Chapter 3: Assessment and Diagnosis

# 3.1 Psychological Assessment

## What Is Psychological Assessment?

* Psychological assessment is a process that has several purposes: (1) to screen for problems, (2) to reach a diagnosis, (3) to plan treatment, and (4) to monitor progress in treatment.
* Sattler (2014) identifies four pillars of child assessment: diagnostic interviewing, behavioral assessment, norm-referenced testing, and informal data gathering.
* Ideally, assessment should involve multiple methods (e.g., self-reports, observations, testing) and multiple informants (e.g., children, parents, teachers).

## What Is a Diagnostic Interview and Mental Status Exam?

* In a diagnostic interview, the clinician collects data regarding the child and family’s presenting problem, history, and current functioning.
* Some clinicians assess children’s mental status, which reflects three broad aspects of their current psychological functioning: (1) appearance and actions, (2) emotions, and (3) cognitions.

## How Do Psychologists Assess Children’s Behavior?

* Clinicians can observe children during the diagnostic interview, while performing analogue tasks (e.g., in a clinic playroom), or in naturalistic settings (e.g., home, school).
* Functional analysis of behavior follows the follows the following model: (A) antecedents 🡪 (B) behavior 🡪 (C) consequence.
* Functional analysis seeks to identify the antecedents that prompt a specific behavior or the consequences that maintain the behavior over time. Clinicians can either alter the antecedents or consequences to change problematic behaviors.

## How Do Psychologists Assess Children’s Cognitive Functioning?

* Intelligence is a broad construct that reflects children’s ability to adapt to their environments, to solve problems, and to learn and use information accurately and efficiently.
* The WISC-V yields a Full-Scale IQ score and measures of (1) verbal comprehension, (2) fluid reasoning, (3) visual-spatial reasoning, (4) working memory, and (5) processing speed.
* Academic achievement refers to knowledge and skills that children learn through formal and informal educational experiences. The WJ-IV yields achievement scores on three broad dimensions: (1) reading, (2) math, and (3) written expression.
* Scores on most IQ and achievement tests are normally distributed with a mean of 100 and standard deviation of 15.

## How Do Psychologists Assess Children’s Personality and Social-Emotional Functioning?

* The MMPI-A-RF is a broad, self-report measure of adolescents’ social-emotional functioning. It assesses (1) emotional/internalizing dysfunction, (2) behavioral/externalizing dysfunction, and (3) thought, as well as nine clinical scales.
* The BASC-3 Self-Report of Personality assesses problems and areas of strength and adaptation in older children and adolescents.
* The Achenbach System for Empirically Based Assessment (ASEBA) can be completed by parents, teachers, or older youths to assess a wide range of externalizing and internalizing symptoms.
* Most tests of personality and social-emotional functioning yield T scores with a mean of 50 and standard deviation of 10.

## What Makes a Good Psychological Test?

* Standardized tests are administered, scored, and interpreted in the same way to all children. Consequently, they allow clinicians to compare a child to youths of the same age, grade, and/or gender.
* Most standardized tests are norm-referenced. They yield standard scores that quantify the degree to which a child’s performance on the test is similar to that of her peers.
* Reliability refers to a test’s consistency. Types of reliability include (1) test-retest, (2) inter-rater, and (3) internal consistency reliability.
* Validity refers to a test’s ability to accurately reflect a desired construct. Types of validity include (1) content, (2) construct, and (3) criterion-related validity.

# 3.2 Dsm-5 Diagnosis

## What Is the DSM-5 Approach to Diagnosis?

* DSM-5 uses a categorical approach to classification because it requires children to meet specific criteria to be diagnosed with a disorder. Youths who do not meet all criteria are not diagnosed with the disorder.
* DSM-5 also uses a prototypical approach to classification for many disorders, allowing children to show a subset of possible signs and symptoms of a disorder that reflect the ideal (i.e., prototypical) case of the disorder.
* DSM-5 uses a dimensional approach to classification for several disorders. Clinicians are allowed to indicate the severity of children’s distress or impairment on a continuum ranging from mild to severe.

## How is DSM-5 Different than Its Predecessors?

* DSM-5 reflects recent advances in the research literature.
* The disorders in DSM-5 are organized into a new “metastructure” based on similar (1) antecedent risks, (2) co-occurring variables, and (3) outcomes or treatments (Robins & Guze, 1970).
* DSM-5 also corrected several limitations of previous versions by reducing artificial comorbidity and the use of the generic “NOS” diagnosis, providing greater focus on the development of disorders over time, and making DSM-5 consistent with ICD-11.

## What Are the Advantages and Disadvantages of Diagnosing Children?

* DSM-5 diagnosis is parsimonious, facilitates professional communication, and permits prediction and treatment planning. Diagnosis can also help children gain access to educational or professional services, be helpful to caregivers, and facilitate research.
* DSM-5 diagnosis may gain parsimony at the expense of detailed information, may not adequately reflect children’s environmental context, and may focus too much on individual children rather than dyads or families. Diagnosis can also lead to stigma.
* Whereas DSM-5 diagnosis is based largely on descriptions of children’s signs and symptoms, the proposed Research Domain Criteria (RDoc) seek to classify children based on underlying causes.