

**THE SIXTEENTH
MENTAL
MEASUREMENTS
YEARBOOK**

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are the attempt to order the items in a meaningful way and the equating of total scores, in terms of MITs, from the Pintner, Arthur II, Babcock, and the 1980 Junior and Senior KCT versions using a calibrated item bank.

Unfortunately, there are several critical weaknesses to the KCT-R. The most noticeable weakness is the sloppiness in the reporting of information throughout the manual and the accompanying "technical manual" (Stone & Yumoto, 2002), which makes it very difficult to have much faith in the quality of the test development and norms. Simply put, these materials are poorly organized and contain an appalling number of typographical errors. Critical information about norms, reliability, and validity are difficult to locate quickly. Numerous tables and graphs referred to in the text are not provided, whereas, in other cases, existing tables and graphs are poorly labeled, occasionally mislabeled, and poorly explained. A number of citations, including the central Stone and Wright (1976, 1977, 1978) studies, are missing from the references.

The key weakness, however, is the inadequate description of the KCT-R test development and norming process as detailed earlier, as well as the lack of strong validity evidence (e.g., convergent and discriminant evidence), as established in the *Standards for Educational and Psychological Testing* (AERA, APA, & NCME, 1999). The Rasch model, which underlies this version of the KCT, is unfamiliar to many test users and yet the description of this model and its related statistics in the manual is poor. Frequently mentioned terms, such as logits and MITs, are often left unexplained. Likewise, the assumptions of Rasch measurement that underlie the selection and ordering of the KCT-R items and, in turn, constrain interpretation (e.g., "invalid" performance) are not made clear to the test user. The lack of guidance provided to the test user in the proper interpretation of scores obtained on this test suggests that this version of the KCT was simply an exercise in applying the Rasch model.

SUMMARY. Stone and Yumoto (2002) indicate that the "purpose of the latest revision was to cross-validate test properties and provide new norms" (p. 4), but the authors are never explicit about what cross-validation took place or what new norms were provided. It is also unclear whether the revisions made justify the addition of the term "revised," as per the *Standards* (AERA, APA, &

NCME, 1999). A strength of this particular version of the KCT may be the use of the Rasch measurement model to calibrate items and order them by difficulty level. However, in choosing to use the KCT-R, test users need to understand the assumptions of the Rasch model and be willing to accept the constraints that it places on the validity and interpretation of an examinee's performance. For example, inconsistent performance that suggests attentional deficits is also likely to be declared invalid according to the Rasch model. Important weaknesses of the KCT-R include the inadequate description of test development and norming, lack of adequate validity evidence, lack of guidance in interpreting test information, and a poorly presented test manual. Caution must be exercised in using the KCT-R for clinical purposes. In choosing a spatial measure of attention span, test users may want to consider versions of the KCT by other authors as well as other available tapping measures (e.g., Wechsler Memory Scale-III [T6:2695] Spatial Span subtest, Wechsler, 1997; Stanford-Binet V [233] Block Span subtest, Roid, 2003).

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Krug Asperger's Disorder Index.

Purpose: To identify individuals who have Asperger's Disorder, to target goals for intervention on the IEP, and for use in research.

Population: Ages 6-0 to 21-11.

Publication Date: 2003.

Acronym: KADI.

Scores: Total score only.

Administration: Individual.

Price Data, 2003: \$76 per complete kit; \$54 per examiner's manual (39 pages), \$15 per 50 profile/examiner record forms (specify ages 6-11 or ages 12-22).

Time: Untimed.

Comments: Ratings by parents, close relatives, teachers, educational assistants, or counselors.

Authors: David A. Krug and Joel R. Arick.

Publisher: PRO-ED.

Review of the Krug Asperger's Disorder Index by LEAH M. NELLIS, School Psychologist, RISE Special Services, Indianapolis, IN:

DESCRIPTION. The Krug Asperger's Disorder Index (KADI) is designed as a "norm-referenced screening instrument that provides useful information for determining the diagnosis of Asperger's Disorder" (examiner's manual, p. 1) for use with individuals 6 through 21 years of age. The test authors support the use of the KADI for three purposes. The primary purpose is stated as the identification of individuals with Asperger's Disorder. Additional uses include targeting goals for intervention and research. The KADI consists of 32 items (behaviors) that the rater endorses if the statement accurately describes the person being rated. Items are reportedly written at a sixth grade level and are to be completed by parents, relatives, teachers, counselors, or educational assistants. Two forms, one for elementary and one for secondary, are included although only 5 items are different and these have only slight wording variations. Items are organized into two sections with the 11 items in the first section reportedly being behaviors that best differentiate between those with Asperger's Disorder and those without delay. Raters complete the first 11 items and if the score meets a specified criterion, the remaining items in Section 2 are completed. If the criterion is not met, completion of the KADI is discontinued and evidence of Asperger's Disorder is not supported. The total raw score is based on 30 items (2 items from Section 1 do not contribute because they did not differentiate between Asperger's and high functioning Autism). The total raw score is converted into a standard score and percentile rank.

DEVELOPMENT. The manual briefly covers the literature base regarding Autism Spectrum Disorders citing a small number of case histories, DSM-IV criteria, and supporting the separate diagnosis of Asperger's Disorder. Readers may benefit from a more complete description of the

various pervasive developmental disorders and differences between the separate diagnoses. Given that differential diagnosis was the stated primary purpose for the KADI, the background and conceptual information is weak and limited. The process of item development and selection was described as occurring through three processes including review of existing screening checklists/questionnaires and resource materials, expert review, and pilot testing of an initial pool of 106 items. The scope of the existing rating scales was limited and the description of the pilot study was without essential details, such as who completed the pilot version, procedures, ages, and criteria for previous diagnoses. The selection and organization of the 32-item final version was discussed within the validity section of the manual and it is unclear if additional modification of test items occurred during the development process. The final 32 items were grouped into two sections based on the ability to differentiate between normal, Asperger's, and Autism. According to the manual, Section 1 consists of 11 items that were found to best differentiate between those with Asperger's Disorder and those with no identified delay. Section 2 consists of 21 items that best differentiated between those with Asperger's Disorder and high functioning Autism Disorder.

TECHNICAL. The manual describes three populations: those identified with Asperger's Disorder ($n = 130$), those diagnosed with high functioning Autistic Disorder ($n = 162$) and those with no identified developmental delay ($n = 194$) under the section of Normative Information. However, careful reading revealed that these three populations were utilized during reliability and validity studies but were not all included in the standardization sample. The standardization sample consisted only of 130 individuals identified as the Asperger's Disorder Sample. However, a demographic characteristic table notes that 11 of these 130 did not have a diagnosis but no further explanation was provided.

The identified samples were primarily male and between the ages of 6-11 years. The Asperger's and Autistic samples were recruited from 32 states and 10 countries whereas those with no delay were from Oregon and Washington. The samples were not described with regard to ethnicity or socioeconomic status.

The manual reports split-half reliability estimates for the Asperger's Disorder sample ($r =$

had a diagnosis of Austic Disorder, and 194 were "normal." The KADI has three stated goals: identification, IEP goal development, and usage as a research tool.

TECHNICAL. The manual is brief. Information describing the norming process is provided. The manual makes reference to administration and scoring procedures, interpretation, normative data, and reliability and validity coefficients. The administration and scoring section is very brief and an inordinate amount of time is spent addressing deriving the chronological age computation. A completed profile sheet is provided that is more helpful than the text. The profile layout is easy to read and the usage of shading areas in the "likelihood for Asperger's Diagnosis" is very helpful. KADI informants must have at least a sixth grade reading level to successfully complete the checklist. Responses to the KADI yield three score types: raw, standard, and percentile ranks. This indicates that Type II errors may be a concern when using this instrument.

In terms of reliability, the KADI shows well-documented internal reliability of .89 and excellent test-retest reliability as demonstrated by an *r* value of .98 over a 2-week period.

Visual examination of the items suggests that the wording and behaviors addressed are not redundant. Therefore, the reliability coefficients suggests a high degree of stability across a number of dimensions.

Validity procedures are well documented in the manual. The KADI manual addresses and provides supporting data for content, criterion, and predictive validity. The test items are related to five of the six DSM-IV criteria for Asperger's. The 32 items in the final version of the KADI demonstrated significance in discriminating between individuals classified as high level functioning with Autism and Normal versus Asperger's Disorder.

SUMMARY. The KADI provides a quick and easily administered screening instrument for the diagnosis of individuals with Asperger's Disorder. It is a brief, 32-item instrument that shows evidence of sound technical properties. The test appears to be well normed with an Asperger's sample size of 130, High Functioning Autistic sample of 162, and finally a "normal" population of 194. The strong reliability and validity coefficients suggest that the KADI is a welcome addition in the area of Asperger's diagnosis.

LARR Test of Emergent Literacy.

Purpose: Designed to provide "a simple measure of young children's level of literacy on entry to compulsory schooling."

Population: Students entering school.

Publication Date: 1993.

Acronym: LARRTEL.

Scores: Total score only.

Administration: Group.

Price Data: Available from publisher.

Time: (25) minutes.

Comments: Based on the Linguistic Awareness Reading Readiness (LARR) Test (T6:1434).

Author: National Foundation for Educational Research.

Publisher: NFER-Nelson Publishing Co., Ltd. [England].

Review of the LARR Test of Emergent Literacy by JILL ANN JENKINS, Consultant Child & School Psychologist, Barcelona, Spain:

DESCRIPTION. The LARR Test of Emergent Literacy (LARRTEL) is a 19-question paper-and-pencil task that is specifically meant to be used with children between the ages of 4.0 and 5.3 years, who are just entering the formal school system. It may also be used for younger children who are advanced in reading, or for older students who are delayed to identify a reading readiness age equivalent. The test aims to identify children who have entered school with knowledge about reading and writing and those who have not and to "identify those children who will need further experience of reading and writing activities in order to develop their knowledge and awareness of the concepts and conventions of print" (teacher's guide, p. 1). It also asserts to provide "detailed diagnostic information for individual children" (teacher's guide, p. 1), which can then be applied to teaching methods. In addition, the test can be used to obtain baseline information for class groups or for individual students.

It is recommended that students are tested approximately 7 weeks after entering school. Each child who is tested receives a small booklet with pictures and words, within which children are to circle their responses to questions asked by the administrator. Questions 1 through 5 test recognition of readable material in various forms, Questions 6 through 8 test recognition of when reading and writing are taking place, and Questions 9

through 19 test items. The test items are terms associated with reading. The test can be administered in a group or individually. The test takes no more than 20 minutes. The test is approximately 20 items long. The test is at the end of the test. The test is a standardized score. The test is in bands, from high to low. The test is easy to handle.

The LARR Test of Emergent Literacy was developed in England. It is based on British English. The test would be confusing for children who would be more familiar with American English.

DEVELOPMENT. The LARR Test of Emergent Literacy is a second version of the test. It was developed in 1983. The author of the initial test was J. Ann Jenkins. The test is of reading readiness. The test is original research. The test is by J. Ann Jenkins et al. They state that the test is a measure of reading awareness and reading related to progress. The test is such factors as vocabulary, letter-naming knowledge, and background history and knowledge. The test is a true "technical" test. The test is to the history and background of those, other than reading psychologists, and psychologists. The test is information at their disposal.

The development of the LARR Test originated from the work of children and found that the functions of writing were not understood. The LARR Test was developed by the Education Authority. The test is a planned evaluation. The test is resulting in the LARR Test. The test is to the teacher's method. The test is reading and anglicizing. The test is a Canadian test. The test is one question was asked. The test is showed this improvement. The test is the tasks" (teacher's guide).

TECHNICAL. The LARR Test of Emergent Literacy is a standardized test. The test is piloting of the LARR Test. The test is were conducted by the author.