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MENTAL HEALTH: INNOVATION | INTEGRATION | EARLY INTERVENTION

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

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Australian & New Zealand
Mental Health Association



- 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); 11-12years(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 (oppositonality, 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

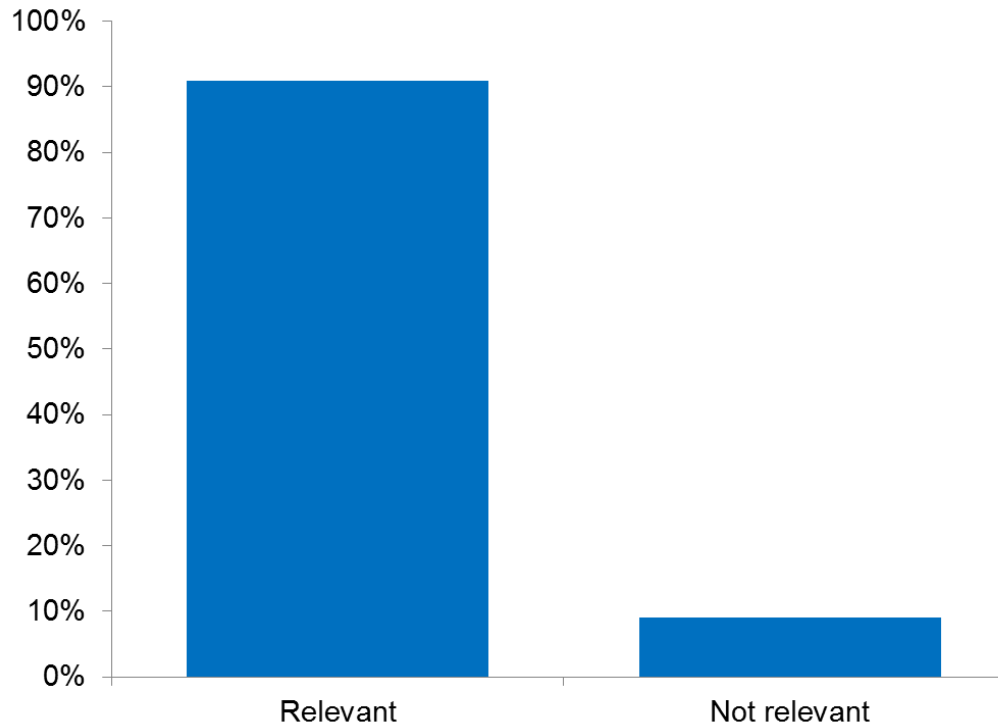
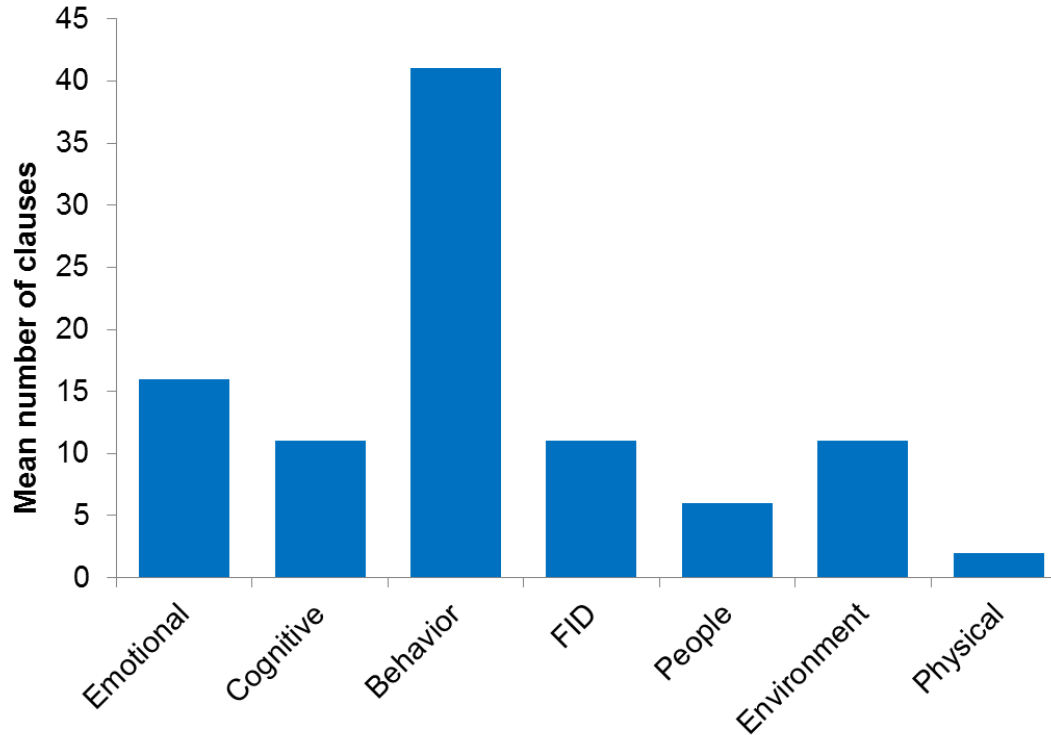
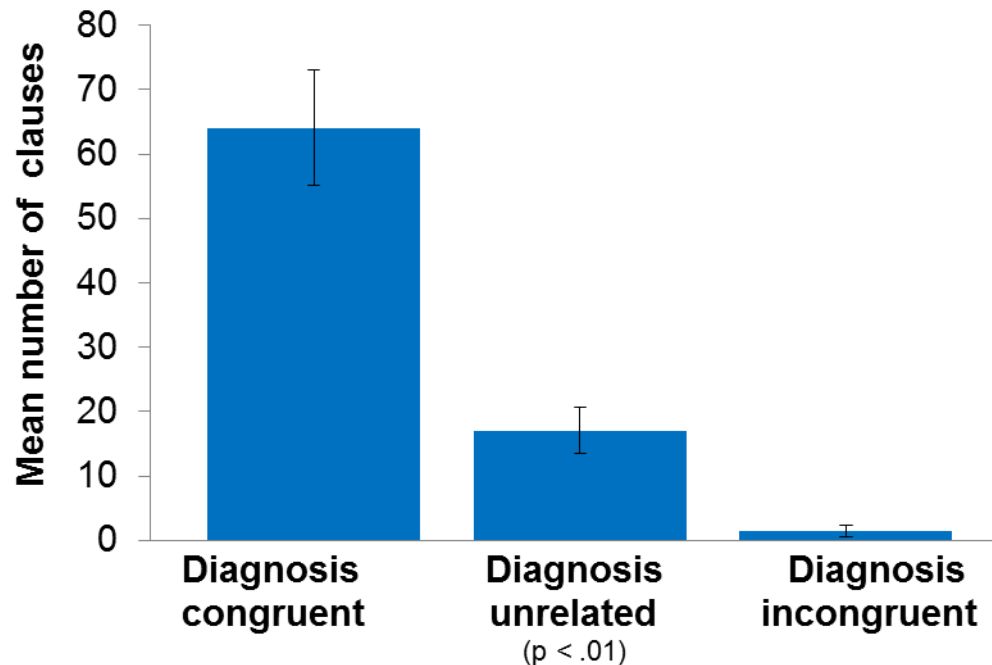


Figure 3. Mean number of clauses provided by children by type of information



Congruence of information with diagnosis

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
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