



## Assessment in Childhood: Theory into Practice

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## Introduction and goals

- A brief introduction to assessment of children
- Discuss various types of assessment in the abstract
- Then discuss more specific assessment tools through use of a case example
- Provide an idea of how assessment is used in practice

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## Types of assessment

- Non norm referenced:
  - Interviews/observations
    - Play-based observation (non-scored), parent interview
  - Informal assessment procedures
    - Projective drawings, semi structured interviews, non-normed questionnaires
  - Criterion-referenced assessment
    - Reading mastery tests

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## Types of assessment

- Norm referenced testing:
  - Screening measures
    - First-Steps, DIAL, M-CHAT
    - Designed to indicate need for further testing
  - Formal evaluation measures
    - Wechsler Preschool and Primary Scales of Intelligence, Differential Ability Scales, Autism Diagnostic Observation Schedule
- Primary distinction is that results are determined by comparison to a normative group

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## Examples of non norm referenced assessments

- Clinical interview
- Observation of play
- Interview with teachers, pediatrician, others
- Sentence completion test
- House, Tree, Person test (HTP)
- Thematic Apperception Test (TAT)

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## Non norm referenced assessment

- Hypothesis generating
- More natural for child and parent
- Flexible
  - Allows shifting of focus to needs of client in moment
- Easier to integrate into practice
- Results less comparable across children, clinicians, and settings (poor reliability)

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## Examples of norm-referenced assessments

- Developmental Indicators for the Assessment of Learning (DIAL-3)
- Autism Diagnostic Observation Schedule (ADOS)
- Behavioral Assessment System for Children (BASC)
- Exner Comprehensive System for the Rorschach
- Wechsler Intelligence Scale for Children (WISC-IV)

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## What is a norm referenced assessment?

- Instrument is administered to a large number of subjects – a “normative group”
  - Subjects chosen so that their age, gender, race, etc. reflective of the range of subjects the test will eventually be used with
  - Administration and scoring of instrument done in strictly standardized way
- Individual scores are then calculated with “reference” to this normative group
  - “Tommy is at the 98<sup>th</sup> percentile for depression compared with other 13 year old boys”

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## Screening measures

- Typically cover a range of different developmental domains
  - Motor, language, cognitive
- Designed for “sensitivity” more than “specificity”
  - A sensitive measure will pick up most of the true cases
  - A specific measure will not pick up false cases as true cases
- Screening measures have high “false positive” rates

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## Formal evaluation measures

- Much greater focus on specificity
  - Results need to be reliable and valid
- Typically longer and more taxing
- Each measure more lengthy and focused
  - e.g. Single 30 item subtest on receptive one word vocabulary
- Normal to use many instruments together to get full profile
  - Want "converging evidence" of any problems

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## Formal evaluation measures

- Can be used for:
  - Diagnosis
  - Eligibility for programs
  - Program planning
  - Assessment of change
- Provide numerical (but probabilistic) answers to our hypotheses about what is going on with child
- Validity is always dependent on appropriate administration and comparison to appropriate normative group

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## Case Example

- Nick is a 9 year old boy in the 3<sup>rd</sup> grade in a public school. His teacher recently called his parents for a conference because of his behavior in the classroom. He has become increasingly disruptive during lessons, talking out of turn, becoming negative and angry with the teacher and refusing to complete work. His parents note that he has been struggling with reading since 1<sup>st</sup> grade though they think he is catching up now. He also has few friends and has trouble getting along with children his age.

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## The process of assessment for this case

- Clinical interview with relevant parties
  - Parents, teacher, child, others?
- Perhaps some non-norm referenced measures with child
  - Sentence completion tests, HTP drawings
- Norm referenced, wide range behavioral questionnaires for adults and child
  - BASC questionnaires
- Can use these to refine hypotheses we have about child's underlying problems

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## Process of assessment for this case

- More specific behavioral questionnaires
  - For ADHD, depression, etc.
  - e.g. Conner's checklists for ADHD
- Measure of general cognitive ability
  - Weschler Intelligence Scale for Children
- Measures of some more specific abilities we may think are weak
  - Memory, visual spatial skills, fine motor skills, etc.

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## What is a learning disability?

- When academic skills "as measured by individually administered standardized tests... are substantially below those expected given the persons chronological age, measured intelligence and age appropriate education" (DSM-IV)
  - Therefore need both individually administered measures of intelligence and academic skills

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## Process of assessment for this case

- Administer test of academic functioning
  - Woodcock Johnson Tests of Academic Achievement are most common
  - Measure a range of different subskills for reading, writing and arithmetic
  - Is better in some domains than others in accurately assessing these skills

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## Process of assessment for this case

- Integrate data from ALL sources into report
  - Quite typical that there are multiple reasons why child is struggling
  - Problems with phonemic processing, that have led to slow reading, that reduce performance in all academic domains, which leads to frustration and low self esteem and subsequent depression.
  - Treatment also typically needs to be multifaceted
  - Sometimes results are clear cut and other times not

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## Conclusions

- There is a place for both norm-referenced and informal assessment in evaluating children
- Even norm referenced assessments vary in their reliability and validity
- Good assessment involves convergent data from a variety of sources
- What assessments are appropriate depend on the child, the referral question, and the hypotheses one has as the examiner

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