WHAT TO EXPECT FROM AN ASSESSMENT

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Why Does This Matter?
- We treat causes not symptoms
- There is NO one treatment for all conditions.
- There are different treatments for different conditions.
- The purpose of an assessment is to determine the cause of the behaviors which then determines what treatment is necessary.
- Beginning treatment without an assessment is unethical and unprofessional.

What we will be covering
- Why does an assessment matter?
- What is Complex Trauma?
- What domains are affected?
- Elements of a comprehensive assessment.
- Treatment plan.
**Why Does This Matter?**

What does this child have, given the following behaviors?

- Often fails to give close attention to details or makes careless mistakes.
- Often had difficulty sustaining attention
- Often does not follow through on instructions and fails to complete tasks
- Often has difficulty organizing tasks
- Often loses things.
- Is often too easily distracted by irrelevant things.
- Often fidgets
- Often leaves seat
- Often talks excessively
- Often blurts out the answer to questions
- Often has difficulty waiting turn
- Often interrupts.

**Those behaviors are symptoms of??**

<table>
<thead>
<tr>
<th>CAUSE</th>
<th>TREATMENT</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>• Stimulant medication and behavior management</td>
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<tr>
<td>Traumatic Brain Injury</td>
<td>• Behavior modification</td>
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<tr>
<td>Fetal Alcohol Spectrum Disorder</td>
<td>• Clonidine or related meds + Child Friendship Training, Neurocognitive habilitation, etc</td>
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<tr>
<td>An Anxiety Disorder</td>
<td>• Anti-anxiety meds + CBT</td>
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<tr>
<td>A Mood Disorder</td>
<td>• Mood stabilizing meds + DBT</td>
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<tr>
<td>Severe Trauma.</td>
<td>• Attachment-Focused Treatment</td>
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**COMPLEX TRAUMA**

**AKA**

Developmental Trauma Disorder

**What is Complex Trauma?**

Complex Trauma refers to the effects of:

- **EARLY**
  - First 3-5 yrs.
- **CHRONIC**
- **MALTREATMENT**
- **IN A CARE-GIVING RELATIONSHIP**
Complex Trauma Sequelae: Most Frequent Difficulties

Domains of Impairment
- Attachment
- Biology
- Emotional Regulation
- Dissociation: Defensive functions
- Behavioral Regulation
- Cognition
- Self-Concept

Domains of Impairment: ATTACHMENT
- Problems with relational boundaries
- Lack of trust
- Social isolation
- Difficulty attuning with other’s emotional states
- Lack of empathy
- Lack of secure base

Domains of Impairment: BIOLOGY
- Sensory-motor developmental dysfunction.
- Analgesia
- Sensory-integration dysfunction
- Somatization
- Increased medical problems (CDC’s ACE’s studies).
Domains of Impairment:

**EMOTIONAL REGULATION**
- Poor affect regulation
- Difficulty identifying and expressing emotions.
- Difficulty identifying and describing internal states: Undeveloped Reflective Function (Peter Fonagy)
- Difficulty communicating needs and wishes.

**DISSOCIATION**
- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Discrete states of consciousness with discrete memories, affect, and functioning.
- Impaired memory for state-based events
- Really a defense against overwhelming stress.

**BEHAVIORAL REGULATION**
- Difficulty regulating impulses. Poor impulse control.
- Self-destructive behavior: TRBs
- Excessive risk-taking behavior
- Aggression
- Pathological self-soothing behaviors
- Sleep problems

**DISTURBANCES OF EATING**
- Substance abuse
- Excessive compliance
- Excessive defiant behavior
- Problems complying with rules.
- Reenactment of trauma in behavior or play.
Domains of Impairment: COGNITION

- Difficulty with regulating attention
- Difficulty with Executive Functions: planning, judgment, initiation, use of materials, self-monitoring, etc.
- Difficulty processing new information
- Difficulty focusing and completing tasks
- Difficulty with object constancy (shame = “crazy lies.”)

Domains of Impairment: SELF-CONCEPT

- Fragmented and disconnected autobiographical narrative
- Poorly developed sense of separateness
- Disturbed body image
- Low self-esteem: internal working model of self as unloved/unlovable, not valued/valuable, as “garbage.”
- Excessive shame.

Other effects of chronic maltreatment

- Delay of social and emotional development.
  - Often receptive communication lags expressive; looks like ODD.
  - Interpersonal relationships often delayed
  - May have higher functioning in daily living skills.
  - Overall adaptive level often several years behind chronological age.
  - “Can’t not a Won’t”
Basic Model for Assessment

- Three session model
  - Consider the 7 domains affected by complex trauma
    - Parents
    - Child
    - Parents

Outline for a Thorough Evaluation

- Review of all records
- Session One: Session with Parents (Carers) regarding child.
  - Evaluation of Parents: pattern of attachment, insightfulness & reflective function, commitment.
  - Use of various tests and questionnaires
- Session Two: Assessment of Child
- Session Three: Session to review assessment and treatment recommendations.

Outline for a Thorough Evaluation

- Seven Domains that may be affected by Complex Trauma aka Developmental Trauma Disorder.
- Assess for various mental health conditions: Bipolar Disorder, ADHD, etc.
- Screen for neuro-psychological issues caused by early maltreatment
  - (Executive functions)
  - Sensory-Integration
  - ARND
  - Alcohol Related Neurodevelopmental Disorder

Parent Session

- Clinical meeting with caregivers
  - Child’s current functioning
  - Questions asked.
  - Diagnostic interview to screen for various mental health difficulties and trauma-attachment difficulties
  - Parent’s state of mind with respect to attachment. (Use of AAI)
  - Insightfulness Assessment
  - Parent Commitment Assessment
**Parent Session**

Questions asked/areas covered
- Presenting problem; why here now?
- Pediatrician, eating, sleeping, meds, medical issues
- School
- Friends
- Relationships within home
  - Affection
  - Siblings
  - Compliance

**Parent Session**

Assess Process of interview
- Why there? Their story
- Chronology
- Current symptoms and what is most challenging
- What has been tried

Assessing parenting capacity:
- Intersubjectivity
- Commitment
- Insightfulness – Reflective function
- Pattern of attachment

**Specific tests**

- Child Behavior Checklist (CBCL; Achenbach, 1991) **(Parent & Teacher versions)
- Trauma Symptom Checklist for Young Children **
- Symptom checklist screener **
- Sensory-integration screener **
- Behavior Rating Inventory of Executive Function (Parent & Teacher) **
- Vineland Adaptive Rating Scales – II (Parent &Teacher) **
- Sensory Profile **
- Developmental History form

**Psychological Tests & Questionnaires: For Adult**

- Parenting Stress Index **
- Biography **
CLINICAL SESSION WITH CHILD

Outline of Child Session
- Orientation & Mental Status
- HTP – achromatic
- Heart Drawing
- Chromatic HTP
- ASCT

Topics
- School & grades
- Friends
- If hurt
- Likes
- Relationships with family members
- History

Clinical Interview with Child
- Diagnostic Interview
  - Mental Status
  - Process of interview to assess state of mind with respect to attachment:
    - House-Tree-Person
    - Heart Drawing
  - 4 key questions
  - Assessing for indications of other conditions:
    - Mental Health issues
    - Sensory Integration
    - Executive Function/Neuropsychological issues
    - FASD
  - Attachment Story Completion Test
Third Meeting with Caregivers

- Review Assessment and Diagnoses
  - Mental Health Conditions
  - Attachment
  - What is causing the difficulties; what is driving the behavior; what is going on in the family & why.
- Other issues requiring further evaluation
  - Sensory-Integration Disorders -OT
  - Neuro-psychological assessment – Board Certified Neuropsychologist
  - Educational testing for LD

Final Meeting with Caregivers

- Other issues requiring further evaluation
  - Developmental Screening
  - Developmental Pediatrician
  - Developmental neurologist
- Treatment Recommendations
  - Parenting
  - Treatment
  - Child at home?

Effective & Evidence-Based Treatment

- Attachment-Focused Treatment
  - Dyadic Developmental Psychotherapy
  - See California Evidence-Based Clearinghouse for child welfare.
  - http://www.cebc4cw.org/program/dyadic-developmental-psychotherapy/
  - Treatment recommendations grounded in the assessment of causes.
    - ARND
    - Executive function & neuropsychological issues
    - Trauma & attachment disorders
    - MH dx
    - Sensory-integration
    - SIPT, OT

DIAGNOSTIC SEQUELA

- Antisocial Personality Disorder
- Avoidant Personality Disorder
- Dependent Personality Disorder
- Histrionic Personality Disorder
References


DIAGNOSTIC SEQUELA
Narcissistic Personality Disorder
Paranoid Personality Disorder
Schizoid Personality Disorder
Schizotypical Personality Disorder
Borderline Personality Disorder
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Steele, H., & Steele, M., (Eds.) (2009), Clinical Applications of the Adult Attachment Interview, NY: Guilford Press.
What is an assessment centre? Find out what exercises to expect at a graduate assessment day and get tips on how to impress recruiters. Assessment centres or assessment days are a regular feature of the recruitment process for graduate schemes. Employers bring together a group of candidates who complete a series of exercises, tests and interviews that are designed to evaluate their suitability for graduate jobs within the organisation. Learn what to expect from the BPD assessment process which is needed for a diagnosis. Different providers use different tools to conduct an assessment. Generally, you can expect the therapist to ask questions about your current and past symptoms, family and work history, and current life situation. Some therapists will also give you a short questionnaire to fill out and/or administer a psychological test, which is typically longer and asks more questions. So, what should you expect? All graduate assessment centres, irrespective of the specific role you have applied for, or institution type (be it an investment bank, hedge fund, broker, trading house or even a commercial bank) are run along broadly similar lines. Be prepared for: • At least one interview (though three separate 30-45 minute interviews are more common). • A presentation. This will always be followed by a thorough analysis, and general grilling, from a number of interviewers. • A group exercise. This will undoubtedly be in the form of either a business case study, or a 'treasu