



SEMISTRUCTURED CLINICAL INTERVIEW FOR CHILDREN AND ADOLESCENTS AGES 6-18 PROTOCOL FORM

ID#

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER

☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S BIRTHDATE

Mo. ____ Day ____ Yr. ____

TODAY'S DATE

Mo. ____ Day ____ Yr. ____

INTERVIEWER

The SCICA uses a standard series of topics and tasks to sample functioning in 9 broad areas: 1) Activities, school, job; 2) Friends; 3) Family relations; 4) Fantasies; 5) Self perception, feelings; 6) Parent/teacher-reported problems; 7) Achievement tests (optional); 8) For ages 6-11: Screen for fine and gross motor abnormalities (optional); and 9) For ages 12-18: Somatic complaints, alcohol, drugs, trouble with the law. The interviewer should try to cover all areas appropriate for the child's age. The sequence of questions and topics in Sections 1-5 may be altered to follow the natural flow of the child's conversation. The wording should be adapted to the child's level. For Sections 1-5, open-ended questions and probes are appropriate. Sections 6-9 should be covered after Sections 1-5. An assistant (or, if necessary, the interviewer) should insert six CBCL or TRF problems in Section 6 as instructed on the protocol. The interview can be audio or video taped. Notes regarding the interviewer's observations and child's self reports can be written in the columns provided. The interviewer should score the child on the SCICA Observation and Self-Report Forms immediately after the interview.

The interviewer begins by saying: *"We are going to spend some time talking and doing things together, so that I can get to know you and learn about what you like and don't like. This is a private talk. I won't tell your parents or your teachers what you say unless you tell me it is OK. The only thing I would have to tell is if you said you were going to hurt yourself, hurt someone else, or someone has hurt you."* (If a tape recorder is used: *"We are going to record our talk on this tape recorder to help remember our time together."*) The interviewer then addresses the first topic area or other areas initiated by the child. Play materials can be used with young children who are reluctant to talk or participate in drawing activities. The topics are then addressed by incorporating questions into discussion during play. The following play materials should be available for preadolescents: wooden blocks; doll family with mother, father, boy, girl, baby, and other adult figures; doll house furniture. Specific questions for ages 12-18 are indicated on the protocol.

| 1. ACTIVITIES, SCHOOL, JOB | OBSERVATIONS | SELF-REPORTS |
|--|--------------|--------------|
| <p>Activities</p> <p>What do you like to do in your spare time, like when you're not in school? Do you participate in any sports/hobbies/clubs?</p> <p>What is your favorite TV show/star/band/TV or story character? What do you like about that show/star/band/character?</p> <p>School</p> <p>(If age \geq 16: Do you go to school?)</p> <p>What school do you go to? What grade are you in?</p> <p>What do you like best in school? What do you like about ____?</p> <p>What do you like least in school? What don't you like about ____?</p> | | |

| 1. ACTIVITIES, SCHOOL, JOB, cont. | OBSERVATIONS | SELF-REPORTS |
|---|--------------|--------------|
| <p>School, cont.</p> <p>How about your teachers. Which teacher do you like best? What do you like about _____?</p> <p>Which teacher do you like least? What don't you like about _____?</p> <p>How much homework do you have? When do you do your homework? Does anyone help you? Tell me how that works out, having _____ help you. What subjects do you have trouble with? Do you get any special help?</p> <p>Do you ever get in trouble in school? Do you ever worry about school?</p> <p>If you could change something about school, what would it be?</p> <p>Job (ages 12-18)</p> <p>Do you have a job? How do you feel about your job/boss?</p> <p>Do you have other ways to earn money?</p> <p>Do you get an allowance?</p> | | |
| <p>2. FRIENDS</p> <p>How many friends do you have? Do you think that is enough friends? Are your friends boys or girls? How old are your friends?</p> <p>What do you do with your friends? Do they come to your house? Do you go to their house? How often?</p> <p>Tell me about someone you like. What do you like about _____?</p> <p>Tell me about someone you don't like. What don't you like about _____?</p> | | |

| 2. FRIENDS, cont. | OBSERVATIONS | SELF-REPORTS |
|---|--------------|--------------|
| <p>Do you ever have problems getting along with other kids? What kinds of problems do you have? What do you try to do about _____?</p> <p>Do you ever feel lonely or left out of things? What do you do when that happens?</p> <p>Do you ever get into fights or arguments with other kids? Do the fights involve yelling or hitting? Does that happen with one other kid or with a group? What usually starts the fights? How do they usually end? What are some other ways you could solve that problem, besides fighting?</p> <p>Additional re: Friends (ages 12-18)</p> <p>How do you feel about dating/dances/parties? Do you have a girlfriend/boyfriend? How does your family feel about your social life?</p> | | |
| <p>3. FAMILY RELATIONS</p> <p>Who are the people in your family? Who lives in your home?</p> <p>In your home, do the kids have separate rooms? How do you like having separate rooms/sharing a room with _____?</p> <p>Who makes the rules in your home? What happens when kids break the rules? Do you think the rules are fair or unfair?</p> <p>What are the punishments in your home? Who punishes you when you do something wrong? Do you think the punishments are fair or unfair?</p> <p>How do your parents get along? Do they have arguments? (If yes) What are the arguments about? How do you feel when they argue like that?</p> <p>If you could change something in your family or home, what would it be?</p> | | |

| 3. FAMILY RELATIONS, cont. | OBSERVATIONS | SELF-REPORTS |
|---|--------------|--------------|
| <p>Kinetic Family Drawing (ages 6-11; optional for ages 12-18) Provide pencil and paper. Ask child to "draw a picture of your family doing something together." The questions below are asked about the drawing once it is completed. Each family member is discussed.</p> <p>What are they doing? What kind of a person is ____? Tell me three words to describe ____. How does ____ feel in that picture? What is ____ thinking? Who do you get along with best/least? What is going to happen next in your picture?</p> <p>Description of Family (ages 12-18) (If no drawing is requested.) Tell me about the people in your family. What kind of a person is ____? Who do you get along with best/least? Does your family set a time for you to be in at night? How do you feel about that?</p> | | |
| <p>4. FANTASIES</p> <p>If you had 3 wishes, what would you wish? Reasons for each? What would you like to be when you're older? If you could change one thing about yourself, what would it be?</p> | | |
| <p>5. SELF PERCEPTION, FEELINGS</p> <p>Tell me a little more about yourself. What makes you happy? What makes you sad? What do you do when you're sad? What makes you mad? What do you do when you're mad? What makes you scared? What do you do when you're scared?</p> <p>What do you worry about? How do you feel most of the time? What do you need the most?</p> <p>Have you had any strange experiences or things happen that you don't understand? (Pursue any indication of suicidal or strange thoughts.)</p> | | |

| <p>6. PARENT/TEACHER-REPORTED PROBLEMS</p> <p>Problems are selected from those scored 2 on a CBCL or TRF profile scale where child has a high score, or other problems that are of concern. Six problems are recorded below before the interview. Introduce problems to child by saying: <i>"I want to talk to you about problems kids sometimes have and hear your opinion about them. Some kids have problems with _____. Is that a problem for you?"</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> | <p>OBSERVATIONS</p> | <p>SELF-REPORTS</p> |
|---|----------------------------|----------------------------|
| <p>7. ACHIEVEMENT TESTS (Optional)</p> <p>Two user-selected standardized tests are administered. Total time 15-20 minutes.</p> <p>Mathematics test</p> <p>Reading Recognition test</p> | | |
| <p>8. FOR AGES 6-11: SCREEN FOR FINE & GROSS MOTOR ABNORMALITIES (Optional)</p> <p>Writing Sample Child is asked to write 3 sentences about something child likes or to write the alphabet if child cannot write sentences.</p> <p>Gross Motor Screening Child is asked to move to the opposite end of the room to "do some things on left and right and play catch." Check whether child passes each item below.</p> <p>Show right hand _____, left foot _____, left hand _____, right foot _____.</p> <p>Hop on one foot, left _____, right _____.</p> <p>Catch ball with two hands _____, right hand _____, left hand _____.</p> | | |

9. FOR AGES 12-18: SOMATIC COMPLAINTS, ALCOHOL, DRUGS, TROUBLE WITH LAW

Children ages 12-18 should be questioned directly about the problems listed below. Record responses and use as basis for scoring the items listed on Page 5 of the SCICA Self-Report Form. Introduce problems by saying: "Now I want to ask you about some specific types of problems. Over the past 6 months have you had ____? Was there a physical or medical cause for it? How often did you have ____?"

| | <u>Refused</u> | <u>No</u> | <u>Yes</u> | <u>If yes, caused by?</u> | <u>How often? (Probe for <once/mo.; once/wk. to once/mo.; >once/wk.)</u> |
|-------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|
| 228. Aches or pains? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 229. Headaches? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 230. Nausea, feeling sick? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 231. Overeating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 232. Problems with eyes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 233. Rashes, skin problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 234. Stomachache, cramps? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 235. Vomiting, throwing up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 236. Numbness, tingling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 237. Heart pounding? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 238. Trouble falling asleep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 239. Waking too early? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 240. Other physical problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

"Now I want to ask you about some other things. Over the past 6 months, have you ____?"

| | <u>Refused</u> | <u>No</u> | <u>Yes</u> | <u>If yes, how often? (Probe for <once/mo.; once/wk. to once/mo.; >once/wk.)</u> |
|---|--------------------------|--------------------------|--------------------------|--|
| 241. Drunk beer, wine, or liquor? Been drunk from alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 242. Been stoned or high on drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 243. Had strong urge for drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <u>Refused</u> | <u>No</u> | <u>Yes</u> | <u>If yes, how often? (Probe for <once/day; 1-5 times/day; >5 times/day)</u> |
| 244. Used tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <u>Refused</u> | <u>No</u> | <u>Yes</u> | <u>If yes, how often? (Probe for once; 2-3 times; >3 times)</u> |
| 245. Received traffic tickets? (exclude parking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 246. Been in other trouble with the police or law? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |