Training in use of the Mini PAS-ADD and the ChA-PAS mental health assessments

Steve Moss

15 & 16 November 2018, 09.30-16.30

Venue: London Area – to be confirmed

Cost: £380 to include refreshments and lunch

The PAS-ADD assessments (Moss, 2012) have been in continuous development over the past 20 years, and are widely used around the world. The system comprises three mental health interviews and a checklist. The interviews are designed to support and enhance the skill of clinicians, and to provide the highest quality of assessment in mental health research. The checklist is to aid the process of case detection.

The system follows DSM 5 and ICD 10, and maps closely to routine clinical practice. For 20 years the assessments have been available in book form, and are now additionally available for use with computers and tablets.

The name PAS-ADD (Psychiatric Assessment Schedules for Adults with Developmental Disabilities) reflects the original research in which the first versions were created. Indeed, the PAS-ADD system has become synonymous with mental health assessment in people with intellectual disability. However, the assessments are equally valid for the general population. Since the addition of the Child and Adolescent Psychiatric Schedule (ChA-PAS), the system now covers the entire age range.

This two-day course is an opportunity to become a certified user of the Mini PAS-ADD and the ChA-PAS. Dr. Steve Moss, the course leader, has directed the ongoing development of the PAS-ADD assessments since 1990.

The Mini PAS-ADD Interview Version 3

The Mini PAS-ADD Interview is designed to provide highly reliable information on psychiatric symptoms in adults, usually by informant interview. It is not a screening instrument, but is a sophisticated assessment, which uses a glossary of symptom definitions to guide the coding.

The Mini PAS-ADD Interview can be used to collect symptom information directly from an informant via a semi-structured interview procedure, or can be completed on the basis of knowledge already possessed about the individual.

The ChA-PAS

The Child and Adolescent Psychiatric Assessment Schedule was written in response to numerous requests concerning the lower age limit for using the Mini PAS-ADD. In addition there was in the UK a more general interest in making child mental health assessments more reliable and valid, not just those with ID. The ChA-PAS provides an assessment appropriate to the whole population of children and adolescents.
The ChA-PAS can be used to interview an informant, or a young person, or both together.

For a detailed list of included diagnoses for the two assessments, and for downloadable sample pages, please see www.pasadd.co.uk

Course content of the workshop
This dual training course takes two days. The course takes a multi-dimensional approach to assessment, focusing not just on the psychiatric perspective, but also on behavioural, ecological and psychodynamic interpretations. The following is an approximate timetable of the syllabus to be followed:

Day 1
Introduction:
- Fundamental issues that have shaped the development of the whole PAS-ADD system.
- Frameworks for assessment and intervention: Psychiatric, behavioural and others.
- Case identification in people with ID: children in comparison to adults
- Introduction to the PAS-ADD Checklist to aid the process of case detection
- Ecological issues in case formulation
- ICD 10 and DSM V: Their application to people with and without ID
- Introduction to the Mini PAS-ADD
- Overall structure of interview and handbook
- The rating system
- The clinical glossary

Symptom coding
The main part of day 1 focuses on the development of accurate symptom coding through use of the clinical glossary. Participants will be given practice in coding through the use of specially constructed case vignettes, on which they will work in small groups under the guidance of the workshop presenter. The first of these will use the Mini PAS-ADD to look at an adult case involving anxiety and depression. Subsequently, the ChA-PAS will be introduced, and will be used to assess a complex case involving a differential diagnosis of possible ADHD or bipolar disorder.

Day 2
Clinical interviewing is one of the fundamental techniques used to assess people’s mental health status, yet there are many factors that make it potentially unreliable. The Mini PAS-ADD and the ChA-PAS have been designed to increase reliability and validity of interviewing informants, and Day 2 will include practice on use of the semi-structured interview to achieve this.

The following components of interviewing will be covered:

i. Eliciting the temporal development and expression of the disorder
ii. Deciding on the rating periods
iii. Choosing the symptom areas to be covered
iv. Use of the semi-structured questions

The second part of the day will look at the coding of further symptom constellations:

- Autism and obsessive compulsive disorder
- Conduct disorder
• Psychosis

Although the both assessments are designed to make psychiatric assessments, the course will also focus on wider aspects of case formulation, and the various perspectives that need to be considered. This perspective is absolutely crucial because most mental health problems are a complex mix of factors, often leading to a potentially large number of possible logical explanations for the problem having arisen.

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Participants will receive a certificate for completing the course, and will be entered on the international register of authorized users of the PAS-ADD assessments

References


Steve Moss

Steve Moss has worked for 40 years in disability research, initially in the field of visual impairment, and subsequently in the area of intellectual disability. He developed 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