

Child Diagnostic Interview Protocol

Please include a thorough history, any evidence of a mental impairment per DSM-5 and discussion of the impact of the mental illness on age-appropriate functioning. Give **detailed** observations of the child's behavior, reactions, and ability to relate to you during the examination.

Conduct part of your interview with the child alone. As the child's age and condition warrant, consider using a structured activity, such as Draw-A-Person, Sentence Completion, or other activity of your choice, in addition to simply talking with the child. Observe the child's ability to concentrate and persist with a task independently for a period of about five minutes, and include your observations in the narrative.

Ask the parent to show you identification, preferably a picture ID; document that this was done, and record any ID number(s).

1. **Chief Complaint:** What does the parent/caregiver think is wrong? Ask the child also, if old enough.
2. **History:** Obtain the history from the parent or other adult who accompanies the child to the exam.
 - A. **Discuss relevant family history.** Include prenatal, natal, and perinatal events. Describe any serious head injuries, serious illnesses, or abuse/neglect, with treatment and response.
 - B. **Describe any counseling** in the past or currently. Include dates of treatment, who performed treatment, and what the family was told of the illness, treatment, etc. List past/current medications, including any adverse side effects that affect functioning.
 - C. **Substance Abuse:** For teens and preteens, comment on use and/or abuse of alcohol, street or prescribed drugs, etc. Include the frequency, duration, and type of substance abuse.
3. **Daily Activities/Function:** Discuss how the child's symptoms affect performance of age-appropriate developmental tasks and daily activities. Some of the following information will be based on your personal observations of the child, while other information will be obtained by questioning the child and/or caregiver. **Please include a comment on the parent's expectations regarding the child's tasks and how they are communicated to the child.**

A. Acquiring and Using Information

1. Were developmental milestones attained at expected ages?
2. Does the child show evidence of cognitive delays? Delays in reading, math, or written language skills?
3. Is cognitive development at expected level for age, based on clinical observation?
4. Does the child speak? Is speech spontaneous, fluent?
5. Are there problems understanding the child's speech?
6. Is speech effective in communicating needs, ideas?
7. Can the child understand and follow directions?

B. Attending and Completing Tasks

1. Is the child able to sustain attention and concentration on a task to completion?
2. Does he/she persist in an age-appropriate manner or is excessive adult supervision required for task completion?
3. Does the child appear distractible?
4. Does the child generally complete tasks in an age-appropriate time frame? If not, explain.
5. Does the child transition adequately from one task to another?

C. Interacting and Relating with Others

1. How does the child get along with others? (family members, peers, and other adults...at home and at school)
2. How does the child interact with you?
3. Does the child have friends, enjoy age-appropriate social activities?
4. How does the child respond when things don't go his/her way?
5. Are the child's communicative interactions effective and age-appropriate?

D. Moving About and Manipulating Objects

1. Are there any obvious motor problems? Clumsiness?
2. Elicit report of any such problems, with detailed description.

E. Self-Care

1. Is the child able to do his/her own ADL's as appropriate for age?
2. Is the child able to carry out chores or tasks with an age-appropriate level of independence?
3. Are activities accomplished with or without special support or supervision that is excessive for age?
4. Does the child appropriately ask for help when needed?

F. Health and Well-Being

1. Elicit description of any chronic illness with frequency, duration, and severity of episodes.
2. Report any observable signs of chronic illness.

G. Older Adolescent Functioning (if appropriate)

Does the child engage in any work-like activities such as vocational programs, part-time or full time work, organized activities or school programs? If so, is participation age-appropriate, effective, and independent?

MENTAL STATUS EVALUATION: VERY YOUNG CHILDREN

Even with small children, provide an assessment of reality testing, description of any bizarre or aberrant signs, description of ability to bond, description of activity level, description of sensorium and mood, evaluation of speech and organization of thinking.

MENTAL STATUS EVALUATION: OLDER CHILDREN

Ask age-appropriate questions (without parent if possible).

The following mental status examination may be tailored to the child, depending on the child's impairment. Focus on those elements that are relevant to this child.

A. General Observations:

Describe child's appearance, hygiene, dress, obvious physical impairments, mannerisms, unusual movements, and abnormal behavior patterns. Was behavior appropriate for a child this age? Please comment on intelligibility of speech.

B. Attitude and Behavior:

Contact with reality, style of relating to you (relaxed, pleasant, cooperative, defensive, belligerent) eye contact, rapport. How did child react to your office environment and personnel? Did child pick up magazines or toys in the office? Was behavior appropriate for a child this age? How did child relate to parent or other accompanying relatives/siblings, for example, shy, clinging, hyperactive, lethargic, or psychomotor retarded? **Did child's behavior change when parent was not present?** Is behavior age appropriate? Note atypical behavior such as self-stimulation or self-abuse, perseveration, echolalia, or abnormal play.

C. Stream of Mental Activity:

Spontaneous, inhibited, blocked, illogical, coherent, odd, vague, pressure of speech, slowed, circumstantial, loosely associated. Describe any dysnomia, dysphasia or receptive aphasic elements, or abnormal vocalizations (as in Tourette's syndrome).

D. Thought Content:

Describe hallucinations, delusions, obsessive thoughts, paranoid ideas, ideas of reference, thought control, or unusual powers. **Give examples** of content of hallucinations or delusions. Are they occurring currently or in the past? How recent and how frequent?

E. Affect and Mood:

Range and appropriateness; depressed, elevated, irritable, flat, or euthymic. Describe the presence and frequency of any anxiety or panic attacks.

F. Vegetative Symptoms:

Discuss fully: sleep disturbance, appetite disturbance with weight change, energy level, irritability, sense of worthlessness or guilt, crying spells, anhedonia, social withdrawal, thoughts of suicide (and/or plan), somatic complaints, and psychomotor agitation or retardation.

G. Sensorium and Mental Capacity:

Evaluate the child in the areas listed below that are relevant to the child's presenting symptoms. Include verbatim responses. **Ask age-appropriate questions.**

1. Orientation
2. Memory
3. Information
4. Calculation
5. Abstract thinking
6. Similarities and differences
7. Judgment
8. Concentration
9. Attention
10. Insight

Assessment

A. Summary:

Tie together the history, mental status findings, and your observations in a brief, organized, internally consistent fashion. Highlight signs and symptoms that support your diagnosis.

B. Diagnosis:

Use DSM-5 designations, Axes I–V.

C. Capability for Work Functions (age 16–18):

Provide a statement regarding the child's ability to understand and remember/carry out instructions; respond appropriately to supervisors/co-workers; maintain concentration, attention, and pace; withstand the stress of a routine workday; and adapt to changes in a routine work environment.

D. Ability to Manage Funds: Not an issue for minors.