

Clinical Assessment of Young Children

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KEYWORDS

• Assessment • Early childhood • Diagnosis • Observation • Evaluation

KEY POINTS

- Assessment of young children requires a developmentally specific approach that includes explicit evaluation of qualities of the parent-child relationship.
- Evaluation process should include structured and informal observations that allow for a range of interactions and situations.
- Paper and pencil measures can offer information from multiple providers.

INTRODUCTION

Mental health assessment of young children provides valuable information to shape a formulation and guide treatment. Early childhood mental health assessment can occur in an increasing number of settings beyond traditional mental health practices, including childcare settings, primary care settings, and other innovative settings where children and family are seen.¹ Although many of the components of an early childhood mental health assessment are included in the assessment of older children, assessment of very young children requires some specific developmental adjustments and additional considerations.

Contexts of Early Childhood Mental Health Assessment

In early childhood mental health, the parent-child relationship is the central context of development and clinical status. The relational focus in early childhood mental health is explicit and a formulation invariably includes attention to caregiving as a factor contributing to risk or promoting resilience. This caregiving relationship predicts a diverse set of outcomes, including emotional regulation, peer relationships, cognitive development, disruptive behaviors, as well as physical outcomes such as obesity.^{2–4} Attention to this relationship is therefore critical in understanding children's clinical presentation and developing effective treatment plans.

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The broader context of each child's experience, especially as defined by the presence of supportive structures or early adversity, also has the potential to shape the child's development and is assessed. Children's individual adverse experiences, including exposure to domestic violence, maltreatment, and inconsistent parenting, predict psychiatric diagnoses and other adverse mental health outcomes.⁵ Factors that influence the family system, including parental psychiatric disorders and substance use, incarceration, and physical illnesses, can affect parents' emotional and physical availability and can influence health outcomes.⁶ Beyond the family, quality of out-of-home childcare, neighborhood experience, and community isolation also play a role in children's development and can be associated mental health problems.⁷ It is important to emphasize that exposure to healthy caregivers and caregiving environments can increase the likelihood of positive outcomes.⁸

The caregiving contexts likely influence children's experience directly and indirectly through complex interactions with biological factors that may differ based on genes and epigenetic processes.⁹

Diagnostic Systems

Despite efforts to increase the developmental sensitivity in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), neither the DSM nor the International Classification of Diseases (ICD) systems offer a full diagnostic approach to children less than 5 years old.^{10,11} These nosologies intentionally focus on the individual without opportunities to define disorders in relationships or context, as reflected in the elimination of axis IV in DSM-V. DSM-V attempted to incorporate more developmentally specific criteria, such as those for posttraumatic stress disorder, reactive attachment disorder, and disinhibited social engagement disorder, but clinical presentations in infants and preschoolers still must be extrapolated for most disorders. The DC:0–5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) system includes empirically derived diagnostic criteria for infants, toddlers, and preschoolers, derived from empirical literature and extensive international clinical experience.¹² Crosswalks between this system and billable nosologies are available as part of the nosology.

Developmentally Specific Context

The developmental capacities of very young children require developmentally specific assessment approaches beyond the usual history and observation used in typical child and adolescent psychiatric evaluations. Toddlers and preschoolers express themselves through a combination of language, play, and creative activities, giving observations an important role. In addition, the assessment depends substantially on information from adults. Adults necessarily report through the lens of their own perceptions, which are influenced by past relationships, psychiatric disorders, and other factors.^{13,14} Thus, assessment includes direct interview as well as indirect means of assessment that elicit information about internal working models. Because children have distinctly different relationships with different adults, it is imperative to consider perspectives from multiple caregivers.¹⁵ Because of the complexity of the data necessary for a comprehensive early childhood mental health assessment, multiple professional perspectives can also be valuable. Because culture shapes parenting, clinicians should be aware of their own cultural lenses throughout the assessment as well as the patient's cultural practices.

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