Drs. Silver and Barangan have no commercial relationships to disclose.

They will not discuss “off-label” uses of drugs and/or devices during the presentation.

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“Can You Fill Out My 504?”: Psychological Testing 101 for the Healthcare Provider”

Ariella Silver, PsyD
Mount Sinai Adolescent Health Center

Caroline J. Barangan, MD, FAAP
Nevada Pediatric Specialists
Objectives

By the end of this workshop, participants should be able to:

1. Screen and identify at-risk adolescents who should be referred for psychology/psychoeducational evaluation
2. Incorporate psychological evaluation results into their patient care based on an understanding of the content of a psychological evaluation
3. Identify which services can be obtained with the support of the evaluation’s findings and recommendations
Agenda

1. Introduction with a case scenario
2. Review of screening tools
3. Small group breakouts:
   a. Cases
   b. Choose screening tool
   c. Referral or no referral
4. Psychological evaluation overview
5. Resources
6. Close of session
Healthcare Providers

• “Pediatric health care providers play a key role as advocates, promoting the well-being of all children in the educational setting as well as in health care.” American Academy of Pediatrics Volume 136, number 6, December 2015

• Healthcare providers, parents and teachers are important referral sources for psychological evaluations:
  • Provide observations (i.e. inattention) and data (school grades) that identify and clarify the need for a psychological evaluation in youth.
  • Provide past medical and educational records, as well as developmental history which is a key component of a psychological assessment.
  • Information helps the evaluator select the most appropriate testing battery.
Case

17 year old female presents as a walk-in to your office, sent by her school counselor. She was told that if a doctor can fill out a form (504) she could be exempt from her final state exams due to her anxiety. This is not her first attempt at taking these state regents exams. If she fails these exams she will not be able to graduate with her class. Her school performance has always been borderline each year, but she has never been required to repeat a year. She has never been evaluated by a mental health specialist. She has never engaged in therapy.
What is a 504?

Implementation of Section 504 of Rehabilitation Act-Federal Civil Rights Law

• Outlaws discrimination based on disability
• Applies to any program receiving federal funding, including colleges (i.e. no age limit)
• Requires “equal access” to education
• Under Section 504, no formalized testing is required.
  • A physician can complete the request for accommodations form describing disability and what accommodations are needed.
  • http://schools.nyc.gov/offices/health/schoolhealthforms/default.htm
Who Qualifies for a 504?

- Any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.
  - Major life activities include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
  - Approximately four million students with disabilities are enrolled in public elementary and secondary schools in the US
    - 43% classified as learning disabled
    - 8% emotionally disturbed
    - 1% other health impaired
    - Hidden disabilities often cannot be readily known without administration of appropriate diagnostic tests.

- US Department of Education website
  https://www2.ed.gov/about/offices/list/ocr/docs/hq5269.html
Services Obtained with 504 Plan

- Think *accessing education*, modifications to class environment
  - Free Appropriate Public Education (FAPE)
- Classroom accommodations
  - Preferential seating, note-taker or tape recorder.
- Testing accommodations
  - Extra time, or different location, oral testing or different testing formats
- Nursing services and physical modifications
  - Sufficient time between classes, modified physical education program, bathroom brakes

*NOT* the type of school instruction or additional related services.
- Any changes to the *WAY a child is taught, or additional therapies are obtained through a second Federal Law IDEA, with an Individualized Education Plan (IEP)*
504 Plan vs. Individualized Education Plan (IEP)

Who Qualifies?

504

IEP

Breadth of Services

IEP

504
School Underachievement

• When expected levels of school performance, based on capabilities, are not being met.

• Things a parent or teacher may say (complain):
  • “He/she is not living up to his potential”
  • “He/she is so lazy”
  • “He/she doesn’t care about school”
  • “He/she is not applying himself”
Causes of Underachievement

- Low IQ
- Learning Disabilities
- Social emotional difficulties
- ADHD
- Speech and language difficulties
- Boredom (gifted students)
- Poor academic instruction
- Lack of organizational or study skills
- Lack of acceptance by peer group
Causes of Underachievement Continued

- Lack of opportunity in society
- Too high or too low of expectations of parents
- Lack of parental support for education
- Poor motivation
- Guilt for being advanced intellectually
- Interests in activities other than school
- Low self-esteem
- Fear of failure or success
Academic Screening

- Attendance records, report cards, parent and teachers anecdotes
- What’s it like for you in school/classroom?
- What are your favorite/least favorite subjects?
  - Classes with heavy reading components- English, Social Studies, and textbook based learning
- What’s homework like?
  - Frequency and accuracy
- Anything you think you have more trouble at compared to your peers?
- When did this difficulty start?
  - Pervasive versus reaction to event (new teachers, divorce, or increase in work)
Psychological or Psycho-education Evaluation

Assessment can provide insight into the individual’s level of cognitive, academic, neurological and emotional functioning, as well as make recommendations to foster learning and emotional health.
When to Refer for Psychological Evaluation

**Educational Concerns**
- Difficulty learning in the classroom
- Poor grades
- Avoidant of school work, poor school attendance

**Cognitive Concerns**
- Change in functioning
- Poor memory (working, short term or long term)
- Observed or reported trouble with attention/impulsive behavior

**Language Concerns**
- Observed expressive language difficulties
- If you need to significantly modify your speech for the patient to understand you (receptive language)
When to Refer for Psychological Evaluation Continued

**Medical Concerns**
- Patients who have undergone chemotherapy and radiation and neurosurgery
- Early developmental concerns (i.e., delay in milestones)
- HIV/AIDS, TBI

**Diagnostic Clarity**
- Disorganized thinking
- Diagnostic confusion regarding symptom presentation
- Need for additional services
Psychological Evaluation Outcome

• Diagnostic Clarity and Treatment Planning
  • Indicates needs for consultation with other discipline
    • Psychiatry (pharmacotherapy), OT, PT, S/L, tutoring, physicians, vision and hearing services, ABA (behavioral) evaluation, parent management training, mental health clinicians, case management services
• Educational accommodation
  • Special education services
  • Methods of teaching based on cognitive profile
  • Extra time

• Gatekeeper of resources
  • DOE
  • SSI
  • OPWDD
  • ACCESS VR

Can you think of any?
Utility After High School

• Students can be educated in public school system up to age 21
• Different threshold to earn a diploma
• Students with history of IEP’s/504 plans can seek services from Student Disabilities offices in college
Office Screening Tools
Patient Health Questionnaire-2 (PHQ-2)

- Ages 12+
- Self-report
- A score of 3 or higher (positive Screen) indicates a likelihood of depression.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</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>
</tbody>
</table>

https://www.hiv.uw.edu/page/mental-health-screening/phq-2
Patient Health Questionnaire-9 (PHQ-9)

- 9 question self-report
- Follow scoring chart to determine the level of depression severity
- [https://www.hiv.uw.edu/page/mental-health-screening/phq-9](https://www.hiv.uw.edu/page/mental-health-screening/phq-9)

Please note: #9 is a suicide risk assessment, any positive response require further risk assessment
Autism Mental Screening Exam (AMSE)

- Quick 8 item screener: does not dx
- Completed by provider
- Can be done in the context of a clinical exam
- Takes into account both observed and reported behaviors
- For each item it provides behavioral markers that best capture what is observed or reported, which convert into a score of 0, 1, or 2
- Online scoring manual and training video with case examples
- http://autismmentalstatusexam.com/introduction/

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The SNAP-IV Teacher and Parent Rating Scale

Non-ADHD Disorders Screen (DSM-IV)
1. Conduct Disorder (4 items)
2. Intermittent Explosive Disorder (1 item)
3. Stereotypic Movement Disorder (1 item)
4. Tourette’s Disorder (1 item)
5. Histrionic Personality Disorder (1 item)
6. Borderline Personality Disorder (1 item)
7. Narcissistic Personality Disorder (1 item)
8. Obsessive-Compulsive Disorder (2 items)
9. Generalized Anxiety Disorder (6 items)
10. Manic Episode (5 items)
11. Major Depressive Episodes (8 Items)
12. Dysthymic Disorder (3 items)
13. Narcolepsy (1 item)
14. Posttraumatic Stress Disorder (2 items)
15. Adjustment Disorder (2 items)

- Ages 6-18 years old
- Completed by Parent and/or Teacher
- 90 items, 10 minutes
- DSM-IV based ADHD Criteria
- DSM-IV based ODD Criteria
- 0-3 rating scale
- Subscale scores= total item rating/ number of items (Average)
- Includes items to screen for 15 other disorders
The Conners-3
Parent & Teacher: ages 6-18
Self: ages 8-18

- Inattention
- Hyperactivity/Impulsivity
- Learning Problems
- Executive Functioning
- Defiance/Aggression
- Peer Relations
- Family Relations
- ADHD Inattentive
- ADHD Hyperactive-Impulsive
- ADHD Combined
- Oppositional Defiant Disorder
- Conduct Disorder
Behavioral Assessment System for Children - Third edition (BASC-3)

- Parent & Teacher: ages 2-21:11
- Self: ages 6-25
- Comprehensive Questionnaire
- 10-20 minutes to complete
- Includes: Attitude to School, Sensation Seeking Social Stress, Locus of Control, Somatization, Learning Problem, Activities of Daily Living, Attention Problems and many more
- Indicates within Normal Limits, At Risk, or Clinically Significant
Small Group Work
Small Group Work

1. Pick a group leader to facilitate decisions
2. Based on the case choose next step
   • Screening tool or referral
   • Which screening tool
Beyond the Healthcare Provider Setting
What is a Psychological Assessment?

• A comprehensive evaluation of a person’s cognitive, academic and emotional functioning.

• Uses standardized measures and non-standardized tools and integrates the results to get a comprehensive picture of the individual.
BB is a 13-year-old Hispanic male, who was referred by his parents and mental health therapist to assess his current level of cognitive, academic and emotional functioning. BB continues to struggle in school despite the presence of special education accommodations obtained through his IEP. BB is currently failing several of his classes. His teachers report that he frequently needs his attention redirected and task instructions repeated. They also voiced concern regarding an increase in disruptive behavior, especially in his math class. His parents have also observed an increase in worry and somatic complaints. Therefore, this evaluation was requested to examine the presence or absence of learning disorders, attentional difficulties, and/or mood related interference, as well as to determine appropriate interventions to help him reach his full potential.
Problem List for BB

1. Academic difficulties
   • IQ, learning disabilities, or emotional obstacles

2. Issues with attention
   • ADHD, internal preoccupation

3. Behavioral Difficulties
   • ADHD, depression, anxiety

4. Educational accommodations (gatekeeping)
   • Background, diagnosis & recommendations
Assessment Tools

- Intelligence/cognitive
- Academic achievement
- Neuropsychological
- Personality
- Symptom ratings
- Projectives
Case BB Assessment Tools Used

**Assessment Battery:**
The following evaluation consisted of both qualitative and quantitative measures

**Qualitative Measures:**
Diagnostic Clinical and Parent Interviews  
Behavioral Observations  
Review of Records  

**Quantitative Measures:**

- Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V)  
- Wechsler Individual Achievement Test- Third Edition (WIAT-III)  
- Behavior Ratings Scale of Executive Functioning (BRIEF), Teacher Edition  
- Conners-3- Parent, Teacher and Self Long Form  
- Delis-Kaplan Executive Function System (D-KEFS)  
- Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (Beery VMI)  
- Beck Anxiety Inventory (BAI)  
- House Tree Person  
- Sentence Completion Series- Adolescent Version  
- Thematic Apperception Test (TAT)
Intelligence Testing

- Wechsler scales are the most widely used intelligence test for children and adults
  - WISC-V, WAIS-IV, WPPSI, WASI-II
  - WISC-V provides an overall IQ score and 5 other scores for verbal comprehension, visual spatial skills, fluid reasoning, working memory, and processing speed

- Assesses intellectual ability of children and adults ages 2:6-90

- Other: Stanford Binet, Woodcock-Johnson Cognitive
IQ Score

*Normal distribution*, otherwise known as the "bell curve. We can state what percentage of scores fall at or below any given I.Q. value = *percentile rank* of that score.

[Image of IQ score distribution diagram]

*Wechsler intelligence scale for children: Fourth edition (WISC-IV)*
Academic Achievement

• Used to measure child’s academic achievement (academic skill acquisition)
• Ex: reading comprehension, phonics, mathematics, writing, etc.
• Most commonly used: Wechsler Individual Achievement Test (WIAT-III)
• Other: Woodcock-Johnson Achievement
Neuropsychological Assessment

- A more in-depth and specialized examination of individual skills
- Common neuropsych tests: NEPSY-2, D-KEFS, CPT, WRAML
- Common visual-motor tests: VMI, Bender-Gestalt
- Ex:
  - **Executive functioning**: sustained attention, planning, simultaneous processing
  - **Memory**: short-term, long-term, working, facial recognition
  - **Language**: receptive, expressive
  - **Fine Motor**: finger tapping, trail making
Personality Assessment

- Assesses various aspects of the individual’s personality, including emotion regulation, defenses, stress tolerance, interpersonal relationships, coping skills and reality testing
- Common tests:
  - MMPI
  - PAI
  - Rorschach
  - TAT
  - Projective drawings
Symptom Measures

- Variety of tests that look at patient’s psychological or behavioral symptoms
- There are versions for children, parents, teachers, other observer
- Examples: Connor’s for ADHD, Beck Depression Inventory, BASC, and many, many more…
Culturally Responsive (CR) Assessment Practices

“... are those that consider a student’s cultural and linguistic background and prior experience when selecting and interpreting assessment instruments so that the characteristics and needs of students can be matched to the assessment practice and instrument.”

(Graves & Graves, 2016, p.85)
Culturally Responsive Assessment Practices

What can you do?

• Consider how the following impact functioning:
  • Ethnicity, race, age, socioeconomic status, sexuality, gender, trauma, physical ability, primary language, language spoken in home, length of time in the United States, family immigration status, religion, spirituality, and education.
  • Requests tests in which standardization samples that best reflect the child’s background.
  • Utilize a Phenomenological Variant of Ecological Systems Theory Lens.
    • Examines strengths and resiliency factors of ethnic minority youth.

What if the child is not English-dominant or Bilingual?

• Ask for a qualified bilingual evaluator.
• Request specific measures to determine language proficiency.
• Remember, native language assessment for children who have not/no longer receive native language academic instruction should be interpreted with caution and not be used for evaluative processes.
• Consider language/educational exposure when interpreting cognitive and academic achievement.
• Feedback should be provided in family’s primary language.
• Take into account the current socio-political climate and how this influences immigrant families’ engagement in testing.

(Geva & Wiener, 2014; Graves & Graves, 2016; Paniagua, 2013)
Diagnosis and Recommendations Case BB

Diagnosis:

• R41.83 Borderline Intellectual Functioning
• F90.2 Attention Deficit Hyperactivity Disorder, Combined Presentation, Moderate
• F81.2 Specific Learning Disorder, with Impairment in Mathematics, Accurate or Fluent Calculation, Moderate
• F80.9 Language Disorder
• F41.1 Generalized Anxiety Disorder

Recommendations:

• Additional time
• Testing environments minimizing distractions whenever possible to increase his ability to Reduced Verbal instruction in the classroom/ at home.
• Individual and group counseling in school
• School-based behavior plan
• Specialized class in math
• Academic remediation aimed at improving his written language skills
• Speech therapy in school
• Use chart or lists
• Parent training
• Psychotherapy
• Consultation with a psychiatrist
• Evaluation with a speech and language pathologist occupational therapy at school.
• Updated Individualized Education Plan (IEP)
• Appropriate academic placement that can address his speech deficits, learning delays, symptoms of inattention and impulsivity, and anxiety.
### Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

<table>
<thead>
<tr>
<th>Index/Subtest</th>
<th>Standard/ Scaled Score</th>
<th>Percentile Rank</th>
<th>Qualitative Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Comprehension</td>
<td>89</td>
<td>23</td>
<td>Low Average</td>
</tr>
<tr>
<td>Similarities</td>
<td>9</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Vocabulary</td>
<td>7</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Visual Spatial (VSI)</td>
<td>75</td>
<td>5</td>
<td>Very Low</td>
</tr>
<tr>
<td>Block Design</td>
<td>6</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Visual Puzzles</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Fluid Reasoning (FRI)</td>
<td>76</td>
<td>5</td>
<td>Very Low</td>
</tr>
<tr>
<td>Matrix Reasoning</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Figure Weights</td>
<td>8</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Working Memory (WMI)</td>
<td>72</td>
<td>3</td>
<td>Very Low</td>
</tr>
<tr>
<td>Digit Span</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Picture Span</td>
<td>6</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Processing Speed (PSI)</td>
<td>77</td>
<td>6</td>
<td>Very Low</td>
</tr>
<tr>
<td>Coding</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Symbol Search</td>
<td>9</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Full Scale IQ (FSIQ)*</td>
<td>72</td>
<td>3</td>
<td>Very Low</td>
</tr>
</tbody>
</table>

### Wechsler Individual Achievement Test, Third Edition (WIAT-III)

<table>
<thead>
<tr>
<th>Composite/Subtest</th>
<th>Standard/ Scaled Score</th>
<th>Percentile Rank</th>
<th>Qualitative Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Language</td>
<td>67</td>
<td>1</td>
<td>Low</td>
</tr>
<tr>
<td>Listening Comprehension</td>
<td>75</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Oral Expression</td>
<td>66</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reading Comprehension</td>
<td>90</td>
<td>25</td>
<td>Average</td>
</tr>
<tr>
<td>Reading Comprehension and Fluency</td>
<td>97</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Oral Reading Fluency</td>
<td>88</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
Integrating Results into Patient Care

Review report and summary section and consider if you need to:

1. Modify your language
2. Consider your word choice
3. Avoid Idioms or abstract concept when working with individuals with ASD or concrete thinkers
4. Use visual aids
5. Provide written instruction
6. Brake down information into small pieces/simple steps
7. Have patient write out important pieces of information
8. Use repetition
9. Ask patients to repeat back important parts of information to insure comprehensive understanding
10. Assess for on-going risk
11. Check to see if family was able to obtain services listed in recommendation section of report
12. Refer patient and family to advocacy workers if trouble obtaining recommended services
References


Iowa Psychological Association. Assessment Statement Position
https://www.psychologytoday.com/us/therapy-types/psychological-testing-and-evaluation-0


Resources for Parents

Parent Guide for Special Education Services

Parent Guide for 504 in Public Schools https://www.greatschools.org/gk/articles/section-504-2/


IEPs vs. 504

IDEA: What you need to know

Articles

Resources for Medical Providers

504 Accommodations
https://www.schools.nyc.gov/school-life/health-and-wellness/504-accommodations

Access to various MH screeners
https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

Articles

http://pediatrics.aappublications.org/content/136/6/e1650
Sample letters requesting 504 Meeting

Medical Physicians request for a 504 meeting

NOTE: Letter to be sent to the parents who will then enclose a copy with a cover letter from them to the Case Manager, Special Education Director or Principal

Date:

Dear------------------

(Name of child) is my patient. I have made a diagnosis of (name of disability/ailment) and recommend that he/she be given a 504 plan to accommodate his/her medical needs.

In order for (name of child) to be in an appropriately safe environment and receive an appropriate education, he/she requires special education (504 Plan) and (specify program components).

Very truly yours,

(name of MD)
Sample Assessment Request letter for DOE

Date:
Dear ____________ (School psychologist, guidance counselor, school principal, etc),

I am writing to request a psychological evaluation for my child, ____________ (name). I have concerns regarding the following issues (ex: difficulty reading, inattentiveness in class, school failure, difficulty with retention, fighting with peers in school). I can be reached at ________ (phone number). Please contact me with any questions.

Sincerely,

(Parent’s name)
QUESTIONS?

Ariella.Silver@mountsinai.org

Caroline.Barangan@nvpeds.com