

# PSYCHOLOGICAL EVALUATION

## GUIDANCE FOR CONFIRMING A DIAGNOSIS OF INTELLECTUAL DISABILITY

### A. CONTENT

A PSYCHOLOGICAL EVALUATION USED FOR DETERMINING ELIGIBILITY MUST:

1. Reflect the individual's "current level of functioning," regardless of the date of completion. If an individual's physical or mental condition changes, the support coordinator/case manager/team needs to determine if a new psychological is warranted.
2. Confirm a diagnosis of intellectual disability, based upon the definition by the American Association on Intellectual and Developmental Disabilities (AAIDD), which states *"intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18."*

- a. Determine intellectual functioning using a standardized psychological test

This may include one of the Wechsler scales; Stanford-Binet Intelligence Scale, etc. which would determine an IQ score. A rationale for using a particular evaluation is often helpful, especially if a person has a sensory disability such as blindness, deafness, limited communication, etc.

*A 5 point, plus or minus testing 'margin of error' continues to be utilized by psychologists (65 -- 70 and 70 -- 75) in making the determination of intellectual disability.*

- i. If for some reason, this intellectual evaluation was not possible; the examiner would state what intellectual evaluation was attempted and why it was not successful. In these documented cases, the examiner would then be justified in using an adaptive scale in lieu of the intellectual evaluation. Psychologists experienced in assessing persons with developmental disabilities may need to be utilized in these circumstances.
- ii. If a full score IQ is **above 75** and the evaluator determines a diagnosis of intellectual disability, the evaluator should clearly denote in the report the reason(s) for this diagnosis. ("Borderline" is no longer a classification of mental retardation /intellectual disability).

- b. Confirm current adaptive skills.

*The ABS-RC (Adaptive Behavior Scale) or the Vineland are two widely used tools that could be used in conjunction with the intellectual evaluation. The psychologist could obtain this information from other sources, but it should reflect the individual's current level of functioning. The support coordinator/case manager can file this adaptive assessment tool with the psychological report.*

c. Confirm age of onset.

*If the individual is being evaluated for the first time as an adult, information can be obtained from the individual, friend, staff, or family member regarding special education classes attended, previous institutional care, birth trauma, past treatment programs, etc. that would substantiate the presence of mental retardation/intellectual disability during the developmental period. The developmental period is defined as birth to age 18. If the psychologist does not include this information within the body of the psychological report, having this information readily available (in the social assessment, intake information, etc.) is recommended. If known by staff, this information can be given to the psychologist prior to the testing in order to have the information included within the report.*

Once the psychologist verifies these three components, she/he states in writing whether or not the individual has mental retardation/intellectual disability.

## **B. SUGGESTED FORMAT OF THE PSYCHOLOGICAL**

- Identifying Data: The individual's name, date of birth, date of the evaluation, name of the agency providing the testing, name of the examiner; license/credentials/title of the examiner.
- Reason for the referral.
- History/Background: Information can be obtained from the individual, staff, family, etc. Events of the developmental years that lead to the diagnosis/suspicion of mental retardation/intellectual disability; household composition, etc.
- Previous/Current Treatment or Services – Special education classes for persons with mental retardation/intellectual disability; institutional care; birth traumas; accidents. Any previous testing or past records.
- Impressions/Observations (face-to-face with the individual).
- Determination of intellectual disability diagnosis (see information in Section A).
- Summary & recommendations.