

Ability to undertake structured cognitive, functional, and developmental assessments

The ability to undertake structured cognitive, functional, and developmental assessments focuses on the use of standardised tests of cognition, language and functioning. It does not focus on other components/types of developmental assessment, for example, taking a developmental history, obtaining information from other agencies, or conducting observations, which are described under the comprehensive assessment section.

An ability to draw on knowledge of a range of neurodevelopmental disorders and the ways in which these present across the developmental range, including features in the domains of:

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| | cognition |
| | behaviour, and the behavioural “phenotypes” associated with neurodevelopmental presentations |
| | emotion |
| | social functioning |

An ability to draw on knowledge of current literature relevant to cognitive testing and underlying cognitive models, and its relevance for test design and interpretation.

Pre-assessment (post referral)

If required, an ability to contact referrers in order to clarify the aims and expected outcome of the assessment process

An ability to gather data from all relevant sources, including parents, school social services, GP, in order to:

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| | contribute information to the overall assessment |
| | guide the selection of assessment procedures which are likely to be appropriate/ relevant |
| | identify any factors which may impact on the administration of testing (such as physical or sensory impairments) |

An ability to identify any inconsistencies across respondents and consider their likely relevance in relation to the assessment process

An ability to locate and interpret previously-conducted structured and/or medical assessments in order to inform the current assessment process, specifically to:

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| | inform the selection of testing procedures used in the current assessment |
| | provide a baseline measure/measure of comparison |
| | compile a developmental profile |

Ability to select tests relevant to the referral issues

An ability to generate hypotheses that might account for the impairment (or presentation) based on information gleaned pre-assessment	
	to draw on knowledge of psychometric theory to select appropriate testing strategy
	an ability to adjust the hypothesis, where necessary, based on the outcome of the hypothesis testing strategy
An ability to draw on knowledge of assessment procedures to select those relevant to the assessment question	
An ability to draw on knowledge of the populations on which tests have been standardised, and any implications this will have for individual clients in relation to their:	
	age
	gender
	socio-economic status
	country of origin
	ethnicity
	level of functioning

Test administration

The ability for the tester to administer only those assessment procedures for which they are appropriately qualified.	
An ability to recognise that all aspects of the initial encounter may provide important data for the assessment (including, for example, the initial meeting in the waiting room, or the ways in which those present interact with each other)	
An ability to provide a testing environment which promotes optimal performance from the child/young person (e.g. using age appropriate language and being friendly rather than distant/clinical, or minimising potential distractions in the room)	
Where appropriate, an ability to encourage parents to allow the child/young person to come into the testing environment by themselves (to reduce the chances that they will be distracted), and to recognise where this separation impacts on test performance	
	where parents remain in the testing situation, an ability to explain the importance of allowing the child to complete the testing independently
An ability to monitor the child or young person's behaviour and interactions throughout the assessment, including:	
	their level of motivation/engagement with the assessment process
	their activity levels
	their level of concentration or distractibility
	their social/communication skills
	their specific areas of difficulty/competence
	their reaction to failure/success
	their persistence
	any reassurance seeking
	their receptivity to encouragement/reinforcement
An ability to document these observations systematically and to identify whether they are consistent with reports from other sources	
An ability to draw on knowledge of child development to gauge when behaviour is within "normal" limits (e.g. knowing how the ability to concentrate varies with age)	
An ability to draw on knowledge of common reactions to assessment (such as anxiety) and to take into account their impact on the child's functioning	

An ability to engage the child/young person throughout the testing process, alternating periods of rest, “fun activity” and testing to maintain motivation and concentration
An ability to draw on knowledge of the ways in which the assessment process may impact on functioning in (neuro)developmental disorders (e.g. the structured non-distracting testing environment may improve the functioning of children with Autistic Spectrum Disorder)

An ability to adhere to standardised testing structure and protocol, as described in the relevant manual:				
<table border="1"> <tr> <td>implementing any variations in “rules” in line with the procedures specified in the manual (e.g., the criteria for discontinuing a test, or for prompting the child)</td> </tr> <tr> <td>applying the criteria for scoring to the responses made by the child in order that results remain relevant to norms and standardisation</td> </tr> <tr> <td>recording responses accurately</td> </tr> <tr> <td>following scoring procedures</td> </tr> </table>	implementing any variations in “rules” in line with the procedures specified in the manual (e.g., the criteria for discontinuing a test, or for prompting the child)	applying the criteria for scoring to the responses made by the child in order that results remain relevant to norms and standardisation	recording responses accurately	following scoring procedures
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recording responses accurately				
following scoring procedures				
An ability to establish whether additional non clinic-based assessment is required (e.g. behavioural observation in the school or home)				
An ability to draw on knowledge of test-retest reliability to ensure that tests are not re-employed too soon (i.e. potentially invalidating any results)				
An ability to identify where a child being assessed differs from the samples on which standardisation is based , and to interpret and report their results in relation to this limitation				
Where it is not possible to follow the standardised testing procedure (e.g. because the child is uncooperative, or has profound/specific difficulties), an ability to adapt testing (and to record the adaptations that have been made):				
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An ability to select and/or adapt tests in order to match them to the needs of children with sensory difficulties or physical limitations				

Ability to interpret test results

An ability to integrate data from testing with behavioural observations and information from other assessment sources to produce a coherent account of the child’s functioning.				
An ability to interpret results in terms of:				
<table border="1"> <tr> <td>the child’s level of functioning (across the domains assessed)</td> </tr> <tr> <td>their relationship to functioning in the standardised sample for the test</td> </tr> <tr> <td>the pattern or profile of results, across the domains tested</td> </tr> <tr> <td>the significance of individual test results in the context of their overall functioning</td> </tr> </table>	the child’s level of functioning (across the domains assessed)	their relationship to functioning in the standardised sample for the test	the pattern or profile of results, across the domains tested	the significance of individual test results in the context of their overall functioning
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An ability to apply the findings to:				
<table border="1"> <tr> <td>describe/explain the child’s functioning</td> </tr> <tr> <td>describe/explain the ways in which their current environment may be impacting on the child/young person’s functioning</td> </tr> <tr> <td>describe how the interaction of the two may result in particular behaviours, strategies or patterns of impairment (e.g. apparent underperformance)</td> </tr> </table>	describe/explain the child’s functioning	describe/explain the ways in which their current environment may be impacting on the child/young person’s functioning	describe how the interaction of the two may result in particular behaviours, strategies or patterns of impairment (e.g. apparent underperformance)	
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Ability to use the assessment to identify an intervention plan

An ability to adopt a strength based approach to the development of intervention strategies
An ability to use findings from assessment to suggest strategies which:
are aimed at enhancing the child/young person's skill and abilities
alter the child's environment, with the aim of enhancing/maximising their functioning
An ability to communicate intervention strategies to those delivering them, using language and concepts which are clear and adapted to the context
An ability to support individuals who are carrying out interventions based on the assessment outcome, ensuring that they understand and can carry-through the intervention plan.

Ability to report on the assessment

Ability to report the results of the assessment in writing using clear, concise and appropriate language, including:
the reasons for testing
sources of information
materials used (including what each test measures)
testing procedure (including relevant behavioural information)
any adaptations
An ability to communicate findings verbally to parents/carers, and where appropriate children/young people, including discussion of:
their experience of the testing process
the meaning of the findings for the child and for the family
any areas that the child and family need clarifying
their expectations for the distribution and use of the report

Source:

Charman, T., Hood, J., & Howlin, P. (2008) Psychological Assessment in the Clinical Context. pp 299-316 in M. Rutter., & E. Taylor (Eds.) *Child and Adolescent Psychiatry* (Fifth Edition). Oxford: Blackwell.