# The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

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Center for Children and Families

#### Keynote

#### An Evidence-Based Approach to Assessment and Evaluation for Child Mental Health

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Center for Children and Families

#### **Conflicts of Interest**

- Author receives royalties for the text:
  - Frick, P.J., Barry, C.T., & Kamphaus, R.W. (2010). Clinical assessment of child and adolescent personality and behavior (3<sup>rd</sup> edition). New York: Springer.

#### Structure of the Presentation

- What is an evidence-based approach to mental health assessment?
- What measures can support an evidencebased approach to the assessment of child mental health?
- How to apply an evidence-based approach to the assessment of specific mental health problems?

#### Why is evidence-based assessment important to evidence-based treatment?

- Are you treating the right problem?
- Are you applying the right research?
- How do I know that my treatment is successful?

What is an evidence-based approach to assessment?

Mash and Hunsley (2005):

"Assessment strategies should be based on what is known about (a) a disorder's symptoms, etiologies, and comorbid conditions and (b) the individual, interpersonal, and society resources and contexts that impinge on the treatment of the disorder" (p. 375).

Mash, E.J. & Hunsley, J. (2005). Evidence-based assessment child and adolescent disorders: Issues and challenges. *Journal of Clinical Child and Adolescent Psychology*, 3, 362-379.

- Principle 1: Every decision made during an assessment should be guided by the most current and best available research.
  - What should be assessed?
  - What tests should be used?
  - How should the test results be integrated?
  - What recommendations should be made from the tests?

Barry, C.T., Frick, P.J., & Kamphaus, R.W. (in press). Psychological assessment in child mental health settings. In B. Bracken, J. Carlson, J. Hansen, N. Kucel, S. Reise, & M. Rodrequez, (Eds.), APA Handbook of Testing and Assessment in Psychology. Washington, DC: American Psychological Association

- Principle 2: Results from tests should only be used for making interpretations for which they have been validated.
  - Specific tests or measures are not reliable and valid
    - Specific scores can be reliable under certain conditions and with specific populations
    - Evidence can support some interpretations from test scores but not others

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- Principle 3: The assessment process should be guided by a hypothesis-testing approach.
  - Step 1: Define the referral question (e.g., why is this child doing poorly in school) and develop possible hypotheses based on research (e.g., the child has a learning disability; the child has problems sustaining attention).
  - Step 2: Decide what data would support one hypothesis over another (i.e., decide what constructs will be assessed).
  - Step 3: Design your data collection (i.e., decide what measures are going to be used).
  - Step 4: Collect the data (i.e., perform the evaluation).
  - Step 5: Determine which hypothesis is most consistent with the available data (i.e., interpret the assessment information) and integrate that into a clear theory (i.e., case-conceptualization).

- How is this approach different from others?
  - Intuition driven approach
  - Test(s) driven approach
  - Diagnosis driven approach
  - Trying to understand the child or adolescent without information on the context or trying to understand the child from only his or her context

- Some general issues when selecting measures
  - Purpose of the evaluation
    - Diagnostic and referral vs. treatment monitoring vs. meeting specific requirements
  - Developmental level of child
    - Type of measures
    - Method of administration
    - Important informants
  - Having multiple methods for key constructs
  - Recognizing co-morbidity across domains
  - Understanding the child in context

- Behavior ratings scales (self and informant report)
  - Time efficient
  - Reliable
  - Norm-referenced
  - Validity scales
  - Can be broad (for screening) or specific (for in-depth assessment of single area)
  - Subject to bias of respondent
  - Often misses important parameters
  - Allows for limited elaboration

#### Unstructured interviews

- Clarifies referral question
- Helps in functional analysis of problems
- Obtains client specific history (developmental, family, medical, academic, psychiatric)
- Allows clarification of information obtained on more structured methods
- Obtains information for which there is no structured method available
- Subject to bias of interviewer
- Reliability of information is difficult to estimate
- Requires high level of training and experience

#### Behavioral observations

- Information not filtered through others' perceptions
- Places behavior into context
- Testing observations important for interpreting results
- Limited to what can be observed
- Subject to reactivity
- Costly to do in a way that minimizes bias

- Other possible inclusions
  - Structured interviews
  - Intelligence and achievement tests
  - Sociometric exercises and other peer-based assessments
  - Record reviews

- Some notable exclusions
  - Laboratory tasks
  - Projective tests

- Principle 3: The assessment process should be guided by a hypothesis-testing approach.
  - Step 1: Define the referral question and develop possible hypotheses based on research.
  - Step 2: Decide what data would support one hypothesis over another.
  - Step 3: Design your data collection.
  - Step 4: Collect the data.
  - Step 5: Determine which hypothesis is most consistent with the available data.

- A multi-step process for integrating findings across methods and informants
  - Step 1. Document all clinically significant findings across methods and informants.
  - Step 2. Note any areas in which convergence is evident across sources.
  - Step 3. Try to determine the reasons behind any discrepancies.
  - Step 4. Develop a hierarchy of problems from primary to secondary.
  - Step 5. Determine what should go into the report.

Frick, P.J., Barry, C.T., & Kamphaus, R.W. (2010). *Clinical assessment of child and adolescent personality and behavior (3<sup>rd</sup> edition).* New York: Springer.

- Some implications for report writing
  - Organized around case conceptualization (theory)
    - Be clear what data support the case conceptualization
    - Results organized around prioritized areas (not by test)
    - Recommendations organized around prioritized areas
    - Be sure to include strengths too

How to apply an evidence-based approach to the assessment of specific mental health problems?

- Key Research Finding 1: Core features of ADHD are inattention-disorganization and impulsivity-overactivity.
- Assessment Implication 1: Need reliable assessment of core features appropriate to the person's developmental level.

#### **Current Core Symptons of ADHD**

- Inattention Disorganization
  - Makes careless mistakes
  - Difficulty sustaining attention
  - Doesn't listen
  - Fails to finish things
  - Difficulty organizing things
  - Avoids task that require sustained mental effort
  - Loses things
  - Easily distracted
  - Forgetful

- Hyperactivity-Impulsivity
  - Fidgets and squirms
  - Leaves seat
  - Runs and climbs excessively
  - Difficulty playing quietly
  - Always on the go
  - Talks excessively
  - Blurts out answers
  - Difficulty awaiting turn
  - Interrupts or intrudes

- Key Research Finding 2: Need to differentiate normative and pathological manifestations of core features.
- Assessment Implication 2: Need reliable assessment of:
  - Severity of core features
  - Duration of core features
  - Situational variability of core features
  - Level of impairment associated with core features

- Key Research Finding 3: Need to rule out alternative causes for symptoms.
- Assessment Implication 3: Need reliable assessment of:
  - Intellectual and learning deficits
  - Stability and organization of home and school environment
  - Emotional distress
  - Substance use
  - Developmental and medical history

- Key Research Finding 4: Need to rule out and assess common co-morbid problems.
- Assessment Implication 4: Need reliable assessment of:
  - Conduct problems and aggression
  - Learning problems
  - Anxiety, depression, self-esteem
  - Social adjustment
  - Level of parent and teacher conflict

#### Referral Problem:

8 year old boy referred because of poor academic performance. Described as being "very smart" and being able to do work in one-on-one situations. However, does poorly in school primarily because he cannot stay in his seat and focus on his work. Also described as being inconsiderate of others and annoying them on purpose.

- Step 1: Define the referral question and develop possible hypotheses based on research
- Step 2: Decide what data would support one hypothesis over another
- Step 3: Design your data collection

- Step 1. Document all clinically significant findings across methods and informants.
  - Unstructured interview hyperactive and difficulty following instructions since age 2, parents separated 2 years earlier, no friends
  - Structure interview ADHD and ODD
  - Rating scales
    - Parent ADHD (99<sup>th</sup> percentile), conduct problems, depression, somatic complaints
    - Teacher ADHD (97<sup>th</sup> percentile), conduct problems, social problems
  - School observation
    - Rarely in seat or focused on work, other children largely ignored him, did not follow class rules.
  - IQ and Achievement
    - Overall IQ low average but poor processing speed

- Step 2. Note any areas in which convergence is evident across sources.
  - ADHD
  - Conduct problems
  - Social problems

- Step 3. Try to determine the reasons behind any discrepancies.
  - Depression and somatic complaints from mother only
  - Poor school grades but average to high average scores on individually administered achievement tests

- Step 4. Develop a hierarchy of problems from primary to secondary.
  - Primary: ADHD
  - Secondary: ODD and social problems

For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

#### **Additional Resources**

#### **Books:**

- 1. Barry, C.T., Frick, P.J., & Kamphaus, R.W. (in press). Psychological assessment in child mental health settings. In B. Bracken, J. Carlson, J. Hansen, N. Kucel, S. Reise, & M. Rodrequez, (Eds.), APA Handbook of Testing and Assessment in Psychology. Washington, DC: American Psychological Association.
- 2. Frick, P.J., Barry, C.T., & Kamphaus, R.W. (2010). *Clinical assessment of child and adolescent personality and behavior* (3<sup>rd</sup> edition). New York: Springer.
- 3. Hunsley, J. & Mash, E.J. (Eds). (2008). A guide to assessments that work. New York: Oxford University.

#### **Selected Peer-reviewed Journal Articles:**

- 1. Klein, D.N, Dougherty, L.R., & Olino, T.M. (2005). Toward guidelines for evidence-based assessment of depression in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34,* 412-432.
- 2. McMahon R.D. & Frick, P.J. (2005). Evidence-based assessment of conduct problems in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34,* 477-505.
- 3. Pelham, W.E., Fabiano, G.A., & Massetti, G.M. (2005). Evidence-based assessment of attention deficit hyperactivity disorder in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34,* 449-476.
- 4. Ozonoff, S., Goodlin-Jones, B.L., & Solomon, M. (2005). Evidence-based assessment of autism spectrum disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34,* 523-540.
- 5. Silverman, W.K & Ollendick, T.M. (2005). Evidence-based assessment of anxiety and its disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34, 380-411.*
- 6. Youngstrom, E.A., Findling, R.L., Youngstrom, J.K., & Calabrese, J.R. (2005). Toward and evidence-based assessment of pediatric bipolar disorder. Journal of Clinical Child and Adolescent Psychology, 34, 433-448.





