

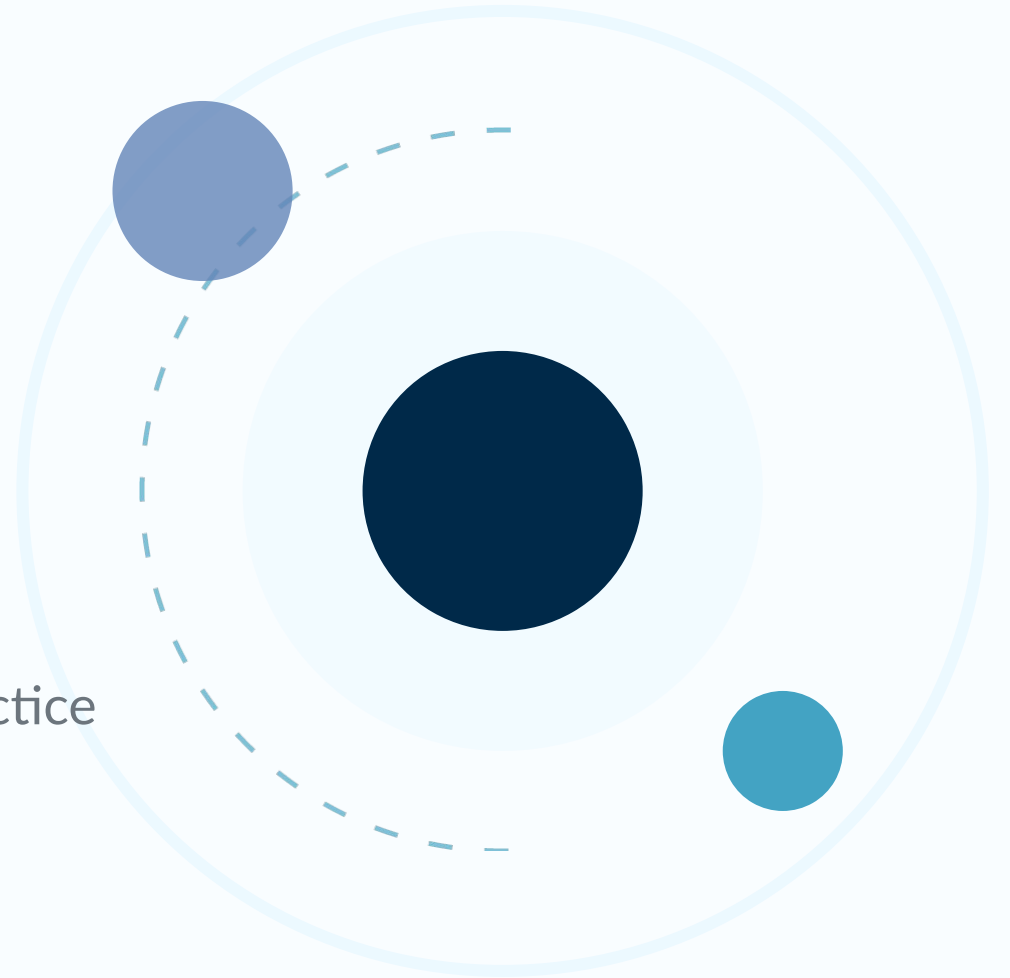
WEBINAR • 21 JULY 2026 • NOVOPSYCH

Assessing Children & Adolescents

Effective screening and identification in clinical practice

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NovoPsych



Introduction and Overview

Over 10 years assessment experience - across the lifespan — primarily children and young people.

A lot of screeners in that time, in both clinical practice and research.

Jane

- Assessment Process
- Case Study
- How Screeners can be used

David

- Assessment Tools
- Interpretation
- Strengths and Limitations

2018

First NovoPsych scale

Spence Children's Anxiety Scale (SCAS)

Screeners can be easy to administer.

The clinical work is choosing the right measure, for the right purpose, and interpreting the result in context.

My approach to assessment

CLINICAL EXPERTISE

As clinicians, we bring technical expertise to the collaborative process. We:

- clarify the question
- select appropriate tools
- administer them carefully
- interpret results in context
- understand the limits of the data
- and maintain engagement with the person at the centre of the process.

SHARED KNOWLEDGE

The client, family, teachers, and other supports bring crucial knowledge we cannot access through standardized tests alone.

Their observations, concerns, goals, and lived experience are central to the assessment.



The task of assessment for me is to bring these sources of information together into a shared understanding that is clinically sound, practically useful, and meaningful to the people who need to act on it.

Assessment Process

1

Assessment Planning

Clarify the purpose of the assessment
Match the tool to the purpose

2

Administering

Build rapport and maintain engagement while gathering evidence across sources.

3

Interpreting

What do these results mean? Have I done enough to answer the question? Can I provide meaningful recommendations?

4

THE GOAL

Feeding back

Share it — the goal



CASE STUDY

We'll follow one child — Alex, a composite case example — through all four.

Determining the right tools for the purpose

Referral question as starting point, but many ways to gather background information:

- Developmental questionnaire
- Teacher questionnaires
- Intake interview with client, parents/caregivers
- Work samples
- School reports
- Previous assessment reports
- **Broad-spectrum screeners (e.g., SDQ)**

CASE STUDY • CHOOSING

Parents request a learning assessment after school reports concerns in literacy and numeracy. In session — and in the teacher background forms — clear signs of inattention and hyperactivity.

After discussion with Alex's parents, we decide to add the Vanderbilt parent and teacher scales.

SDQ

Vanderbilt

Assessment tools give us different kinds of evidence

Performance-based tests

What can the child do under structured conditions?

Examples: cognitive, academic achievement, language, memory, processing, executive functioning tasks.

Rating scales and screeners

Are reported behaviours or symptoms elevated enough?

Examples: ADHD, anxiety, autism, behaviour, executive functioning, adaptive functioning, wellbeing screeners.

Observations

How does the child approach tasks in real time?

Examples: attention, persistence, fatigue, anxiety, impulsivity, problem-solving style, response to feedback.

Alex • Assessment Plan

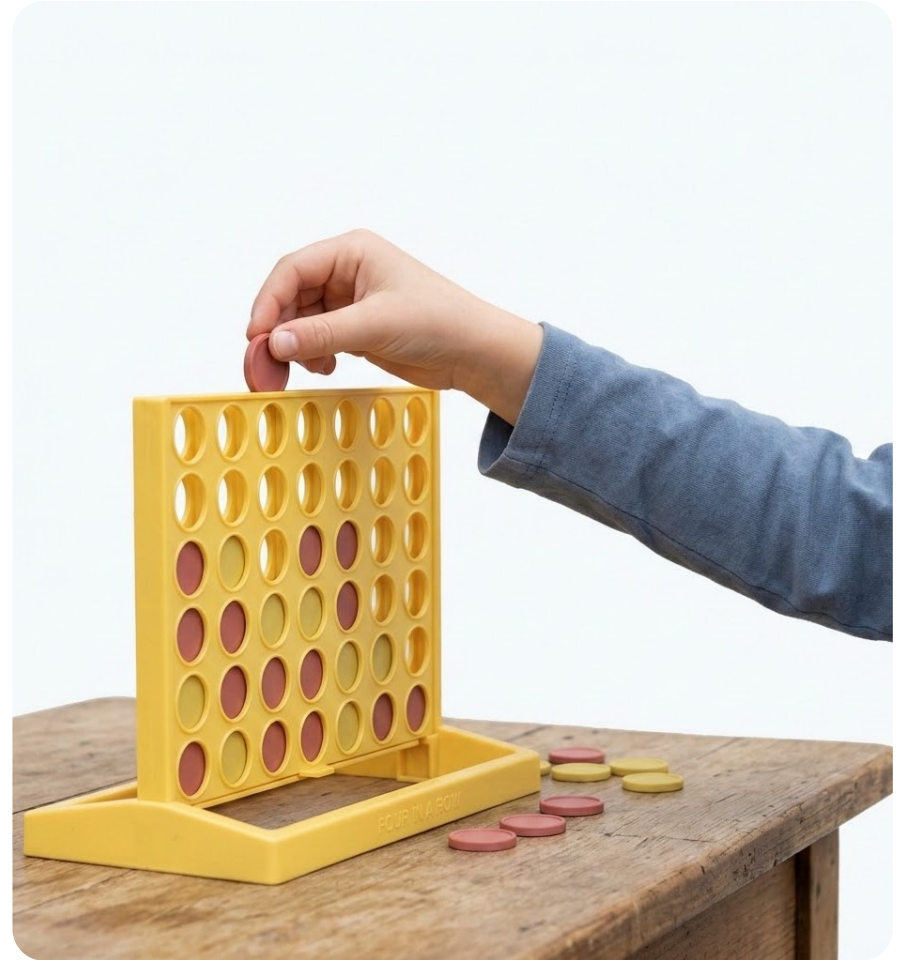
- Cognitive measure
- Academic measure
- Vanderbilt parent and teacher scales

The Vanderbilt Ratings Scales gather information across home and school.

Engaging with the young person for the assessment

Engaging the young person during assessment

- **Prepare:** Prepare the child and family before the session.
- **Explain:** Explain the assessment in clear, concrete language.
- **Build Rapport:** Build rapport with simple, age-appropriate activities.
- **Use Structure:** Use structure: breaks, visual progress, movement where possible.
- **Support Engagement:** Support engagement while maintaining standardised administration. You can still have fun!
- **Rating Scales:** Consider how rating scales will be completed: independently, verbally, or with support.



Interpreting - Key Results for Alex

Cognitive Test Results (WISC-V)

Composite	Qualitative Description
Verbal Comprehension (VCI)	Average
Visual Spatial (VSI)	Average
Fluid Reasoning (FRI)	Average
Working Memory (WMI)	Very Low
Processing Speed (PSI)	Low Average
Full Scale IQ (FSIQ)	Average

Academic Test Results (WIAT-III)

Composite	Qualitative Description
Total Reading Overall reading development across word-level and text-level skills	Low Average
Basic Reading Word reading and phonological decoding skills	Low Average
Reading Comprehension and Fluency Accuracy, rate and understanding of text.	Low Average
Written Expression Spelling, sentence and essay writing.	Low Average
Mathematics Applied problem solving and written calculations.	Average

Cognitive Profile

- Overall ability: Average
- Working Memory: Notably weaker
- Processing Speed: Lower than reasoning skills

Academic Profile

- Most academic areas: Slightly lower than expected for age
- Reading Comprehension and Fluency: Most challenging
- Lowest reading score for comprehension task
- Lowest writing score for essay writing
- Learning concerns present, but not clearly specific

Interpreting Case Results: Alex

Behavioral Observations

- Frequently off task
- Fidgety and wriggly
- Needed repetition and redirection
- Lost focus as task demands increased, became harder to come back to the assessment tasks after breaks.

Vanderbilt Screener Results

Scores are above threshold (≥ 6) across both home and school environments.

Parent 8/9 for Inattention and 6/9 for Hyperactivity/Impulsivity

Teacher: 7/9 for Inattention; 9/9 for Hyperactivity/Impulsivity

Both parent and teacher indicate functional impact in overall school performance, reading, writing and mathematics.

Interpreting Case Results: Alex

What the results show

- **Overall Cognitive:** Broadly age-appropriate.
- **Working Memory:** A clear, notable area of weakness.
- **Reading:** Areas of difficulty where tasks required sustained attention, efficiency, and fluency.
- **Behavioral:** Often off task, needing repetition and redirection; lost focus as demands increased.

What the screener added

- **Vanderbilt Ratings:** Exceeded clinical cut-off thresholds across both home and school environments.
- **ADHD Concerns:** Supports clinically elevated concerns across multiple structured and unstructured settings.

Clinical Interpretation

Alex's learning difficulties are real and require active support. ADHD-related difficulties appear to be a key factor affecting Alex's ability to attend, persist, and engage consistently with learning and assessment tasks.

Next Step

Support attention and learning in tandem. Monitor academic progress to see if outcomes improve once attention supports are in place

Feeding back

THE GOAL

Making the results meaningful

Feedback is where we bring the assessment together with the family's knowledge of the young person.

Key Point

Assessment findings are most useful when families can recognise the child in the results and know what to do next.

- I will almost always write a report, but I prefer to talk through the results with families before finalising recommendations. This allows them to be personalised.
- Where possible, I link results back to what parents, teachers, and the young person have already noticed.
- *“That makes sense”* is the best feedback to hear.
- The goal is not just to explain scores — it is to build a shared understanding of what the scores mean.
- Feedback should leave families with a clearer understanding and a plan.

Screeners: From Case Study to Clinical Use

Alex's Case Study

Clarifying diagnostic questions during assessment

A screener helped answer part of the referral question: Could ADHD be contributing to Alex's academic difficulties?

Broader Clinical Use

Tailoring screeners to distinct clinical purposes

In everyday practice, screeners are highly versatile tools. They serve different administrative and clinical functions depending on the question being asked.

Six ways to use screeners

From one child, or parent, in the room, out to whole populations

1

Intake overview

A broad first look when a young person arrives

2

Is assessment warranted?

The traditional screening question

3

Complement an assessment

Checking for factors that shape the picture

4

Group screening

Proactively finding who needs support

5

Track change

Where is this client, in-session or session to session?

6

Generate knowledge

Research and program evaluation

1

Intake overview

A broad first look when a young person first arrives, or even before you meet them

The goal here is orientation, not diagnosis..

Type of screener used might depend on the setting:

- General healthcare — a broad screener casts the widest net efficiently.
- Mental health setting — a short battery could target key areas.

Broad measure

one instrument, whole-child view

...or a small battery

a few short measures for a fuller first read

SDQ

PSC-17

2

Is a full assessment warranted?

The most “traditional” use of a screener — triaging whether a deeper investment is indicated

A screener here answers one practical question: is a formal assessment likely to be worthwhile, or a priority right now?

A positive screen raises the value of more comprehensive testing. It doesn't make the diagnosis — it tells me the deeper look is justified.

EXAMPLE • SCREENING FOR ADHD

Before committing to a full ADHD assessment, a rating scale can help establish whether the concern warrants it at this point in time — gathering structured input across settings.

Vanderbilt

SWAN

SNAP-IV

3

Complement an assessment

Using screeners inside a broader assessment - differential diagnosis, co-occurring conditions.

When I'm already assessing, targeted screeners help me check for co-occurring factors or differential diagnoses.

The presenting concern is often not the whole story.

EXAMPLE • A LEARNING ASSESSMENT

A child referred for learning difficulties — I also consider what else may be impacting learning:

- Social anxiety → SCAS
- Executive function → ESQ-R (14+)
- Attention difficulties

4

Group screening

Proactively screening a whole class or group — for a specific, defined purpose

Different from intake: not responding to one child, but scanning a group to find who might benefit from something specific.

Because the purpose is defined up front, a domain-specific measure usually fits best.

EXAMPLE • ELIGIBILITY SCREENING

Screening a class with a targeted measure to identify children who'd benefit from a specific support or intervention program.

Domain-specific, e.g.,
SCAS

5

Track change, session to session

Not a strict pre/post — a clinician's read on where the client is right now

Repeating a measure provides insight into how a client is managing or feeling across different domains — which may rise or fall from session to session.

It's a clinical companion to the conversation, not a formal outcome study.

EXAMPLE • THE CCQ

A non-diagnostic, clinician-facing tool I can use to track and reflect over time.

6

Generate knowledge

Research and program evaluation — a deliberate, aggregated pre/post

Here the unit isn't the individual client — it's the cohort. A planned pre/post design lets me evaluate whether something worked.

Same kind of tool as session tracking, but a very different question.

EXAMPLES • EVALUATING A PROGRAM

Evaluating a program - A group intervention for children diagnosed with a learning disorder — measuring mood and anxiety before and after, to see what shifted.

Understanding risk - A cross-sectional or longitudinal study.

RCADS

SDQ

SCAS

Excellent tools, but...

1

Developed for specific conditions or domains

Many measures were designed to answer one question well, rather than to assess complex co-occurring profiles.

2

Results combined by clinician

Running them side by side works — but they weren't designed to complement each other, result in separate reports. Can have separate norms, different psychometric properties, different displays..

3

Overlap

Attention, executive functioning, emotional regulation, and social participation can appear across several tools.

Screening Batteries

Example of where use 3 leads: looking at the neurodevelopmental profile more broadly

For a young person with a complex neurodevelopmental profile, it would be challenging to find one screener to provide information. I can bring several together to look across domains — e.g., not just “Is this ADHD?” but the fuller profile.

We now recognise how often these conditions co-occur — “AuDHD” being the clearest example. Since DSM-5 (2013), ADHD and autism can be diagnosed together.

A BATTERY IN PRACTICE

To explore a possible AuDHD picture, I might run domain-specific tools side by side:

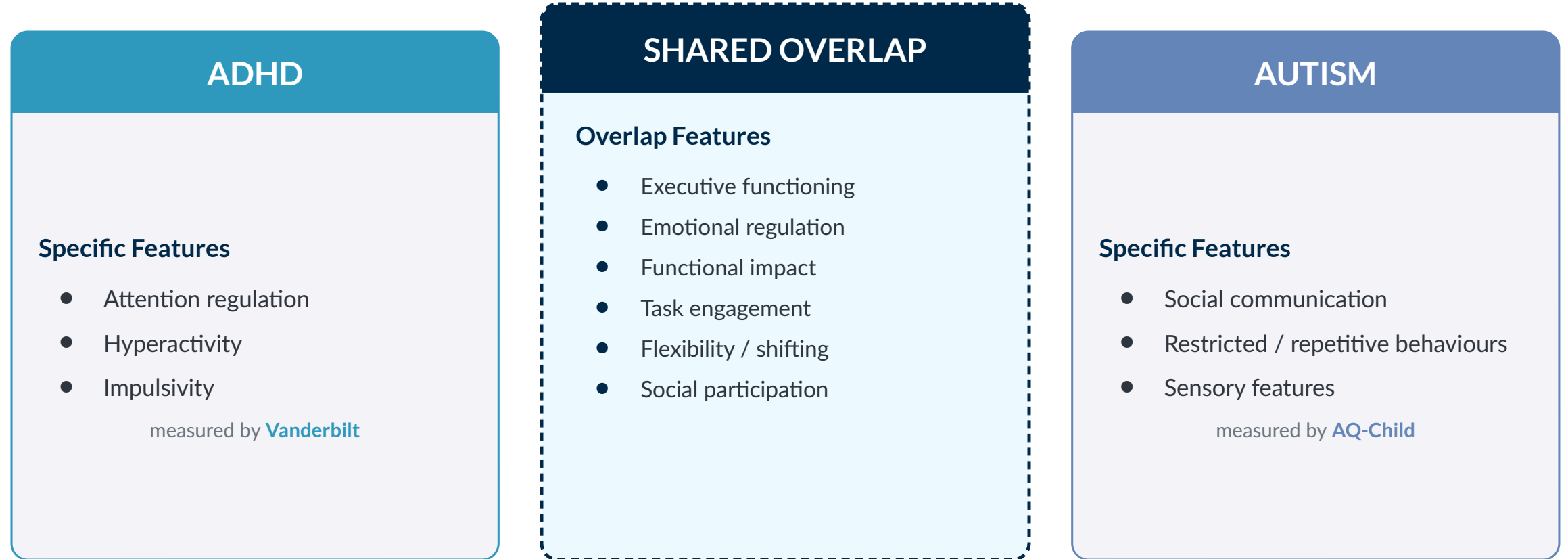
Vanderbilt

AQ-Child

Both excellent measures — each built to answer one question well.

Where the tools overlap

Shared features are counted by both single-domain screeners



When elevated scores are reported on both, the clinician must determine whether scores are high due to **shared** or **specific** features.

Looking ahead to broader screening measures for different neurodevelopmental profiles...

TODAY

Administer multiple single-disorder screeners and reconcile the overlap yourself.

PLANNED

A neurodevelopmental screener — designed for complexity and co-occurrence.

When screener results don't match the clinical picture

A low screener score does not automatically rule out neurodivergence or other clinically relevant concerns.

HOW SYMPTOMS ARE EXPRESSED

- masking or compensation
- avoidance or fatigue
- anxiety or high achievement
- older adolescents with well-developed coping strategies
- girls and women, where signs may be less overt (or whose presentation was not as well understood when the measure was developed)

HOW MEASURE WAS UNDERSTOOD

- What comparison group is the parent or young person using?
- Did they interpret the item literally?
- Does the item capture the behaviour as it appears for this person?

WHAT TO DO NEXT

- **link items** back to diagnostic criteria
- **use structured interviews** where appropriate, e.g., DIVA, MIGDAS-2, developmental interview
- **triangulate** with history, observation, functional impact, and collateral information
- **know what the screener was designed to measure** — and its limitations

Screening measures in detail...

