



**Disorders of Childhood**

**General issues in Psychological Assessment**

**Clinical Interview**

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# Disorders of Childhood

## Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder is a mental disorder of neurodevelopmental type. It is characterized by difficulty paying attention, excessive activity or difficulty controlling behaviour which is not appropriate for a person's age.

### Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

- Either A or B:

A--Six or more manifestations of inattention present for at least 6 months (e.g., careless mistakes, not listening well, not following instructions, easily distracted, forgetful in daily activities)

B--Six or more manifestations of hyperactivity-impulsivity present for at least 6 months e.g., fidgeting, running about inappropriately, interrupting, incessant talking.

- Some of the above present before age 12
- Present in two or more settings, e.g., at home, school, or, work
- Significant impairment in social, academic, or occupational functioning
- For people age 17 or older, only four signs of inattention and/or four signs of hyperactivity-impulsivity are needed to meet the diagnosis.

### Etiology of ADHD

- Genetic Factors
- Neurobiological Factors
- Perinatal and Prenatal Factors
- Environmental Factors
- Psychological Factors

## **Treatment of ADHD**

- Stimulant medications
- Parent Training

## **Conduct Disorder**

Conduct disorder is another externalizing disorder characterized by the behaviour in which the basic rights of others and major societal norms are violated. Nearly all such behaviour is also illegal. Behaviours include aggression and cruelty toward people or animals and damaging property.

## **Diagnostic Criteria for Conduct Disorder**

- Repetitive and persistent behaviour pattern that violates the basic rights of others by the presence of three or more of the following in the previous 12 months and at least one of them in the previous 6 months:
  - A. Aggression to people and animals, (e.g., bullying, initiating physical fights, physically cruel to people or animals, forcing someone into sexual activity)
  - B. Destruction of property, (e.g. fire-setting, vandalism)
  - C. Deceitfulness or theft, (e.g. breaking into another's house or car, conning, shoplifting)
  - D. Serious violation of rules, (e.g., staying out at night before age 13 in defiance of parental rules, truancy before age 13)
- Significant impairment in social, academic, or occupational functioning.

## **Etiology of Conduct Disorder**

- Genetic factors
- Neuropsychological Factors
- Psychological Factors
- Sociocultural Factors

## **Treatment of Conduct Disorder**

- Family interventions (parent management training)
- Multisystemic Treatment

## **Separation anxiety disorder**

Separation anxiety disorder is characterized by constant worry that some harm will befall their parents or themselves when they are away from their parents. When at home, such children shadow one or both of their parents. Since the beginning of school is often the first circumstance that requires lengthy and frequent separations of children from their parents, separation anxiety is often first observed when children begin school.

## **Diagnostic Criteria for Separation Anxiety Disorder**

Excessive anxiety that is not developmentally appropriate about being away from home and parents or other attachment figures, with at least three symptoms that last for at least 4 weeks. Onset is before age 18:

- Recurrent and excessive distress when separated
- Excessive worry that something bad will happen to parent or attachment figure
- Refusal or reluctance to go to school without parent
- Refusal or reluctance to sleep without parent
- Nightmares about separation
- Repeated physical complaints (e.g., headache, stomach-ache) when separated.

## **Etiology of Separation Anxiety Disorder**

- Genetic Factors
- Parental Practices

- Psychological Factors

### **Treatment of Separation Anxiety Disorder**

- Cognitive Behaviour Therapy
- Psycho-Education
- Cognitive Restricting
- Modelling
- Skill Training
- Bibliotherapy
- Computer-Assisted Therapy

### **Learning Disability**

A learning disability is a condition in which a person shows a problem in a specific area of academic, language, speech, or motor skills that is not due to intellectual developmental disorder or deficient educational opportunities. Children with a learning disability are usually of average or above-average intelligence but have difficulty learning some specific skill in the affected area (e.g., arithmetic or reading), and thus their progress in school is impeded.

### **Diagnostic Criteria for Learning Disorder**

- Difficulties in learning basic academic skills (reading, mathematics, or writing) inconsistent with person's age, schooling, and intelligence
- Significant interference with academic achievement or activities of daily living.

### **Etiology of Learning Disorder**

- Genetic Factors
- Phonological Factors
- Cognitive Factors

## **Treatment of Learning Disorder**

- Traditional Linguistic Approaches
- Phonics Instructions

## **Intellectual Disability**

Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This disability begins before age 18.

## **Diagnostic Criteria for Intellectual Developmental Disorder**

- Intellectual deficit of 2 or more standard deviations in IQ below the average score for a person's age and cultural group, which is typically an IQ score less than 70
- Significant deficits in adaptive functioning relative to the person's age and cultural group in one or more of the following areas: communication, social participation, work or school, independence at home or in the community, requiring the need for support at school, work, or independent life.
- Onset before age 18.

## **Etiology of Intellectual Disability**

- Genetic Factors
- Infectious Diseases
- Environmental Hazards

## **Treatment of Intellectual Disability**

- Residential Treatments
- Behavioural Treatments
- Cognitive treatments

- Computer-assisted instructions

## **Autism spectrum disorder**

Autism spectrum disorder is a condition related to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication. The disorder also includes limited and repetitive patterns of behaviour.

### **Diagnostic Criteria for Autism Spectrum Disorder**

A total of six or more items from A, B, and C below, with at least two from A and one each from B and C:

A. Deficits in social communication and social interactions as manifested by all of the following:

- Deficits in nonverbal behaviours such as eye contact, facial expression, body language
- Deficit in development of peer relationships appropriate to developmental level
- Deficits in social or emotional reciprocity such as not approaching others, not having a back-and-forth conversation, reduced sharing of interests and emotions

B. Restricted, repetitive behaviour patterns, interests, or activities manifested by at least two of the following:

- Stereotyped or repetitive speech, motor movements, or use of objects
- Excessive adherence to routines, rituals in verbal or nonverbal behaviour, or extreme resistance to change
- Very restricted interests that are abnormal in focus, such as preoccupation with parts of objects
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory environment, such as fascination with lights or spinning objects

C. Onset in early childhood

D. Symptoms limit and impair functioning

### **Etiology of Autism spectrum disorder**

- Genetic Factors
- Neurological Factors

### **Treatment of Autism spectrum disorder**

- Behavioural treatment
- Drug Treatment

# General issues in Psychological Assessment

## Introduction

A psychological assessment is the attempt of a skilled professional, usually a psychologist, to use the techniques and tools of psychology to learn either general or specific facts about another person, either to inform others of how they function now, or to predict their behaviours and functioning in the future.

A psychological assessment evaluates thinking, learning and behaviours. The assessment may include interviews, observation, testing and consultation with other professionals involved in your child's care. Testing includes pencil and paper tasks, puzzles, drawing, and games.

The assessment covers many skill areas, such as general intellectual level, language, memory and learning, problem solving, planning and organization, fine motor skills, visual spatial skills, and academic skills (reading, math, spelling and writing). It also includes an examination of behaviours and emotions. We have organized our discussion of general issues in Psychological Assessment around the four stages.

## Stage I

### Planning the Assessment

Psychological assessment contributes important information to the understanding of individual characteristics and capabilities, through the collection, integration, and interpretation of information about an individual (Groth-Marnat, 2009; Weiner, 2003). Such information is obtained through a variety of methods and measures, with relevant sources determined by the specific purposes of the evaluation. Sources of information may include

- Records (e.g., medical, educational, occupational, legal) obtained from the referral source;
- Records obtained from other organizations and agencies that have been identified as potentially relevant;
- Interviews conducted with the person being examined;
- Behavioural observations;

Interviewing may be structured, semi structured, or open in nature, but the goal of the interview remains consistent—to identify the nature of the client’s presenting issues, to obtain direct historical information from the examinee regarding such concerns, and to explore historical variables that may be related to the complaints being presented. In addition, the interview element of the assessment process allows for behavioral observations that may be useful in describing the client, as well as discerning the convergence with known diagnoses. Based on the information and observations gained in the interview, assessment instruments may be selected, corroborative informants identified, and other historical records recognized that may aid the clinician in reaching a diagnosis. Psychological testing may involve the administration of standardized interviews, questionnaires, surveys, and/or tests, selected with regard to the specific examinee and his or her circumstances that offer information to respond to an assessment question. Assessments, then, serve to respond to questions through the use of tests and other procedures. It is important to note that the selection of appropriate tests requires an understanding of the specific circumstances of the individual being assessed, falling under the purview of clinical judgment.

### **Classification:**

The first traditional goal of a clinical assessment is to classify individuals. Although there are many ways in which people can be classified, the use of diagnostic labels is the predominant one in clinical psychology today. The classification system most often used by psychologists is the Diagnostic and Statistical Manual of Mental Disorders has changed considerably in the half-century since it was originally published. The first two editions of the DSM, for example, listed homosexuality as a disorder; however, in 1973, the APA voted to remove it from the manual (Silverstein, 2009). Additionally, beginning with the DSM-III in 1980, mental disorders have been described in much greater detail, and the number of diagnosable conditions has grown steadily, as has the size of the manual itself. DSM-I included 106 diagnoses and was 130 total pages, whereas DSM-III included more than 2 times as many diagnoses (265) and was nearly seven times its size (886 total pages). Although DSM-5 is longer than DSM-IV, the volume includes only 237 disorders, a decrease from the 297 disorders that were listed in DSM-IV. The latest edition, DSM-5, includes revisions in the organization and naming of categories and in the diagnostic criteria for various disorders while emphasizing careful consideration of the importance of gender and cultural difference in the expression of various symptoms.

## **Description**

The primary purpose of descriptive writing is to describe a person, place or thing in such a way that a picture is formed in the reader's mind.

Capturing an event through descriptive writing involves paying close attention to the details by using all of your five senses. Therefore, description is important for the planning of assessment, that everything and every step should be clear and understandable.

**Prediction:**

A determination of a behavior that can be expected in the future base on the past behavior. Behavior that occur less frequently, such as violence are more difficult to predict because there are fewer data upon which to determine a statistical probability that the behavior will be repeated. Prediction of An Assessment focus on gathering information that may help make predictions about the future behavior of the person especially predictions of suicide risk, dangerousness etc.

## **Stage II**

### **Data collection**

Some of the popular methods of data collection are as follows:

- **Observation:** Observation method has occupied an important place in descriptive sociological research. ... Observation is the process in which one or more persons observe what is occurring in some real life situation and they classify and record pertinent happenings according to some planned schemes. It is used to evaluate the overt behaviours of individuals in controlled or uncontrolled situation. It is a method of research which deals with the external behaviour of persons in appropriate situations.
- **Interview:** ... Interview as a technique of data collection is very popular and extensively used in every field of social research. Interview is relatively more flexible tool than any written inquiry form and permits explanation, adjustment and variation according to the situation. The observational methods, as we know, are restricted mostly to non-verbal acts. So these are understandably not so effective in giving information about person's past and private behaviour, future actions, attitudes, perceptions, faiths, beliefs thought processes, motivations etc.
- **Schedule:** ... Schedule is one of the very commonly used tools of data collection in scientific investigation. Schedule is very much similar to

questionnaire and there is very little difference between the two so far as their construction is concerned. The main difference between these two is that whereas the schedule is used in direct interview or direct observation and in it the questions are asked and filled by the researcher himself, the questionnaire is generally mailed to the respondent, who fills it up and returns it to the researcher. Thus the main difference between them lies in the method of obtaining data.

- **Questionnaire:** ... Questionnaire provides the most speedy and simple technique of gathering data about groups of individuals scattered in a wide and extended field. In this method, a questionnaire form is sent usually by post to the persons concerned, with a request to answer the questions and return the questionnaire. A properly constructed and administered questionnaire may serve as a most appropriate and useful data gathering device.
- **Projective Techniques:** ... The psychologists and psychiatrists had first devised projective techniques for the diagnosis and treatment of patients afflicted by emotional disorders. Such techniques are adopted to present a comprehensive profile of the individual's personality structure, his conflicts and complexes and his emotional needs. Adoption of such techniques is not an easy affair. It requires intensive specialized training.
- **Case Study Method:** the case study is a form of qualitative analysis involving the very careful and complete observation of a person, a situation or an institution. " In the words of Goode and Hatt, "Case study is a way of organizing social data so as to preserve the unitary character of the social object being studied."

### **Stage III**

#### **Processing the Assessment**

Psychologists theoretical models direct the goal of the assessment, the method used, and, most importantly, the way in which findings are interpreted. Psychologists view assessment findings through theoretical glasses. Theory guides how they make sense of clients' behavior. The same piece of information means to different things to different psychologists.

## **Psychoanalytic**

For example a male College student report that is becomes extremely anxious whenever he initiates conversation with a female peer. Psychoanalyst might that the client anxiety as a sign that he has poor control over id driven sexual impulses. A cognitive therapist would hypothesize that the client holds the negative beliefs about his ability to cope with the interaction and irrational ideas about the consequences of behaving than less than perfectly,

## **Behavior therapists**

A behaviour therapist might view the client's report as evidence of a conditioned emotional reaction learned from prior negative experiences interacting. Finally a psychologist who adheres to a medical model might view the young man's report as evidences of a social phobia.

One board distinction that is often made between ways of viewing psychologist assessment data is sign versus sample interpretation of human behaviour.

## **Psychodynamic Psychologist Assessment**

For example psychodynamic psychologist view responses to psychological personality dynamics. Trait theorist view assessment finding as evidence of underlying disease states or mental illness. The alternative interpretational view assessment behaviour as a sample of client behaviour. This view is associated with behavioural perspective. No underlying caused is inferred. Rather, Client response psychological test and behaviour, or what client report about their behaviour. A third way of viewing assessment finding is not tied to any particular theory or perspective. A assessment data can be correlates.

## **Correlates**

Correlate is the third way of assessment. Correlate involves a mid-level of interference between signs (high interference) and sample (low interference) interference made about the individual is based upon the known correlates observed behavior. For example if a psychologist is told that A took

an overdose Tylenol and was rushed to the emergency room for treatment, the psychologist might think that the individual who attempted suicide by overdose. The psychologist might also infer that the woman has a borderline personality disorder since suicide attempts are very common in people described as borderline. This inference is riskier since most people who make a suicide attempt are not borderline.

In drawing inferences based upon known relationships, the psychologist could be wrong of course. Person A could be a 60-year-old male with Alzheimer's disease. But the psychologist's inferences are the best guesses based upon the characteristics most strongly correlated with a successful suicide by overdose. Another illustration might bring home to the psychologist about viewing assessment findings as correlated more clearly.

### **Clinical Judgment**

Clinical judgment can be defined as the exercise of reasoning under uncertainty when caring for patients. The essential feature is that physicians do not act solely on an evidenced basis or on an arbitrary basis. Instead, clinical judgment combines scientific theory, personal experience, patient perspectives and other insights. Clinical judgment refers to the thought process (clinical reasoning) that allows healthcare providers to arrive at a conclusion (clinical decision making) based on objective and subjective information about a patient. The participants identified some of the characteristics of clinical judgment as identify a problem through assessment; to listen to the patient (patient interaction); to do the best for the patient (therapeutic relationship with the patient) and "what there is to do or manage in another way" (planning prioritized ...)

### **Computer-assisted assessment**

Computer-aided assessment (or computer-assisted assessment) is a term that covers all forms of assessments, whether summative (i.e. tests that will contribute to formal qualifications) or formative (i.e. tests that promote learning but are not part of a course's marking), delivered with the help of computers. (CAT) is the use of computers as an aid in the administration, scoring and interpretation of psychological measures. Various terms are used to describe the use of a computer for assessment purposes.

### **Stage IV:**

### **Communicating Assessment Finding**

Psychological assessment can be a challenging and time consuming task. An enormous amount of data can be collected about a single individual.

## **Goals**

A good psychological report will serve other purposes as well. First, the report should provide data that helps the recipient to understand the client. Second, the report should impact the recipient so that he or she interacts with the client differently as a result of knowledge gained through the report. A third purpose of a psychological report is to provide a written record of historical information, interview, test and observation findings, as well as treatment recommendations at a specific point in time. A fourth purpose of a psychological report, pointed out by Sattler, is that it may serve as a legal document in a variety of types of proceedings.

## **Writing Style**

Clarity is the number one priority in writing a Psychology report. Sattler offered the following recommendations.

- Include in the report relevant material and delete potential damaging materials.
- Avoid undue generalizations.
- Use behavioural referents to enhance the reports readability.
- Communicate clearly and eliminate unnecessary material.
- Eliminate biased terms from reports.

## **Organization of the Report**

The purpose of the organizing a report is to inform the reader. It is helpful, both to the reader and to the writer, if the report is logically organized. ..

Its aim is to inform them of the report's contents. It should be brief, but it must contain enough information to distinguish it from other, similar reports.

## **Testing versus Assessment**

Tests and assessments are two separate but related components of a psychological evaluation. Psychologists use both types of tools to help them arrive at a diagnosis and a treatment plan.

(a) Testing involves the use of formal tests such as questionnaires or checklists. These are often described as “norm-referenced” tests. That simply means the tests have been standardized so that test-takers are evaluated in a similar way, no matter where they live or who administers the test. A norm-referenced test of a child's reading abilities, for example, may rank that child's ability compared to other children of similar age or grade level. Norm-referenced tests have been developed and evaluated by researchers and proven to be effective for measuring a particular trait or disorder.

(b) A psychological assessment can include numerous components such as norm-referenced psychological tests, informal tests and surveys, interview information, school or medical records, medical evaluation and observational data. A psychologist determines what information to use based on the specific questions being asked. For example, assessments can be used to determine if a person has a learning disorder, is competent to stand trial or has a traumatic brain injury. Together, testing and assessment allows a psychologist to see the full picture of a person's strengths and limitations.

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## **Clinical interview**

A clinical interview is a conversation between a clinician and a patient that is typically intended to develop a diagnosis. It is a "conversation with a purpose" that can be structured, semi-structured, or unstructured. Clinical interviews are typically used with other measures and methods to diagnose the patient.

## **Types of clinical interview**

- Intake
- Case history
- Diagnostic
- Mental status exam

## **Intake**

Intake interviews are the most common type of interview in clinical psychology. They occur when a client first comes to seek help from a clinician. The intake interview is important in clinical psychology because it is the first interaction that occurs between the client and the clinician. The clinician may explain to the client what to expect during the interview, including the time duration. The purpose of the intake interview often includes establishing and diagnosing any problems the client may have usually, the clinician diagnoses the patient using criteria from the first two DSM axes. Some intake interviews include a mental status examination. During the intake interview, the clinician may determine a treatment plan. In some cases, particular clinician may feel that he or she lacks the expertise to best help the client. It is during the intake interview that the clinician should refer the client to another source.

## **Case history**

A record of information related to a person's psychological or medical condition. Used as an aid to diagnosis and treatment, a case history usually contains test results, interviews, professional evaluations and sociological, occupational, and educational data. Also called patient history.

## **Diagnostic**

Diagnostic interview an interview in which a health or mental health professional explores a patient's presenting problem, current situation, and background, with the aim of formulating a diagnosis and prognosis as well as developing a treatment program. Clinical interview is a tool that helps physicians, psychologists and researchers make an accurate diagnosis of a

variety of mental illnesses, such as obsessive-compulsive disorder (OCD). There are two common types: Structured clinical interviews and clinical diagnostic interviews.

### **Mantel status exam**

The Mental Status Exam (MSE) is the psychological equivalent of a physical exam that describes the mental state and behaviours of the person being seen. It includes both objective observations of the clinician and subjective descriptions given by the patient. ..It is important to ascertain what is normal for the patient.

### **Communication strategies**

- Verbal strategy
- Nonverbal strategy
- Listening skills

### **Verbal strategy**

Verbal communication is the use of sounds and words to express yourself, especially in contrast to using gestures or mannerisms (non-verbal communication). An example of verbal communication is saying “No” when someone asks you to do something you don't want to do.

### **Strategies for effective verbal communication**

- Focus on the issue, not the person
- Be genuine rather than manipulative
- Empathize rather than remain detached
- Be flexible towards others
- Value yourself and your own experiences
- Use affirming responses

### **Nonverbal strategy**

Nonverbal communication is the transmission of messages or signals through a nonverbal platform such as eye contact, facial expressions, gestures, posture, and the distance between two individuals.

### **Types of nonverbal communication**

- Facial expressions. The human face is extremely expressive, able to convey countless emotions without saying a word
- Body movement and posture
- Gestures

- Eye contact
- Touch
- Space
- Voice
- Pay attention to inconsistencies

### **Listening skills**

Listening is the ability to accurately receive and interpret messages in the communication process. Listening is a key to all effective communication. Without the ability to listen effectively, messages are easily misunderstood. ... Effective listening is a skill that underpins all positive human relationships. The four types of listening are appreciative, empathic, comprehensive, and critical. Familiarize yourself with these different types' bees of listening so you can strengthen and improve your ability to critically think and evaluate what you have heard.

### **There are five key active listening techniques you can use to help you become a more effective listener:**

- Pay Attention. Give the speaker your undivided attention, and acknowledge the message
- Show That You're Listening
- Provide Feedback
- Defer Judgment
- Respond Appropriately

### **Diagnostic interviewing**

Diagnostic interview an interview in which a health or mental health professional explores a patient's presenting problem, current situation, and background, with the aim of formulating a diagnosis and prognosis as well as developing a treatment program.

### **When conducting a diagnostic interview, our therapists use a combination of methods that may include:**

- Questionnaires and Behavior Rating Scales.
- Obtaining a developmental history (i.e. background information/current concerns)
- Symptoms interview and mental status exam.
- Diagnose according to DSM-IV-TR.

## **Structured interview**

A structured interview (also known as a standardized interview or a researcher-administered survey) is a quantitative research method commonly employed in survey research. The aim of this approach is to ensure that each interview is presented with exactly the same questions in the same order

## **Interview with children**

### **Developmental considerations**

A forensic expert, who assesses a child victim of emotional, physical or sexual abuse, must have a complete understanding of the developmental processes typical for the witness's age, using it as the frame of reference for the evaluation of the child's individual characteristics and the level of his or her cognitive, emotional, and social development.

**Factors**, which can influence the accuracy of information provided by the child, include:

- The child's age,
- The level of cognitive, emotional, and social development,
- Verbal reconstruction of the event (level of verbal development),
- The number of details (memory of events),
- Information about the event received from other people (potential pressure exerted by the family).
  
- The way of establishing rapport by the psychologist,

## **Interview techniques**

- Spend time ahead of time letting children get used to your presence.
- Listen.
- Crouch or kneel when talking to little kids.
- Give more of yourself than you would in an ordinary interview.

- Avoid asking kids their opinions about issues and policies, even those that affect them directly.

## **Other Techniques**

### **Seek Children Out**

- Look for children who are directly involved in the issue you are covering. Talk to them in their own environment, where they are most comfortable.
- Include children in everyday stories, not just stories “about” children’s issues. Consider what perspective they might offer. In an election year, for instance, cover an elementary school student government election, explaining what motivates the candidates and voters. Are their parents and teachers that engaged? Why not?
- Look down and look behind you when covering breaking news. Children often provide a frank and fresh assessment of what’s happening, not to mention great natural sound.
- Establish a children’s advisory group to respond to what they see on the air and to suggest stories for coverage. You might even let them report a story or two themselves.

### **Find Their Level**

- Spend time ahead of time letting children get used to your presence. Hang around, put the camera down. Keep your notebook and tape recorder in your bag. [Or let the child play with the mic and record themselves, one commenter suggests, to make them more comfortable.]
- Listen. Listen more than you talk. Ask fewer questions than you might of an adult. Let the child fill the silence.
- Crouch or kneel when talking to little kids. Don’t stand above them and put a stick mic in their faces.
- Give more of yourself than you would in an ordinary interview. Answer their questions.
- Avoid asking kids their opinions about issues and policies, even those that affect them directly. Ask instead about their own personal experiences. For instance, have kids describe what they eat for lunch at school, rather than asking what they think about the new school lunch program.

## **Write to Sound**

- Match your writing style to the children's voices. If your story includes a lot of sound from young children, keep your own language simple and your sentences short. Your track should not become a speed bump, slowing the story down.
- Use more sound than you might ordinarily, to help your audience get to know the child and help them see why they should care about what he or she says.
- Write less. Take your own voice out of the story to give more weight to the children's voices.

## **Tread Gently**

- Be clear about who you are and what you will do with what they say. Tell them more than once, to be sure they understand.
- Get permission from a parent or guardian before talking to the child. Leave a card so they can contact you later if they have any questions.
- Consider what harm you might cause just by talking to the child, even if you don't air the interview