

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 socially 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

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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
Arithmetic/math (grades)	School 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	Peer relationships
Has one or two special friends	
Has steady group of friends	
Is a leader	
Problems	
Is shy with other kids	
Is teased/bullied by other kids	
Bullies other kids	Peer problems
Has trouble keeping friends	
Prefers adults	
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	Sibling problems
Scapegoats/bullies siblings	
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	Problems with parents
Is dangerously irresponsible around home	
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.

TABLE 3. Correlations^a Between SAICA Subscale Scores and Overall Role Functioning and SAICA Total Series

SAICA Subscales	Overall Role Area		Overall SAICA Total	
	Mother	Child	Mother	Child
School functioning	1.00	1.00	0.65	0.65
Grades	0.80	0.77	0.49	0.43
Academic track	0.43	0.51	0.30	0.31
Attitude toward school	0.74	0.62	0.52	0.42
School social	0.74	0.71	0.59	0.58
School problems	0.89	0.81	0.56	0.52
Spare time functioning	1.00	1.00	0.75	0.66
Activities	0.90	0.82	0.58	0.42
TV watching	0.37	0.36	0.32	0.25 ($p < 0.01$)
Time alone/with others	-.33	0.11 NS	0.41	0.23 ($p < 0.05$)
Problems	0.57	0.46	0.54	0.47
Peer interactions	1.00	1.00	0.73	0.66
Relationships	0.92	0.82	0.66	0.53
Problems	0.79	0.76	0.63	0.52
Heterosexual interactions	1.00	1.00	0.44	0.64
Relationships	0.97	0.98	0.40	0.58
Problems	0.13 NS	0.13 NS	0.21 NS	0.31
Interactions with siblings	1.00	1.00	0.53	0.59
Relationships	0.89	0.88	0.45	0.53
Problems	0.74	0.86	0.41	0.50
Interactions with parents	1.00	1.00	0.43	0.50
Relationship with mother	0.77	0.84	0.55	0.46
Relationship with father	0.82	0.81	0.32	0.33
Problems with parents	0.59	0.58	0.49	0.42

^a Pearson r correlations are at the $p < 0.001$ level unless otherwise noted. Correlations are based on 124 mother reports and 107 child reports.

and the overall role area scores, and between overall role area scores and the overall SAICA total, support the internal consistency of the a priori scoring system proposed for the SAICA. However, although not shown in Table 3, we also found high correlations between subscale and overall role area scores across role areas. For example, school functioning subscales and overall role area scores were found to be highly correlated with spare time functioning, peer interactions, interactions with siblings, and interactions with parents subscale and overall role area scores. Because of these across-role-area correlations, we undertook a factor analysis of the SAICA subscales in order to determine whether there were underlying factors that would explain the variance in subscale scores for this sample.

Factor analysis of SAICA subscales. Because the heterosexual interactions subscales and the academic track subscale did not apply to all of the children in the sample, they were not included in the factor analysis. Principal component analyses with varimax rotation were performed on the remaining 15 subscales. Only factors with eigen values greater than one were retained for analysis. Three factors emerged from the analysis of subscales derived from mothers' reports. The factors shown in Table 4 accounted for 24%, 14.7%, and 16.7% of the variance and were easily interpreted. Similarly, in the analysis of subscales derived from children's reports, three virtually identical factors emerged, each of which explained 16.7% of the variance. Factor loadings from each analysis are presented in Table 4.

The first factor contains all of the school subscales and the spare time activities subscale. Factor 1, by mothers' reports, also includes spare time problems. Because children's involve-

ment at school and in constructive spare time activities can be viewed as analogous to adults' involvement in work, task performance seemed an appropriate label for the first factor.

The second factor, which we labeled spare time sociability, contains TV watching, spare time alone versus with others, peer relations, and peer problems. By children's reports, factor 2 also includes spare time problems and problems with siblings. Factor 2 appears to be composed of subscales that assess the extent to which children spend their free time with age-peers and the quality of the time spent.

We labeled factor 3 family relations because relationships with family members and problems with parents are contained in it by both mothers' and children's reports. By mothers' reports, problems with siblings are also found there.

With a single exception, these factor analyses recombined the subscales of the SAICA into categories that are very similar to the a priori role area categories that we proposed. The subscales within the spare time role area did not factor together but were found to covary with either the school or the peer relationships subscales. The factors that emerged make intuitive sense of children's social adjustment patterns, and they were used as an alternative means to combine subscales for scoring the SAICA in the analyses that follow.

Reliability of the SAICA

The assessment of interinformant agreement can provide a stringent test of the occasion-specific reliability of an instrument. Because mothers and children were interviewed separately, we were able to examine the reliability of the SAICA through tests of their agreement on ratings.

TABLE 4. SAICA Subscale Loadings on Three Rotated Factors by Mothers' and Children's Reports^a

	Factor 1: Task Performance		Factor 2: Sparetime Sociability		Factor 3: Family Relations	
	Mother	Children	Mother	Children	Mother	Children
	Grades	0.72	0.73			
School attitude	0.77	0.68				
School social	0.74	0.63				
School problems	0.84	0.58				
Spare time activities	0.47	0.54				
Spare time problems	0.71	0.14 ^b	0.15 ^b	0.66		
TV watching			0.66	0.43		
Spare time alone vs. with others			0.82	0.55		
Peer relations			0.78	0.55		
Peer problems			0.52	0.75		
Relations with siblings					0.73	0.68
Problems with siblings			0.30 ^b	0.57	0.49	0.32 ^b
Relations with mother					0.68	0.75
Relations with father					0.76	0.77
Problems with parents					0.49	0.62

^a Factor analyses based on 124 mother reports and 107 child reports.

^b These items loaded on other factors, but values are shown for comparison purposes.

Agreement between mothers and children on SAICA subscale and overall scores. Although the same interviewer conducted the SAICA with both the mother about her child, and the child about him or herself, usually several days and interviews with other families separated the mother and child interviews. Nevertheless, one could argue that the interviewer's knowledge of the mother's ratings, and/or the child's awareness that mother had already answered the same questions with the same interviewer, may have influenced the child's ratings. However, the ratings were made by the informants and not the interviewer, and our findings that mothers and children did not agree well on symptoms and diagnosis indicate that interviewer bias did little to increase overall agreement between mothers and their children (Angold et al., in press; Weissman et al., 1987a).

Table 5 shows the intraclass correlations between mothers' and children's SAICA subscale and overall scores, and the results of a matched *t* test of differences on their mean scores. In general, correlations between mothers' and children's SAICA scores were adequate. The *t* test of differences between mean scores derived from mothers' and children's reports revealed that when informants differed significantly, children tended to rate themselves less positively on most SAICA subscales. The exception was the heterosexual relationships subscale.

Agreement between mothers and children on SAICA subscale and overall scores by proband parents' diagnosis of major depression. Several of the mean SAICA subscale and overall scores were found to differ significantly by whether the children had a parent with a history of major depression, primarily according to mothers' reports. Mothers in the depressed proband group, compared with mothers in the normal proband group, rated their children significantly less positively on SAICA subscales as follows: to spend relatively more time alone than with others, to have less positive relationships with peers, to have less positive relationships with siblings, to have

a less positive relationship with mother and with father. Furthermore, when based on mothers' reports, interviewers' overall mean global ratings were found to be higher (less positive) for the children of depressed probands than for children of normal probands. However, by children's reports, the children of depressed probands were found to differ significantly in their SAICA scores from the children of normal parents only with regard to their relatively less positive relationships with siblings.

Because over 80% of the mothers in the depressed parent proband group had a history of major depression, we wished to discern whether a negative depressive bias contributed to the between group differences by mothers' reports. In order to determine whether agreement on SAICA scores between mothers and children differed by parent proband group, intraclass correlations and matched *t* test of differences between mothers and children for the depressed and normal proband parent groups were calculated separately. Table 6 compares mean SAICA scores derived from mothers' and children's reports by proband parent group.

Even though correlation coefficients of agreement between mothers and children were generally lower in the depressed proband-parent group, the matched *t* test of differences in mean scores between mothers' and children's reports revealed more significant differences between mother-child pairs in the normal group. Children in both groups reported significantly less positive interactions with siblings and significantly more positive heterosexual relationships than their mothers reported, but children in the normal proband-parent group also reported their interactions with peers and parents to be significantly less positive and themselves to have significantly more problems overall than their mothers reported. These findings suggest that mothers in the normal group tended to be biased in their positive assessments of their children's behavior, and that the mothers in the depressed group were probably not biased in their less positive assessments of their

TABLE 5. Intraclass Correlations and Matched *t* Test of Differences Between Mothers' and Children's Mean SAICA Scores^a

SAICA Score	Intraclass Correlation	Matched <i>t</i> Test ^b
Grades	0.48***	0.04
Academic track	0.65***	0.07
School attitude	0.36***	-0.01
Overall school academic	0.60***	0.05
School social	0.29***	-0.10
School problems	0.42***	-0.02
Overall school functioning	0.56***	-0.05
Spare time activities	0.65***	0.06
TV watching	0.45***	-0.27*
Spare time alone vs. with others	0.34***	0.14
Spare time problems	0.33***	-0.14***
Overall sparetime functioning	0.58***	-0.03
Peer relationships	0.55***	-0.10*
Peer problems	0.32***	-0.03
Overall peer interactions	0.48***	-0.05*
Heterosexual relationships	0.72***	0.37***
Heterosexual problems	0.10 NS	0.00
Overall heterosexual	0.65***	0.18***
Relationships with siblings	0.38***	-0.25***
Problems with siblings	0.41***	-0.08**
Overall sibling interactions	0.45***	-0.14***
Relationship with mother	0.30***	-0.05
Relationship with father	0.58***	-0.05
Problems with parents	0.48***	-0.02
Overall parent interactions	0.48***	-0.04
Task performance	0.54***	-0.09*
Spare time sociability	0.46***	0.11*
Family relations	0.41***	-0.14***
Mean interviewer globals	0.63***	-0.06*
Overall competence	0.62***	-0.03
Overall problems	0.46***	-0.05*
Overall SAICA total	0.57***	-0.01

^a *N* = 107.^b Negative mean difference indicates that children reported less positive functioning.* *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001.

children. However, children in both groups probably tended to overreport positive heterosexual involvement and problems with siblings.

Similarities and Differences in SAICA Subscale and Overall Scores by Age and Sex of Children

The subscale scoring system for the SAICA was devised to take into account the shift in problems and activities that are likely to pertain to both sexes at different ages. For this reason, we did not expect the children in the high risk study to differ markedly on SAICA subscale and overall scores by age and sex.

As predicted, *t* tests of difference in mean SAICA subscale and overall scores of boys and girls by both mothers' and children's reports revealed virtually no significant differences by sex of child. Mothers reported their daughters to be more involved in spare time activities than their sons (*p* < 0.02),

and boys reported themselves to have more school problems than girls (*p* < 0.05).

However, *t* tests of difference in mean SAICA subscale and overall scores of children ages 6 through 11, and those 12 through 18 years, by mothers' and children's reports yielded significant differences (*p* < 0.05) on more subscale and overall scores. Both mothers and children reported significantly more involvement in spare time activities for the younger group, less TV watching for the older group, more active relationships with fathers for the younger group, and more problems with parents for the older group. Mothers reported their younger children to have more positive attitudes toward school and more positive school social relationships. Younger children reported themselves to have significantly more problems with peers and more active relationships with their mothers. Because these data are from a study in which the older children were more often found to receive a psychiatric diagnosis (Weissman et al., 1987b), some of the age differences in SAICA subscale and overall scores also may reflect the less positive adjustment of the disturbed adolescents.

Convergent Validity of the SAICA

In order to test the convergent or criterion validity of the SAICA, current role-area and overall scores were compared with other study assessments that were expected to provide measures of the same or similar dimensions of social competence and behavior problems.

SAICA Correlations With IQ Measures. We hypothesized that the children's academic performance as measured by the SAICA would be significantly correlated with their WISC subscale and PPVT scores, but that the children's other SAICA subscale scores would not be. As can be seen in Table 7, Pearson *r* correlations of SAICA subscale scores (by both mother and child reports) and WISC Vocabulary and Block Design and PPVT scores supported our hypothesis. Both mothers' and children's reports on the children's grades and academic track placement were found to be significantly correlated with the two measures of verbal IQ (the WISC Vocabulary and PPVT) and less significantly so with the measure of performance IQ (the WISC Block Design). The only other SAICA subscale score that was found to be significantly correlated with IQ test scores was spare time activities, which suggests that many of the constructive activities included in that subscale are more likely to be engaged in by children with higher IQs. Of the three factor scores, only task performance was found to be significantly correlated with the IQ scores. Overall mean competence SAICA and SAICA total scores derived from both mother and child reports were found to correlate significantly with the WISC Vocabulary scores, and children's overall mean SAICA scores were found to correlate significantly with the PPVT. These correlations were weaker than those between IQ scores and the school and spare time subscale and task performance scores, the item ratings from which were averaged into the overall mean scores.

SAICA correlations with the Child Behavior Checklist (CBCL). Achenbach's CBCL (Achenbach, 1980) was the study instrument that most closely corresponds to the SAICA in content, and against which we assessed the construct and

TABLE 6. Mean SAICA Overall Scores, Intraclass Correlations, and Matched *t* Test of Differences Between Mothers' and Children's Reports by Parent Proband Group^a

SAICA Subscale	Depressed Proband Parent (N = 51)				Normal Proband Parent (N = 56)			
	Mean Score ^b		Intraclass	Matched <i>t</i> Test ^c	Mean Score ^b		Intraclass	Matched <i>t</i> Test ^c
	Mother	Child			Mother	Child		
Overall school	1.3	1.4	0.42***	0.00	1.3	1.4	0.67***	-0.03
Overall spare time	1.9	2.0	0.51***	-0.02	1.9	2.0	0.63***	-0.03
Overall peer	1.3	1.3	0.48***	-0.03	1.2	1.3	0.47***	-0.07**
Overall heterosexual relationships	1.8	1.6	0.65***	0.20**	1.8	1.6	0.67***	0.17**
Overall sibling interactions	1.3	1.4	0.42***	-0.16**	1.2	1.3	0.43***	-0.12**
Overall parent interactions	1.4	1.4	0.46***	0.06	1.3	1.4	0.50***	-0.12**
Task performance	1.6	1.6	0.55***	-0.06	1.6	1.7	0.58***	-0.11*
Sparetime sociability	1.8	1.7	0.60***	0.13	1.6	1.5	0.40**	0.10
Family relations	1.5	1.5	0.48***	-0.06	1.3	1.5	0.47*	-0.21***
Overall competence	1.9	1.9	0.51***	0.02	1.8	1.9	0.63***	-0.07
Overall problems	1.1	1.2	0.25 NS	-0.05	1.1	1.1	0.65***	-0.04**
Overall SAICA total	1.5	1.5	0.42**	-0.00	1.5	1.5	0.71***	-0.02
Overall Interviewer Globals	1.5	1.6	0.53***	-0.06	1.4	1.4	0.72***	-0.06

^a N = 107.

^b Lower scores indicate more positive functioning.

^c Negative mean difference indicates that children reported less positive functioning.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

measurement validity of the SAICA subscales. The CBCL has been widely used and studied, and the reliability and validity of the parent version has been well established. Only mothers completed the self-administered CBCL, but we compared SAICA mean scores derived from both mother and child SAICA interviewers with mothers' reports on the CBCL. Table 8 shows the Pearson *r* correlation matrix of SAICA and Achenbach (CBCL) Competence and Problem behavior subscales when the mothers' SAICA reports were compared with the CBCL. The correlations of most relevance to the construct validity of the SAICA are highlighted in the table. Not surprisingly, SAICA scores derived from interviews with mothers were more highly correlated with the relevant CBCL scores than were the SAICA scores derived from children's reports, (not shown), but respectable correlations were found between the child-derived SAICA scores and the mother-derived CBCL scores.

As can be seen from Table 8, mothers' reports on their children's school performance, spare time activities, and peer relationships as measured independently by the SAICA and CBCL are very highly correlated. The less impressive correlations found between the relationships with siblings and relationships with parents subscales of the SAICA and those of the CBCL are probably caused by the fact that the CBCL contains only one item for the assessment of each of those relationship areas, whereas the SAICA contains several items for the assessment of each area. With the exception of sibling problems, the problem subscale scores derived from mothers' SAICA reports were found to be very highly correlated with the CBCL total problem score. The similarities between the measurement structure of the SAICA and the measurement structure of the CBCL are reflected in the high correlations found between the mother-derived SAICA overall competence and CBCL total competence scores, and the mother-

derived SAICA overall problem and CBCL total problem scores (0.52 and 0.64, respectively).

SAICA correlations with the Children's Global Assessment Scale (C-GAS). Two separate C-GAS ratings were completed for each child based on separate interviews with mothers and their children, and the SAICA interview with the mother or the child was taken into account in the C-GAS rating. Despite the lack of independence in C-GAS ratings, the correlations between SAICA subscale and C-GAS scores were of interest to us in assessing the relative contribution that a child's reported behaviors on the current SAICA made to the clinician-interviewer's assignment of a lifetime C-GAS score. Most of the SAICA subscale scores derived from interviews with both mothers and children were found to be significantly correlated with the C-GAS ratings based on interviews with either mothers or children. Table 9 shows the correlations between mothers' and children's mean role area scores, mean factor scores, mean interviewer global ratings, and mean overall scores on the SAICA and the C-GAS ratings based on the comprehensive psychosocial and diagnostic interviews with the mothers and children about the children. These results indicate that the SAICA ratings were very likely used by the clinician-interviewers in their C-GAS assessments of children, with overall school functioning and interactions with siblings and parents on the SAICA showing the highest correlations with the C-GAS ratings. The mean interviewer global scores on the SAICA were found to correlate more highly with the C-GAS scores than the mean overall SAICA score, which suggests that the judgment of the interviewers regarding the children's reported social functioning probably influenced their subsequent C-GAS assessments more than the ratings endorsed by the informants themselves—particularly with regard to the children's reports.

Discriminant validity of the SAICA subscale and overall

TABLE 7. Significant Correlations^a of IQ Scores With SAICA Subscales and Overall Scores by Mother and Child Reports

IQ Scores ^b	SAICA Subscale and Overall Mean Scores													
	School Grades		Academic Placement		Spare Time Activities		Task Performance		Overall Competence		Overall Problems		Overall SAICA	
	Mother	Child	Mother	Child	Mother	Child	Mother	Child	Mother	Child	Mother	Child	Mother	Child
WISC Vocabulary	0.35***	0.29**	0.24*	0.40***	0.41***	0.30**	0.31**	0.30**	0.39***	0.36***	0.10	0.04	0.33**	0.29**
WISC Block Design	0.25*	-0.11	0.12	0.03	0.24*	0.14	0.04	0.30**	0.20	0.05	0.20	0.06	0.21	0.05
PPVT	0.36***	0.33***	0.39***	0.50***	0.29**	0.23*	0.37***	0.27**	0.24*	0.27**	0.03	0.08	0.14	0.20*

^a Pearson *r* correlations that were negative are shown here as positive; IQ tests and the SAICA are scored in opposite directions, with high IQ scores and low SAICA scores indicating better performance.

^b 107 children had PPVT scores; 89 had WISC subscale scores.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

scores. SAICA subscale, factor, and overall mean scores by mother and child reports were examined by comparing children who were assigned various current and/or past DSM-III diagnoses by best estimate with children who received no best estimate lifetime diagnoses. Any DSM-III diagnosis, and the DSM-III diagnoses of major depression, dysthymia, and conduct disorder were the categories that were compared with "no diagnosis," because they occurred with sufficient frequency and recency among the children in the sample. Overlap was found between major depression, dysthymia, and conduct disorder, but more than half of the children in each of the categories did not receive the other two diagnoses being compared.

Forty-two children on whom mothers' SAICA reports were available and 35 children on whom SAICA data were available from both mothers' and children's reports received no DSM-III diagnosis. Eighty-two of the children for whom SAICA data were available received at least one DSM-III diagnosis. However, in a number of cases the diagnoses were for non-emotional disorders, e.g., an articulation disorder, or represented transient conditions that met minimum-level criteria for a positive diagnosis, e.g., a 2-week episode of minor (atypical) depression.

Seventy-six percent of the children ages 16 to 18, 60% of the children ages 12 to 15, and 60% of the children ages 6 to 11 received at least one diagnosis by best estimate, but the higher percentage of diagnoses among the older children was not found to be statistically significant. However, the fact that children with diagnoses tended to be older than children without diagnoses (mean age 13.7 and 12.7, respectively) has been considered in the analyses to be described.

In all diagnostic categories except "other psychiatric disorder," which included primarily nonemotional disorders, children reported diagnoses in themselves significantly more often than their mothers reported diagnoses for them, and in general, agreement between mothers and children on diagnosis was quite poor (Weissman et al., 1987a). The discrepancies in mothers' and children's reports on diagnosis prompted us to ask the following question as we examined the discriminant validity of the SAICA: Even though mothers and children did not agree well with regard to the children's diagnoses, when children were assigned various diagnoses, did mothers and children nevertheless report similar patterns of (i.e., agree better with regard to) social adjustment in the children?

We first compared the SAICA subscale, factor, and overall mean scores (derived from mothers' and children's reports separately) of children who had any current and/or past DSM-III diagnosis and children who had no DSM-III diagnosis. No significant differences in subscale or overall scores were found between children with current and children with past diagnoses, but a number of highly significant differences were found between children with a lifetime diagnosis of at least one DSM-III disorder and children with no history of DSM-III disorder. Table 10 shows the SAICA subscale, factor, and overall mean scores by diagnosis in children, and these scores are presented by mothers' and children's reports separately. As can be seen in Table 10, when the SAICA scores of children with a history of "any diagnosis," major depression, dysthymia, and conduct disorder were compared with the SAICA

TABLE 8. Comparison of SAICA Subscales With Achenbach Social Competence and Problem Behaviors Reported by Mothers^a

SAICA Subscales	Achenbach Social Competence ^b and Problem Behaviors							
	School Performance	School Total	Activities Total	Peer Relations	Sibling Relations	Relation With Parents	Competence Total	Problem Total
School grades	-0.71**	-0.51**	-0.42**	-0.04	-0.15	-0.26*	-0.45**	-0.26*
School academic	-0.68**	-0.46**	-0.41**	-0.07	-0.12	-0.38**	-0.48**	-0.29*
School problems	-0.49**	-0.43**	-0.23	-0.02	-0.04	-0.35*	-0.35*	-0.53**
Overall school	-0.69**	-0.52**	-0.35*	-0.08	-0.10	-0.39**	-0.47**	-0.47**
Spare time activities	-0.41**	-0.34*	-0.50**	-0.09	-0.21	-0.34*	-0.53**	-0.18
Spare time problems	-0.36*	-0.28*	-0.28*	-0.01	+0.01	-0.12	-0.27*	+0.44**
Overall spare time	-0.48**	-0.40**	-0.49**	-0.20	-0.19	-0.31*	-0.53**	+0.35*
Peer relationships	-0.34*	-0.23	-0.19	-0.61**	-0.29*	-0.24*	-0.34*	+0.30*
Peer problems	-0.28*	-0.23	-0.03	-0.39**	-0.19	-0.16	-0.21	+0.57**
Overall peer	-0.35*	-0.26*	-0.14	-0.59**	-0.28*	-0.23	-0.32*	+0.46**
Sibling relationships	-0.20	-0.02	-0.16	-0.06	-0.27*	-0.09	-0.16	+0.22
Sibling problems	-0.15	-0.03	+0.08	-0.27*	-0.30*	-0.21	-0.07	+0.17
Overall interactions with siblings	-0.22	-0.03	-0.07	-0.18	-0.34*	-0.17	-0.14	+0.24
Relationship with mother	-0.30*	-0.27*	-0.19	-0.22	-0.22	-0.38**	-0.31*	+0.50**
Relationship with father	-0.03	+0.06	-0.24	-0.12	-0.20	-0.07	-0.17	+0.12
Problems with parents	-0.25	-0.29*	-0.13	-0.12	-0.15	-0.34*	-0.30*	+0.40**
Overall interactions with parents	-0.21	-0.19	-0.24	-0.19	-0.25	-0.30*	-0.30*	+0.41**
Overall home	-0.27*	-0.20	-0.18	±0.26*	-0.33*	-0.33*	-0.28*	+0.48**
Overall competence	-0.44**	-0.34*	-0.38**	-0.41**	-0.32*	-0.34*	-0.52**	+0.33
Overall problem	-0.44**	-0.36**	-0.15	-0.20	-0.15	-0.29*	-0.33*	+0.64**
Total SAICA	-0.53**	-0.38**	-0.33**	-0.40**	-0.36*	-0.43**	-0.52**	+0.51**

^a The Achenbach was only completed by parents, usually the mother; $N = 98$.

^b The negative Pearson r correlations result from the opposite scoring of the SAICA and Achenbach Competence items.

* $p < 0.01$; ** $p < 0.001$; *** $p < 0.0001$.

TABLE 9. Correlations^a Between SAICA Role Area, Interviewer Global, and Overall Scores, and C-GAS Ratings Based on Comprehensive Interviews With Mothers and Children

SAICA Scores	Informant	C-Gas Ratings	
		Mother Interview $N = 124$	Child Interview $N = 107$
School functioning	Mother	0.55***	0.36***
	Child	0.39***	0.38***
Spare time functioning	Mother	0.32***	0.26***
	Child	0.11	0.23*
Peer interaction	Mother	0.36***	0.18*
	Child	0.21*	0.34***
Heterosexual interaction	Mother	0.13	0.28*
	Child	0.16	0.21
Sibling interaction	Mother	0.37***	0.33***
	Child	0.28**	0.40***
Parent interaction	Mother	0.32***	0.33***
	Child	0.26**	0.40*
Task performance	Mother	0.51***	0.35***
	Child	0.33***	0.34***
Spare time sociability	Mother	0.23**	0.03
	Child	0.23*	0.23*
Family relations	Mother	0.38***	0.29**
	Child	0.35***	0.42***
Overall competence	Mother	0.39***	0.20*
	Child	0.21*	0.28**
Overall problems	Mother	0.56***	0.41***
	Child	0.43***	0.52***
Overall SAICA	Mother	0.46***	0.27**
	Child	0.26**	0.35***
Overall interviewer global	Mother	0.51***	0.46***
	Child	0.36***	0.52***

^a Pearson r correlations that were negative are shown here as positive; the SAICA and C-GAS are scored in opposite directions, with low SAICA scores and high C-GAS scores indicating better functioning.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

TABLE 10. Comparison of SAICA Subscale and Overall Mean Scores by DSM-III Diagnoses in Children^a

SAICA Scores	DSM-III Diagnoses									
	No Diagnosis		Any Diagnosis		Major Depression		Conduct Disorder		Dysthymia	
	Mother N = 42	Child N = 35	Mother N = 82	Child N = 72	Mother N = 29	Child N = 24	Mother N = 15	Child N = 14	Mother N = 19	Child N = 19
School academic	1.36	1.48	1.75*	1.67 NS	1.87**	1.72*	1.96**	1.71 NS	2.00***	1.89*
School social	1.15	1.25	1.38*	1.49*	1.47*	1.47*	1.64**	1.74**	1.60**	1.58*
School problems	1.06	1.13	1.26**	1.26*	1.44***	1.31**	1.47***	1.32*	1.51***	1.31*
Spare time activities	2.34	2.35	2.53*	2.41 NS	2.57 NS	2.37 NS	2.65 NS	2.48 NS	2.56 NS	2.48 NS
Spare time problems	1.04	1.19	1.18*	1.33*	1.25*	1.42*	1.38	1.46*	1.41**	1.50**
Peer relationships	1.49	1.64	1.74*	1.71 NS	1.75 NS	1.63 NS	1.40 NS	1.49 NS	1.91*	1.86 NS
Peer problems	1.03	1.06	1.12*	1.14*	1.12*	1.13*	1.15**	1.16*	1.23**	1.15*
Heterosexual relationships	2.54	2.46	2.43 NS	1.95*	2.21 NS	1.74*	1.65*	1.52*	2.41 NS	1.93 NS
Heterosexual problems	1.02	1.03	1.07 NS	1.07 NS	1.11 NS	1.10 NS	1.18*	1.14*	1.18*	1.18*
Sibling relationships	1.49	1.65	1.53 NS	1.76 NS	1.50 NS	1.75 NS	1.64 NS	1.92 NS	1.73 NS	2.39***
Sibling problems	1.05	1.07	1.11 NS	1.20*	1.09 NS	1.20 NS	1.11 NS	1.26*	1.26**	1.51***
Relationship with mother	1.29	1.40	1.47*	1.46 NS	1.41 NS	1.64 NS	1.69*	1.54 NS	1.67*	1.77*
Relationship with father	1.67	1.50	1.65 NS	1.70 NS	1.77 NS	2.03*	1.97 NS	2.11*	1.80 NS	1.87*
Problems with parents	1.07	1.08	1.14 NS	1.16 NS	1.16 NS	1.22*	1.40***	1.29*	1.30**	1.26*
Task performance	1.38	1.54	1.64**	1.71*	1.76***	1.74*	1.88***	1.84*	1.87***	1.85*
Spare time sociability	1.59	1.53	1.81*	1.63 NS	1.77 NS	1.55 NS	1.42 NS	1.53 NS	2.01*	1.82*
Family relations	1.31	1.41	1.39 NS	1.51 NS	1.41 NS	1.63*	1.58*	1.68*	1.57*	1.79**
Overall SAICA total	1.41	1.46	1.55*	1.53 NS	1.58*	1.52 NS	1.57*	1.53 NS	1.70***	1.65**
Overall Interviewer Global	1.31	1.38	1.54**	1.56*	1.60**	1.62*	1.63**	1.67*	1.79***	1.88***

^a SAICA scores are presented by mothers' and children's reports separately; lower SAICA scores indicate more positive functioning; SAICA scores of children with various diagnoses are compared with SAICA scores of children with no diagnosis, and significance levels refer to those comparisons.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; NS $p > 0.05$.

scores of children with no diagnosis, children with diagnoses were found to have significantly less positive scores on most subscales. A notable exception was the heterosexual subscale, on which children with diagnoses—particularly conduct disorder—were found to have more positive heterosexual relationship scores, i.e., to be more involved with members of the opposite sex. However, children with conduct disorder and major depression were also found to be significantly older than children with no diagnosis (mean ages 16.4, 15.4 and 12.9, respectively), and we suspected that age contributed more than diagnosis to the more positive heterosexual relationship scores.

Because the mean ages of children with conduct disorder and major depression were higher than the mean age of children with no diagnosis, it seemed possible that other of the significant between-group differences may have been the result of age differences. Therefore, we performed analyses of covariance to control for age in our comparisons of the SAICA scores of children with and without diagnoses. Age of child was not related to the significant differences between the SAICA scores of children with no diagnoses and dysthymia. Indeed, dysthymics were found to have the least positive SAICA scores compared with all other groups, and, by both mothers' and/or children's reports, to be significantly less well adjusted overall and according to all subscale scores. For "any diagnosis," major depression, and conduct disorder, age was found to account entirely for the significant differences between heterosexual subscale scores of children with and without diagnosis, but diagnosis accounted for all of the other significant differences in scores.

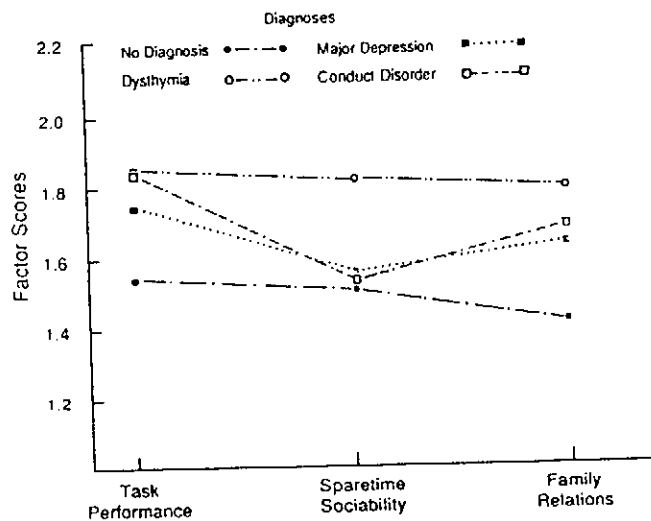


FIG. 1. SAICA factor scores from children's reports by diagnosis.

Figure 1 displays graphically the SAICA factor scores of children by diagnosis according to the children's reports on themselves. It shows that children with dysthymia and conduct disorder were found to be similar with regard to their less positive task performance scores than children without diagnoses and those with major depression. Dysthymics were found to have the least positive spare time sociability and family relations scores. Children with conduct disorder, major depression, and no diagnosis had virtually identical spare time sociability scores by children's reports; but with regard to

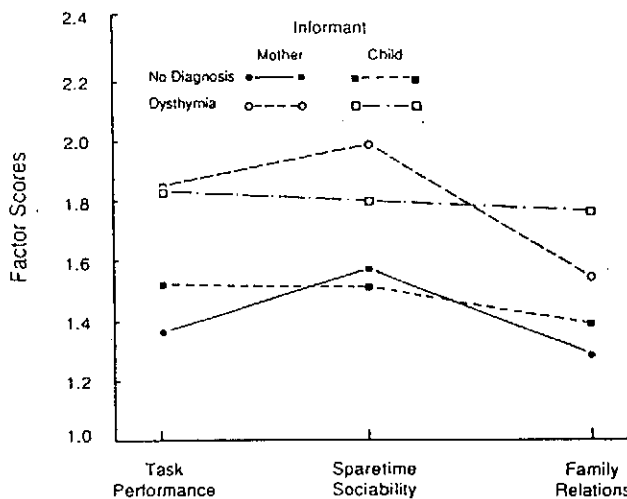


FIG. 2. SAICA factor scores from children's and mothers' reports by no diagnosis and a diagnosis of dysthymia.

family relations, the scores of the children with conduct disorder and major depression were again less positive than the scores of children with no diagnoses.

Figure 2 compares the children and mother reported SAICA factor scores for children with no diagnoses and children with dysthymia, and it shows the similarities and differences between the social adjustment patterns derived from those sets of scores. The mothers' tendency to provide a generally more positive picture of the children except in the area of spare time sociability is evident, but both groups of informants clearly distinguished the social adjustment of children with dysthymia from children with no diagnoses.

Discussion

Construct Validity

The high correlations between SAICA subscales and role area and overall scores, and the similarity of the factors that emerged from separate analyses of subscale scores derived from children's and mothers' reports, as well as the similarity between those factors and the a priori role area structure of the SAICA, support the construct validity of the instrument. However, differences in subscale scores by age indicate that the subscale scoring system is not entirely successful in providing an equivalent assessment of social adjustment at varying ages in this sample, with the younger children showing more positive adjustment on most of the subscales for which differences were found. Of course, there is some logic in the obtained differences, in that prepubertal children generally tend to be more involved with parents and in spare time activities at home and to adopt more positive attitudes toward school and teachers, whereas adolescents tend to spend more time away from home with peers and to be less favorably inclined toward adult authority structures such as school. A large developmental study that includes well-characterized age groups of children of both sexes with no diagnoses, as well as of children with a range of specific diagnoses, will be necessary to examine the item structure of the SAICA.

Reliability

The moderately high correlations between children's and mothers' reports suggest that interinformant agreement on most subscales was acceptable, but significant differences on the matched *t* tests between several subscale scores derived from children's and mothers' reports indicate that there may have been a social desirability response bias—particularly among mothers in the normal proband group—with regard to family relationships and problem behaviors. That mothers in the normal group reported significantly more positive social adjustment for their children than the children reported for themselves, and that this was not the case in the depressed proband group, is contrary to the prediction that a negative response bias will operate among parents who themselves have a history of psychiatric disorder (Boyle and Chambers, 1981). Even though children in both groups tended to report their adjustment to be less positive than their mothers (which might be construed as a negative response-bias on the part of the children in this study), there were fewer instances of significant differences in subscale scores between mother-child pairs in the depressed proband group.

Validity

High correlations between IQ scores and relevant SAICA subscales, and between mothers' and children's reported SAICA subscale scores and the CBCL (Achenbach, 1980) scores by mothers' self-administered report are evidence for the convergent (criterion) validity of the SAICA. Further, the fact that regardless of informant or age of child, the SAICA scores of children with best-estimate diagnoses differed significantly from the children with no diagnoses supports the discriminant validity of the measure. Although the patterns of social adjustment of children with and without diagnoses were not identical by children's and mothers' reports, within the characteristic response set of each informant group, SAICA scores were found to distinguish similarly among children in the various diagnostic categories. By both children's and mothers' reports, most subscale and overall scores were progressively less positive for children with "any diagnosis," major depression, conduct disorder, and dysthymia, the latter two of which were most likely to have persisted throughout the time period assessed by the SAICA.

Although the results have not been uniform, in a number of studies the children of parents with major affective illness have been found to be less socially competent than children of normal control parents, and in some studies they were indistinguishable from children of schizophrenic parents by teacher and peer ratings (Beardslee et al., 1983). In this study, the children of depressed proband parents received significantly less positive SAICA scores than children of normal proband parents only by mothers' reports. Because these differences may be caused largely by a social-desirability response bias on the part of mothers in the normal proband group, they are not as convincing as our findings with regard to the relationship between less positive social adjustment scores and diagnoses in children.

Study Limitations

This study does not provide normative data on the SAICA items, nor on subscale, role area, or overall scores. A much larger and diagnostically diverse sample will be required to fully explore the measurement capacity and scoring of this new instrument. Most of the children in our sample were functioning in their communities, and fewer than 20% had been treated for psychopathology, which limited the range of their scores. Nevertheless, testing the psychometric properties of the SAICA among a group of school-aged children at high and at low risk for depression increased the likelihood that we would find sufficient variation in the children's psychiatric and social adjustment status (Weissman et al., 1984). Indeed, one of the hypotheses of the main study was that the children of depressives would evidence significantly less positive social adjustment. Another hypothesis is that, in the longitudinal analyses, less adaptive social adjustment scores will not only be found to correlate with diagnoses, but will indicate increased vulnerability to subsequent onset of psychopathology. However, these analyses will not be possible until data from future waves of the study become available. The cross-sectional data presented in this paper only support the association between less positive social adjustment and current and/or past psychiatric diagnoses.

Comment

In conclusion, although normative data on a large probability sample of children are not yet available on the SAICA, this study indicates that it is a promising new research instrument for the assessment of social adjustment among children and adolescents 6 to 18 years old. In addition to its inclusion in this high risk study, the SAICA is being used in a number of inpatient, outpatient, and community studies, which will soon provide additional data on its measurement characteristics.

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