When do behaviors or issues become pathologies?

- Developmental considerations
- Cost-benefit analysis
- Tension “over pathologizing” and getting appropriate help for genuine problems
- Methods of diagnosis and classification
- Strengths & limitations

Purpose of diagnostic systems

- Organize multiple phenomena into meaningful units for improved understanding of
  - Etiology
  - Differential diagnosis
  - Comorbidity
  - Prognosis

Pros & Cons of Diagnostic Labels

- Pros:
  - Help clinicians summarize and order observations
  - Facilitate communication among professionals
  - Aid parents by providing recognition and understanding of their child’s problem
  - Facilitate research on causes, epidemiology, and treatments of specific disorders
- Cons:
  - May lead to negative perceptions and reactions by child and others

Systems

- Like dictionaries
- Use same language across clinicians and research studies
  - Clarify operational definitions
- Evolve over time
Major Types Diagnostic Systems

- Categorical vs. Dimensional Classification
  - Dimensional classification systems assume that a number of independent dimensions or traits of behavior exist and that all children possess these to varying degrees
  - Categorical approach assumes that every diagnosis has a clear underlying cause and that each disorder is fundamentally different

Dimensional systems

- Compatible with developmental psychopathology perspective
- Continuity normality & psychopathology
- Empirically based
  - Data sets collected from large samples
  - Factor Analysis: statistically derived labels
  - Clinically significant cutoff scores comparable to norms → categories
  - Consideration to gender, age, & source of information when interpreting results

Achenbach System of Empirically Based Assessments (ASEBA)

- Ex: dimensional, empirically based
- Data from multiple informants (e.g., child, parents, teachers)

- Child Behavior Checklist (CBCL) variations
- Internalizing - externalizing factors
- Syndromes identified
- Strengths & limitations

CBCL of 16 year old male
Categorical Systems

- International Classification of Disease (ICD)
  - WHO international epidemiology, mortality, morbidity
- Diagnostic and Statistical Manual for Mental Disorders (DSM-IV-TR)
  - American Psychiatric Association
- Diagnostic and Statistical Manual for Primary Care – Child and Adolescent Version (DSM-PC)
  - American Academy of Pediatrics

Categorical Systems

ICD-10 and DSM-PC: generally more sensitive to developmental psychopathology principles
The DSM-IV-TR currently most widely used in US
  - Categorical classification
  - Reliability
  - Validity
  - Strengths and limitations


“…clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress … or disability … or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.”

DSM-IV-TR

Multiaxial classification system based on 5 dimensions, or “axes”

- Axis I: Clinical Disorders
- Axis II: Personality Disorders; Mental Retardation
- Axis III: General Medical Conditions
- Axis IV: Psychosocial & Environmental Problems
- Axis V: Global Assessment of Functioning (GAF)
Criticisms of the DSM-IV

- Fails to capture the complex adaptations, transactions, & setting influences
- Fails to emphasize situational & contextual factors
- Less attention to infancy/childhood
- Fails to capture comorbidity adequately
- Sometimes improperly used

Chapter Sixteen
PSYCHOLOGICAL
ASSESSMENT

Assessment

- Clinical assessment
- Art and science
- Goal: Guide treatment

The Decision Making Process

- Typically begins with a clinical assessment, which is directed at differentiating, defining, and measuring the child’s behaviors, cognitions, and emotions of concern, as well as contributing environmental circumstances
- Assessments are meaningful to the extent that they result in practical and effective interventions

Purposes of Assessment

- Description and Diagnosis
  - clinical description summarizes the child’s unique behaviors, thoughts, and feelings that together make up the features of a given psychological disorder
  - diagnosis involves analyzing information and drawing conclusions about the nature or cause of the problem, and in some cases, assigning a formal diagnosis

Purposes of Assessment (cont.)

- Prognosis and Treatment Planning
  - prognosis involves generating predictions regarding future behavior under specified conditions
  - treatment planning involves making use of assessment information to generate a treatment plan and evaluating its effectiveness
Features

- Multiple theoretical perspectives
- Integrate information from multiple domains
- Data from multiple informants
  - Child, teachers, parents...
- Identify strengths as well as deficits
- Sensitive to developmental dimension
- Inform treatment

Clinical Interviews

- The most universally used assessment procedure
- Often includes a developmental and family history
- May incorporate a mental status exam
- Differ in degree of structure (e.g., unstructured, semi-structured)

Functional Behavioral Assessment

- “ABCs of assessment” - involves observing the antecedents, the behaviors, and the consequences of the behaviors
- Functional analysis of behavior - identify as many contributing factors as possible and develop hypotheses about which are most important and/or most easily changed

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested to go to school</td>
<td>Physical complaints</td>
<td>Stays home</td>
</tr>
<tr>
<td>Teased at school</td>
<td>School refusal</td>
<td>No teasing</td>
</tr>
<tr>
<td>“I’m no good at anything”</td>
<td>Depressive symptoms</td>
<td>Confirms low self-opinion</td>
</tr>
<tr>
<td>Feelings of anxiety about</td>
<td>School refusal</td>
<td>Reduction in anxiety</td>
</tr>
<tr>
<td>going to school</td>
<td></td>
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</tr>
</tbody>
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Behavioral Checklists & Rating Scales

- Often allow for a child’s behavior to be compared to a normative sample
- Usually economical to administer & score
- Lack of agreement between informants is relatively common, which in itself is often informative
Behavioral Observations & Recording

• Info about behaviors in real-life settings

• May be done by parents or others, although it may be difficult to ensure accuracy

• If children often know they are being watched, may react differently as a result

Mood and Behavioral Report

• Children’s Depression Inventory (CDI)
• Revised Children’s Manifest Anxiety Scale (RCMAS)
• Multidimensional Anxiety Scale for Children (MASC)
• Personality Inventory for Youth (PIY)
• Self-Report of Personality (SRP-BASC)
• Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
• Youth Self Report (YSR)

Psychological Testing

• Tests are tasks given under standard conditions with the purpose of assessing some aspect of the child’s knowledge, skill, or personality

• Test scores should always be interpreted in the context of other assessment information

• Developmental tests are used for the purpose of screening, diagnosis, and evaluation of early development

Cognitive testing

• Interpersonal style
• Thinking style
• Problem solving
• Work habits
• Capacity for self-monitoring
Intelligence Testing

- Central component in clinical assessments for a wide range of childhood disorders
- Most popular intelligence scale = Wechsler Intelligence Scale for Children (WISC-IV)
  - well-standardized, reliable, valid
  - verbal comprehension, perceptual reasoning, working memory, & processing speed

Intelligence tests

- Infancy through Adolescence
  - Bayley Scales of Infant Development
  - Stanford-Binet Intelligence Scales
- Younger ages “IQ” estimates less reliable
- IQ standard scores
  - Mean = 100
  - SD = 15

Interpreting IQ

![IQ Normal Curve](http://members.shaw.ca/delajara/)

<table>
<thead>
<tr>
<th>Standard Deviations</th>
<th>Wechsler IQ</th>
<th>Stanford-Binet IQ</th>
<th>Cumulative %</th>
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<tr>
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<td>99.997</td>
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</tbody>
</table>
Intelligence v. Achievement

- Capacity v. Knowledge/skill acquisition
- Standardized tests widely administered in schools = achievement
  - Content mastery
  - MCAS
  - Woodcock Johnson III Tests of Achievement

Neuropsychological Testing

- Link brain functioning with objective measures of behavior that depend on intact central nervous system
- Often comprehensive battery to assesses full range of psychological functions
  - verbal and nonverbal cognitive functions
  - perceptual functions
  - motor functions
  - emotional/executive control functions
    - Tower of Hanoi

Socio-Emotional & Personality Testing

- Temperament
  - LAB-TAB
- Personality “Big 5” Factors (Adult model)
  - timid-bold
  - agreeable-disagreeable
  - dependable-undeependable
  - tense-relaxed
  - reflective-unreflective
- Interviews, projective techniques, behavioral measures, objective inventories
Parent & Teacher Report

- Child Behavior Checklist (CBCL)
  - Achenbach system child--adolescent
  - Parent forms and teacher report forms
- Behavior Assessment System for Children
  - Parent Rating Scale (PRS) and Teacher Rating Scale (TRS)
- Devereux Scales of Mental Disorders
- Personality Inventory for Children-Revised

Projective Testing

- Present ambiguous stimuli
- Ask what child sees
- Assumes: child projects own personality, including unconscious fears, needs, and inner conflicts, on the ambiguous stimuli
- Techniques: figure drawings, play
- May help children relax and to make it easier for them to talk about difficult events

Projective Tests

- Rorschach
  - Inkblots
- Projective Drawings
  - Draw-A-Person (DAP)
  - House-Tree-Person (HTP)
  - Kinetic Family Drawings (KFD)
- Apperception Tests
  - Thematic Apperception Test (TAT)
    - TAT: Social Cognition and Object Relations Scale (SCORS)
  - Roberts Apperception Test for Children (RAT)

Example of projective
Adolescent Apperception Test

Tell me a story with a beginning, middle, and an end

*Western Psychological Services*