An Interview with a Child to Assess Psychiatric Disturbance: A Note on Its Reliability and Validity

Ian Berg and Dorothy Fielding

University of Leeds and University of Liverpool, England

Forty-six children with enuresis were given a psychiatric interview. The two writers made independent ratings of 10 behavioral variables. Seven of these showed satisfactory interrater reliability. No relationship was established between child psychiatric disturbance assessed in this way and estimates of disorder obtained from information given by mothers and teachers.

This paper is concerned with the value of a psychiatric interview with a child. It has been said: "Too little use is generally made of the ordinary interview between doctor and patient in child psychiatry" (Mayer-Gross, Slater, & Roth 1969). How much information about emotional disturbance can be obtained from a child’s demeanor in what is usually the first experience of being talked to in the strange surroundings of a clinic? Does this encounter provide information that can be more easily obtained from parent or teacher? Or does it open up a new avenue that gives additional data that might be of value in classifying the problem and predicting outcome or response to treatment?

In order to investigate this problem, 46 children were interviewed by a child psychiatrist (I.B.) in a standard fashion during the course of a research project concerned with enuresis (Berg, Fielding, & Meadow, 1977). This provided an opportunity to assess the interrater reliability of the procedure and to look at the findings in relation to two other measurements of disturbance, principally a standard interview with the mother.

Manuscript received in final form May 17, 1978.

1 Professor Max Hamilton, Department of Psychiatry, University of Leeds, kindly provided computing facilities. The work was supported by a grant from the Yorkshire Regional Health Authority.

2 Address all correspondence to Ian Berg, Department of Psychiatry, University of Leeds, 15 Hyde Terrace, Leeds LS2 9LT, West Yorkshire, England.
PROCEDURE

The Sample

Enuretic children from the investigation referred to were included in this study when they attended a particular clinic at which the writers of this paper were available to see them together – I.B. is an experienced child psychiatrist and senior clinical lecturer in a university department of psychiatry; D.F. is an experienced clinical child psychologist and lecturer in a university department of psychology. Twenty-six boys and 20 girls were interviewed. The mean age was 8.5 years ($SD = 2$, range 6-13).

The Interview

The child was seen without the parents in an interviewing room. Both interviewers were present and the method used was similar to that described by Rutter and Graham (1968); the scoring sheets employed were obtained from these authors. One of the writers (I.B.) carried out all the interviews since he had not yet discussed the child’s problems with the mother. Both of the writers subsequently rated the child independently on 10 aspects of behavior that seemed relevant to this group of patients. They were termed: anxiety, sad, tearful, tension, fidgety, poor emotional response, poor rapport, disinhibition, little spontaneous talk and lack of smiling, respectively. Each item of behavioral abnormality was scored: none = 0, slight = 1, and marked = 2. The scores of each rater were listed separately. The ratings that were used to assess validity were then arrived at by agreement between the two raters.

Analysis of Data

Interrater reliability was estimated using the Random Error Coefficient of Agreement (RE) (Maxwell, 1977). It seemed appropriate to treat the data as a binary scale and to ignore the difference between slight and marked ratings in measuring reliability. It was felt that much more weight should be given to whether or not a particular behavior occurred than to its severity. The RE results from the addition of $P_1$ and $P_0$ (Table I). $P_1$ is the proportion of individuals both observers agree have the behavioral abnormality when possible agreement due to random variation of ratings has been removed. $P_0$ is the proportion without the abnormality.

In 37 cases a standard interview with mothers had been carried out by D.F. (Berg et al., 1977) and the total scores of behavior problem ratings obtained from this were compared to the child interview scores. In 22 instances Scale B