How Many More Questions?

Techniques for Clinical Interviews of Young Medically III Children

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Conflict of Interest

Part I Interview basics

Developmental guidelines

Part II Assessment of emotions/behaviors in pediatric illness

Mood including anger and irritability

Fears and anxiety

Attention

Aggression

Insight, judgment, and reality testing

Somatization

Symptoms associated with autistic spectrum

Part III A comprehensive assessment of pediatric epilepsy

Biological aspects of pediatric epilepsy

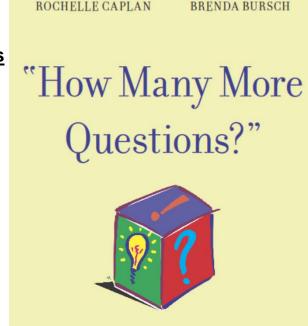
Psychosocial impact of pediatric epilepsy

Part IV Specific communication challenges

Pediatric pain

Pediatric iatrogenic trauma symptoms

Pediatric terminal illness



TECHNIQUES FOR CLINICAL INTERVIEWS

OF YOUNG MEDICALLY ILL CHILDREN

Illustrated by Amara Leipzig

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Objectives

Participants will learn:

- Twelve developmental guidelines for the clinical interview of young medically ill children.
- Useful techniques for encouraging children to talk about their symptoms and feelings.
- How to develop expert interviewing skills.

Why don't young children want to talk to you?

- Shy
- Told not to talk with strangers.
- Doctors are the ones who hurt them.
- Not feeling well.

- Language ability
- Concrete thinking
 - Immature social skills

Sound familiar?

Dr. B: What seems to be the trouble?

Eva: My tummy hurts

Dr. B: When did this start?

Eva: I don't know.

Dr. B: Has it been a few days, a week, or a

month?

Eva: Yes.

Dr. B: So this has been a chronic problem. How often does it hurt you?

Eva: A lot.

Dr. B: Is it once, twice, or more times a day?

Eva: More times.

Dr. B: When did you have your last bowel

movement?

Eva looks befuddled.

Language Development

- Language development continues from the toddler period through childhood and only reaches maturity at the end of adolescence.
- Mature language skills, reflecting the integration of language and cognition, enable the use of wellconstructed sentences within organized paragraphs that coherently express thoughts and ideas.
- As a result, the listener or reader can follow who and what they are talking about

Social Skills

Parallel development throughout childhood of the social skills involved in communication (pragmatics) that allow turn taking, understanding gestures, use of nonverbal communication, as well as on-line monitoring and repair of communication breakdown (e.g., clarification of the spoken message when the listener does not appear to follow what the speaker says) are essential for competent communication skills.

1. Children are not little adults.

- Being able to speak does not mean that a child is a competent communicator with mature linguistic, cognitive, and pragmatic skills.
- Children understand and use speech differently than adults.

Young children:

- 2. Do not initiate speech with adults.
- 3. Do not elaborate on conversation topics.

<u>Techniques to help children elaborate</u>:

- Use "What" and "How" questions.
- Express empathy.
- Repeat a child's statement, then pause.
- Make open-ended statements.
- Ask open-ended questions.
- Provide positive reinforcement for talking and sharing information.

Young children:

- 4. Are concrete thinkers.
- 5. Have poor perception of chronology & time.

<u>Techniques that help concrete thinkers communicate</u>:

- Rephrase abstract concepts into concrete language by using actionbased language (use verbs).
- Ask action-based questions to clarify concrete statements made by the child.
- Ask chronology, frequency, duration and other time questions to parents.

Assessing Understanding

Interviewer: What are you doing in the hospital, Reece?

Child: I am getting chemo.

Interviewer: That is interesting. What is the chemo for?

Child: For my leukemia.

Interviewer: Leukemia. What is leukemia?

Child: I think it is cancer.

Interviewer: What makes you think that?

Child: Because one of the nurses said that.

Interviewer: Oh. And what do your parents say?

Child: They say I have leukemia.

Interviewer: Okay. Can you help me understand? What is leukemia?

Child: My parents said it means my blood is sick and the chemo will fix it.

Interviewer: Well, that is interesting. Is that the same thing or different than cancer?

Child: I don't know. I think you die when you have cancer.

Interviewer: Hmm. Do you think you might die?

Child: Maybe.

Interviewer: Is that something you would like to ask your parents about?

Child: Maybe.

Interviewer: Some kids worry about asking that question. Are you worried?

Child: Maybe.

Interviewer: Can you help me understand—what are your worries about asking your parents if you might die?

Child: They might get mad or maybe they will cry.

Interviewer: I see. Does that sometimes happen?

Child: Yes. My mom cries a lot.

6. Children like to please adults.

<u>Techniques to help adult pleasers be more honest</u>:

- Young children do not volunteer that they do not understand or do not know the answer to a question. Warning signs of confusion include:
 - Repeated "Yes/No," Maybe," "I'm not sure," "I guess," "A little," and "Because" answers, and/or repeatedly confirming the last response option provided.
- When children appear to be "uncooperative" or "resistant" to answering questions, determine what has made the child feel s/he cannot answer the questions.
- Children are normally happy to help adults as they usually need adults to help them.
- Some children fear that sharing their painful feelings might make their parents angry. Therefore, whenever possible, young children should be interviewed separately from their parents.

7. Children figure out what the interviewer wants to hear.

 Ask neutral questions in order to avoid leading the child to answer in the way the child thinks they are supposed to answer.

8. Children talk if they feel comfortable.

- Spend time establishing good rapport. Observe. Play.
- Refrain from telling the child you will be "asking questions," instead → you want to get to know the child.
- Children do not feel good about their negative behaviors.
 Hearing from the interviewer that the parent is talking about their negative behaviors is not conducive to making the child feel comfortable and willing to talk about those behaviors.
 - Approach "sensitive" topics, such as the parents' main complaint, once the child appears comfortable enough to talk about it.

- Let the child continue with motor activities during the interview.
- Provide positive feedback about being a good talker and express empathy to encourage the child to talk more.
- Do not repeat questions the child answers inadequately this communicates the interviewer's dissatisfaction with the child.
 - Reformulate the question, change the topic, or offer concrete response options. Or, revisit the question when the child appears to be feeling more comfortable and talkative.
- The interview should last no longer than 60 minutes.
- Normalize sadness, anger, and fears that might make the child embarrassed.

9. Children have difficulty with "Why" questions.

- "Why" questions require children to tap into their analytical skills and come up with a logical answer.
- Instead, obtain information on causality by asking young children "What" questions or by providing response options.
- "How" questions can be useful as long as they do not require the child's reasoning.
- "What" and "How" questions also help children elaborate on the topic of conversation.

10. Yes/No questions are inefficient.

- When adults are presented with a "Yes/No" question, they usually elaborate on their answer. However, young children do not spontaneously elaborate.
- "Yes/No" questions can be cumbersome and prolong the interview because of the need to validate the child's answers through additional "What" and "How" questions.

11. Young children have difficulty with long, complex questions.

- Use short simple sentences.
- Use follow-up validation questions to ensure correct interpretation.

12. The interviewer must work on understanding.

Interviewer as Communication Assistant

- Listen and pay attention to every word the child says.
- Assess the child's cognitive and linguistic developmental level and communicate with the child at that level.
- Thank and compliment the child for their communication efforts.
- Hold no preconception of what the child should be saying in answer to a question.
- When faced with a derailment, determine if the child is trying to provide the interviewer with information that the child deems important, is avoiding the topic, or has not understood the question.
 - Remember that a child might have linguistic and/or cognitive problems if he appears to struggle to understand questions.

Assessing Beliefs About Death

Interviewer: Earlier you told me that you thought you might die. Do you remember?

Child: Yes.

Interviewer: Can you help me understand—what happens when you die?

Child: You go in a box and they bury you and have a party.

Interviewer: Hmm. Do you know someone who died?

Child: Yes. My grandma died and she went into a box. They buried her in

the ground and then there was a party.

Interviewer: What did you think about that?

Child: I don't know.

Interviewer: What else happened when your grandma died?

Child: Hmm. Let me think. Lots of people cried, but not everyone. We don't go to her house anymore. Her cat lives with us now.

Interviewer: What do you think would happen if you died?

Child: I don't know. Maybe I would go in the box with my grandma?

Interviewer: That is a good question. Is that something you would like to

ask your parents about?

Child: Maybe.

Assessing Concerns

Interviewer: Remember yesterday when we had the meeting with your

doctor and your parents?

Child: Yes.

Interviewer: Do you remember what they said?

Child: Yes.

Interviewer: Can you remind me—what did they say?

Child: They said that my chemo isn't fixing my leukemia.

Interviewer: That's right. What else did they say?

Child: They said that maybe I will have stronger chemo or maybe I will die.

Interviewer: That's right. What do you think about that?

Child: I don't know.

Interviewer: Sometimes kids get confused or mad or sad. What about you?

Child: Maybe it will hurt.

Interviewer: You think it might hurt?

Child: Yes.

Interviewer: I see. That is important. Thank you for telling me. What other worries do you have?

Child: I have to feed my grandma's cat.

Interviewer: Oh. Hmm. Are you worried that you won't be able to feed the cat if you die?

Child: Yes.

Interviewer: I see. That is important, too. Thank you for telling me. What other worries do you have?

Child: Nothing.

Interviewer: No more worries?

Child: No.

Interviewer: Okay. Well, maybe I will ask you again tomorrow to see if you thought of more. Is that okay?

Child: Okay.

Interviewer: So, you said that you are worried it might hurt. Is that right?

Child: Yes.

Interviewer: Can you tell me more about that?

Child: When I had chemo before, I got sores in my

mouth and I couldn't eat or take medicine.

Interviewer: Oh, I see. And are you worried that might

happen again?

Child: Yes.

Interviewer: What do you think we could do about that?

Child: Nothing.

Interviewer: Maybe we could think of some things. Shall

we try?

Child: Okay.

Expert Interviewing

There are a number of additional things you can do to accelerate your transition to expert interviewer:

- Obtain detailed feedback from an expert mentor.
- Review of your interview videotapes to help you identify the technical strengths and weaknesses of your interview techniques.
- Plan a deliberate progression from more basic interviews to more complex interviews.
- Adapt the suggested techniques to your learning and practice style to allow for better integration and adoption of effective methods.
- As expertise develops, you will become less consciously dependent on the specific techniques, be increasingly intuitive when conducting a challenging interview, and develop additional effective interview techniques.