The NEPSY Second Edition (NEPSY-II) is the revision of the NEPSY (Korkman, Kirk, & Kemp, 1998), a comprehensive instrument designed to assess neuropsychological development in preschool and school-age children. Results obtained from a NEPSY-II assessment inform diagnoses and aid in intervention planning for a variety of childhood disorders. In particular, the NEPSY-II provides the clinician with insight regarding academic, social and behavioural difficulties.

The NEPSY-II consists of a series of neuropsychological subtests that can be used in various combinations according to the needs of the child and the experience of the examiner. A broad range of subtests is included to assess neuropsychological development across six functional domains: Attention and Executive Functioning, Language, Memory and Learning, Sensorimotor, Social Perception, and Visuospatial Processing.

Several features of the NEPSY-II make it particularly useful for assessing children and adolescents. First, the subtests were designed specifically for children between the ages of 3 and 16, providing the clinician with age-appropriate assessment of cognitive functioning. Second, the subtests were normed on a single, well-stratified sample. This provides a comprehensive view of neuropsychological processes in children and patterns of age-related quantitative and qualitative changes in neuropsychological performance. Third, it was developed using four different subtest administration orders to limit the effects of subtest order on the normative data. This allows for flexibility in subtest selection and administration order. Finally, the NEPSY-II is designed to help identify cognitive deficits related to disorders that are typically first diagnosed in childhood and that may limit a child’s academic success.

The most common types of assessment using the NEPSY-II are a General Assessment for an overview of a child’s neuropsychological status, a Diagnostic Assessment based on the primary diagnostic concerns or referral questions, a Selective Assessment with the examiner selecting subtests based on clinical needs, and a Full Assessment for a comprehensive neuropsychological evaluation. The NEPSY-II enables the clinician to focus on specific cognitive abilities related to general referral questions (e.g., school readiness). The examiner is not required to administer every subtest, only those relevant to the current referral question. Subtest scores, rather than global index or domain scores, are used to determine a child’s strengths and weaknesses.
Scores on NEPSY-II are classified as primary, process, or contrast scores, or as behavioural observations. Primary scores are available on all subtests and describe the overall or main abilities involved in the subtest. Process scores provide more specific information on the component skills required to complete or influence performance on the task. Contrast scores apply a scaled score metric to score comparisons within or between subtests, providing information on the performance of a higher-level skill or ability controlling for a lower-level or more basic skill. Behavioural observations provide quantitative data on common behaviours observed in children. Scores are expressed as scaled scores, percentiles or cumulative percentages.

New Domain: Social Perception

Social perception is one aspect of social cognition, the study of how people process social information about individuals, groups, and social context and the attribution of intent in social interactions. Social cognition comprises those mental functions that operate in understanding social contexts, including the ability to interpret non-verbal communication, form impressions of others, and use contextual information to make inferences about others and their behaviour.

A concerted effort to include measures of social ability was made during the development of the NEPSY-II. Upon review of the literature, it was decided to focus on two particular areas of social perception: identification of facial expressions and the ability to understand others’ perspectives and points of view and understand how these influence the behaviours of others (e.g., theory of mind).

The subtests in the social perception domain assess recognition of facial affect, affect in relation to contextual cues, and theory of mind. Affect Recognition assesses the ability to determine if two different children demonstrate the same affect and to match different children with the same affect. Theory of Mind assesses the child’s ability to comprehend the perceptions and experiences of others and apply that knowledge to questions.

Psychometric Properties

Normative Data

The NEPSY-II normative data were collected from 2005 to 2006. The sample was stratified on key demographic variables according to the US census data (2003). Several subtests were not modified in any way from the 1998 NEPSY. These subtests were not renormed in the NEPSY-II and the norms collected for the 1998 NEPSY are reprinted.

Evidence of Reliability and Validity

Along with special group studies, a number of concurrent studies were conducted to provide evidence of the battery’s reliability and validity. Retest data are reported for all scaled scores for all ages, and by smaller age bands. Evidence of convergent and discriminant validity is provided by correlation studies with the following instruments: NEPSY, Wechsler Intelligence Scale of Children - Fourth Edition (WISC-IV; Wechsler, 2003), Differential Abilities Scales - Second Edition (DAS-II; Elliott, 2007), Wechsler Nonverbal Scale of Ability (WNV; Wechsler and Naglieri, 2006), Wechsler Individual Achievement Test - Second Edition (WIAT-II; Harcourt Assessment, 2005), Children’s Memory Scale (CMS; Cohen, 1997), Delis-Kaplan Executive Function System (D-KEFS; Delis et al., 2001), Bracken Basic Self Concept Scale - Third Edition: Receptive (BCBS-3:R; Bracken, 2006a), Bracken Basic Self Concept Scale - Third Edition: Expressive (BCBS-3:E; Bracken, 2006b), Devereux Scales of Mental Disorders (DSMD; Naglieri, LeBuffe & Pfeiffer, 1994), Children’s Communication Checklist - Second Edition, United States Edition (CCC-2; Bishop, 2006), Brown Attention-Deficit Disorder Scales for Children and Adolescents (Brown ADD Scales; Brown, 2001), and Adaptive Behaviour Assessment System-Second Edition (ABAS-II; Harrison & Oakland, 2003).

NEPSY-II Complete kit: Includes pack of 25 record forms (3-4 yrs), pack of 25 record forms (5-16 yrs), pack of 25 response booklets (3-4 yrs), pack of 25 response booklets (5-16 yrs), stimulus bk 1, stimulus bk 2, clinical and interpretive manual, administration manual, training CD with WAV files.

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NEPSY-II Complete kit with scoring assistant is also available

See website for further information and pricing.
Case Studies

Case study: Completed by Sue Harrison, Educational Psychologist

I recently used the NEPSY-II as part of the psychological assessment of Ben, a 6.6 year old boy who had experienced nocturnal seizures since the age of 4. An area of developmental abnormality in his left frontal lobe was identified on an MRI scan. His parents and school were puzzled by his learning profile. They felt that he was an able, sociable boy, nevertheless he was struggling to keep up with his classmates and was falling further behind with literacy and numeracy. This picture was reflected in initial psychological assessment, which showed average to above-average verbal and non-verbal intellectual ability, but poor academic attainments.

Ben enjoyed the fun game-like presentation of the NEPSY-II assessment tasks; their short, practical activities and colourful pictures suited his developmental stage. Examination of a range of cognitive domains revealed that Ben had normal memory and motor abilities for his age, but he demonstrated weak performance on attention measures and mild difficulties with language tasks.

In Ben’s case the NEPSY-II illuminated the problems with attention and language function that provided barriers to him achieving his full potential. This helped solve the puzzle of why he was doing so poorly at school. Feedback was given to Ben’s family, school and school educational psychologist on Ben’s profile of strengths and weaknesses.

A school visit was made and interventions to support his language problems and attention difficulties were drawn up and incorporated into an Individual Education Plan by the Special Educational Needs Co-ordinator. A referral was made to the school speech and language therapist and the education authority’s language impairment team. Teaching strategies and classroom seating were adapted so that Ben’s attention difficulties were supported. The information gained from the assessment helped his teachers and parents to see that, whilst he was an able boy, he needed specific interventions and strategies to support his problems with attention and language to be put in place.

Case study: Completed by Dr Kathryn Bond, Principal Clinical Psychologist, Great Ormond Street Hospital

I recently used the NEPSY-II to assess a 6 year old girl presenting with an inborn error of metabolism following concerns about her lack of progress at school and behavioural needs, such requiring constant adult attention and support. Following a normal birth and neonatal progress, a urea cycle disorder had been diagnosed at 2.6 years subsequent to a long period of recurrent illness, failure to thrive and evidence of developmental plateau; following diagnosis, her condition had been well managed with medication and a restricted diet, and she had gone on to attain developmental milestones within the appropriate age ranges.

Assessment with the WISC-IV had indicated that her intellectual abilities fell in the average to low average range, with working memory subtests reflecting an area of personal weakness. I then used the NEPSY-II to provide information about attention and response inhibition skills, memory for faces and verbal material, in addition to assessing motor, visuo-perceptual and finger sensorimotor skills. This enabled me to test out hypotheses about the causes of her learning problems with short, fun, interesting tasks.

The results indicated a profile of significant attention difficulties, consistent with my observations that she struggled throughout the assessment to maintain her attention, to monitor and regulate her responses and to prevent herself from becoming distracted. The assessment proved to be useful in identifying specific management recommendations for home and school, such as how to structure learning tasks, adjusting her learning environment at school, and developing I.E.P targets to promote her organisational skills. It was also advised that she should be reassessed in 12 months to monitor her progress.

The NEPSY-II is an easily accessible, attractive test; I was able to gather specific information about aspects of neuropsychological function in a brief amount of time and the results proved to be useful in formulating a profile of cognitive strengths and difficulties and in developing specific recommendations for home and school.
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