

PAS– ADD Clinical Interview

26th & 27th June 2013

Brunei Gallery, London

**A two day course on the use of the PAS– ADD Clinical Interview
for the assessment of mental health problems
in people with and without intellectual disability**

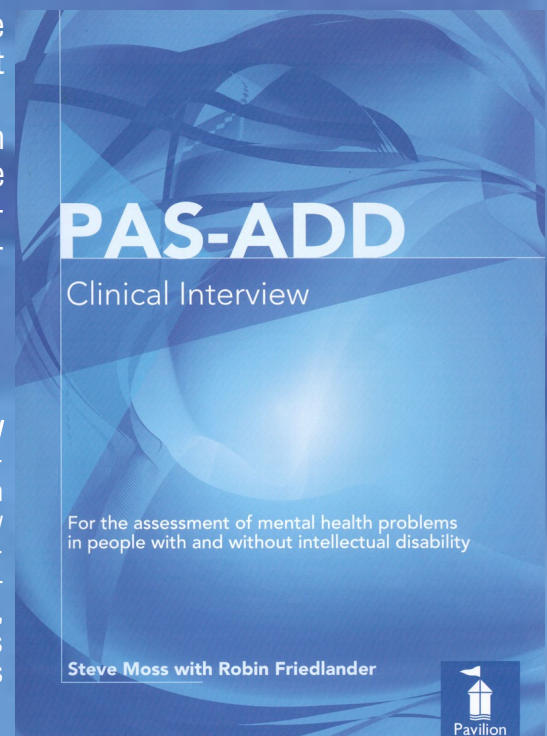
The Psychiatric Assessment Schedules for Adults with Developmental Disabilities, (Moss, 2012) have been in continuing development over the past 20 years, and are widely used around the world. As the name suggests, the system was originally designed for adults, but subsequently became extended to include children and adolescents. The top-level assessment in this series, the PAS-ADD clinical interview (Moss, 2011), has been specifically designed for face-to-face interviewing of the individuals themselves, and also includes parallel questions for key informants. It is designed to work flexibly with the clinical skills and approach of the interviewer. This assessment is ideal for assessing individuals who have some language, but have a degree of cognitive impairment, or otherwise have limited language abilities.

Who should attend:

- People working in the criminal justice system, where many individuals have a degree of cognitive impairment or language impairment.
- People working in the intellectual disability mental health field. This includes people who have already done the Mini PAS-ADD or ChA-PAS training who may wish to extend their skills from informant interviewing to interviewing the clients themselves.

Where the PAS-ADD clinical interview can be of benefit

- **People formally identified as having intellectual disability**
People with a significant level of ID clearly present enormous challenges to mental health assessment, leading to a huge emphasis on the reports of other people. While third-party reports can be very good, nothing can replace the unique perspective of what the person him/herself actually feels. Using the forerunner of the PAS-ADD clinical interview, our research (Patel, Goldberg & Moss, 1993) showed that over 40% of adults in learning disability services could give a useful clinical interview, and that this information was crucial in arriving at the correct diagnosis.



- **People in the clinical justice system** Many people in the criminal justice system have communication problems that make it difficult for them accurately to convey their mental health problems in a clinical interview. Research in a UK prison population found 45.3% had communication score <70 on the Vineland (Hayes et al, 2007), implying a serious limitation in the ability to understand complex questions. There is a particular danger associated with mental health assessment in people who, though not formally identified as having ID, nevertheless have impaired communication skills. For most of these individuals, language probably appears competent, but our research found that this frequently masks major limitations in the ability to understand even apparently straightforward concepts such as “feeling anxious”. Discussions of highly abstract symptoms such as delusions and hallucinations are extremely difficult and often lead to misunderstandings. In addition, the possible presence of autism spectrum problems presents a further layer of complexity.
The PAS-ADD clinical interview aims to help the assessor in a variety of ways, in terms of structuring the interview and the questions, and in providing guidance on interpreting the presentation of symptoms in these populations.

The PAS-ADD Clinical Interview

As with the other PAS-ADD instruments, the PAS-ADD Clinical Interview aims to enhance the quality of assessment in relation both to reliability and validity. The question wordings have been developed over many years, as have the rating criteria and glossary notes. The interview is partially structured, but is designed to work in flexible conjunction with the user’s clinical skills. Training emphasises the importance of the subsequent interpretation of results before making a final diagnosis.

The scoring system provides full diagnoses under both ICD 10 and DSM IV(TR). (Modified score forms for ICD 11 and DSM V are being planned). The score form makes it very clear to see not just the criteria that have been fulfilled, but also those that are close to it. The interviewer makes the final decision on diagnosis based on all the available evidence. The final pages of the score form enable other information to be brought together to make a comprehensive case formulation. The interview is designed for use in clinical settings, and aims to make the use of time as efficient as possible.

For a full description, and for downloadable sample pages, please see www.pas-add.com

Diagnoses covered by the interview

In broad terms, the Clinical Interview covers the following classes of diagnosis:

- Anxiety disorders
- Obsessive Compulsive Disorder
- Depression
- Mania
- Psychotic disorders
- ADHD (Informant interview)
- Autism spectrum (screening)

Psychotic problems present particular challenges for assessment of people with cognitive or language limitations, e.g. whether incoherent or irrelevant speech is psychotic in nature; whether blunted affect is psychotic, or more related to the person's developmental level or life experiences; whether a delusion is truly "bizarre"; what is the correct diagnosis if mood symptoms are present. The PAS-ADD Clinical Interview covers psychotic problems in detail, with glossary information and symptom severity ratings written to aid the making of these difficult judgements.

Content of the course

The introduction to the course will focus on issues relating to the assessment of mental health in people with intellectual disability or communication problems. Following that, the majority of the two days will concentrate on the core skills required to use the interview:

- a. Enhancing the reliability of symptom identification
- b. Using the glossary notes and rating information to rate symptoms correctly
- c. Using the semi-structured interview
- d. Developing interviewing skills and use of language appropriate for people in this population 3

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- e. Understanding and using the scoring system
- f. Interpreting results in the context of comprehensive case formulations

The exercises

The majority of the course will be conducted in small groups where the participants work on clinical materials. Exercises will cover all the various sections of the interview, and will include a number of complex cases where the diagnosis/formulation may be uncertain, e.g.:

ADHD and bipolar disorder

Autism spectrum disorder and obsessive-compulsive disorder

Autism spectrum disorder and psychosis

Some of these exercises aim to develop interviewing skills by getting participants to interview each other in the groups.

The final section of the course will start with a discussion of the wider aspects of case formulation, and the various perspectives that need to be considered. One of the fundamental issues to be addressed is the fact that there is often more than one logical explanation for the problem having arisen. Participants will work on a complex case involving interviewing and various other types of information, to derive diagnostic hypotheses and case formulations.

References

- Hayes, S., Shackell, P., Mottram, P., Lancaster, R. (2007) The prevalence of intellectual disability in a major UK prison. *British Journal of Learning Disabilities*, **35**, 162-167
- Moss, S. C. (2012) The PAS-ADD assessments and their continuing conceptual development. *Advances in Mental Health and Intellectual Disabilities*, **6**, 5-16
- Moss, S. C. (2011) *The PAS-ADD Clinical Interview* for the assessment of mental health problems in people with and without intellectual disability. Brighton: Pavilion Press
- Patel, P., Goldberg, D.P., & Moss, S.C. (1993) Psychiatric morbidity in older people with moderate and severe learning disability (mental retardation). Part II: The prevalence study. *British Journal of Psychiatry*, **163**, 481-491.

Steve Moss

Steve Moss has worked for 30 years in disability research, initially in the field of visual impairment, and subsequently in the area of intellectual disability. He has an international reputation for his work in the fields of ageing and of mental health. His work on development of the PAS-ADD system (Psychiatric Assessment Schedules for Adults with Developmental Disabilities) is particularly well known, and these assessments are now used in many countries throughout the world. He is currently an Honorary Senior Lecturer at the Institute of Psychiatry, King's College London

Booking Form

I would like to attend the workshop on PAS-ADD Clinical Interview
on 26th & 27th June 2013 at the Brunei Gallery, London.

Please print your name as you would like it to appear on your badge

Title*

Name*

Surname*

Organisation

Address

(including post code)

Email*

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Please tick to indicate your position

- Psychiatrist
- Psychologist
- SHO
- SpR
- Student
- Social Worker
- Nurse
- Other (please state)

- I enclose a cheque made payable to 'King's College London', for £

OR

- Please invoice me. Invoice address below (if different from address above)

Please get this form countersigned by your manager to confirm the funding or, alternatively, please ask your manager to send this form directly.

Manager's signature _____

Fee: £ 400 (early bird £380 until 24th May)

Should you wish to pay by credit card, please visit: <http://estore.kcl.ac.uk>
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Please return your booking form to:

Forensic and Neurodevelopmental Sciences Teaching Unit,
Institute of Psychiatry,
Box PO 23,
Denmark Hill, London, SE5 8AF

Tel: 020 7848 5279

Fax: 020 7848 0754

Email: Forensic.TeachingUnit@kcl.ac.uk

Cancellations must be received in writing. Cancellations received before 10th June 2013 are subject to a £50 charge. Cancellations received after this date will incur the full fee. We are happy to accept a substitute delegate if the original delegate is unable to attend.

By signing up as an attendee for our Conference you consent to receiving our emails for further workshops and conferences. If you do not wish to receive further correspondence, please tick this box.