The Social Adjustment Inventory for Children and Adolescents (SAICA): Testing of a New Semistructured Interview

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Abstract. Recently, a number of authors have concluded that there are few suitable instruments for the systematic assessment of children's adaptive functioning. The Social Adjustment Inventory for Children and Adolescents (SAICA) is a new semistructured interview that was designed for administration to school-aged children as a self-report, or to parents about their children, for use in clinical and epidemiological studies. The SAICA provides an evaluation of children's functioning in school, in spare time activities, and with peers, siblings, and parents. Data from a study of 124 children, ages 6 to 18, of parents with and without a history of major depression support the construct, convergent, and discriminant validity of the instrument. The children's own histories of DSM-III, Axis I diagnoses, rather than major depression in their parents, were found to reliably distinguish their patterns of social functioning. Children with dysthymia had the poorest functioning in all areas by both children's and mothers' reports. These results suggest that the SAICA is a promising instrument for the assessment of social adjustment among children and adolescents. *J. Amer. Acad. Child Adol. Psychiat.*, 1987, 26, 6:898–911. **Key Words:** semistructured interviews, adaptive functioning.

Reviews of the literature on the measurement of children's adaptive functioning have found a dearth of instruments suitable for the systematic evaluation of the social aspects of childhood psychopathology in clinical and epidemiological studies (Achenbach and Edelbrock, 1981; Boyle and Chambers, 1981; Klein et al. 1987; Orvaschel and Walsh, 1984). The authors of the reviews contended that the available techniques are limited by a variety of conceptual and/or psychometric inadequacies. In a recent review of existing measures of children's adaptive functioning, Orvaschel and Walsh (1984) concluded that most of the measures are either too global or are confined to one or two social fields. Global measures were found to yield no information on the patterns of problems or strengths that children have, and narrow measures were found to yield detailed information about children's functioning in limited circumstances. Moreover, only one of the instruments reviewed makes use of children's reports; the remainder were found to rely on the reports of either parents, teachers or classmates—which probably accounts in part for their overly broad or narrow focus. Orvaschel and Walsh (1984) suggested that one method of obtaining comprehensive and accurate information might be an assessment battery of parallel instruments to be completed by different informants, or multiple "natural raters" (Kellam et al., 1977), who have first-hand knowledge of the child's adaptation in different circumstances. However, such a battery would be impractical for use in most research studies, as well as in most clinical settings.

Although it is customary for clinicians and researchers to question parents and teachers about children's psychiatric and social functioning, it is clear—at least with regard to psychiatric symptoms—that children are capable of providing reliable reports on themselves (e.g., Chambers et al., 1985; Edelbrock et al., 1985; Herjanic et al., 1975; Kovacs, 1983). With regard to symptoms of depression, children have been found to be better informants than their parents (Moretti et al., 1985; Orvaschel et al., 1981). It seemed, therefore, that an instrument designed to assess the social functioning of children from their own reports could potentially provide a broad, comprehensive, and reliable means to measure their relative adjustment while eliminating the logistical problem of reliance on multiple informants.

This report presents the development and testing of a new interview for the assessment of social adjustment among school-aged children, the Social Adjustment Inventory for Children and Adolescents (SAICA), which can be administered to children themselves, and which covers both their competent and problem social behaviors in a range of culturally-expected activities. We used the concept most frequently operationalized in the adult literature to guide the construction of the instrument, namely, that of social role. From this perspective, social adjustment is " . . . the interplay between the individual and the environment. Specific ways of behaving, referred to as roles, are commonly accepted as appropriate and the individual is perceived in terms of the way his role performance conforms to the norms of his referent group" (Weissman, 1975). However, in the construction of the SAICA, we were aware of, and attempted to control for, the effect that age has on role content. We hope that those who use the SAICA will consider Katschnig's (1983) observation that discrepancy in the person-environment fit may result from disability on the side of the individual or from disturbances in the social environment.

Description of the SAICA

SAICA Construction

The SAICA is a semistructured interview designed to be completed by a child or adolescent as a self-report, or by a

parent about the child. It is intended to be administered by persons who are knowledgeable about child development, and who have clinical or testing experience with children and adolescents (ages 6 to 18). The time period covered can be varied depending on the purpose of the assessment or the needs of the study. The SAICA can be used to assess only current functioning, defined as no more than 1 school year; can be readministered to cover previous school years; or summary items can be used to more briefly assess adjustment in earlier grades. Four areas of role performance are covered: school, spare time activities, peer relations, and home functioning.

Each of the four role areas is comprised of items that assess competent behaviors and potential problem behaviors within that role. This division of items within role areas was adopted to yield assessments of role performance from very competent to incompetent, and of problem behaviors from absent to severe. A large list of potential SAICA items were culled from a review of the literature and of existing instruments. Items for an earlier version of the interview were selected and constructed on the basis of pretesting and the clinical experience of the authors (K. J. and G. D. G.).

A pilot study of 17 adolescent inpatients (ages 15 to 18), in which patients and their mothers were interviewed separately and blindly with the SAICA, suggested that the interview was acceptable to both patients and their mothers; interinformant agreement was good (even retrospectively); and the patients' social adjustment was being accurately reflected in their SAICA scores (Gammon et al., 1982). In addition to providing reliability data, the pilot study provided information about how the interview might be revised. Ambiguous items were clarified or removed, and items were added in order to capture aspects of social functioning that had not been included in the earlier, piloted version of the interview.

The 77 items of the current SAICA are designed to assess observable and well-defined transactions or outcomes of transactions with the social environment, and to reflect the way in which young people evaluate themselves and their peers socially. The 35 competence items are scored from 1–4 (very to not at all competent/involved in the activity), and the 42 problem-behavior items are scored from 1–4 (not at all a problem to a severe problem for the child).

Because, in general, roles become more complex and differentiated with development, multiple items were selected for each major role area in order to capture the spectrum of developmental phase-specific role performances. For adolescents (approximately 12 to 18 years old), a peer relations subsection on heterosexual role adjustment is included. Table 1 lists the role areas, items and a priori subscales for scoring of the current version of the SAICA.

SAICA Administration

The interviewer reads each SAICA question, reviews the possible ratings and asks the informant to choose the one that best describes his or her (or the child's) behavior. To reduce the social desirability response bias, the "some kids–other kids" question format developed by Harter (1982) to legitimize behaviors at the less desirable end of the dichotomy is suggested. The interviewer may probe further for examples of the problem, the frequency with which it occurs, etc. If, after

probing, the rating provided by the informant seems inaccurate to the interviewer, the subject may again be asked to consider the possible ratings, but in the end, it is the informant's judgment, not the interviewer's, that is recorded. The current SAICA takes no more than half an hour to administer, and the retrospective SAICA Summary ratings from 5 to 20 minutes, depending on the age of the child. After completing the interview with the child or parent, the interviewer makes global ratings of the child's current competent and problem behaviors within each role area. An instruction manual for administering the SAICA is available from the authors.

Training on the SAICA

A high degree of interrater reliability can be quickly achieved among M.D., Ph.D., and master's level interviewers, who are experienced in the treatment and/or testing of children and adolescents. Training of eight such interviewers took approximately 4 hours to obtain better than 95% agreement on individual and global items through corating videotaped and in-person interviews.

SAICA scoring. A number of subscale, role area, and overall scores are derived by obtaining the arithmetic mean of the items specified. Deriving subscale means is the simplest approach, and it reflects the intended measurement capacity of the SAICA. It should be noted that because the SAICA was constructed to comprehensively cover competent and problem behaviors within socially-determined roles that apply to children across a wide age-range, the items within designated subscales were not expected to be completely internally consistent. (See Table 1 for the items included in the various subscale, role area, and overall scores.)

Method

Subjects

Subjects were the 124 children ages 6 to 18 of 38 depressed and 28 normal proband parents. The families are part of a longitudinal study of children at high and at low risk for depression in which 220 children (ages 6 to 23) and their parents (total, 91 families) were extensively assessed regarding their lifetime and current psychiatric, medical, psychosocial, and demographic status (Weissman et al., 1986; Weissman et al., 1987b).

Assessments

In order to obtain a comprehensive assessment of the child, an interviewer blind to the diagnostic status of the parents interviewed a parent (usually the mother) about the child, and then at a later time interviewed the child about him or herself. The interview, which was designed to require only minor modification for administration to a child or a parent, consists of sections on the child's demographic, medical, neuropsychiatric and medication history, as well as on his or her social adjustment (the current and retrospective summary portions of the SAICA), history of treatment for emotional problems, and diagnostic status and history (the K-SADS-E) (Puig-Antich et al., 1980). In addition, each parent completed self-administered reports about each child, and the children completed self-administered reports about themselves. Interviewers were M.D., Ph.D., or master's level mental health

TABLE 1. *SAICA Construction: Role Areas, Items, and Subscales*

SAICA Role Areas and Items	SAICA Subscales
School	
Academic	
Reading/English (grades)	Grades School
Arithmetic/math (grades)	Academic
3 additional academic subjects (grades)	
Academic track placement	Track
Attitude toward schoolwork	Attitude
Social	
Attitude toward teacher	School social
Teacher's attitude toward child	
Relations with other students	
Problems	
Does not pay attention or listen	
Does not work up to ability	
Is disruptive/bothers others in class	
Is shy/doesn't participate/is introverted	
Gets into fights/is assaultive	
Is excluded by others	School problems
Damages school or others' property	
Has difficulty accepting mistakes/criticism	
Is defeated/doesn't try	
Wants to be center of attention	
Is overly anxious to please/concerned with rules	
All school items	Overall school functioning
Spare time	
Activity	
Collecting/making things	
Sports/physical activities	
Reading/looking at books	
Listening to music	Spare time activity
Playing musical instruments	
Playing with toys, games, etc.	
Extra curricular school, church, or community activities	
Jobs/chores	
Other constructive activity	
TV watching	Spare time TV
Time alone/time with others	Spare time alone/with others
Problems	
Is bored	
Has difficulty playing/working alone	
Hangs out (downtown, game parlors)	Spare time problems
Is indifferent to most activities	
Excessively daydreams/fantasizes	
Gets into mischief/destroys things	
All spare time items	Overall spare time functioning
Peer	
Relationships	
Makes new friends easily	
Is popular with others	
Has one or two special friends	Peer relationships
Has steady group of friends	
Is a leader	
Problems	
Is shy with other kids	
Is teased/bullied by other kids	
Bullies other kids	
Has trouble keeping friends	
Prefers adults	Peer problems
Prefers older kids	
Prefers younger kids	
Prefers opposite sex	
Is easily led	

TABLE 1. (*Continued*)

SAICA Role Areas and Items	SAICA Subscales
Hangs out with kids who get into trouble	
Is disinterested in other kids/a loner	
All peer items	Overall peer interaction
Heterosexual relationships (ages 12–18)	
Has friends of opposite sex	Heterosexual relationships
Attends school dances/boy-girl parties	
Has a boyfriend/girlfriend	
Dates	
Heterosexual problems (ages 12–18)	
Goes steady (fused relationship)	Heterosexual problems
Is promiscuous	
Avoids opposite sex	
Has difficulty establishing relationships with opposite sex	
All heterosexual items	Overall heterosexual interaction
Home	
Sibling relationships	
Plays/does things with siblings	Sibling relationships
Is friendly/affectionate toward siblings	
Talks with siblings	
Sibling problems	
Avoids contact with siblings	
Scapegoats/bullies siblings	Sibling problems
Injures siblings	
Is avoided by siblings	
Is scapegoated/bullied by siblings	
Is injured by siblings	
All sibling items	Overall interactions with sibling
Relations with mother	
Does things with her	Relationship with mother
Is friendly/affectionate with her	
Talks with her	
Relations with father	
Does things with him	Relationship with father
Is friendly/affectionate with him	
Talks with him	
Problems with parents	
Reacts very negatively/refuses to do chores or honor restrictions	
Is dangerously irresponsible around home	Problems with parents
Damages home or family property	
Physically threatens or attacks parents	
All parent items	Overall interactions with parent
All home items	Overall home functioning
All competence items	Overall competence
All problem items	Overall problems
All items (excluding Interviewer Globals)	Overall SAICA total
Interviewer Global Ratings	
School problems	Heterosexual problems
Spare time activities	Sibling relationships
Spare time problems	Sibling problems
Peer relationships	Relationship with mother
Peer problem	Relationship with father
Heterosexual relationships	Problems with parents
All Interviewer Global Ratings	Overall Interviewer Global

professionals with a minimum of 4 years experience in child assessment and/or treatment.

Social adjustment of the children. The SAICA was administered to a parent (usually the mother) about her school-aged children, and within 3 weeks it was administered by the same interviewer to the children about themselves. Ratings on individual SAICA items within the four role areas referred to the current school year (including the previous summer). However, if the assessment was made during the summer or less than 2 months into a new school year, behavior during the previous school year and summer was the focus of the interview. The total current period assessed could not exceed 1 year and could reflect functioning in only one grade.

Diagnostic assessment of children. The Schedule for Affec-

tive Disorders and Schizophrenia for School-Aged Children, Epidemiologic Version (Kiddie SADS-E or K-SADS-E) (Puig-Antich et al., 1980), which we adapted for use in longitudinal studies, has been found to be a reliable instrument for obtaining lifetime diagnoses in prepubertal children and adolescent inpatients (Gammon et al., 1982; Orvaschel et al., 1982). The K-SADS-E generates DSM-III diagnoses for most of the major Axis I and some of the Axis II disorders known to occur among children and adolescents. Parents and children completed the K-SADS-E independently, and nonmutually exclusive DSM-III diagnoses were derived from each interview separately. A child psychiatrist who was blind to the diagnostic status of the parents, arrived at final best estimate diagnoses for each child based on the information obtained from parents and children, as well as from treatment records when they were available.

Global assessment of children's functioning. The Children's Global Assessment Scale (the C-GAS) (Shaffer et al., 1983) was used to summarize the information obtained from the parent interview and the child interview separately, and it served as a means to make a composite rating of the child's lifetime psychopathology and social functioning.

IQ. All children who completed the Child Interview Package were given the Peabody Picture Vocabulary Test (PPVT), Form M (Dunn and Dunn, 1981), and those who were under 17 years of age also completed the vocabulary and block design subtests of the Wechsler Intelligence Scale for Children-Revised (WISC-R) (Wechsler, 1974).

Self-administered report of children's symptoms and social competence. Mothers completed a package of self-administered reports on each child, which for school-aged children included the Child Behavior Checklist (CBCL) (Achenbach, 1980; Achenbach, 1978; Achenbach and Edelbrock, 1978, 1979, 1981; Edelbrock and Achenbach, 1980). The CBCL inquires about a child's behavior over the past 12 months. It includes behavior problem (symptom) items, as well as social competence items that cover participation and skill in sports and nonsports activities, social relationships, and school performance. Whereas Achenbach and Edelbrock (1981) suggest that scores for three competence areas be calculated (i.e., for activities, social, and school), for analytic purposes, we derived mean CBCL competence scores that were analogous to SAICA subscales.

Results

Sample Characteristics

Proband-parent diagnostic group and reports on the current SAICA. There were 67 children whose proband-parent had a history of major depression and 57 children whose proband-parent was free of psychopathology. Current SAICA data were obtained from both mothers and children on 51 (76%) of the children of 38 depressed proband-parents, and on 56 (98%) of the children of 28 normal proband-parents; current SAICA data were available from mothers only on 16 (24%) of the children of depressives and 1 (2%) of the children of normal parents. The children who did not themselves complete the SAICA tended to be older adolescent boys who refused to participate in the study or the children of depressed parents who denied us permission to interview their children directly.

Age, sex, and social class of children with current SAICA data. Table 2 presents a breakdown of the age, sex, and social class of the children on whom current SAICA data were obtained by parent-proband group. There were no significant age, sex, or social class differences between the depressed and normal groups.

Length of Time Period Assessed by SAICA

The mean length of the assessment period for mothers' SAICA reports on 124 children was 307 days or about 44 weeks; for the 107 children's SAICA reports, the mean time period assessed was 279 days or about 40 weeks.

Internal Consistency of the SAICA

Correlations between SAICA subscale, role area, and overall scores. Because the SAICA items were designed to provide detailed coverage of competent or problematic behaviors within a given role area and to contribute equally to a composite competence or problem subscale score for the role area, we did not expect individual item ratings within a role area to be highly correlated with that overall role area score. In order to begin an examination of the internal consistency of the a priori subscale and role area scoring system, correlations between subscale, role area, and overall SAICA scores were calculated.

Table 3 shows the Pearson r correlations between the SAICA subscale scores within each role area with the pertinent overall role area scores and with the overall SAICA total scores derived from both mothers' and children's interviews. As expected, most subscale scores within a given role area were found to be highly correlated with that overall role area score, and less highly so with the overall SAICA total score. Heterosexual problems, subscale scores derived from both mothers' and children's reports, were not significantly correlated with the overall heterosexual role area score. Similarly, spare time spent alone versus with others subscale scores derived from children's reports were not significantly correlated with the overall spare time role area score. In general, the high correlations between subscale scores within role areas

TABLE 2. *Demographic Characteristics of Children With Current SAICA Data by Parent-Proband Group*

	Proband Group				
	Depressed		Normal		
	N	%	N	%	
Age Group					
6–8	4	6	1	2	
9–11	20	30	10	18	NS
12–15	23	34	24	42	
16–18	20	30	22	38	
Sex					
Male	37	55	22	39	
Female	30	45	35	61	NS
Social Class[a]					
I and II	24	36	17	30	
III	14	21	10	18	NS
IV and V	29	43	30	52	

[a] Hollingshead Two-Factor Index.