

DEVELOPING A STANDARDIZED ASSESSMENT BATTERY FOR CLINICAL USE AT RBSC

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Abstract

Introduction: In clinical psychology, standardized assessment batteries are essential for meaningful, consistent, and trustworthy client evaluations. The present goal of the Rollins Behavioral Science Clinic (RBSC) is to put in place a formal battery that will improve evaluations and encourage evidence-based decision-making.

Method: A comprehensive battery of assessments that has been carefully chosen for its clinical utility, psychometric strength, and viability is proposed in this paper. Cognitive functioning, linguistic skills, screening for autistic spectrum disease, adaptive behavior, and internalizing symptoms are important areas.

Findings: The following measures are suggested: the Revised Children's Anxiety and Depression Scale (RCADS), the Stanford-Binet Intelligence Scales, Fifth Edition (SB5), the Peabody Picture Vocabulary Test, Fifth Edition (PPVT-5), the Expressive Vocabulary Test, Third Edition (EVT-3), the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3), the Essential for Living (EFL), and the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2).

Keywords: Clinical psychology, assessment batteries, client evaluation, evidence-based, decision making, cognitive functioning, linguistic skills, screening, internalizing.

INTRODUCTION

The basis for precise diagnosis, treatment planning, and outcome evaluation is the main attribute of psychological evaluation. Assessments may tend to be inconsistent in the absence of standard operating procedures, and this could in turn, result in the process of jeopardizing client care (Groth-Marnat & Wright, 2016). Creating a formal battery guarantees consistency, improving validity and reliability across assessments.

RESEARCH METHODOLOGY

Informal observations have given way to highly structured processes that prioritized psychometric rigor throughout the history of psychological evaluations (Anastasi & Urbina, 1997). Evidence-based, effective, and demographically appropriate assessments are essential in today's clinical settings, especially training clinics like RBSC.

Assessments must be clinically possible in addition to being valid and reliable, as evidence-based practice becomes more and more important (American Psychological Association, 2006).

Cognitive ability, language skills, autistic spectrum disorder screening, adaptive behavior, and internalizing mental health symptoms are the five primary domains that are essential for an extensive clinical battery.

[i] For Cognitive Ability: Tests of intelligence help with diagnosis (such as giftedness or intellectual disability) and therapy planning. With strong psychometric qualities and a range of ages 2 to 85+, the findings showed that

- the Stanford-Binet Fifth Edition (SB5) has outstanding reliability (.90s for composite scores) (Roid, 2003).
- The WISC-V (Wechsler, 2014), in contrast, is used extensively but has a smaller age range (6–16 years), which limits its use for a clinic that serves a wide variety of patients.

[ii] For Language Skills: Language skills are an essential attribute for assessing the responses of all the individuals.

- The Expressive Vocabulary Test, Third Edition (EVT-3) measures expressive language, whereas,
- The Peabody Picture Vocabulary Test, Fifth Edition (PPVT-5) measures receptive language.

With internal consistency above .90, both demonstrate good psychometric support (Dunn, 2019; Williams, 2019). The PPVT-5/EVT-3 coupling is more practical for condensed evaluations because alternative measures, such as the CELF-5, are more thorough but much longer.

[iii] Screening for Autism Spectrum Disorder (ASD): The gold standard for diagnosing ASD is

- The Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), which has been shown to have sensitivity and specificity across age groups (Lord et al., 2012). The ADOS-2 is a better option even if it takes longer to administer than the Childhood Autism Rating Scale,
- The Second Edition (CARS-2), is no doubt quicker but it is much less thorough.
- According to Sparrow et al. (2016), the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) is a well-known tool for assessing socializing, communication, and everyday life abilities.

The Vineland-3 offers more clinical interpretability and fuller caregiver interviews than the ABAS-3 (Harrison & Oakland, 2015). However, essential for Living (EFL) provides a functional, communication-focused alternative for clients with severe disabilities (McGreevy et al., 2012).

[iii] Internalizing Symptoms: With strong psychometric support,

- The Revised Children's Anxiety and Depressive Scale (RCADS) assesses youth anxiety and depressive symptoms (Chorpita et al., 2000). The RCADS provides more focused symptom identification than more general behavior scales such as the BASC-3.

With a focus on measures that are clinically useful, psychometrically sound, and suitable for a wide range of patients, this project aims to develop a thorough, standardized assessment battery for use at RBSC. The literature review assesses and analyses the tools utilized for use at the Rollins Behavioral Science Clinic, which standardized tests provide the best balance between clinical viability and psychometric strength.

Exclusion and Inclusion Criteria

The recommended battery is intended for clinical patients at RBSC, who range in age from young children (ages 2 to 8) to older children (ages 10 and up). The population consists of people who come in for mental health issues, autism screenings, language tests, and cognitive exams.

Metrics and Assessment Tools Utilized for the Study

Every measure was chosen on the basis of;

[i] Reliability (such as test-retest reliability and internal consistency),

[ii] Validity (criterion-related, construct),

[iii] Suitability for the clinical population (verbal needs, age range) and

[iv] Practicality (administration time, clinical interpretability)

Table-1: Proposed Standardized Assessment Battery for RBSC

Assessment	Domain	Age Range	Reliability /Validity	Verbal Ability Needed	Admin Time	Comparative Assessment	Reason For Selection
STANFORD BINET 5 (SB5)	Cognitive	2-85+	Full-Scale IQ .95	Minimal	45-75 mins	WISC-V	Covers a broader age range; strong psychometric support
ADOS-2	Autism Symptoms	12 month-adulthood	High Sensitivity/ Specificity	Some modules yes	40-60 mins	CARS-2	Gold standard for ASD; more comprehensive and modular
PPVT-5	Receptive Language	2.5-90+ years	Internal consistency $\alpha \approx .96$	Minimal	10-15 mins	CELF-5	Time-efficient; excellent for vocabulary screening
EVT-3	Expressive Language	2.5-90+ years	Internal consistency $\alpha \approx .95$	Yes	10-15 mins	CELF-5	Targeted expressive vocabulary assessment with minimal burden
VINELAND D-3	<i>Adaptive Behavior</i>	Birth-90	Strong test-retest reliability	No	20-60 mins	ABAS-3	More in-depth caregiver interview format

ESSENTIAL FOR LIVING (EFL)	Adaptive Skills (Severe Disability)	All ages	Clinical reliability; functional validation	No	Variable	Vineland-3	Focused on real-world functional and communication skills
RCADS	Internalizing Symptoms	8-18 years	$\alpha = .78-.88$ (subscales)	Yes	10-15 mins	BASC-3	Targeted anxiety/depression screener with high construct validity

RESULTS (HYPOTHETICAL)

It is projected that the proposed batteries will result in a number of quantifiable improvements to RBSC's clinical process and diagnostic quality. First, physicians would report improved consistency in the way assessments are administered to different client populations, especially for those with autism spectrum disorder and developmental disabilities. For instance, the clinic might maintain a high level of ASD diagnosis by using the ADOS-2 consistently, reducing the possibility of false positives or negatives due to inconsistent tool usage. The second benefit would be an optimized battery completion time. For language evaluations, for instance, the PPVT-5 and EVT-3 combined might be finished in 30 minutes, which is far faster than longer batteries like the CELF-5. The Stanford-Binet 5, which provides a full-scale IQ with subtest detail and bypasses the age-restricted constraints of the WISC-V or WAIS-IV, could be used to evaluate clients with cognitive issues.

Lastly, multi-informant perspectives would be possible if forms like the Vineland-3 and RCADS were completed by clients or caregivers. This would enhance the information collected throughout the process of assessment and facilitate individualized treatment regimens. These advantages would show themselves as more focused therapies, more clinic capacity to assist patients, and increased professional confidence.

Discussion

Three criteria; practicality, clinical relevance, and psychometric quality were used to choose the proposed battery for RBSC. All of the included measures have been accepted in both research and applied settings and have shown excellent validity and reliability across studies.

The ADOS-2 continues to be the gold standard for autism assessments. It is more flexible and diagnostically rigorous than the quicker but less detailed CARS-2 because of its modular nature, which enables physicians to adapt delivery based on verbal fluency and age (Lord et al., 2012).

Time restrictions frequently cause behavioral clinics to underprioritize language testing. The combination of the PPVT-5 and EVT-3 provides a reliable and effective solution. They provide age-based standard scores and percentile ranks, focus on both expressive and receptive language, and require less than 30 minutes total (Dunn, 2019; Williams, 2019). The CELF-5 is thorough, but because it takes 45 to 60 minutes to administer, it is not practical if the RBSC served a larger volume of patients. Both depth and adaptability are provided by the Stanford-Binet 5. The SB5 covers ages 2–85+, removing the need for several age-specific instruments, in contrast to the WISC-V, which is standard exclusively for ages 6–16, and the WAIS-IV, which is appropriate for adults 16+. For a college-based clinic like RBSC, where both adults and children may be referred, this makes it perfect. Its full-scale IQ score offers a rich profile across five cognitive categories and is quite accurate ($\alpha = .95$) (Roid, 2003). The Vineland-3 facilitates the evaluation of adaptive behavior using rating forms or organized interviews. Through semi-structured interviews, the Vineland-3 offers more in-depth caregiver insight than the ABAS-3. These interviews can reveal adaptive needs and skills that are not recorded in checklist form (Sparrow et al., 2016). For individuals with moderate-to-severe disabilities, the Essential for Living (EFL) is included. It focuses on functional communication and everyday living, two areas that standard tools do not adequately address.

Lastly, the RCADS offers effective and reliable psychometric screening for internalizing symptoms in young people. Despite covering a wider range of behavioral domains, tools such as the BASC-3 demand more time and training. According to Chorpita et al. (2000), the RCADS explicitly addresses anxiety and depression, which are common issues.

Limitations

While this suggested battery is extensive, it is important to note a few limitations; Certification and Training: Certain tools (such as ADOS-2 and SB5) need official training, which not all RBSC doctors or student trainees may have easy access to, Time Restrictions: While diagnostic clarity is provided by tools such as the SB5 and ADOS-2, they are time-consuming.

For certain clients, it might not be possible to administer the entire battery in a single session. Cost and Licensing: Financial expenditure is needed for the learning, maintenance, and training of these tests. Complete implementation may be hampered by financial constraints. Cultural Validity: Strong norms for non-Western, non-English speaking groups could be absent from some tests. To prevent prejudice, interpretation needs to be culturally sensitive.

CONCLUSIONS

For clinical examinations at the Rollins Behavioral Science Clinic, the suggested standardized assessment battery provides a workable and scientifically supported approach. It strikes a compromise between the realities of clinical practice and the requirement for accurate diagnosis. The battery is made to satisfy a wide range of client needs while upholding consistency and professional rigor by choosing instruments with solid psychometric bases and high clinical value. By putting this battery into practice, the clinic will be better equipped to diagnose patients, assist with treatment planning, and establish RBSC as a pioneer in the provision of psychological services and student-supported clinical training.

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