Welcome to training on DCS guidelines for using psychological testing. In this training, we will review the different assessments listed under the DCS Diagnostic and Evaluation Service Standard, and the appropriate referral criteria for each type of assessment. Ultimately, the goal is to help you become a more informed consumer of psychological testing so that you may utilize assessment information to develop the best possible case plan.
Why the Focus on Psychological Testing?

- Use of psychological testing varies greatly between local offices.
- Psychological testing is often requested as a matter of practice, regardless of need.
  - Can lead to poor quality psychological reports with generic recommendations.
- Children are often tested repeatedly.
  - If there haven’t been significant changes in the child’s / parent’s life, continuous retesting is not an efficient use of time or resources.
- Wide variation in the quality of psychological testing reports.

Audio Script

One of the reasons psychological testing is being standardized is that depending upon which local office you work in use of psychological testing can be highly variable. In some offices, virtually every child and many parents are referred for psychological testing, while in other offices it is rarely used. It is often requested as a matter of practice, regardless of need. Often times, the DCS referral for psychological testing is vague, providing minimal information to the provider. This can lead to poor quality psychological reports with generic recommendations. We find that many children, especially children placed outside of the home, are often tested repeatedly. It is not a productive use of time or resources to test and retest a child over and over, unless there has been some significant change in that child’s life. There tends to be a wide variation in the quality of psychological testing reports. Some reports are excellent, providing a detailed description of the child or parent’s symptoms, personality, or functional level. Other reports are less than desirable, providing minimal information about the case and few relevant recommendations for the case plan. All of these issues will be important as we consider best-practice guidelines for using psychological testing.
Let’s take some time to explore the different components under the Diagnostic and Evaluation Service Standard, and when we would use each of them. We’ll begin with the clinical interview and assessment. The clinical interview and assessment is considered the first step in our diagnostic and evaluation process, and consists of:

- A thorough bio-psychosocial assessment
- A mental status exam
- Observation of the individual
- Possible review of records
- Possible screening checklists

Intended to present a ‘snapshot’ of an individual’s current psychological functioning, including the presence of any significant behavioral or emotional issues.

Audio Script

Let’s take some time to explore the different components under the Diagnostic and Evaluation Service Standard, and when we would use each of them. We’ll begin with the clinical interview and assessment. The clinical interview and assessment is considered the first step in our diagnostic and evaluation process, and consists of a thorough bio-psychosocial assessment, a mental status exam, observation of the child or adult, possible review of records, and possible screening checklists. The clinical interview and assessment is intended to present a snapshot of an individual’s current psychological functioning, including the presence of any significant behavioral or emotional issues. For example, you might want to know why a child on your case load is struggling with his or her current placement, or you might want to know whether a parent has some mental illness issues that might interfere with your intervention. The clinical interview and assessment should provide a diagnostic impression, as well as a summary of recommended services for your case plan.
In most instances, information from the Clinical Interview and Assessment will be sufficient to answer your questions.

In situations where more in-depth information about the child or parent is needed, you may need to consider one of the following Diagnostic and Evaluation Components:

- Psychological testing
- Neuropsychological testing
- Comprehensive assessment

Referrals for any service beyond the Clinical Interview and Assessment should first be staffed with a Clinical Services Specialist and approved by the Clinical Services Specialist in the Referral Wizard.

Audio Script
In most instances, information from the clinical interview and assessment will be sufficient to answer your questions; however, there may be situations where you need more in depth information about the child or parent. In these instances, you may consider requesting an additional diagnostic and evaluation component, such as psychological testing, neuropsychological testing, or a comprehensive assessment. In the following section, we will review the appropriate referral criteria for each of these services. You should keep in mind that a referral for any service over and above the clinical interview and assessment should first be staffed with a Clinical Services Specialist, and must be approved by the Clinical Services Specialist in the referral wizard, unless the service has been court ordered.
Audio Script

Psychological testing is requested when we need a more in depth picture of the child or parent’s functioning than what is typically provided in the clinical interview and assessment. You may need to request psychological testing in order to determine a child or parent’s current level of cognitive or intellectual functioning, including IQ, adaptive functioning, capacity to parent, etc. Before making this referral, please be sure that this information is not present in collateral files, previous test reports, or other sources. You may also need to request psychological testing in order to determine an accurate diagnosis. For example, does the parent have Bipolar Disorder, Schizophrenia, or a Substance Abuse Disorder, or does this child have ADHD, or PTSD. Remember that an accurate diagnosis is critical to the success of a case plan, since the diagnosis will drive our interventions, placement decisions, medications, etc. Psychological testing may also be used to assess the impact of trauma on current functioning, and need for services. Common examples include victims of domestic violence, veterans returning from deployment overseas, victims of physical or sexual abuse, and children who have been exposed to ongoing violence.
Finally, psychological testing may be required in order to identify personality disorders that may impact case plan compliance, capacity to benefit from treatment, etc., or to determine eligibility for various services, including developmental, vocational rehabilitation, SSI, etc. Please note that in these instances, referral for psychological testing would typically not be made through DCS. Instead, we would refer to the appropriate agency.
Slide 6 - Scenario 1

Audio Script

**FCM:** Good morning Ty. I have a situation that may require your help. I have a 12 year old boy on my caseload who is aggressive toward peers, is having trouble sleeping, is always on the go, and is getting into trouble in the community. I'm wondering if I should refer him for psychological testing.

**Ty:** Well, maybe. First, we would want to know if there has been any previous testing that might answer your questions. Kids in placement, in particular, often have recent testing on file. This information might also be included in treatment records or discharge summaries from previous providers. If we couldn’t find the information in existing documents, we would probably refer for a clinical interview and assessment first to see what’s going on.

**FCM:** OK, let’s suppose the clinical interview and assessment doesn't give me enough information, and the provider recommends psychological testing.

**Ty:** If that's the case, you would probably want to consult with your Clinical Services Specialist. The Clinical Services Specialist would review the clinical interview and assessment report, as well as any other information that might be relevant. If the Clinical Services Specialist couldn’t help you find the information you need, then it would be appropriate to refer for psychological testing.
FCM: What if I'm not really sure what I'm looking for, but my gut tells me that something just isn't right.

Ty: That's a great question. The psychological assessment is only going to be as helpful as the questions you ask, so if you aren't sure, you could have your Clinical Services Specialist help you formulate the referral questions. It will help the psychologist to determine which tests are most appropriate.

FCM: OK, thanks Ty.

Ty: You're welcome. Let me know if you have any other questions and I'll be happy to help.
Slide 7 - Scenario 2

**Scenario 2: Do we need Additional Testing?**

Audio Script

**FCM:** Here's another one for you. I have a case where a psychological evaluation was completed within the past year, but the LCPA is saying that they need current testing. Should I request another evaluation?

**Ty:** Generally, we don't want to test kids more than once every year or two, depending on what we are looking for.

**FCM:** So when would it be appropriate to request updated testing? Because the provider is really pushing for it.

**Ty:** Well, I would only recommend retesting if there has been a significant change in functioning, like a drop in grades or social withdrawal, if some major trauma has occurred, if the existing psychological evaluation doesn't provide information relative to the questions you have, if you can't get the information you need from existing sources, or if required by court order, or other mandates. Remember that things like IQ, personality, and attachment don't tend to change over the course of a year or so.

**FCM:** OK, that makes sense. Thanks again.

**Ty:** No problem.
Audio Script

Neuropsychological testing is a more specialized type of assessment, and is generally only requested in special circumstances. Providers will often recommend neuropsychological testing, which is typically more expensive, when basic psychological testing would be adequate. In general, you might consider neuropsychological testing when there is reason to believe that neurological issues may be influencing an individual's competency to parent, manage financial affairs, capacity to participate in medical or legal decision making, ability to live independently, or with supervision, or ability to return to work or school.
Neuropsychological testing is often helpful when we are attempting to determine the source of a child or parent’s function problems. Neuropsychological testing would also be appropriate when trying to identify functional deficits associated with Traumatic Brain Injury. Remember that Traumatic Brain Injury has an increased prevalence among returning veterans who have suffered head injuries during their deployment. Neuropsychological testing can also be helpful in assessing possible effects of exposure to drugs, alcohol, or other toxins in utero, as well as exposure to chemicals, toxins, radiation or heavy metals in the environment, or to identify functional impairments associated with dementia, stroke, seizure disorders, multiple sclerosis, Parkinson’s, or other diseases.
Slide 10 - Comprehensive Assessment

Audio Script
Occasionally, you may need a much more detailed picture of a child or parent’s psychological functioning, including information about the history of their current difficulties. The comprehensive assessment provides a picture of an individual’s overall psychological functioning based on information obtained from various sources, including a review of records, interviews, information from collaterals, behavioral observations, and psychological testing. Comprehensive assessments include a detailed history of the client in order to understand symptom development and configuration, as well as standardized psychological testing results. The comprehensive assessment is typically requested in complex cases, where there may be multiple things going on with the child or parent. Prior to referring for a comprehensive assessment, you should consult with your Clinical Services Specialist.
Slide 11 - Scenario 3

**Scenario 3: Do we need a Comprehensive Assessment?**

**Audio Script**

**FCM:** Here's another case that I've been struggling with. I have a mother that just moved back from New York, where she was accused of killing her infant, but there was not enough evidence to convict. DCS is involved because her current boyfriend just abused one of the children. She is currently in treatment with a Christian counselor who says she has made significant progress, but a psychological assessment completed in New York indicated that she had Antisocial Personality Traits, and a predisposition for substance abuse. I think we should request a comprehensive assessment on this one. The mother wants her children back, but we think that she may pose a significant risk to them. What do you think?

**Ty:** I agree with you on this one. Whenever you have a complex case involving potential risk to children, questions about past abuse or mental illness issues, substance abuse, etc., it's always good to obtain all of the information possible.

**FCM:** Are there any rules we can use to decide between psychological testing or a comprehensive assessment?
Ty: Unfortunately, no. The decision to request a comprehensive assessment depends upon the individual circumstances of the case. I would recommend that you always consult with your Clinical Services Specialist to determine whether a comprehensive assessment is necessary. This decision should not be left solely to the provider.

FCM: OK, thanks again for your advice.

Ty: You're welcome.
Slide 12 - Other Assessments

Diagnostic and Evaluation Components:
Other Assessments

- There are a variety of other assessments that are separate from psychological testing and do not require approval from a Clinical Services Specialist, including:
  - Medication Evaluation
  - Child Hearsay Evaluation
  - Parenting Assessment
  - Drug and Alcohol Assessment

- It may be helpful to consult with your Clinical Services Specialist to determine what might be the most appropriate assessment for your case; however, consultation is not necessary to make a referral through the Referral Wizard.

Audio Script

There are a variety of assessments that are separate from psychological testing, and do not require approval from a Clinical Services Specialist. These include the medication evaluation, child hearsay evaluation, parenting assessment, and drug and alcohol assessment. It may be helpful to consult with your Clinical Services Specialist to determine what might be the most appropriate assessment for your case; however, consultation is not necessary to make a referral through the referral Wizard.
Let's Review the Process

If you believe a child and/or parent may have some behavioral, emotional or intellectual needs that will impact your case plan...
(click arrows)

If you are not able to determine the child’s/parent’s needs and ability to benefit from treatment from existing case information (previous reports, testing, etc.)...(click arrows)

You must refer for a Clinical Interview and Assessment before referring for psychological testing or comprehensive assessment, unless there is a court order for testing or you believe the child/parent has significant impairment. (click arrows)

If additional testing is recommended, (e.g. psychological, neuropsychological, etc.), you will need to staff the case with your Clinical Services Specialist (for approval).

Audio Script

Let’s review the process for making a referral for psychological testing. Click on the arrows to walk through the process step by step, and then click continue when you are finished.
Before moving on, let’s go over the importance of the referral question. Psychologists conducting the assessments are sort of like auto mechanics, that is, they are going to look for things that you tell them to look for, and not necessarily things you don’t tell them to look for. The moral of the story is that you need to be clear about what you want to get out of the psychological assessment. Be as specific as you can. For example, you might want to know if a child’s current difficulties are due to trauma, Bipolar Disorder, ADHD, or some other origin. As you’re preparing to make a referral for psychological testing, don’t be afraid to ask questions. You should talk to your supervisor, co-workers, or Clinical Services Specialist if you have questions. You may also need to contact the provider if you have questions about specific disorders, or testing procedures. Be prepared to assist in gathering information for the provider to facilitate the assessment process. Typically, providers will want access to previous treatment records, testing reports, and DCS records. Finally, realize that not all questions can be answered through psychological testing. Before considering testing, you should always ask yourself “Is psychological testing going to be able to answer this question?” If you aren’t sure, it’s always a good idea to consult with your Clinical Services Specialist.
As we discussed in the previous slide, psychological testing is always guided by the reason for referral, so be clear about what you expect to learn about the parent or child. At a minimum, psychological testing should provide a full DSM-IV diagnosis, a mental status exam, a summary of any tests administered (e.g. MMPI, AAPI, WAIS, etc.), an integrative summary that addresses the reason for referral, and recommendations for service, including recommendations specific to the case plan. Next we'll look at a scenario that demonstrates what you should do if you aren't satisfied with the content, or quality of the report.
Audio Script

**FCM**: OK, I have received and reviewed the psychological report, but I have some questions.

**Ty**: OK, shoot.

**FCM**: I’m not sure what some of these tests are, and I don’t know what to make of these findings. I’ve never even heard of a couple of these tests.

**Ty**: I would suggest that you contact the Clinical Services Specialist for assistance with interpretation. He or she can provide you with a description of the tests administered, and can help you make sense of the findings.

**FCM**: OK, but what if the recommendations aren’t very helpful?

**Ty**: Good question. The psychological report, including recommendations, should always address your reasons for referral. If not, you and or your supervisor should contact the psychologist for clarification. If you need additional assistance, your Clinical Services Specialist would be a good resource.
FCM: Sounds good, but I guess I’m more concerned about what to do if we consistently get reports that aren’t very good. How should we address quality issues with providers?

Ty: I would recommend that concerns about the quality of psychological reports first be discussed with your Clinical Services Specialist. If the concerns cannot be resolved, or if there are other issues, such as timeliness of the reports, contact your Regional Manager. Your Regional Manager will work with your Regional Services Coordinator to address any recurring issues with providers.

FCM: OK thanks. That’ll work.
Slide 17 - Thank You

Audio Script
This completes training on DCS guidelines for using psychological testing. If you have any questions about psychological testing, contact your Clinical Services Specialist or you may contact Ty Rowlison by clicking the link, or calling the phone number listed on your screen. Thank You.