Ability to conduct a Mental State Examination

Competences for the Mental State Examination are not a 'stand alone' description of competencies, and should be read as part of the CAMHS competency framework.

Effective delivery of mental state examination competencies depends critically on their integration with the knowledge and skills set out in the core competency column (in particular knowledge of mental health problems, and child and adolescent development), the generic therapeutic competency column as well as comprehensive assessment activities set out in the assessment column

Knowledge of the aims of the Mental State Examination (MSE)

An ability to draw on knowledge that the MSE is an ordered summary of the clinician's observations of the child/young person's mental experiences and behaviour at the time of interview
An ability to draw on knowledge that the purpose of a MSE is to identify evidence for and against a diagnosis of mental illness, and (if present) to record the current type and severity of symptoms
An ability to draw on knowledge that the MSE should be recorded and presented in a standardised format.

An ability to draw on detailed observations of the child/young person to inform judgements of their mental state, including observations of:
their appearance (e.g. standard and style of clothing, physical condition, etc.)
their behaviour (e.g. tearfulness, restlessness, distractible, socially appropriate, etc)
their form of speech (e.g. quality, rate, volume, rhythm, and use of language, etc)

An ability to draw on knowledge of the child/young person's developmental stage and hence to tailor questions to their likely level of understanding.
An ability to draw on knowledge that children/young people vary in their ability to introspect and assess their thoughts, perceptions and feelings.
An ability to structure the interview by asking general questions about potential problem areas (such as depressed mood), before asking specific follow-up questions which enquire about potential symptoms.
An ability to respond in an empathic manner when asking about the child/young person's internal experiences (i.e. their feelings, thoughts, and perceptions).
An ability to ask questions about symptoms which the child/young person may feel uncomfortable about in a frank, straightforward and unembarrassed manner.
An ability to record the child/young person's description of significant symptoms in their words.
An ability to avoid colluding with any delusional beliefs by making it clear to the child/young person that the clinician regards the beliefs as a symptom of mental illness.
an ability to avoid being drawn into arguments about the truth of a delusion.

Ability to enquire into specific symptom areas

An ability to ask about the symptoms characteristic of both uni-polar and bi-polar depression.	
	an ability to notice and enquire about any discrepancy between the child/young person's report of mood and objective signs of mood disturbance.
An ability to ask about thoughts of self-harm.	
	an ability to assess suicidal ideation.
	an ability to assess suicidal intent.
	an ability to ask about self-injurious behaviour.
An ability to ask about symptoms characteristic of the different anxiety disorders.	
	an ability to ask about the nature, severity and precipitants of any symptoms as well as their impact on the child/young person's functioning.
An ability to ask about abnormal perceptions.	
	an ability to clarify whether any abnormal perceptions are altered perceptions or false perceptions.
	an ability to explore evidence for the different forms of hallucination.
An ability to elicit abnormal beliefs.	
An ability to interpret the nature of abnormal beliefs in the context of the child/young person's developmental stage, family, social and cultural context.	
	an ability to distinguish between primary delusions, secondary delusions, over-valued ideas and culturally sanctioned beliefs.
An ability to assess cognitive functioning.	
	an ability to assess level of consciousness
	an ability to assess the child/young person's orientation to time, place and person.
	an ability to carry out basic memory tests.
	an ability to estimate the child/young person's intellectual level, based on their level of vocabulary and comprehension in the interview, and their educational achievements.
	an ability to conduct or refer for formal cognitive assessment if there are indications of a learning disability.
An ability to assess the child/young person's insight into their difficulties.	
	an ability to assess attitude towards any illness
	an ability to assess attitude towards treatment

Sources:

Semple, D. and Smyth, R.(2009) Ovid Online: *Oxford Handbook of Psychiatry* (Second edition) at www.ovid.com

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

An ability to draw on knowledge of local and national standards and guidelines relating to the assessment of specific mental health and neurodevelopmental conditions experienced by children/young people.
An ability to carry out a comprehensive assessment that combines information from*:
interviews with multiple informants
observations of the child/young person in different settings
measures
information from other agencies
where appropriate a formal mental state examination* and physical examination
An ability to draw on knowledge of structured and semi-structured interviews and observation schedules which may be helpful to the assessment of the condition(s) or the child/young person's presentation.
with appropriate training, an ability to administer research instruments used to assist in the clinical diagnosis (e.g. the Anxiety Disorders Interview Schedule (ADIS), Autism Diagnostic Interview-Revised (ADI-R), the Autism Diagnostic Observation Schedule (ADOS)).
Where appropriate, an ability to administer and interpret structured and semi-structured interviews.
An ability to assess for co-morbid conditions.
An ability to recognise when the child/young person requires additional assessment (e.g. weight measurements to monitor growth or eating problems, medical examinations for endocrine problems, congenital syndromes etc).
An ability to aggregate assessment information in order to decide whether the child/young person meets the diagnostic criteria for a particular condition(s).
an ability to review the evidence for and against a particular diagnosis(es)
an ability to recognise presentations where the child/young person may have elements of several conditions, but does not meet the full diagnostic criteria for any of them.
An ability to incorporate the diagnosis into a formulation of the child/young person and family's strengths and difficulties.

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

Ability to feedback diagnostic information

An ability to provide the child/young person and family with information on the diagnosis and how it was reached.
An ability to provide the child/young person and family with developmentally appropriate information on the condition and intervention options.

Ability to record diagnostic information.

An ability to record the diagnosis in relevant systems (notes, letters, electronic systems etc)
An ability to record the assessment information leading to the diagnosis.
An ability to record the information that was shared with the family, and other agencies

Ability to review the diagnosis

An ability regularly to review the diagnosis in order to take account of the child/young person's development and response to intervention.

References:

American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV),* 4th 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.

World Health Organisation (1996) *Multiaxial classification of child and adolescent psychiatric disorders: The ICD-10 classification of mental and behavioural disorders in children and adolescents.* World Health Organization, Geneva.

Behavioural Observation

Knowledge

An ability to draw on knowledge of the primary processes involved in shaping behaviour and learning including:
learning theory principles (e.g. reinforcement (positive and negative), contingency, stimulus control, punishment)
social learning theory principles (e.g. imitation/modelling, environmental influence, vicarious learning, predictive function and self efficacy)

Planning the observation

An ability to identify when behavioural observations can make a contribution to the process of assessment and formulation (usually when behavioural issues are relevant to, or are the focus of, the intervention)
An ability to identify a specific focus for observation (for example a particular behaviour, interaction or event)
An ability to draw on knowledge of the main strategies used in behavioural observations in order to select the most appropriate method
An ability to draw on information from the assessment to establish when, where and for how long observations should take place (e.g. drawing on information about the settings or circumstances are most likely to elicit particular behaviours, or the frequency of a specific behaviour)
An ability to reflect on one's own perceptual or attitudinal biases and maintain an objective, open minded stance
An ability to draw on knowledge of the ways in which subjective judgments can introduce bias (e.g. where the meaning of a behaviour is ambiguous, or where previous observations of the child in other contexts influence the observer's judgments)
An ability to obtain consent from the child and/or their carer(s) to carry out the observation
An ability to gain consent from individuals or services who may provide the location for the observation

Gathering data

An ability to draw on knowledge of the main strategies used for naturalistic behavioural observation (including their strengths and weaknesses)
An ability to engage family members, teachers and other observers in the process of collecting and maintaining diary records
An ability to explain the rationale for, and procedures used in, behavioural observation (i.e. the need to gather accurate information about a behaviour in order to plan the intervention)
An ability to make use of diary records (a chronological record of behaviour made after the behaviour occurs, or a way of tracking the child's development over time)
An ability to draw on knowledge of the potential limitations of diary records (e.g. consistency and accuracy of recording, observer bias, the risk that unstructured recording will result in extraneous detail)
An ability to make use of a "running record" (a sequential record maintained over a given time, made while the behaviour is occurring and which identifies the circumstances surrounding particular events or activities)

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

Ability to monitor the child's environment using an "ABC" chart*:*

An ability to draw on knowledge of the use an 'ABC' chart to monitor the child's environment and to identify:
Antecedents: setting conditions and specific triggers for the challenging behaviour
Behaviour: a record of target behaviour and any variations in severity and frequency in different settings and contexts
Consequences: 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

Ability to minimise 'reactance'

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 passing of each 30 seconds in the margin)

An ability to record observations accurately, including:	
	the exact words spoken, where possible
	descriptions of specific behaviours
	non-verbal as well as verbal communication
	emotional content of behaviour/communication
	An ability to identify clearly any inferences or judgements within the description by (for example) using brackets in a transcript

Ability to draw inferences from the observation

An ability to ensure that conclusions about behaviour are based on adequate evidence	
An ability to recognise where inferences about the causes of, or relationship between behaviours, are being made and to record this accordingly	
An ability to draw on knowledge of cultural differences in the meaning of behaviour and communication when attempting to understand the function of those behaviours	
An ability to draw on knowledge of developmental and learning theories to help understand:	
	how the activities of individuals who are interacting with the target child impact on that child's behaviour
	how the activities of the target child impact on their environment
An ability to include an account of the child's perspective when interpreting their behaviours or circumstances (e.g. their capacity to understand the impact of their behaviour)	

Ability to assess and manage risk

An ability to assess any risk posed to the child or others during the observation and formulate a plan of action with the aim of maintain the child's safety (e.g. if required, intervening and removing an individual or individuals, recruiting assistance from others present)

Sources

Pellegrini, A.D. (2004) *Observing children in their natural worlds: a methodological primer*. Mahwah, N.J.: Lawrence Erlbaum Associates

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
behaviour, and the behavioural "phenotypes" associated with 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 those present interact with each other)
An ability to provide a testing environment which promotes optimal performance from the child/young person (e.g. using age appropriate language and being friendly rather than distant/clinical, or minimising potential distractions in the room)
Where appropriate, an ability to encourage parents to allow the child/young person to come into the testing environment by themselves (to reduce the chances that they will be distracted), and to recognise where this separation impacts on test performance
where parents remain in the testing situation, an ability to explain the importance of allowing the child to complete the testing independently
An ability to monitor the child or young person's behaviour and interactions throughout the assessment, including:
their level of motivation/engagement with the assessment process
their activity levels
their level of concentration or distractibility
their social/communication skills
their specific areas of difficulty/competence
their reaction to failure/success
their persistence
any reassurance seeking
their receptivity to encouragement/reinforcement
An ability to document these observations systematically and to identify whether they are consistent with reports from other sources
An ability to draw on knowledge of child development to gauge when behaviour is within "normal" limits (e.g. knowing how the ability to concentrate varies with age)
An ability to draw on knowledge of common reactions to assessment (such as anxiety) and to take into account their impact on the child's functioning

An ability to engage the child/young person throughout the testing process, alternating periods of rest, “fun activity” and testing to maintain motivation and concentration
An ability to draw on knowledge of the ways in which the assessment process may impact on functioning in (neuro)developmental disorders (e.g. the structured non-distracting testing environment may improve the functioning of children with Autistic Spectrum Disorder)

An ability to adhere to standardised testing structure and protocol, as described in the relevant manual:	
	implementing any variations in “rules” in line with the procedures specified in the manual (e.g., the criteria for discontinuing a test, or for prompting the child)
	applying the criteria for scoring to the responses made by the child in order that results remain relevant to norms and standardisation
	recording responses accurately
	following scoring procedures
An ability to establish whether additional non clinic-based assessment is required (e.g. behavioural observation in the school or home)	
An ability to draw on knowledge of test-retest reliability to ensure that tests are not re-employed too soon (i.e. potentially invalidating any results)	
An ability to identify where a child being assessed differs from the samples on which standardisation is based , and to interpret and report their results in relation to this limitation	
Where it is not possible to follow the standardised testing procedure (e.g. because the child is uncooperative, or has profound/specific difficulties), an ability to adapt testing (and to record the adaptations that have been made):	
	an ability to recognise that while adapting tests has practical value (in terms of identifying the child’s strengths and weaknesses) the resulting scores will not be psychometrically sound
An ability to select and/or adapt tests in order to match them to the needs of children with sensory difficulties or physical limitations	

Ability to interpret test results

An ability to integrate data from testing with behavioural observations and information from other assessment sources to produce a coherent account of the child’s functioning.	
An ability to interpret results in terms of:	
	the child’s level of functioning (across the domains assessed)
	their relationship to functioning in the standardised sample for the test
	the pattern or profile of results, across the domains tested
	the significance of individual test results in the context of their overall functioning
An ability to apply the findings to:	
	describe/explain the child’s functioning
	describe/explain the ways in which their current environment may be impacting on the child/young person’s functioning
	describe how the interaction of the two may result in particular behaviours, strategies or patterns of impairment (e.g. apparent underperformance)

Ability to use the assessment to identify an intervention plan

An ability to adopt a strength based approach to the development of intervention strategies
An ability to use findings from assessment to suggest strategies which:
are aimed at enhancing the child/young person's skill and abilities
alter the child's environment, with the aim of enhancing/maximising their functioning
An ability to communicate intervention strategies to those delivering them, using language and concepts which are clear and adapted to the context
An ability to support individuals who are carrying out interventions based on the assessment outcome, ensuring that they understand and can carry-through the intervention plan.

Ability to report on the assessment

Ability to report the results of the assessment in writing using clear, concise and appropriate language, including:
the reasons for testing
sources of information
materials used (including what each test measures)
testing procedure (including relevant behavioural information)
any adaptations
An ability to communicate findings verbally to parents/carers, and where appropriate children/young people, including discussion of:
their experience of the testing process
the meaning of the findings for the child and for the family
any areas that the child and family need clarifying
their expectations for the distribution and use of the report

Source:

Charman, T., Hood, J., & Howlin, P. (2008) Psychological Assessment in the Clinical Context. pp 299-316 in M. Rutter., & E. Taylor (Eds.) *Child and Adolescent Psychiatry* (Fifth Edition). Oxford: Blackwell.