externalizing diagnosis but no comorbid mood diagnoses because if a child meets criteria for both procedures he or she would be already assigned to one of the mood categories (Cirillo et al. 2012).

Parent and youth reports together with clinical observations were used by the interviewer conducting the KSADS to fill the Young Mania Rating Scale and the child depression rating scale-revised (CDRS-R). These measures would be relevant as they are commonly deployed in clinical trials studies with both the children and the youths that are suffering from mood disorders. They also provide additional measurements of the mood symptoms experienced by the teens. The YMRS contains seven items rated from 0-4, and four items rated from 0-8 where high scores will indicate severe Mania. The YRMS demonstrates useful discriminant and concurrent validity of the age range that will be used in the study (5-17 years old). The CDRS-R, on the other hand, will contain 12 items that would be rated 1-7 and five other pieces which would be rated 1-5 where the high score would also indicate severe depression. This measure is reliable among raters and across time and has proper criterion and contemporaneous validity (ranek et al. 2016).

Assessments interview should be offered to parents to evaluate their [psychiatric state. The primary caregivers would as well be interviewed using Schedule for Affective Disorders and Schizophrenia (SADS-LB)which would be conducted by the same highly trained raters like I the case for KSADS. This will mean that all raters need to have accomplished extensive training and supervision in using semi-structured interviews (Koutra et al. 2016). Where possible, other parents would go through a direct discussion with the SADS-LB and caregivers would provide an indirect report on families using the Family History Research Diagnostic Criteria (FH-RDC) which would be used to describe the history of other relatives. For a more effective outcome,