

Lecture 2: Introduction to Assessment of Developmental Disorders

Today:

Part 1:

Developmental approach to disorders and Biopsychosocial Model of health

Areas of developmental psychology studied:

- Physical developmental
- Cognitive: memory, intelligence, language development
- Social: attachment

Part 2:

Intake form- review what the teams have come up with

Compare with sample

List the areas of information sought after

Importance of this information

Discuss what happens in your home country when a disorder is suspected

Part 3: Setting up the initial interview with parents/ caregivers

Things to look out for-

Part 4: Professionalism in assessments

Part 5: Aims of testing, other professionals involved

Part 6: Issues presented

Trends in current times: types, rates, identification, culture, technology, definition

Assessing interaction

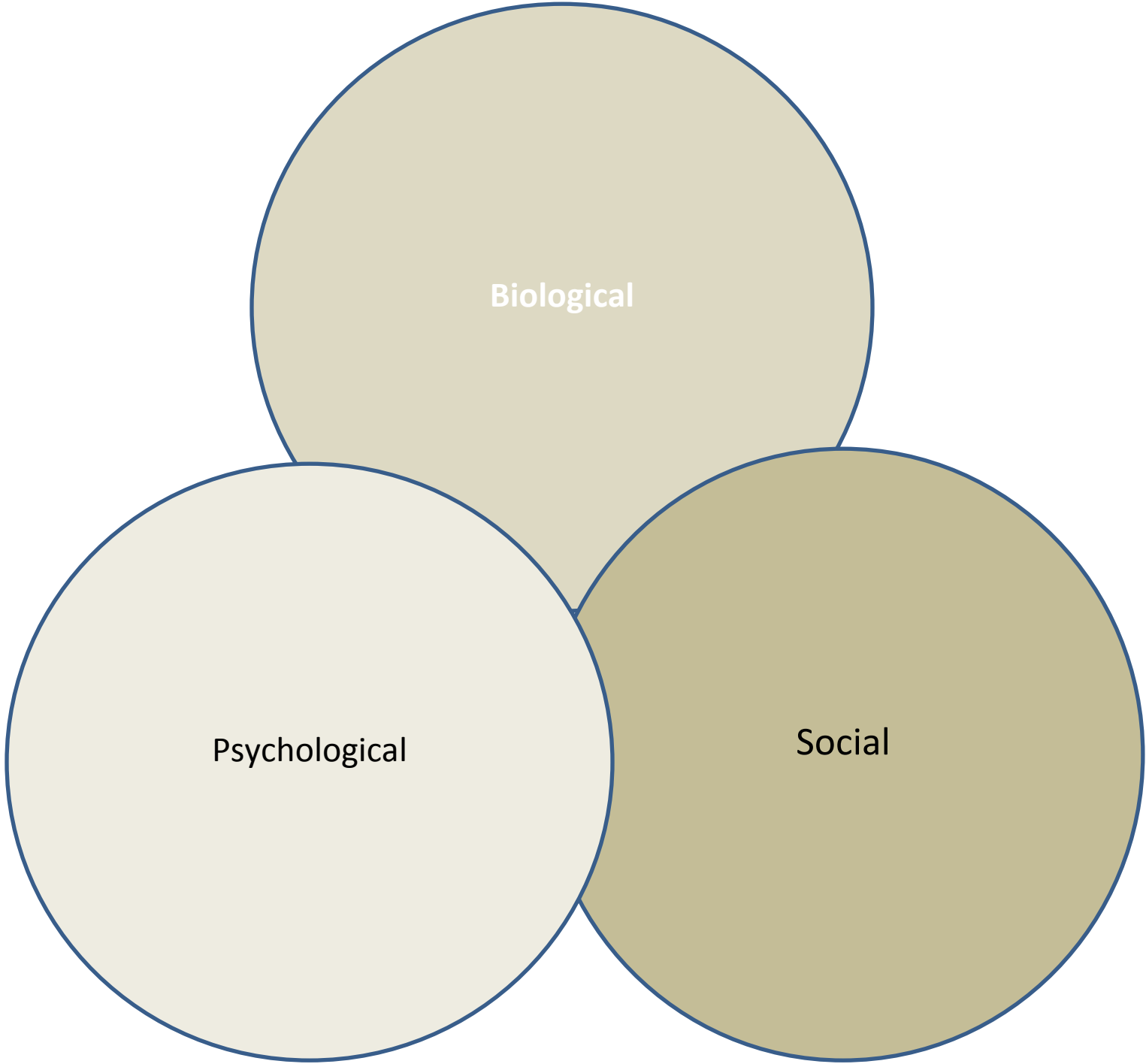
A mother, who was having treatment for a postpartum psychosis, said proudly that she was breastfeeding her baby and it was going well. When the baby started moaning she picked him up and positioned him well to feel but did not open her shirt or give the baby access to her breast, just holding him against her shirt where the baby vainly attempted to latch onto the breast. The mother seemed unaware of his struggle until he grizzled loudly.

A two year old boy fell off the chair during the assessment and bumped his head quite hard. His mother had described him as “independent”. Instead of crying or going to his mother, he walked to the window and looked outside. It was striking to the interviewer that he did not seek parental comfort or show distress.

A five year-old boy is brought by his mother to a consultation with a primary care psychologist. The boy was referred by his teacher because he was not able to do the activities proposed in class. He was always quiet and alone, refusing peers’ invitations to play. The mother could not understand his behaviour. In their second consultation, the psychologist invited the boy to play offering him some toys. The boy only could play when the mother came into the room and gave him verbal instructions about what to do. He only moved or changed toys after she gave him *permission*.

The parents of a two year-old girl brought her to a mental health outpatient clinic complaining that she had been “very nervous and agitated since she was one year old”. Her parents said she often became aggressive, hit her head on the wall at home and scratched herself. She would wake up stressed, refusing the bottle and scratching her mother. Her behavior worsened when in contact with other children, so parents kept her at home. She was aggressive with adults, throwing toys on the floor or at people. They reported that she was calm when near her maternal grandfather, who did everything she wanted including things the parents considered dangerous. With strangers she was very shy, keeping her head down and not talking.

The parents could not identify a precipitant for the symptoms but the onset had coincided with the child learning to walk and therefore becoming more independent. She lived with her parents and her eight year old brother.



Biological

Psychological

Social