Valuing the child’s perspective: The relevance and validity of information that children report about their presenting problem.

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• Child Mental Health Assessments
  – developmentally sensitive
  – multi modal
  – multi informant

• An inclusive approach
  – Need to hear the child’s point of view
• Do children provide reliable, valid information about their presenting problem?

  – Research conducted on formal assessment measures
    • Yes, are able (e.g., Ialongo et al., 2001; Holmbeck et al., 2005)
    • No, are not able (e.g., Boyle et al., 1993; Pelham, 2005)

  – Research examining child versus parent views
    • Low agreement (e.g., De Los Reyes & Kazdin, 2005; Rutter, 1997)
• In semi-structured or informal interviews?
• Research in analogue settings
  • Yes, can provide detailed accurate information about personal and emotional experiences (e.g., Patterson & Hayne, 2011, Macleod, Gross & Hayne, 2013; Salmon et al., 2003)

• Forensic contexts
  • Yes, can provide forensically relevant information (e.g., Katz & Hershkowitz, 2010)
• The present study:
• Can children provide clinically relevant and diagnostically valid information in a semi-structured interview in a mental health context?
• **Participants**
  - 33 children (age 5- to 12-years)
    - 5-6 years (n= 6); 7-8 years (n=6); 9-10 years (n= 14); 11-12 years (n=7)
  - **Undergoing a Mental health assessment**
    - 4 child mental health clinics that provided mental health assessment and treatment in a city in NZ
  - **Referred for internalising disorders (low mood / anxiety), externalising disorders (oppositionality, impulsivity), or developmental disorders (delay in language/ social/cognitive development**
Families invited to participate

Semi-structured interview at the start of the child interview
  - designed to elicit as much information from the child about their presenting problem
  - delivered by the Clinician who was trained in the interview protocol

The child was asked to provide a verbal account of their presenting problem
  - “Do you know why you have come here to see me today?”
  - If presenting problem identified, “I’d like you to tell (or draw and tell) me everything you can about [the presenting problem]?”
Follow up questions
- open-ended, direct questions and minimal encouragers
  - “can you tell me more about that” “then what happened, “uh huh” “yeah”

Finished when child had no further information to report

Additional presenting problems sought
- “Are there any other problems you are having?”
- Information about other presenting problems were obtained in the same manner
• Interviews audiotaped
• At the end of the full child assessment (i.e., multi modal, multi informant)
  – Clinician provided the overall diagnosis or outcome of the assessment
• Interviews transcribed verbatim and parsed into clauses
  – A simple sentence/phrase that contained an explicit or implicit verb (i.e., one verb per clause; Gross & Hayne, 1998)
  – “When we found out that he died” and “we were really upset about it,” and “we didn’t know what to do” (3 clauses)
• Clauses coded as:
  • Clinically-relevant or Clinically-irrelevant
    – Relevant to the presenting problem
    – Information about social, emotional, intellectual, communicative, behavioural or physical functioning
• Type of information provided
  – Emotion (description of emotional experiences)
  – Cognition (thoughts, desires, wants, imagining)
  – FID (frequency, intensity, duration, time)
  – Physical (physical sensations/ symptoms)
  – Behaviour (and action)
  – Environment (including location, objects in the environment)
  – Person (or animals)

• "She doesn't understand" = Cognition
• "It happens every night" = FID
• "I go out of control" = Behaviour
• "I get scared" = Emotion
• Congruency with eventual diagnosis
  – Diagnosis Congruent
  – Diagnosis Incongruent
  – Diagnosis Unrelated
• Congruency with eventual diagnosis
  – Diagnosis Congruent (accordant with or supported the diagnosis)
    • Diagnosis – Generalised Anxiety Disorder;
    • “I’m just worried at what’s going to happen”
• Congruency with eventual diagnosis
  – Diagnosis Incongruent (discordant with or did not support the diagnosis)
    • Diagnosis – subclinical
    • “I’m scared of people”
• Congruency with eventual diagnosis
  – Diagnosis Unrelated (information that was not related to the eventual diagnosis)
    • Diagnosis ODD
    • “it was sad when my brother died”
• Reliability
  – 33% of the transcripts independently coded by an additional researcher
    • Reliability, $r = .92, .94$ (clauses, relevant or irrelevant)
    • Kappa = .89 (Type of information provided)
    • Kappa = .90 (relevance to the diagnosis)
• RESULTS

• 31 interviews
  – 2 interviews omitted from analysis (sound, ESL)

• Post assessment Diagnosis (DSM-IV)
  – ADHD (n = 4); Adjustment (n = 9); Axis 4 (n = 7); GAD (n = 5); OCD (n = 1); ODD (n = 1); PDD(n = 1); tourettes (n = 1); subclinical (n = 2)
• Amount of information children reported
  – Average number of clauses for each presenting problem = 88 clauses
Relevance of information reported

Figure 1. Percentage of relevant and not relevant information provided by children
**Figure 3.** Mean number of clauses provided by children by type of information

<table>
<thead>
<tr>
<th>Type</th>
<th>Mean number of clauses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>15</td>
</tr>
<tr>
<td>Cognitive</td>
<td>10</td>
</tr>
<tr>
<td>Behavior</td>
<td>40</td>
</tr>
<tr>
<td>FID</td>
<td>10</td>
</tr>
<tr>
<td>People</td>
<td>5</td>
</tr>
<tr>
<td>Environment</td>
<td>10</td>
</tr>
<tr>
<td>Physical</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 4. Mean number of clauses that children reported that were congruent, unrelated or incongruent with eventual diagnosis.
• Overall,
  – 74% of the information was congruent
  – 24% was unrelated
  – Only 1% was incongruent
• Discussion

• Children reported a high proportion of clinically relevant information
  – Detailed
  – Included a range of information

• Diagnostically valid - The information they reported was consistent with the eventual diagnosis they received
• Limitations

• Valuing and including the child’s perspective
  – A unique view into the child’s internal world
  – Clinically relevant and valid information
• Acknowledgements
• We would like to thank the children and their families who participated in the research
• We would like to thank the mental health centres and the clinicians who participated in the research