PRACTICAL RESOURCES for the Mental Health PROFESSIONAL

Clinician's Handbook of Child Behavioral Assessment

Edited by
Michel Hersen

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Contents

2

DEVELOPMENTAL CONSIDERATIONS

SUSAN TINSLEY LI AND SANDRA ROGERS

3

PSYCHOMETRIC CONSIDERATIONS

DANIEL M. BAGNER, MICHELLE D. HARWOOD, AND SHEILA M. EYBERG

6

ACTIVITY MEASUREMENT

MARK D. RAPPORT, MICHAEL J. KOFLER, AND CARMEN HIMMERICH

7

STRUCTURED AND SEMISTRUCTURED INTERVIEWS

HELEN ORVASCHEL

8

Child Self-Regulation

Martin Agran and Michael L. Wehmeyer

9

Psychophysiological Assessment

Frank H. Wilhelm, Silvia Schneider, and Bruce H. Friedman

10

Peer Sociometric Assessment

Elias Mpofu, JoLynn Carney, and Michael C. Lambert

13

SOCIAL SKILLS DEFICITS

MEGAN M. MCCLELLAND AND CORI SCALZO

14

ALCOHOL AND DRUG ABUSE

BRAD C. DONOHUE, JENNIFER KARMELY, AND MARILYN J. STRADA

15

PEER RELATIONSHIP PROBLEMS

LINDA A. LEBLANC, RACHAEL A. SAUTTER, AND DAWN J. DORE

16

Attention-Deficit/Hyperactivity Disorder

Mark D. Rapport, Thomas M. Timko, Jr., and Rachel Wolfe

17

Eating Disorders

Michelle Heffner Macera and J. Scott Mizes

18

MENTAL RETARDATION

V. MARK DURAND AND KRISTIN V. CHRISTODULU

19

CONDUCT DISORDERS

KURT A. FREEMAN AND JENNIFER M. HOGANSEN

20

PERVASIVE DEVELOPMENT DISORDERS

LAURA SCHREIBMAN, AUBYN C. STAHMER,
AND NATACHA AKSHOOMOFF

21

HABIT DISORDERS

MICHAEL B. HIMLE, CHRISTOPHER A. FLESSNER, JORDAN T. BONOW, AND DOUGLAS W. WOODS

PART III

Special Issues

24

PEDIATRIC BEHAVIORAL NEUROPSYCHOLOGY

EILEEN B. FENNELL

25

ACADEMIC SKILLS PROBLEMS

EDWARD S. SHAPIRO AND MILENA A. KELLER

26

ETHICAL AND LEGAL ISSUES

CATHERINE MILLER

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Preface

Several texts and handbooks on behavioral assessment have been published, most of them now outdated. Many new developments in this field cut across strategies, computerization, virtual reality techniques, and ethical and legal issues. Over the years many new assessment strategies have either been developed, and existing ones have been refined. In addition, it is now important to include a functional assessment and to document case conceptualization and its relation to assessment and treatment planning. In general, texts and tomes on behavioral assessment tend to give short shrift to child assessment, with proportionately fewer chapters allotted to this issue. Moreover, developmental considerations tend to be overlooked in many instances. Such omissions represent a gap in the literature, making for an unbalanced view of this lively assessment field. Many of the existing texts are either theoretical/research in focus or clinical in nature. Nowhere are the various aspects of behavioral assessment placed in a comprehensive research/clinical context, nor is there much integration as to conceptualization and treatment planning. This *Clinician's Handbook of Child Behavioral Assessment* was undertaken to correct these deficiencies of coverage in a single reference work.

This volume on child behavioral assessment contains 26 chapters, beginning with general issues, followed by evaluation of specific disorders and problems, and closing with special issues. To ensure cross-chapter consistency in the coverage of disorders, these chapters follow a similar format, including an introduction, assessment strategies, research basis, clinical utility, conceptualization and treatment planning, a case study, and summary. Special issue coverage includes child abuse assessment, classroom assessment, behavioral neuropsychology, academic skills problems, and ethical-legal issues.

Many individuals have contributed to the development of this work. First, I thank the contributors for sharing their expertise with us. Second, I thank Carole Londeree, my excellent editorial assistant, and Cynthia Polance and Gregory May, my graduate student assistants, for their technical expertise. And finally, but hardly least of all, I thank Nikki Levy, my editor at Elsevier, for understanding the value and timeliness of this project.

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PART I

General Issues

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1

Overview of Behavioral Assessment with Children

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INTRODUCTION

Publication of the *Clinician's Handbook of Child Behavioral Assessment* follows some 30 years after the appearance of the first text devoted entirely to behavioral assessment (Hersen & Bellack, 1976). Since that time, knowledge about child behavioral assessment (CBA) has increased greatly. Growth in CBA can be traced through texts devoted to the subject. In 1976, only 2 of 18 assessment chapters were dedicated to children, one on "behavioral excesses" and another on "behavioral deficits." In 1984, *Child Behavioral Assessment* (Ollendick & Hersen, 1984) featured three chapters on general assessment issues, seven chapters on behavioral assessment methodology, and chapters on integrating assessment and treatment and ethics. Of the general assessment chapters, one examined developmental concerns and, amazingly, only a single chapter focused on "diagnostic issues" (Ollendick & Hersen, 1984). In 1993, the *Handbook of Child and Adolescent Assessment* provided a comprehensive view of child assessment that spoke to a broader audience, with nine chapters devoted to diagnostic issues (Ollendick & Hersen, 1993). The present 26-chapter book suggests a field that is becoming more inclusive and at the same time more highly specialized. This book contains 10 chapters on general child assessment (e.g., methods, models), 11 chapters largely devoted to child and adolescent problems featured in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), and five chapters concerned with special topics, such as assessment in legal and educational settings.

This overview of CBA offers a refined definition of behavioral assessment that incorporates recent conceptual advances and examines trends in behavioral assessment from that perspective. The recent history of CBA is then reviewed and current trends are highlighted. The overview closes with a discussion of the current challenges that face contemporary child behavioral assessors and their implications for the future of the field.

CHILD BEHAVIORAL ASSESSMENT DEFINED

Ollendick and Hersen (1984, 1993) defined child behavioral assessment as "an exploratory hypothesis-testing process in which a range of specific procedures is used in order to understand a given child, group, or social ecology and to formulate and evaluate specific intervention strategies" (p. 6). This definition continues to be widely endorsed by leaders in the field (Johnston & Murray, 2003), yet given the diverse actions that occur under the umbrella of behavioral assessment today, some refinement of this definition may be needed. Notably, while most contemporary approaches to behavioral assessment can be described as data based or empirical, the nature of "hypothesis testing" and the types of "understanding" that arise in the context of present-day CBA appear conceptually distinct.

Conceptual advances in behavioral theory may have implications for defining behavioral assessment. One such conceptual advance may be Hayes, Follette, and Follette's (1995) distillation of the methodological and contextual behavioral traditions within contemporary behavioral theory. The methodological tradition consists of a mechanistic/structural or "neobehavioral" view pioneered by Watson, Wolpe, and Beck. This tradition matured in the context of adult outpatient practice and is today most readily identified with cognitive and cognitive behavioral therapies. By contrast, the contextualist or radical behavioral view was elaborated by Skinner, Baer, and Risley. This tradition evolved in child populations and adult (institutional) settings and is identified as applied behavior analysis. Both behavioral traditions regard individualized assessment and cross-situational variability as important theoretical assumptions (Mash & Terdal, 1988). On the other hand, based on experiences derived from the operant laboratory, radical behaviorists also value data derived from repeated observations and direct manipulation of consequences (contingencies). Not surprisingly, given the demands of working with adults with internalizing problems, such as anxiety and depression, methodological behaviorists are less inclined to insist on direct observation and more inclined to rely on self-reports. Because contingency control and access to clients are limited, methodological behaviorists are also more tolerant of inference and, perhaps, more sensitive to the challenges associated with gathering data in outpatient settings.

Following from the foregoing discussion, it is suggested that the term *diagnostic assessment* be applied when behavioral assessors seek information intended to inform diagnosis. Further, when the nature of the hypothesis testing

TABLE 1.1 Varieties of Behavioral Assessment: Diagnostic and Functional

	Type of Behavioral Assessment	
	Diagnostic	Functional
Purpose	Identify categorical taxonomy(s) that best fit symptom presentation	Identify environmental influences (broadly construed) on behavior, in context
Commonly used methods	Utilize diagnostic interview, rating scales (frequency/intensity—compared to appropriate norm group), observations/self-monitoring (with emphasis on presence or absence of symptoms)	Utilize diagnostic interview (to identify setting events, antecedents, behavior, and consequences; ABCs), rating scales (less common), observations/self-monitoring (with emphasis on identifying manipulatable ABCs and setting events)
Outcomes	Outcomes utilized at post-treatment to evaluate success (pre–post)	Outcomes obtained (more frequently) to evaluate effectiveness and to guide clinical decision making (at each session)
Treatment logic	Diagnosis dictates treatment. Manualized therapies based on diagnosis. Some treatments are quite flexible and more "modular." Opportunities exist to subdivide some diagnostic categories in terms of function (e.g., school refusal).	Interventions designed to meet functional needs, teach or shape skills that permit acquisition of reinforcement in socially acceptable manner (balance of needs of person with needs of others). Rather than manualized treatment (tx), tx selection tends to be based on techniques that influence setting events, discriminative stimuli, or motivational operations

concerns not which diagnosis is most appropriate but, rather, the purpose, cause, or function of behavior, this activity may be called *functional assessment*. Functional assessment is distinguished from *functional analysis* (Table 1.1) because no attempt is made to manipulate sources of control in the former case (Alberto & Troutman, 2003). The aforementioned assessment endeavors can thus be included under the larger domain of "behavioral assessment." A third dimension of CBA, outcome evaluation, is discussed at the conclusion of the chapter.

FOUNDATIONS OF BEHAVIORAL ASSESSMENT

Although a recent study of assessment practices (Cashel, 2002) among APA-member clinicians found that almost 60% of child and adolescent clinicians described themselves as cognitive behavioral (51.9%) or behavioral (7.4%), behavioral assessment has not always enjoyed wide acceptance. Indeed, behavioral assessment arose out of, and in opposition to, a more established tradition within psychological assessment that concerned itself primarily with the evalua-

tion of traits such as intelligence and personality (Ollendick & Hersen, 1984). Assessment efforts within that tradition sought to identify latent traits that explained or caused current functioning (e.g., poor academic performance was viewed as caused by low intelligence). By contrast, behavioral assessment has historically "been directed toward a description of current behavior and a specification of organismic and environmental conditions that occasion and maintain it" (Ollendick & Hersen, 1984, p. 4). An important question addressed in this overview concerns how well that description applies to CBA as it is practiced today.

Since the mid-1980s debates about how to define behavioral assessment and evaluate its adequacy have been numerous (Haynes, 1998; R. O. Nelson, 1983). For example, drawing on publication trends in assessment methods and research designs over an 18-year period in *Behavior Therapy*, Gross (1990) noted substantial drift from earlier definitions of behavioral research and practice. For Gross (1990), behavioral assessment implied individualized, direct assessment of behavior that made few assumptions about cross-situational behavioral consistency and minimized inference. Behavioral assessment was also characterized by the development of hypotheses about the function of behavior, with repeated, ongoing assessment to ensure that incorrect analyses would be modified to achieve treatment goals (for details see Table 1.2; Mash & Terdal, 1988; Silva, 1993).

TABLE 1.2 Distinguishing Between Traditional and Behavioral Assessment

	Traditional Assessment	Behavioral Assessment
Purpose/use of data	Identify underlying personality traits; to describe personality, diagnose/classify or predict (prognosis)	Identify antecedent and consequent events; to describe target behavior; to select, evaluate, and revise treatments
View of personality/ behavior	Stable across situations	Temporal and cross-situational consistency not expected
Test items	Selection based on how well items reflect a priori theory about underlying personality factors	Test items are instances of the behavior itself across multiple situations
Level of inference	Response is a "sign" of latent personality trait	Low level of inference; behavior is "sampled"
Methods/timing of assessment	Use of indirect methods; emphasis on pre- or post-treatment	Use of direct methods (e.g., direct observations, behavioral tests), ongoing assessment

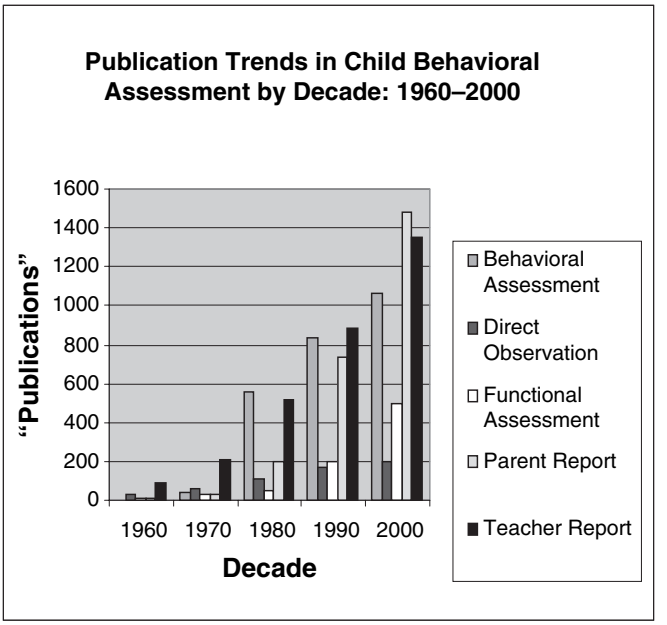

FIGURE 1.1 Publication trends in behavioral assessment, by decade. (*Note*: 2000–2004 publication data were doubled to estimate most recent decade.)

Trends in behavioral assessment and CBA are also reflected in the last half-century of published research (here defined to include dissertations, books and book chapters, and journals). Specifically, an electronic database (PsycInfo) search of the terms *behavioral assessment*, *direct observation*, *functional assessment or functional analysis*, *parent report or parent rating*, *teacher report or teacher rating*, and *child-related synonyms* (e.g., child, children, adolescent) revealed remarkable growth in CBA research overall and some interesting relative trends (see Figure 1.1). For example, while growth in entries including the term *direct observation* (a frequently identified core element of behavioral assessment) have not kept pace with *behavioral assessment*, there has been substantial growth in publications involving parent and teacher report and functional approaches to assessment. Overall, while essentially invisible prior to 1960, growth in publications in child behavioral assessment appear to have outpaced growth in general child assessment by roughly 5 to 1. By way of comparison, during that same period, publication growth in projective assessment was flat.

Recent years have seen a significant increase in diagnostically focused assessment, which tends toward a more topographical description of child behavior problems and places relatively less emphasis on contingency analysis and context than was characteristic of earlier approaches to behavioral assessment (see Mash & Terdal, 1988). Practitioners and scientists holding the methodological view

described previously appear to have gravitated toward diagnostic assessment, while adherents of the functional or contextual approach tend to favor functional assessment (Hayes, Follette, & Follette, 1995). As is discussed later, it is possible, and perhaps even profitable, to engage in both types of assessment activity. However, to appreciate the merits of these approaches, one must be able to distinguish between them (Cone, 1998; Haynes, 1998).

BRIEF HISTORY OF CHILD BEHAVIORAL ASSESSMENT

Factors influencing child behavioral assessment since the mid-1980s mirror those that have shaped behavior therapy and behavioral theory (Hayes, Follette, & Follette, 1995). Among the most influential factors are developmental, cognitive, and social-cognitive theory (Kamphaus & Frick, 1996; Mash & Terdal, 1988; Ollendick & Hersen, 1993). To trace some of these influences, CBA is deconstructed to reveal the who (child), what (behavior), how and why (assessment) of the term. Due to space limitations, this section illustrates landmark events and important work that has influenced the field during its brief history, rather than attempting a comprehensive survey of the literature.

WHOSE BEHAVIOR IS BEING ASSESSED?

Early CBA efforts began with careful specification of target behaviors, setting events, antecedents, and consequent conditions (see Hawkins, 1986). However, despite some portrayals of CBA as narrow and simplistic, the assessment of context can be shown to have been an important facet of much of the earliest behavioral work with children. Indeed, although formal assessment of family factors was not common, the development of parent-directed interventions (Patterson, 1965) and clinical work with children in institutions, such as schools and hospitals, has long demanded a high level of concern about the environment (e.g., Van Houten et al., 1988). For example, in a case study of a highly noncompliant and antisocial boy, Patterson and Reid (1970) hypothesized about numerous contextual factors (e.g., family stress, poverty) that might contribute to maintenance and generalization failures. And by the 1980s, Forehand and colleagues (e.g., Forehand & McCombs, 1988) were conducting pioneering research on the impact of maternal depression and marital relations on treatment outcome, thus setting the stage for assessment of a much broader range of child-, parent-, and family-level variables (Chronis et al., 2004).

An important facet of contemporary CBA is to ensure that developmentally sensitive normative comparisons serve as the foundation for assigning a diagnosis (APA, 1994; Kamphaus & Frick, 1996). Today, there is wide agreement that assessment practices must be sensitive to the developmental level of the child, but early CBA did not typically employ nomothetic comparisons, leaving clini-

cians and researchers to determine for themselves the appropriateness of various social and behavioral acts (Kazdin, 1983). As noted by Hawkins (1986), "during this phase of our field's development, we often moved rather quickly from vague complaints of clients (or other referring agents) to a listing of behaviors to be changed, operating in an intuitive manner and with little conception of the process we used or its assumptions" (p. 333). Fortunately, for most externalizing and internalizing problems, it is now possible for child clinicians and researchers to utilize measures with relatively well-developed, representative norms that permit the acquisition of data from parents, teachers, and children. Often, these ratings can be compared to a cross section of similar children with respect to developmental status, gender, and, to a lesser degree, ethnicity and socioeconomic status [e.g., Achenbach & Rescorla, 2001, Child Behavior Checklist (CBCL); Conners, 1997, Conners' Rating Scales—Revised (CRS-R); C. R. Reynolds & Kamphaus, 1992, Behavior Assessment System for Children (BASC)].

Methodologically speaking, parent and teacher ratings tend to dominate contemporary child assessment (see Figure 1.1; Cashel, 2002), thus one might argue that focus of behavioral assessment remains on the child. However, there now appears to be greater awareness of the reciprocal relations between child behavior and the behavior of parents, teachers, peers, and siblings. One impact of this perspective has been that assessment is increasingly more likely to involve gathering information about raters themselves. That is, because parental psychopathology, substance abuse, and marital problems all appear to influence parent ratings of child behavior (see Patterson, Reid, & Dishion, 1992; Chronis et al., 2004), the possibility that ratings reflect variation in these factors rather than changes in the child's behavior have become more prominent in clinical decision making. Thus CBAs have become more sensitive to sources of bias in the system and more aware of how child behavior may serve as an antecedent for specific parenting practices (e.g., reprimands), rather than being viewed exclusively as a function of them. One prominent example of this phenomenon was a study demonstrating that changes in medication status (and, presumably, child behavior) produced changes in parenting practices (Barkley, 1989).

WHAT "BEHAVIOR" IS BEING ASSESSED?

Since the late 1960s, behavioral assessment has expanded in focus to include elements of the triple response system (i.e., motor, cognitive, and physiological responses; Nay, 1979). Consequently, the range of assessment targets has increased from those that are observable or potentially observable (e.g., heart rate, galvanic skin response) to include measures of beliefs, attitudes, and emotional states that require significantly greater inference (Cone, 1998; Hayes, Follette, & Follette, 1995). However, as long as measures of constructs and behavior are evaluated relative to appropriate standards (Barrios & Hartmann, 1986; Cone, 1998), most any measure of motor, cognitive, or physiological activity could serve as an appropriate target for behavioral assessment. Over time, interest in the triple