

**Table 10-3** Tests of Cognition

TEST	AGE RANGE	SPECIAL FEATURES
<b>INFANT SCALES</b>		
Bayley Scales of Infant Development (3rd ed)	1–42 mo	Mental, psychomotor scales, behavior record; weak intelligence predictor
Cattell Infant Intelligence Scale	2–30 mo	Used to extend Stanford-Binet downward
<b>Gesell Developmental Observation-Revised (GDO-R)</b>	Birth–3 yr	Used by many pediatricians
Ordinal Scales of Infant Psychological Development	Birth–24 mo	Six subscales; based on Piaget's stages; weak in predicting later intelligence
<b>PRESCHOOL SCALES</b>		
Stanford-Binet Intelligence Scale (4th ed)	2 yr–adult	Four area scores, with subtests and composite IQ score
McCarthy Scales of Children's Abilities	2½–8½ yr	6–18 subtests; good at defining learning disabilities; strengths/weaknesses approach
Wechsler Primary and Preschool Test of Intelligence–Revised (WPPSI-R)	2 ½–7¼ yr	11 subtests; verbal, performance IQs; long administration time; good at defining learning disabilities
Merrill-Palmer Scale of Mental Tests	18 mo–4 yr	19 subtests cover language skills, motor skills, manual dexterity, and matching ability
Differential Abilities Scale – II (2nd ed)	2½–18 yr	Special nonverbal composite; short administration time
<b>SCHOOL-AGE SCALES</b>		
Stanford-Binet Intelligence Scale (4th ed)	2 yr–adult	Four area scores, with subtests and composite IQ score
Wechsler Intelligence Scale for Children (4th ed) (WISC IV)	6–16 yr	See comments on WPPSI-R
Leiter International Performance Scale, Revised	2–20 yr	Nonverbal measure of intelligence ideal for use with those who are cognitively delayed, non-English speaking, hearing impaired, speech impaired, or autistic
Wechsler Adult Intelligence Scale–Revised (WAIS-III)	16 yr–adult	See comments on WPPSI-R
Differential Abilities Scale – II (2nd ed)	2½ yr–adult	Special nonverbal composite; short administration time
<b>ADAPTIVE BEHAVIOR SCALES</b>		
Vineland Adaptive Behavior Scale – II (2nd ed)	Birth–90 yr	Interview/questionnaire; typical persons and blind, deaf, developmentally delayed, and retarded
American Association on Mental Retardation (AAMR) Adaptive Behavioral Scale	4–21 yr	Useful in mental retardation, other disabilities

children with grouped tests to aid in problem identification and program evaluation. For the child with special needs, this screening ultimately should lead to individualized testing and the development of an IEP that would enable the child to progress comfortably in school. Diagnostic teaching, in which the child's response to various teaching techniques is assessed, also may be helpful.

### Social Environment Assessment

Assessments of the environment in which the child is living, working, playing, and growing are important in understanding the child's development. A home visit by a social worker, community health nurse, and/or home-based intervention specialist can provide valuable information about the child's social milieu. Often the home visitor can suggest additional adaptive equipment or renovations if there are challenges at home. If there is a suspicion of inadequate parenting, and, especially, if there is a suspicion of neglect or abuse (including emotional abuse), the child and family must be referred to the local child protection agency. Information about reporting hotlines and

local child protection agencies usually is found inside the front cover of local telephone directories (see Chapter 22).

## MANAGEMENT OF DEVELOPMENTAL PROBLEMS

### Intervention in the Primary Care Setting

The clinician must decide whether a problem requires referral for further diagnostic workup and management or whether management in the primary care setting is appropriate. Counseling roles required in caring for these children are listed in Table 10-4. When a child is young, much of the counseling interaction takes place between the parents and the clinician, and, as the child matures, direct counseling shifts increasingly toward the child.

The assessment process may be therapeutic in itself. By assuming the role of a nonjudgmental, supportive listener, the clinician creates a climate of trust, allowing the family to express difficult or painful thoughts and feelings. Expressing emotions may allow the parent or caregiver to move on to the work of understanding and resolving the problem.