

CHAPTER 6

Comprehensive Psychological Assessment: A Developmental Psychopathology Approach for Clinical and Applied Research

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In this chapter, we present a model of Comprehensive Psychological Assessment that has been developed to inform the assessment process in both clinical and research settings and has been influenced by the core tenets of developmental psychopathology. Comprehensive Psychological Assessment draws on the tenets of developmental psychopathology at each stage in the assessment process, from developing and honing the question or questions to be addressed, identifying the components of the model that will be actively employed, choosing appropriate instrumentation, interpreting qualitative and quantitative information derived, and ultimately, when appropriate, making and implementing recommendations for prevention, intervention, and public policy. The Comprehensive Psychological Assessment model applies throughout the life span, but in this chapter we illustrate the components and application of the model for children and adolescents.

Researchers and clinicians are accustomed to using hypotheses and referral questions as catalysts for initiating the

assessment process. Following the refinement of hypotheses and questions, the next step is to identify the relevant domains of functioning that need to be evaluated. Within the realm of clinical applications and research focused on developmental psychopathology, it is extremely rare that only one domain of functioning (e.g., expressive language ability) is a sufficient target of evaluation. Because relative strengths and weaknesses in a single domain may or may not be isolated, investigators and clinicians generally recognize the importance of capturing patterns of functioning across multiple developmental domains. For example, without knowledge of a child's general mental level or intellectual functioning, the meaning of below-average performance in one or more additional domains is ambiguous and potentially misleading. More specifically, a below-average score on a measure of receptive language that is administered as a proxy for cognitive functioning could capture low intellectual functioning. However, it could also represent a specific language delay or disorder, a visual attention problem, or a

broader pattern of developmental deviance such as that seen in Autism. Ultimately, patterns of strengths and weaknesses across domains have important implications for understanding developmental trajectories, diagnostic complexities, and contextual influences.

The research or clinical question in combination with pertinent empirical literatures drives the selection of domains that will be the focus of any specific assessment application. Once relevant domains are identified, the careful selection of measures and choice of methods takes place. To capture the most coherent and accurate characterization of the intricacies of an individual's functioning, a currently accepted standard is to utilize a multimethod, multi-informant approach (Johnston & Murray, 2003). In research applications, shared variance attributable to different informants and methods can be modeled statistically using methods such as structural equation modeling (Kline, 1998), and shared variance that is attributable to nested contexts (e.g., family, classroom, school) can be modeled using hierarchical linear modeling (Raudenbush, Bryk, Cheong, & Congdon, 2000). At present, there are newly emerging but few empirical guidelines that clinicians can use for systematically integrating information that spans not only multiple domains of functioning but also multiple informants and methods (Kraemer et al., 2003). Thus, in clinical settings, when informants present differing views about either the child's functioning or features of the child's ecology, the evaluator must predominantly rely on clinical judgment and intuition in the next phase of the assessment process: interpretation of obtained findings. In both research and clinical applications, interpretation of assessment findings can be aided by striving to form conceptualizations and impressions that are grounded in the tenets of developmental psychopathology.

Developmental psychopathology is inherently interdisciplinary in scope and encourages cross-fertilization of epistemologies and methodologies. Cicchetti and Sroufe (2000, p. 256) elegantly state that what is central to the discipline of developmental psychopathology is

to engage in comprehensive evaluation of biological, psychological, social and cultural processes and to ascertain how these multiple levels of analysis may influence individual differences, the continuity and discontinuity of adaptive and maladaptive patterns and the pathways by which the same developmental outcomes may be achieved. (p. 256)

The Comprehensive Psychological Assessment model is designed to press researchers and clinicians to move toward conducting assessments with a grasp of the multiple domains that compose the individual's functioning as well as

the relevant ecologies that transact with the individual's functioning over time. Moreover, we continue to advocate for understanding and recognizing the separate and interwoven relations between current resources and adaptive functioning. Adopting this approach presents both challenges and responsibilities, as clinicians and researchers must embrace multiple complexities simultaneously but still be able to generate meaningful conclusions.

Consistent with one of the thrusts in developmental psychopathology, a major task for clinicians and researchers is to distinguish between adaptive and maladaptive presentations. This can be done only with attention to developmental considerations and an understanding of broader contextual influences. While it is necessary to make use of knowledge about what is normative in each domain at each age or stage, it is not sufficient. The selection of relevant domains and instruments should also be informed by knowledge of both normative and atypical developmental processes relevant to the question or hypothesis posed. This is central when the question or hypothesis to be addressed clearly involves specific diagnoses, developmental disabilities, and categories of psychopathology. More often in clinical settings than in research endeavors, the initial question is too limited and understanding of both typical and atypical developmental processes allows for the expansion or reformulation of the question to one that is more appropriate. For example, if asked to evaluate a preschool child described as phobic of vacuum cleaners, the evaluator would need to appreciate the intensity, frequency, and quality of developmentally normative fears as well as the pathological manifestations of fears in this age group. Although fear of vacuum cleaners may be within normal developmental expectations, the evaluator should draw on knowledge of other psychopathological conditions to determine whether the form and intensity of the behavior is normal or pathological and whether concomitant behaviors exist that would provide evidence of psychopathology (e.g., extreme withdrawal, ritualistic behaviors, necessity for sameness, problems in peer relations).

Across domains of functioning, finding the boundary between normative, at-risk or subclinical, and clinical categories can be challenging, particularly when individual functioning is understood within the multiple contexts that may be influencing current competencies. The developmental psychopathology perspective not only highlights boundaries between normative and psychopathological presentations but also calls attention to the heterogeneous nature of specific disorders and the multiple ways an individual can manifest a particular disorder. Further heterogeneity and complexity emerges because comorbidity in

psychopathological conditions occurs with high frequency (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Even if the referral question appears quite narrow (e.g., Does this individual have a learning disability?), a comprehensive assessment strategy addresses multiple aspects of the individual's current development and the manner in which the answer to this specific question may be influencing broader aspects of functioning (e.g., Is the learning disability influencing self-esteem and/or peer relationships?).

In addition to attending to salient domains and interdependence between domains, developmental psychopathology is concerned with the interplay among the individual's neurobiology and genetics, domains of functioning, and ecological contexts. There is recognition that interplay among domains and levels can take many forms, including those that are additive, interactive, mediational, nonlinear, and transactional functions, and that there are bidirectional influences between the individual and the environment (Boyce et al., 1998; Cicchetti, 1990; Cicchetti & Blender, 2004). Research methods are increasingly available to elucidate the nature of the interplay between child and ecological factors (e.g., Sameroff & MacKenzie, 2003). In clinical applications, the Comprehensive Psychological Assessment model serves to compel the evaluator to move beyond a simple description of measured strengths and weaknesses. A more thorough consideration of the manner in which interplay of strengths and weaknesses in specific cognitive, language, sensorimotor, and social-emotional areas may interact with multiple contextual demands to better explain the individual's functioning would minimally entail reflecting on the forms of interplay that might be most explanatory for a particular child or adolescent as well as possible bidirectional and/or transactional influences.

Finally, although evaluators often have only a single snapshot or cross-sectional view of the individual's functioning, developmental psychopathologists advocate for an overarching concern with trajectories and pathways (i.e., continuities and discontinuities). Thus, even when a clinical assessment or research study occurs at a particular point in time, concern with multifinality (i.e., the same risk factors may result in different presentations) and equifinality (i.e., different risk factors may result in the same presentation) is valuable and highlights the importance of obtaining a complete developmental history. A relevant example would be the evaluation of a child who presented with reading difficulties. Longitudinal research has revealed associations between early language impairment, difficulties with letter identification, deficiencies in phonological awareness, and underdeveloped expressive vo-

cabulary among children who are at risk for reading problems or who are reading disabled (cf. McCardle, Scarborough, & Catts, 2001). Also, research findings indicate that reading difficulties run in families (Plomin, 2001). Knowledge of these risk factors would shape the information that a skilled evaluator obtained in the process of taking developmental and family history. In addition, informed by developmental psychopathology, the evaluator might also recognize how risk and protective factors interact and, in essence, that neglecting to ask appropriate and specific questions as part of taking a developmental and family history could negatively impact the child's developmental trajectory. With the reading disability example, failure to diagnose and remediate a reading disability in the early grades can lead to a widening academic achievement gap and more pronounced problems later in elementary school that require a much more intensive intervention program (Lyon, 1996). Indeed, failure to intervene early may place constraints on later academic achievements.

In summary, the tenets of developmental psychopathology guide each phase of the comprehensive assessment process. One could argue that employing a comprehensive assessment process that focuses on multiple domains of individual and contextual functioning is inherently consistent with the tenets of developmental psychopathology. However, it is not adequate to assess multiple domains or contextual levels. The developmental psychopathology lends a three-dimensional perspective of breadth, by examining multiple individual and contextual domains; depth, by orienting the evaluator to stage-salient domains and contextual influences that require greater focus as well as examining these domains with respect to both adaptive and maladaptive features; and time, by recognizing continuities and discontinuities in developmental processes. Finally, the three-dimensional form that emerges from this union of breadth, depth, and time is not structurally uniform at any given point in time as the interplay of domains and contextual influences may vary across development. The Comprehensive Psychological Assessment approach has the potential to enrich the evaluator's perspective on the uniqueness of each child and to promote respect for and valuing of family members, school personnel, and others in the child's nested ecological systems, as they are recognized as playing a significant role in optimizing the child's developmental progress. Moreover, fully embracing this process makes it difficult for the evaluator to maintain a detached stance in part because the evaluator becomes part of the child's nested ecological system and grasps the extent to which the evaluation process is both influenced by and influences the child's current and future functioning.