Exploring Inside Outside Territories

1. Decorate the outside of a folded paper with how you want others to see you

2. Decorate the inside or use words to show the self that others do not see & you do not reveal to others (beliefs, feelings, ways of being etc.

3. When bell rings find a person you do not know or know well. Share your beautiful outside selves and choose what from the inside you want to share.
Exploring Inside Outside Territories

4. With your partner, talk about what it was like to think about sharing what is inside—maybe tender, maybe different, maybe a little messy.

5. What does this exercise illustrate to your dyad about the process of engagement and assessment in mental health services?

Do Metaphors for Assessment Arise/Pop-Up?
Why Diagnose Children 0-5?

Reduce Suffering & Movement Towards Entrenched Symptoms

Promote the Direction of Health & Wellness
A Tricky Balance

Identify needs, assess thoroughly, diagnose accurately, plan collaboratively

Avoid labeling and pathologizing—describe conditions, not children

What Deserves/Needs Treatment?

Child distress

- Symptoms interfere with child’s ability to learn and develop new skills
- Symptoms interfere with and limits family relationships and ability to engage in regular activities such as social events, school, community activities
- Symptoms impact parent child relationships
Assessment Can Use Many Modalities
Ways of Getting Information

+ Interviews with parents and caregivers
+ Observations of interactions with parents and children, video
+ Information from collateral sources, e.g. child development, medical providers, & other involved agencies
+ Formal testing/specific screeners or screening questions
+ Observation of clinician’s own subjective reactions

Best practices suggest that you ALWAYS

+ Observe the child together with the parents
+ Observe and discuss family functioning
+ Use collateral information
+ Include some time to interact with the infant or child yourself
CULTURAL FORMULATIONS IN IFECMH TO CONSIDER IN ASSESSMENT

1. CULTURAL IDENTITY OF CHILD AND CAREGIVERS, WHAT ARE THE PARENTS’ IDENTITIES, ALIKE OR DIFFERENT
2. WHAT ARE THE POTENTIAL AREAS OF MULTICULTURALITY?
3. WHAT IS THE PARENTS’ CULTURAL CONCEPTUALIZATION OF CHILD’S PROBLEM.
4. WHAT ARE PARENTS’ BELIEFS ABOUT THE REASON FOR THE PROBLEM?
5. WHAT DO THEY BELIEVE WILL HELP?
6. WHAT IS INFANT/CHILD’S LIFE SPACE AND ENVIRONMENT?
7. WHAT ARE COHESIVE HELPFUL FACTORS, WHAT ARE CONCERNS?
8. WHAT IS THE INFANT/CHILD’S CAREGIVING NETWORK OF KIN AND COMMUNITY MEMBERS?
9. TO WHAT EXTENT IS NETWORK PREDICTABLE AND HELPFUL, VS. UNPREDICTABLE AND UNHELPFUL?
10. WHAT ARE PARENTS’ BELIEFS ABOUT CAREGIVING, WHERE ONE GOES FOR ADVICE?
11. WHAT ARE THE GOALS AND ASPIRATIONS FOR THE CHILD IN TERMS OF FAMILY AND ALSO MORE BROADLY?
12. WHAT ARE DIFFERENCES BETWEEN CLINICIAN AND THE PARENTS OF THE CHILD IN TERMS OF CULTURE?
13. ARE THERE OTHER DIFFERENCES IN TERMS OF UNDERSTANDING OF THE FAMILY’S BELIEFS?
14. WHAT ARE THE FAMILY’S BELIEFS IN TERMS OF HELP SEEKING OUTSIDE OF A FAMILY/CULTURAL NETWORK?

Q. MY MEDICAL PAPERWORK REQUIRES THAT I SUBMIT A DIAGNOSIS ON THE FIRST VISIT? HOW DOES THIS WORK WITH THIS COMPLEX SYSTEM?

A. THINK OF THIS AS A WORKING DIAGNOSIS THAT MAY BE CHANGED. MAKE YOUR BEST GUESS BASED ON WHAT YOU KNOW. WRITE INTO GOALS THAT YOU ARE GOING TO COMPLETE A FULL ASSESSMENT.

SOME GOOD WORKING DSM V DIAGNOSES FOR YOUNG CHILDREN INCLUDE:

- ANXIETY DISORDER NOS
- UNSPECIFIED DEPRESSIVE DISORDER
- UNSPECIFIED OBSESSIVE COMPULSIVE DISORDER
- UNSPECIFIED EATING OR FEEDING DISORDER
- ADJUSTMENT DISORDER
- UNSPECIFIED TRAUMA AND STRESS RELATED DISORDER
- PARENT CHILD RELATIONAL PROBLEM
The DC: 0-5 is a Map for Assessment that allows for flexibility and adaptation according to systems needs and demands.

In order to get to the hometown of a good plan and diagnosis, you have to stop at all the villages.

Clinical Disorders
Psychosocial Stressors
Developmental Competence
Relationships & Relational Environments
Physical Health
A Good/Plan Diagnosis

Using Questions…
If you had no protocols, no tools, just yourself, what one question from each of the DC: 0-5 areas, the villages, might you use to start a meaning dialogue with a parent regarding a child’s needs.
Some Ports of Entry can be more open for collaboration and treatment planning

Think of the last diagnosis you provided…USE WORKSHEET

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<tr>
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<th>USED OR VISITED</th>
<th>MIGHT HAVE ADDED</th>
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<tr>
<td>1.</td>
<td>Which of the villages, axes, assessment areas, did you visit?</td>
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<td>2.</td>
<td>What modality you used for your assessment. (SLIDE 9)</td>
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<td>3.</td>
<td>Think of anything you wish you would have added to your assessment to make your diagnosis and plan stronger.</td>
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Sample Assessment & Diagnosis Vignette

1. Read the Sample Assessment Vignette
2. Identify what activities “match” the areas
3. In the second column