

**IACAPAP Textbook
of
Child and Adolescent
M e n t a l H e a l t h**



Editor
Joseph M. Rey



**THE CLINICAL
EXAMINATION
OF CHILDREN,
ADOLESCENTS
AND THEIR
FAMILIES**

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**Companion Powerpoint
Presentation**

Adapted by Henrikje Klasen

The “IACAPAP Textbook of Child and Adolescent Mental Health” is available at the IACAPAP website <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>

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IACAPAP

**International Association for
Child and Adolescent Psychiatry
and Allied Professions**

...because every child matters

Why should you know about this?

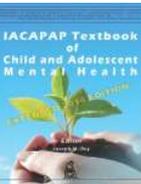
Psychiatric Assessment of Children/Adolescents

- The diagnostic process is the foundation of effective treatment
- CAMH assessment differs considerably from other types of assessment in medicine
- There is a distinctive developmental aspect in the mental state examination of children/adolescents
- Inconsistent reports by various informants can be confusing. You need to be clear about your aims! [These two sentences don't follow each other. Should the 2nd be a separate dot point?

General considerations

Psychiatric Assessment of Children/Adolescents

The psychiatric assessment of children and adolescents is in many ways different from other areas of medicine. How?

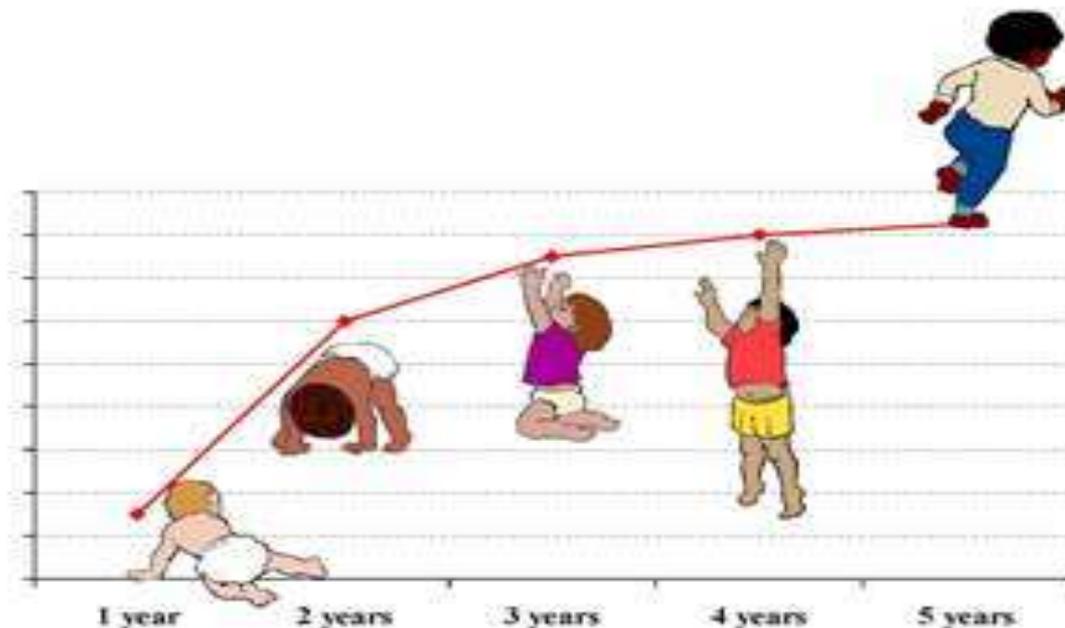


General considerations

Psychiatric Assessment of Children/Adolescents

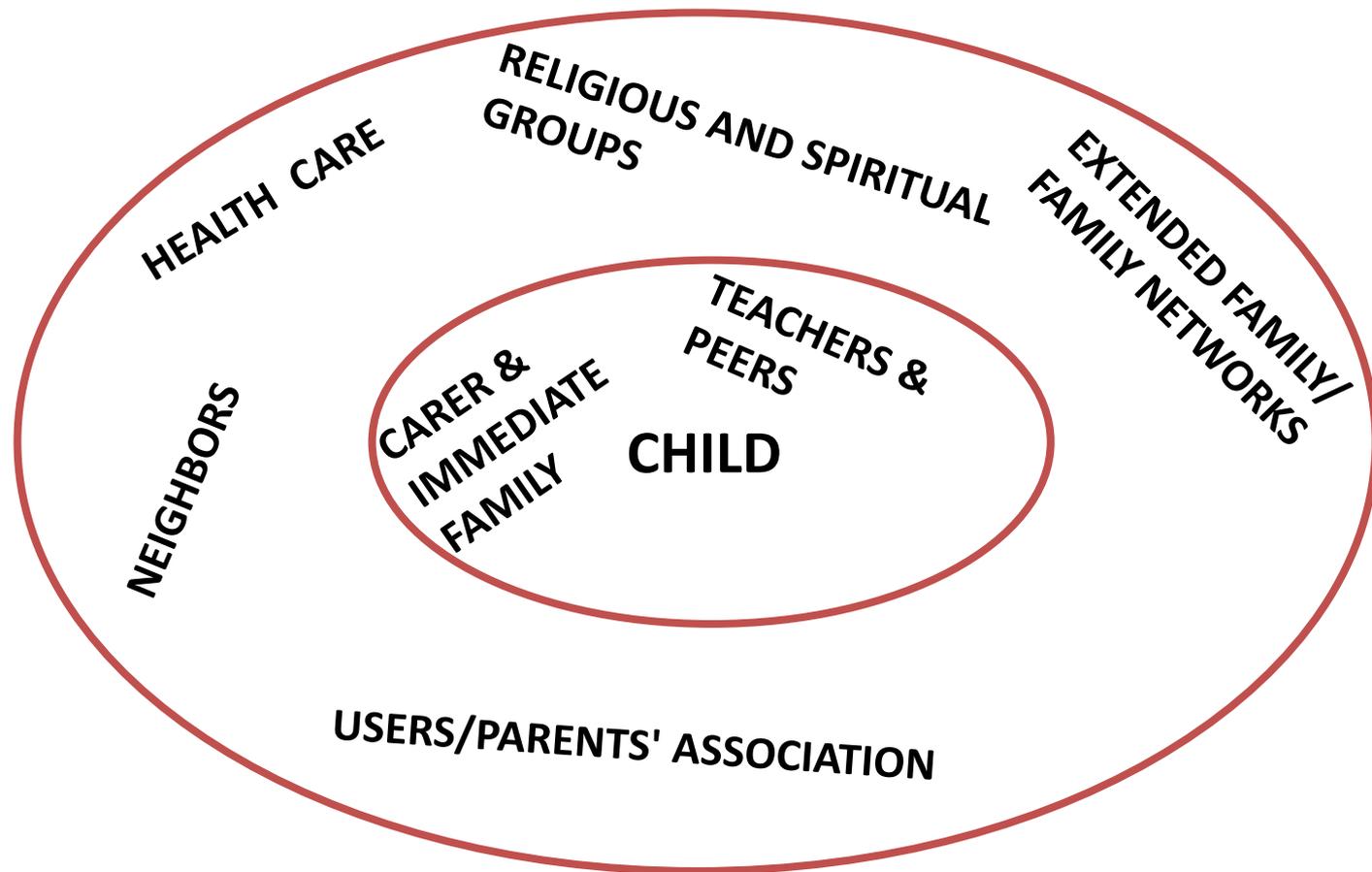
Children grow and develop.

- Expectations about what is “normal” and what might be “a problem” vary according to stage of development
- The capacity to understand, reflect and to participate in decision making and treatment evolves with age



Special considerations for assessment of children:

Children do not grow and develop in isolation. Their immediate and broader environment/context plays an important role



General considerations

Psychiatric Assessment of Children/Adolescents

Further distinctive aspects of CAMH assessment

- Referral is typically by someone other than patient
- There are rarely simple blood tests or other investigations leading to a diagnosis.
- Various (often conflicting) sources of information have to be integrated by a skilled clinician

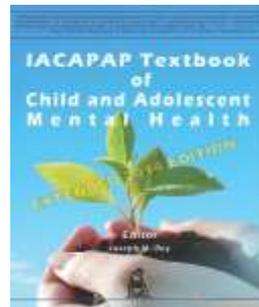
Some call it detective work



The Basic Aims

Psychiatric Assessment in Children and Adolescents

- **A good therapeutic relationship**
- Reason for referral (Why now? Whose problem is it?)
- Main complaint
- Current individual functioning
- Developmental functioning
- Family functioning
- Mental state
- Formulate/communicate *clinical formulation*
- Clarify focus of treatment (risks/benefits)
- Be time efficient



Build a good therapeutic relationship

Psychiatric Assessment in Children and Adolescents

- Try to find privacy in a child friendly place
- Have enough time, if necessary ask family back
- Greet carer and child and introduce yourself
- Clarify reason for referral and aim of interview
- Explain confidentiality and its limits
- Put family at ease with open generic questions first
- Use simple language in an effort to engage the child
- Ask about the child's and carer's health and feelings
- Listen carefully and show interest and understanding

Practical tips from mhGAP

Establish communication and build trust

- Greet the person warmly and with respect
- Introduce yourself by name and position
- Take enough time for the interview (especially the 1st interview)
- Show interest
- Explain your actions when examining a person
- Be honest - keep promises

Practical tips from mhGAP

Use good communication skills

- Attitude
 - Show respect
 - Try not to judge
 - Be genuine
- Listening and observing
 - Listen carefully
 - Notice non-verbal communication
- Communicating
 - Summarize and feed back what the person says
 - Show understanding of how the person feels and thinks
 - Use simple and clear language

Using good communication skills: Exercise

1. Pair up with another person. One person is "A" and the other person is "B"
2. **A** describes a problem [should you give some examples of problems?] and **B** listens carefully for 2 minutes showing good communication skills
3. Now repeat the problem but this time **B** shows little interest
4. Now switch roles. **B** will describe a problem to **A** and repeat both steps 2 and 3



Afterwards...

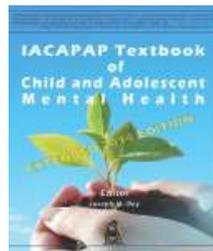
- What made you feel that the person was listening and how did it make you feel?
- How did you feel when the person was not listening to you?

The Basics: SIRSE

Psychiatric Assessment in Children and Adolescents

- Symptoms
- Impact
- Risk Factors
- Strengths
- Explanations

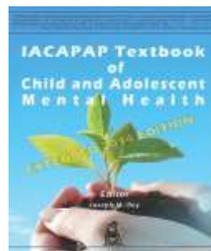
N.B. While we often focus on the symptoms first it can be useful to start by exploring non-problem areas (esp. in externalizing disorders)



The Basics: SIRSE

Psychiatric Assessment in Children and Adolescents

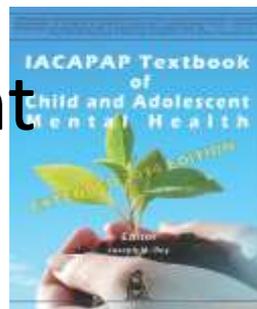
“It is of the highest importance in the art of detection to be able to recognize, from a number of facts, which are incidental and which vital. Otherwise, your energy and attention must be dissipated instead of being concentrated.”
(Sherlock Holmes, “The Reigate Puzzle”)



The Basics Building Blocks

Psychiatric Assessment in Children and Adolescents

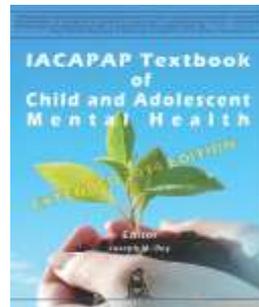
- Parent and child interview
 - Seeing parents and child together
 - Seeing parents alone
 - Seeing the child alone
- Mental state examination
- Medical history and physical examination
- Information from others (e.g. teachers)
- Rating scales and psychometric assessment



The Parent and Child Interview

Psychiatric Assessment in Children and Adolescents

- Who should I talk to and in what sequence?
- How should I formulate the questions?
 - Start with at least one open question per topic
 - Ask screening question(s) first
 - Home in once you want to exclude other diagnoses
- Let both parent and child tell their story
- How to deal with discrepancy of reports?



The Interview with child and carer together

Psychiatric Assessment in Children and Adolescents

- **Observe:** seating arrangements, eye-contact, warmth, interaction, tensions etc.
- **Cover:** SIRSE
- **Start** with open (possibly generic) questions
- Get into specifics/details (frequency, intensity, pervasiveness, triggers, consequences)
- Let both child and parent give their story

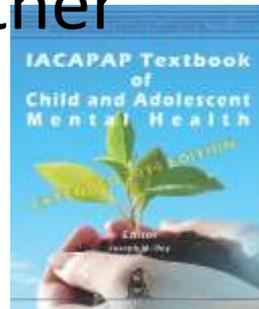
Clarify form parents and child

- Whose problem is it?
- Why now?
- What do you expect this examination will accomplish

The Interview with parent/carer alone

Psychiatric Assessment in Children and Adolescents

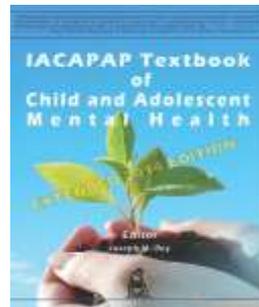
- What aspects of the child's behaviour are of greatest concern to them?
- What have they done to deal with the problem?
- Is the problem situation specific or pervasive?
- Family/parental relationship strengths/challenges
- Forms of discipline used
- Family psychiatric/medical history
- Own coping/MH [don't use acronyms that other people may not understand]



The Interview with the child alone - Aims

Psychiatric Assessment in Children and Adolescents

- Gain the child's trust
- Elicit the child's views
- Examine the child's developmental stage
- Screen about emotional symptoms, traumatic events, delinquent acts, drug and alcohol use, sexual problems, suicidality
- Conduct a mental state examination (see below)

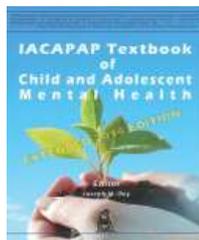


The Interview with the child alone - Methods

Psychiatric Assessment in Children and Adolescents

- Make play material/pens paper available
- Be sensitive to their development
- Use play to assess affective state, motor skills, speech and language development, attention span, interaction, pretend play etc.
- In adolescents emphasize confidentiality issues

Discussion: Would it be appropriate in your culture to see a child/adolescent alone? From what age?



The Mental State Examination

Table A.5.1 Mental status examination

MSE component	Take notice of:
Physical appearance	<ul style="list-style-type: none"> • Age (actual and apparent) • Age-appropriate clothes, • Grooming and cleanliness • Dysmorphic features, bruises, scars
Manner of relating to examiner and parents, including ease of separation	<ul style="list-style-type: none"> • Eye contact • Ability to cooperate and engage with examination • Behavior towards parents and siblings
Mood and affect	<ul style="list-style-type: none"> • Type, range and appropriateness of affect (e.g., depressed, elated, irritable)
Anxiety	<ul style="list-style-type: none"> • Fears • Phobias • Obsessions • Compulsions or rituals • Separation difficulties
Psychomotor behavior (including activity level and unusual motor patterns)	<ul style="list-style-type: none"> • Tics, mannerisms • Activity level • Coordination
Form and content of thinking	<ul style="list-style-type: none"> • Hallucinations • Delusions • Thought disorder
Speech and language	<ul style="list-style-type: none"> • Fluency • Volume • Rate • Language skills,

The Mental State Examination

Psychiatric Assessment in Children and Adolescents

Overall cognitive functioning	<ul style="list-style-type: none">• Developmentally appropriate vocabulary• Fund of knowledge• Appropriate drawings
Attention and concentration	<ul style="list-style-type: none">• Attention• Concentration
Memory	<ul style="list-style-type: none">• Short-term• Long-term
Orientation	<ul style="list-style-type: none">• Orientation in time, place, person
Judgment and insight	<ul style="list-style-type: none">• Acknowledgement of problems• Capacity to judge hypothetical situations• Attitude towards receiving help• Compliance with treatment
Examination of risk	<ul style="list-style-type: none">• Suicidal thoughts or behavior• Self-harming behavior• Thoughts or plans of harming others• Risk-taking behavior

The Mental State Examination

Psychiatric Assessment in Children and Adolescents

Some ways to elicit MSE information from children?

- What do you like doing? Ask further...
- Emotions: What kind of feelings do you know? ...What makes you feel sad/angry/happy etc.
- Suicide: Sometimes people feel so bad, they don't want to live anymore? Have you ever felt like that?
- Trauma: Sometimes nasty or frightening things happen to people and they find it difficult to talk about it. Has anything like that happened to you?
- If you had three wishes, what would they be? Ask further to explore why?

Take developmental and medical history

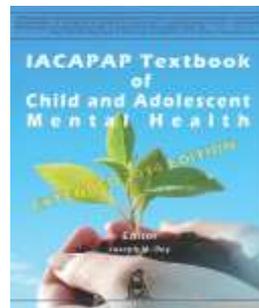
Psychiatric Assessment in Children and Adolescents

Take a three step approach

- Step 1: Brief medical history
- Step 2: Brief physical examination

1 and 2 unremarkable - avoid further investigation

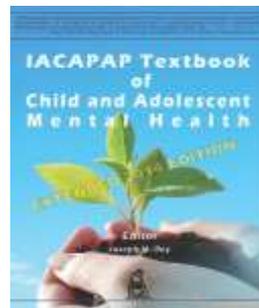
- Step 3: if appropriate, further investigations or referral



Take developmental and medical history

Psychiatric Assessment in Children and Adolescents

- Pre- and perinatal History
- Developmental milestones (know what is normal!)
- Focus on psycho-social development
- Medical history
- Family history
- Drug & alcohol use

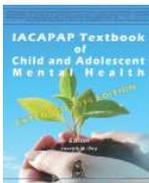


Medical History and Physical Examination

Psychiatric Assessment in Children and Adolescents

Red Flags suggestive of underlying medical problems

- Atypical presentation or age of onset
- Regression in development
- History of central nervous system infection
- History of head trauma
- (History of) seizures
- Suggestions of child abuse
- Sudden onset of new/odd behaviour
- Altered level of consciousness, fatigue, cognitive changes, fever, weight changes

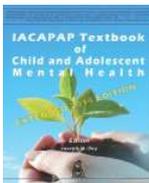


Medical History and Physical Examination

Psychiatric Assessment in Children and Adolescents

Basic physical examination:

- Height, weight, head circumference
- Blood pressure, pulse
- Skin inspection (needle tracks, bruises, scars, neurocutaneous signs?)
- Basic neurological examination (gait, tone, power, reflexes, cerebellar function, movements)

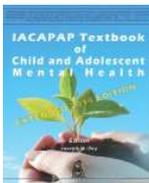


Medical History and Physical Examination

Psychiatric Assessment in Children and Adolescents

Investigations, tests, specialist referrals:

- Blood tests
- Urine tests
- Brain imaging
- Genetic investigation
- Metabolic investigation
- EEG



Rating scales and psychometric assessment

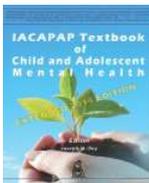
Psychiatric Assessment in Children and Adolescents

Pros:

- Help detect unreported problems
- Comprehensive
- Can make interview more efficient
- Can be a good pre-treatment baseline

Cons:

- Require time and literacy of parents/patients
- Need analysis
- Clinicians may over rely on them



SDQ – Free Psychiatric Screening in Children and Adolescents <http://www.sdqinfo.org>

Table A.5.6 The Strengths and Difficulties Questionnaire (SDQ)

Purpose	Languages	Comments
Screening for mental health disorder in children and adolescents (Goodman et al, 2000)	Available in 73 languages	<ul style="list-style-type: none">• Free for noncommercial purposes• High SDQ-scores –upper 10% in a community sample – were associated with increased psychiatric risk• Used worldwide• Very brief: 25 items all in one page• High specificity but low sensitivity (use only as a screening instrument)• Can be completed by the patient on-line and get immediate feedback.

Source: Carandang and Martin (2009).

Rating scales and psychometric assessment

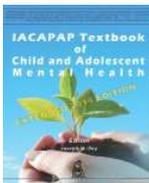
Psychiatric Assessment in Children and Adolescents

Psychometric assessments can help

- Find diagnosis and/or co-morbidity
- Identify individuals cognitive strengths/weaknesses
- Plan treatment

Examples

- IQ tests
- Tests of activity and concentration
- Social and communication skills



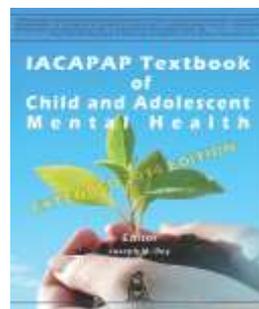
Giving feedback on your findings

Psycho-education in Children and Adolescents



"Nothing clears up a case so much as stating it to another person."

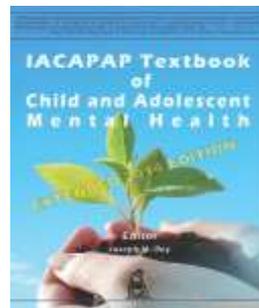
(Sherlock Holmes, "Silver Blaze")



Giving feedback on your findings

Psycho-education in C&A Psychiatry

The examination is not complete until findings have been communicated to parents, the child and the referring agency.



Giving feedback on your findings

Psycho-education in C&A Psychiatry

- Plain, non-technical language
- Non judgemental
- Strength oriented
- Sensitive
- Practical

Make sure the information you give is

- Heard
- Understood
- Experienced as helpful

The parents are the most important partner in treatment



Troubleshooting Assessment in C&A Psychiatry

- What if the child does not seem to fit into a category?
 - Just try to describe accurately what you see
 - Discuss with an experienced colleague
 - Check all differentials including psycho-social
 - Remember “the children haven’t read the DSM and ICD”
- What if accounts you get from informants differ widely?
 - Think about reasons for the disagreement
 - Get other informants
 - If possible observe for yourself (school/home visit?)

Any Questions?

**WHAT WILL YOU DO NEXT WEEK TO
IMPLEMENT WHAT YOU LEARNED?**