

In this issue Dr Rob Long challenges the over-reliance on diagnostic assessments and sets out a formulation model of assessment better suited to the now widely accepted biopsychosocial model of understanding the causes of social, emotional and mental health difficulties.

Children's anxiety about Ukraine

On the Young Minds website find advice for



parents on how to talk to children and young people about the conflict in Ukraine, and difficult news stories more generally:

[Top tips for talking to your young person about the events in Ukraine](#)



For some resources for children aged 2 to 11 try the [Twinkle](#) website.

Three psychologists offer advice in the article [Reassure children about Russia-Ukraine war with resilience tales](#) in the Guardian.

SEMH Assessment: Formulation v Diagnosis

by

Dr Rob Long

So Mrs. Jones, you have answered the questionnaire I sent you about your son, and your son's school has provided similar information. The information shows that he meets the necessary criteria to be diagnosed as suffering from Attention Deficit Hyperactivity Disorder. This is caused by a brain dysfunction. With this diagnosis we will be able to prescribe treatment.

The bio-psycho-social model

A widely accepted synthesis of the possible causes of Social, Emotional and Mental Health (SEMH) difficulties is the bio-psycho-social model. This allows for the inclusion of the now widely accepted role of social factors in mental health. The Adverse Childhood Experiences study (Felitti, 2009) show clearly the predictive role that poverty, trauma and other risk factors have on children and young people's mental health. However as Read (2005) quotes Sharfstein (2005):

We must examine the fact that as a profession we have allowed the bio-psycho-social model to become the bio-bio-bio model. (P 597)

The predominance of a medical model in assessing mental health has resulted in biological explanations becoming the default position.

So what's the issue with diagnostic assessments?

Two of the widely used assessment tools for SEMH problems are the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11). Both of these assessments use such medical terms as symptoms, disorders and diagnosis.

Cont.....

ONLINE POSTGRADUATE STUDY

Sebda

Promoting the social and emotional well being of children and young people

OXFORD
BROOKES
UNIVERSITY

Social, Emotional and Mental Health Difficulties

Develop your understanding and practical skills when working with children and young people with SEMH.



Oxford Brookes, working in partnership with SEBDA, offers a two year part-time

Postgraduate Diploma : SEMH

(120 credits) for professionals working with this vulnerable group. On this course you'll relate SEMH theory to your own professional context and consider the impact on your practice.

At the end of the first year you may choose to exit the programme with the award of **Postgraduate Certificate: SEMH** (60 credits). Further details and online application: <https://www.brookes.ac.uk/courses/postgraduate/social-emotional-and-mental-health-difficulties/> Course begins September 2023.



Such implicitly assumes that there is an underlying biological cause for the difficulties being investigated. A cogent critique that draws together many criticisms of such assessments for the diagnosis of children and young people's mental health is made by Price-Robertson (2018). Briefly the criticisms made by him are that such assessments:

- Pathologise normal human experience
- Decontextualise mental health difficulties
- Lack scientific validity
- Are culturally insensitive

It is interesting to note that originally the DSM advisors were mainly psychoanalytic in professional background. This meant that their key assessment question was "what has happened to this child/person?" But this changed as psychoanalysis fell out of favour and the advisors became more medical by profession. The question now became, "what is wrong with this child/person?" This naturally fits with a biological explanation for mental health difficulties. The social, emotional and mental health (SEMH) problem is now caused by a defect within the individual. This means, that while SEMH assessments are typically pen and paper questionnaires, the assumption is that the cause is biological in nature. Such an assertion lacks hard evidence.

Of interest is the fact that, coupled with this medical bias, the DSM publication is purchased by pharmaceutical companies who then send it to medical practitioners. These then use it to diagnose and prescribe medication - obtainable from the pharmaceutical companies (Davies, 2021).

Is there an alternative? The Formulation Model

Most assessments decontextualise the presenting concern, obscuring such contributory factors as poverty, abuse, neglect, trauma and discrimination, whereas a Formulation approach includes these.

Formulation seeks to offer a provisional explanation or hypothesis of how an individual comes to present with a certain disorder or circumstance at a particular-point in time (Weerasekera, 1996). Each CYP needs to be understood as an individual. As most practitioners know, 'when you have met one autistic child, you have met one autistic child'.

Typically diagnostic assessments assume that known observable factors that contribute to a problem in an

individual will be equally true for all individuals. But this is an assumption and is not necessarily true. Formulation seeks to understand each individual as being unique.

Diagnostic assessment is nomothetic - what applies to one applies to all.

Formulation is idiographic, individuals are unique and variable.

The challenge for both school practitioners and parents/carers is that the medical model assumes a 'defect' position; something is wrong with this child/young person. (CYP).

Cont...

Your contribution matters—please help!

We would like to include your experiences in future issues of this newsletter and are currently planning articles on nurture groups and children absent from school.

Nurture groups

In your experience, how does OFSTED view nurture groups? Please tell us what feedback you have had —negative or positive.

Children absent from school

Please let us know if you are aware of children who have disappeared since Covid. What active steps are being taken to find them? For reference read this article in The Guardian: [Hunt launched to find 'ghost children' missing from schools in England](#)

Please share your experiences by emailing Dr Rob Long:

Rob.long@sebda.org (Editor). **Your anonymity will be protected.**

SEMH Assessment: Formulation v Diagnosis cont...

It then follows that the aim is to fix the CYP. With the formulation model it is possible that the presenting problem is not a within child defect, but instead a child's attempt to cope with abnormal circumstances. For example, in an abusive family context developing an anxiety disorder is a child's normal response to abnormal circumstances. It is not a 'within' child defect.

To quote Freud and Breuer (1895)

I was trained to employ local diagnoses....and it still strikes me as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious imprint of science.... Case histories of this kind have, however, one advantage, namely an intimate connection between the story of the patient's sufferings and the symptoms of his illness.

Forthcoming SEBDA events.....

Saturday 8th October 2022 in Bromley, London
The first in a series of three one day conferences:
'Pathways to mental health & wellbeing'.
Ideal as a "one off" or as part of a CPD programme.

7-9 September 2023: An international conference in Birmingham:
In It Together : Sharing international insights into the inclusion of socially and emotionally vulnerable children and young people.

Join SEBDA and



- Share good practice
- Have a national voice
- Network with like-minded colleagues
- Benefit from reduced fees for courses & conferences
- Receive quarterly issues of the international academic journal: **'Emotional and Behavioural Difficulties'**

A formulation example:

Diagnostic assessment:

A 13 year old girl, Emma, had behavioural problems that resulted in her being assessed and diagnosed as having ADHD.

Formulation assessment:

The 5P Formulation Model was applied. This provides a structure to the process.

Predisposing

Mental health problems in Emma's family, specifically problems which are known to have an inheritable risk. In addition alcohol and drug exposure during pregnancy may have affected her neurological development.

Precipitating

Emma recently moved to a new secondary school where she faced social and academic challenges. There had been frequent foster care moves which can contribute to emotional and behavioural distress.

Presenting

In different contexts Emma displayed hyperactivity, poor concentration and impulsivity.

Perpetuating

Emma's ADHD can exacerbate a range of difficulties, for example becoming isolated from peers due to her annoying/irritating behaviours.

Protecting

Emma is intellectually bright and has a friendly personality. Emma is now in a stable foster placement.

Interventions:

Psychoeducation, school support, a mentor combined with ongoing sensitive caregiving in a stable foster placement.

Cont..



Promoting the social and emotional well being of children and young people

SEMH Assessment: Formulation v Diagnosis cont...

This formulation assessment includes the many different factors that contribute to this young girl's problematic behaviours. It goes beyond a neurodevelopment disorder. It does not exclude that diagnosis of ADHD provides some useful information, but a formulation model more truly reflects the contributory factors involved and is more truly a bio-psycho-social assessment.

- The diagnostic model assumes a causal hypothesis – biological. It simplifies the complex.
- The formulation model seeks to find a hypothesis – it accepts complexity.

Formulation essentially complements the medical approach.

References

Davies, J. (2021) *Sedated: How modern Capitalism Created Our Mental Health Crisis*, London: Atlantic Books.

Felitti, V. (2009) 'Adverse childhood experiences and adult health', *Academic Pediatrics*, 9, pp.131-2.

Accessed at: <http://static1.squarespace.com/static/500ee7f0c4aa5f5d4c9fee39/t/53ecfab7e4b03cc699a85f97/1408039607750/Adverse+Childhood+Experiences+and+Adult+Health.pdf>

Price-Robertson, R. (2018) *Diagnosis in child mental health. Exploring the benefits, risks and alternatives*, CFCA PAPER 48.

Accessed at: <https://aifs.gov.au/cfca/publications/diagnosis-child-mental-health>

Read, J. (2005) 'The bio-bio-bio model of madness', *The Psychologist*, 18, pp. 596-597.

Weerasekera, P. (1996) *Multiperspective case formulation: A step towards treatment integration*, Malabar: Krieger.

More useful resources:

Bladon-Wing, D. (2020) *An introduction to psychological formulation*.

Accessed at: <https://www.bild.org.uk/wp-content/uploads/2020/07/An-introduction-to-psychological-formulation.pdf>

Cambell, S., Morley, D. & Catchpole, R. (Eds.) (2016) *Critical issues in child and adolescent mental health*, London: Palgrave.

Hays-Grudo, J. & Sheffield Morris, A. (2020) *Adverse and protective childhood experiences: A developmental perspective*, USA: American Psychological Association.

Read, J. & Sanders, P. (2010) *A straight talking introduction to the causes of mental health problems*, Monmouth: PCCS Books.

James, I. (2017) 'The Newcastle model', in James, I. *Understanding behaviour in dementia that challenges*, London: Jessica Kingsley Publishers Accessed at: https://www.researchgate.net/publication/340449101_The_Newcastle_Model

Watson, J. (Ed.) (2019) *Drop the disorder*, Monmouth: PCCS Books.

Whiteley, C. (2020) *Formulation in Psychotherapy*, CGD Publishing.

'The Government's response to the Health and Social Care Committee report: children and young people's mental health' March 2022

Includes the Government's response to the Committee's recommendation on Mental Health Support Teams, Education Mental Health Practitioners, Senior Mental Health Leads and a Whole School Approach. <https://www.gov.uk/government/publications/children-and-young-peoples-mental-health-government-response>



Promoting the social and emotional well being of children and young people

E-mail: admin@sebda.org | Tel: 01233 527044 | Website: www.sebda.org