

SLK 310 - ABNORMAL CHILD PSYCHOLOGY

CHAPTER 4

ASSESSMENT, DIAGNOSIS AND TREATMENT

Most children and adolescents referred for assessment and treatment have multiple problems. More often than not, the accumulation of these problems over time results in a referral. We have emphasized that most childhood disorders involve breakdowns in normal development.

Felicia is having difficulty coping with the demands of adolescence—

- gaining autonomy from her parents
- getting along with peers,
- performing well in school,
- establishing her self-identity, and
- regulating her emotions.

Felicia also experienced the added stress of her mother's hospitalization for pneumonia.

The clinician who sees Felicia will need to evaluate how well Felicia can:

- cope with life events;
- her appraisal of the events;
- her physical status,
- cognitive abilities,
- behavioural skills, and personality;
- and support from her parents, teachers, or peers.

FELICIA

Multiple Problems



Felicia seemed unhappy and withdrawn at home and at school.

Felicia, age 13, was referred because of her depression, school refusal, social withdrawal at home and school, and sleep disturbance. Her parents first noticed her recent difficulties about a year ago, just after her mother was hospitalized for pneumonia. Felicia was in a regular eighth-grade class and began to refuse to attend school. She complained of frequent stomach pains before school as a reason not to attend. Her social behavior also got worse at this time. She wanted to be close to her mother at all times and frequently requested her mother's help with homework or chores. Felicia became extremely quiet, appeared sad and unhappy, and withdrew from social activities. Not long afterward, she began to complain of sleep problems and a loss of appetite. At about this time her grades in school dropped from mostly Bs to Cs and Ds. She reported that no one liked her, that she couldn't do anything well, and that her life was hopeless.

Based on Depression, by D. J. Kolko, 1987. In M. Hersen and V. B. Van Hasselt (Eds.), *Behavior Therapy with Children and Adolescents: A Clinical Approach*, p. 160.

To sort out the importance of these complex and interacting forces, we must devise an **effective plan** of assessment that leads to diagnostic and treatment decisions.

CLINICAL ISSUES

Clinical strategies and methods used to assess children with psychological and behavioural problems, and the various approaches to the classification and diagnosis of childhood disorders are emphasized in this section.

The Decision-Making Process

How do we determine whether Felicia has a psychological disorder that requires professional attention or whether she will simply outgrow or overcome her problems on her own? Mental health clinicians have to systematically consider many important questions to understand a child's basic problem(s) and to make diagnoses and devise treatment plans. This ongoing decision-making process is aimed at finding answers to both immediate and long-term questions about the nature and course of the child's disorder and its optimal treatment.

The decision-making process typically begins with a clinical assessment:

CLINICAL ASSESSMENTS:

Use systematic problem-solving strategies to understand children with disturbances, and their family and school environments.



Strategies typically include an assessment of the child's emotional, behavioural, and cognitive functioning, as well as the role of environmental factors.

These strategies (which should be based on scientific evidence and clinical expertise) form the basis of a flexible and ongoing process of hypothesis testing regarding the nature of the problem, its causes, and the likely outcomes if the problem is treated as opposed to leaving it untreated.

Clinical assessment is much broader than interviewing or testing alone.

- The ultimate goal of assessment is to achieve effective solutions to the problems children and their families face, and to promote and enhance their well-being.
- *Clinical assessments are meaningful to the extent that they result in practical and effective interventions.* In other words, a close and continuing partnership between assessment and intervention is vital; they should not be viewed as separate processes.

The focus of clinical assessment is to obtain a detailed understanding of the: