

## CEC CHILD OR ADOLESCENT DIAGNOSTIC INTERVIEW AND REPORT

### **Diagnostic Interview**

The purpose of the diagnostic interview with a child or adolescent and/or the parents is to arrive at an understanding of the child's or adolescent's presenting problems through an assessment of the specific person (e.g., physical health, level of anxiety or depression, self-efficacy) and environmental factors that precipitate and maintain the presenting problem. A report of the interview should summarize and interpret the basic data. You are to turn in a clear 40 to 60 minute audiotape of the interview, a typed transcript of the complete tape, a diagnostic report, and a consent form signed by a guardian, parent, and child if the child is twelve years or older.

Some problems as described by parents reflect appropriate child and adolescent developmental issues or somewhat common, transitory reactions of a child or adolescent to specific life circumstances. Other problems reflect more serious disturbances interfering with important developmental processes and achievements. Problems may be manifestations of any number of physiological, psychological, and sociocultural variables. In some children and adolescents the problems have persisted for a fairly long period of time. For others the problems have developed more recently or have been exacerbated by recent events or circumstances. In an interview you want to understand the specific manifestations of the problems, the event or events which have triggered the initial and later appearances of the problems (precipitating events), the child's or adolescent's reactions to these events, and methods of coping. Reactions and methods of coping will be influenced by personal factors (e.g., physical state, specific aspects of psychological structure and dynamics, and sociocultural variables.) In an interview, therefore, you should think about the manifestations of the problems; the degree of severity of the problems; precipitating, predisposing, and maintaining factors; personal assets and deficits (especially as related to the problems); developmental processes; current life situations; and family and sociocultural background as viewed by the child or adolescent, the parents, and you. You must interpret all information with the age of the child or adolescent in mind.

Note: The nature of the information gathered during the interview will vary somewhat with therapeutic orientation.

#### 1. Preparing for the Interview

A Locate a child or adolescent under 18 years of age who is capable of a relatively coherent verbal interview. You may also include one or both parents for part of the interview. It is usually important to interview one or both parents or guardian at some time during an assessment. You may or may not include a parent or parents for the CEC interview. (You may also use an interview with one or two parents or guardians related to a child for your CEC. See your seminar leader for guidelines for this type of interview.)

B. Secure a place for the interview and make sure your recording equipment records the interview audibly. Test your equipment before the client arrives. Audiotaped cassettes of the interview are to be clearly audible.

## 2. Conducting the Interview

A. Before seeing the child or adolescent, gather information especially about the reasons for the referral, the specific manifestations of the difficulties, and background data such as age, grade in school, and sociocultural background. You may obtain this information through talking to a teacher or other professional or reading a school record or hospital chart. If one or both parents bring the child or adolescent to see you, you may obtain the information by meeting with the parent or parents preferably with the child or adolescent present. You may also decide to meet with the parent or parents before setting a meeting date with the child or adolescent.

B. If you are interviewing a fairly young child, for example, ten years or younger, a play interview is very appropriate. You will probably spend most of the time with older children and adolescents in a verbal interview. Your questions and responses in a play or verbal interview should be related to your ongoing assessment of areas which appear most significant to understand. Inquire at least somewhat briefly or in more depth if possible into the nature of the presenting problems and the precipitating factors. Use good clinical judgment. Do not rigidly develop information based on the report format.

C. If you interview or observe a child or adolescent with one or both parents first, see them for no more than 15 or 20 minutes. Explore their views of the presenting problems, obtain examples of the problems, and look at possible precipitating factors. For some children, it may be useful to observe interactions with the parent(s) in a play format. Then interview or play with the child or adolescent alone without the parents for 20 to 30 minutes.

D. Regardless of whom you see and how you interact, leave at least five or ten minutes at the end of the session for discussing briefly with the child or adolescent and the parent, if the parent is there, your thoughts about the problems and plans for further meetings.

## 3. Evaluation Criteria for Interview

The interview will be assessed along the following dimensions:

A. The establishment of rapport with the client(s). The quality of the rapport will be judged using the client's initial presentations as a base-line and assessing the client's presentations by the close of the interview. It is hoped that the quality of the interviewer's interest, respect, acceptance, and line of questioning lead to an "opening up" in the client's communication as the interview proceeds.

B. The development of information for a beginning assessment of the child or adolescent in the context of the family. The evaluator will assess the quality of information in terms of clarity of the primary problem or problems and factors contributing to the problems in the context of the individual's strengths and other background features. The interviewer, therefore, should have specific information on the presenting problems, associated issues, personality characteristics, current life situation, and possible predisposing and precipitating events contributing to the current problems. The evaluator will assess the interviewer in terms of the quality (not necessarily quantity) of information and evidences of attentive listening and empathic responding to the clients.

C. The balance between establishing and maintaining rapport and gathering other specific data. The establishment of rapport is much more important than quantity of specific data. Remember that the actual interaction provides a lot of data. Too much questioning may interfere with the ongoing interaction.

## **Diagnostic Interview Report**

### 1. Report Format

The report of the diagnostic interview should be a summary of the most significant materials gathered during the interview. It should present the most important basic data with interpretations and conclusions. The report should include a description of the presenting problems, previous methods of handling the problems, major personal characteristics of the child or adolescent, and major characteristics of the family and family members, especially as related to the problems. State reasonable hypotheses regarding the factors contributing to the development and maintenance of the problems. Do not over interpret. In both the tape and report disguise or only generally identify the family members and institutional setting of the referral and interview. All proper names should be omitted or changed.

The report should be selective and succinct. Use 4-6 double-spaced typewritten pages to cover sections A through H. Use 1-2 double-spaced typewritten pages to do the self-critique (section I). Select the most significant data to include and analyze in your report. Review the transcript several times to make sure you include the most significant material. It is suggested that you do 3 or 4 drafts well in advance of the due date to maximize your observations and insights.

The following outline should serve as a guide for the report:

Note: There may be some variations in reports due to differences in therapeutic orientations.

A. Identifying information. Child or adolescent's birthdate, age, grade in school, gender, race, and sociocultural background. Parents' ages, races, educational backgrounds, occupations, religious, social class. Age, gender, relationship to child or adolescent of other people living in the home.

B. Referral information and presenting problems. Referral source, nature of the referral to the institution and interviewer, and reasons for referral. Brief statement of presenting problems, including behaviors, affects, thoughts that are creating difficulties for the child or adolescent and other people in the environment. Brief statement of first appearance and history of problems.

C. Precipitating Factors. Describe any events that resulted in the referral at this time.

D. Developmental History.

1. Developmental history of the child. History of major areas of personality, developmental, cognitive, and physical functioning. Describe crucial events in the child's life such as illnesses, hospitalizations, other traumatic events, and abusive experiences.
2. History of parents and family. Major events such as changes in family composition and dynamic functioning. Describe major events in the lives of each parent and other family members such as significant problems and traumas in the lives of each parent, siblings, and the family. Describe satisfactions and dissatisfactions in the history of the family.

E. Current status of psychological functioning of child or adolescent. Description of assets and deficits of child or adolescent, especially as related to presenting problems and keeping in mind the age of the child or adolescent. This description should be based upon the child or adolescent's interaction with the interviewer as well as statements made by the child, adolescent, and parents about specific aspects of functioning. Areas below are suggested areas for exploration. Specific aspects of the interview should be based upon the interviewer judgment about important areas and areas related to presenting problems. (These areas may differ with different therapeutic orientations). A rigid questioning about each area is neither expected nor desirable in an initial interview.

1. Presenting characteristics. Salient aspects of physical appearance, posture, movement, overall behavior of child, body care, dress, speech, affect, interaction with interviewer, and content of spontaneous verbalizations.

2. Major anxieties and fears. Degree or intensity of anxiety, sources of fear and anxiety, and ways of coping with fear and anxiety; fantasies, dreams, nightmares, "funny thoughts."

3. Wishes, needs and affects. Predominant mood or affect; wishes and perceived needs; ways of expressing and coping with emotions, wishes, etc. (e.g., ways of expressing

anger); awareness of emotions and ability to describe personal emotional responses; defenses against thought and affect.

4. Self-perception and self efficacy. Important aspects of self, evidence of gender identity, sociocultural identity. Belief in one's ability to respond to others successfully, accomplish tasks, and obtain positive consequences from the environment. Overall level of self-confidence and weaknesses in self-confidence.

5. Relationship with peers. Special friendships, style and quality of relating, anxieties, intimate and sexual relationships. Ability to understand and predict others' behaviors and feelings in social relationships.

6. School functioning. Quality of relationships with teachers and peers, quality of school work, interests, achievements, general cognitive abilities, specific verbal and perceptual-motor abilities, learning abilities. Perceptions and beliefs regarding school; nature of rewards and punishments received and perceptions of these; problems.

7. Special interest. Sports, hobbies, clubs, other interests and abilities.

8. Physical status. Overall health, specific physical problems or disabilities, methods of coping with problems; vision, hearing; medical history.

9. Problems solving and other cognitive abilities.

10. Motivational systems (external rewards, self-management behaviors).

F. Description of the current status of personality functioning of each parent and the current status of functioning of the family.

1. Description of each parent, caregiver, foster parent. Behavior, affect, thought of each parent during the interview; interaction with interviewer; expectations and concerns of each parent; role of each parent in the family; areas of agreement and disagreement between parents; modes of coping with conflict; discipline of children; activities with children; mode of interaction with children.

2. Description of the family. Role of child or adolescent in family; roles of other family members; problems; support networks; family rules concerning interactions and relationships.

(You may have very little information on the parents or family; if this is so, a brief statement regarding this is sufficient.)

3. Descriptions of the relationships with family members. Activities, interests, communication patterns, areas of conflict, anxieties, perceptions of family members, methods of coping with conflict with respect to parents, siblings, grandparents, and other relevant family members; emotional, physical, and/or sexual abuse.

4. Social context of the family. Contextual factors of the family including social class, race, ethnicity, and religion that impact the child.

G. Nature of the interviewer's relationship with child or adolescent (and parents, as relevant). Describe the nature of your relationship with the child or adolescent (and the parent or parents, if relevant). This discussion should include what is often called transference and countertransference reactions. That is, describe the "real" relationship as well as the projections from the past. Include as much vivid detail as you can about the way in which this client relates to you (feelings, thoughts, interaction, wishes, defenses, etc.). Include such patterns as how the client begins the session, what affects the client exhibits, how the client responds to your behaviors, what patterns the client seems to be repeating with you, and how this client tends to use you. Also, think clearly and specifically about the nature of your interaction with the client (your feelings, thoughts, interaction patterns, wishes, defenses, etc.), including aspects of your reactions that are responses to this client and aspects of your reactions that are a part of your characteristic patterns. Think about patterns such as what were your feelings in various aspects of the interaction, what feelings were you experiencing somewhat frequently, how much anxiety or uneasiness did you experience and over what, what were your responses to your own anxieties, what other behaviors or interaction patterns did you experience with the client. Think also about the vicious cycle or cycles in which you may have been caught with the client, suggesting patterns in the client's and in your lives.

H. Analysis or formulation of problem. This section should interpret and integrate the information from the interview so as to present a deeper understanding of the presenting problems. Give a general statement of the overall psychological functioning of the child, including degree of severity of problems. Summarize major specific personality assets and deficits (as presented in section C). Show the relationships between strengths and weaknesses, problems, and present coping methods. Describe other variables contributing to the development and maintenance of the problems, including physiological, psychological, family, and sociocultural variables, and describe the vicious cycle or cycles in which the child or adolescent (and family, as relevant) are caught. Your analysis should include your preliminary hypotheses on the factors underlying the presenting problems and should form a coherent theoretical perspective or perspectives. State the precipitating and maintaining factors for the current problems, and describe the interactions between precipitating and maintaining variables. Describe the adaptive and maladaptive functions or consequences of major patterns of thought and behavior, motivation for change in the child or adolescent and other family members, and current means for coping with the problems.

I. Recommendations. The nature of the recommendations should flow from the problems of the child, adolescent, and family and should reflect the limited nature of one interview. After only one interview you will probably make recommendations for further evaluation of psychosocial issues. Be specific about those issues warranting further exploration. You may also want to make recommendations for evaluations of speech and language, cognitive capacities, school progress and behavior, and/or physical problems. You may or

may not be ready to make recommendations for further interventions. Present your ideas at this point, however, even if tentatively, about the desirability of some type of intervention, and state the modality of therapy and treatment goals which you are considering. The treatment recommendations should logically relate to the assessment of the problem and the child's overall psychological functioning.

J. Self-evaluation of diagnostic interview.

1. Justify the particular information that was developed in the interview.
2. Critically assess the quality of information obtained; describe areas needing more or less focus in this interview.
3. Critically assess the nature of the relationship developed between interviewer and clients during the interview in terms of rapport, comfort, style, development of mutual working relationship, freeing-up of the client, and repetition of vicious cycles. Use your ideas not only to critique yourself but also here to provide clues about the client and your interaction.

Note: Your ability to assess your performance in a critical manner is very important. It represents a significant criterion for passage of this CEC.

If you are a student who is retaking the Diagnostic CEC, you are strongly urged to call or visit your advisor to clarify the expectations and criteria for the exam. The responsibility is yours.