

A NOTE ON PROBLEMS AND DIFFICULTIES IN ADMINISTERING PSYCHOMETRIC TESTS TO YOUNG CHILDREN WITH CEREBRAL PALSY

In this note, some practical problems are dealt with based on the author's experience while collecting data for a comparative evaluation of Conductive Education (Bairstow, Cochrane and Hur, 1993). The major difficulties the author has experienced in administering standardized tests to children with cerebral palsy are:

1. *Limitation of Test Availability:* It can be a problem to find the right kind of test for children with cerebral palsy. There are not many suitable tests with well established reliabilities and validities for young multi-handicapped children. Many of the existing tests are standardised based on normal children. Therefore, they are often not suitable for children with severe motor-dysfunction, speech and language problems, visual and perceptual difficulties, short attention span and low cognitive functioning level.

2. *Physical Limitation:* Physical limitation of multi-handicapped children can cause numerous problems for the testers. For example, in connection with the Evaluation Research, many of the participant children had severe physical handicap; some were stiff, unambulatory, and some were unable to sit independently. Some were independent with mechanical aids. Many of them had very limited motor function in using arms and hands as well.

The seating arrangement for multi-handicapped children, especially for those

who are unable to sit independently, is very important. Inappropriate seating arrangements may hinder the child's optimal level of performance. If the child feels unsafe on the chair, one cannot expect him to concentrate on the task the examiner presents to him. By the same token, if the tester feels that the child's sitting position is unsafe, the anxiety from fear of injury to the child will have any affect on the tester's ability to concentrate on the test. It would also be difficult to generate the warmth and relaxed atmosphere necessary to facilitate the child's maximum performance.

In addition, the height of chair or table should be right for the child. Many schools do not have appropriately proportioned furniture. As a solution, an adjustable table is highly recommended.

Personal experience shows that because of the physical limitations of the testees, testing requires considerable physical strength, patience and time. For example, many of the children in the Evaluation Research were unable to control their movements and needed physical assistance. Some of them were heavy, and some were difficult to handle due to stiffness. Others needed braces, splints or having some parts of the body strapped to a wheel-chair. For instance, to help a child sit straight, his waist can be strapped to a wheel-chair. To undo or unload them from the wheel-chair, the tester needs to be physically strong.

In planning the testing of multi-handicapped children, it is necessary to consider having a helper. While this would relieve a great deal of anxiety and physical strain, other problems may emerge. In administering a standardized test, the prescribed manner of administration in the test manual should be strictly adhered to. A well-meaning helper may try to encourage the child by rephrasing the tester's instruction, providing subtle cues, and praising the testee inappropriately. The tester could be eager to carry out the testing when the child's attention seems to be at the optimal level, the helper, unintentionally, may distract the child's attention by asking unnecessary questions such as "Are you comfortable?"

These problems can be overcome by providing a brief training session concerning the nature of psychometric testing, clearly defining the role of the helper in the testing situation, and briefing him/her on the characteristics of each child.

3. Low Cognitive Function: As has been emphasised previously, the examiner must follow the prescribed manner of instruction and procedure in administering standardised tests. It is not easy for children with low intelligence to understand instructions designed for normal children. Furthermore, some test manuals restrict the number of repetitions of the instructions. The only solution is to ensure that the child understands the requirements by maximising the exercises provided by the test before actual scoring starts.

4. Short Attention Span: Many children with cerebral palsy have attention deficit disorders as a result of brain injury. Often their attention span is very limited.

In order to get the best performance, the testing session needs to be broken into many short sessions by providing mini-breaks. It can be particularly beneficial to ensure these breaks are enjoyable. If break is made contingent on completion of the given tasks, then the majority of the children would work hard for the reward. It can be helpful to provide small amounts of fruit juice or mini-snacks as this can help to relieve tension and enhance enjoyment. For some tests, it is only permissible to have a break at the end of a subtest. This can be a problem to some children with cerebral palsy as their attention span could be too short to finish the subtest. In addition, because the children are easily distracted, it is essential that the testing room is free from external distraction.

5. Time Limit: Test with time limits are largely inappropriate for children with cerebral palsy. As their central information processing is often slower, their response to external stimuli is painfully slow. Thus, time-limited tests can seriously underestimate their true ability. The tests used for our project were not time-limited. Power tests are more appropriate.

6. Visual and Perceptual Problems: The size of pictures or other test objects can be a problem for some children. Some of them are unable to distinguish or recognise the shapes and characteristics of certain objects, no matter how large and distinct the drawings or letters are. Even though there is no solution to overcome the problem, the size of pictures or of letters and distinctness are important.

If the page of the test kit is too long or too wide, some children have difficulty if they are unable to move their eyes or neck,

or both, freely. They may not be able to see the whole page. In the Evaluation Research, academic attainment tests were included. The tests were specially designed for the Research Project. When a purpose designed Reading Test was presented to some children, they were unable to see all of the items on the page. It was too long and too wide for them. Thus, the size of the cardboard sheet had to be narrowed and shortened.

7. *Constant Demands of Attention and Praise:* Many children with handicapping conditions are used to being the centre of attention in their homes. They have been praised for small achievements or efforts which would go unnoticed for normal children. In testing situations where the tester tries to be generous with praise to encourage the child's best performance, the child may soon realise this and try to manipulate the situation by presenting attention seeking behaviours. The tester should be firm, and stop such behaviours immediately by showing disapproval or ignoring. In the author's experience, this can be particularly problematic in the presence of an inexperienced helper. The helper may unintentionally trigger off the unwanted behaviour. For an example, if a child coughs for attention, an adult may make a great fuss by patting the child's back and holding him/her on her lap, thus reinforcing unacceptable behaviour. Some children may use certain behaviours as avoidance or attention seeking mechanisms whenever they do not want to engage in demanding tasks. In such a situation, if a helper was not prepared to cooperate, it would be extremely difficult and hinder testing rather than assist it. Ideally, the solution is to have a

helper who has had ample experience in dealing with children with severe multiple disabilities.

In conclusion, standardised tests are highly inappropriate for use with multi-handicapped children. Even though standardised tests provide norms, making it possible to compare performance with that of normal children of the same age, it is far better to use criterion referenced tests which can be much more relevant to curriculum and intervention.

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