

PROPOSAL FOR A DIAGNOSTIC INTERVENTION USING STRUCTURED PSYCHOMETRIC TESTS

BY

THE PURPLE CENTRE

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SUMMARY OF THE PROBLEM

Are psychiatric disorders in children on the rise in the last decade? Have better parenting along with more inclusive teacher and school attention lead to more visibility of mental health problems in children? Is the digital revolution, information era making us more vigilant about our children, leading to identification of problematic behaviours? Is it possible that symptoms as low IQ, odd interpersonal behaviour and antisocial behaviour while not pathognomic in themselves may herald the development of a pathology in later life? These are some of the questions that arise in a child psychiatrist's office everyday.

Clinically significant child psychopathology can be defined as a disorder in one or more of the following areas: overt behaviour, emotional states, interpersonal relationships and cognitive function. The abnormalities must be of sufficient duration and severity as to cause functional impairment that interferes with development in one or more areas – academic performance in school, behaviour in school; interpersonal relationships in home, with peers, in school and in the community, use of leisure time.

The prevalence of clinically significant child and adolescent psychopathology is about 22 percent.

The chief culprits in school going children are learning disorders, attention deficit disorders and conduct disorders. Learning disorders, motor skills disorders and communication disorders have been termed under specific developmental disorders. Estimated prevalence is about 6 percent of school going children. Attention-deficit/hyperactivity disorder (ADHD) is characterized by inattentiveness, overactivity and impulsiveness. 3-5 percent of school children have it. Conduct Disorder is defined as persistent disruptive behaviour of children and adolescents that significantly impairs their ability to function in the social, academic or occupational area. Youngsters with this disorder repeatedly violate the age appropriate rules of society, displaying a lack of concern for the rights and feelings of others. The current prevalence is between 2 and 9 percent.

SCOPE OF INTERVENTION

In the past 10 years, the development of structured and semistructured interviews with parents and teachers and the development of rating scales completed by parents, teachers, clinicians and the children themselves have made the collection of reliable and valid systematic information much more possible than it was in the past.

The Strengths and Difficulties Questionnaire is a novel behavioural screening questionnaire. It focuses on hyperactivity-inattention, emotional symptoms, peer problems, conduct problems and prosocial behaviour. It is a short format, 5 minute form which can be completed by teachers, parents and children. It has an 81-91 percent accuracy prediction of a clinical disorder.

Making the correct diagnosis in pediatric attention-deficit/hyperactivity disorder (ADHD) is especially important today. The Vanderbilt Rating Scales follow closely the criteria set forth in DSM-IV (Diagnostic and Statistical Manual – IV) and have been customized to observations made in the home and classroom environments. When the forms are returned to the mental health professional, the scoring allows the clinician not only to make a diagnosis of ADHD, if present, but also to categorize the problem into one of its various subtypes: inattentive, hyperactive/impulsive, or combined. The Vanderbilt Scales also look for symptoms of frequent comorbidities, such as oppositional defiance, conduct disorder, anxiety, and depression.

THE PROPOSED INTERVENTION BY THE PURPLE CENTRE

The Purple Centre lead by Dr. Darshan Shah proposes to address the challenges aforementioned in the following manner:

Liasoning with schools which have the mental health care of their students as one of their primary concerns.

Helping the teachers identify the vulnerable children. Since the average prevalence of psychopathology is between 3 and 22 percent, it would be advisable to conduct the test for 20 percent of the children in each class. This would allow to capture the vulnerable children in each grade. Starting from grade 2 to grade 12.

A Detailed structured interview with the parents and the children along with the inputs from the concerned school teachers.

Getting a more objective data by Administration of the SDQ and Vanderbilt Scales filled by the teacher, parent and child in each case.

Collating the data obtained from the interview and the scales and coming up with a meticulous understanding of the problem in a report.

Suggesting and participating in the appropriate psychopharmacological, psychological intervention for the children, guidance to parents and teachers for further management at home and school.

Informative lectures to all the parents of the school on regular basis on relevant age appropriate difficulties of parenting.

COST OF THE INTERVENTION

The Purple Centre offers a package of the initial interview with the parents, child, teacher plus the conduction and scoring of the tests, the preparation of the report, the meeting with the parents to explain the report, the suggested intervention, feedback to the teachers about the report. The total cost would be 7000 rupees per case. The purple centre would offer this at a discounted rate of 5000 rupees per case to the school. The interventions would be conducted at the premises of The Purple Centre with prior scheduled appointments.

The follow up visits, and other suggested additional psychometric investigations, psychotherapy and counselling, parent guidance would be charged appropriately separately and not be a part of the initial diagnostic intervention.

THE PURPLE CENTRE

With mounting pressures in life, it is imperative to keep calm mentally and take things one at a time. It is important to get the right treatment for the prevailing suffering. It is precisely this objective that THE PURPLE CENTRE aims to serve, as evident from its name. We at Purple Centre epitomize the dynamic balance of red's stimulation and blue's calm. The vibrant contrast can cause conflict or discomfort except when the undertone is clearly defined. With a sense of mystic and royal qualities, purple is a color often well liked by the very creative or the unconventional types. The Purple Centre is a similar initiative to balance the bold red of the fast-paced life with the calm blue of good mental health in this modern hi-tech world. To this objective, we offers wide-ranging qualitative services for psychiatric consultations, home visits for psychiatric and psychotherapeutic interventions and online consultations and treatments for clients in various cities across the globe, psychopharmacology, psychotherapy, psychological testing, support for corporates, institutes, hospitals, colleges and school, training for mental health professionals and recommendation of trustworthy services & articles for education in the field of mental health.

Child Psychiatry and School Mental Health Services at The Purple Centre

- Psychiatric interview with child and parents
- Play interview and therapy
- Physical and neurological examination
- Developmental review
- Psychological testing including tests for intelligence, cognitive functions, personality testing
- Neuropsychological testing including tests of perception, visual motor and reasoning abilities, expressive and receptive
- Language abilities testing
- Achievement-psychoeducational testing
- Family evaluation and therapy
- Parent counseling
- Individual psychodynamic psychotherapy
- Pharmacotherapy

SUMMARY

The Purple Centre aims to set up a unique model of Diagnostic intervention for the children of the school. A objective data collection in the form of structured scales from the parents, child and teacher; a detailed interview process with the parents and understanding the unique circumstances surrounding each child would deliver a comprehensive report capturing all the salient points of the intervention. At an affordable cost of 5000 rupees, these interventions would help to identify the vulnerable children at quite an early stage of their problems and timely interventions would go a long way in preventing the negative outcomes associated with the mental conditions the child is suffering from. Enhancing the protective factors in each child maybe a fruitful method of intervention as well.