interventions can limit the accessibility. CBT interventions may be the most effective by reducing the anxiety among children with neurodevelopmental disorders (Choudhary & Begum, 2018).

Psychological assessments supply very important information to help with the understanding of the characteristics of individuals as well as their capabilities. This is all happening through the collection, integration, and interpretation of information from the individual or their parents. Information can be gained through many different methods and measures that can be validated through evaluations. The evaluations can include records, interviews, behavioral observations, and through formal psychological or neuropsychological testing (Committee on Psychological Testing, 2015). The clinical interview is the foundation of many psychological and neuropsychological assessments and it can provide the nature of the individual as well as the presenting issues, or complaints. The interview element allows the assessment for behavioral observations that can be useful throughout the process which can include more formal testing. All ethical and professional issues must be used when testing individuals which can include informed consent, and confidentiality when working with children and adults.

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