

# CATALOGUE

English language Tests  
PITS Test Publishers

2012

ASTM  
ComFor  
HEMSTIM  
PDD-MRS

NEW: SEDAL

Scale for the assessment of the  
Social-Emotional Developmental  
Age Level

VAT

# Amsterdam Short-Term Memory Test

2005

Authors: B. Schmand, J. Lindeboom

With collaboration of Th. Merten (Berlin) and Scott R. Millis (Detroit)

**Purpose** The Amsterdam Short-Term Memory (ASTM) test is a test of negative response bias or insufficient effort. The test is presented to the subject as a test of short-term memory and concentration. It may assist in the evaluation of persons who claim to have memory and concentration problems, while the possibility exists that they are exaggerating or malingering their complaints. The test is more sensitive to biased responding than several other effort tests, such as the Test of Memory Malingering, and digit recognition tests. It is about as sensitive as the Word Memory Test.

**Description** The test may be used not only in forensic neuropsychology, but also in clinical settings, when one needs to distinguish cognitive symptoms due to cerebral dysfunction from cognitive complaints due to somatization or other psychiatric states. The test is not meant for use in patients with clinically obvious cognitive symptoms, such as patients with Korsakoff's syndrome, acute post-traumatic amnesia, and Alzheimer's disease or other types of dementia.

The ASTM test was developed in Dutch and first published in The Netherlands in 1999. The test has been validated in the USA, Canada, Great Britain, the Netherlands and Germany. Validation studies have used various patient samples and experimental simulator groups, including more than 1500 subjects in total. The psychometric properties of the three language versions are comparable.






**Publication** (more see site) Bolan, B., Foster, J.K., Schmand, B., & Bolan, S. (2002). A comparison of three tests to detect feigned amnesia: The effects of feedback and the measurement of response latency. *Journal of Clinical and Experimental Neuropsychology*, 24, 154-167.

## System requirements

- Personal computer with a 486 or higher processor.
- Supported operating systems: Windows 98SE, 2000 (SP3), Windows ME, Windows Server 2003, Windows XP, Windows Vista.
- 12 MB of hard disk space.
- VGA or higher-resolution video adapter.
- Microsoft mouse or compatible pointing device.

Microsoft Powerpoint viewer is necessary for the item presentation. It can be installed from the CD as a part of the ASTM / AKGT installation procedure. Installation on a stand alone computer is advised. Activation of the program via the internet is ready within a few seconds (see the installation procedure).

*Also available in the German language: Amsterdamer Kurzzeitgedächtnistest (AKGT)*

Parts	Administration	Scoring	Qualification Code
ASTM Starterset: Manual (English, German), Computer Program for administering ASTM, Record Forms (100) Manual Record forms (100)	   10-15 min. 		GZ1

# ComFor – Forerunners in Communication 2008

Authors: R. Verpoorten, I. Noens, I.A. van Berckelaer-Onnes

**Purpose** The ComFor is a clinical instrument to obtain a precise indication of individualised augmentative communication. It addresses two core questions: first, which means are suitable to support communication; second, at which level of sense-making can the means chosen be presented? The interpretation is content-referenced, not norm-referenced.

**Target group** The target group of the ComFor consists primarily of people with autism without or with only limited verbal communication. The ComFor can also be used for children and adults with other communication problems, for example in the case of intellectual disabilities. The scope of the ComFor varies from a (psychomotor) developmental level of about twelve months up to approximately sixty months.

**Description** The indicated form of augmentative communication can be three-dimensional (objects) or two-dimensional (photographs, line drawings, pictograms and written text). With respect to the level of sense-making, three possible indications exist: sensation, presentation and representation.

The ComFor covers two levels – presentation and representation – with a total of five series and 36 items. Each item is organised as a sorting task. Level I: items at the level of presentation: identical objects or pictures have to be sorted according to shape, colour, matter and size. Series 1 is the so-called learning series, in which sorting is trained step by step. In series 2 and 3, objects (series 2) and pictures (series 3) have to be sorted. Level II: items at the level of representation: non-identical objects or pictures have to be sorted on the basis of sense-making beyond the concrete, literally perceptible features. Series 4 involves sorting within one form; series 5 sorting of different forms. The manual provides a detailed explanation of the indication of the form and the level of augmentative communication; the further implementation is briefly discussed.




**Administration** The ComFor should be administered by a psychologist, psycholinguist or a speech-language pathologist. The ComFor introduction course is mandatory. In order to interpret the results and to translate the indication into clinical practice, insight into communication processes in general and more particular in people with autism is necessary.

**Training** ComFor course (introduction) and clinical lessons (advanced)

Information: K.U. Leuven, Belgium, Erik Lenaerts: +32-16-326204 or Erik.Lenaerts@ped.kuleuven.be.

**Publication** (more see site) Noens, I.L.J., & Van Berckelaer-Onnes, I.A. (2004). Making sense in a fragmentary world. Communication in people with autism and learning disability. *Autism*, 8, 197-218.

*Also available in the Dutch language*

Parts	Administration	Scoring	Qualification Code
ComFor Manual Record Forms (50)	  45 min. 		GZ3

# HEMSTIM

1988 - 2003

Authors: Dirk J. Bakker, PhD, Machteld G. Bakker, MA

**Purpose** HEMSTIM is a computer program for the treatment of developmental dyslexia. The program has grown out of the results of extensive research by Dirk Bakker.

**Description** HEMSTIM provides for stimulation of the right cerebral hemisphere through the flashing of words in the left visual field of so-called L-type dyslexic children and for stimulation of the left hemisphere through the flashing of words in the right visual field of so-called P-type dyslexic children. L-types are also called 'guessers' and P-types 'spellers'. L-dyslexic children read relatively fast while making many errors whereas P-dyslexic children read relatively slowly, in a fragmented fashion, but relatively accurately.

During treatment the child directs a randomly moving cursor to a target in the middle of a computer screen. Fusion of cursor and target triggers the flashing of a word on the left of the target (right hemisphere stimulation in L-types), or on the right of the target (left hemisphere stimulation in P-types). Flashing times can be set at 300 ms and shorter. The flashed words have to be read aloud by the child. It is possible to flash two words, requesting the child to consider whether the words were the same or different. It is also possible to ask for the sequential position of a particular letter in a word. Word length and typefaces can be varied, as can be other parameters of the program. The responses of the child can be stored (cumulatively) and be recalled at the next treatment session. The words to be flashed are arranged in lists of twenty words. The words to be used in a particular session can easily be listed by the trainer but one may also prefer to use the standard lists of English words that go with the program. It is possible to prepare lists of words in any major language.





Flashing words in one of the visual fields is denoted hemisphere-specific stimulation (HSS). A HSS session usually lasts some fifteen minutes and is typically preceded or followed by programs that also aim to stimulate the right or the left cerebral hemisphere. Hemisphere-alluding stimulation (HAS) is such a program. For HAS one is referred to the literature (e.g., the book by Robertson, 2000).

**Publication** Bakker, D.J. (2006). Treatment of developmental dyslexia: A review. *Pediatric Rehabilitation*, 9, 1, 3 – 13.

## System requirements

- Windows 95 (from version 4.00.950)
- 12 Mb internal memory
- 30 Mb free disc space
- CD disc station
- VGA/SVGA color screen

*Also available in the Dutch language*

Parts	Administration	Scoring	Qualification Code
HEMSTIM computer program and Manual	  20-25 min. 		G22

# Pervasive Developmental Disorder in Mental Retardation Scale: PDD-MRS

Author: D. Kraijer

2006

**Purpose** The PDD-MRS, short for Pervasive Developmental Disorder in Mental Retardation Scale, was specially designed to assess persons with MR/ID. The concept PDD is used in conformity with the DSM-III-R/DSM-IV-TR (American Psychiatric Association, 1987/2000) and the ICD-10 (World Health Organisation, 1992).

**Description** The PDD-MRS was devised to cover the full range of autism spectrum disorders in persons with MR/ID, age-range 2-70 years. The scale is suitable to assess persons with Down syndrome, Fragile X syndrome, additional early-life blindness/serious visual impairment, additional early-life deafness/serious auditory impairment, and non-ambulatory and profoundly retarded persons. The PDD-MRS was also found to be able to assess persons with borderline intelligence (IQ-range approximately 71-84).

The twelve-(weighted)-item PDD-MRS is easy to administer by psychologists, psychiatrists, and also workers with extensive experience in the field of both mental retardation and autism. No special preparatory training is needed.

Interpretation is the task of psychiatrists and psychologists. The scale takes no more than ten to twenty minutes to fill in, including computation of the final score. Only current behaviour, i.e. behaviour observed during the last two to six months, should be considered. Scores may be assigned on the basis of both direct observations and reported observations. No willingness on the part of the subject to co-operate is required.





**Publication** Kraijer, D.W., & Bildt, A.A. de (2005). The PDD-MRS: an instrument for identification of autism spectrum disorders in persons with mental retardation. *Journal of Autism and Developmental Disorders*, 35, 1-15.

**Review** *Journal of Intellectual Disability Research* (2007), 51, 3, 250-251.

*Also available in the Dutch language: AVZ-R*

*Also available in the German language: Skala zur Erfassung von Autismusspektrumsstörungen bei Minderbegabten: SEAS-M*

*Also available in the Italian (STA-DI) and Chinese language.*

Parts	Administration	Scoring	Qualification Code
Starterset: Manual, Record forms (75) Manual Record forms (75)	 5-15 min.  		GZ1

# Scale for the assessment of the Social-Emotional Developmental Age Level (SEDAL) 2012

Authors: Joop Hoekman, Aly Miedema, Bernard Otten and Jan Gielen

**Purpose** The SEDAL is the first scale with which an age level of social-emotional development can be assessed. The scale has an age range of 0-14 years, which is called the 'developmental age'. The theoretical structure of the SEDAL is based on a distinction between two 'domains', each subdivided in 'dimensions'. The two domains are: Social Development and Emotional Development.

Within the domain *Social Development* there are nine dimensions: a. initiating contact, b. social independence, c. moral development, d. impulse control, e. self-awareness in social contexts, f. social assessment skills, g. social skills, h. relating to authority, i. social aspects of sexual development.

Within the domain *Emotional Development* there are seven dimensions: a. self image, b. emotional independence, c. sense of reality, d. moral development, e. fears, f. impulse control, g. regulation of emotions.

Each domain contains 76 items, which are classified according to age. Items characteristic for a certain age range belong to so-called 'age categories'.






**Description** The SEDAL is a *behaviour rating scale* and can be used without the client being present, provided the assessor has good knowledge of the client's behaviour. Specific behavioural observation is unnecessary, unless additional information is essential for scoring a certain item.

The social-emotional developmental age level can be assessed by scoring 'characteristic' or 'not characteristic' on all 76 items in both domains, followed by applying a simple mathematical formula.

A computer program has been developed to carry out an additional (optional) qualitative analysis of behaviour covering one or all dimensions. It shows whether behaviour described in an item is typical for the current behaviour of the client (or not) and whether this is congruent with the SEDAL (social or emotional) developmental age level. It indicates also whether that specific behaviour is ahead of the developmental age level, or lags behind. After the computer program has listed the item information, the social-emotional developmental age levels are estimated.

This analysis may clarify specific strong and weak aspects of a client's social and emotional behaviour, which can serve as focus for a treatment plan or advice for additional support. (An example of a computer report can be found on the website.)

*Also available in the Dutch and German language (ESSEON-R, SEN)*

Parts	Administration	Scoring	Qualification Code
Manual			GZ2
Scoring forms (50)	 variable		
Computer program			

# Visual Association Test (VAT)

2003

Authors: J. Lindeboom and B. Schmand

**Purpose** The Visual Association Test (VAT) can be applied in case persons suffer from serious forgetfulness and/or in case persons are suspected to have dementia, e.g. dementia of Alzheimer's disease (AD) or Korsakow's psychosis. The VAT can indicate AD in its preclinical (MCI) stage, and aids the differentiation between AD and other types of dementia.





**Description** With the VAT, (elderly) persons with AD can be well distinguished from those without AD. Even a year before their diagnosis can be established, the VAT distinguishes a sizeable proportion of AD patients with high specificity (98%) from non-demented elderly persons. Impaired performance on the test is relatively uncommon in patients with non-AD dementia. Precisely this capacity to recognize AD in an early stage is what makes the VAT valuable. This means that (medical) guidance can be offered as soon as possible.

The VAT is a brief learning task based on the visual association method, a classical memory aid. The test consists of cards with drawings and has three administration forms: form A and parallel form B are used for testing elderly patients. Both have six cue cards and six association cards. The 'long form', applicable to patients under 65 years, combines all 12 items of form A and B (2 x 12 cards).

The VAT must be individually administered; administration time ranges from 5 to 15 minutes, depending among other things on the form chosen. Summary guidelines for administration, scoring and interpretation are provided on the record forms. The manual contains directions for interpreting the results in relation to the medical data and history of the patient. The VAT may be administered in any language.

**Publication** Lindeboom, J., Schmand, B., Tulner, L., Walstra, G., & Jonker, C. (2002). Visual association test to detect early dementia of the Alzheimer type. *Journal of Neurology, Neurosurgery and Psychiatry*, 73, 126-133.

*Also available in the Dutch and German language (VAT)*

Parts	Administration	Scoring	Qualification Code
VAT Starterset: Manual, Picture booklet, Record forms (50) Manual Picture booklet Record forms (50)	  5-20 min. 		GZ3







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***A rough indication of the training required for a qualification code:***

- GZ1:** university degree in psychology and appropriate training in the administration and interpretation of individual psychological tests
- GZ2:** university degree in psychology – clinical/developmental orientation
- GZ3:** psychiatrists, other (para)medical specializations, (remedial) teachers

***Meaning of symbols:***

-  Health care products
-  Administration
-  Electronic (PC)
-  Paper-&-pencil, by hand
-  Individual administration
-  Group administration possible

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