

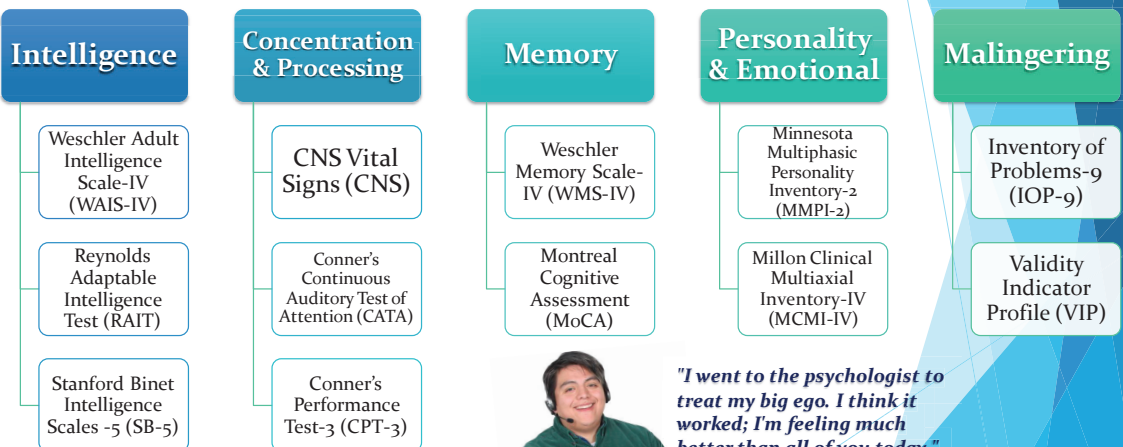
# Current Updates in Psychological Testing & What Makes a Good Referral?



Jack C. Carney, Ph.D.

Licensed Psychologist

## Domains of Psychological Testing



*"I went to the psychologist to treat my big ego. I think it worked; I'm feeling much better than all of you today."*

## Functions Assessed

- Language/Verbal
- Memory
- Attention & Executive Control
- Impulse Control
- Problem-Solving
- Rule-out Malingering



-Emerson M. Pugh



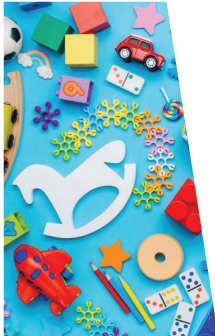
## Improved Algorithms

- Stronger Predictive Validity

- 12-30 Months
- Designed for children who have not developed phrase speech
- Results classified as 'Ranges of Concern'

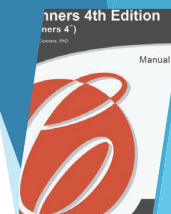
## Improved Protocol Booklets

## New Comparison Scores



Highly anticipated revision of the world's leading Attention-Deficit/Hyperactivity Disorder (ADHD) assessment.

Response Style Analysis	Critical & Indicator Items	Content Scales	Impairment & Functional Outcome Scales	DSM Symptom Scales	Corrners 4- ADHD Index	Additional Comments (Open-Ended)
<b>Negative Impression Index</b> Index of perceived symptom exaggeration.	<b>Severe Conduct Critical Items</b> Reflects severe conduct and behaviors that describe past violence, destructive behaviors, or harms to others.	<b>Inattention/Executive Dysfunction</b> Reflects problem youth may have with focusing, sustaining, and ending activities, as well as self-management.	<b>Schoolwork</b> Reflects youth problems or difficulties that youth with ADHD experience in their schoolwork.	<b>ADHD Inattentive Symptoms</b> Reflects each of the 9 DSM Symptom Diagnostic Criteria A for ADHD: Predominantly Inattentive Presentation.	<b>Corrners 4- ADHD Index</b> 12-item index, selected from the Corrners 4 item best describes youth with a diagnosis of ADHD from youth in the general population.	<b>Impact of Symptoms in Functional Domains</b> Asks about the consequences of the problem reported in the different domains of functioning.
<b>Inconsistency Index</b> Flag possible random or careless responding.	<b>Self-Harm Critical Items</b> Reflects past suicidal thoughts or attempts and self-harmful behaviors.	<b>Hyperactivity</b> Reflects the youth's level of motor or verbal activity and restlessness.	<b>Peer Interactions</b> Reflects youth problems or difficulties that youth with ADHD experience when interacting with peers.	<b>ADHD Hyperactive/Impulsive Symptoms</b> Reflects each of the DSM Symptom Diagnostic Criteria A for ADHD: Predominantly Hyperactive/Impulsive Presentation.		<b>Other Concerns</b> Asks about other current issues or problems not reported in the Corrners 4.
<b>Omitted Items</b> Provides a count of the number of omitted items and is input on scores.	<b>Step Problems Indicator</b> Reflects behaviors that may suggest problems or difficulties with sleep.	<b>Impulsivity</b> Reflects difficulties a youth may have with response inhibition.	<b>Family Life</b> Reflects difficulties a youth may have with ADHD experience in family interactions.	<b>Total ADHD Symptoms</b> Provides a dimensional representation of the ADHD symptoms, irrespective of presentation type.		<b>Strengths/Skills</b> Asks about the youth's strengths and skills.
<b>Pace</b> Flag for unusual administration response rates.		<b>Emotional Dysregulation</b> Reflects the youth's experience of, or difficulty with, regulating or managing emotions.		<b>Oppositional Defiant Disorder Symptoms</b> Reflects each of the DSM Symptom Diagnostic Criteria A for Oppositional Defiant Disorder.		
<b>Response Distribution</b> Visual breakdown of response options selected.		<b>Depressed Mood</b> Reflects features of depression.		<b>Conduct Disorder Symptoms</b> Reflects each of the DSM Symptom Diagnostic Criteria A for Conduct Disorder.		



# Performance Based Testing Conners CPT<sub>3</sub> - 2015

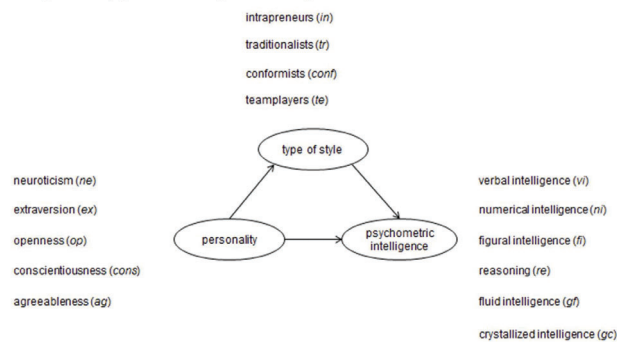
Dimension	Score	Description
<b>Inattentiveness</b>	Detectability ( $d'$ )	Ability to discriminate between targets (non-X) and non-targets (X)
	Omissions	Missed targets
	Commissions	Incorrect responses to non-targets
	Hit Reaction Time (HRT)	Response speed
	HRT Standard Deviation (SD)	Response speed consistency
<b>Impulsivity</b>	Variability	Variability of response speed consistency
	HRT	Response speed
	Commissions	Incorrect responses to non-targets
<b>Sustained Attention</b>	Perseverations	Random or anticipatory responses (i.e., HRT < 100ms)
	HRT Block Change	Change in response speed across blocks of trials
	Omissions by block	Missed targets by block
<b>Vigilance</b>	Commissions by block	Incorrect responses to non-targets by block
	HRT Inter-Stimulus Interval (ISI) Change	Change in response speed at various ISIs
	Omissions by ISI	Missed targets by ISI
	Commissions by ISI	Incorrect responses to non-targets by ISI



## THINKING STYLE, PERSONALITY TRAITS, IQ BERDING ET AL (2018)

### 2.3 Structural Model

A simplified structural model for this study is shown in Figure 1. It represents the aim of the study which is to investigate whether thinking styles reflected by the four types found by Berding et al. (2018) are located between personality traits and psychometric intelligence on an empirical level.



**Figure 1.** A Simplified Structural Model of Types of Styles Mediating the Personality-intelligence Interface



## Personality

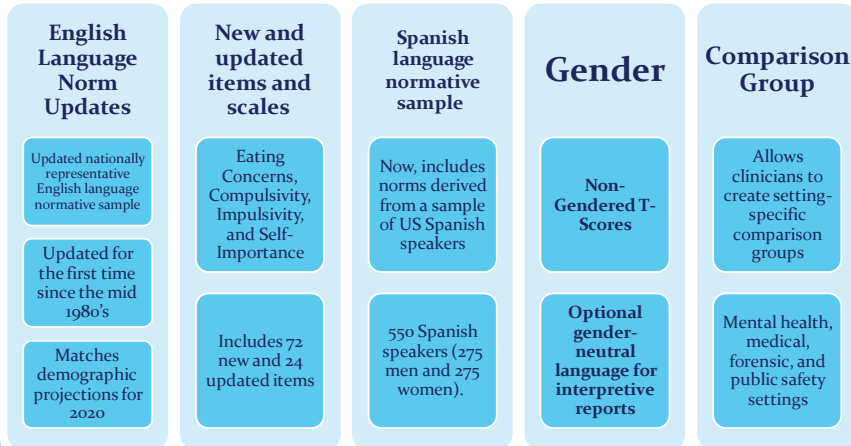
The one factor of personality that has most consistently been found to be positively correlated with several cognitive abilities is

*OPENNESS TO EXPERIENCE*



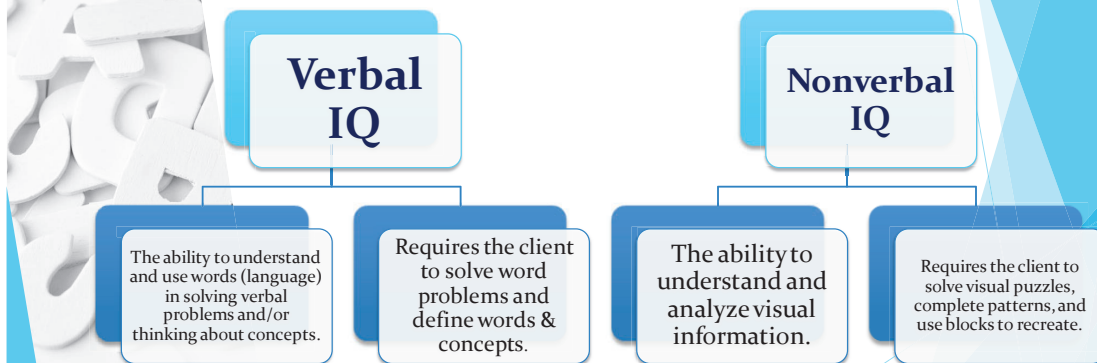
## MMPI<sub>3</sub> Updates (2020)

Minnesota Multiphasic Personality Inventory – Third Edition

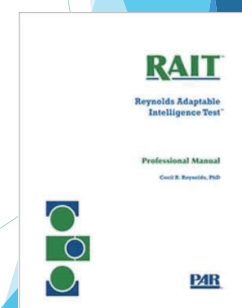
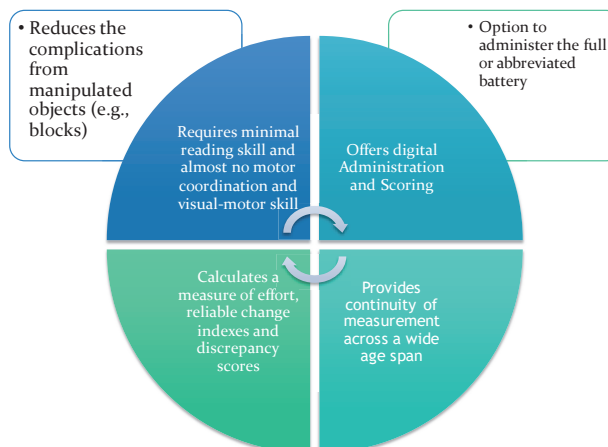


## IQ Testing

Assessing the client's ability to *reason and problem solve*



## Reynolds Adaptable Intelligence Test (2020)



# Reynolds Adaptable Intelligence Test - RAIT

RAIT Indexes	
<b>Total Battery Intelligence Index (TBII)</b>	Provides a summary estimate of general intelligence, or <i>g</i> , derived from the administration of all seven RAIT subtests.
<b>Total Intelligence Index (TII)</b>	Provides an alternative summary estimate of general intelligence, or <i>g</i> , that does not take into account quantitative intelligence.
<b>Crystallized Intelligence Index (CII)</b>	Provides a summary estimate of crystallized intelligence (i.e., the application of knowledge to problem solving) assessed through verbal reasoning tasks and invokes inductive reasoning.
<b>Fluid Intelligence Index (FII)</b>	Provides a summary index of fluid intelligence (i.e., problem solving in the absence of requisite factual knowledge) assessed through nonverbal reasoning tasks and tends to invoke deductive rather than inductive reasoning.
<b>Quantitative Intelligence Index (QII)</b>	Assesses both crystallized and fluid aspects of quantitative reasoning using two subtests: Quantitative Knowledge and Quantitative Reasoning.



## Wechsler Intelligence Scale for Children

*Fifth Edition (2014)*

Most widely used scale of intelligence and adapted over 20 countries.

### Three new primary subtests

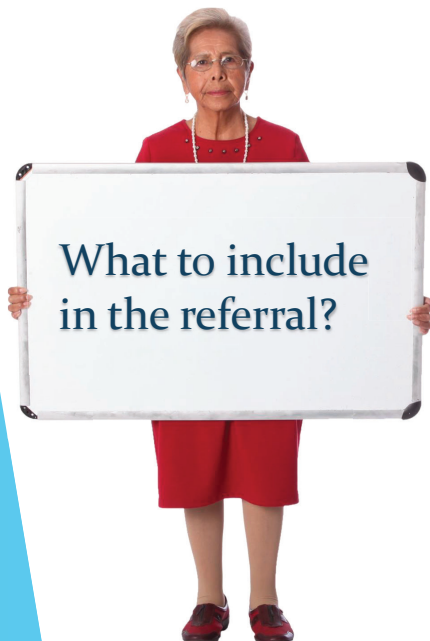
- Visual Puzzles, Figure Weights, and Picture Span
- Measures the ability to analyze and synthesize information, quantitative reasoning and induction, and visual working memory.

### Five new subtests of cognitive processes

- Improves assessment of cognitive processes important to academic achievement in reading, math, and writing.

### Simplified Instructions

- Reduced vocabulary level
- Shorter discontinue rules
- Refined scoring criteria



What to include  
in the referral?

### Referral Question

- What question do you want answered?

### Medical test results

- MRI, TSH levels, etc.

### List of all prescribed and OTC medications

- History of patient compliance with prescribed medications

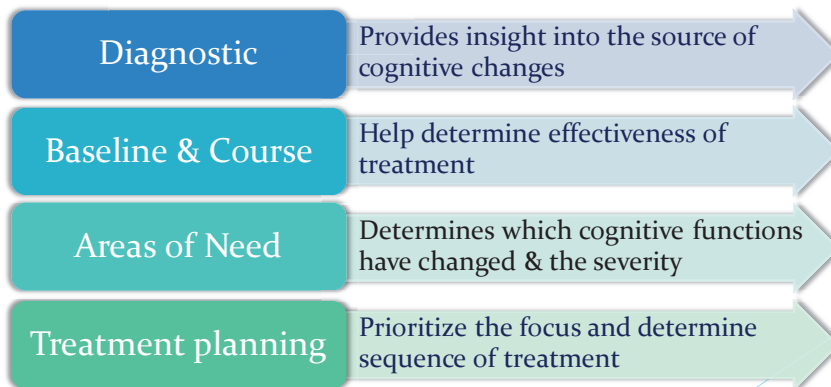
### Any relevant medical history

- CVA, TBI, diabetes, thyroid, sleep apnea, Parkinson's disease, etc.
- Addiction?

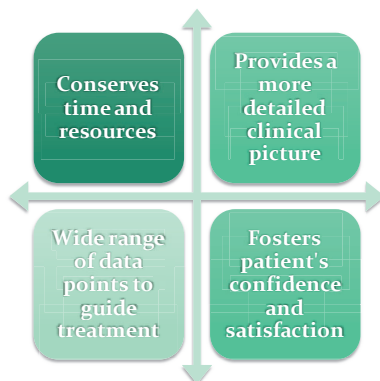




## Benefits of Neuropsych Testing



## Neuropsych Consults & Your Practice



### Mental Health

- Depression
- Anxiety
- Adjustment to medical condition
- Liability
- PTSD

## Integrating the Factors

### Social & Environmental

- Relationships
- Financial Situation
- Living Situation
- Vocational History

### Medical Comorbidities

- Cardiovascular disease, diabetes
- Medications
- Neuroimaging findings





# Cognitive Testing & Neuro-Imaging



## Neuropsych Testing:

Based on **functional status** of patient, providing more accurate depiction of patient's typical abilities.

Assesses the day-to-day effects of brain injuries and illnesses on cognition and behavior.

## Imaging Alone:

Examiner bases clinical opinion **on visual representation** of brain anatomy/metabolic processes.

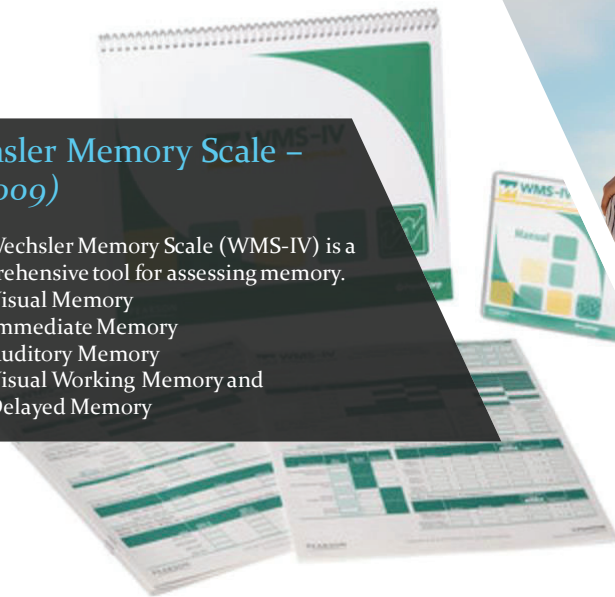
Imaging is typically more clearly observable for acute injury. However, as the brain heals, images change, and deficits may remain.



## Wechsler Memory Scale – IV (2009)

The Wechsler Memory Scale (WMS-IV) is a comprehensive tool for assessing memory.

Visual Memory  
Immediate Memory  
Auditory Memory  
Visual Working Memory and  
Delayed Memory



## Wechsler Memory Scale | Fourth Edition

### WMS®-IV Flexible Approach

WMS-IV BATTERIES					
WMS-IV Standard Battery	WMS-IV Older Adult / Abbreviated Battery	Logical Memory / Visual Reproduction Battery	Logical Memory / Designs Battery	Visual Reproduction / Logos Battery	Logos / Names Battery
<b>WMS-IV SUBTESTS</b>					
Logical Memory I	■	■	■	■	
Logical Memory II	■	■	■	■	
Verbal Paired Associates I	■	■	■	■	
Verbal Paired Associates II	■	■	■	■	
Designs I	■		■		
Designs II	■		■		
Visual Reproduction I	■	■	■	■	
Visual Reproduction II	■	■	■	■	
Spatial Addition	■				
Symbol Span	■	■			
Logos I				■	■
Logos II				■	■
Names I					■
Names II					■
<b>WMS-IV INDEXES</b>					
Immediate Memory Index	■	■	■	■	
Delayed Memory Index	■	■	■	■	
Auditory Memory Index	■	■	■	■	
Visual Memory Index	■	■	■	■	
Visual Working Memory Index	■				
Visual Immediate Memory Index				■	
Visual Delayed Memory Index				■	
Auditory-Visual Memory Index					■
Auditory-Visual Immediate Memory Index					■
Auditory-Visual Delayed Memory Index					■

# Verbal and Visual Memory



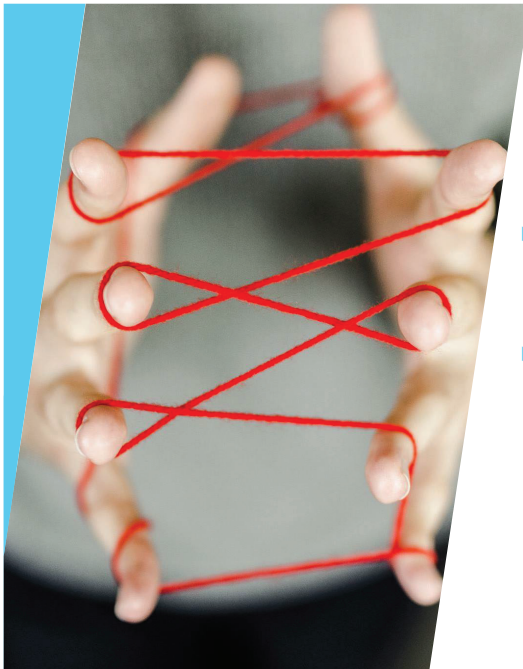
Memory involves various processes, including the capacity for encoding (mentally processing information so it can be entered into memory), storage (holding that information for a period of time), and retrieval (accessing or recalling stored memories when needed) of the information. Visual memory refers to the capacity to store and process visual stimuli, whereas verbal memory refers to the capacity to store and process verbally presented information.



Processing Speed Measure: How well a subject recognizes and processes information i.e., perceiving, attending/responding to incoming information, motor speed, fine motor coordination, and visual-perceptual ability. Relevance: Ability to recognize and respond/react i.e., fitness-to-drive, occupation issues, possible danger/risk signs or issues with accuracy and detail.



Executive Function Measure: How well a subject recognizes rules, categories, and manages or navigates rapid decision making. Relevance: Ability to sequence tasks and manage multiple tasks simultaneously as well as tracking and responding to a set of instructions.



## • Visual-Motor and Fine Motor Coordination

- ▶ Visual-motor processing refers to the degree to which individuals can integrate their visual and motor abilities.
- ▶ Fine motor skills refer to the coordination of small muscle movements, including an individual's ability to accurately manipulate small objects, such as a pencils, buttons, scissors, etc.

## The Inventory of Problems-29

The Inventory of Problems-29 (IOP-29) is a 29-item self-administered symptom validity test (SVT) that assesses the credibility of clinical presentations related to posttraumatic stress disorder, depression/anxiety, psychosis, cognitive impairment and combination thereof.

Reasearch: Twenty-one independent samples were included, with a total sample size of 4,163 participants. The results indicated that the IOP-29 is able to discriminate adequately between instructed simulators and healthy controls/clinical patients.

Using the recommended cutoff (False Disorder Probability Score [FDS],  $\geq .50$ ), a sensitivity of 82% was achieved, maintaining specificity at 93% (false positive rate of 7%). The language of the test and the type of comparison group have been identified as possible sources of heterogeneity.

Specificity decreases for the non-English version of the IOP-29, for the FDS  $\geq .30$ , and also decreases for studies using clinical controls, for all three cutoff scores. In general, our findings support the usefulness of the IOP-29 as an SVT; however, most of the included studies use a simulation design and have been coauthored by the test authors.

Likewise, about half of the studies did not include bona fide patient controls but only nonclinical controls. The results obtained are highly promising, but further research, especially that using the criterion group paradigm, is recommended. (Psycinfo Database Record (c) 2023 APA, all rights reserved)



## VIP - Malingering

The VIP test uses six primary validity indicators to classify an individual's performance as either valid or invalid.

Each VIP measure captures a different element of the deviations from this expected pattern.

The test helps assess the relationship between the individual's intention and the effort in completing the test.

A graph of results helps explain the results in hearing or court proceedings.

Contains verbal and nonverbal subtests, each of which can be administered independently.

Scoring rules for the VIP test were developed using a sample of more than 1,000 clinical and nonclinical subjects.

*"Of course, it is happening  
inside your head...  
but why on earth  
should that mean  
that it is not real?"*  
– J.K. Rowling



## Thank you



Jack C. Carney, Ph.D.  
*Licensed Psychologist*

[jack@clarityhealthllc.com](mailto:jack@clarityhealthllc.com)  
251.635.4541