

Understanding and Interpreting Psychological Evaluations

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A little bit about me

- Professor at SIUE
- Evaluate court involved youth/adults
- Program evaluator on 7 federally funded PSC grants (\$8 Million+)
- Researcher/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



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Referring PSC Clients for Evaluation

- General psychological evaluation needed for variety of reasons
 - To inform therapy goals
 - To assist in applying for other benefits
 - To determine or confirm diagnoses
 - And others

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Referring PSC Clients for Evaluation

- To determine why a client is not successful in PSC program (barriers)
 - Does the client have a low IQ?
 - Does the client have a specific memory or language disorder?
 - Does the client have a severe ADHD diagnosis?
 - Does the client have a diagnosis (Borderline Personality Disorder, Bipolar, Schizophrenia) that is unmedicated or untreated?
 - And others

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Measures and Techniques in a Psychological Report

- Interviews with client
 - Full social history
 - Interview with collaterals (if allowed and needed)
- Rating Scales (behavioral, emotional, diagnosis specific)
- IQ (full or abbreviated) and adaptive functioning if needed
- Academic achievement test (less likely)
- Test of memory or language
- Prognosis rating and/or rating of risk
- Diagnoses

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Rating Scales and Checklists

- Examples include the Personality Assessment Inventory, MMPI, NEO-PI, PTSD Checklist, etc.
- Sometimes reports “T scores”, interpret the category
- T scores above 60 or 65 usually indicate an elevation

Scale	Interpretation of high scores
Somatic complaints (SOM)	Focus on physical health-related issues
Anxiety (ANX)	Experience of generalized anxiety across different response modalities
Anxiety-related disorders (ARD)	Symptoms and behaviors related to specific anxiety disorders
Depression (DEP)	Experience of depression across different response modalities
Mania (MAN)	Experience of behavioral, affective, and cognitive symptoms of mania and hypomania
Paranoia (PAR)	Experience of paranoid symptoms and traits
Schizophrenia (SCZ)	Symptoms relevant to the broad spectrum of schizophrenic disorders
Borderline features (BOR)	Attributes indicative of borderline levels of personality functioning
Antisocial features (ANT)	Focuses on behavioral and personality features of antisocial personality
Alcohol problems (ALC)	Use of and problems with alcohol
Drug problems (DRG)	Use of and problems with drugs

Source: Adapted from Personality Assessment Inventory (PAI; Mony, 1991).

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Problems with Rating Scales and Checklists

- They can be long and intimidating
- Sometimes difficult to get client to complete
- Client motivation affects validity
- Client must have fair to good reading ability

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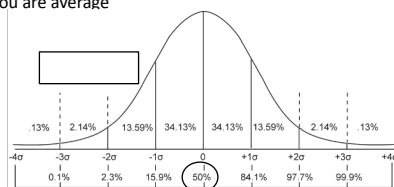
Stanford Binet 5th Edition

- Not biased against persons in poverty or English as a second language
- Abbreviated IQ (~20 min) Full Scale IQ (~90-120 min)
- Abbreviated IQ is highly correlated with full IQ
- If abbreviated IQ 75 or less, usually will administer full IQ
- If full IQ less than 75, will administer measure of adaptive functioning to determine if Intellectually Disabled
 - Adaptive Behavior Assessment System or Vineland

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Understanding percentile rank & the normal curve

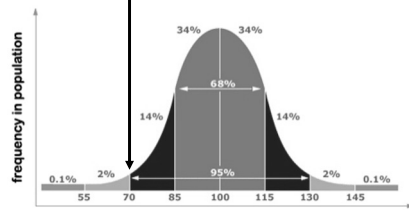
- Difference between percent and percentile rank
 - 50% correct on a test – you fail
 - 50th percentile, you are average



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Understanding percentile rank & the normal curve

Intellectual Disability generally below 70 to 75 on adaptive functioning (and IQ)



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Wide Range Achievement Test

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

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Diagnoses

- Common diagnoses for PSC clients
 - ADHD
 - Depression, Anxiety
 - PTSD
- Less common diagnoses for PSC clients
 - Bipolar Disorder (controversy)
 - Intermittent Explosive Disorder
 - A psychotic disorder (e.g. Schizophrenia)
 - A personality disorder (Antisocial, Borderline)
 - And others

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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

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Recommendations

- For treatment providers, therapy goals, etc.
- Will recommend for psychiatric evaluation if diagnosis appropriate
 - Will not recommend specific medications usually, but consideration of abuse will be discussed
- Recommendations should follow evidence based practices and address referral questions

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Questions?

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