Structured Interviews for Children and Adolescents

Historically, the assessment of mental illness in children was accomplished by play therapy, behavioral assessment, and a variety of other techniques. Clinicians have been skeptical of self-reports. In the last 20 years there has been a proliferation of instruments including rating scales and structured interviews. These instruments have, for the most part, emerged since the publication of DSM-III.

Five major diagnostic interviews have been published:

1. Schedule of Affective Disorders and Schizophrenia for School-Age Children (Kiddie-SADS or K-SADS; Chambers et al., 1985)
2. Diagnostic Interview Schedule for Children (DSIC; Costello, Edelbrock, Dulcan, Kalas, & Klaric, 1984),
3. Child Assessment Schedule (CAS; Hodges, Kline, Stern, Cytryn, & McKnew, 1982)
4. Diagnostic Interview for Children and Adolescents (DICA; Herjanic & Reich, 1982)

Rutter and Graham (1968) developed one of the earliest structured interviews for children as a portion of the Isle of Wight Inventory. This instrument combined structured and unstructured components. The precise wording of some of the questions was left to the interviewer’s discretion. The Isle of Wight Inventory also included a parent interview and questions.

Herjanic and his colleagues (1975) systematically assessed the reliability of children’s self-reports. They found good agreement of factual information and symptoms, and moderate agreement of descriptions of behavior and mental status. The researchers also found good interrater reliability and concluded that structured interviews could play a significant role in child assessment.

Achenbach, McConaughy, and Howell (1987) performed a meta-analysis of 119 studies of children from a variety of settings. The study concluded that clinical data from any single source is not likely to capture the complex array of psychological problems experienced by many children. For clinicians evaluating children and adolescents, the systematic integration of multiple data sources appears essential to the assessment process.

Gutterman, O’Brien, and Young (1987) said that the child-based diagnostic interviews share important commonalities and differences. Common elements include:

1. Comparable age groups, parallel interviews (child and parent versions)
2. General reliance on DSM taxonomy

Significant differences occur in:
1. Organization
2. Ratings of severity
3. Training of interviewers


