CHAPTER 5

The Process of the Clinical Child Assessment Interview

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In the diagnosis and planning for treatment of childhood disorders, the child interview can be a source of insight into the child's thoughts, feelings, and behavior. The information gathered from a child interview provides the clinician with an understanding of the child's perceptions of the current problems and the child's willingness to participate in treatment. Several structured interviews have been developed to assist clinicians in using the interview as part of the assessment and diagnostic process (e.g., Child Assessment Schedule [CAS], Hodges, Kline, Fitch, McKnew, & Cytryn, 1981; Hodges, Kline, Stern, Cytryn, & McKnew, 1982; Diagnostic Interview Schedule for Children [DISC], Costello, Edelbrock, Dulcan, Kalas, & Klaric, 1984). In addition, the interview with the child can be useful in determining the most effective intervention for the child's condition with respect to his or her level of motivation for treatment.

Through both the direct observation of the child and the content of the child's responses during the interview, the interviewer has the opportunity to gather several types of information. Direct observation of the child's general demeanor and interaction with the parent and interviewer provides information about the child's general social skills and capacity to relate to others. The information gathered from the interview can be used to evaluate the child's coping strategies and determine any behavioral and cognitive aspects associated with the child's condition (Johnson, 1998). Furthermore, the interviewer can learn about the child's perception of his or her condition, family, and social environment. The child interview also offers the interviewer the opportunity to evaluate the consistency of information provided by the parent versus the child. Any conflicting views may provide relevant information about the dynamics of the family and the child's presenting problem.

The child interview is a flexible procedure that is directed by the trained interviewer. By using the child's verbal responses and nonverbal behavior as guides, the interviewer can slow the pace of conversation or redirect the focus of the interview as needed. In addition, the interviewer has the opportunity to resolve any ambiguous responses and clarify any misunderstandings. Children as young as 6 years of age are capable of providing accurate information about their behavior, environment, and cognitions (Hodges & Cools, 1990; La Greca, Kuttler, & Stone, 1992). Therefore, it is the interviewer's responsibility to gain access to the wealth of information that children are capable of providing.

To conduct an interview with a child, the interviewer must be able to communicate with the child effectively. Although treatment manuals on play

therapy with children (e.g., McNeil, Hembree-Kigin, & Eyberg, 1996) have addressed the issue of building and maintaining rapport with children, there is a limited amount of research on the skills that are effective in this process. As a result, the beginning child clinician frequently comes into the clinical setting knowing what information is needed from the child assessment interview, but not knowing how to obtain it. Effective child interviewers typically develop their expertise through supervision and trial-and-error experiences in the interview situation.

Process skills are the techniques that interviewers use to guide and direct the interview sequence, build and maintain rapport, and facilitate the resolution of conflicts that may occur during the interview. Such skills are useful throughout the interview process. For example, interviewers often find it necessary to establish a safe and comfortable atmosphere for the child so that he or she will feel comfortable providing the interviewer with personal information. Display of warmth and acceptance is typically integrated with interviewer behaviors to facilitate the gathering of information from the apprehensive child.

The information in this chapter is tailored for the novice child clinician. It provides a repertoire of specific interview skills and strategies to facilitate communication with the preschool to preadolescent child during the assessment interview. Consistent with a developmental perspective, the discussion focuses on the general process skills that explicitly take into account the child's developmental capabilities and limitations. To simplify discussion of the many types of interviewer behaviors that will be considered, process skills are divided into two categories. General communications skills that can be implemented throughout the interview and that serve to build and maintain rapport are described first. Process skills that guide the interview sequence and facilitate resolution of common interview problems are discussed within a chronological model of the child interview in the final section.

GENERAL COMMUNICATION SKILLS

Two continuous process goals throughout the interview are (1) to establish rapport and (2) to maintain child cooperation. We have identified eight basic communication techniques that are helpful in accomplishing these goals. The use of these skills is not limited to interviewing but is frequently implemented in therapy as well. However, the scope of this chapter will be limited to their use in the assessment interview. No single technique is usually sufficient; rather, they are most successfully used in combination and as the situation demands.

ACKNOWLEDGMENTS

An acknowledgment is a verbal or nonverbal response by the interviewer that indicates attention, expresses empathy, or provides feedback to the child. An acknowledgment does not describe or evaluate the child's thoughts or behaviors. Interviewers use acknowledgments to convey to the child that the interviewer is watching or listening, as in the following examples:

CHILD: I drew a flower.
INTERVIEWER: Hmmm.
CHILD: I like talking to you.
INTERVIEWER: (smiles).
CHILD: He took my stuff.
INTERVIEWER: Oh no.

Interviewers must adjust their methods of acknowledgment according to the developmental level of the child. With preschool children, interviewers need to use slightly exaggerated expressions of affect and distinct behaviors to acknowledge the child's thoughts or behaviors effectively. With adolescents, however, interviewers have more flexibility in their expressions of affect or behavioral gestures, and even very subtle acknowledgments will affect the interactions.

Acknowledgments are useful for conveying understanding of the child's thoughts and feelings without interrupting the child's train of thought. A child is often more willing to verbalize his or her feelings and concerns about a topic once the interviewer has shown empathy with the child's point of view. Interviewers need to be aware of their use of acknowledgments and use clinical judgment when deciding whether to acknowledge a child's thought or behavior. Although not evaluative, acknowledgments typically result in elaboration of the child's current topic of conversation. Therefore, caution in the use of acknowledgments is essential to avoid inadvertently reinforcing redundant or irrelevant discussion.

Descriptive Statements

A descriptive statement is a verbal picture of the ongoing behavior of the child, as in the following examples:

You're drawing lots of colors in your rainbow.

You look sad when you talk about your grandmother.

You're using your indoor voice today.

Descriptive statements are a simple way to give attention to the child and to focus on those aspects of the situation that are likely to interest him or her. With very young children who are generally egocentric, descriptions of their behavior let them know that you notice what they are doing or that you can share their perspective. Descriptive statements provide an easy way to encourage the child to continue ongoing behavior. Perhaps of most importance to the interviewer who is uncertain where to proceed next, descriptive statements can provide a way to maintain communication while planning the next step. When at a loss for words, novice clinicians are sometimes tempted to make personal comments, such as "I liked cars when I was your age" or "I have a brother with that name too," which rarely promote relevant discussion. Children commonly do not clearly describe their feelings in words, although they sometimes express their emotions very clearly through their actions (e.g., drawing) or facial expressions. When the interviewer describes their expressions, children learn that emotions are topics of interest in the interview without feeling pushed to describe the feelings they may be hesitant or unable to verbalize yet.

In choosing an appropriate descriptive statement, the interviewer must consider the child's developmental level. It is important that the child understands the descriptive statement. Therefore, the interviewer must choose age-appropriate vocabulary and short, concise statements when addressing young children. Even when addressing older children, the interviewer must be aware of their ability to comprehend complex language and abstract content. In addition, adolescents often have terms and phrases in their repertoire that have a specific meaning for their age group. Therefore, the interviewer must be cautious in using descriptive statements that reflect ambiguity. It is possible that descriptive statements spoken with good intent could be perceived as offensive by the preadolescent.

Reflective Statements

Reflective statements repeat or paraphrase what the child says. They may be literally the same words or they may provide some elaboration or interpretation of what the child said, but they always retain the essential meaning of the child's expression through reflection of the content or the emotion of the child's expression. The following examples are reflective statements:

Child: I want the black crayon.
Interviewer: You want the black crayon. (literal)
Interviewer: You need a dark color for the picture of your house. (elaboration)
Child: I hid under the covers.
Interviewer: You were really scared by the thunder. (reflection of emotions)

Interviewers use reflective statements to convey acceptance, interest, and understanding. By reflecting the child's ideas, the interviewer gives the child an opportunity to clarify the interviewer's understanding and elaborate with further details. Reflective statements generally result in increased verbal interchange between the interviewer and the child.

Reframing

Reframing is a technique in which the interviewer provides the child with a more appropriate interpretation of his or her situation. The following are examples in which the interviewer reframes information that the child has provided:

Child: My mom is always getting mad at me for leaving my shoes everywhere. She always says that my room is messy and that I never make my bed.
Interviewer: It sounds like your mom is noticing that you're growing up and you're able to handle more responsibilities. But you don't seem very happy with the way she reminds you of the things you need to do.
Child: I keep on trying to study really hard, but I'm still not making good grades. I'm tired of school.

INTERVIEWER: All the effort you've been putting into your school work shows that you really want to do well in school. Every hour you spend studying will bring you closer to getting better grades. But so far, you've found that certain study habits may not work too well for you. In therapy, we can use that strong desire of yours and think of other techniques that may work better for you.

Children tend to be fixed in how they view their environment. When a child has negative views, it is important for the interviewer to recognize the child's feelings and guide the child toward a more appropriate interpretation of the situation. By your acknowledging the child's views and discussing them in a more positive and encouraging light, the child will be exposed to a new way of understanding his or her situation.

PRAISE STATEMENTS

A statement of "labeled praise" indicates approval and specifies exactly what act or event the interviewer is encouraging:

I like how gently you're playing with the toys.

You're doing a good job of telling me what happened.

It sounds like you did the best you could at getting along with her.

The child frequently anticipates assessment as a negative event; genuine labeled praise helps minimize the child's anxiety, and it is a direct expression of acceptance. It also serves to encourage and guide the child's talk in productive directions. The type of labeled praise that the interviewer uses must change according to the developmental level of the child; it is more subtle and less effusive with the older child.

SUMMARY STATEMENTS

Summary statements are used to review information that the child has presented in the preceding segments of the interview. The interviewer briefly describes the information the child has given, as in the following examples:

You've told me that you fight a lot with your sister and you don't think your family loves you. I'd like to know more about how your family treats you.

As I understand things so far, one big problem is school, and another one is your brother's friends. Is that correct?

We've talked about your brothers and your sisters. What is one of your favorite activities that you enjoy doing with your family?

Summary statements can be useful for focusing on a particular topic when the child has presented several content areas. As shown in the first example above, the interviewer uses the summary statement to guide the interview process and solicit the desired information. Summary statements are also useful for confirming the interviewer's understanding of information that the child has presented, as seen in the second example above. The third example shows how interviewers can use summary statements to introduce a new topic of discussion without breaking the flow of conversation. Summary statements are often used when the interviewer wishes to close one area of discussion and introduce a new topic.

AVOID CRITICAL STATEMENTS

Critical statements are verbal statements that indicate disapproval, such as negative "stop" commands and insults to the child. Critical statements may also imply that what the child says, thinks, or does is in some way wrong or bad, as in these examples:

You should know better than that.

Stop climbing out of your chair.

You don't try very hard to remember.

Critical statements foster negative emotional reactions such as anger, resentment, and frustration, and lead to unproductive defensiveness. These statements are particularly detrimental to rapport and may lead the child to act negatively or resistantly for the remainder of the interview. For example, a child who is told that he or she is not trying hard enough may lose the motivation to respond further. Although it is easy to avoid blatant criticism of the child, the interviewer must be vigilant

to avoid subtle criticisms, such as "I know you can do better." As an alternative, the interviewer might choose to acknowledge the child's effort by saying "It's a hard job and I can see that you're still trying."

Often, children's negative, aggressive, or destructive behavior can be avoided by structuring the situation at the start (see "Getting Started" later in this chapter). Occasionally, however, negative behavior will be presented that is too harmful or destructive to be continued. If the rules of the playroom have been previously stated, rule-based correction can be used to avoid direct critical statements. For example, a reiteration such as "One of the rules of the playroom is that things cannot be broken" is preferable to "Don't break the doll." In other instances, a critical statement intended to change a child's inappropriate behavior might be restated as an invitation for an incompatible behavior. The following examples demonstrate critical and invitational statements:

CHILD: (hitting head against wall)
INTERVIEWER: Stop hitting your head. (poor)
INTERVIEWER: Come and play at the table. (better)
CHILD: (throwing blocks at interviewer)
INTERVIEWER: I don't like it when you throw blocks at me. (poor)
INTERVIEWER: Put the blocks in the box. (better)
CHILD: (drawing on table)
INTERVIEWER: Don't draw on the table. (poor)
Interviewer: Draw your picture on this paper so you can save it if you want. (better)

There are also situations when inappropriate behavior can simply be ignored. Rather than criticizing, the clinician can watch for positive behaviors and reinforce them when they occur, as in these examples:

CHILD: (climbs on table)
INTERVIEWER: (ignores climbing)
CHILD: (gets off table)
INTERVIEWER: It's safer when you stand on the floor.
INTERVIEWER: Tell me a story about this picture.
CHILD: I can't think of anything.
INTERVIEWER: (ignores statement) What is this girl doing?
CHILD: She's sitting.
INTERVIEWER: She is sitting. I'm glad you told me about part of this picture.

OPEN-ENDED QUESTIONS

An open-ended question, in contrast to a close-ended question, is one that cannot be answered with a simple yes or no. Open-ended questions are generally preferable:

Do you like dolls? (close-ended)
What toys do you like best? (open-ended)
Can you remember anything else about that? (close-ended)
What else can you remember about that? (open-ended)
Was it bad? (close-ended)
What was it like for you? (open-ended)

Open-ended questions lead to more information per question and minimize the possibility of leading the child to a conclusion that is the interviewer's rather than the child's. Open-ended questions are especially useful for opening up new areas of discussion and can facilitate spontaneous, continued conversation. When using open-ended questions with preschool children, it is important to comment on the child's response or encourage the child to elaborate. Young children may not provide all of the information the interviewer is seeking. If the interviewer is seeking information that has not been revealed in the child's response, the interviewer may use close-ended questions to elicit the necessary details (e.g., "You said that you're getting bad grades in school. Are you having trouble doing your school work?").

Open-ended questions that begin with "why" should be avoided. "Why" questions are typically perceived as threatening and lead to defensiveness. Most children referred to a clinician have already been asked "why" many times with respect to their difficulties. Their responses are likely to be post hoc rationalizations rather than the desired information describing the steps leading to the problem behavior. For example, the question "Why did you skip school?" could be better rephrased as "What things about school don't you like?" or "What things do you do instead of going to school?" It is the interviewer's responsibility to determine motivation,

therefore it is unproductive to ask the child to make interpretations in the interview.

AGE-APPROPRIATE COMMUNICATION

There are many areas in which an interviewer may alter his or her style depending on the age of the child. The first and most obvious is the vocabulary and sentence structure that is used in talking with a child. It is often difficult for a novice interviewer to translate sophisticated words or concepts into the simple terminology that a young child can understand. For example, in attempting to determine possible reinforcers for use in a token program with a fourth-grader, the child would have difficulty understanding "What kinds of activities are reinforcing for you?" Instead, the clinician might ask, "What things do you like to do?"

One source of confusion for the child is psychological jargon. Many words and phrases that become basic vocabulary to mental health professionals are not familiar to children. Sentences such as "How do you interact with your dad?" and "It sounds like you wanted some feedback from your teacher" contain typical examples. Children are not likely to point out words they do not understand, but these words often lead to misunderstanding and disrupt rapport. Audiotaping an interview for later scrutiny with a supervisor or colleague is often a useful technique for identifying jargon and honing skills for interviewing children.

Young children can become particularly confused with the use of "feeling words," such as "depressed," "anxious," "disappointed," and "guilty." Typically, young children understand few feeling descriptions other than "mad," "sad," "glad," and "scared." To obtain more information about the affective experience of the child, the clinician would do better to work toward having the child describe specific examples behaviorally. Rather than asking "What is it about your mother that angers you?", the clinician can more profitably ask the child "What things does your mother do that make you mad?" At other times, children may use words or phrases incorrectly to describe their feelings. When a child uses sophisticated words to describe feelings, it is advisable to explore the child's understanding of the words. For example, Boggs and Eyberg (1990) suggest that the interviewer prompt the child to provide clarification by reflecting the child's phrase.

In addition to using clear and simple vocabulary, the interviewer must limit use of qualifying phrases with children. Although the clinician's intent is to increase accuracy when asking a question such as "Where are you most likely to be when you cry?", that information is more apt to be obtained by asking "Where do you cry?" The interviewer must also limit the amount of information conveyed in each sentence. As a general rule, each statement or question should be short and simple and contain only one idea. For example, the interviewer would not want to say "When is it that you feel bad, and what do you do then?" but instead "When do you feel bad?" and then follow obtained leads with subsequent questions.

The use of silences is another important style issue to consider in the child interview. A silence of more than a few seconds is often aversive to children when the primary mode of interaction is verbal (Boggs & Eyberg, 1990). With the preadolescent in particular, an extended silence following an interviewer's question tends to be nonproductive and contributes to resistance. In some cases, the child may perceive the "pregnant silence" as being a challenge or an indication of disapproval from the interviewer. In contrast to the strictly verbal exchange interview often used with the older child, the silences that occur spontaneously during play interactions with younger children can be used productively to allow nonverbal communications.

Decisions about the use of physical contact when interviewing the child have few explicit guidelines. The reasons an interviewer might touch a child are varied and could include the wish to gain a child's attention, to encourage a child to continue in an activity (often used in conjunction with praise), to calm a child, or to demonstrate affection. In general, physical contact is used judiciously and in accordance with the child's history and reactions. Paralleling general societal norms, the interviewer will provide relatively less physical contact to older children. In the play interview, a touch on the child's hand might be used to redirect the child's attention to the task, and a pat on the shoulder might accompany verbal praise. When children wish to hug the interviewer hello or good-bye, they often accept and enjoy an enthusiastic redirection to a "high five." In rare cases where a child exhibits acute emotional distress (such as crying or showing

intense fear), the interviewer may feel it important to provide additional physical comforting. In most cases, however, the role of the interviewer is not to provide nurturance. The interviewer can typically minimize emotional distress by using one of the following strategies: (1) offering verbal reassurance, (2) distracting the child toward a pleasant activity, or (3) redirecting the topic to a more neutral area. With young children, for example, the redirection back to toys immediately following a stressful interchange may reduce emotional distress without need for physical comforting. Older children may benefit from having conversation redirected toward areas in which they have personal strengths.

Another way that clinicians sometimes demonstrate nurturance is by sharing a snack or a drink with the child. Opinions on this as a practice in child therapy vary considerably (e.g., Greenspan & Greenspan, 1981). Some clinicians argue that it is critical to respond concretely to the unmet dependency needs of some children, or that use of such primary reinforcers can enhance the clinician's reinforcement valence. We suggest that this is an unnecessary procedure in the child interview. Family health beliefs about many snack foods have assumed increased salience in recent years, and potential problems can be avoided if food is not offered. Although it may be tempting to do so, it is advisable to avoid assuming a parental role with the child during the initial interview.

A final issue to consider in age-related communication pertains to reference points of interest. Children at different developmental levels relate to different media heroes, games, clothing fads, and hobbies. Conversation about current topics can be very effective in establishing rapport. This means that the clinician needs to be familiar with what is current in the child's world and should not rely on recollection of his or her own childhood to determine the child's interests. For interviewers who have daily contact with children, this may not be difficult. For others, deliberate efforts to learn more about the child's world may be necessary. Browsing in toy stores or in the children's section of bookshops and clothing stores or leafing through toy or clothing catalogues can familiarize the clinician with the trade names of popular toys and current trends in collectibles (e.g., Beanie Babies). Watching the Saturday morning cartoons and the after-school to early evening television programs can serve as an introduction to the media heroes of different age groups. Knowing the traits of the characters a child identifies with may reveal information about the child's values. Simply talking with friends who are parents can provide a wealth of information about popular interests and activities of children of various ages.

CONDUCTING THE INTERVIEW

For heuristic purposes, we divide the child interview process into five successive stages. In each stage, we describe step-by-step interactions that collectively define the interview. Common problems that may arise to interrupt or interfere with forward progress through the stages are also presented along with ways the interviewer can handle these disruptions.

Getting Started

In most instances, the interviewer will meet the family in the waiting room. Prior to approaching the parent and child, the interviewer can make valuable observations about the child's physical appearance, coordination, mood, activity level, location, and responses to parents and others. The interviewer can also observe parent-child interactions and child or family problems. This may be the most naturalistic observation period available.

The introduction to parents and child can take several forms (e.g., Greenspan & Greenspan, 1981; Reisman & Ribordy, 1993). Opinions vary as to whether the interviewer should address the parents or the child first and the degree of formality that is appropriate in these initial introductions. Although some clinicians prefer to avoid using a formal title, others believe that such a procedure is important to establish the nature of the relationship as a helping relationship and different from a casual friendship (Reisman & Ribordy, 1993). A formal introduction, given with a smile and individual attention, is least likely to offend.

Following the introduction to the parents, the interviewer may wait briefly for the parents to introduce their child or may choose to initiate the introduction to the child immediately. The first approach may be preferable when the child appears shy or frightened, when the interviewer wishes to

observe a brief sample of how the parents gain the child's cooperation, or when the interviewer wishes to acknowledge the parents' authority. An immediate introduction to the child may be the preferred approach when the interviewer wishes to communicate with and express respect for the child or when it seems important to avoid appearing allied with the parents. This latter approach seems most advantageous with an older child. Of course, if the parents do not make the introduction, the interviewer would turn to the child and do so.

In the introduction to the child, the interviewer might say "Hello Susie, I'm Dr. Jones." Regardless of the child's age, he or she will likely be suspicious of the interviewer. To allay the child's initial apprehension, the interviewer can make brief comments about the child's appearance, dress, or any personal object the child may have brought. Comments such as "That's a big gator on your shirt!" or "What a pretty doll. What is her name?" let children know that the interviewer is interested in them. These comments should be positive, brief, and enthusiastic in nature.

Next, provide information to the child and family about the plan for the session. If the plan is stated while in the waiting room, it can help to alleviate the natural anxiety a family may have about the visit. The plan should clearly tell the child what he or she will be doing, where he or she will be doing it, and where his or her parents will be. There are a number of ways to sequence the interview. For example, the following statements would be appropriate for the younger child:

> "I brought a special picture book that you can look at while I talk to your mom and dad. We will be talking in the room right across the hall for a little while. Then we'll come back, and you and I will get a chance to play and talk. If you need anything, you can ask Mrs. Smith [receptionist] right there." (parent interview first)
>
> "I have some special toys and pictures for us in a room just down the hall. Your mom and dad will be working on some papers right here while we play and talk. I want you to come with me, and I will show you where the toys are." (child interview first)
>
> "The four of us will go to the play room so that we can have a chance to talk, and I have some special toys for you to play with." (family interview first)

A typical procedure is to ask the parents to fill out standardized assessment questionnaires about the child and family (see Boggs & Eyberg, 1990) while waiting for the child. Giving this task to the parents at this time can set the stage for asking the child to come to the interview room while the parents are filling out the forms. If the assessment session will include standardized parent-child observations, it can be explained to the child that after a period of play (talk) with the interviewer, he or she will have an opportunity to play (talk) with his or her parents in the playroom.

The walk to the playroom with the child provides additional time to establish rapport. It is useful to chat with the child about interesting and nonthreatening topics (e.g., "It looks like you have new tennis shoes"; "I have a brand new puppet in my office").

POTENTIAL PROBLEMS IN GETTING STARTED

Because beginning clinicians often find it more comfortable to deal with adults, it may be tempting to ignore the child and to focus on the parent. It is important to give children equal time in the waiting room and in the family interview. Of course, there will be times, with younger children particularly, when they cannot be left in the waiting room and must be present during the "parent interview." It is inefficient to try to include a child in interview topics such as developmental history, for example. In this situation, suitable options may include explaining the need to talk to the parents and providing the child with toys, paper and pencil, or a book and separate space in the room. With the highly disruptive child or when sensitive material must be discussed, it is best to obtain a babysitter for the child in the waiting room, such as a clinic staff, or even an understanding colleague for whom you may have to return the favor.

A second potential problem in getting started arises when parents begin to describe the child's problems too soon. Sometimes, parents begin an account of the child's behavior when they first meet the interviewer in the waiting room. This can interfere with initial attempts to establish rapport with the child. The premature offering of information can often be avoided by the early provision of information about the plan for the session or can be gently curtailed by assuring the parents that there will be an opportunity to talk in detail during the interview.

The clinician encounters another kind of problem if a different set of persons than expected is present for the child's interview. This might be a different parent than was expected, more parents than expected (such as both natural and step), and/or additional children. It might also be that the parents are absent, or even the child may be absent. The interviewer will need to be flexible in dealing with these kinds of unanticipated situations and should do so without communicating inconvenience to the family. Occasionally, the clinician may capitalize on unexpected situations by learning more about the family, their values, or their perceptions of the child. After meeting the individuals who are present, it may be necessary to take some time to revise the plan for the session. This can be done by telling the family that some additional forms, toys, or chairs are needed, and asking them to wait a few minutes.

A fourth potential problem in getting started occurs when the child to be interviewed is screaming and crying in the waiting room. The first option available is to wait a few minutes before entering the waiting area to see if the child's distress is brief. Allowing the parent to calm the child may prevent a circumscribed outburst from setting up a negative initial interaction between interviewer and child. If the child continues to cry or begins crying after entry into the waiting room, one of several strategies can be employed. The interviewer may try initially to ignore the crying and proceed to greet the family and describe the plan for evaluation. If the child continues to cry, it may be possible to distract the child by offering him or her a toy and engaging briefly in play. If this too fails, we suggest beginning with the parent interview with the child present. Parents know their children well and will likely be able to calm the child during this time. Making age-appropriate, appealing toys available during this time is a useful strategy.

A related problem encountered occasionally in the waiting room involves difficulties in separation. As a first consideration, most children under the age of 3 or 3.5 years can be expected to resist separating. Unless seeing the child alone is important, it is wise to avoid unnecessary separation for the very young child. Separation problems with children aged 4 years and older can often be prevented by careful and clear structuring of the situation. The child must be told where the parent or relative will wait and younger children need to be shown the specific area. In implementing the separation, it is not a good idea to ask the child if he or she would like to come. This question may unintentionally imply that the child's preference is being solicited. Instead, it is more effective to say "Come with me to the playroom" while offering a hand to the young child. By providing the directive and taking the initiative as if compliance is expected, the interviewer can minimize potential separation problems. Alternatively, it is sometimes effective to provide the child with two choices, either of which is acceptable. For example, the interviewer could ask the child "Would you like to leave your dolly here with your mother, or would you like to bring her with you?" By your providing the child a choice and some semblance of control in the situation, the child may feel more comfortable. Sometimes, carrying a particularly enticing toy (e.g., a bubble-blowing bear), demonstrating it, and then offering the child a chance to play with it but only in the special playroom allows the interviewer to coax a hesitant child into the interview room.

Similar strategies may also be used when separation problems persist. For example, the interviewer can have the parents accompany the child to the interview room and encourage the child to explore the toys. As the child relaxes, the interviewer can increase the one-to-one involvement with the child while remaining focused on play materials. When the child becomes engaged in play, the interviewer can give the parents explicit verbal permission to leave the room. Parents of children who have separation problems may also be ambivalent about separating, particularly if the child begins to protest. If this is the case, the interviewer can give the parents brief verbal assurance, such as "Things will be fine." If this is not enough to reassure the parents or child or both, it may be best to redirect the parents to stay. At this point, any further attempts at separation are likely to be unproductive and have deleterious effects.

Setting the Stage

The initial few minutes with the child in the interview room can be awkward and anxiety-inducing for the novice interviewer. The child typically looks to the adult for guidance regarding appropriate behavior in this new setting. Providing a structure for the child in the initial stages of the interview will reduce the child's anxiety and set the stage for

conduct during the session (Calzada, Aamiry, & Eyberg, 1998).

The purpose of the evaluation may determine the degree of structure the clinician will choose to employ initially with the child. If the first objective is to administer standardized tests, a high degree of initial structure is recommended. On the other hand, if direct contact with the child is limited to the unstructured clinical interview, less structure may be needed or desired.

The presence and placement of objects in the room provide the initial means of structuring. By carefully selecting the play materials, the clinician guides the interview to topics of clinical relevance. If the interviewer wishes to assess the child's perceptions of his or her family, for example, then materials relating to houseplay should be prominent. Additional materials made visible to the child during testing or interviewing are likely to be a distraction.

The degree of structure is also influenced by the explicitness and immediacy with which the child is directed to a seat. If the interviewer wishes to have the child remain seated throughout most of the session, it is advisable to direct the child to a seat shortly after entering the room. The interviewer might say "I have a special chair just for you [pointing to the chair]. Sit right here." If it is necessary for the child to remain seated for an extended period of time or if the child is very active, the placement of the child's chair should be planned in advance. By placing the child's chair in a corner of the room blocked on two sides by a table and the interviewer's chair, the child will attempt to leave less often. Gentle physical constraint, along with explicit directions, may also be necessary and usually is not upsetting to the child. For example, the interviewer can hold the child's hands while setting out objects or extend an arm to the child's shoulder if the child starts to get up. Of course, as described earlier, frequent praise of the child for the positive opposite behavior is likely to maintain the child's attention on the tasks. Initial comments such as "You're staying in your chair so well" as well as comments throughout the interview such as "You're trying really hard on this" (young child) or "You're doing a nice job of telling me what happened" (older child) serve to reinforce the ongoing behavior. Most children enjoy being allowed to select a sticker as a prize for staying seated or working on a task. Allowing children to place earned stickers on a paper they can keep is a simple and powerful technique for structuring with disruptive children.

In a play interview, and particularly with the disruptive child, it is advisable to point out to the child what he or she can and cannot do. For example, "Two important rules of the playroom are that you cannot break anything and that you cannot do anything that will hurt you or me." If the behavioral limits are established at the outset, occurrences of rule breaking provide information about how the child responds to rules as well as a means for avoiding direct criticism if the child breaks a rule. Instead, rule-based corrections are possible.

Particularly for the older child, an important consideration in setting the stage for the interview pertains to letting the child know more about what is going to happen. There are a number of ways to broach this topic. It may be that the child will provide initial cues, such as a look of apprehension or a direct question: "Are you going to give me a shot?" At other times, the interviewer will need to bring up the topic in a statement such as "I wonder whether you know what kind of doctor I am." An explanation can vary according to the age of the child. One introduction is as "a doctor for feelings, someone who talks with boys and girls who sometimes feel bad and helps them feel happier." Another introduction might be as "a psychologist, someone who talks with kids and their families when there are some problems and helps them learn better ways of getting along." The interviewer can also alleviate some of the child's concerns by giving the child an opportunity to ask questions about the interview process.

At any point during the interview, the interviewer must be aware that communication problems may occur due to ethnic, cultural, or socioeconomic differences between the interviewer and the child. Verbal and nonverbal behaviors may be misinterpreted by the interviewer or the child due to differences in communication style. For example, differences in the use of gaze patterns can produce miscues and awkward periods. Interviewers must guard against making hasty interpretations and diagnoses when cultural differences exist. The expression of psychopathology is often related to the child's culture (Whaley, 1997). Therefore, the interviewer must be aware that symptoms have different interpretations depending on the child's group membership. In working with a child of a different ethnic, cultural, or social class group, it is essential

for the interviewer to study the culture, language, and traditions of the group prior to the interview to become more familiar with the ongoing context in which the child is raised (e.g., Bernal & Knight, 1993; Harris, Blue, & Griffith, 1995; Owomoyela, 1996). The interviewer will also improve the quality of communication by becoming familiar with words or expressions that have special meaning to the child's group.

A final consideration in setting the stage is confidentiality. Confidentiality in relation to children is both an ethical and legal issue; it has been discussed in detail by Melton and Ehrenreich (1992) and Keith-Spiegel and Koocher (1998; Koocher & Keith-Spiegel, 1990). Legally, children have very limited rights to confidentiality. Ethically, however, the confidentiality of information provided by the child depends on both the age of the child and the purpose of the interview. In general, a discussion of confidentiality is unnecessary during the play interview with a preschool-age child (Boggs & Eyberg, 1990). With the preadolescent, unless the interviewer intends to cover highly sensitive topics, introducing the concept of the limits of confidentiality may serve only to confuse or intimidate the child. For most children, it may be best to address confidentiality in broad terms. For example, the interviewer might say "We will be talking about a lot of things today. Then you and I will talk to your parents about the things that are important. This way we can all work together to make things better." The development of trust is fostered more by the warmth and empathy conveyed by the clinician than by verbal assurances of limited confidentiality.

Gathering Information

As soon as the process of establishing rapport with the child has been initiated, the gathering of relevant information can begin. The basic information usually desired from child interviews for effective diagnosis and treatment planning includes assessment of (1) intellectual and academic functioning, (2) developmental level, (3) personality functioning, (4) family functioning, (5) social functioning, and (6) temperament and affect. Not all of this information is sought in the child interview; formal psychometric assessment, structured behavioral observations, parent interviews, teacher interviews, and agency contacts serve as important sources of this material. However, the child interview may be particularly useful for assessing the child's perceptions of his or her environment and self, for gaining knowledge about the child's preferences, likes, dislikes, and expectations, for assessing the child's social and emotional skills, and for obtaining specific and sensitive types of information (Mash & Terdal, 1997).

In light of the large number of topics that could be covered in a child interview, it is important that the interviewer select areas carefully. A thorough review of all background information and presenting problem(s) of the particular child can guide the choice of those areas. The interviewer should also review the professional literature relevant to the child's problem, any associated physical or cognitive deficits, and possible treatments. It is a good idea to prepare in advance a brief checklist of the information to be obtained during the interview. To maintain rapport with the child in the face of unanticipated events, however, it is important to remain flexible and not follow an outline rigidly. Periodic reference to the checklist can provide reassurance and help ensure that important topics are not forgotten.

An organizational format that can be helpful is one that proceeds through the child's perceptions about his or her (1) environment, (2) self, and (3) presenting problem(s). Included in environment are peer relations, school, and family; included in self-perceptions might be wishes, interests, and fears. The presenting problem consists of the specific complaint that led to the referral. It may stem from either the environment or the self. Addressing the presenting problem last allows the interviewer to have the opportunity to establish a degree of rapport and trust before addressing the most difficult issues. It also provides the interviewer with a more comprehensive understanding of the child's perception of the problem.

Often, it is useful to employ "selective reflection" to structure the conversation during the interview. This involves listening to the total content but reflecting only that portion of the verbalization that the interviewer wishes to explore further. For example, a child might say "Sometimes I get really mad at my sister, but Mom always takes her side." This presents at least two choices for direction. If the child's relationship with his or her sister seems most important, the response to the child could be "Your sister does some things that make you mad."

On the other hand, if the child's relationship with the mother is the focus, the response could be "Your mother doesn't always seem to understand how you feel." Another technique useful in providing transitions between topic areas is to use a summary statement of the content areas just covered, placing last in the summary the area to be pursued further. This can be followed with a statement such as "I'd like to talk more about [the last point]." Summary statements can also be used to provide closure to a topic area, and then new topic areas can be introduced simply by asking new questions.

An approach that can be used within each of the content areas is to move from the positive, nonthreatening topics to the more threatening topics. The problem topic is generally not addressed until the broader context is understood. Younger children can be made to feel more comfortable by beginning with subjects they know and like. Aspects of the child such as age, nursery school, birthday, pets, favorite games, and TV shows are usually safe topics. Older children, who have had more societal contacts, may be relaxed by discussion focused on friends, school, sports, or social activities.

In exploring self-perceptions, the interviewer may initially ask children about what they like best about themselves or what they are most proud of. Discussion of strengths is usually nonthreatening and eases the transition into more threatening topics. For example, asking children to list three positive things about themselves leads logically to asking them to describe three things they would like to be different about themselves. The pairing of positive and negative in this way minimizes the child's reactivity to discussion of threatening topics.

Another procedure the interviewer can use to shift into more direct discussion of a threatening topic area is to acknowledge the source of information before asking the questions. For example, "Your mother said you hit your teacher. What things make you mad at her?" or "You told me before that you don't like school. What things about school don't you like?" These introductions help to legitimize the shift into a threatening area.

Once a threatening topic area has been opened, a child will frequently display resistance. The child may give cues such as becoming silent, changing the subject, saying "I don't know," changing affect, or changing activity. Often, this resistance is an internally imposed protection against embarrassment or fear of disapproval and can prevent the interviewer from learning important information. If the interviewer does not handle this situation sensitively, rapport can be damaged. Several strategies can help reduce the child's fear. One is to allow the child to play with a toy (e.g., blocks) while talking. This provides an opportunity to fall back on description of play activities as a means of reducing the child's anxiety without having to enter into a new area of discussion. The interviewer can describe the play briefly and then ease the conversation back to the clinical issue. The advantage of this strategy is that it can be used repeatedly without disrupting the natural flow of conversation. A variant of this approach is the use of puppet play. Some children find it easier to express themselves by talking as or to a puppet rather than directly to the clinician. A second strategy for reducing the child's anxiety when dealing with threatening material is to acknowledge the child's discomfort explicitly. By saying "It's all right if you don't feel like talking about that yet," the interviewer not only gives permission for hesitancy in discussion but also establishes the expectation that the child will be ready to discuss the topic in the future and that the clinician may ask again. A third strategy to employ when encountering resistance is to follow, or immediately direct, the child back to a nonthreatening topic and gradually approach the threatening topic again in a different way.

At times, the interviewer may suspect that the child's resistance to talking is more externally imposed. That is, the child may have been directed not to talk about certain things. This situation is perhaps most frequently encountered with children who have been abused. In these instances, gentle questioning needs to convey support and acceptance. One approach is to say "I know that sometimes kids are told not to talk with me about things that have happened. Were you told not to say anything about this to me?" Here, a close-ended question may provide the child the safety of responding with a simple head nod or shake.

Interviewing children in sensitive areas, such as parental divorce, suicidal ideation, and physical or sexual abuse, requires expertise gained through training and supervision. We advise the clinician untrained or inexperienced in these areas to exercise caution when these areas first become evident during a child interview. The discussion we provide is not a substitute for the expertise required in these situations, but is intended to heighten awareness of

the issues and recognition of signs that indicate that direct supervision, consultation, or referral should be sought for the interview.

When it becomes evident during an assessment interview that the child's parents are in the process of divorce, the interviewer must be aware of the possibility that information obtained from the child may be subpoenaed by the courts in a child custody dispute. Parents need to be informed that the interviewer is not a child custody expert and will not be able to provide information relevant to custody issues. They also need to be informed that a specific custody evaluation may be sought if they wish information from the child for the custody determination. Similarly, the interviewer inexperienced in custody evaluation should not record unnecessary information that could be taken out of context in a custody dispute. Children in the situation of an impending divorce often have emotional conflicts and disrupted behavior. Young children often experience sadness and fear, whereas older children more often experience anger or ambivalence toward one or both parents (Ashmore & Brodzinsky, 1986). The interviewer should convey to parents the importance of allowing a distinction in confidentiality between a custody evaluation and the treatment a child might need. Children in individual treatment must be allowed to express painful thoughts without feeling disloyal or fearing retribution.

When suicidal ideation is suggested during an assessment interview, the interviewer must rapidly make a number of difficult decisions. These include whether the child can safely return home under parental supervision or whether immediate hospitalization is needed to assure the safety of the child. An interviewer inexperienced in the assessment of child suicide potential must seek supervision or consultation with a knowledgeable colleague on the spot. Epidemiological evidence indicates that attempted suicide in the United States is rare among children under the age of 12 and is likely to be extremely rare among children under age 5 (Hawton, 1986), but it does happen. Once alerted to statements or behaviors that might signal suicidal thoughts or self-injurious behavior, the interviewer might begin by asking the child a general question, such as "What do you do when you are really mad at yourself?" or "What do you want to do when you feel so bad?" Responses that suggest suicidal ideation from older children might be followed with questions aimed at learning more about the nature and extent of the child's thinking in this area. With a nondisclosing child, it may be necessary to use a close-ended question, such as "Do you ever feel so bad that you think about hurting yourself?" With this topic, interviewers need to communicate their willingness to hear, to understand, and to help the child through statements that encourage the child to elaborate, such as interpretative reflective statements (e.g., "It sounds like sometimes you feel pretty bad about yourself"). It is usually critical that the child's caregivers be interviewed specifically about the child's situation, moods, and behaviors during the assessment as well. Again, if interview information suggests any cause for concern, the inexperienced interviewer should seek expert advice before the child leaves. A primary responsibility is to make certain that a potentially suicidal child is closely monitored by a responsible adult until the concern has passed.

When the novice interviewer becomes aware of behaviors or statements by the child that suggest possible physical or sexual abuse, there are several initial considerations. For the safety of the child, when child abuse is suspected, the suspicion must be reported to authorities, such as child protection agencies, who are able to investigate. The interviewer's questions must be sufficient to determine whether there is a realistic concern to report. They must be thoughtfully and carefully worded so as to convey empathy and safety to the child. They must also in no way influence the child's response. In this situation, it is not the interviewer's task to determine whether abuse conclusively occurred, but only whether there is reason to suspect that it has. When a suspicion is reported to authorities, there will likely be an investigative interview conducted by highly trained individuals, who will tape-record the interview so as to preserve the child's earliest statements and to prevent the necessity of repeated, stressful questioning of the child. Child abuse investigations may lead to allegations of abuse in legal proceedings, where it is important that the novice interviewer be able to testify that his or her questions did not influence the child's subsequent investigative interview. Carefully documenting not only the child's precise statements but also the exact questions and procedures that were conducted is important.

To obtain sufficient information for reporting suspected abuse from children under age 7, nonverbal, indirect procedures are suggested (Wolfe &

McEachran, 1997). For example, statements related to abuse might be asked in the context of drawing or imaginative play where the child may demonstrate the answer nonverbally. Among school-age children, verbal strategies may be employed. Wolfe suggests that the interviewer begin with a general discussion of activities and events the child enjoys and then proceed to more specific questions about fears, worries, and recent negative events. The questions should be phrased in such a way that an inability to recall or a lack of knowledge is acceptable. It is essential to include a discussion about the child's understanding of aggressive behavior and the child's attitude toward conflict with others. Wolfe cautions that the interviewer should (1) avoid leading questions, (2) closely monitor the child for signs of growing fear, agitation, or anxiety, and (3) provide the child with frequent reassurance that he or she will not be harmed for disclosing any information. If necessary, specific questions can be used to obtain clarification. For example, the interviewer may follow up on inconsistencies in a gentle, nonthreatening manner. If the child has used a term that seems inappropriate for his or her age, the interviewer may ask where he or she learned that word. The interviewer must avoid rewarding the answers of the child to avoid affecting the child's responses.

It is during discussion of these most sensitive topics that the issue of confidentiality with the child may need to be directly addressed. It is important for the interviewer to be honest with the child by communicating that the primary goal is to protect the child from being hurt and that this might mean that others will have to be told what he or she says. Interviewers can explain that they will use their best judgment in deciding whether to tell another person this and express the hope that the child will trust this judgment. Ultimately, most clinicians agree that the child should know that he or she has the right to withhold information and that the interviewer will understand and respect the child's decision and will still do everything possible to help and protect the child.

WRAPPING UP

After the relevant topic areas have been explored, it is important to acknowledge any efforts the child has made during the interview in sharing information. A verbal summary of what the interviewer has learned provides the opportunity to demonstrate to the child that he or she has been heard and understood. It is useful at this point, especially with the older child, to ask for any additional information the child might want to offer or for any suggestions the child might have for solving identified problems. This is also the time for the interviewer to convey a desire to help the child with these problems. A final step in wrapping up is to provide the child with as much information as possible about what the interviewer plans to do with the collected information. To protect the child's rights, the child should be informed about what information will be communicated to the parents or others as well as any plans or recommendations regarding intervention. An example of the concluding comments to an assessment interview with a child, where the referring problem is enuresis, might be:

> You and I have done some important talking today. You worked hard at helping me to understand how you feel. It sounds like you have quite a lot of friends to play with and that school is going very well for you in second grade. But it seems like things haven't been as good for you at home with your mom. I guess she, and you too, have been unhappy because you sometimes wet the bed. There are some ways that I can help you learn how to stay dry at night. What I'd like to do now is to have your parents come in so we can all talk together about some of these ways and see if they would like to help us. How does that sound to you?

These final comments exemplify several of the basic interviewer skills discussed in this chapter: acknowledging and praising the child's efforts in the interview, reflecting and summarizing some of the major content areas addressed, and leading from the discussion of the child's strengths into more threatening problem areas. The problems are stated in a way that does not criticize the child, and an open-ended question is used to elicit the child's responses to the plan. The words used are simple and appropriate to the age of the child interviewed. The use of the process skills described in this chapter will enable the beginning clinician to engage the child in the interview process and to conduct an informative interview.

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