Interviewing Children & Adolescents

*Psychological Medicine, Year 4*

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Overview of mental health problems in various age groups

• What are some common problems leading to patients, family or carers presenting to a child & adolescent mental health service?

• Infancy (approx. 0-2 years)
  – Parental mental health issues (e.g. postnatal depression)
  – Developmental problems
  – Feeding, sleeping, and other parenting concerns
Overview of mental health problems in various age groups

• Toddlers/preschoolers (approx. 2-5 years)
  – Oppositional Defiant Disorder (or “externalising” disorders)
  – Developmental problems
  – Attachment disorder
Overview of mental health problems in various age groups

• Primary school age (approx. 5-12 years)
  – Externalising problems (Disruptive Behaviour Disorders)
    • Oppositional Defiant Disorder
    • Conduct Disorder
    • Attention-deficit/Hyperactivity Disorder (ADHD)
  – Internalising problems
    • Anxiety Disorders (Separation Anxiety Disorder, Obsessive-compulsive Disorder, Phobias, Posttraumatic Stress Disorder)
    • Depression
    • Psychosomatic Disorders (e.g. Conversion Disorder)
Overview of mental health problems in various age groups

• Adolescents (approx. 12-18 years)
  – Almost the full range of psychiatric disorders seen in adulthood:
    • Depression
    • Anxiety disorders
    • Disruptive behaviour disorders (e.g. Conduct Disorder)
    • Eating disorders
    • Drug and alcohol use disorders
    • Psychotic disorders
    • Psychosomatic disorders
History-taking

*Essentially the same structure as for adults*

Basic demographics – describe the family composition, using a genogram if appropriate, age, school, etc.
Referral and presenting complaints
History of presenting problems
Past psychiatric history
Medical history
Medications and adverse drug reactions
History-taking (continued)

Drug and alcohol use (if relevant)

Family history – usually broader than for a general adult case
  – “Family of origin” (each parent’s or carer’s own family background and early life)
  – Parental background, marital history, occupational history, etc.
  – Siblings and significant others
  – Familial psychiatric or medical illnesses

Developmental history – as for a paediatric medical history
  – Obstetric and perinatal history
  – Developmental milestones
  – School and social functioning
Mental State Examination

• Need to modify the format according to the child’s developmental stage
  (You may also wish to refer to Table 33-6 from BJ Sadock & VA Sadock/eds - Kaplan & Sadock’s Comprehensive Textbook of Psychiatry, Vol. 2/ 7th ed. Lippincott Williams & Wilkins, 2000)

• Mental state examination of the parents and other family members may be very useful information (e.g. a child with difficult behaviours in the context of maternal depression)

• Observation of family interactions
  – Family roles
  – Parenting style
  – Marital relationship
Components of a comprehensive assessment

A comprehensive assessment of a child involves:

1. Interviewing the family together (often including siblings and others in the household)
2. Interviewing the parents alone
3. Interviewing the child alone (if developmentally appropriate)
4. Information from other sources (e.g. teachers, school reports, childcare centres, etc.)

Therefore, a comprehensive assessment may take several sessions.
Techniques of interviewing children

With children and adolescents, engagement is very important (as they are often brought to the interview by their parents, with little explanation or even against their will).

Children may not be able to express their feelings, and may find direct questions such as “what’s troubling you?” too hard to answer.

General questions about school, teachers, school friends, hobbies, pets, etc. are a good place to start. These answers can be very informative (e.g. how the child answers the questions as well as the content of the responses).
Techniques of interviewing children

For some children, drawings may be a useful way to engage them and to obtain information, e.g.

- I’d like you to draw your whole family, everybody doing something (“kinetic family drawing”)
- Draw a sad (or happy or angry or scary) picture
- Draw a dream
- Ask the child about the drawings

If you could have 3 wishes in the whole wide world, what would they be?