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Psycho- Educational Assessments - Case Studies

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Abstract **Case Report**

An assessment is a tool designed to observe the behavior of an individual and produce data necessary to draw inferences concerning a characteristic of the individual such as what the individual knows, or feels or believes. A psycho-educational assessment is designed to answer four questions (a) does the individual have a learning disability? (b) does the individual have a mental retardation or emotional problem? (c) What are the individual's academic and cognitive abilities, strengths and weaknesses? (d) What are the appropriate educational recommendations and accommodations. The psycho-educational testing in both case studies provided recommendations relevant to educational planning and sources of assessment data, include background information, educational history, records and data from intelligence tests, and educational achievements. Two of the four major questions that should be answered by a psycho-educational assessment were determined in the two cases studied. The questions answered were: does the individual have a learning disability? and what are the appropriate educational recommendations and accommodations? Case study 1 was done to assess the behavioral difficulties of a 4-year-old preschool child to get a better understanding of his cognitive, developmental, and social emotional functioning to determine the need for intervention and classroom placement. After the analysis with various instruments recommendations were suggested such as a placement committee, a structure class, counselling for the family, the use of tokens and rewards while teaching him, short class sessions, speech therapy and a problem-solving program. The diagnosis of the child was behavior problem that is emotional. For Case Study 2- the adolescent boy received psycho-educational evaluation to determine any possible intellectual or emotional factors that might affect his cognitive abilities and process in elementary school. After testing with 19 instruments behavioral observations revealed that the boy has a short attention span, is dis-tractable, prefers activities of his own choosing and has a memory functioning that is variable. Recommendations for this case includes, small structured class size, play therapy, family counselling, tutoring, ADHD medication monitoring, short practice sessions, token or reward system, and a problem-solving program. The psycho educational assessments in case study 1(child case) and case study 2 (adolescent case) provided information on the pupils intellectual and educational achievements levels based on their learning abnormalities. These case studies were first submitted to Nova Southeastern University in partial completion of a higher education degree and the pupils involved were from Palm Beach County Schools, Florida, U.S.A

Keywords: Psychoeducational, assessment, reward, emotional, communication, instruments, cognitive, classroom, intelligence, behavioral.

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Introduction and Literature Review

Wilson (2008) informed that an assessment is a tool designed to observe an individual's behavior and produce data necessary to draw inferences concerning a characteristic of the individual such what the individual knows, or feels, or believes. Bell (2008) reported that psychoeducational assessments provide estimates of an individual's intellectual or cognitive abilities and educational achievement levels. Bell emphasized that psychoeducational testing also provides recommendations relevant for educational planning and the sources of assessment data include background information, educational history, and records and data from intelligence tests and educational achievement. Bell reiterated that at times ratings tests of attention, behavior and emotions and adaptive behavior are determined. Bell suggested that psychoeducational assessment is designed to answer the following questions: (a) does the individual have a learning disability? (b) does the individual have a

mental retardation or attentional problems? (c) what are the individuals academic and cognitive abilities, strengths and weaknesses? And (d) what are the appropriate educational recommendations and accommodations?

Bell (2008) informed that learning and not emotional problems are the focus of psychoeducational assessment and that the behavior/emotional and medical issues may sometimes need to be addressed in the psychoeducational assessment. Bell emphasized that a psychoeducational report is a type of psychological report which focuses on the assessment and interpretation of educationally of educationally related psychological tests and educational tests inclusive of intelligence tests, cognitive abilities, achievement tests and tests of behavior and attention. Bell suggested that the most useful section of a psychoeducational report is the recommendations and this varies from assessment to assessment.

Verdugo (2008) reported that there are many different types of disabilities that affect children in different ways. Verdugo emphasized that development, learning processes, and the needs of the individual vary according to the disability. Verdugo reiterated that assessing children with disabilities requires that the aspects which differentiate each case be known ands taken into consideration.

Gregoire (2008) reported that diagnostic testing in education refers to an in dept assessment of children's learning abilities, no matter their causes. Gregoire suggested that there are two levels of diagnostic testing, namely, performance and competence. Gregoire reported that there are two arguments for using performance tests: (a) the performance measurement guarantees the ecological validity of the diagnostic testing that was carried out, and (b) the performance test items match the teaching goals. With regard to competence, Gregoire ((2008) emphasized that it is based on the Piagetian theory and it allows one to go beyond the sole report of success or failure, and enables one to determine a person's way of thinking.

Haynes (1983) reported that behavior assessment facilitates the identification and measurement of behavior and its determinants. Haynes suggested that every behavior, psychodynamic or biological assessment system is based on a set of assumptions in regard to the behavior and its determinants. There are numerous definitions of intelligence in the literature. Wechsler (1958) defined intelligence as the global capacity of a person to act purposefully, to think rationally, and deal effectively with his/her environment. Sattler (1974) showed that the IQ tests are the most commonly used methods for measuring intelligence. Bell (2008) informed that poor achievement normally triggers a referral for assessment. Bell emphasized that an individual with learning disabilities shows significant variability in both his/her intellectual/cognitive abilities and related academic variability.

Jacob and Hartshorne (2007) reported that school psychologists have numerous ethical and legal obligations to the students and their parents before they provide psychological services/assessments. Jacob and Hartshorne informed that there should be: (a) parental involvement and consent; (b) responsibilities to the student; (c) special information consent issues: (d) the experimental methods must be discussed; (e) self referrals for counseling : (f) students and parents should be consulted before information is released; (g) when planning the interventions all options should be made available to the parents; and (h) when dealing with culturally diverse clientele the psychologists are obligated ethically to ensure the benefits and respectfulness of the services to the student. Bell (2008) informed that it is required by state and federal law that a measure of adaptive behavior such as domestic, daily living, social and functional academic skill and communication skills must be obtained when making a diagnosis of mental retardation.

Bell suggested that there is no single test for attention deficit hyperactivity disorder, but there are several behavior ratings and computerized tests of attention.

Analysis of Case Study 1- Child Case

The student was referred for evaluation because he was experiencing behavioral difficulties in the classroom and was functioning intellectually below the average range of intelligence in non verbal areas. The purpose of the evaluation was to determine any intellectual, processing, development or emotional factors that might contribute to the inadequate progress and behavioral difficulties of the child in preschool, and to get a better understanding of his cognitive, developmental and social emotional functioning to determine the need for intervention and classroom placement. The child is a 4 years and 4 month old boy whose mother is of Cuban decent. The father of the child does not live with the family and the mother was physically and mentally abused during pregnancy.

The father of the child verbally and physically abused the child from the beginning. The mother and child moved to a center to avoid physical abuse from the father of the child. Both parents have been treated psychiatrically for depression, anxiety, and sleeping disorders. A medical history revealed that the child was hospitalized at 10 months due to high fever. The mother of the child informed the he is easily over stimulated to play, hides his true feelings, and has a short attention span.

The school information revealed that the child has negative social, attending, and interpersonal

behaviors as well as, disruptive/inappropriate behaviors. The child also shows indicators of anxiety and self concept. Behavioral observations revealed that the child's primary language is Spanish and the following evaluations were done in English.

1. Development Profile- II (DP-II).
2. Preschool Performance Scale (PPS).
3. Developmental Test of Visual-Motor Integration (VMI).
4. Behavior Assessment System for Children-Parent Form (BASC-P)
5. Behavior Assessment for Children- Teacher Form (BASC-T).
6. Scales of Independent Behavior Revised (SIB-R).
7. Play Assessment.

During the testing with the examiner a short attention span was observed. The examiner used strategies of tangible reinforcements, numerous breaks, and assurances of play time to obtain cooperation from the child. The child's speech and language were found to be inadequate for his developmental age. The examiner emphasized that the child prefers to do activities of his own choosing, and was very impulsive in his work behaviors.

The Developmental Profile II test revealed that: (a) the child's physical age performance is comparable to that of an individual at 32 months of age; (b) his self-help was that of an individual at 34 months of age; (c) his social age was comparable to that of an individual at 24 months of age; (d) his academic performance was that of an individual at 22 months of age; and (e) his communication skills was that of an individual at 18 months of age. The Preschool Performance Test that measures intelligence showed that the child had an IQ of 81 which was below the average age of intelligence and ranked at the 10th percentile. Because of the child's intellectual and developmental assessments the Developmental Test of Visual Motor Integration (VMI) was administered. The VMI measures the degree to which visual perception and fine motor behaviors are integrated. On the VMI the child obtained a score of 112 with a percentile rank of 79 which indicated a performance of an individual of 4 years and 10 months of age. That performance did not represent a deficit in the child's visual motor functioning.

The Behavior Assessment System for Children which is a rating scale designed to identify particular behavior problems and patterns of problems shown by children revealed that the child requires much individual attention at home and at school. The play assessment determined no out of the ordinary behavior. The examiner inferred that the child's language difficulties negatively affected his overall social, emotional and pre-academic functional abilities.

The Scales of Independent Behavior- Revised (SIB-R) which is a test that measures functional independence in motor development, language, self-help, and community development was used to evaluate adaptive and maladaptive behaviors. The SIB-R revealed that, (a) the child's functional independence is comparable to that of an average individual of 2 years and 4 months of age; (b) his motor skills are comparable to that of an individual 3 years old; (c) the child's social and communication skills are comparable to that of an average child at 1 year and 5 months of age; (d) the personal living skills of the child is comparable to a child at 3 years and I month of age; and (e) the community living skills of the child are comparable to that of an individual at the age of 2 years and 5 months.

In the opinion of the examiner that the child was in emotional turmoil and that the child's classroom behavior could be a reflection of an unstable home environment early in life and the physical trauma during that period. The recommendations after the intervention are:

1. The case should be referred to a Multidisciplinary team placement committee for the determination of the final placement of the child.
2. The child should be placed in a small structured class for individualized achievement and remediation of behavioral deficits.
3. The child's family should undergo consultation and parent training.
4. Tokens and rewards should be used in the classroom.
5. Sessions with the child should be short to build positive interactions.
6. Tangible reinforcements should be used for appropriate behavior.
7. The child should undergo speech and language therapy sessions.
8. A program such as "I Can Problem Solve" should be used to address the interpersonal problems of the child.

Analysis of Case 2-Adolescent Case

The 10 years and 1 month old boy was referred for a psychoeducational evaluation to determine any possible intellectual or emotional factors that might affect his cognitive abilities and progress in elementary school. The boy has a history of presenting problems since 1997, was diagnosed with ADHD in 1998, and currently takes the medications Concerta and Ritalin. The family psychiatric history involves a grandmother and grandfather with Alzheimer's disease, a father with dyslexia and a sister who died from cerebral palsy.

The boy's relationship with his parents is very good and his mother reported that his most positive behavioral characteristics are friendliness and inquisitiveness. The adolescent has a history of not

remembering things. The boy was tested over a one week period using the following tests.

1. Wechsler Intelligence Scale for Children-Third Edition (WISC-III).
2. Wechsler Individual Achievement Test (WAIT).
3. Peabody Picture Vocabulary Test-Third Edition (PPVT III).
4. NEPSY: A Developmental Neuropsychological Assessment (Auditory and Visual Attention Subtests).
5. Bender Visual Motor Gestalt (B-G).
6. Connors Continuous Performance Test.
7. Korvacs' Children Depression Inventory (CDI)
8. Roberts Apperception Test for Children.
9. Projective Drawings (H-T-P)
10. Achenbach Child Behavior Checklist (CBCL)-completed by the boy's mother.
11. Teacher's Report Form (TRF).= completed by the teacher.
12. Home Situations Questionnaire- Revised-completed by the boy's mother.
13. Parent- Teacher Questionnaire- completed by the boy's father.
14. Parent- Teacher Questionnaire- completed by the teacher.
15. Behavior Rating Form (DSM-IV)-completed by the boy's father.
16. Dyslexia Screening Instrument –completed by the teacher
17. School Situations Questionnaire- completed by the teacher.
18. Teacher's Professional Judgment Questionnaire-completed by the boy's mother.
19. Clinical Interview.

Behavioral observations revealed that the boy: (a) has a short attention span; (b) is distractible; (c) prefers activities of his own choosing; and (d) has a memory functioning that is variable.

Intelligence testing with the Wechsler Intelligence Scale for Children- third Edition (WISC-III) revealed that the boy has an IQ of 104 placing him at the 50th percentile which is the average range of intellectual function. The boy's verbal IQ score of 111 places him in the high average range, and his performance IQ score of 94 places him in the average range of intellectual ability. The examiner cautioned that because of the inter-test and intra- test scatter alternative ways of examining the boy's scores are needed.

A measure of the boy's achievement on the Wechsler Individual Achievement Test revealed that the boy has high verbal intellectual abilities and a low mathematical ability. The NEPSY Visual Attention test revealed a poor performance. Connors continuous performance test revealed no atypical response patterns. The boy also received a low score on the Picture Completion test.

The Achenbach Child Behavior Checklist (CBCL) which are scales designed to identify behavioral problems and patterns of problems shown by children throughout different settings (home and school) revealed that social problems are a concern. The Professional Judgment Questionnaire revealed that the boy is easily distracted in the classroom, is poorly organized, and frequently does not turn in homework. The examiner concluded that the adolescent boy meets the criteria for a learning disorder in mathematics and written expression. The recommendations from the examiner include:

1. Continued enrollment in the small class structured for individualized attention and academic weakness remediation.
2. Play therapy to learn how to cope with learning strategies.
3. Family counseling for the boy's mother aiming at strengthening her relationship with him through communication.
4. Tutoring for the boy in Mathematics and written expression skills by an LD trained educator.
5. Continued monitoring of ADHD medication.
6. Conduct short practice sessions.
7. A token or reward system should be used in the classroom, and reinforcements should be used for positive behavior.
8. A program such as I Can Problem Solve should be used to improve behavior.

CONCLUSION

The psychoeducational assessments in case study 1(child case) and case study 2 (adolescent case) provided information on the pupils intellectual and educational achievement levels based on their learning abnormalities. According to Bell (2008) the psychoeducational testing in both case studies provided recommendations relevant to educational planning and the sources of assessment data included background information, educational history, and records and data from intelligence tests, and educational achievement. Ratings tests of attention, behavior and emotions and adaptive behavior were utilized in both case studies.

In case study 1 that child is diagnosed with a behavioral problem that is emotional. However, because the testing was done in English and not Spanish, which is the native language of the child communication difficulties might have influenced the assessments. According to Harris *et al.,*(2001) a cross cultural assessment should have been under taken because of the language barrier. The child's performance on most tests indicated that of an individual younger than his age. This would suggest that the child has developmental problems.

In case study 2 (adolescent case) the WAIT scores have limitation if there were used outside the grade/age range (Smith, 2001). Smith (2001) emphasized that the measuring of educational achievement is routing

in today's schools. The recommendations in both case studies though similar varied according to the needs of the pupils and their disabilities. The recommendations for the child and the adolescent were designed to meet the teaching goals.

Two of the four major questions that should be answered by a psychoeducational assessment were determined in the two cases studied. The questions answered in accordance with Bell (2008) were: (a) does the individual have a learning disability? and (b) what are the appropriate educational recommendations and accommodations? Both levels of diagnostic testing, performance and testing, as mentioned by Gregoire (2008) were examined in the cases studied. In both case the students' performances triggered the need for an assessment. The pupils in both cases were analyzed for behavioral problems. However, Matazow and Kamphaus (2001) cautioned that a major limitation of the methods is that children who do not meet diagnostic criteria but have significant functional impairment would not be identified.

There appeared to be no legal or ethical violations in the cases studied. Although there might not have been consent for the release of the reports no names were mentioned. According to Jacob and Hartshorne (2007) there was: (a) parental involvement and consent; (b0 the responsibilities to the pupils were acknowledged; (c) the experimental methods appeared to have been discussed; and (d) the intervention options might have been made available to the students and parents. One questionable ethical violation might have been the neglect of cultural awareness in case study 1 where the assessment was done in English and not Spanish the native language of the Cuban descendent.

Interestingly, there was a measure of adaptive behavior in case 1 that involved behaviors such as domestic, daily living, social and functional skills and communication skills although a diagnosis of mental retardation was not determined. Before a pupil is diagnosed with attention deficit hyperactivity disorder numerous tests should be performed.

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