Classification, Assessment, and Treatment of Childhood Disorders

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Overview

• **Classification**: Identifying major categories or dimensions of behavioral disorders
• **Diagnosis**: Assigning a child to a category of disorder to facilitate treatment
• **Assessment**: Evaluating a child to make a diagnosis and direct treatment

Criteria for a Good Classification System

• Criteria for defining a disorder must be explicit
• One disorder must be clearly distinct from all other disorders
• **Reliable**: Diagnosis must be consistent
  – **Inter-Rater Reliability**: Whether different clinicians use the same category to describe the same person’s behavior
  – **Test-Retest Reliability**: Whether the diagnosis is stable over a reasonable amount of time

Criteria for a Good Classification System

• **Valid**: Correctness, meaningfulness, and relevancy of a diagnosis
  – Is the diagnosis accurate?
  – Does the diagnosis provide any new information regarding future behavior and/or treatment?
• **Clinical utility**: Provide a basis for understanding the person and/or future intervention
Example Criteria for Disorder

• Separation Anxiety Disorder diagnosis requires the following:
  – Child must exhibit three or more weeks of eight specific symptoms for at least 4 weeks
  – The onset of these symptoms must occur before the age of 18
  – The disturbance does not occur exclusively during the course of Pervasive Development Disorder, Schizophrenia, or other psychotic disorders

Diagnostic and Statistical Manual of Mental Disorders (DSM IV-R/V)

• Characteristics of DSM:
  – Clinically derived classification system: Based on a consensus from clinicians, then diagnostic criteria are identified
  – Categorical Approach: A person either meets the criteria for a diagnosis or does not
    • Pathology is qualitatively different: Differences in kind, not degree

Multiaxial System

  – Axis I: Clinical Disorders
  – Axis II: Personality Disorders, Mental Retardation
  – Axis III: General medical conditions
  – Axis IV: Psychosocial or environmental problems that may affect diagnosis, treatment, or prognosis
  – Axis V: Global Assessment of Functioning (GAF)
    • Numerical judgment of overall adaptive functioning

DSM Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

  • Mental Retardation
  • Learning Disorders
  • Communication Disorders
  • Pervasive Developmental Disorders (e.g., Autism)
  • Attention-Deficit and Disruptive Behavioral Disorders
  • Feeding and Eating Disorders of Infancy or Early Childhood
  • Elimination Disorders
  • Other Disorders of Infancy, Childhood, or Adolescence (e.g., Separation Anxiety Disorder, Selective Mutism)
  • Other childhood disorders not listed separately (Mood, Anxiety, Eating, or Sleeping Disorders)
International Statistical Classification of Diseases and Related Health Problems (ICD-10)

- Chapter V focuses on Mental and Behavioral disorders
- Similar to the DSM, though with some major variations
  - Both try to use similar codes

Empirical Approach

- **Dimensional Classification:** Traits of behavior exist and all children possess these to varying degrees
  - Make a normative comparison between children of the same age and gender

Empirical Approach

- **Withdrawn**
  - Would rather be alone
  - Refuses to talk
  - Shy, timid
- **Anxious/Depressed**
  - Unhappy, sad
  - Worries
  - Feels worthless
- **Thought problems**
  - Hears things
  - Sees things
  - Strange ideas
- **Aggressive Behavior**
  - Mean to others
  - Attacks people
  - Destroys others’ things
- **Attention Problems**
  - Inattentive
  - Cannot concentrate
  - Cannot sit still
- **Delinquent Behavior**
  - Lacks guilt
  - Bad companions
  - Lies

Labeling

- **Advantages of Labeling**
  - Aid in comparison to symptoms and treatments of other children
- **Negative effects of Labeling:**
  - Stigmatization
  - May create additional behavior problems and social difficulties
  - Other’s expectations and behaviors toward the child can be influenced, either positively or negatively
  - Overgeneralization of grouping children with the same disorder as behaving the same
Clinical Assessment

- **Clinical Assessment:** Use of deliberate problem-solving strategies to understand children with disturbances and their family, school, and peer relationships
  - Strategies designed to help understand the child's thoughts, feelings, and behaviors
  - Evaluate the child's strengths and weaknesses in specific areas
- Consists of hypothesis testing regarding the nature of the problem, its causes, and likely outcomes based on treatment or no treatment
  - Assessments are meaningful to the extent that they result in practical and effective interventions

Assessment

- Assessment is a continuous process to evaluate changes in behavior and modify treatment accordingly
- Conduct a comprehensive assessment of multiple characteristics of the child
  - Children's disorders are complex with many manifestations and multiple influences
- Aspects to be evaluated:
  - Child's behavioral, cognitive, social, and emotional functioning
  - Family background (biological influences)
  - Influences of the family, peers, and school

Methods of Assessment

- **Sources of evidence:**
  - Child
  - Parents
  - Teachers
  - Other primary caregivers
- **Benefits of assessing both parents and teachers**
  - Children may exhibit different behavior in different contexts
  - Different people may view the same behavior differently

Scientific Method

- Form a hypothesis
- Collect Data
- Intervene
- Analyze Results
- Reach a Conclusion
Types of Assessment

- **General Clinical Interview**: Open-ended, unstructured interview with the child and other caregivers to gather basic information about the nature of the problem and potential contributing factors.

  - Child’s birth and related events
  - Child’s developmental milestones
  - Child’s medical history
  - Family characteristics and family history (medical, educational, mental health)
  - Child’s interpersonal skills
  - Child’s educational history
  - Parents’ occupational information and relationships
  - Description of the presenting problem
  - Attempts to solve the problem
  - Parents’ expectations for assessment and treatment of the child and themselves

Types of Assessment

- **Structured Diagnostic Interview**: Standardized interviews with specific questions and interview procedures.

  - Semi-Structured Interview for Eating Problems
    - Do you feel that the way you eat is different from the way others eat?
    - Do you ever feel guilty after eating?
    - Do you think you can control your eating?
    - Do you ever eat in secret?
    - Has your weight changed in the last 3 months? How much?
    - Have you ever been unable to control the amount or type of food you ate?
    - Do you deliberately try to vomit after you eat?

Types of Assessment

- **Behavioral Assessment**: Strategy for evaluating child’s thoughts, feelings, and behaviors in specific settings to form hypotheses about the problem.
  - **A**: Antecedents immediately before behavior
  - **B**: Behavior of interest
  - **C**: Consequences that follow the behavior

  - Goal is to identify as many possible factors that could contribute to the child’s problem, and develop hypotheses about those that are most important and/or most easily changed.

General Clinical Interview

- Child’s birth and related events
- Child’s developmental milestones
- Child’s medical history
- Family characteristics and family history (medical, educational, mental health)
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Types of Assessment

- **Problem Checklists and Self-Report Instruments**: Indicate the presence or absence of specific behaviors in the child
  - Enables researchers to make a comparison about a child's behavior to other children
  - A variety of instruments exist on children's behavior, the child's environment, parenting practices, etc.

Child Behavior Checklist (CBCL)

- 2=Often True, 1=Sometimes True, 0=Not True during the past six months
  - Argues a lot
  - Can't concentrate, can't pay attention for long
  - Can't get his/her mind off certain thoughts; has obsessions
  - Can't sit still, is restless or hyperactive
  - Clings to adults or is too dependent
  - Complains of loneliness
  - Confused or seems to be in a fog
  - Cries a lot
  - Hurts animals or is physically cruel to them

Types of Assessment

- **Behavioral Observations**: Focused set of behaviors that can be reliably coded by behaviors
- **Projective Tests**: Based on the psychoanalytic construct of projection that the ego deals with unacceptable impulses by projecting them onto an external object

Types of Assessment

- **Intellectual and Educational Assessment**
  - Intelligence tests
  - Developmental Scales: Sensorimotor and simple social skills for young children
  - Ability and Achievement Tests: Focus on school achievement
- **Assessment of Physical Functioning**
  - General physical exam
  - Psychophysiological assessment for anxiety or arousal disorders
  - Neurological assessment
Treatment

- **Prevention**: Decreasing the chances of future undesired outcomes
- **Treatment**: Eliminating or reducing the impact of an undesirable outcome that has already occurred
- **Maintenance**: Efforts to increase adherence with treatment over time to prevent relapse or recurrence of problem

Goals of Treatment

- **Outcomes related to child functioning**
  - Reduce or eliminate symptoms
  - Reduce impairment in functioning
  - Enhance social competence
  - Improve academic performance
- **Outcomes related to family functioning**
  - Reduce family dysfunction
  - Improve family relationships
  - Reduce stress
  - Improve quality of life
  - Enhance family support

Goals of Treatment

- **Outcomes of societal importance**
  - Improve a child’s participation in school activities
  - Decrease involvement with the police
  - Reduce need for special services
  - Reduce substance abuse

Treatment

- Treatment can also include education for parents, teachers, and other caregivers
- Treatment can include interventions from a range of trained personnel
- Treatment can occur in many settings, including a hospital, clinician’s office, school, home, or residential treatment center
- Treatment plans may differ for different families depending on their situation and/or motivation
Treatment

- **Evidence-Supported Treatment**: Treatments for which research-based evidence supports the effectiveness
  - **Well-Established Treatment**: Superior to placebo interventions by at least 2 different teams of investigators
  - **Probably Efficacious Treatment**: Superior to a waiting list or no-treatment control
  - **Experimental Treatment**

Types of Treatment

- **Individual and Group Psychotherapy**: Therapists meet with children to discuss problems and strategies to overcome their problems
  - Advantages of Individual Psychotherapy: One-on-one focus on the particular problems and strategies for improvement
  - Advantages of Group Psychotherapy
    - Socialization experiences
    - Less threatening
    - Demonstrates that others struggle with similar issues
    - Children can learn from their peers

Types of Treatment

- **Behavioral Treatments** assume that many abnormal child behaviors are learned through reinforcement or punishment
  - Positive reinforcement
  - Time-out
  - Modeling
  - Systematic desensitization
- **Cognitive Treatment** assumes abnormal behavior is the result of a deficit or distortion in children’s thinking so the goal is to change maladaptive thinking

Types of Treatments

- **Cognitive-Behavioral Treatments** help replace maladaptive thinking, emotions, coping skills, and behaviors with more adaptive ones
- **Play Therapy**: Play is used to facilitate communication
  - Use puppets and dolls, drawing or painting, children’s books
Types of Treatments

- **Family Therapy and Parent Training** is based on the belief that a clinical problem is an interaction between the child and their social context.
  - Changing the way parents manage children’s behavior can make a significant impact on children’s behavior.

- **Pharmacological Treatment**: Medications
  - Can change mood, though processes, or overt behavior.

Ethical Considerations in Treatment

- Treatment goals and procedures are in the best interest of the child.
- Client participation is active and voluntary.
- Keep records that document the effectiveness of treatment in achieving its objectives.
- Protecting the confidentiality of the therapeutic relationship.
- Ensuring the qualifications and competencies of the therapist.