



Making Sense of Psychological, Educational, & Psychiatric Reports and Treatment for CASA Kids

Jeffrey N. Wherry, Ph.D., ABPP

Rockwell Chair of Child and Family Programs & Policies

Director, Institute for Child and Family Studies

(806) 742-2998

jeffrey.wherry@ttu.edu

•Evaluations vs. Testing ("Psychological")

Assessment

Screening

Inappropriate Referrals for Testing

- Identification of perpetrators of sexual abuse
- Prediction of sexual abuse, suicide, homicide
- Did abuse occur?

Appropriate Referrals for Testing/Evaluation*

- Presence of absence of specific symptoms
- Differential diagnosis
- Treatment recommendations*

Watch for Hired Guns

- Forensic
- Inpatient evaluations



Watch for...

- Horoscope statements
...is someone who does not cope well when stressed
- Jargon
- Psychodynamic formulations
- Diagnoses without support
- Multiple diagnoses (>5)



Watch for...

- Misdiagnosis of disorders with extremely low base rates
 - Bipolar disorder: .4 - 1.6%
 - Schizophrenia: .5 - 1%
 - ADHD: 3-5%
- A diagnosis of mental retardation without the administration of an adaptive behavior rating scale

Watch for...

- Reports with recommendations that are
 - Excessively broad
 - Family therapy
 - Individual therapy
 - Group therapy
 - Parenting classes*%\$#
 - Home based treatment—why?

Clinical Concerns Common with Sexually Abused Children

- Traumatization
 - PTSD
 - Dissociation
- Other anxiety disorders
 - Physical complaints
 - Separation anxiety
- Sexualized behavior
- Anger
- Depression

Reasons for Sexualized Behavior & Knowledge

- ◆ Imitation of adults
- ◆ Exposure on television
- ◆ Exposure on cable
- ◆ Videos
- ◆ Observation of sitters
- ◆ Normal behavior
- ◆ Abuse

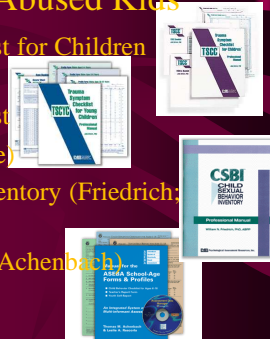
Use the Child Sexual Behavior Inventory

Child Evaluations Should

- Be multi-method
 - Behavior ratings
 - Projective
 - Self-report
 - Clinical interview
- Utilize multiple informants
 - Child
 - School
 - Parents
 - History and observations

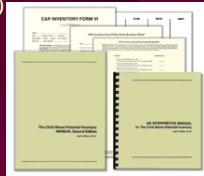
Specialized Instruments for Use with Sexually Abused Kids

- Trauma Symptom Checklist for Children (Briere; PAR)
- Trauma Symptom Checklist for Young Children (Briere)
- Child Sexual Behavior Inventory (Friedrich; PAR)
- Child Behavior Checklist (Achenbach)



Instruments for Use with Parents

- Child Abuse Potential Inventory—Joel Milner (*physical* abuse only)
 - “Predictive validity
- Parenting Stress Index



Good reports should

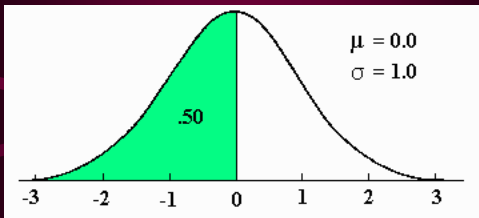
- Say what you mean and mean what you say
- Describe the client, not the test
- Responsive to the referring person to identify referral questions
- Be timely and understandable

Types of Interviews

- Forensic Interviews
- Clinical Interviews
 - Unstructured
 - Semi-Structured--DICA
 - Structured--DISC
- Mental Status Exam
 - Limitations
 - Hallucinations vs. Abuse

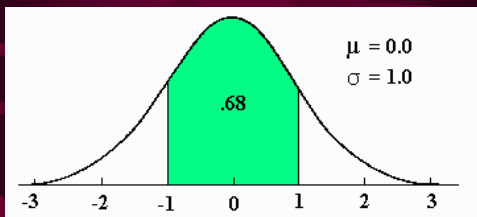
Test Instruments

Normal Curve

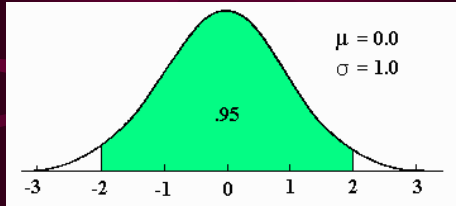


| | | | | | | | |
|----------|----|----|----|-----|-----|-----|-----|
| T-score | 20 | 30 | 40 | 50 | 60 | 70 | 80 |
| IQ-score | 55 | 70 | 85 | 100 | 115 | 130 | 145 |

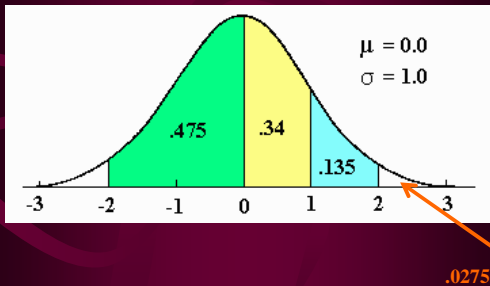
Normal Curve -1 Standard Deviation



Normal Curve -2 Standard Deviations



Normal Curve



Tests of Intelligence

- Look for the words intelligence or cognitive
 - Wechsler Intelligence Test for Children—III (WISC-III)
 - Wechsler Preschool & Primary Scales of Intelligence Revised (WPPSI-R)
 - Wechsler Adult Intelligence Scale—III (WAIS-III)
 - Kaufman Assessment Battery for Children (KABC)
 - Woodcock Johnson Psychoeducational Battery (Cog)
 - Stanford Binet Intelligence Scale
 - McCarthy Scales of Children's Abilities
 - Bayley Scales of Infant Development

Screening of Intelligence

- Brief tests
 - Kaufman Brief Intelligence Test--2nd Edition
 - Slosson Intelligence Test-Revised

Specialty Tests

- Deaf/Nonverbal
 - Leiter International Performance Scale—Revised
 - Test of Nonverbal Intelligence (TONI)
- Autism
 - Autism Diagnostic Observation Scale (ADOS)
- Autism Rating Scale
 - Asperger/Autism Rating Scale
- Perceptual Motor
 - Bender

Projective Tests

- Drawings
 - House Tree Person (H-T-P)
 - Kinetic Family Drawing
- Stories
 - Thematic Apperception Test (TAT)
 - Children's Apperception Test (CAT)
 - Make A Picture Story Test (MAPS)
- Sentence Completion
- Rorschach Inkblot Test

Self-Report

- Children's Depression Inventory
 - Unidimensional—excellent for depression only
- Children's Manifest Anxiety Scale
 - Unidimensional—excellent for anxiety only
- Minnesota Multiphasic Personality Inventory—Adolescent
 - Comprehensive clinical scales

Other Self-Report Scales

- Hamilton
- Conners
- Beck
- Reynolds

Rating Scales

- Child Behavior Checklist (CBCL)
- Behavior Assessment System for Children (BASC)
- Devereux

ADHD—Continuous Performance Tests

- Conners CPT
- Test of Variables of Attention (TOVA)
- Gordon Diagnostic System
- Vigil Continuous Performance Test

Adaptive Behavior (necessary for the diagnosis of MR)

- Vineland Adaptive Behavior Scales
- AAMR Adaptive Behavior Scales—2nd Edition

Achievement Tests

- Wide Range Achievement Test (4th Edition)
- Wechsler Individual Achievement Test for Children (WIAT)
- Kaufman Assessment Battery for Children (Ach)
- Woodcock Johnson Psychoeducational Battery (Cog)
- Peabody Individual Achievement Test (PIAT)
- Peabody Picture Vocabulary Test—III
- Gray Oral Reading Test

Learning Disabilities

- Discrepancy between measured intelligence and achievement
- Look to school record for clues
- The issue of services

Interviews

- Diagnostic Interview for Children and Adolescents—III (DICA-III)
- Diagnostic Interview Scales for Children (DISC)
- Structured Clinical Interview for DSM (SCID)
- Mental Status Exam

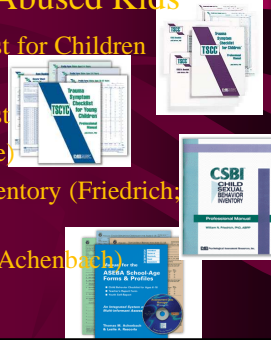
Other

- Millon Adolescent Personality Inventory



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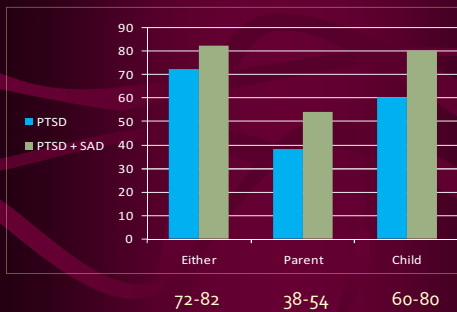
Typical Reactions

Trauma

Sexualized response

Behavioral problems and negative affectivity

When SAD Counts as One (1) Symptom of Avoidance



Any Mania

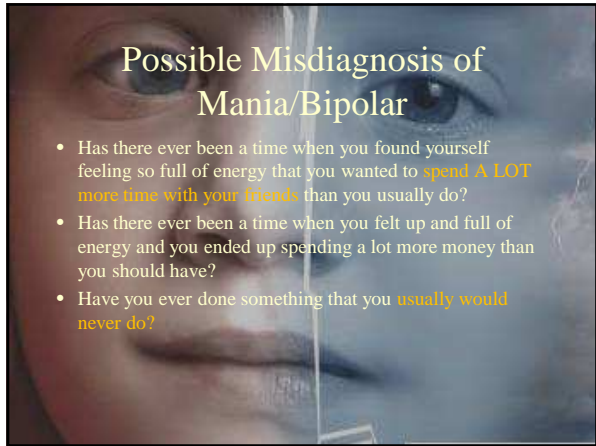
- We found in 1994, based on parent or child interviews (DICA-R)
- 50 of 79 (or 63.3%) met criteria for any mania

Possible Misdiagnosis of Mania/Bipolar

- **63.3% is outrageously high**
 - Has there ever been a time in your life when you had a **lot more energy than usual** and you felt really good or excited and were able to do a lot more things than usual?
 - Has there ever been a time in your life when you **felt very happy**, in a really great mood and everything seemed to be going well for you?
 - Has there ever been a time in your life when you felt **REALLY angry or crabby** for several days or more?
 - Has there ever been a time in your life when you **slept a lot less than usual** but **DIDN'T FEEL TIRED**?
 - Has there ever been a time when you found yourself **talking a lot more** or a lot faster than usual?

Possible Misdiagnosis of Mania/Bipolar

- Has there ever been a time in your life when it seemed as though your **thoughts or ideas were racing** through your mind?
- Has there ever been a time in your life when you got to thinking that you were **the greatest kid in the world**? That you were smarter or better than anyone else? Did you think that you could do things other people your age couldn't do?
- Has there ever been a time when you were so **full of energy you found it hard to keep your mind on one thing** at a time?
- Has there ever been a time when you had a **lot more energy than usual** and you started to do a lot more activities at school or after school than usual?



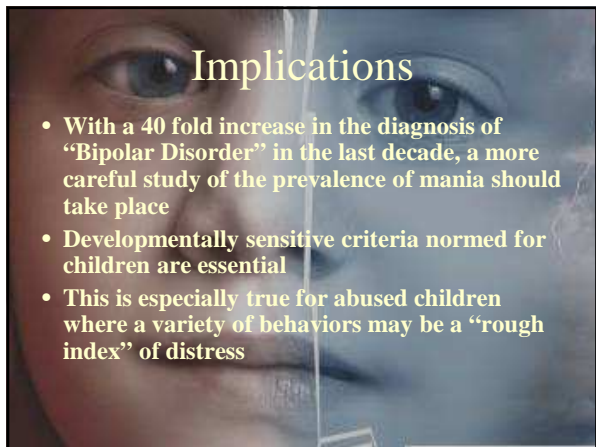
Possible Misdiagnosis of Mania/Bipolar

- Has there ever been a time when you found yourself feeling so full of energy that you wanted to **spend A LOT more time with your friends** than you usually do?
- Has there ever been a time when you felt up and full of energy and you ended up spending a lot more money than you should have?
- Have you ever done something that you **usually would never do?**



Even among abused children

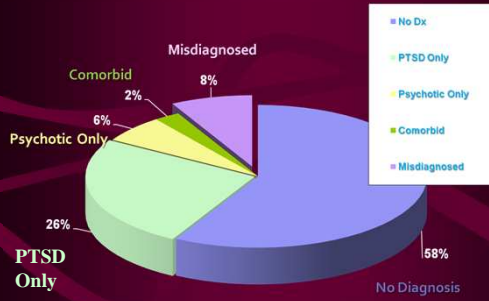
- Those with “any mania” had more:
 - PTSD symptoms
 - Sexual behavior problems
 - Sexual anxiety
 - Perceptions of the world as a dangerous place
- Those diagnosed as PTSD based on child interviews were 2.88 times more likely to have mania symptoms
- Those diagnosed as PTSD based on parent interviews were 1.81 times more likely to have mania symptoms



Implications

- With a 40 fold increase in the diagnosis of “Bipolar Disorder” in the last decade, a more careful study of the prevalence of mania should take place
- Developmentally sensitive criteria normed for children are essential
- This is especially true for abused children where a variety of behaviors may be a “rough index” of distress

Misdiagnosis of Hallucinations



Suicide (Outpatient CAC)

- ◆ 34% of children experienced thoughts of suicide
 - 45% when both child and parent report were available
- ◆ Parent-Child Agreement
 - 12% agreed that present
 - 54% agreed that NOT present
 - 33% did not agree though present by one report
- ◆ Age
 - 14% (ages 3-5),
 - 81% (ages 6-12), and
 - 32% (ages 13-17).

BIOLOGY of Trauma

Biology

The diagram illustrates the biological response to an alarm. An 'Alarm' (represented by a spider) triggers a 'Freeze' response (represented by a snake). From the 'Freeze' state, the organism can either 'FLIGHT' or 'FIGHT'.

Alarm Reaction(PTSD)

- Increase in sympathetic nervous system
 - ↑Heart rate
 - ↑Blood Pressure
 - ↑Respiration
 - ↑Released of stored sugar
 - ↑Muscle Tone
 - ↑Hypervigilance
 - ↑Tuning out non-critical information

Stress Response (Dissociation)

- Decreased blood pressure
- Decreased heart rate
- Endogenous opioids

PTSD Criteria

| | | |
|--------------------|----------------------------|---------------------|
| <u>Arousal (2)</u> | <u>Re-Experiencing (1)</u> | <u>Avoidant (3)</u> |
| Sleep | Recollections | Thoughts/Feelings |
| Irritability | Dreams | Activities |
| Concentration | Seems to Recur | Memories |
| Hypervigilance | Symbols | Interests |
| Startle | | Others |
| Physiologic | | Affect |
| | | Future |

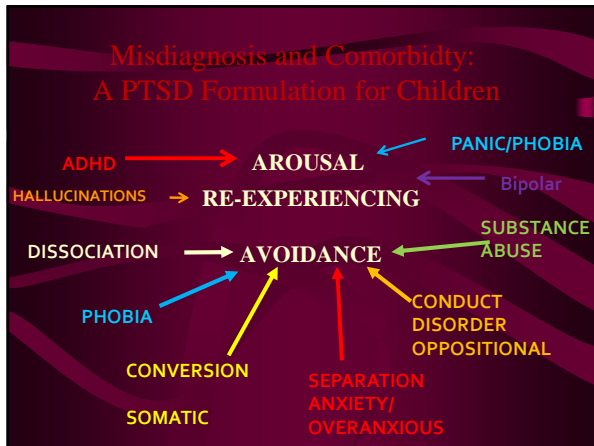
DSM-IV Criteria for PTSD by DICA Parent Report*

| Category | Percent |
|-----------------|---------|
| Arousal | 89% |
| Re-experiencing | 84% |
| Avoidance | 53% |
| Full Diagnosis | 47% |

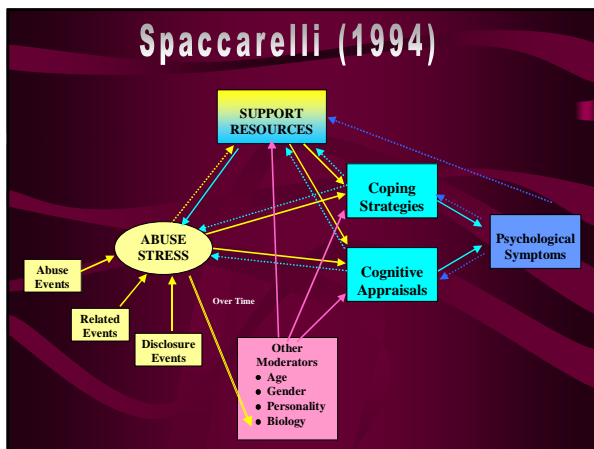
*Pollio (2002): 57 sexually abused children

PTSD Over Time



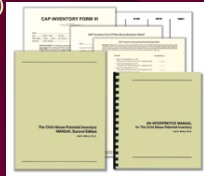
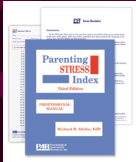


- ### Misdiagnosis and Medicating Symptoms which Obfuscate the Substantive Issues
- ◆ Inattention
 - ◆ Sexual acting out
 - ◆ Hallucinatory-like re-experiencing
 - ◆ Anxiety in response to symbolic reminders
 - ◆ Emotional dysregulation
 - ◆ ADHD
 - ◆ Manic phase of Bipolar
 - ◆ Psychosis or schizophrenia
 - ◆ Panic disorder
 - ◆ Impulse control disorder or borderline personality disorder



Instruments for Use with Parents

- Child Abuse Potential Inventory—Joel Milner (*physical* abuse only)
 - “Predictive validity
- Parenting Stress Index



Abuser Profiles

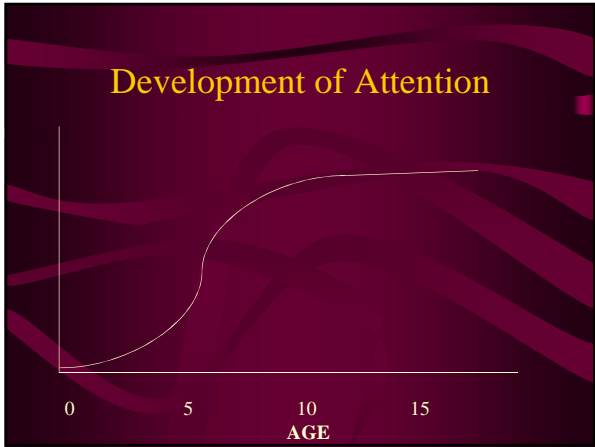


Polygraphs

- Polygraphs are not admissible as evidence
- Defense attorneys will encourage their clients to take a polygraph sometimes
 - Condition: If you do not pass, we will not use it
 - No risk of being discovered as a liar; thus, a false negative is possible

Diagnosis & Treatment of ADHD

- Key Symptoms
 - Poor concentration/inattention for age and sex
 - Not explained better by another emotional or medical condition



Diagnosis and Treatment of ADHD

- Differential Diagnosis
 - Emotional Disorders
 - Depression
 - Anxiety Disorders (e.g., PTSD)
 - Medical Issues
 - Medications
 - Asthma medications
 - Closed head injuries
 - Petit mal seizures
 - Chaotic environments??????

Diagnosis and Treatment of ADHD

- Assessment
 - Rating scales (normed for age and sex)
 - Parents
 - Teacher
 - Continuous Performance Tests
 - Review of records

Gold Standard—Rating Scales (Narrow band)

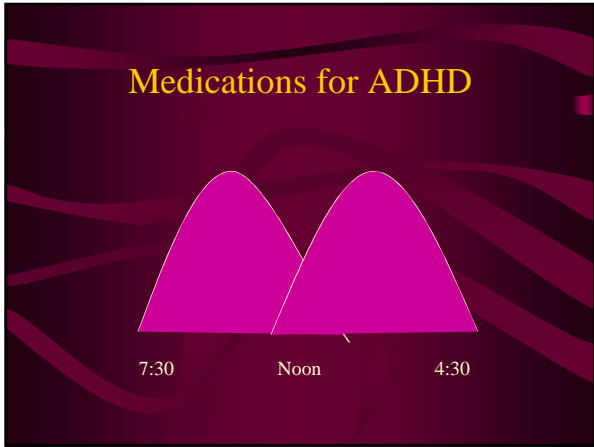
- Revised Conners Teacher Rating Scales (Conners, 1997)
- School Situations Questionnaire (Barkley & Murphy, 1998)
- Child Attention Problems Scale (Edelbrock, 1990)
- Academic Performance Rating Scale (DuRaul, Rapport, & Perriello, 1991)

Diagnosis and Treatment of ADHD

- Potentially Invalid (i.e., if no symptoms present)
 - Observations in the examiner's office
 - One-on-one
 - Distraction free
 - Early in the morning
 - Male examiner

Treatment of ADHD

- Medication
- Parent Involvement



Treatment of Conduct Disorder

- Motivation
- Families

Treatment of Perpetrators

- IF reunification
 - Group
 - Individual
 - Couple
 - Family (years later)

Treatment of Sexually Abused Children Using Evidence-Based Therapies

Cases

- 14-year-old presenting to asthma clinic
- 14-year-old “conversion disorder”
- 14-year-old sexually abused by internet traveler


National Child Traumatic Stress Network

www.nctsnet.org



California Evidence-Based Clearinghouse for Child Welfare

<http://www.cachildwelfareclearinghouse.org/assmt-intro>



Screening and Assessment Tools for Child Welfare

The Advisory Committee selected Screening and Assessment Tools as a topic for the CEBC because of the importance of screening and assessment to overall effectiveness in child welfare. Gathering valid and useful information is critical for appropriate and targeted intervention with children, youth, and families who come to the attention of the child welfare system. Many factors, including the child's safety, the risk of future maltreatment, parental protective capacity, and child well-being must be accurately assessed on an ongoing basis. Through careful and thorough screening, child welfare workers can ensure that children and families receive the most appropriate agency response. Comprehensive assessment provides a foundation for developing an effective plan with the family. While screening and assessment tools abound, there is limited information available regarding their use and effectiveness. Of particular interest are tools that can be used by workers directly with families, building a common understanding regarding the family's needs, strengths, and resources, and that can be used to measure progress on goals over time.

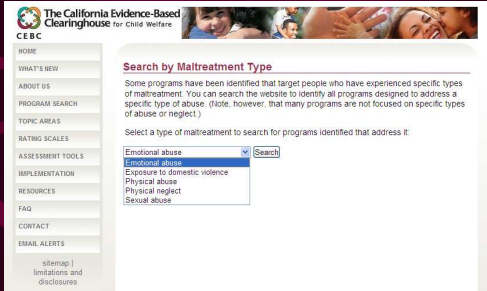
(Introduction written by Pamela Day, Co-Director, Child Welfare Information Gateway, Member of the CEBC Advisory Committee.)

Alphabetical Listing of Screening and Assessment Tools for Child Welfare

- Ages and Stages Questionnaire (ASQ)
- Adolescent Coping Orientation for Problem Experiences (A-COPE)
- Behavioral and Emotional Rating Scale (2nd Edition) (BERS-2)
- Youth Rating Scale

California Evidence-Based Clearinghouse for Child Welfare

<http://www.cachildwelfareclearinghouse.org/search/maltreatment-type>



Search by Maltreatment Type

Some programs have been identified that target people who have experienced specific types of maltreatment. You can search the website to identify all programs designed to address a specific type of abuse. (Note, however, that many programs are not focused on specific types of abuse or neglect.)

Select a type of maltreatment to search for programs identified that address it:

- Emotional abuse
- Emotional abuse
- Exposure to domestic violence
- Physical abuse
- Physical neglect
- Sexual abuse

National Registry of Evidence-based Programs and Practices

<http://nrepp.samhsa.gov/>

Actual Mismanaged* Case

- ◆ Adderal 20 mg po q am
- ◆ Depakote 500 mg po q hs
- ◆ Seroquel 200 mg po bid
- ◆ DDAVP 0.4 mg po at hs
- ◆ Ducosate sodium 100 mg po bid
- ◆ Berocca plus 1 tab po q am
- ◆ Zoloft 50 mg po q am
- ◆ Imipramine 25 mg po hs
- ◆ Clindamycin solution to face bid
- ◆ Trazadone 100 mg hs
- ◆ Ortho Novum 777 1 tab q am
- ◆ Tenex 2 mg po bid
- ◆ Dexedrine 10 mg po q 4 pm
- ◆ Zyprexa 15 mg po hs
- ◆ Topiramate 200 mg q am
- ◆ Inderall La 80 mg po q am
- ◆ Detrol 4 mg po bid
- ◆ Bromocryptine 2.5 mg od

Medication?

Treatment Planning

- ◆ Sexualized Behavior
 - ◆ Age of child?
 - ◆ Preschool
 - ◆ Elementary
 - ◆ Middle
 - ◆ High school
 - ◆ Unit of treatment—child or parent?
 - ◆ Common sense
 - ◆ Supervision
 - ◆ Stimuli precipitating
 - ◆ Placement
 - ◆ Foster
 - ◆ Residential

Toni Cavanaugh Johnson

Bill Friedrich

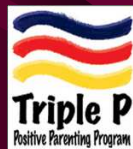
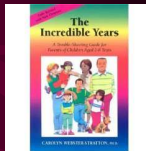
Treatment Planning

- Trauma
 - Trauma focused CBT
- Parents
 - PCIT
 - Parenting Programs
 - Carolyn Webster-Stratton's Incredible Years program (<http://www.incredibleyears.com/>)
 - Matt Sanders' PPP (http://www.ppsc.uq.edu.au/02_ppp/ppp.html)

Problems with classes? Motivation! Teaching v. Coaching

Behavioral Parent Training

- ◆ Parents
 - Parenting Programs
 - Carolyn Webster-Stratton's Incredible Years program (<http://www.incredibleyears.com/>)
 - Matt Sanders' PPP (http://www.ppsc.uq.edu.au/02_ppp/ppp.html)
 - PCIT—Coaching parent with Child



Parent Child Interaction Therapy

<http://www.pcit.org/>

Free Online Training—TF-CBT



<http://tfcbt.musc.edu/>

TF-CBT

- ◆ Core components for use
- ◆ Provided in a flexible, developmentally appropriate manner
- ◆ Designed for short-term use (as few as 12 sessions) though it can be used for longer periods of time
- ◆ Research indicates that TF-CBT is effective in treating
 - Posttraumatic stress disorder (PTSD),
 - Depression, and
 - Behavioral problems (including sexual behavior problems) in children exposed to traumatic events.

Core Components

- ◆ **PSYCHOEDUCATION:** Providing education to children and their caregivers about the impact of trauma on children and common childhood reactions to trauma
- ◆ **STRESS MANAGEMENT:** Developing personalized stress management skills for children and parents
- ◆ **AFFECTIVE EXPRESSION & MODULATION:** Helping children and parents identify and cope with a range of emotions
- ◆ **COGNITIVE COPING:** Teaching children and parents how to recognize the connections between thoughts, feelings and behaviors

Core Components

- ◆ **CREATING THE TRAUMA NARRATIVE:** Encouraging children to share their traumatic experiences either verbally, in the form of a written narrative, or in some other developmentally appropriate manner.
- ◆ **COGNITIVE PROCESSING:** Modifying children's and parents' inaccurate or unhelpful trauma-related thoughts, and
- ◆ **BEHAVIOR MANAGEMENT TRAINING:** Helping parents develop skills for optimizing their children's emotional and behavioral adjustment
- ◆ **PARENT CHILD SESSIONS:** Helping children and parents talk with each other about the traumatic experiences
