

Understanding the Psychological Report of a Child: What Happens During the Psychological Assessment Process?

Dominik GOŁUCH

ABSTRACT

A child psychological assessment is a comprehensive process designed to understand and assess a child's psychological, emotional, cognitive, and behavioural functioning. The aim of this chapter is to present basic information about the typical structure of psychological reports and to present important issues related to the process of diagnosing children and adolescents. This will make it easier to understand how the assessment is carried out and what to focus on when getting acquainted with the report.

The chapter discusses basic issues related to the process of psychological assessment of children and adolescents. To better understand what happens during the assessment, the standards that research tools should meet (in terms of objectivity, standardisation, validity, reliability, and normalisation) are discussed briefly. Moreover, various purposes of diagnoses and forms of diagnoses are indicated. Standards for conducting psychological diagnoses are discussed, and typical elements of the diagnostic process are described. It is indicated how children may perceive a psychological assessment situation, and, referring to the transactional model of psychological stress, the most typical factors influencing the perception of the situation are described. The roles of parents, guardians, and the psychologist-diagnostician in the entire process are indicated, along with how they can shape the process to make it more comfortable for the child. General issues related to diagnosing children at various stages of development are also discussed.

KEYWORDS

psychological diagnosis; psychometric tools; diagnosis of children and adolescents; fear of evaluation; psychological stress

1. Introduction: Diagnostic Goals, Types, and Report

A child psychological assessment is a comprehensive process designed to understand and assess a child's psychological, emotional, cognitive, and behavioural functioning.¹

1 Reynolds and Kamphaus, 2003, pp. 30–32.; Saklofske et al., 2013, pp. 21–22.

Dominik GOŁUCH (2025) 'Understanding the Psychological Report of a Child: What Happens During the Psychological Assessment Process?' in Bernadett RAPOSA – Balázs Péter HÁMORNIK (eds.) *Social and Personality Development in Childhood*. Miskolc–Budapest: Central European Academic Publishing. pp. 67–88. https://doi.org/10.71009/2025.brbph.sapdic_2



This process typically involves several steps and the use of various assessment tools to collect information. Depending on the area under study, the process may vary, especially when it comes to the selection of specific methods. Nevertheless, many aspects are similar, regardless of the culture, education system, or legal system. To understand what happens during the process of psychological assessment of a child, we need to not only look at the process itself, but also first discuss the standards and good practices in conducting psychological diagnoses. Only then can we look at the child's psychological situation. The child psychological assessment will differ due to the process itself and the tools used in the diagnostic process, and the broadly understanding of development and awareness of the situation will also determine the child's mental state.

Psychological diagnosis is almost always the first stage of a broadly understood intervention. Some countries conduct systematic psychological screening tests for children and adolescents.² Such studies may include all people in each country of a certain age to find children who deviate from the norm. Therefore, actions can be initiated to support their development. However, in many countries, the psychological evaluation process begins when either the parent, physician, teacher, or other specialist believes that something is wrong. Therefore, the purpose of the examination is to describe the child's mental, emotional, social, cognitive, and behavioural state to determine the next steps in the procedure. Having obtained information about specific undesirable symptoms or behaviours that the diagnostician identifies in an interview with caregivers or within the environment, as well obtaining the results after using appropriate research tools on the child, the diagnostician can perform the so-called differential diagnosis to check what may be the source of "abnormal" behaviour. Considering a combination of various factors, the specialist looks for the most probable cause. It is important to remember that one symptom can be an indicator of many things and not just clinical problems in the child. For example, if a child behaves aggressively, it may indicate emotional disorders or developmental problems (e.g. autism spectrum disorders);³ it may also be related to personality traits⁴ or be a reaction to the (possibly stressful) situation in which the child finds themselves.⁵ When issuing an opinion in her/his report, the diagnostician should analyse all aspects comprehensively and find the most probable cause, referring to her/his experience, theory, and scientific research (evidence based diagnosis), as well as medical classifications if needed (e.g. International Classification of Diseases [ICD] or *Diagnostic and Statistical Manual of Mental Disorders* [DSM]).⁶

Having information about the condition of the examined person and the reasons for specific functioning will make it possible to undertake appropriate intervention.

2 That is, the United Kingdom (Office for Health Improvement and Disparities, 2023) and Australia (AGDE, 2022) pp. 3–19.

3 Wrona and Józefacka, 2021, pp. 43–44.

4 Barlett and Anderson, 2012, pp. 873–874.

5 Tordjman, 2022, pp. S5–S11.

6 WHO, 2009; American Psychiatric Association, 2013, pp. 1–1120.

This intervention may be of a psychological, medical (including psychiatric), social, institutional, or legal nature. Of course, the intervention will depend on the circumstances in which the diagnostic process was initiated. It should always be borne in mind that the process very rarely starts with the child's initiative. Most often, the cause of the diagnosis is "abnormal" behaviour in the child, which is observed by specific people, and they are the ones who report to specialists. These people can be broadly divided into the following groups:

- A) Parent/parents/legal guardians with whom the child lives daily: They may be concerned, for example, about changes in behaviour ('Until now, he was a calm child, but now he has attacks of aggression', 'The child has always liked to play with others, but now he prefers to play away from others', etc.) or differences between their child and other children of similar age (e.g. 'My neighbour's child is already crawling/walking/talking, but mine is not, even though mine is older', 'Other children are doing well at school, but mine is doing poorly', 'My cousin's child can recite poems very nicely, but mine has trouble remembering songs', etc.). Depending on the legal system of a given country, the consent of both⁷ of the child's guardians is needed or one guardian's consent is enough⁸ to start the diagnostic process.
- B) Employees of the education system (nurseries, kindergartens, schools, and psychological clinics), that is, teachers, school psychologists, pedagogues, etc.: These are specialists who have knowledge in the field of child development and, at the same time, can observe the child's behaviour in a group of peers and determine whether it is within the developmental norm. The competence of these people to initiate the diagnostic process may vary depending on the legal system. Ultimately, it is the parents/guardians who must consent to the child being examined. It is a customary practice that, at the stage of enrolling the child in a facility, parents must sign an "in advance" consent for the child's participation in broadly understood psychological activities, including assessment. The reasons for this group of people starting diagnosis may include, for example, maladaptive behaviour in kindergarten/school among peers; social or emotional problems such as reacting with aggression or withdrawal inappropriate to the situation; and significant school problems, including learning and cognitive problems.
- C) Health care system employees, including doctors, paediatricians, and specialists: Such employees may pay attention to certain unusual behaviours of the child during periodic examinations or if caregivers take the child to the doctor because of the child's illness. Depending on the child's condition, especially in the case of an immediate threat to life, these professionals may take appropriate actions, such as hospitalisation, beyond diagnosis, sometimes without obtaining the consent of the guardians/parents.

7 European Judicial Network, 2023.

8 National Health Service, 2023.

- D) Broadly understood group of people associated with state authority, particularly courts: This group most often has no direct contact with the child at the beginning, and the diagnosis initiated by the child appears during a specific procedure/process. The court may order a psychological examination in matters such as those related to divorce and the issue of establishing parental authority. Depending on the legal system, the court or prosecutor may order a psychological assessment in criminal cases: This involves, on the one hand, an assessment of the child as a victim (e.g. to assess the qualification of the act depending on the degree of mental health damage suffered or, on the other hand, assessment of the child as the perpetrator of a criminal act (e.g. to what extent they were aware of the threat or consequences they caused or, in the case of youth, whether they can be held responsible for a given act as an adult). Relevant, authorised authorities may order a diagnostic process in other cases, such as in the adoption procedure or when granting institutional (material and non-material) assistance to a child or family.

The result of the diagnoses in cases A, B, and C will most often be an intervention, which may be in the form of psychological assistance, additional forms of education, psychotherapy, medical therapy, or other interventions aimed at supporting the child's development and independent functioning. Such intervention may also involve parents—through education, therapy, and work with children.

In case D, the diagnosis will be aimed at facilitating the decision by the appropriate authority regarding the child's future. In particular, the authority will decide on appropriate legal solutions that will be aimed at the greatest possible good of the child. The diagnosis here is helpful for decision-makers, thanks to which they gain a better, more comprehensive insight into the child's mental functioning. Often, thanks to the diagnosis, the child's best interests (which may get lost during various legal procedures) can be considered.

Psychological diagnosis is the process of assessing and understanding a person's emotional, behavioural, and mental problems. Many diverse types of psychological diagnoses are used in psychological and psychiatric practice depending on their purpose and context.⁹ Clinical diagnosis is the process by which a psychologist or psychiatrist evaluates and identifies mental disorders or emotional problems in a patient. The result of a clinical diagnosis may lead to a diagnosis such as depression, anxiety disorder, or schizophrenia. Neuropsychological diagnosis focusses on assessing the patient's brain function and cognitive skills to identify possible brain damage or cognitive disorders such as dementia or attention deficit disorders. In this form of diagnosis, it is possible to use medical devices that enable examination of the structure or functioning of the brain, such as an electroencephalogram, tomograph, or magnetic resonance imaging. For psychological diagnoses of children and

9 Groth-Marnat, 2003, pp. 37–103; Goldstein, Beers and Hersen, 2004, pp. 277–283; Lezak, 2004, pp. 3–14; Coaley, 2014, pp. 10–21.

adolescents, psychologists who specialise in working with children and adolescents diagnose developmental, behavioural, and emotional disorders in children such as attention-deficit/hyperactivity disorder, autism, and conduct disorder. For personality diagnoses, the psychologist evaluates the personality traits or dispositions of the patient to understand his style of functioning (i.e. social or emotional), behaviour (i.e. maladaptive or problematic), and thinking. In social diagnoses, psychologists analyse the impact of social and cultural factors on the patient's mental health and emotional and behavioural problems. In some cases, career counselling psychologists may perform career assessments to help individuals choose or adapt their career paths based on their skills, interests, and goals.¹⁰

After completing the diagnosis process, the specialist prepares a report that will be presented to the appropriate people: parents, teachers, doctors, authorities, etc. The report should contain key information that will be necessary to understand the situation of the examined child. Reports can have different structures, just as the goals and types of diagnosis can vary. Nevertheless, several elements should be included in the report. The first includes identification data of the child, parents/legal guardians, and the diagnostician. The child's date of birth and date of examination should be included. Additional demographic data may be included. The report must indicate the purpose of the study: What is the reason for the study, and who directed it? Next, the diagnostician should present basic information obtained in an interview with parents/legal guardians, in a community interview if needed, and may include important information from medical records (if it is related to the purpose of the examination). These data may include, for example, information about previous diagnoses, treatments, and therapies; child development history (physical, emotional, social, and cognitive); information about family, home, and school environments; and any significant life events affecting the child. The next element of the report is a description of the research methods used. This should be done in such a way that readers can have a general overview of the study situation. It is worth having the diagnostician justify the use of specific tools. Next, the diagnostician records the significant behaviour of the child observed during the examination (e.g. whether the child cooperates or avoids the researcher, disturbing behaviour, and whether there is any interaction). In the next part, the specialist presents the research results. They should be presented in a descriptive manner, in as much detail as required for the purpose of the study. The child's results are compared to standards appropriate for the child's age. This part may end with a profile interpretation of the results (e.g. the child's strengths and weaknesses, possible difficulties, and disorders). If the purpose of the study requires it, a diagnosis and description of the problem (if any) are provided and assigned to an appropriate classification (e.g. ICD or DSM). Moreover, if the purpose of the diagnosis justifies it, the diagnostician may provide recommendations for further proceedings (e.g. therapy, additional tests, or interventions) or tips for parents/guardians/teachers.

10 Reynolds and Kamphaus, 2003, pp. 30–32; Saklofske et al., 2013, pp. 20–22.

Finally, the diagnostician may attach additional materials or information if they are important for the diagnosis.¹¹

2. Psychometric Tools: The Concept of Norm and Health

The psychologist assesses the patient's functioning most often through observation, interview, and psychological tests.¹² While the first two methods should be considered qualitative (except for somewhat structured methods), psychological testing provides primarily quantitative information. The best tools for this purpose are those that meet psychometric standards: objectivity, standardisation, validity, reliability, and normalisation.¹³ Such tools provide objective, quantitative information about the person being diagnosed. It is worth comparing the tools to a medical diagnosis: The doctor, in an interview with the patient, collects information about what is wrong with the patient. The doctor can observe certain symptoms himself and based on them, deduce the disease with which he is dealing. However, laboratory tests will play an objective and decisive role in diagnosing whether the patient is suffering from a cold, flu, cancer, or something else.

The previously mentioned psychometric criteria can be broadly and briefly developed as follows: Objectivity means that the test result and its interpretation are independent of the diagnostician. That is, two or more psychologists independently examining the same patient with the same test should reach the same conclusions. Standardisation means that all people diagnosed undergo the same testing procedure: They receive the same order or instructions on what to do, answer the same questions or perform the same tasks, and receive the same materials as other people who take such a test. Validity means that the test measures what its creators intended it to measure (in a more current approach, the test creators have data that authorise a specific interpretation of the test results). Reliability means the accuracy of measurement. Normalisation, on the other hand, means that certain thresholds have been established for test results, thanks to which we can interpret these results in low/medium/high categories by comparing the points obtained by the tested person with the average results of people in a given population (e.g. general population, children, and people with specific disorders, depending on the groups for which specific normalisation tests were carried).¹⁴

Let us dwell on this last criterion for a moment longer. While a diagnostician can determine how a patient behaves in an interview or observation, without relating

11 Stemplewska-Żakowicz, 2019, pp. 45–50; Leckman and Taylor, 2015, pp. 403–418.

12 Haynes, O'Brien and Kaholokula, 2019, pp. 463–469.

13 American Educational Research Association and National Council on Measurement in Education and American Psychological Association, 2014, pp. 151–163.

14 Anastasi and Urbina, 1997, pp. 8–113; American Educational Research Association and National Council on Measurement in Education and American Psychological Association, 2014, pp. 95–107.

these behaviours to norms, he cannot state that a given behaviour or symptom is, for example, normal/abnormal, healthy/pathological, or good/not good. Only thanks to knowledge about how people from a given population behave or what features they have is it possible to determine whether we are dealing with a behaviour or symptom that requires intervention. Therefore, when analysing reports from the psychological assessment process, it is necessary to know what norms or criteria the diagnostician used to determine whether the child's functioning is "normal" or "pathological". It is worth noting that according to the World Health Organization's general definition, 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.¹⁵ In this context, the researcher will pay attention to specific behaviours or symptoms that make it difficult to achieve well-being in the areas listed in the definition. These symptoms may be described within the framework of a medical classification (e.g. ICD¹⁶ or DSM¹⁷) or the psychological theory on which the tools used in the diagnostic process are based (e.g. developmental models, theories of intelligence, or personality concepts). Knowledge of the classification and theory makes it much easier to understand the report itself as well as its interpretation in terms of health or pathology.

Research tools, even those that examine similar functions, may differ from each other on many levels. The first step is defining the study area. Intelligence or social behaviour may be defined and operationalised using different methods. For example, intelligence as defined by Raymond B. Cattell¹⁸ is one thing and intelligence as measured by the Stanford-Binet Intelligence Scale¹⁹ is another. Second, tools can use different standard models. In psychology, these may be developmental norms or the relative position of an individual in a group (statistical model). Developmental norms assume that children have specific skills or abilities at a specific level of development or age. Many classifications are available, and they may also vary in distinct cultures. For example, if children start school at the age of 6 years in a given education system, they are expected to have the so-called school readiness, which refers to specific features and skills that enable them to function at school so they can focus on the lesson for a longer time, develop gross motor skills, etc.²⁰ Older children can be expected to have competence in counting, performing mathematical operations, or having knowledge of words or knowledge, in accordance with the education programme of the given country. The second type of norms determines the relative position of the child's results compared to the normalisation sample. For example, consider that a child's results in an intelligence test are higher than average, but they are much lower than average in memory tests. In this model, various scales²¹ can be used, such as

15 WHO, 2020, p. 1.

16 WHO, 2009.

17 American Psychiatric Association, 2013, pp. 1–1120.

18 Kent, 2017, p. 193.

19 Roid and Pomplun, 2012, p. 249.

20 Bingham and Whitebread, 2012, p. 151.

21 Neukrug and Fawcett, 2006, pp. 127–149.

the standard, percentile, and intelligence quotient (IQ) scales. Regardless of the type of norms scale used, the diagnostician must use standards that are best suited to the patient—based on normative groups most similar to the patient. The more closely matched the norms, the more reliable the diagnosis. The diagnostician should use tools and methods that have specific standards for the population to which his patient belongs. The norms should first consider age, as what is typical for four-year-olds may be too difficult for three-year-olds. Norms should also consider intercultural²² and intergender differences.²³

To sum up, for the obtained diagnosis to have an objective basis and be as close to reality as possible, the researcher should use tools for which psychometric properties have been defined and tested. In his report, the researcher should list the diagnosis methods and, if possible, write something more about them, so that the reader can be sure that the diagnostic process is not based only on the diagnostician's subjective feelings. The diagnostician should also indicate to which standards the results or observations were referred, so that the reader is clear about the interpretation of the results in terms of health/norm pathology.

3. Standards in Conducting Psychological Assessment of Children

Minors should be treated in a unique way. The basic principle for a psychologist when working with minors is their well-being, which means that minors have no less rights than adult clients in contact with a psychologist. The psychologist has the right and obligation to respect the decision of the minor as a human person regarding contact with them.

The diagnostic process may vary depending on the purpose, tools used, or culture. Nevertheless, to obtain a reliable diagnosis that is as close to reality as possible, standards should be followed. They may be specified in, for example, the codes of ethics,²⁴ guidelines,²⁵ or publications.²⁶ Following the guidelines will help in implementing the principle of *primum non nocere*, which can be translated as “above all, do no harm”. Most standards and guidelines often concern the following ethical areas related to diagnosis: informed consent to participate in the process, information obligation, right to privacy, and professional competences of the psychologist. This applies to the diagnosis of both adults and children.

All these areas are obviously interconnected: There can be no fully informed consent to participate in the study unless the patient is informed about all stages

22 Such as: Qian et al., 2023, pp. 2290–2291.

23 Such as: Adani and Capanec, 2019, pp. 142–146.

24 American Psychology Association, 2007.

25 Fernández-Ballesteros et al., 2001, pp. 187–200; International Test Commission, 2001 pp. 93–114.

26 American Educational Research Association and National Council on Measurement in Education and American Psychological Association, 2014, pp. 1–7.

of the process and the patient's sense of security and privacy is guaranteed. In the diagnostic process, these elements should be carefully considered at various stages by the diagnostician.

The first two areas should be discussed extensively in the first stage of the process of diagnosing children and adolescents. This can be defined as the referral of a child for examination, most often by parents, teachers, physicians, or other specialists who are concerned about the child's behaviour or development. The diagnostician tries to obtain as much information as possible from parents or guardians regarding the child's behaviour, symptoms, history, possible diseases, previously observed problems in development or functioning, etc. The scope of information will depend on not only the reasons for the diagnosis but also its purpose. Parents or guardians will be asked to consent to the assessment, which includes understanding the purpose, procedures, and potential benefits and risks of the assessment; the results that can be obtained; and how they will be shared (e.g. if the diagnosis needs to be shared with a school, care facility, court etc.). Moreover, the diagnostician presents what information will be forwarded and in what form and what will remain only in the diagnostician's confidential documentation.

In the case of children, information about the diagnostic process must be presented to the child's guardians, who consent to the tests in most legal systems. However, regardless of who ultimately makes the legally binding decision to consent to the test, the diagnostician should also present all information to the patient and obtain his/her acceptance. This has both ethical and practical dimensions. The patient's consent to conduct tests, even if it may not be required under the law, significantly facilitates the diagnostic process. The patient is then more willing to cooperate and follow instructions. However, in the case of lack of patient acceptance, the examinee may interfere with the diagnosis, not perform tasks and commands, or even mislead by giving false answers. The approach of informing the patient about the diagnostic process should be adapted based on the patient's level of development. For example, when examining a four- or five-year-old, the diagnostician may talk about what games they will play, and they will involve or say that he will ask the child to draw certain things.

After obtaining the guardians' consent and patient's acceptance, collecting information about what worries the parents, and conducting an initial conversation with the patient, the diagnostician selects the assessment tools and methods. He considers the child's age, developmental stage, and social and intellectual capabilities (e.g. even though the child may be at the appropriate age to use a given test, according to the authors' assumptions, the patient's developmental deficits may be so profound that he or she will not be able to perform any tasks). The diagnostician has a wide range of methods to choose from, such as the already mentioned standardised tests, interviews, observations, and questionnaires.

After selecting the methods, the diagnostician presents the procedure to the caregivers and patient and obtains their acceptance. He then moves on to the study session. It may involve a single session, various tests spread over time, or the same tests repeated after a certain period. Depending on the purpose, the tests most often

assess cognitive, emotional, and behavioural functioning. Cognitive assessments may include IQ, academic achievement, or cognitive processing tests. Emotional assessments may include self-report questionnaires, projective tests, or structured interviews. Behavioural assessments may include observations of a child's behaviour in various environments, such as home or school. Parents or teachers can participate in the assessment at not only the initial interview stage but also later, thanks to which the diagnostician receives information about the child's behaviour, development history, and functioning in various contexts. Several standardised methods have been developed for parents of younger children and teachers, such as the Adaptive Behaviour Assessment System-3²⁷ or Conners^{TM28} test. The psychologist may also conduct direct observations of the child in natural environments, such as at home or school, to assess how the child interacts with others, copes with everyday challenges, and exhibits specific behaviours.

Once the research phase is complete and all relevant data are collected and analysed, the psychologist typically meets with parents or guardians to discuss the results and provide feedback. This meeting is an opportunity for parents to ask questions, clarify concerns, and gain insights into the child's psychological functioning. A formal written report is usually provided. Often, there are no strict regulations on what the report should look like. However, it is recommended that it include the following elements: reasons for starting the diagnosis, description of the examined child and his/her history, main results of the research conducted, diagnosis (often also including definitions included in legal regulations), summary, and recommendations. It should summarise the results of the assessment, diagnosis (if appropriate), and recommendations for parents or guardians. If a child is referred for examination by an authorised body, the psychologist issues an opinion, certificate, or judgement in accordance with the legal order prevailing in each country. Eventually, this document may be limited to providing short, general information, in accordance with the templates adopted or issued by the relevant authorities. However, besides describing the child's functioning, the report may also include specific recommendations for intervention, therapy, or further assessment, if necessary. In this case, the final stage involves constantly monitoring progress and adapting treatment plans.

4. Psychological Situation of the Child

When trying to understand a child's psychological situation, we can consider it in terms of psychological stress. Referring to, for example, the transactional model of stress,²⁹ it can be assumed that stress will be stronger the more a child perceives the whole test situation as a threat or challenge. This will depend on elements such as the

27 Harrison and Oakland, 2015, pp. 3–10.

28 Conners, 2018, pp. 2–9.

29 Lazarus and Folkman, 1987, pp. 141–169.

reason for the diagnosis, attitude of the child and parents towards the examination (awareness of the situation, newness of the situation/previous experience, voluntariness/coercion, and fear of evaluation), contact with the diagnostician, and place of the examination.

Regardless of the specific reasons for the diagnosis, the common element is that virtually every time a child is subjected to a psychological assessment, the cause is some problem noticed by parents, guardians, a doctor, a teacher, etc. A psychological diagnosis is conducted because one of the above-mentioned people stated that the child does not behave as children should behave in each developmental period (e.g. ‘Why doesn’t my three-year-old talk yet?’, ‘Why doesn’t my six-year-old play with other children?’, ‘Why does he behave aggressively when other children in a similar situation behave ‘normally’?’, ‘Why isn’t he paying attention to what I’m saying?’). In most cases, the problem and its consequences can be defined in negative terms: disorders, developmental deficits, diseases, and problems with dealing with emotions. However, sometimes, the problem may have a more positive connotation, for example, the child’s intelligence level is much above average, which makes the child bored in class. However, as even such a “problem” may have negative consequences for the child, it requires appropriate treatment. Another exception may be situations in which a child is referred for mandatory psychological testing, for example, if a given country carries out psychological screening tests of the population (in most countries, these are currently recommendations rather than policies).³⁰ Therefore, children who are subjected to a psychological examination most often find themselves in some problematic, demanding situation. Depending on the child’s level of development and knowledge as well as how the parents and the environment relate to the problem, the child may perceive the entire situation as a greater or lesser threat. They may also not perceive the entire situation based on such categories at all if their awareness or knowledge about the problem is low or they have not noticed any disturbing signals from their parents or guardians. In such a situation, the diagnostic process may be perceived as, for example, playing with an adult.

The child’s attitude towards the examination is an essential element that will not only involve experiencing unpleasant emotions (e.g. fear of being judged) but also translate into motivation to cooperate with the diagnostician. People with a positive attitude towards the process will be more willing to follow instructions reliably, and they can also more easily control unpleasant emotions caused by stress. They will not treat the whole situation in the same category of stress as when they had a negative attitude. In such a situation, subjects may refuse to cooperate; follow instructions unreliably, sloppily, or randomly; and may even be misleading.

Attitude will depend on, first, the reason for the diagnosis and how other adults relate to the problem. Children who observe anxiety and fear in their parents may also approach the whole situation with fear and distance. General situational awareness is important: Does the child know why he/she is seeing a diagnostician and

30 U.S. Preventive Services Task Force, 2022.

needs to perform certain tasks? Does the child understand what the possible consequences for him/her could be? In younger children, such awareness is lacking, but with subsequent development stages (which will be discussed later), this awareness increases. For babies and young children, the whole situation may be considered as just playing with a new person. In such a case, the stressful nature of the situation will be determined by issues such as how the child relates to newly met people? Is the child withdrawn, afraid, or rather interested and trusting? Is it time for the diagnosticians themselves to establish good contact and inspire trust or not? Is the examination taking place in a familiar or child-friendly place, or is it completely new and unfriendly? In the case of older children and adolescents, they may already be aware that they are taking part in the diagnostic process but may not fully understand that further actions, such as therapeutic or educational treatment, will depend on the diagnosis. The more awareness of the consequences is developed and the more serious the children are, the more likely it is that the study is considered a threat. At the same time, poor understanding of the research situation and procedure may lead to anxiety and a sense of stress. Situational awareness also involves knowing your own rights. Children may not know or be aware of the laws that protect them. Therefore, in situations that are uncomfortable or threatening to them, they cannot resort to the rights to cope with the demanding situation. In this respect, the knowledge of rights and their use to protect children rests with both parents and guardians as well as the diagnostician.³¹

Another issue concerns coercion and voluntariness of participation in the study. Most people do not like being forced to do anything. The feeling of coercion will make the person being assessed feel negatively towards the entire process. At the same time, in the case of children, from the legal point of view, the parents, guardians, or authorised institutions (e.g., courts) are the ones deciding to conduct a psychological examination, even if the person being examined does not want to consent. Therefore, we return to the issue of obtaining acceptance for activities conducted by the person being examined. If the psychologist has not obtained acceptance of specific methods from the person being examined, he/she should not begin the assessment. This concerns both ethical issues and the quality of the results obtained. This may also lead to incorrect conclusions and damage in the future. In the report, the diagnostician should indicate whether he/she obtained not only the consent of authorised persons but also acceptance of the examined person. If he/she did not receive it, it should be described what circumstances supported further diagnosis and how the problem was solved.

Older children who have developed sufficient self-awareness may develop the fear of being judged. Children may understand that, during the examination, they will reveal information, sometimes very intimate and sensitive information, about themselves. At the same time, they are at a stage of development in which they are just getting to know themselves and developing their competences, interests, and skills.

31 Paluchowski, 2006, pp. 182–186.

Therefore, they may feel afraid that they, as persons or certain parts of them, will be assessed as “bad”, “not good enough”, “sick”, etc. This may arouse the fear of rejection, desire to quickly complete the research process, and even aggression (“What right does someone have to judge me?”). On the other hand, it may give rise to the desire to show oneself in the best possible light, which again leads to falsified research results. Appropriate behaviour by a psychologist and building of positive contact can largely eliminate the impact of anxiety on test results.³²

The purpose of a psychological assessment is to provide a clear understanding of the child’s strengths and weaknesses, guide appropriate interventions, and support the child’s healthy development. It is important that the assessment process be carried out with sensitivity, empathy, and consideration of the child’s age and developmental stage. The ultimate aim is to meet the child’s best interest, through education, therapy (psychological or medical), or legal processes (the diagnosis is used as a tool that helps authorities make decisions about a child’s future). Therefore, it requires appropriate professional competences on the part of the diagnostician, who will not only have substantive knowledge about the research tools used and the diagnostic process but also have an appropriate level of soft skills in building contact and managing the patient. Developing an appropriate relationship with the patient and a favourable atmosphere during the examination will result in the patient’s increased motivation and a more positive attitude towards the situation. It may also help the patient cope with unpleasant emotions that may accompany the diagnostic process. The diagnostician himself should avoid becoming a source of stress through unprofessional behaviour. If there are no justified circumstances, such as safety, health, or level of development of the child, the person being examined should be alone with the diagnostician during the examination process. The researcher may not be able to obtain or observe some information about the child’s development and functioning in the presence of caregivers, especially if the behaviour of parents or guardians is responsible for some of the children’s disturbing behaviour. Parents may also unconsciously try to help their child perform better. Thus, absence of parents during the test may be beneficial for the research process, but it may also raise concerns or fear in the children. Therefore, it is necessary for the diagnostician to take appropriate actions to build a positive atmosphere at the meeting. This requires appropriate interpersonal skills and appropriate level of assertiveness.³³

To sum up, the diagnostic process can be both an incredibly stressful experience and a positive challenge for the child. The behaviour of parents or guardians, as well as of the diagnostician himself, will play a significant role in how children perceive the situation. The psychologist’s report should include information about the child’s mental state and attitude, as well as the physical environment in which the diagnosis was made. This information will allow the report’s recipient to assess both the diagnostic process, quality of the data obtained, and veracity of the conclusions.

32 Stemplewska-Żakowicz, 2019, pp. 194–199.

33 Ibid., pp. 219–223.

5. Situations Requiring Psychological Assessment of Children

Situations in which the diagnostic process is initiated by parents or legal guardians (group A) can be called voluntary. However, in many situations, mainly during legal processes, psychological assessment of the child is mandatory. Without it, it may be impossible to determine the child's best interests. The most common situations of this type of concern are described below.

5.1. *Child Custody and Visitation*

Divorce or separation of parents is an extremely stressful situation for a child. This is a situation of change in the current life, which will cover most—if not all—areas of the child's functioning. If the parents cannot agree on further care of the child, it is necessary for specialists (on the court's order) to determine what will be in the child's best interest. The court will assess what situation will ensure the child's well-being and safety and provide an environment for stable development. Diagnosticians examine children, their needs, and how they develop.³⁴ They assess parents to consider their personality conditions to create a safe environment for the child. They also examine the relationship between the child and each parent. Their recommendations may indicate whether the child develops a stronger bond with one or the other parent, with both parents, or (less often) with neither parent. The authority may consider this information when issuing a decision on divorce or separation, considering who will continue to take custody of the child and the issue of visits and contact with the other parent.

5.2. *Adoption*

In the case of adoption, the child and potential adoptive parents are subject to a psychological assessment. It is important to determine the child's development needs. However, the authorities must ensure that the adoptive parents have the appropriate predisposition to create a stable and loving environment for the child. In this regard, specialists should also assess the motivation of adoptive parents and their awareness of the responsibility of raising an adopted child.

5.3. *Abuse and Neglect*

Too often, parents, legal guardians, or people around children neglect them or commit various abuses. To protect the child's well-being, the authority or appropriate institution must defend it. Some abuses are subject to criminal liability in various legal systems, and procedures are in place to ensure the safety of children. Psychological examination of children is necessary here to check what damage to mental health has been caused by the parents' actions and what actions (e.g. medical and psychological therapies) must be taken so that the child can continue to develop and function well in the world. Parents/guardians may also be examined to determine whether leaving the child in their care

34 Drozd and Flens, 2014, pp. 3–4.

will not cause the child further harm. It is not difficult to find a situation in which parents neglect children, but at the same time the children are strongly attached to them. In such a case, the court must assess and make a difficult decision on whether it is more important for the child's good to maintain the bond or place the child in a safe environment.³⁵

5.4. Juvenile Justice System

The legal system for minors is often distinct from that for adults. Decisions about whether a child should be tried as a juvenile or an adult, and the appropriate consequences, require a thorough assessment of the child's circumstances. In addition to assessing the harmfulness of the act itself, the court, based on the diagnosis of specialists, must determine, among other things, how aware the child was of the dangerous consequences of his actions and whether they acted consciously, whether they intentionally caused damage, whether any clinical disorders could have affected the child's performance,³⁶ etc.

5.5. Education and Special Needs

The Convention on the Rights of the Child³⁷ indicates in Art. 28 that access to education is one of the rights of the child. Many countries have included access to education as the right of every citizen. Unfortunately, due to various limitations—congenital (e.g. developmental disorders and deficits) or acquired (e.g. disability resulting from an accident and post-illness complications)—access to education may be limited. Many educational systems have introduced opportunities and systemic solutions for such children to facilitate education. The psychological diagnosis aims, on the one hand, to assess deficits, determine special needs, and indicate which programmes or activities should be addressed to this person. On the other hand, in legal terms, it assesses whether a person qualifies for such assistance at all.

5.6. Medical Decision-Making

There are situations in which it is necessary for a child to undergo treatment, but parents or guardians do not consent to it (e.g. due to their own beliefs, views, or religion). The child's psychological assessment will consider, on the one hand, his needs and the risks if treatment is not undertaken. On the other hand, it will consider the possible consequences for the child's development as a result of violating the value system of the caregivers. The court will have to assess, considering the diagnostic report and other circumstances, what will be in the child's best interests.

5.7. Guardianship Proceedings

There are various reasons why parents cannot continue caring for their children, such as incapacity or death. Therefore, the authority must determine who should have custody of the child, with whom the child will be able to develop properly, and

35 Higgins and McCabe, 2001, pp. 547–558.

36 Teplin et al., 2002, pp. 1133–1143.

37 United Nations, 1989, Art. 28.

who will provide a stable environment for upbringing. The psychological assessment will look at the child's personality and mental state, for example, whether and to what extent the child experienced trauma after the death of the parents. Accordingly, the person taking over care will also have to make efforts to provide appropriate treatment. On the other hand, the person taking over parental authority may be subject to examination, similar to the case of adoption.

5.8. Cases of Child Immigration

Child immigrants may appear in legal proceedings as people who are (1) arriving in a new country and applying for asylum/citizenship or (2) already located and operating in a given state. The proceedings may concern issues other than permission to stay in a given territory (i.e. civil or criminal matters).³⁸ In the first case, authorities may assess the child's safety, well-being, and eligibility for asylum or other forms of protection. In the second case, issues arise related to, particularly, cultural differences or children's adaptation to the new environment and education system.

5.9. Child Testimony in Legal Proceedings

During various proceedings, children may appear as not only subjects of the cases but also as, for example, witnesses. The question here arises regarding the reliability and effectiveness of such testimony.³⁹ The court may order an assessment to determine a child's competence to testify in legal proceedings, considering their age, maturity, and ability to understand and communicate.

5.10. Child Labour and Exploitation

The Convention on the Rights of the Child⁴⁰ states in Art. 32 that children should be protected from economic exploitation and hazardous work. However, this does not mean that children are prohibited from working. Legislators in countries that have adopted the convention have passed laws protecting children from exploitation and regulating child labour. To check whether these rights are being violated, a psychological assessment will sometimes be necessary, in which specialists will assess the impact of the work undertaken for the development and health of children.

6. Conclusions

The child assessment process can take many forms. The tests may consider correctness of the child's development and the motor, cognitive, emotional, and social functions. The specific methods used will vary depending on the purpose of the study, circumstances, and available standardised tools, as well as the legal and educational

38 Evans and Hass, 2018, pp. 69–84.

39 Westcott, Davies and Bull, 2003, pp. 99–116.

40 United Nations, 1989, Art. 32.

system in each country, the method of educating diagnosticians, and social expectations from the diagnosis itself. For the child himself, the examination situation may be something new, interesting, and intriguing. It may also be perceived as a threat and may result in fear, hostility, or aggression. This chapter omits issues related to the psychological examination of children with profound developmental deficits and certain diseases (e.g. congenital or acquired brain damage and mental disorders). In such cases, contact with children is very limited or it may be even not possible to communicate with them. The psychological assessment procedure will require the use of specific methods, or it may turn out that it will not be possible to carry it out at all. However, this issue is very extensive and goes beyond the scope of this work. In such cases, observation and interviews with parents or guardians and the environment are most often used.

When discussing a child's psychological situation, we must remember the issues discussed earlier and the task of the psychologist, who should act appropriately in each area. The process of psychological diagnosis can be a source of stress and anxiety. Children often do not understand the full situation and may fear that something is wrong with them. Therefore, it is important for the psychologist to create an atmosphere of trust and safety. Parents play a key role in the child's diagnostic process. They must provide the psychologist with relevant information about the child's behaviour and problems. However, their own emotions and expectations can influence the diagnostic process. The psychologist should support parents and help them understand that the diagnosis is intended to help the child. The child's age is important in the diagnostic process. Children of different ages understand and express their emotions differently. For a young child, the diagnosis may be difficult to understand, while older children may be more aware of their problems. Psychologists use various methods for diagnosis, such as interviews, observations, psychological tests, and therapeutic conversations. The choice of the appropriate method depends on the child's age, type of problem, and purpose of diagnosis. It is important that the methods are adapted to the individual needs of the child. Psychological diagnoses cannot be isolated from the context of the child's life. The psychologist must consider family, social, and educational factors that may influence the child's behaviour and emotions. This may require collaboration with other specialists, such as educators and psychiatrists. During a psychological diagnosis, the psychologist should ensure the child's comfort. This means creating a friendly and safe environment and adapting the pace of work to the child's needs. Children may become tired or bored, so it is important that the diagnosis is not too long or exhausting. The psychologist should communicate clearly with the child, using understandable language and avoiding medical terminology. Children should be informed about the purpose of the diagnosis and the research process. This will help reduce anxiety and build trust. Whenever possible, the psychologist should try to involve the child in the diagnostic process, allowing him/her to express his/her feelings and opinions. A psychological diagnosis may trigger various emotions in a child, such as sadness, shame, and anger. The psychologist should be ready to provide appropriate emotional support and indicate ways

of dealing with difficult feelings. It should also be remembered that psychological diagnosis is usually conducted only at the beginning of the process. A child is referred for a psychological evaluation because of a problem. The diagnosis aims to describe and explain problems in the child's functioning. The child should receive appropriate therapy or support based on the diagnosis. Parents and guardians, as well as recipients of the psychological report, should be aware that a diagnosis is a step towards helping the child.

Having a report on the child's diagnosis does not end the process of helping him. It only ensures that appropriate persons or services are included as an element in decision-making. Therefore, diagnostic specialists should create communicative reports that are understandable to the recipients—not only psychological specialists but also parents and authorities. Nevertheless, sometimes, understanding the report is not easy because it uses knowledge and terminology typical of social or medical sciences, which may differ from the methodology of legal sciences. It is in the child's best interest that those responsible for his/her future clearly understand the report. This may require not only familiarisation with its content but discussion with specialists so that there is no room for ambiguity.

Bibliography

- Adani, S., Cepanec, M. (2019) 'Sex differences in early communication development: behavioral and neurobiological indicators of more vulnerable communication system development in boys', *Croatian Medical Journal*, 60(2), pp. 141–149; <https://doi.org/10.3325/cmj.2019.60.141>.
- AGDE (2022) *Belonging, being and becoming: The early years learning framework for Australia* (V2. 0). Canberra: Australian Government Department of Education.
- American Educational Research Association, National Council on Measurement in Education, American Psychological Association (2014) *Standards for educational and psychological testing*. Washington D.C.: American Educational Research Association.
- American Psychiatric Association (ed.) (2013) *Diagnostic and statistical manual of mental disorders*. 5th edn. New York: American Psychiatric Association; <https://doi.org/10.1176/appi.books.9780890425596>.
- American Psychology Association (2007) 'Ethical Principles of Psychologists and Code of Conduct', *American Psychology Association*, 2017 [Online]. Available at: <https://www.apa.org/ethics/code> (Accessed: 1 February 2025).
- Anastasi, A., Urbina, S. (1997) *Psychological testing*. 7th edn. Upper Saddle River: Prentice Hall/Pearson Education.
- Barlett, C.P., Anderson, C.A. (2012) 'Direct and indirect relations between the Big 5 personality traits and aggressive and violent behaviour', *Personality and Individual Differences*, 52(8), pp. 870–875; <https://doi.org/10.1016/j.paid.2012.01.029>.
- Bingham, S. and Whitebread, D. (2012) 'School readiness', *A critical review of perspectives and evidence* (Preprint) [Online]. Available at: <https://www.eymatters.co.uk/wp-content/uploads/2020/08/Bingham-and-Whitebread-2012.pdf> (Accessed: 28 September 2023).
- Coaley, K. (2014) *An Introduction to Psychological Assessment and Psychometrics*. London: SAGE.
- Conners, K.C., Radosław, W., Wrocławska-Warchał, E. (2018) *Conners 3*. Warsaw: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
- European Judicial Network (2023) 'Parental responsibility – child custody and contact rights', *European e-justice*, last update 15 January 2024 [Online]. Available at: https://e-justice.europa.eu/content_parental_responsibility-302-hu-en.do?member=1 (Accessed: 6 November 2023).
- Evans, B., Hass, I., Giselle A. (2018) *Forensic Psychological Assessment in Immigration Court: A Guidebook for Evidence-Based and Ethical Practice*. New York: Routledge; <https://doi.org/10.4324/9781315621197>.
- Fernández-Ballesteros, R. et al. (2001) 'Guidelines for the Assessment Process (GAP): A Proposal for Discussion', *European Journal of Psychological Assessment*, 17(3), pp. 187–200; <https://doi.org/10.1027//1015-5759.17.3.187>.

- Drozd, L., Flens, J.R. (2014) *Psychological Testing in Child Custody Evaluations*. New York: Routledge; <https://doi.org/10.4324/9781315821115>.
- Goldstein, G., Beers, S.R., Hersen, M. (eds.) (2004) *Comprehensive handbook of psychological assessment: Intellectual and neuropsychological assessment*. Vol. 1. Hoboken: Wiley.
- Groth-Marnat, G. (2003) *Handbook of Psychological Assessment*. 4th edn. Hoboken: Wiley.
- Harrison, P.L., Oakland, T. (2015) *ABAS-3 Adaptive Behavior Assessment System*. 3rd edn. Warsaw: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
- Haynes, S.N., O'Brien, W.H., Kaholokula, J.K. (2019) 'Behavioral assessment of adults in clinical settings' in Goldstein, G., Allen, D.N., DeLuca, J. (eds) *Handbook of Psychological Assessment*. 4th edn. San Diego: Academic Press, pp. 461–501; <https://doi.org/10.1016/B978-0-12-802203-0.00015-8>.
- Office for Health Improvement and Disparities (2023) 'Healthy child programme', gov.uk, 27 June [Online]. Available at: <https://www.gov.uk/government/publications/healthy-child-programme-schedule-of-interventions> (Accessed: 13 March 2025).
- Higgins, D.J., McCabe, M.P. (2001) 'Multiple forms of child abuse and neglect: adult retrospective reports', *Aggression and Violent Behaviour*, 6(6), pp. 547–578; [https://doi.org/10.1016/S1359-1789\(00\)00030-6](https://doi.org/10.1016/S1359-1789(00)00030-6).
- International Test Commission (2001) 'International Guidelines for Test Use', *International Journal of Testing*, 1(2), pp. 93–114; https://doi.org/10.1207/S15327574IJT0102_1.
- Kent, P. (2017) 'Fluid intelligence: A brief history', *Applied Neuropsychology: Child*, 6(3), pp. 193–203; <https://doi.org/10.1080/21622965.2017.1317480>.
- Lazarus, R.S., Folkman, S. (1987) 'Transactional theory and research on emotions and coping', *European Journal of Personality*, 1(3), pp. 141–169; <https://doi.org/10.1002/per.2410010304>.
- Leckman, J.F., Taylor, E. (2015) 'Clinical assessment and diagnostic formulation' in Thapar, A., et al. (eds.) *Rutter's Child and Adolescent Psychiatry*. 6th edn. Hoboken: Wiley; <https://doi.org/10.1002/9781118381953.ch32>.
- Lezak, M.D. (2004) *Neuropsychological assessment*. 4th edn. Oxford: Oxford University Press [Online]. Available at: https://books.google.com/books?hl=pl&lr=&id=FroDVkVKA2EC&oi=fnd&pg=PA3&dq=neuropsychological+assessment&ots=q71lj1UUp5O&sig=s26mhp04-mMVdqwAL_EBJ76aXow (Accessed: 28 September 2023).
- National Health Service (2023) 'Children and young people -Consent to treatment', NHS, last review 8 December 2022 [Online]. Available at: <https://www.nhs.uk/conditions/consent-to-treatment/children/> (Accessed: 5 November 2023).
- Neukrug, E.S., Fawcett, R.C. (2006) *Essentials of testing and assessment: A practical guide for counselors, social workers, and psychologists*. Boston: Thomson, Brooks, Cole.
- Paluchowski, W.J. (2006) *Diagnoza psychologiczna: Podejście ilościowe i jakościowe*. Warsaw: Wydawnictwo Naukowe "Scholar".

- Qian, M., et al. (2023) 'Children's implicit gender-toy association development varies across cultures', *Developmental Psychology*, 59(12), pp. 2287–2295; <https://doi.org/10.1037/dev0001590.supp>.
- Reynolds, C.R., Kamphaus, R.W. (2003) *Handbook of Psychological and Educational Assessment of Children: Personality, Behavior, and Context*. 2nd edn. New York: Guilford Press.
- Roid, G.H., Pomplun, M. (2012) 'The stanford-binet intelligence scales' in Flanagan, D.P., Harrison, P.L. (eds.) *Contemporary intellectual assessment: Theories, tests, and issues*. 3rd edn. New York: Guilford Press, pp. 249–268
- Saklofske, D.H., Reynolds, C.R., Schwean, V.L. (2013) *The Oxford Handbook of Child Psychological Assessment*. 1st edn. Oxford: Oxford University Press.
- Stemplewska-Żakowicz, K. (2019) *Diagnoza psychologiczna: diagnozowanie jako kompetencja profesjonalna*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Teplin, L.A., et al. (2002) 'Psychiatric Disorders in Youth in Juvenile Detention', *Archives of General Psychiatry*, 59(12), pp. 1133–1143; <https://doi.org/10.1001/archpsyc.59.12.1133>.
- Tordjman, S. (2022) 'Aggressive behavior: A language to be understood', *L'Encéphale*, 48(1), pp. S4–S13; <https://doi.org/10.1016/j.encep.2022.08.007>.
- United Nations (1989) 'Convention on the Rights of the Child', ohchr.org [Online]. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> (Accessed: 1 February 2025).
- U.S. Preventive Services Task Force (2022) 'Recommendation: Depression and Suicide Risk in Children and Adolescents: Screening', *U.S. Preventive Services*, 11 October [Online]. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-children-adolescents> (Accessed: 11 September 2023).
- Westcott, H.L., Davies, G.M., Bull, R. (2002) *Children's Testimony: A Handbook of Psychological Research and Forensic Practice*. 1st edn. Hoboken: Wiley.
- World Health Organization (2020) 'Constitution of World Health Organisation' in World Health Organization *Basic Documents*. 49th edn. Geneva: World Health Organization, pp. 1–19 [Online]. Available at: https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf (Accessed: 12 September 2023).
- Wrona, S.E., Józefacka, N. (2021) 'Early sings of autism – a literature review', *Edukacja*, 2(157), pp. 53–69; <https://doi.org/10.24131/3724.210205>.

