INTERVIEWING CHILDREN AND ADOLESCENTS

- Dr Louise Webster

History from parents/caregivers

- Adults vary in what they think is ‘normal’
- Children can behave differently in different settings
  - Information form other sources is valuable (school, kindy)
  - With severe disorder we are more likely to see difficulties across all settings

History cont.

- Disorder characterised by behaviours that are inappropriate for developmental age/stage of the child
  - Behaviours that are normal at one age may indicate disorder if present at another age
  - A good knowledge of normal development is important

Talk to the child

- Confidential information on own lives and feelings
- Observation of how the child interacts with the environment and with parents, siblings, and you
- Mental state examination

Always consider development, cognitive, social and emotional issues

Developmental considerations

- Age and stage determines how you go about interviewing a child
  - whether you see them with/without the parent
  - content of interview
  - language you use
  - activities or play you engage in

Engagement

- Critical to the interview
  - they may not be there willingly
- Explanations
  - who you are and why you are seeing them
- At their level
  - use language, play and concepts appropriate to their age and development
- Warming up
  - starting with neutral issues before asking about problems
- Confidentiality
  - explicitly address with older children/adolescents

Mental state examination

- Observation of child's functioning and responses in the interview setting
  - Appearance, behaviour and movement
- Speech and communication
- Thought content (talk, play, drawing)
  - Fantasies and wishes
- Mood and affective responses
- Perceptual disturbance

Mental state examination

- Suicidal or homicidal thoughts/plans
- Insight into problems, judgement
- Cognitive functioning - developmental stage, intelligence, orientation
- Risk assessment

Infancy – birth to 2 years

- Dependence on reflex activity initially
- Develop purposeful goal directed activity
- Distinguishing between self and external world
- Developing object permanence
- Secure attachment relationship with parents
- Separation, individuation in toddler years

Assessment includes

- Development assessment
- Attachment behaviours and relationship between parents and infant
- Infants response to external stimuli and to you (social responses, eye contact, shyness)

Preschool – 3 to 5 years

- Egocentric world view
- Use of magical thinking, difficulty distinguishing real from symbolic
- Imaginative play
- With peers move from parallel play to interactive play
- Separation and autonomy

In assessment of Preschool Children

- Get down to their level physically
- Use simple language and check for the words they use
- Take things at their pace
- Ask about their everyday world
- Separation form parent may be an issue, see with parent if necessary

SCHOOL AGE CHILDREN
6 TO 11 YEARS

Important development issues include:

- Black and white thinking, right and wrong
- Capable of simple logic and problem solving
- May have difficulties with multiple perspectives
- Peer relationships increasing important
- Sharing games, competition
- Conformity to social rules

In interview with school age child

- Can be more concrete and structured
- Can ask about feelings as well as daily life
- Need to ask about family, school, friends, abuse, problems or worries, feelings (sadness, anger etc)
- Wishes, hopes for the future
- Very abstract open-ended questions may be confusing

ADOLESCENT 12 TO 18 YEARS

Developmental considerations

- Abstract reasoning, can generate hypotheses
- Preoccupation with own thinking
- Peer group membership and conformity
- Experimentation
- Separation, individuation
- Consolidation of self image and identity

In the interview

- Adolescents may be hard to engage – often present unwillingly
- Confidentiality is a big issue – needs to be clarified
- Need to check for drug/alcohol use and sexual/physical abuse. Use HEADS checklist
- Check for symptoms of adult psychiatric disorder – depression/suicide, anxiety, psychosis

Psychosocial screening with adolescents - HEEADSSS

- **Home -** relationships, communication, anyone new?
- **Education/Employment -** actual marks, hours, responsibilities
- **Activities -** with peers, with family
- **Drugs -** tobacco, alcohol, tobacco, other drugs – use by friends, family, self
- **Sexuality -** identity, relationships, coercion, contraception, pregnancy, STIs
- **Suicide** and depression – sadness, boredom, sleep patterns, anhedonia
- **Safety -** injury, seatbelt use, violence, rape, bullying, weapons

INTERVIEWING FAMILIES AND CHILDREN

What do I do with all these people?

How to go about it

- Introduce yourself to the family
- Make a point of greeting the index patient (in age appropriate manner)
- General family introductions – sort out who's who

Outline the structure of the interview and confidentiality issues

- Start with everyone together
- See parents/caregivers without children
- See children (school age on) alone
  - If too young to separate or unwilling to separate talk to child directly in parents presence
- With older adolescents – may start interview with them alone
- See all together at the end for feedback, treatment, planning

History from parents/caregivers

Screening with children - HEARTS

- **H**ome - conduct, general behaviour and manageability
- **E**ducation - progress and behaviour at school
- **A**ctivities - attention span, ability to finish tasks
- **R**elationships - with parents/peers, bullying
- **T**emper - tantrums, mood
- **S**ize - appetite, weight gain or loss

Presenting history

- Description of the problem or difficulty
  - How long has it been present
  - Constant vs episodic
  - Associated symptoms/problems
  - Precipitants

Presenting history cont.

- Impact of the presenting problem
  - on the child's function - schooling, peer relationships, activities, self care, family relationships
  - on parents/caregivers
- What has been tried already -helpful, unhelpful

Systems enquiry

- Screening for other problems or symptoms
- Comorbid disorders
  - eg tics or OCD in a child with ADHD
- Other unrelated disorders or problems

Background History

- Psychiatric/behavioural history
- Developmental
- Medical history
- Family
  - Family constellation, who's in the family, genogram
  - Family cultural identification
  - Family spiritual beliefs and values
- Family medical and psychiatric history

What is a developmental history?

- Also known as “personal history” or “background history”
- Covers background issues likely to be important in diagnosing and managing disorder
- Not just about developmental milestones!

Goals include information about

- child's medical history
- early relationships & attachments
- developmental milestones
- educational history
- life events, trauma, abuse which might relate to the child's symptoms

Developmental History: General Issues

- Interviewer discomfort with questioning
- Reluctance to ask about feelings to do with parenting - don’t want to appear judgmental
- What to ask in front of the child
- What to ask in front of parents

Child's Medical History

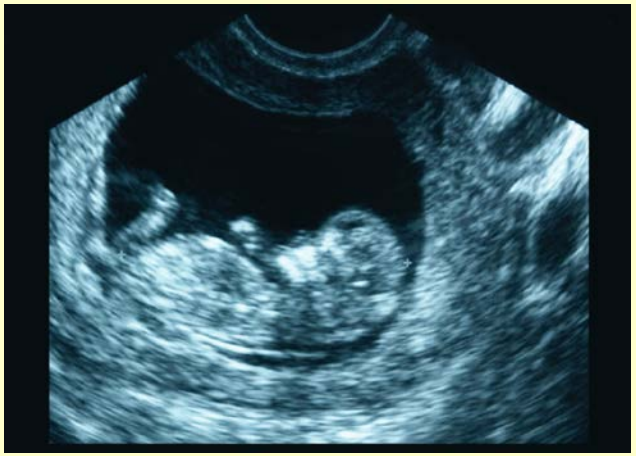
- Starting from birth
- Chronic illness
- Separations/hospitalizations
- Traumatic treatments or surgery
- Head injury or neurological problems

14 year old boy with recurrent abdominal pain and depression

- Mother anxious about serious medical pathology despite reassurance by Paediatricians
  - Unable to set limits with son or engage in a rehabilitation program
- Developmental history revealed life-threatening episode of epiglottitis aged 4 years with respiratory arrest

The pregnancy

- Earliest days:
  - context of the pregnancy
  - mother's physical & emotional health
  - pregnancy complications
  - use of medications or substances
  - Stresses during pregnancy



2 year old girl with feeding problems

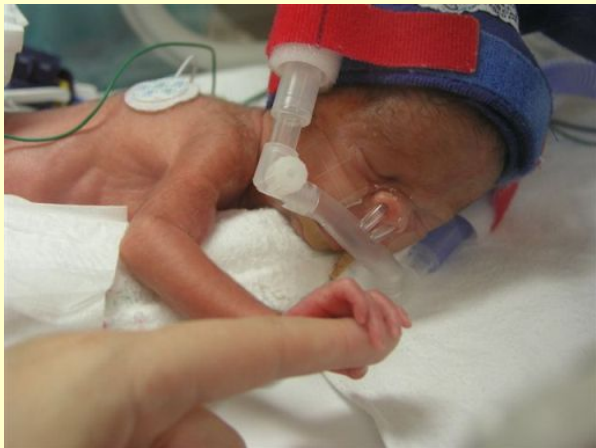
- Mother always felt rejected by own mother and ‘not good enough’
- In the latter stages of pregnancy her own mother committed suicide
- Felt rejected by her mother and by her food-refusing daughter - ‘I’m a bad mother’

11 year old girl with depression and suicidal behaviour

- Mother discovered during the pregnancy that her husband had sexually abused her older daughter
  - Felt alienated by the pregnancy and wanted to give the baby away
- Did not feel close to daughter in infancy.
  - Described her as ‘well behaved - you’d never know she was there’
- Unable to support daughter now

The delivery

- Complications/medical problems
  - for mother
  - for baby
  - Gestation and Birth weight
  - Need for special care & details of this
  - Emotional response to labour/delivery



The early months

- Parent-child relationship
- Mother's mental & physical health
- Baby's temperament
- Supports and Stresses

5 year boy with severe encopresis

- Constipation with overflow for 1 year, refusing to use toilet, frequent soiling
- Mother described 1st year of his life as a ‘nightmare’ with severe reflux, poor sleep, and general irritability
  - Didn’t feel close to son during this time
- Negative feelings to son resurfaced with onset of constipation and overflow

Motor development

- History from parents AND older children
- Delays or accelerations
- Fine coordination
- “Gross” motor
- For older children: sporting & physical activity abilities

Language development

- History from parent/s AND older children
- Delays or accelerations
- Receptive AND expressive

8 year old girl referred for 2nd opinion by school psychologist

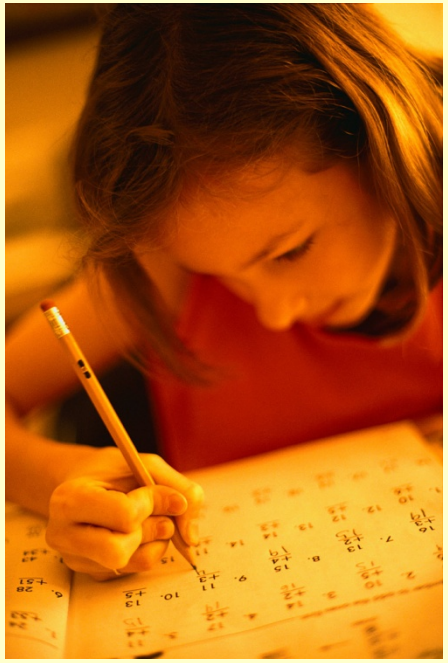
- Poor peer relationships in school
- rigid regarding changes in schedule
- obsessions with certain objects
- current language grammatically normal
- Clear history however of early language delays, echolalia, pronoun reversal.

Abuse Screen

- Routine - for everyone - say why
- Ask both parent/s, and children over about 4 years
- Physical, emotional and sexual abuse
- Witness to violence
- Neglect
- Bullying

Education History

- Preschool/Kohanga/Playcentre/Kindy etc
  - Changes and why
  - Previous schools
- Behaviour and learning
  - Change in progress
  - SES etc involvement
- Favorite subjects
  - Areas of of strength and difficulty



Personal History

- Activities, interests
- Occupation/Work history Future/plans
- Social functioning, friendship style
- Sexual relationships (for older kids/adolescents)
- Drug and alcohol use
- Spirituality
- Values
- Identity

What are we observing with families?

Remember there are often multiple points of view within family

- Parents/caregivers
- Siblings
- Grandparents/extended family
- Child's
- Cultural Context

Observation of family interactions

- General issues to remember:-
  - Cultural and socio-economic factors
  - Setting and presence of observers
    - Parents often feel ‘on display’ and judged
- records of observations must be accurate and non-judgmental

Family observations

- Who is present, who is absent and why
- Who talks in the interview, how family members respond to each other's opinions
  - Is the child/adolescent able to relate to you in his/her own right
- How family members relate to each other
  - anger or hostility, able to resolve conflict, able to offer comfort

Family observation

- Attachment behaviours of child and parent during interview
  - comfort seeking, exploration, sharing activities, response to brief separations
- How is difficult behaviour managed during the interview
  - Sharing of parenting roles
  - Sibling responses