Child specialists from diverse mental health backgrounds who share an interest in assessment will delight in this *tour de force*, which begins with a deep dive into conceptual issues and takes readers on a compelling journey through diversity-sensitive assessment procedures; the vexing nature of differential diagnosis (either/or vs. and/or conditions); and implications for treatment and education—areas in which Dr. Bram has already established his expertise. It concludes with five detailed case presentations, which provide a practical road map for navigating conceptual issues, differential diagnostic and treatment-related challenges, and translating assessment findings into a more accessible language for clinical reports.

—James H. Kleiger, PsyD, ABAP, ABPP, private practice, coeditor of *Psychological Assessment of Bipolar Spectrum Disorders* and coauthor of *Assessing Psychosis: A Clinician's Guide, Second Edition*

Bram's comprehensive and carefully reasoned approach to assessing emotional dysregulation in children and adolescents sets a standard of care for our profession. He provides an extensive review of relevant psychological tests and then models how to integrate them to make diagnostic decisions and useful treatment recommendations. I especially appreciated the sensitive, respectful case illustrations, which clearly reflect Bram's clinical wisdom, humility, and years of experience.

—Stephen E. Finn, PhD, President, Therapeutic Assessment Institute, Austin, TX

What is the young client's capacity for emotional regulation and how might this information be used to rule in or out a diagnosis of a bipolar spectrum disorder? In his text filled with compelling clinical examples, the very first on this topic, Bram provides the assessor with the tools to answer these questions with confidence and competence. Bram's use of a multimethod approach allows for the greatest precision in differential diagnosis. For all who assess younger clients, this text is a must-have.
—Virginia Brabender, PhD, ABPP (Cl), Emeritus Professor, Widener University, Chester, PA

This groundbreaking psychodiagnostician's handbook on dysregulation disorders in children and adolescents sets a new standard for evidence-based, multimethod, diversity-sensitive psychological assessment. Integrating transdiagnostic concepts, empirical data foundations, state-of-the-art evidence-based psychological assessment methods, differential diagnosis, treatment modalities, and rich case studies, *Psychological Assessment of Emotional Dysregulation in Children and Adolescents* extends, deepens, and reinvigorates the venerable Menninger tradition in personality assessment.
—Marvin W. Acklin, PhD, ABPP, ABAP, University of Hawaii School of Medicine, Honolulu

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INTRODUCTION

A Way of Thinking About Psychological Assessment of Emotional Regulation and Dysregulation in Children and Adolescents

The transdiagnostic concepts of emotional regulation and emotional dysregulation have gained immense interest among researchers, clinicians, patients, families, and advocates over the past 2 decades.[1] Although numerous books on the topic—research summaries, treatment manuals, and self-help and parent-help guides—have been published in recent years, comparatively scant attention has been paid to clinical psychological assessment specific to emotional regulation/dysregulation, be it focused on child or adolescent and/or adult work. But challenges with emotional regulation are common in the complex patients of all ages who are referred for formal psychological assessment, and cultivating an understanding of the nature and severity of such challenges is crucial if evaluators are to elucidate accurate formulations and meaningful treatment implications.

[1]Based on a PsycInfo search, from 1981 to 2001, 183 articles, chapters, or dissertations contained these terms (i.e., "emotion regulation," "emotional regulation," "emotion dysregulation," or "emotional dysregulation") in the title. Between 2002 and 2022, 7,087 such titles appeared, an increase of more than 3,772%.

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Psychological Assessment of Emotional Dysregulation in Children and Adolescents: The Bipolar Spectrum and Beyond, by A. D. Bram

Overlapping the increased interest in emotional regulation/dysregulation but dating back a bit earlier to the mid-1990s has been both greater clinical focus on whether and in what form bipolar spectrum disorders are suffered by children and adolescents (Parry & Levin, 2012). *Bipolar conditions*, as defined by psychiatric taxonomies, such as the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*; American Psychiatric Association, 2022), can be conceptualized as a genetically based, biologically driven special type of severe, episodic but persistent vulnerability to emotional dysregulation. The interest in pediatric bipolar conditions has been intertwined with the shift in psychiatry toward predominantly biomedical understanding of emotional difficulties and the associated growth of the pharmaceutical industry, which features ubiquitous direct-to-consumer advertising (Parry & Levin, 2012). A bipolar diagnosis points to both lifetime vulnerability as well as the likely use of potent psychotropic medication as a first-line intervention (McClellan et al., 2007).

Although it has been difficult to find published research studies addressing trends over time in child or adolescent assessment referral questions, clinically, I have noticed in recent years more and more referral questions specifically referencing the bipolar spectrum in evaluations of kids prone to various kinds of emotional dysregulation. This has been the case in both my private practice and as a supervisor in the child and adolescent outpatient department of a community safety net hospital. On occasion, I have had a sense that the two concepts were even being conflated: that for some referring colleagues and families, severe emotional dysregulation has immediately brought to mind concerns about and explanations involving possible bipolar illness.

Therefore, it has become imperative to approach psychological assessment in a manner that (a) exercises systematic due diligence in addressing this *DSM-5-TR* diagnostic question and that simultaneously (b) holds onto the idea that the range of challenges with emotional dysregulation subsumes but extends beyond the bipolar spectrum. Thinking beyond the bipolar spectrum means not only considering alternative or co-occurring nomothetic *DSM-5-TR* categories (e.g., various kinds of neurodevelopmental, regulatory, anxiety, and posttraumatic conditions) that fit our young patient's history and symptom constellation but, at least as importantly, also considering their functioning from a dimensional perspective as well as developing an idiographic understanding of their internal and interpersonal styles of regulating emotion, how these vary conditionally, and what the implications are for intervention. I have written this book for students, trainees, and practitioners of clinical psychological assessment with the aim of explicating such a model for evaluating kids prone to emotional dysregulation.

WHAT THIS BOOK DOES AND DOES NOT INCLUDE

In this book, I focus on formal, specialized psychological assessment in which a dysregulation-prone child or adolescent has typically been already seen by a frontline clinician—often a therapist or prescriber—who then refers for an in-depth comprehensive, multimethod evaluation involving psychological testing to clarify something that remains puzzling despite previous, more routine clinical encounters. The comprehensive approach to assessment described here is not necessary or even recommended as part of the intake process in various outpatient and inpatient settings.[2] The need for the kind of comprehensive, multimethod assessments addressed here arises when routine clinical assessment by interview and observation and/or efforts to embark on treatment of the young patient leaves clinicians or caregivers with a sense of impasse, confusion, or that something otherwise important about the child or adolescent is being missed. This could include a specific conundrum about differential diagnosis from a *DSM-5-TR* perspective, but not always. Often, our patient is referred for reasons related to having been seen by multiple therapists, having participated in multiple treatment modalities, or having tried various medications without appreciable benefit. This type of formal multimethod assessment is aimed at teasing out what has not been previously understood, what has gotten in the way, and what will facilitate therapeutic engagement and growth. Part of this process involves explicating in a nuanced way the nature and severity of challenges with emotional regulation with an eye on implications for more effective intervention.

Rooted in the framework of *evidence-based practice* as defined by the APA [American Psychological Association] Presidential Task Force on Evidence-Based Practice (2006)—the blend of attentiveness to research, clinical expertise, and patient characteristics—this book is intended to be primarily clinical and pragmatic. The emphasis is on ways of thinking and tools that assessment psychologists can apply in their work right now. Findings from nomothetic empirical research—especially on a multitude of measures as well treatment outcome studies—are complemented by and integrated into the

[2]For an evidence-based approach to more routine assessment in frontline treatment settings (e.g., outpatient therapy or psychiatry clinics, inpatient or residential units), readers are directed to the work of Youngstrom and colleagues (e.g., Youngstrom, Choukas-Bradley, et al., 2015; Youngstrom et al., 2012; Youngstrom, Prinstein, et al., 2020). Many ideas from the work of Youngstrom and colleagues are applicable and integrated into the approach to formal psychological assessment described in this book. Also, some of the specific measures reviewed here (especially caregiver-report questionnaires; see Chapter 4), though, can be considered for inclusion in intake screenings and psychiatric evaluations.

idiographic, cross-theoretical conceptual framework of "treatment-centered diagnosis" as described by Bram and Peebles (2014, p. 18; see also Peebles, 2012).

As implied previously, this book is not just about arriving at *DSM-5-TR* diagnoses and matching with a treatment package that has been validated in randomized clinical trials for young patients meeting criteria for that diagnosis. To be sure, this is part of what is considered here in describing an emotionally dysregulated child or adolescent and thinking about what will be beneficial to them. But there is more to be taken into account regarding the idiographic formulation of the nature and severity of proneness to dysregulation and what the implications are for helping them. A few such factors are the patient's implicit style of regulating emotions, including what conditions are destabilizing versus facilitative; to what extent emotional dysregulation reflects underlying psychological underdevelopment, trauma, or emerging characterological difficulties; the patient's capacity for therapeutic alliance; treatment preferences; and realistic recognition that rigorously validated treatment packages are not always readily available in our patient's community. Because the vital connections among assessment findings, diagnostic formulation, and meaningful treatment implications are often elusive to or overlooked by assessors (Bram, 2013; Shectman & Smith, 1982), this is an emphasis here.

It is also important to clarify that this book is focused more on psychological assessment compared with neuropsychological assessment. The role of neuropsychological testing is highlighted most notably in the context of performance-based approaches to assessment (see Chapter 6), but specific neuropsychological measures are not reviewed. When questions surface about whether and how our young patient's emotional dysregulation might be intertwined with possible neurodevelopmental conditions (e.g., autism spectrum), challenges with attention and executive functioning, other learning differences/difficulties, or acquired brain injury, there is a crucial need for the assessor to integrate a neuropsychological perspective or refer to a neuropsychologist colleague to conduct their own complementary assessment. Readers interested in a more in-depth discussion of neuropsychological measures and their application with kids are referred to books, such as Reddy et al. (2013), D. C. Miller and Maricle (2019), and Reinstein and Burau (2014).

This volume is also clinically rather than forensically focused. It is hoped that many of the ideas and measures will be of value to forensic assessors, but it will be up to readers with forensic training to determine the extent of their applicability to such specialized work. Those interested in forensic psychological and neuropsychological assessment with kids are referred to the edited work by Sparta and Koocher (2006).

Although this book is about assessing children and adolescents, most of the measures reviewed are applicable to kids from about age 5 through 18 years. This means that measures specific to the assessment of infants, toddlers, and preschoolers are not covered here. Details about assessing emotional regulation and other key neurodevelopmental factors within this youngest age group can be found in edited volumes, such as those by Zeanah (2009) and DelCarmen-Wiggins and Carter (2019) as well as in guidelines published by U.S. Department of Health and Human Services (2010; see Appendix C of those guidelines for reviews of specific measures to consider). Additionally, although the principles of assessment presented in this book are applicable to the evaluation of emerging adults (Arnett, 2000; i.e., those older than 18 years and into their twenties), most of the measures described here are not designed and normed for people older than 18. For measures applicable more broadly in the assessment of adults—including emerging adults—readers are referred to handbooks by Groth-Marnat and Wright (2016) and Weiner and Greene (2017), and for assessment tools to aid with differential diagnoses related to the bipolar spectrum, see the volume edited by Kleiger and Weiner (2023).

The measures for assessing emotional dysregulation in children and adolescents presented in this book encompass collateral-report, self-report, and performance-based methods. Some are broadband symptom or personality measures, some are construct- or disorder-specific, and some involve stimulus attribution/performance-based measures (formerly referred to as projectives; see Bornstein, 2007; Meyer & Kurtz, 2006). Measures range from quick screeners to lengthy diagnostic interviews. Many of the broadband measures are likely to be familiar to most assessors, whereas many of the disorder-specific scales may not. I selected the measures included in this volume based on efforts to thoroughly review the child and adolescent assessment literature as well as on my own clinical training and experience and consultation with colleagues. Inevitably, I will have overlooked measures that some clinician-readers have found useful or even essential. Similarly, although I have done my best to cite the literature on racial/ethnic, gender, and other biases of the various measures, it is conceivable that I have missed some studies. I welcome emails about such oversights so I can consider them for inclusion in a potential subsequent edition.

ORGANIZATION OF THIS BOOK

The book is divided into five parts. Building on conceptual considerations for assessing emotional dysregulation broadly and the bipolar spectrum specifically (Part I), the book moves to pragmatics involving choice of measures

(Part II), differential diagnosis (Part III), and treatment implications (Part IV). The book concludes with a series of case examples (Part V).

Part I: Basic Considerations

Part I comprises two chapters. Chapter 1, "Emotional Regulation and Dysregulation in Children and Adolescents: What Are We Assessing?," begins with operational definitions related to emotional regulation/dysregulation as internal processes manifested behaviorally by children and adolescents in different ways. Central to this opening chapter is the premise that meaningful assessment of emotional dysregulation attends to but transcends *DSM-5-TR* diagnoses.

Chapter 2, "Emotional Dysregulation, the Bipolar Spectrum, and Assessment Considerations With Children and Adolescents," takes up the historical controversy about diagnosing bipolar spectrum conditions in children and adolescents and how the authors of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*; American Psychiatric Association, 2013) attempted to resolve it by introducing the disruptive mood dysregulation disorder (DMDD) diagnosis to subsume young patients prone to irritability and angry outbursts who previously were considered by some to exhibit a juvenile version of bipolar illness. Additionally, this second chapter addresses fundamental considerations in diagnosing or ruling out a bipolar condition in children and adolescents before any formal assessments are introduced: base rates, family history, previous reaction to medications, medical history, and course of illness.

Part II: Emotional Dysregulation and the Bipolar Spectrum: Multimethod, Dimensional, and Diversity-Sensitive Assessment

Part II opens with Chapter 3, "Basic Rationale for and Principles of Multimethod, Dimensional, and Diversity-Sensitive Assessment." This chapter introduces the premise of thoughtful integration of collateral-report, self-report, and performance-based measures, emphasizing the need to consider as ideographically meaningful the convergences and incongruities across methods. The third chapter also underscores the importance of complementing categorical diagnosis with assessing key variables (e.g., depression, hypomania, level of impairment) dimensionally as well as conducting evaluations that are sensitive to issues of diversity.[3]

[3]For additional considerations related to diversity-sensitive assessment, edited volumes by S. R. Smith and Krishnamurthy (2018a) and Brabender and Mihura (2016) are highly recommended.

Chapter 4, "Collateral-Report Measures to Assess Emotional Dysregulation," reviews a multitude of caregiver-report questionnaires that can be used to assess emotional dysregulation broadly and the bipolar spectrum more specifically. Also addressed are considerations related to the role and application of teacher-report versions of many of these collateral measures.

Chapter 5, "Self-Report Measures to Assess Emotional Dysregulation," is organized around reviews of various interviews and questionnaires for which the young patient themselves is the respondent. Among the questionnaires reviewed are disorder-specific scales as well as broadband symptom and personality measures.

Up front in Chapter 6, "Performance-Based Measures and Methods to Assess Emotional Dysregulation," is an acknowledgment that performance-based measures (i.e., in which inferences are based on what a person does or shows rather than reports in response to standardized stimuli) are generally not central to a bipolar spectrum or other *DSM-5-TR* diagnoses, which rely mainly on reports of history and symptoms. However, this chapter emphasizes that performance-based methods—neuropsychological tests, personality measures (e.g., Rorschach and narrative tasks like the Children's Apperception Test [Bellak & Bellak, 1949] or Thematic Apperception Test [Murray, 1943]) as well as attending to patient–examiner data—illuminate implicit processes of emotional dysregulation that deepen our idiographic understanding of the child's or adolescent's experience and expression of emotions and have valuable implications for treatment.

Part III: Emotional Dysregulation and the Bipolar Spectrum: *DSM-5-TR* Differential and Co-Occurring Diagnoses

Chapter 7, "Orienting to Differential Diagnosis Within and Beyond the Bipolar Spectrum," opens Part III and provides a framework for taxonomic considerations (a) locating a young patient along the bipolar spectrum (bipolar I vs. bipolar II vs. cyclothymia), (b) teasing out the bipolar spectrum from other *DSM-5-TR* conditions, and (c) identifying when the bipolar spectrum co-occurs with other conditions. The three chapters that follow in Part III go into depth to address considerations b and c, attending to collateral-report, self-report, and performance-based measures most relevant to differential diagnosis.

Chapter 8, "Either/Or: Diagnoses Mutually Exclusive With the Bipolar Spectrum" details two diagnostic *DSM-5-TR* categories. These are "either/or" alternatives to the bipolar spectrum: DMDD and the schizophrenia spectrum.

Chapter 9, "And/Or: Conditions to Differentiate From the Bipolar Spectrum or That Co-Occur," reviews taxonomic categories that include symptoms that

overlap with the bipolar spectrum and that can potentially be diagnosed alongside the bipolar spectrum. These include attention-deficit/hyperactivity disorder, alcohol/substance use disorders, trauma/posttraumatic stress disorder, the autism spectrum, disruptive behavior disorders, reactive attachment, and borderline personality.

Part III concludes with Chapter 10, "Conditions More Readily Differentiated From the Bipolar Spectrum But Potentially Co-Occurring," which covers anxiety disorders (including obsessive-compulsive disorder), eating disorders, and learning disabilities. Although these conditions are less apt to be mistaken for the bipolar spectrum, they often co-occur.

Part IV: Treatment Implications and Other Considerations for Follow-Up

The emphasis in Part IV is on translating assessment findings into meaningful interventions and other next steps for our young patients and their families. Part IV opens with Chapter 11, "Treatment Implications: Broad Considerations and Level of Care," making the point that treatment implications derived from comprehensive psychological assessment includes but involves much more than the suggestion of a therapeutic modality (e.g., a particular brand of cognitive behavior therapy). Treatment implications also encompass thoughts about necessary level of care, factors affecting therapeutic engagement and collaboration, what findings mean for school, and follow-up evaluation and adjunctive interventions. The second part of Chapter 11 reviews the continuum of care available for children and adolescents vulnerable to emotional dysregulation and discusses matching the patient's severity with an appropriate level of care. Options discussed include inpatient, residential, partial/day hospital, intensive outpatient, wraparound, and conventional outpatient services.

Chapter 12, "Treatment Modalities," addresses a wide array of non–mutually exclusive potential therapeutic interventions: parent/caregiver- and family-focused treatments, individual therapy, group therapy, and pharmacotherapy. Individual therapy is addressed from perspectives of both (a) the *DSM-5-TR* (American Psychiatric Association, 2022) disorder-specific lens and (b) treatment-centered diagnosis, which includes the concept of underlying developmental disruption (i.e., structural weakness/deficit, maladaptive character patterns, and trauma; Bram & Peebles, 2014; Peebles, 2012).

Chapter 13, "Factors Affecting Therapeutic Engagement and Collaboration," focuses on factors, such as treatment-relevant variables like patient and parent preferences, cultural considerations, and capacity for—and conditions that facilitate versus impede—therapeutic alliance. Also highlighted are anticipated transference and countertransference paradigms, cognitive/learning style,

proneness to shame, and factors potentially getting in the way of engagement and therapeutic progress.

Part IV continues with Chapter 14, "Implications for School," based on the premise that emotional dysregulation suffered by children and adolescents often affects engagement in school, including their social, emotional, and/or academic functioning. Here, an overview is offered about individualized education programs, or IEPs, and 504 plans, followed by discussion of a range of accommodations and special education interventions that can be considered for kids vulnerable to dysregulation at school. I offer suggestions for assessors in assisting parents to advocate for their children and navigate the educational system while, at the same time, mitigating the potential for an adversarial relationship with the school district.

Chapter 15, "Additional Considerations for Follow-Up Evaluation and Treatment Adjuncts," concludes Part IV. This chapter comprises two sections: The first focuses on possible further evaluation or consultation that the assessor might recommend: multidisciplinary evaluation by the school district; comprehensive or focused private neuropsychological assessment; consult with a neurologist or sleep specialist, with an occupational therapist or a speech-language therapist, or other specialty consultation (e.g., eating disorders, alcohol/substance abuse, threat assessment). The second section reviews a range of other interventions that could be helpful to a particular child or adolescent vulnerable to emotional dysregulation—depending on their strengths, interests, and preferences—such as music or art therapy, yoga, or martial arts. Support for siblings is also addressed.

Part V: Case Illustrations

Part V closes the book with five de-identified/disguised examples of emotionally dysregulated children and adolescents referred for psychological evaluation.[4] Presented separately in Chapters 16 to 20, each case illustration includes the context for referral, specific questions posed for the evaluation, discussion of major findings, excerpts from key sections of the respective reports to offer a flavor of how to translate findings into report language, and detailed discussion of treatment implications. Information about follow-up is included when it is available. Referrals for all five of the young patients, who vary in their overall level of functioning, included a question about the bipolar spectrum. As a collection, the cases are intended to demonstrate the central premise of this book that emotional dysregulation of children and

[4]All clinical examples offered throughout the book are also de-identified/disguised.

adolescents takes many forms, both in terms of manifest symptoms and underlying vulnerabilities, and thus requires assessors to be thoughtful in tailoring treatment implications.

Chapter 21, "Commentary on Cases and Concluding Thoughts," offers reflection on and comparisons and contrasts among the five illustrative evaluations. Included in the chapter is a discussion of how convergence and seeming incongruity among data points from different measures informed diagnostic conclusions, conditions-under-which inferences about implicit processes of emotional regulation, and formulation of treatment implications.

GOALS OF THE BOOK

Broadly, this book has two overlapping goals. The first is to provide an overview of a process by which assessment psychologists can evaluate and report the nature and severity of emotional dysregulation in their young patients. This includes—but is not limited to—conceptualizations and measures to aid in more accurately identifying when dysregulation is consistent with a bipolar spectrum picture and when it is not. The hope is that the methods presented do justice to taxonomic diagnostics while, at the same time, illuminate the enormous value of dimensional and idiographic narrative perspectives that are at the heart of depth-oriented, patient-, and treatment-centered psychological assessment.

The second, related goal is for this book to serve as a pragmatic resource to which assessors can continue to return as they seek to understand their young patients' proneness to dysregulation. Notably, the compendium of measures reviewed in Part II creates a menu from which assessors can select to customize and augment their test batteries depending on the young patient, the referral questions, and rule-outs and other hypotheses that emerge as the evaluation unfolds. Whenever possible, especially in the case of assessment tools with which assessors are less likely to be familiar, online links to access the specific measures themselves—or other details for accessing them—are referenced in the text. It is also hoped that assessors will return to relevant sections of the book as needed to find assistance in interpreting data, integrating findings across measures and methods, and thinking through a wide range of potential treatment implications to convey in the assessment report to caregivers, treaters, and educators.