


New York City Department of Health

**CULTURALLY AND LINGUISTICALLY
APPROPRIATE EVALUATIONS:
WHAT EVERY EI EVALUATOR IN NYC
NEEDS TO KNOW**

Module 2b: The Problems With the Current Tests

Catherine J. Crowley, J.D., Ph.D.
Teachers College, Columbia University
crowley@tc.columbia.edu
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TEST MISUSE

“HELP is a curriculum-based assessment, **not** a standardized test.”

“It will **not** yield a definitive single age level or score”.

“The main purpose of HELP as a curriculum assessment is to identify curriculum outcomes, strategies and activities”.

Inside HELP, i23.

TEST MISUSE

Its age ranges reflect when a skill or behavior typically begins not when it is delayed.

(Inside HELP, i.15 and i.23)

TEST MISUSE

HELP Strand Language - Expressive 24-27 months.

“Produces the following sounds clearly:
p, b, m, k, g, w, h, n, t, d.”

Yet, according to the research:
p, n, m, h, w, b, d are not considered late until 36 months.
k, g, t are often not considered late until 48 months.

According to the research, NO CHILD Birth through 3 should be eligible for EI services based on phonological processes.

Significant inconsistencies across tests:
When a skill develops depends on what test you choose!

- Significant Test Inconsistencies**
Can you explain these differences?
- 3 to 6 body parts on self or doll (Rossetti) (12-15 mths)
 - Major body parts on own body (REEL-3) (13-18 mths)
 - 1 to 3 body parts (Gard, Gilman, Gorman) (12-18 mths)
 - 3 body parts (DAYC-2) (12-18 mths)
 - 1 body part (HELP) (15-19 mths)
 - 5 body parts (Gard, Gilman, Gorman)(18-24 mths)
 - 6 body parts (DAYC-2) (18-24 mths)
 - 4 body parts (E-LAP) (24 mths)
 - 6 body parts (HELP) (22-24 mths)
 - 4 body parts on a bear (PLS-5)(30-35 mths)
 - 6 body parts on a picture of a doll (HELP) (30-36 mths)

Significant Test Inconsistencies
Can you explain these differences?

Points to smaller body parts when asked.
(REEL-3) (25-36 mths)

Identifies 3 advanced body parts
(PLS-5) (66-71 mths)

Significant Test Inconsistencies
Can you explain these differences?

PARALLEL PLAY

E-LAP 18 mths
 HELP 18-20 mths
 Gard, Gilman, Gorman 18-24 mths
 Rossetti 27-30 mths

Significant Test Inconsistencies
Can you explain these differences?

Understands Prepositions

Rossetti 12-15 mths
 DAYC-2 12-18 mths
 Gard, Gilman, Gorman 18-24 mths
 E-LAP 24 mths
 PLS-5 40-47 mths

Significant Test Inconsistencies
Can you explain these differences?

RESPONDS TO "NO"

Rossetti 6-9 mths "Most of the time"
 Gard, Gilman, Gorman 6-9 mths "Comprehends 'no'
 E-LAP 10 mths "Stops activity"
 REEL 7-12 mths "At least half the time" "Almost every time"
 DAYC-2 9-12 mths "Briefly stops when told "no"
 HELP 9-12 mths "Knows what 'no no' means and reacts"
 BAYLEY 13.5-16.5 mths "Stops reaching for an object"
 PLS-5 12-17 mths "Responds to an inhibitory word"

Significant Test Inconsistencies
Can you explain these differences?

URNS HEAD WHEN NAME IS CALLED

DAYC-2 3-6 mths (stops activity when name is called)
 E-LAP 9 mths
 ROSSETTI 9-12 mths
 BAYLEY 11-12.5 mths
 PLS-5 12-17 mths (interrupts activity when name is called)

TESTS LACK PRECISION

THIS IS WHY
INFORMED CLINICAL
OPINION IS SO
IMPORTANT IN EI
EVALUATIONS

Concerns with the REEL-3

The theoretical basis of the REEL-3 language from the manual.
What's the concern here?


| LANGUAGE | | | | |
|-----------|-----------|------------|--------|------------|
| Content | Form | | | Use |
| Semantics | Phonology | Morphology | Syntax | Pragmatics |

Figure 1.1. Broad components of language: content, form, and use. Adapted from discussions in *Language Development and Language Disorders* by L. Bloom and M. Lahey, 1978, New York: Wiley. Copyright 1978 by Wiley. Adapted with permission.

TEST IMPRECISION RE DOMAIN
Fine Motor or Cognitive Delay?

E-LAP Cognitive Assessment

- Obtains peg from bottle** (16 mths)
- Obtains toy with stick** (17 mths)
- Looks at picture and turns pages** (18 mths)
- Completed 3-piece formboard** (circle, square, triangle) (22 mths)
- Imitates drawing vertical line, horizontal line, and circle** (27 mths)
- Makes train of cubes** (27 mths)
- Builds a tower of 3-4 cubes** (18 mths), **5-6 cubes** (18 mths), **6-7 cubes** (24 mths), **8 cubes** (30 mths)



COGNITIVE DEVELOPMENT

Cognitive development refers to the changes over time in children's thinking, reasoning, use of language, problem solving, and learning, and children's approaches to interaction with their physical and social environments. Components of cognition include intelligence; arousal, orientation, attention, and executive function; memory (short and long term); information processing functions (such as pattern recognition, facial-emotional content, imitation, cause-and-effect associations, processing multiple sources of information simultaneously); representational thought; and reasoning and concept formation (problem solving, language, perspective-taking, social context and rules).

NYCDOH Eval Memo. Eligibility Criteria.
https://www.health.ny.gov/communities/infants_children/early_intervention/monitoring/eligibility_criteria.htm#de lay

Some items are just plain weird

Whispers DAYC-2 24-30 mths
 Uses sentences of three or more words DAYC-2 24-30 mths
 Spontaneously names 5 or more objects DAYC-2 18-24 mths

ALL TESTS LACK PRECISION

Standard Error of Measurement tells us this.
 It is also why Informed Clinical Opinion is so important in EI Evaluations

Remember according to the EI Provider Agreement

Provider shall adhere to recognized standards of practice for their respective disciplines, and use evidence-based practice recommendations when available, including the clinical practice guidelines issued by the Department, in the conduct of evaluations and eligibility determinations under the Early Intervention Program.

Evaluators are responsible for adhering to recognized professional standards of their professional practice, including use and scoring of clinical procedures and standardized instruments, when conducting evaluations under the EIP.

EI Provider Agreement

RELIABILITY and STANDARD ERROR OF MEASUREMENT

DAYC-2, p. 35-36
 Score of 70
 at 95% confidence.

“I am 95% sure the child’s true score falls somewhere within this range.”

| | |
|-------------------|--------------|
| Expressive Lang. | 60 to 80 |
| Receptive Lang. | 57.1 to 82.9 |
| Fine Motor | 60 to 80 |
| Gross Motor | 62.5 to 77.5 |

• SEM at 95% is 3 x 1.96, 4 x 1.96, or 5 x 1.96 based on table 5.2.

RELIABILITY and STANDARD ERROR OF MEASUREMENT

DAYC-2, p. 35-36
Score of 70
at 95% confidence.

“I am 95% sure the child’s true score falls somewhere within this range.”

| | |
|---------------------|----------|
| Communication | 64 to 76 |
| Cognition | 64 to 76 |
| Physical Dev | 64 to 76 |
| Adaptive Behavior | 64 to 76 |

● SEM at 95% is 3 x 1.96, 4 x 1.96, or 5 x 1.96 based on table 5.2.

RELIABILITY and STANDARD ERROR OF MEASUREMENT

REEL-3, p. 30 Table 5.2

| Age in months | Receptive Lang 95% confidence | Expressive Lang 95% confidence | Lang ability composite 95% confidence |
|---------------|----------------------------------|-----------------------------------|--|
| 13-14 mths | Score +/- 9.8 | Score +/- 7.84 | Score +/- 7.84 |
| 19-20 mths | Score +/- 7.84 | Score +/- 5.88 | Score +/- 7.84 |
| 28-30 mths | Score +/- 5.88 | Score +/- 5.88 | Score +/- 5.88 |

● SEM at 95% is 3 x 1.96, 4 x 1.96, or 5 x 1.96 based on table 5.2.

STANDARD ERROR OF MEASUREMENT

REEL-3 SEM: What does this mean??

If a child receives a score of 70 on the REEL-3 language composite, we are 95% sure that child’s true score falls somewhere between 62.16 and 77.84, in other words, somewhere between a very severe delay and a 25% delay

● SEM at 95% is 3 x 1.96, 4 x 1.96, or 5 x 1.96 based on table 5.2.

STANDARD ERROR OF MEASUREMENT

How can the range be so wide?

The REEL-3 and virtually all other tests say something like this:

“Too often examiners forget the dictum that ‘tests don’t diagnose, people do’ and base their diagnoses exclusively on the results of a specific test. However, test results are merely observations, not diagnoses.”

“Test results make useful contributions to diagnosis, but in the end, practice diagnosis rests on the clinical skills and experience of examiners. Test results are merely aids to clinical judgment.”

REEL-3, Examiner’s Manual, p. 21

QUESTIONABLE ASSESSMENT: E-LAP

All the test items were drawn from 21 different assessment instruments including standardized tests and criterion-referenced tests. REEL, GISSELL, Bayley, and Stanford-Binet.

Developmental age of one specific month is listed for each item. It does say the month is “approximate” but calculates the developmental age to a specific month!

No mention of concern about individual differences or cultural or linguistic differences.

Given the quality of these tests

Evaluations must be much less focused on how the child did each task on a test and the test scores.

Given the quality of these tests

INFORMED CLINICAL OPINION
is vital in determining a child’s functioning levels

What you may be asking...

Question 1: Will BEI accept MDEs in which there was no standardized test used to establish a development delay?

YES. However NYSDOH EI regulations and guidance state that an evaluator should use a standardized instrument when it is appropriate to the child’s culture, language and developmental concern and the instrument has appropriate levels of sensitivity and specificity. It is incumbent on the MDE team to determine whether specific instruments meet the above requirements in relation to the unique characteristics of the child.

NYCDOH Q and A, March 2016

Question 1 (con't) : Will BEI accept MDEs in which there was no standardized test used to establish a development delay? YES.

Regardless of whether a standardized instrument is used or not, all evaluators must

- Provide detailed clinical observations, informed clinical opinion and parent perceptions and observations about their child's development and any other pertinent information such as medical history, family history, etc. to support the child's reported level of functioning and developmental domain status.
- Reference developmental milestones and clinical clues/risk factors from *NYSDOH Clinical Practice Guidelines*.

NYCDOH BEI Q and A, March 2016

Question 1 (con't) : Will BEI accept MDEs in which there was no standardized test used to establish a development delay? YES

When a standardized instrument is used, scores should not be used in isolation to establish a child's eligibility status.

Special attention should be given to whether test/instrument items or skills presented are appropriate to assess given specific knowledge of the individual child's prior experiences, the relevance for the individual family's culture and background and the functional relevance and the individual child's ability to acquire skills.

NYCDOH BEI Q and A, March 2016

Question 2: Are evaluators required to use a standardized test for an English speaking child?

No. If an evaluator determines that a standardized test is not appropriate to the child's culture, language and developmental concern, or the instrument does not represent the child's developmental level, evaluator should provide written justification in the evaluation report why such instrument or instruments are not appropriate or available for the child.

NYCDOH BEI Q and A, March 2016

Question 2: Are evaluators required to use a standardized test for an English speaking child? No.

Evaluators should provide detailed information based on informed clinical opinion, parent interview and behavioral observation to support the child's developmental level and developmental domain status.

Evaluators must document procedures and methods of how developmental delay status and eligibility is determined in accordance with NYSDOH regulations and guidance documents.

NYCDOH BEI Q and A, March 2016

www.LEADERSproject.org

Grammar Fundamentals for a Pluralistic Society

Differential Diagnosis in a Preschool Evaluation

Disorder, Difference, or Gap? A School-Age Disability Evaluation

Model Speech-Language and Psychological Evaluations

Test Reviews of most commonly used tests

Research Associate: Casey Sheren

Research Assistants: Marcos Sastre, Grace Frutos

Illustrations: Tina Yeung

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