



# The University of Texas at El Paso Doctor of Nursing Practice

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**STRUCTURED ANXIETY DISORDERS INTERVIEW TOOL –  
CHILD/PARENT (ADIS-C/P) IN NEW PATIENTS AGES 6-17 YEARS  
OLD WITH ANXIETY SYMPTOMS  
11<sup>TH</sup> ANNUAL DNP PROJECT SYMPOSIUM**

**COHORT XI**

**Lynda Peña-Human, MSN, APRN, CPNP-PC, PMHNP-BC**

- Chairperson: Hector R. Morales, DNP, APRN, PMH-CNS-BC

UTEP | 500 W. UNIVERSITY AVE. EL PASO, TEXAS 79968

**Structured Anxiety Disorders Interview-Child/Parent (ADIS-C/P) in new patients ages 6–  
17 years old with anxiety symptoms**

Lynda Pena-Human

The College of Nursing: The University of Texas at El Paso

DNP Quality Improvement Project

DNP Chair: Hector Morales

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### **Abstract**

Although many children experience anxiety symptoms, few are accurately diagnosed or treated appropriately. The primary focus is on the health and well-being of pediatric patients. My project implements the Anxiety Disorders Interview Schedule-Child/Parent DSM-IV (ADIS-C/P DSM-IV) to improve the assessment and diagnosis of anxiety in new English-speaking patients aged 6–17 years. The Plan-Do-Study-Act model of improvement was used to guide the project process. Using the ADIS-C/P DSM-IV tool as the latest evidence-based gold-standard tool for the assessment and diagnosis of anxiety in children and adolescents can continue to provide a more reliable and accurate diagnosis.

*Keywords:* anxiety, ADIS-C/P DSM-IV, structured interview, children, adolescents, diagnosis

## **Structured Anxiety Disorders Interview-Child/Parent (ADIS-C/P) in new patients aged 6–17 years with anxiety symptoms**

### **Introduction**

As a dually certified pediatric nurse practitioner, primary care practitioner, and psychiatric mental health nurse practitioner working in a child and adolescent mental health facility along the United States/Mexico border, my primary focus is on the health and well-being of pediatric patients. Utilizing the principles of ethics in conjunction with the standards of practice for an Advanced Practice Registered Nurse (APRN) in assessing Quality Improvement (QI) in current practice is paramount in healthcare delivery. When determining areas of improvement with the highest priority, a thorough and strategic assessment is required. A 10-day Practice Assessment Log (PAL) was therefore used to determine the direction of the QI project.

### **Practice Issue**

Project preparation, planning, practice assessment, literature review, and change implementation were structured using the Plan-Do-Study-Act model (PDSA), which is an action-oriented model of improvement. QI project planning began with the cooperation of the Chief Medical Officer, clinic manager, and other staff. With the guidance of my DNP Project Chair, the start date for the 10-day PAL was determined. To successfully complete the PAL, the following pertinent data were required and documented in the PAL spreadsheet: sex, age, reason for visit (follow-up vs. new patient), chief complaint, subjective and objective information the patient provided, assessment tools utilized and reason for use, diagnosis, Current Procedural Terminology (CPT) code, intervention, and plan. Each patient was assessed, diagnosed, and treated. After 10 days, patients were listed, categorized, and color-coordinated according to their

diagnosis in the Review of Patients' portion of the spreadsheet; this is a crucial step as it highlights the diagnostic frequency and inconsistencies in practice.

After careful evaluation and analysis of the Review of Patients, the Insights Gained were summarized, and three PICOT (Population, Intervention, Current Practice, Outcome and Time) questions were created based on which would most benefit the pediatric mental health community I serve. Interventions for new English-speaking patients aged 6–17 years with a chief complaint of anxiety (population) remain unknown (intervention), and the literature review is still pending. The current practice focuses on anxiety, which is assessed subjectively using a rating scale of 0= no anxiety to 10= the most anxiety ever experienced. A DSM-V criteria and rating scale to support anxiety diagnosis (outcome) was therefore used during the assessment, which was on the same day as the initial psychiatric evaluation (time).

### **Problem Description**

An anxiety disorder diagnosis is dependent on common worries or fears of human experience. Anxiety symptoms are among the most common psychiatric conditions in children and adolescents (Walter et al., 2020), who struggle with access to mental health services. Moreover, timely and evidence-based care is another concern when diagnosing a child or adolescent with an anxiety disorder due to the inconsistent and unstructured interview styles of medical professionals, which may lead to symptom misinterpretation or misdiagnosis (Walter et al., 2020).

### **Available Knowledge**

A comprehensive literature review is imperative for the discovery of evidence-based practice recommendations for diagnosing anxiety among the youth. At the forefront of the literature review is the Clinical Practice Guideline for the Assessment and Treatment of Children

and Adolescents with Anxiety Disorders from the Journal of the American Academy of Child and Adolescent Psychiatry. These guidelines highlight the importance of the careful assessment of anxiety disorders in children and adolescents. It provides clinicians with screening tools they can utilize, including the Screen for Child Anxiety Related Emotional Disorders (SCARED)-parent and child versions, Spence Children's Anxiety Scale (SCAS)-parent and child versions, Preschool Anxiety Scale, parent version and the Generalized Anxiety Disorder-7 (GAD-7), teen/adult version (Walter et al., 2020). However, compared to the screening tools presented, the guidelines conclude the use of a structured interview schedule to be more effective in diagnosing anxiety disorders.

### **Rationale**

Experts agree that the ADIS-C/P DSM-IV is the structured interview schedule of choice for assessing childhood anxiety and other comorbid psychiatric diagnoses. Although this is an evidence-based recommendation, its use is uncommon in busy outpatient settings because of time consumption, return on investment, and strain (Walter et al., 2020).

The focus of the literature was then directed toward discovering evidence-based research articles in support of the ADIS-C/P DSM-IV and comparing its efficacy against other tools in its class. Fifteen studies were gathered to support the ADIS-C/P DSM-IV. Careful consideration was observed during article selection. Articles were classified and organized by evidence-based hierarchy, study type, rigor, and precision, and those that did not meet these criteria were filtered and removed. The literature review concluded that the ADIS DSM-IV has the highest validity and reliability in the assessment and diagnosis of anxiety in children and adolescents.

### **Specific Aim**

Implementation of the ADIS-C/P DSM-IV in practice will promote accurate assessment, diagnosis, and treatment of anxiety disorders in the child and adolescent population I serve. This systematic and skillful interview schedule will improve the diagnosis of other anxiety disorders in the spectrum and will also aid in the diagnosis of other comorbid mental illnesses (Walter et al., 2020). In addition, the use of the ADIS-C/P DSM-IV will ameliorate misdiagnoses and prevent the unintended consequences of unnecessary pharmacological interventions.

### **Context**

The execution of the ADIS-C/P DSM-IV in my practice was a collaborative effort. Support and authorization from my supervising physician, clinic manager, and other administrative staff made this project admissible. The scheduling department worked tirelessly to maintain and monitor the scheduling of new patients throughout the project. The medical team, including the head Registered Nurse (RN), Licensed Vocational Nurse (LVN), and Mental Health Technician (MHT), prescreened new patients days before their appointment and triaged them before the assessment to identify those who met the inclusion criteria. Administrative assistants provided support in the preparation, assembly, and producing copies of the interview schedules for families meeting the criteria. Both parent and child copies were appropriately labeled and scanned for inclusion in the patients' medical records for review by other disciplines within the organization.

### **Methodology**

The intervention used in the QI project was the ADIS-C/P DSM-IV, which was selected in addition to other standardized symptom rating scales owing to its efficacy. Other tools were excluded because of subpar reliability and validity in comparison to other screening tools in the class. The ADIS-C/P DSM-IV Interview Schedule not only accurately diagnoses anxiety in

children but is also used to diagnose other comorbid psychiatric conditions. The interview schedule is advantageous to clinicians because it assesses school refusal behavior, serious behavioral complications associated with anxiety, substance use, psychosis, selective mutism, eating disorders, somatoform disorders, and specific developmental and learning disorders (Walter et al., 2020).

The successful use of the interview guide requires the examiner to possess the entire series, which includes the Clinicians' Manual and both the Child and Parent Interview Schedule Workbooks. The Clinicians' Manual provides the clinician with an explanation of the interview schedule, guidance on administering the interview, detailed instructions on the use of the "Feelings Thermometer" (Silverman, 2004). The children's and parental interview schedules assess school refusal behavior, interpersonal relationships, social activities, separation anxiety, social anxiety disorder, specific phobias, panic disorder, agoraphobia, generalized anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder (PTSD)/Acute Stress Disorder, affective disorders, dysthymia, major depressive disorder, and externalizing disorders. It also includes screening questions for the assessment of additional childhood disorders (Silverman, 2004).

### **Measures**

The ADIS-C/P DSM-IV is evidence-based and supports clinicians in improving outcomes in patients aged 6–17 years. According to Silverman et al. (2001), "structured and semi-structured diagnostic interviews are more reliable and valid than unstructured interviews, more precisely quantify psychological symptoms, and facilitate comprehensive assessment to avoid underdiagnosis or misdiagnosis."



According to the Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety disorders, the ADIS-C/P DSM-IV addresses all DSM-IV anxiety disorders; screening sections for other psychiatric disorders are also included to allow assessment of comorbidities (Walter et al., 2020). Statements about the treatment of anxiety disorders in the guideline are based upon empirical evidence derived from a critical systematic review of the scientific literature conducted by the Mayo Clinic Evidence-based Practice Center under contract with the Agency for Healthcare Research and Quality (AHRQ).

According to Silverman, Saavedra, and Pina (2001), “Sixty-two children (aged 7–16 years) and their parents underwent two administrations of the ADIS-C/P DSM-IV with a test-retest interval of 7 to 14 days.” Their results revealed that the instrument is reliable for deriving DSM-IV anxiety disorder symptoms and diagnoses in children. They further concluded that the ADIS-C/P DSM-IV has “excellent reliability in symptom scale scores for separation anxiety disorder, social phobia, specific phobia, and generalized anxiety disorder and good to excellent reliability for deriving combined diagnoses of these disorders, as well as using child-only and parent-only interview information.”

### **Ethical Considerations**

There are no ethical concerns to report.

### **Results and Discussion**

A total of 225 patient assessments were completed between January 17, 2023, and February 15, 2023, of which 33 were new patients. After a diligent assessment of those scheduled, only four patients met the inclusion criteria. Both patients and their parents were then successfully interviewed as instructed in the interview schedule. With support from the ADIS-C/P, all patients were accurately diagnosed on their anxiety or lack thereof at the end of the new

patient assessment based on their responses to the interview questions and the diagnostic criteria scores in each section.

In summary, the ADIS-C/P DSM-IV, the gold standard anxiety symptom rating scale, was developed to improve the assessment and diagnosis of anxiety. In contrast to a subjective assessment using a rating scale, the implementation of the interview schedule in my practice significantly improved my assessment, diagnosis, and treatment of anxiety symptoms among those who met the inclusion criteria, which ultimately improved patient outcomes. The PDSA model was used to guide the project process.

Integrating a systematic and skillful interview schedule will ameliorate misdiagnosis and unintended consequences of unnecessary pharmacological interventions. Although only four of the 225 patients were assessed, diagnosed, and treated, implementation of the interview schedule broadened the future of practice in the assessment and diagnosis of anxiety in this population.

### **Limitations**

The ADIS C/P DSM-IV is only available in English. It was imperative that the patients and their parents/legal authorized representatives be able to communicate in English; otherwise, they were excluded. It would be beneficial for the ADIS-C/P DSM-IV to be translated into other languages.

Another limitation is access to the interview schedule. The Anxiety Disorders Interview Schedule Child Version of the DSM-5 was released on December 27, 2022. The new version was preordered; however, the release date was changed to April 2023. Another barrier was that the latest version of the Anxiety Disorders Interview Schedule Child Version DSM-IV, published in November 2004, was not available online nor in the physical library of the University of Texas at El Paso. To obtain the books, I contacted Wendy K. Silverman, one of the

authors, who referred me to the Oxford University Press publishing company, but the text was sold out on its website. I also worked closely with Ms. Marissa Testerman, the Nursing, Pharmacy, and Health Sciences librarian, to obtain the text. I eventually contacted Oxford University Press and was granted permission to use the Anxiety Disorder Interview Schedule Child Version DSM-IV. A PDF copy of the Child, Parent and Clinician Manual was provided for use only within the confines of the project but could be reprinted as needed.

### **Conclusion**

My project aimed to implement the Anxiety Disorders Interview Schedule-Child/Parent DSM-IV (ADIS-C/P DSM-IV) to improve the assessment and diagnosis of anxiety in new English-speaking patients aged 6–17 years. The PDSA model was used to guide the project process. Using the latest evidence-based gold standard tool for the assessment and diagnosis of anxiety in this group continues to provide a reliable and accurate diagnosis.

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