



**Ability to enquire into specific symptom areas**

An ability to ask about the symptoms characteristic of both uni-polar and bi-polar depression.
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an ability to notice and enquire about any discrepancy between the
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An ability to ask about thoughts of self-harm.
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an ability to assess suicidal ideation.
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## Ability to undertake a diagnostic assessment

Competences associated with diagnostic assessment are not 'stand alone' competencies, and this section should be read as part of the CAMHS competency framework.

Effective delivery of competencies associated with diagnostic assessment depends on their integration with the knowledge and skills set out in the core competency column (particularly knowledge of mental health problems and child and family development), the generic therapeutic competency column, as well as being dependent on comprehensive assessment and feedback skills.

### Ability to draw on knowledge of diagnostic classification schemes

An ability to draw on knowledge of mental health conditions*	
An ability to draw on knowledge that psychiatric diagnoses are usually descriptive rather than explanatory.	
An ability to draw on knowledge of categorical and dimensional systems of ordering information.	
An ability to draw on knowledge of the principles of a multiaxial framework.	
An ability to draw on knowledge of the classification scheme being applied (i.e. the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))	
	an ability to draw on knowledge of the nature, pattern, severity, timing and duration of signs and symptoms, and level of impact (social impairment, distress for the child/young person and disruption for others) required to make a diagnosis.
	an ability to draw on knowledge of the different diagnostic schemes and how they are based on a hierarchical classification system, with some conditions seen as being more fundamental.
	an ability to draw on knowledge of the ways in which different diagnostic classification schemes manage the classification of comorbidity.
An ability to draw on knowledge of the research findings used to validate diagnostic categories which relate to children and young people.	
An ability to draw on knowledge of the ways in which diagnosis can be used to guide evidence-based treatment	

\* competences relating to this area are detailed in the relevant section of the competence framework

**Ability to carry out a diagnostic assessment**

**References:**

American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, 4<sup>th</sup> edition. American Psychiatric Association, Washington D.C.

Goodman, R., & Scott, S. (2005). *Child Psychiatry*. Second Edition. Blackwell, Oxford.

Lord, C., Rutter, M. & LeCouteur, A. (1994). Autism Diagnostic Interview-revised: a revised version of a diagnostic interview for care-givers of individuals with possible pervasive developmental disorders. *Journal of Autism and Developmental Disorders*, 24, 659-685.

Rutter, M., & Taylor, E. (2002). Clinical Assessment and Diagnostic Formulation. pp 18-31 in *Child and Adolescent Psychiatry: Fourth Edition* (eds M.Rutter, & E. Taylor). Blackwell Science, Oxford.

Silverman, W.K & Nelles, W.B. (1988). The Anxiety Disorders Interview Schedule for Children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 772-778.

Taylor, E., & Rutter, M. (2002). Classification: Conceptual Issues and Substantive Findings. pp 3- 17 in *Child and Adolescent Psychiatry: Fourth Edition* (eds M.Rutter, & E. Taylor,). Blackwell Science, Oxford.



An ability to draw on knowledge of the potential limitations of this strategy (e.g. time, quantity of unstructured and undifferentiated data produced and failure to capture relevant detail)
An ability to make use of time sampling (recording the frequency with which behaviours occur within a given period of time)
An ability to make use of event sampling (recording the frequency of behaviours that occur when a particular event or activity takes place)
an ability to draw on knowledge of the potential limitations of this strategy (e.g. the application to covert behaviours, their inefficacy for behaviours that only occur infrequently)
Across all approaches to observation, an ability accurately to record:
the frequency of target behaviours
the content of target behaviours
environmental factors that may be temporally related to target behaviours

environment and to identify:
<b>A</b> ntecedents: setting conditions and specific triggers for the challenging behaviour
<b>B</b> ehaviour: a record of target behaviour and any variations in severity and frequency in different settings and contexts
<b>C</b> onsequences: what happens after the challenging behaviour, identifying, possible reinforcers (both positive and negative)
An ability to draw up an ABC chart which includes:
a clear operational definition of the behaviours to be observed
any guidance which may be required in order to obtain reliable recordings (e.g. criteria for defining when one incident ends and another begins)
An ability to select the contexts and situations to be monitored, guided by knowledge of the contexts and individuals associated with a greater likelihood of challenging behaviour
An ability to engage other individuals in completing the chart, where required, offering appropriate training and checking inter-rater reliability

An ability to reduce the risk that the process of observation produces significant changes to behaviour:
where the observer is in close proximity to the subject, an ability to maintain an unobtrusive stance and minimise interaction with them
an ability for the observer to locate themselves in a position that minimises their visibility and their impact on the behaviour being observed (e.g. by sitting at the back of a classroom)
an ability to discretely redirect children if approached (e.g. to the teacher)

**Ability to maintain an accurate record**

An ability to include a concise summary of the subject, context and purpose of the observation:
An ability to record the scene at the commencement of recording
An ability to record information in the order it occurred
An ability to structure the recording by time (for example break the description into 30 second segments by recording the passings)

An ability to record observations accurately, including:

the exact words spoken, where possible  
descriptions



## Ability to undertake structured cognitive, functional, and developmental assessments

The ability to undertake structured cognitive, functional, and developmental assessments focuses on the use of standardised tests of cognition, language and functioning. It does not focus on other components/types of developmental assessment, for example, taking a developmental history, obtaining information from other agencies, or conducting observations, which are described under the comprehensive assessment section.

An ability to draw on knowledge of a range of neurodevelopmental disorders and the ways in which these present across the developmental range, including features in the domains of:

- cognition
- neurodevelopmental presentations
- emotion
- social functioning

An ability to draw on knowledge of current literature relevant to cognitive testing and underlying cognitive models, and its relevance for test design and interpretation.

### **Pre-assessment (post referral)**

If required, an ability to contact referrers in order to clarify the aims and expected outcome of the assessment process

An ability to gather data from all relevant sources, including parents, school social services, GP, in order to:

- contribute information to the overall assessment
- guide the selection of assessment procedures which are likely to be appropriate/ relevant
- identify any factors which may impact on the administration of testing (such as physical or sensory impairments)

An ability to identify any inconsistencies across respondents and consider their likely relevance in relation to the assessment process

An ability to locate and interpret previously-conducted structured and/or medical assessments in order to inform the current assessment process, specifically to:

- inform the selection of testing procedures used in the current assessment
- provide a baseline measure/measure of comparison
- compile a developmental profile

**Ability to select tests relevant to the referral issues**

An ability to generate hypotheses that might account for the impairment (or presentation) based on information gleaned pre-assessment	
	to draw on knowledge of psychometric theory to select appropriate testing strategy
	an ability to adjust the hypothesis, where necessary, based on the outcome of the hypothesis testing strategy
An ability to draw on knowledge of assessment procedures to select those relevant to the assessment question	
An ability to draw on knowledge of the populations on which tests have been standardised, and any implications this will have for individual clients in relation to their:	
	age
	gender
	socio-economic status
	country of origin
	ethnicity
	level of functioning

**Test administration**

The ability for the tester to administer only those assessment procedures for which they are appropriately qualified.
An ability to recognise that all aspects of the initial encounter may provide important data for the assessment (including, for example, the initial meeting in the waiting room, or the ways in which the client presents themselves).



**Ability to use the assessment to identify an intervention plan**