

Best practice in the psychological assessment of early years children with differences

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Abstract

This paper explores the importance of theoretical and practice frameworks in educational psychologists' work. It focuses on the effective psychological assessment of young children (aged three to five) who seem unsettled, different, or to be struggling with school routines and requirements. The challenges of meeting the assessment and intervention needs of this complex and heterogeneous group are explored. Woolfson et al.'s (2003) Integrated Framework is proposed as potentially useful to encourage cross-stakeholder collaboration, to structure the assessment process, and to encourage shifts in meaning. The practicalities and challenges of its application are discussed.

KEYWORDS: psychological assessment, early intervention, integrated framework, nursery, multidisciplinary, systemic.

Introduction

There are no agreed definitions or fixed approaches for psychological assessment in education. Methods, purposes and theoretical orientations vary widely across time and context, with legislation and the political landscape highly influential upon practice. Current influences include evidence-based practice and the family empowerment themes in the Code of Practice (DfE 2014), as well as the drive towards a single coordinated assessment and plan. Variety in assessment approaches within, and across, time makes a clear definition of assessment vital if best practice is to be discussed. Educational psychologists (EPs) apply psychology to understand complex and dynamic systems. This complexity demands a comprehensive, iterative process of psychological assessment. The following definition is proposed to accommodate this complexity, while allowing some flexibility as to theoretical approach and exact tasks involved:

'...a comprehensive set of activities that identify a child's strengths and challenges and the family's concerns and priorities as well as chart a course for the next steps for the child and family' (Crais 2011: 341)

Thus, psychological assessment is conceptualised as a dynamic process, within which information gathering and analysis are intrinsically enmeshed with intervention and review.

Clearly there is much debate as to what this process should look like in practice, and there are numerous espoused frameworks and models (see Woolfson et al. 2008 for a range of examples). This paper will explore best practice

when assessing young children (aged three to five years) with 'differences'. Differences will be taken to specify children without a diagnosis or identified special educational need (SEN), but who have been referred to an EP because they seem to be struggling in an early years (EY) educational setting. This group has been chosen because they are frequently targeted for psychological assessment as they approach school age. In practice they are a challenging group to assess, because of their rapid non-linear development (Power & Elliott 2006), relative lack of independence, and the paucity of valid and reliable tools for assessment (Crais 2011).

Assessment of EY children with 'differences'

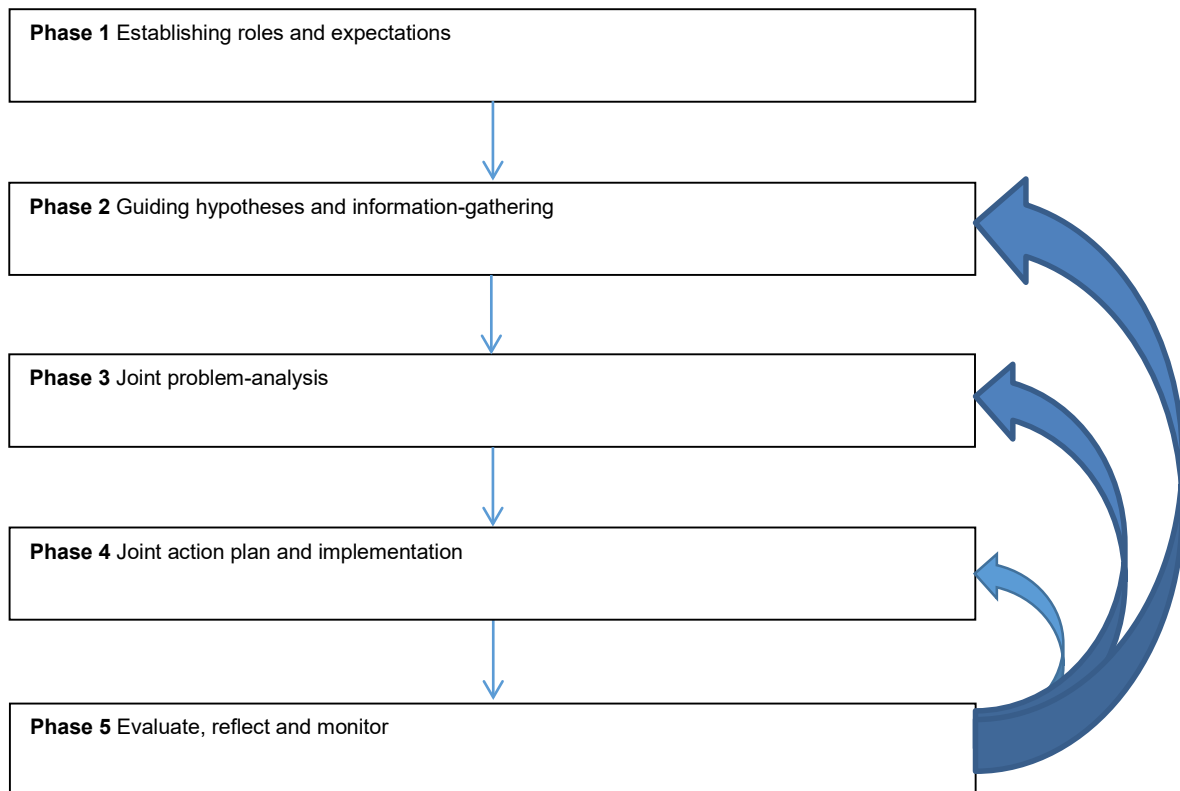
The idea that early intervention is essential to prevent underachievement has gained considerable credence in recent years (e.g., Field 2010; Tickell 2011). This has resulted in a number of initiatives geared towards identifying, and meeting the needs of, the most vulnerable young children. The Early Years Foundation Stage (EYFS) statutory framework (DfE 2012b) is one influential example. This early intervention focus may have led to increased EP involvement with children aged three to five years identified as 'different' or 'difficult' in educational settings. They are not a clearly defined or definable group, and individual differences in background, strengths and needs are likely to be broad. However, children who appear to struggle with the social expectations, structures and routines in EY settings cause concern to educational staff. Aubrey & Ward (2013), for example, documented the concerns of 46 EYFS practitioners in one area of the West Midlands, finding low-level disruption (e.g., not listening), aggressive behaviour (e.g., hitting) and lack of social skills (e.g., not sharing) were their primary concerns. The high frequency of low-level disruption was a particular worry. Staff felt effective intervention with children apparently struggling with the institutional challenges of formal education would be extremely beneficial, although it is unclear what form this intervention should take. It is not suggested that children who show low-level disruption or 'different' behaviour in EY settings are a unified group, just that their psychological assessment is likely to be commonplace, challenging, and important for early intervention. Best practice is likely to engage with this complexity, assessing beyond the individual level and seeking to understand the context of the child. Sensitivity is also needed to the fact that these children are very young and changing rapidly. Incorrect or unhelpful labelling is a real risk at this stage. A clear rationale for assessing at all should be in evidence, along with a useful framework which can be practically, flexibly and transparently applied.

Little consensus exists regarding which approaches and frameworks are most useful for the psychological assessment of this group, and research on what EPs

actually do, or even say they do, during the assessment process is minimal. An EBSCO database search of 'psychological assessment and EY' (including synonyms such as 'nursery' and 'pre-school') yielded only four relevant results in peer-reviewed journals. Many sources are not research but commentaries. Key themes do emerge, including the value of both play-based assessment (PBA) and dynamic assessment (DA), which will be discussed below. However, this emphasis should be treated tentatively due to the lack of an extensive evidence base. Many commentators also argue for the thorough investigation of the multiple systems around the child, and their interaction (see, e.g., Lidz 2002). Current thinking

appears to largely reject a simple 'within-child' explanation of children's differences and difficulties, and espoused psychological assessment practices seem to reflect this. For this reason, the Integrated Framework (Woolfson et al. 2003) is proposed as a potentially useful means of structuring the process of psychological assessment of EY children. It emphasises collaboration and joint analysis across ecological levels, is flexible in approach (both theoretically and practically) and adaptable to a range of assessment questions. The five phases of this framework form a cycle (Figure 1) which will be used to structure the remainder of this paper.

Figure 1: The Integrated Framework



It is beyond the scope of the paper to examine all aspects of all phases in depth. The focus will be largely practical, and skewed towards the earlier phases, for reasons of utility and because assessment paths increasingly diverge as the cycle progresses, making general discussion of the later stages less relevant.

Phase 1: Establishing roles and expectations

The starting point of psychological assessment is usually referral by a 'problem-owner' who details concerns regarding a child:

'... children do not present themselves as having problems for which they require help. It is rather the case that they are presented as the focus of complaints by adults.' (Ravenette 1999: 48)

Young children are likely to be referred to EPs by staff in EY settings. Thus, the problem-owners are probably EY staff and parents. Interaction and planning with these adults is likely to be central to the success of assessment. Exploration of the problem-owner's 'concern' is vital, to decide if the case is appropriate for the EP's involvement. If yes, this initial communication will maximise the chances of subsequent success. The EP and problem-owner can then identify key stakeholders and meet with them as a group to extend communication further. In this meeting the proposed phases of the framework will be outlined and all roles will be negotiated and clarified.

To implement successful change, there needs to be a shift in meaning for problem-owners (e.g., Cameron 2006). But how are these shifts to be achieved? Evidence from across disciplines implies that establishing shared goals is a good place to start (e.g., Graham & Barter 1999; Martin et al. 2014). In reality this involves clarifying what stakeholders want from EP involvement. Establishing agreed assessment questions is part of this process, with not all assessment questions directly concerning individual children. Thus, possible assessment questions include:

- Why doesn't this child follow instructions?
- What is this child's current (or potential) level of cognitive functioning?
- What is effective intervention likely to look like for this group?
- How can this child's quality of life be improved?
- What is the best provision for this child/these children?

To inform intervention, clear rationales should underpin questions, and success criteria should be agreed. The integrated framework prioritises genuine teamwork, in which all the people around the child communicate clearly and work together for change. In reality, this is likely to be challenging due to time constraints and differences in value and belief systems across stakeholders. However, the EP can facilitate joint working by discussing stakeholders' understanding of the problem and beginning to shift meaning, for example from a child deficit perspective to a consideration of the influence and interaction of the many systems around the child. Awareness by the EP of their own values, beliefs and biases is also necessary, to ensure optimal communication with stakeholders who may well have different ways of understanding the world. Facilitating this level of communication requires interpersonal skill and effective rapport building. Beaver (2011), for example, places active listening, reframing to shift meaning, and empathy as amongst the most important of EP skills. All

stakeholders, by definition, are key figures in the child's life. They will have important information about the child's world and the potential to influence it.

Phase 2: Guiding hypotheses and information gathering

Exploration of the problem with stakeholders, and the application of psychology, will lead to the generation of tentative hypotheses. Hypothesis building will be collaborative, facilitated by the EP and informed by psychological theory. The Integrated Framework does not endorse or condemn particular theoretical frameworks and many are likely to be useful in the context of EY. Three potentially complementary theoretical frameworks will be briefly discussed here: theories of child development, an ecosystemic approach and attachment theory.

A comprehensive understanding of child development theories is likely to be a useful starting point across cases. Child development theories are numerous and research is extensive, with the capacity to offer insight into expected change and influences on children's experience. Between the ages of three and five, development is rapid and radical across physical, cognitive and social-emotional domains (EYFS, DfE 2012b). It is unlikely to be linear and rigidly age-related (Lidz 2002). Recognising and understanding the developmental tasks children are going through, for example their use of symbolic play, gives important information about learning and behaviour, and thus feeds into hypothesising. However, developmental tasks and changes do not occur in a vacuum. They vary across individuals and contexts because of a range of factors, including culture (Quintana et al. 2006). Bronfenbrenner's (1979) bio-ecological model is useful for considering child development more deeply as it requires the EP to analyse multiple systemic layers of likely influence on the child's life. One key layer is the 'microsystem': the child's immediate world of relationships, for example with family. The family has been shown to be the most influential system on pre-adolescent children (Maccoby & Martin 1983). The bio-ecological model facilitates analysis of this and other systems, including their interaction. Attachment theory (Bowlby 1977) is another potentially useful theory to apply, because children in EY education may be separating from their primary caregivers for the first time. Consideration of children's internal working models about relationships and the world, and the possible effect of separation on their emotions and behaviour, could feed into hypothesising and inform effective intervention.

The three approaches discussed may well be salient when collecting information and forming tentative initial hypotheses about young children with differences. However, each individual case will be different, and multiple variables, including the context in which the EP works, determine which knowledge sources and perspectives are useful in different situations. During phase 2, and arguably throughout the process of assessment, the EP is not seeking 'the truth'. Rather, he or she is assimilating information and knowledge in collaboration with others, to identify what is useful. At this stage, potentially useful hypotheses will result, spanning a range of ecological levels: individual, family, class, school or wider community. Information will next be sought to identify hypotheses likely to lead to effective intervention. This evidence will be gathered by a range of stakeholders, and fed back to all, with the EP as coordinator.

The process of information gathering extends throughout the cycle of assessment, but becomes increasingly targeted after the formulation of initial guiding hypotheses. Information gathering will likely involve the sensitive selection of a range of tasks across many ecological levels, from the individual to the cultural. Activities will need to match each case and each hypothesis. However, some assessment approaches and activities are essential to understanding the context of any young child referred because they are unsettled or 'different': developmental checks, assessment of the child's environment, and assessment of language and communication. Many authors also propose play-based and dynamic assessment as key paradigms in EY assessment (e.g., Lidz 2002; Neisworth & Bagnato 2004). These will be evaluated in turn. In reality, separating these fundamental tasks and paradigms is unrealistic: they are likely to interlock, spanning ecological levels. PBA, for example, has the capacity to yield information across many domains including social interaction, developmental level and language skill.

At an individual level, tests of hearing and vision by medical professionals, or a file check to confirm recent assessments have been completed, are necessary to eliminate hearing and visual impairment as influential on behaviour or learning. Another fundamental assessment task for this group is a thorough exploration of developmental history, and the family's medical history. These may offer important clues about key influences on the current experience of the child, and hint at protective factors and potential levers for change. Prenatal, perinatal, and post-natal experiences for parents and children have been found to be influential on subsequent development (Pierrehumbert et al. 2003). Lidz (2002), for example, highlights maternal exposure to drugs, alcohol or lead during pregnancy as an area often ignored during assessment that can underlie behavioural or learning difficulties. Of course, detecting these influences may not be straightforward. It will likely involve a check of medical records and the skilled interviewing of parents.

The microsystems of home and school, and the differences between them, are likely to be very influential on a young child's behaviour as they make the transition to full-time school. Best practice in psychological assessment should explore both family and school processes, including interactions, and boundary setting. This understanding will become especially relevant when school and home boundaries and norms differ widely, leading to possible confusion and conflict. Parenting style is just one aspect of many which may warrant exploration because of the wealth of research, including longitudinal studies, linking aspects of parenting to child outcomes (Darling 1999). The extensive demands of this task, which will probably involve interviewing, talking with the child, PBA, home visits and classroom observation, mean that true multidisciplinary working is desirable. In practice the extent and success of this cooperation seems to vary (Dunsmuir & Robinson 2010). A single, multidisciplinary, coordinated assessment which builds a detailed picture of the environments within which the child is immersed is a challenging ideal.

Assessment of language and communication could be part of this single collaborative process, and is specified as essential with this age group in the vast majority of the literature (e.g., Appl 2000; Skovgaard et al. 2004). This is partly because language disorders are the third most common SEN (DfE 2012a), making early detection desirable. In addition, early language development is predictive of later language skill (Rescorla et al. 2000) and correlated with educational outcomes (Aram & Nation

1980). Language is in fact so intertwined with other areas, for example learning and cognition, that to ignore it is to miss vital information about the child's experience of the world. However, assessment of this complex area is not straightforward, and may encompass information gathering across many contexts and a range of domains (e.g., semantics, phonology, non-verbal communication). Many tools exist to facilitate this assessment (e.g., observation instruments, parent checklists, standardised psychometric tests). However, very few reliable and valid measures exist for young children (Crais 2011). Best practice will use the hypotheses to guide the selection of tools and strategies. Crais also highlights the fundamental importance of 'fairness, efficiency, and cultural-linguistic appropriateness' (p. 342) here. Involvement of a speech and language therapist (SALT) can make these more attainable by bringing in-depth knowledge of tools, as well as competence in language testing. Equally, parental reports on their child's language capabilities have been found to be reliable and valid when compared to other more formal measures (Crais et al. 2004). However, the idea of a stand-alone language assessment is proposed to be unhelpful. It is suggested that assessment requires the skilled mobilisation of a range of techniques, especially when working in a diverse community. Two potentially useful contributing paradigms are psychometric and dynamic assessment, which will be considered below.

Psychometric and dynamic assessment

Psychological assessment in the EY once consisted almost entirely of psychometric testing (Cameron & Hardy 2013). Current evidence, from published literature and EP training course specifications (DfE 2015; see links to each training course), suggests that this era may have given way to the widespread use of PBA and DA. However, static standardised tests for this age group continue to be used (Woods & Farrell 2006), although it is difficult to glean how widely since almost nothing is published on this subject. However, continued republication, and successful marketing, of a range of psychometric tests targeted specifically at the early years, such as The British Abilities Scales (Elliott et al. 1983), suggests that EPs continue to use psychometric testing on EY children. The strategic (i.e., matched to the hypotheses) and competent use of psychometric testing may well provide useful information quickly on a child's current functioning, and should certainly be considered. However, many EY researchers and commentators favour the DA paradigm during the assessment of young children because it focuses on learning potential, and how to unlock it.

Tzuruel (2000) refers to the 'inadequacy' of psychometric testing with this age group to both measure intellectual ability and suggest ways to improve it. He defines DA as follows:

'The term DA refers to an assessment of thinking, perception, learning and problem solving by an active teaching process aimed at modifying cognitive functioning' (p. 386)

Implicit in the DA paradigm is a test–mediate–retest model, drawing on the idea that children's performance in school is influenced by a wide range of cognitive and non-cognitive factors, and that children can learn to perform better with mediation. To deeply explain children's difficulties in early education settings the DA paradigm is useful, but perhaps it is most useful when embedded in PBA: 'Play does provide a window to all aspects of the child's functioning' (Lidz 2002: 80).

Play-based assessment

The ubiquity and richness of children's play means that observing and interacting with young children at play allows an insight into many facets of their world that other assessment strategies struggle to match. Static methods, such as testing and checklists, will yield some data on what young children can do, or what key adults think they can do. PBA has the capacity to assess more authentically and deeply across many domains. It can examine how children go about activity and interaction in their natural environments. This has implications for intervention because it can hint at ways into the child's world. Parents and educational professionals seem to corroborate this, reporting positively on PBA as an efficient and supportive approach strongly linked to intervention (Myers et al. 1996). This qualitative information is compelling but represents opinion only. It is important to consider how reliable and valid PBA is relative to other methods. Evidence comparing static and play-based assessment is thin, often involving tiny samples in limited age categories, and is proposed to be biased by the particular tests being compared. However, there is some indication that PBA can be reliable and valid if assessors are competent and sensitive (e.g., Farmer-Dougan & Kaszuba 1999). It seems likely that, like all assessment, the success of PBA will rest on its suitability to the case, and the competence of the assessor.

Phase 3: Joint problem analysis

Sense needs to be made of the potentially large quantity of information gathered by a range of people during phase 2. This is part of the EP's role, and involves complex analysis and assimilation of meaning in collaboration with others. It needs to be remembered that other professionals, and parents, will also have ways of analysing complex information – possibly including the speech and language therapist (the development of communication) and the occupational therapist (motor skills). The EP (alongside these others) will draw on evidence and experience to assess which hypotheses are confirmed by the information collected, and which are not. Woolfson et al. (2008) propose this task of problem-analysis, or formulation, to be at the heart of an EP's work. It should result in a range of interacting working hypotheses at different ecological levels, which have the potential to inform effective intervention. This problem-analysis should be presented and explained to stakeholders who have of course contributed to it. A meeting involving open discussion of the problem-analysis is vital to achieve shared meaning. This meeting is not an opportunity for the EP to 'deliver' an explanation of the problem. Rather it is an opportunity to further develop shared understanding and agreement on the way forward.

Phase 4: Joint action planning and implementation

'Insightful assessments are just a paperwork exercise if they are not used in the planning process' (Brodie 2013: 13).

Assessment does of course include planning. However, it is worth re-emphasising that selecting and implementing appropriate intervention is integral to the process of psychological assessment. Phase 3 is likely to yield a range of hypotheses, and it is unlikely that intervention across all is possible or desirable. Choosing when and how to intervene is a key task for the EP in cooperation with others. There are likely to be many possible routes to success. Each case will be different, with the EP assimilating

information on the current context of the child, prior experience, and knowledge (of both psychological theory and evidence base). Resources such as time, staffing and money should also be considered. Information collected during phase 2 should be used at this point to indicate promising areas for change, for example changing aspects of the child's environment or introducing more opportunities for imaginative play or peer interaction. Intervention will be most successful when planned in collaboration with other stakeholders, agreeing success criteria. Those involved in intervention need to understand it and believe in it. Strengths of both the child and key figures in his/her life can also be valuable to guide intervention. Bozic (2013) details four ways that strengths can inform intervention: (1) to directly address areas of difficulty, (2) to increase resilience, (3) to encourage a positive sense of identity, and (4) to reframe problems as potential strengths. 'Difficult' pre-school children, and those working with them, may respond well to these kinds of interventions because the descriptions 'different' or 'difficult' may overlie feelings of insecurity and stress in the school environment. These are potentially alterable via manipulation of tasks, environment or relationships.

Phase 5: Evaluating, reflecting, monitoring

'All assessment is a perpetual work in progress' (Suskie 2013: 7).

The process of psychological assessment is not linear, and meaningful checks of efficacy need to be agreed and built in throughout the cycle. Although the EP will reflect individually on each case, the integrated framework is collaborative, meaning evaluation is a team process also. Successful intervention requires an agreed maintenance plan. Unsuccessful intervention requires critical analysis of each previous phase and the discussion of next steps.

Conclusion

Children aged three to five referred to EPs are likely to differ widely in culture and home background. They vary in age and developmental level, and will have a range of needs and strengths. Arguably, what they have in common in the UK is their presence in increasingly regulated educational settings (DfE 2012b). Children, and staff, will differ in how adaptable they are to these demands, and it seems likely that some of the referral concerns of EY staff may stem from children's (and possibly adults') differential 'coping strategies'. These coping strategies may manifest as different or challenging behaviour in children. Equally, different or challenging behaviour may stem from a broad range of other routes. Children grow up within complex, interacting, nested systems. Comprehensive psychological assessment should be sensitive enough to understand these children and their systems, so as to improve their experience of education. The integrated framework is one possible route to doing so, but its success will depend on the commitment and strengths of those applying and implementing it, including the EP, child and family.

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