Child Welfare Pre-Service Training

Interviewing for Information Collection

Trainer Guide

July 2013
The materials for the **Child Welfare Pre-Service Training** curriculum were produced by Florida International University for the State of Florida, Department of Children and Families, Office of Family Safety.

© 2006 State of Florida, Department of Children and Families

The materials for the **Child Welfare Pre-Service Training** curriculum were formatted and edited by the Child Welfare Training Consortium at the University of South Florida.

© 2013 Child Welfare Training Consortium at the University of South Florida
## Table of Contents

### Icon Key

- iv

### To The Trainer

- v

### Module 1: Facilitating the Interview

- 1
  
  - Topic ~ Stages of the Interview Process ................................................................. 2
  
  - Managing Challenges ................................................................................................. 11
  
  - Topic ~ Keeping the Interview on Track ..................................................................... 20
  
  - Topic ~ Techniques to Facilitate an Interview .......................................................... 24
  
  - Trainer Demonstration ~ Interviewing Techniques: Explore, Focus and Direct .......... 34
  
  - Interviewing Family Groups. .................................................................................... 56
  
  - Review ~ Module 1: Techniques to Facilitate the Interview ........................................ 56

### Module 2 ~ Child Interviews

- 1
  
  - Topic ~ Compare/Contrast Child and Adult Interviews .............................................. 1
  
  - Topic ~ Engaging and Interviewing the Child ............................................................ 8
  
  - Topic ~ Child Interviews: Child Sexual Abuse Cases ............................................... 13
  
  - Topic ~ Developmental Considerations for Child Interviews ..................................... 15
  
  - Demonstration: Child Interview ................................................................................ 35
  
  - Child Interviews Using Role Cards .......................................................................... 43
  
  - Review ~ Module 2: Child Interviews ...................................................................... 44

### Module 3: Applying the Florida Safety Decision Making Methodology to the

Interview Process

- 1
  
  - Topic ~ Information Collection as Competency ......................................................... 26
  
  - Topic ~ Video Demonstration of Information Collection and Worker Competency ...... 28
  
  - Topic ~ Documenting Information Collection .......................................................... 37
  
  - Dutton McAdams FFA ............................................................................................... 44
  
  - Topic ~ Determining the Sufficiency of Family Functioning Assessment Information
    Collection: .................................................................................................................. 56

### Interview Scenarios

- 1
## Icon Key

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🚨</td>
<td>Safety Protection Expert</td>
</tr>
<tr>
<td>⏰</td>
<td>Time estimate</td>
</tr>
<tr>
<td>🌟</td>
<td>Participant Guide pages</td>
</tr>
<tr>
<td>📚</td>
<td>Additional Readings / Resources</td>
</tr>
<tr>
<td>📌</td>
<td>Discussion</td>
</tr>
<tr>
<td>🆕</td>
<td>Activity</td>
</tr>
<tr>
<td>🔊</td>
<td>PowerPoint Presentation/PPT</td>
</tr>
<tr>
<td>📋</td>
<td>Handout</td>
</tr>
<tr>
<td>⚠️</td>
<td>Trainer Tips</td>
</tr>
<tr>
<td>🛒</td>
<td>Materials</td>
</tr>
<tr>
<td>🌐</td>
<td>Webpage</td>
</tr>
<tr>
<td>🎥</td>
<td>Video</td>
</tr>
</tbody>
</table>
To The Trainer

Course Description

Interviewing for Information Collection continues to provide the basic concepts and skills necessary to interview children and families. Interviewing is an extremely important skill that must be developed effectively in order to successfully fulfill job responsibilities. Interviewing skills develop over time and require practice during actual job related interactions with children and families. It is recommended that learners observe as many interviews as possible and that these observations occur in the field, in different settings with various coworkers and other professionals. It is also recommended that each agency supplement this introductory training with in-service trainings to expose learners to additional skills and to provide opportunities to practice the skills necessary to be an effective interviewer.

Course Time

Interviewing for Information Collection is designed to be taught in 2 training days. A training day consists of 6 hours of actual instruction, a one hour lunch break, and two fifteen minute breaks.

Pre-requisite Skills and Case Flow

All courses are sequenced to accommodate pre-requisite skills and case flow; therefore, the courses must be scheduled using the corresponding numbers 100-128.

Course Goals

The goal of Interviewing for Information Collection is to provide the newly worker with basic information about:

- facilitating an interview
- interviewing children
- applying Florida Safety Decision Making Methodology to the interview process.
Knowledge Base Competencies

The following **Case Management (CM) Knowledge Base Competencies** (organized by domain) are addressed in **Introduction to Interviewing**:

**Professional and Legal Responsibilities, Documentation Requirements:**

- K4. The philosophy, purpose, requirements, and application of federal and state child welfare policy and legislation, including the Adoption and Safe Families Act (ASFA), the Indian Child Welfare Act (ICWA), the Multi-Ethnic Placement Act (MEPA), the Interstate Compact for the Placement of Children (ICPC), the Florida Statutes, the Florida Administrative Code, and all related laws.
- K21. Definitions and fundamental concepts of culture and diversity.

**Family and Community Engagement:**

- K29. Trauma-informed care.
- K30. Interviewing techniques that overcome resistance, build trust and establish rapport.
- K31. Interviewing techniques that motivate subjects of the interview to change behaviors necessary to create positive change/ensure child safety.

**Assessment:**

- K34. Knowledge of family dynamics and family systems.

**Safety Management, Service Planning and Delivery:**

- K36. The values that underlie a family-centered approach to child welfare, in providing services to improve individual and family functioning within the context of the family’s culture and community.
- K37. Principles of family-centered practice are implemented in all phases of child welfare practice.

The following **Protective Investigations (PI) Knowledge Base Competencies** (organized by domain) are addressed in **Introduction to Interviewing**:

**Child Protection Foundations:**

- K12. Knowledge of culture, diversity and cultural competence.
- K16. Knowledge of specific maltreatment indicators (i.e., types and likely etiology).
- K17. Knowledge of ‘embedded’ harms (e.g., domestic violence; adult and adolescent substance abuse; child, adolescent and adult mental health issues.
- K18. Knowledge of child development norms.
- K19. Knowledge of developmentally appropriate parenting and discipline techniques.
Formulating the Investigative Response:

- K23. Knowledge of maltreatment escalation dynamics (e.g., patterns of behavior, severity and/or frequency of maltreatment, same child, same perpetrator, and prior referral or services outcomes).

Engagement:

- K26. Knowledge of effective professional interpersonal communication skills.
- K27. Knowledge of interviewing techniques that build trust and establish rapport.
- K28. Knowledge of how one’s personal value system, cultural background, and beliefs may influence actions and decisions in child welfare practice.

Interviewing:

- K31. Knowledge of interviewing processes that use active listening skills (i.e., reflections), reframing, and open-ended and solution-focused questioning.
- K32. Knowledge of interviewing techniques to overcome resistance and motivate positive behavior change in the family.
- K33. Knowledge of verbal responses and non-verbal behaviors and facial gestures consistent with evasive responses.
- K34. Knowledge of what types of behavioral observations and relational interactions should be observed and documented to inform the decision-making process.

Initial Assessment and Problem Identification:

- K37. Knowledge of child vulnerability and caregiver/family protective capacities.
- K38. Knowledge of family dynamics and family systems.
- K39. Knowledge of the definition and concepts of immediate and imminent safety threats, impending danger, and risk.
Objectives ~ Interviewing for Information Collection

Module 1: Facilitating the Interview
♦ Describe the 5 Stages of the Interview process
♦ Determine Ways to Keep the Keeping Interview on Track
♦ Recognize techniques to facilitate the interview
♦ Process Interviewee Behavior that Challenges the Interview
♦ Describe Considerations for interviewing Family Groups

Module 2: Interviewing Children
♦ Compare and contrast child and adult interviews
♦ Explain how to engage and interview a child
♦ Identify considerations for child interviews in sexual abuse cases
♦ Describe developmental considerations for child interviews

Module 3- Applying the Florida Safety Decision Making Methodology to the Interview Process
♦ Further define, discuss and develop the six domains of information collection
♦ Define and discuss the application of information collection protocol
♦ Evaluate staff interviews utilizing essential skills associated with Florida Safety Decision Making Methodology for information collection through case application
♦ Analyze, evaluate, and justify determination of sufficiency of information collection and documentation when applied to case application.

Training Materials
Participant Handouts
Module 1: Facilitating the Interview
♦ PG2     The Smith Interview
♦ PG3     Stages of the Interview
♦ PG4-5   Planning for an Interview
♦ PG6     Documenting the Interview
♦ PG7     Preparing for an Interview
♦ PG8     Managing Challenges
♦ PG9     Engaging and Interviewing the Family
♦ PG10-11 Keeping the Interview on Track
♦ PG12-18 Interviewing Techniques: Exploring, Focusing, Directing
♦ PG19    Interview Process Job Aid
♦ PG20    Interview Skills Checklist
Module 2: Child Interviews
- PG1  Stages of the Child Interview
- PG2-3 Engagement Techniques for Child interviews
- PG4  Engaging and Interviewing the Child
- PG5  Child Interviews: Building Rapport and Gathering Information
- PG6-9  Interviewing Children
- PG10 Length and Timing of Child Interviews
- PG11 Children’s Language Skills
- PG12-14  How Young Children Think
- PG15-17  Questioning Children
- PG18 Principles of Child Development
- PG19 Developmental Considerations for Child Interviews
- PG20 Characteristics of School-Aged Children (age 6 to 12)
- PG21  Interviewing Adolescents
- PG22-23  Adolescent Characteristics
- PG24  Child Interview Checklist
- PG25  Interviewing Children

Module 3: Applying the Florida Safety Decision Making Methodology to the Interview Process
- PG1-4  The Foundation of Safety Assessment
- PG5-20  Information Collection Protocol: Commencement
- PG21-22  Case Study
- PG23-24  Field Observation Instrument
- PG25-30  Family Functioning Assessment (FFA)
- PG31-43  Dutton McAdams FFA
- PG44-56  FFA Impending Danger
- PG57-64  FFA Impending Danger Shanteria Doe

Power Point Slides
Module 1: Facilitating the Interview
- PPT1  Interviewing for Information Collection
- PPT2  Module 1 Objectives: Facilitating the Interview
- PPT3  Stages of the Interview
- PPT4  Stage One: Preparation
- PPT5  Stage Two: Engagement
- PPT6  Stage Three: the Interview
General Order for Conducting Interviews

Stage Four: Closing the Interview

Stage Five: Documentation

Interview Facilitation Techniques

Exploring

Focusing

Questions to avoid

Directing

Module 2: Child Interviews

Module Objectives: Child Interviews

Limited Number of Child Interviews

Young Children’s Thought Processes

Principles of Child Development

Module 2 Review

Module 3: Applying the Florida Safety Decision Making Methodology to the Interview Process

Module 3 Objectives

Topics

Knowing the Family: Review of 6 domains

Family Functioning Information Standards

Information Collection Protocol

Information Collections as a Competency

Worker Competency /Video Demonstration

Essential Skills Group Exercise

Engaging Families

Sufficiency of Information Collection

Determining Sufficiency

Videos

The Smith Family (neglect and substance misuse by mother):

Module 1:

- Smith Family Interview (Colin & Crystal)
- Interview with Crystal Smith (mother)

Module 2: Interviewing Children in Child Welfare (physical abuse)

CD Rom Video: Interviewing Children in Public Child Welfare

Module 3: PPT 28 Embedded- Worker Competency
Module 1: Facilitating the Interview

- Display PPT1 & 2, Module 1 Objectives.

Materials

Smith Video

PG2- The Smith Interview

Background Knowledge/Experience

Crystal Smith Video

Provide background information for the Smith family: Children: Carley, age 10; Christian, age 4; and Colin, Crystal’s boyfriend, who lives with the family. The PI already interviewed the children, Christian and Carley. The mother was previously involved with agency; current allegation is neglect, inadequate supervision and substance misuse.

Much of the learning for the next 2 modules will be using the Smith Video. Show the video at this time as a bridge in order to review much of what was learned from Basic Interviewing as well as build a platform for today’s training.

Refer participants to PG 2 The Crystal Smith Interview

- Provide a moment for them to look over the questions as they will be discussing them in their groups after the video.
- Show Interview of Crystal and Colin

Discussion Questions

1. How does the interviewer engage the mother and build rapport?
2. How does he exhibit the 3 core conditions:
   - Genuineness?
   - Respect?
   - Empathy?
3. Does he use his authority effectively and appropriately? How?
4. What are the interviewer’s strengths and “areas for improvement”?
As discussion ends ask the following questions about Family-Centered Practice

? How did Colin's and Crystal's interviewer promote a family-centered approach?
  - Encouraging family conferencing as support and collaboration for solutions
  - building trust/rapport

**Topic ~ Stages of the Interview Process**

**Materials**

- PG3  Stages of the Interview
- PG4-5  Planning for an Interview
- PG6  Documenting the Interview
- PG7  Preparing for an Interview
- PG7  Preparing for an Interview
- PG8  Managing Challenges
- PG9  Engaging & Interviewing the Family
- PG10-11  Keeping the Interview on Track
- PPT3  Stages of the Interview
- PPT4  Stage One: Preparation
- PPT5  Stage Two: Engagement
- PPT6  Stage Three: The Interview
- PPT7  General Order for Conducting Interviews
- PPT8  Stage Four: Closing the Interview
- PPT10  Stage Five: Documentation
Stages of the Interview Process

- Present PPT3, Stages of the Interview.

- Summarize these key points regarding the stages of the interview process:
  - Stages in the interview process designate the interview “focus” at different intervals during the process.
  - Although the stages are designed to follow a sequential order, they may occur in a more cyclical manner.
  - The beginning stages (one and two) are critical to the success of the more in-depth interview stages because they establish the relationship with the family.
  - The core conditions and interviewing techniques and skills are part of each stage of the interviewing process.
  - In order for the stages to progress effectively, the practice components of interviewing must be handled skillfully.

Reflection: Crystal Smith Video

? Do you think the interviewer in the Smith video prepared for his interview with Crystal? Why?
- He referenced the prior involvement with the agency.
- He had knowledge of the prior report/services.
- Recall how he engaged Crystal and built rapport at the beginning of the interview.

This is a review, as we have already emphasized preparation and engagement skills. These are now seen as initial parts of the “interview process.”

- Refer class to PG3, Stages of the Interview to note key points for the subtopics: “Preparation” and “Engagement.” (PG page inserted on the following page TG4)
- Tell the class that they will practice all of the interview stages by using a scenario relevant to the Smith video.
Stages of the Interview

Preparation
☐ Consider the purpose of the interview.
☐ Obtain and analyze available information; obtain additional information, if necessary.
☐ Decide who will be interviewed; when, and where
☐ Decide what information needs to be obtained based upon the purpose/type of interview.
☐ Develop a checklist with major points to cover during the interview.
☐ Consider how you will engage the interviewee and build rapport.
☐ Plan your introduction/greeting with the family.
☐ Plan when and how you will document/take notes.

Engagement
There are two important processes within the engagement stage: engaging the family and building rapport. Strategies to engage the family and build rapport are:
☐ Introduce yourself (show/display ID), explain your role/agency; state the purpose for your visit.
☐ Once inside, initiate informal conversation and point out something positive.
☐ Build rapport by demonstrating authenticity/genuineness, respect, empathy.
☐ Be responsive and respectful of the family’s perspectives, strengths, culture.
☐ Address the family’s needs.

The Interview
☐ Obtain information that addresses the purpose for the interview.
☐ Use your checklist to ensure that you cover all major points.
☐ Focus on the child’s needs for safety, permanence, and well-being.
☐ Use interviewing techniques that facilitate the interview. (listen, reflect, encourage, reframe, clarify, question, give options/feedback, summarize)
☐ Build a trusting relationship: demonstrate genuineness, respect, empathy.
☐ Be aware of your non-verbal (eye contact, facial expressions, nods, smiles, looks of concern) and paralanguage behaviors (moderate calm speech, etc).

Closing
☐ Summarize what has been accomplished and what is left to accomplish.
☐ Use praise to recognize efforts.
☐ Invite questions and answer them honestly.
☐ Offer assurance and support; avoid unrealistic reassurances or promises.
☐ Thank the person(s) and set a time and date for the next interview.

Documentation
☐ Decide how and when note-taking is appropriate.
☐ Document the interview in FSFN.
Stage One: Preparation
Every interview must focus on the child’s safety, well-being, and permanence.

- Present PPT4, Stage One: Preparation.

Tell the class that F.S. and F.A.C. determine when and where some interviews will occur: initial contact, shelter contacts, and monthly contacts. The checklists for Pls and CMs, “Contacts/Interviews,” include legal references and requirements that are included in the program specific courses, IR and OAP

- Refer to/discuss PG4-5, Planning for an Interview reflecting back to their preparations during the interview practices in the prior module. (PG page inserted on the following page TG6-7)

- Discuss key points on PG6, Documenting the Interview, since note-taking must be considered prior to the interview. (PG page inserted on the following page TG8)
Planning for an Interview

WHO?
- Analyze available information.
- Decide who should be interviewed.

Who should be involved and who is involved?
- If other providers are involved, do the following:
  - Get the family/family member’s permission to contact other providers.
  - Contact other counselors to collaborate.
  - Elicit the treatment provider’s perception of the family’s difficulty.
- Find out:
  - WHO did WHAT to solve WHICH problem?
  - What WORKED?
  - What DID NOT WORK?
  - What goals have been established by the other providers?

WHAT?
- Decide the purpose of the interview to focus on gathering information.
  - Goals for the interview
  - Specific information to gather
- What behavior must be purposefully modeled for this family?
  - Reasonable thought
  - Problem-solving
  - Consistency
  - Maturity
  - Attentiveness
  - Communication
  - Sincerity and respect
  - Limit-setting

WHEN?
- Florida Statute and Administrative Code include requirements for when and where interviews/contacts by PIs/CMs must occur. Refer to the Checklists for PIs and CMs, “Contacts/Interviews” to locate cite references for:
  - initial contacts and monthly contacts
  - shelter contacts
- Decide the best time of day for the interview:
  - Consider parents’ work schedules and children’s school schedules.
  - How much time should be scheduled for the interview?
WHERE?
The Interview Setting
The setting must:
- Allow honest and open discussion.
- Allow observation of the family’s typical ways of functioning.
- Allow the family the greatest degree of safety and confidentiality.
- Protect all participants from the actions of family violence.
- Help provide reliable and relevant information.

HOW?
Plan how to conduct the interview.
- Decide what information to collect.
- Consider how to elicit the information needed or what techniques to use to accomplish goals.
- Examine any additional sources (e.g., prior client history and records, significant others, and other service professionals).

Plan for contingencies in case things don’t go as anticipated.
- How will this new information be handled?
- How will you handle letting the family know that information that is revealed cannot be suppressed?
- Information revealed relating to child safety cannot be overlooked. You will need to discuss the purpose and use of the information discussed.

? Should you allow it to surface and remember it for future interviews?
? Should you allow it to surface and then deal with it?

Think about what behaviors to model; for example, consider:
- How to engage this family;
- How will skills be used to accomplish interview purpose/goals;
- That adults in crisis need positive role models
Documenting the Interview
You must decide if taking notes during an interview session is appropriate. During your initial contact interview, however, it is inevitable that notes must be taken. The volume will depend upon the complexity of the interview or what type of information is being sought.

Note-Taking Considerations
The purpose of note-taking is to record detailed information or to refresh your memory when entering documentation into FSFN. Consider the following if note-taking is necessary:

Interviewee’s Perceptions of Note-taking
- Note-taking may increase interviewees’ selective attention.
- Interviewees may perceive some issues as significant because the interviewer jotted notes as they were discussed.
- Note-taking may indicate to the interviewees that the interviewer is attending to what was said, not what is being said.
- Some interviewees may believe they are not being given full attention.

Note-Taking Skills
- You should evaluate your skills at in-session note-taking to:
  - Decide if you can take notes without distracting the family member(s) or without breaking eye contact with the family member.
  - Jot quick, key-phrase notes that can later be used to reconstruct the significant information.
- However once the notes are taken, spend some time after the interview reviewing and evaluating the meeting.
- If you feel there are details that you may forget prior to documenting the interview session in FSFN, then jot them down immediately after leaving the session.

Documenting the Interview
- Use your notes and all information recalled to document the interview/contact in the case notes of FSFN.
- Documentation of the interview must occur immediately, and not to exceed 48 hours following the interview/contact.
- All notes taken must be included in the hard copy file for the record.
Stage Two: Engagement

- Display PPT5, Stage Two: Engagement.

- Solicit responses to the question on PPT5.
- Refer back to the 3 core conditions for building a trusting relationship and establishing rapport: authenticity/genuineness, respect, and empathy.
- Reflect briefly upon the engagement strategies used by the interviewer during the video interview with Crystal Smith

Preparing for an Interview

**Activity Goal:** Using scenarios and PGs, learners will prepare for an interview with Crystal’s brother, Brian Smith (PIs), and with Crystal’s mother, Sheila Smith (CMs).

*Ensure that groups also prepare engagement strategies (see bullets below).*

- Convene groups in even #s, as they will pair up later to practice the interview.
- Refer groups to PG7, Preparing for an Interview. *(PG page inserted on the following page TG13)*
- Review the activity directions with the class.
- Tell the class that they will not conduct the interview now.
- Tell groups to brainstorm:
  - How they will introduce themselves
  - Strategies to engage Brian (PIs) or Sheila (CMs)
    - What positive statements can you use to build rapport?
  - Other information that is valuable to gather
  - Questions to ask to gather the information
- Facilitate group presentations of preparations and engagement strategies.
Family-Centered Practice

How will the interviews with Brian and Sheila reflect family-centered practice?

- Building a family support system.
- Communicating with family members to learn their perspective of issues and problems.

Managing Challenges

- Remind class that most of the challenging behaviors will manifest during the engagement stage. Managing and understanding behavior at this time will establish a foundation for trust and a connection between you and the person you are interviewing.
- Ask class to think about a time when they got “off on the wrong foot” with someone because of their first meeting. You may tell a brief story of your own and/or ask for volunteers to tell their brief story.
- We are now going to practice combining what we learned about managing challenging behavior, establishing rapport and engagement.
- Refer to Basic Interviewing Module and ask class what they remember about challenging behaviors.
- Later in this module we will be Interviewing Crystal in depth using our facilitation techniques but for now – we are going to practice managing the behavior of Crystal & Colin
- Ask class specifically what they remember about resistance.
- Write on flip chart
- Refer participants to Basic Interviewing PG and ask for more responses.
Managing Challenges

Materials
♦ PG3 Stages of the Interview
♦ PG8 Managing Challenges
♦ PG19 Interview Process Job Aid
♦ PG20 Interview Skills Checklist

Advise class that they may want to remove these pages PG 3, 19, & 20 from their books, as they will be using them during interview practices. Or, make extra copies for the class to use during the interview practice activities.

Activity Goal: Learners will demonstrate interview skills to reduce resistance by interviewing Colin (PIs) and Crystal (CMs). Then, the class will evaluate a role-play/interview demonstration by volunteers who will interview Colin or Crystal (trainer) in front of the class.

Directions

• Refer class to PG8, Managing Challenges. ⭐️ (PG page inserted on the following page TG14)
• Review the directions on the activity guide with the class.
• Refer class back to Basic Interviewing PG13-14, Managing Challenges
• Remind class to use PG19, Interview Process Job Aid. ⭐️ (PG page inserted on TG35)
• Select volunteers to practice as PI and/or CM in front of the class.
• You should play the part of Colin and Crystal in order to present a realistic interview situation for class.
• Direct groups to prepare for the interview or prepare as a whole class, i.e.:
  • Following introductions/purpose of visit, how might you engage the interviewee in a positive manner to begin/continue rapport building?
  • What are some examples of questions to explore and focus upon pertinent information?
Sample answers for PI interview with Colin might include:
• Crystal tells me that she appreciates the nice things you do for the children.
• How would you describe your relationship with Carley and Christian?
  • How do you spend time with them?
• Tell me about your relationship with Crystal…..
  • In what ways do you feel that you help Crystal the most?
Sample answers for CM interview with Crystal might include:
• Both your mother and your brother and Colin have told me that they are
willing to support you and want to help you.

- Tell me about your relationship with Brian….with your mother…
- How did they help you the last time our agency worked with you?
- Stop the interview after interviewer reduces resistance and explores solutions.
- Ask the class to provide feedback to the interviewer using, PG19, Interview Process Job Aid and the interview techniques and skills discussed in class so far, PG20, Interview Skills Checklist and PG3, Stages of the Interview.

⭐ (PG page inserted on the following page TG13-15)
Preparing for an Interview

Materials
- PG3 Stages of the Interview
- PG4-5 Planning for an Interview
- Scenarios for PI and CM (below)
- Flipchart entitled: Stage One: Interview Preparation

Directions
- Convene in groups of 4 by program area.
- Review PG3, Stages of the Interview: “Preparation” and “Engagement.”
- As a group, prepare for your interview by planning your introduction, engagement, and interviewing strategies.
- Use the scenario relevant to your program area:
  - Investigations: Interview with Brian Smith, Crystal’s brother. During your interview with Crystal’s boyfriend, Colin, you learned that Crystal’s brother, Brian Smith, supported her and helped her to stop her drug use the last time the agency was involved with Crystal. You want to interview Brian and inquire/encourage Brian to support Crystal once again. Also, you want to find out more about Crystal’s current use of drugs and how it is affecting the safety and well-being of her children.
  - Case Management: Interview with Sheila Smith, Crystal’s mother. During your family assessment, you learned that although Crystal and her mother, Sheila Smith, often don’t see “eye to eye” on things, Crystal used to be close to her mother and seems to respect her. You wish to speak with Sheila as a possible resource and support for Crystal and her children. You hope to get Crystal back into the job training program and also ensure that she has sufficient supervision for her children. Thus, your goal is to solicit Sheila’s support for Crystal and the children and suggest that Sheila participate in a family conference to discuss the best course of action for Crystal and her children. You must attempt to get Sheila to commit to the family conference and to agree to commit her assistance to Crystal and the children at the family conference.
  - List your introduction, engagement, and interviewing strategies on flipchart under the topic, Stage One: Interview Preparation.
  - Present your preparation steps to the class. Refer to the “Preparation” checklist on PG3, Stages of the Interview, and be sure to include:
    - How you plan to engage the family member and build rapport
    - Type of information to gather and some of the questions you will ask to explore the issues and obtain information.

You will conduct this interview (activity guide on PG7) following your presentations.
Managing Challenges

Materials
- Basic Interviewing:
  - Demonstrating Authenticity/Genuineness, Respect, and Empathy
- Managing Challenges
  - Techniques to Deal with Resistant, Hostile, or Threatening Family Members
- PG3 Stages of the Interview

Read the scenario for your program area:

PI Scenario: You need to interview Colin, Crystal Smith’s boyfriend, to find out more information about the safety and well-being of Crystal’s children, Christian and Carley. You want to find out more about his role in the family and if he is a possible support. Colin feels personally threatened by your visit and is resistant to give you information about the children and most especially about Crystal’s drug use and supervision of the children. You need to build his trust and show your concern for Crystal and her children, so Colin will understand that you are there to make sure that the children are safe, and you are not there to punish Crystal.

CM Scenario: You will interview Crystal about the benefits of a family conference. You have completed your family assessment and have spoken with Crystal’s mother who has agreed to support Crystal. Colin has also agreed to play an active role in helping Crystal with her drug problem and also in supervising the children while she is in the job training program or seeing the therapist. You want to plan a family conference to get everyone together to plan and write the case plan. Crystal does not want to confront her mother and brother because she feels they are still upset with her due to her lack of follow through following her previous voluntary case plan. Her brother and mother have not been in contact with her since they heard she had lapsed back into “old habits,” and she expressed to you that “they were judging her too harshly.” Crystal is resistant to the idea of including her mother and brother. She thinks that Colin can provide her with sufficient support this time.

- PIs: Interview Colin using techniques to eliminate his resistance to sharing information; demonstrate your concern and interest in Crystal, her children, and in his role as a “father figure.” Draw him into talking about the issues and continue to persist with demonstrating your concern about Crystal and the children’s well-being.
- CMs: Interview Crystal using techniques to overcome Crystal’s resistance to a family conference. Reassure her that her brother and mother and Colin are supportive and that the family conference is a positive step in writing a case plan to assist with her children’s safety and well-being. You need to convince her that her brother, Brian, and her mother are important resources/support for her and her children and that it is unlikely that Colin can provide all of the support she needs.
- Prepare for your interview by thinking of how you will engage either Colin or Crystal. Write down what you might say to begin on a positive note after introducing yourself. Then write down some questions that will help you to begin exploring his/her perspectives and then focusing on the issues that need to be addressed (i.e. supports for Crystal).
Engaging and Interviewing the Family

Materials
- Demonstrating Authenticity/Genuineness, Respect, and Empathy
- Interview Skills Checklist
- PG3 Stages of the Interview
- Flipchart paper to record group’s strengths and areas of difficulty

Preparation
- Review PG7 Scenarios, and PG3, Stages of the Interview, “Engagement,” “The Interview,” and “Closing.”
- Use the key points from the planning steps on flipchart (previous activity) and your checklist of major points to cover during the interview.

Engagement, the Interview, Closing, Documentation
- Use your group’s scenario, and work in pairs to practice introducing yourself, engaging the family member, and then conducting the interview and an interview closing.

Interviewer(s): Keep the interview going by responding to the interviewer re: your role in the scenario. Ease up your resistance to disclose information when the interviewer uses skills and techniques to gain your cooperation and trust.

Interviewers: After introducing yourself, engage the family member in a positive manner to build rapport, and then ask questions that encourage family members to “tell their story” and divulge information. Focus the family member on the children’s safety, well-being, and permanence.

Evaluation
- Use PG3, Stages of the Interview to evaluate/discuss with the interviewer his/her techniques to implement all stages of the interview.
- Discuss the interviewer’s use of genuineness, respect, and empathy and also use of interviewing techniques: exploring, focusing, directing.
- Discuss strengths and areas of difficulty.
- Discuss alternatives and other strategies that could have been used.
- Discuss the interviewer’s use of documenting during the interview.
- Switch roles so both can practice interviewing and receive feedback.
Stage 3: The Interview

- Display PPT6, Stage Three: The Interview.

- The ability to foster open communication determines the success or failure of an interview.

- Present PPT7, General Order for Conducting Interviews.

This order may change depending upon circumstances and availability of family members.
Conducting the Interview

- Refer class to PG3, Stages of the Interview. *(PG page inserted on TG4)*
- Review again the key points under “The Interview.”
- Ask the following questions.

? Why is it important to clearly state the purpose of the interview?
- Helps the family understand why you are there and that you are there to help.
- It allows you and the family to establish a level of trust.

? Who should be interviewed to obtain information about the family?
- Family members (child included), collaterals, extended family, providers, etc.
- Anyone who has information regarding:
  - The alleged maltreatment and/or risk to the child
  - How the family functions
  - Family strengths/needs
  - What services might be effective or have been effective in the past
  - Child’s mental, physical, and educational needs
Stage 4: Closing the Interview

How do you think you should close an interview?

- Display PPT8-9, Stage Four: Closing the Interview.

- Review PPT 9 and Discuss

- We will talk more about closing techniques in the next section

- Ask class for ideas about closing the interview Crystal Smith’s mother, Sheila Smith and Crystal’s brother, Brian Smith.

  What are some items they want to be sure about?

When interviewing collaterals/other family members:

- Reiterate the importance of family involvement.

- Reassure them about how their information might be used.

Stage 5: Documentation

- Display PPT10, Stage Five: Documentation.

  What forms will you use to document your interview?

- Recall the criteria for “quality” documentation: relevant, factual, quantitative, and objective.

PG6 (TG19)Documenting the Interview, was already discussed during stage one, Preparation, since note-taking must be a consideration during preparation.
Documenting the Interview
You must decide if taking notes during an interview session is appropriate. During your initial contact interview, however, it is inevitable that notes must be taken. The volume will depend upon the complexity of the interview or what type of information is being sought.

Note-Taking Considerations
The purpose of note-taking is to record detailed information or to refresh your memory when entering documentation into FSFN. Consider the following if note-taking is necessary:

Interviewee’s Perceptions of Note-taking
- Note-taking may increase interviewees’ selective attention.
- Interviewees may perceive some issues as significant because the interviewer jotted notes as they were discussed.
- Note-taking may indicate to the interviewees that the interviewer is attending to what was said, not what is being said.
- Some interviewees may believe they are not being given full attention.

Note-Taking Skills
- You should evaluate your skills at in-session note-taking to:
  - Decide if you can take notes without distracting the family member(s) or without breaking eye contact with the family member.
  - Jot quick, key-phrase notes that can later be used to reconstruct the significant information.
- However, once the notes are taken, spend some time after the interview reviewing and evaluating the meeting.
- If you feel there are details that you may forget prior to documenting the interview session in FSFN, then jot them down immediately after leaving the session.

Documenting the Interview
- Use your notes and all information recalled to document the interview/contact in the case notes of FSFN.
- Documentation of the interview must occur immediately, and not to exceed 48 hours following the interview/contact.
- All notes taken must be included in the hard copy file for the record.
Topic ~ Keeping the Interview on Track

Materials

♦ PG10-11 Keeping the Interview on Track

- Transition from the role-plays with Crystal’s brother and mother by asking:
  - ? Did your interviews stay focused on the purpose?
  - ? Why do you think you were able/not able to keep the interview on track?

*If they answer yes to the first question, they will probably answer the second question stating that their partner was cooperative.*

- Guide the discussion to include preparation, purpose, checklist, skills/techniques, etc.

- Ask the class to think about and share what they will do when a parent/family member begins to get off the interview topic by complaining, arguing, or just going on and on about a topic that is not relevant to the purpose of your visit/interview.

- Refer to PG10-11, *Keeping the Interview on Track*, and summarize key points, especially the importance of: *(PG page inserted on the following page TG22-23)*

  - Preparation
  - Allowing the parent to participate in goal setting
  - Attending to the purpose of the interview
  - Importance of using interview techniques and skills to build rapport and keep the interview going
  - Techniques to direct the interview when the family member is off-topic
  - Strategies to use if hostility or arguing occurs

Getting the Interview Back on Track

Activity Goal: Using scenarios and techniques on PG10-11, learners will practice interviewing skills to help focus the parent on the purpose for the interview.

*Read the scenarios below and prepare to be the parent or the interviewer. You can play the role of the parent for one of the scenarios and the interviewer for the second if you feel that the class needs a demonstration of a good example of how to get the interview back on track. Otherwise, you can play the role of the parent for both. Your decision depends upon the skill level of the class.*

*Prepare scenario note cards for group brainstorming prior to selecting*
volunteers to role-play the interview(s) with you in front of the class.  
You may do only one role-play demonstration in front of the class if you wish.

- Distribute one scenario to each group. If groups are by program area, distribute accordingly.
  - PI: Upon entering a home, the PI is accused by the parent of being a “child snatcher” and told that all the “state” does is “yank children.” The parent then starts detailing what happened to a neighbor family.
  - CM: During a discussion about the physical discipline used in the home, the father starts ranting and raving about how the schools need to bring back paddling and how when he went to school it was much better and that schools are out of control, etc.
- Tell groups to use **PG10-11, Keeping the Interview on Track**, to brainstorm techniques that might be used to get the interview back on track.

(PG page inserted on the following page TG22-23)

- Ask questions to explore:
  - How did your parents discipline you?
  - How did that make you feel?
- Tell groups that you will select one PI and one CM to role-play the interviewer, and will allow 2-3 minutes for groups to prepare.
- Select a volunteer from one of the PI groups and one from a CM group to be the workers who will interview you.
- Facilitate discussion by asking class to share their observations of the interviewer’s techniques to get the interview focused on the purpose and goals.

? What are the interviewer’s strengths?

? What are some suggestions for improvement?
Keeping the Interview on Track

Developing the Interview Purpose and Goals

Early interviews will likely have an implicit purpose, but you must still make every effort to include the family members in developing some of the goals for the interview.

- Family members will buy into the process if they feel they have some control over it.
- Later in the process, when interviews are becoming more supportive (therapeutic) in nature, family members must take an increasingly active role in developing some of the interview goals.
- Develop and use a checklist with major points to cover during the interview to help make the most of interview time and effort.
- Optimally, these checklists will be developed and shared with family members.

Attend to the purpose of the interview.

- At the beginning of the interview, mutually arrive at goals for the interview that are geared to your required purpose.
- Use a checklist with major points to cover - share this with the family member.
- Stay focused on your role.
- Stay focused on specific topics.
- Attend to exceptions - times when the problems do not occur.

If necessary, establish ground rules.

Together, establish ground rules that everyone agrees to observe. For example:

- Allow one speaker at a time.
- Refrain from making hurtful remarks.
- Respect your lead in directing discussion.
- Agree that it may not be possible to address all issues arising during the interview, but those not addressed will be “parked” for later interviews.

Use techniques to facilitate the interview process.

- Use empathy and reflection to keep the interview going.
- Don’t do all the work. Use silence and pauses to give family members an opportunity to contribute.
- Allow each member present to speak.
- Invite participation and reestablish participation if a speaker is interrupted.
When off-topic, direct the interview.
As the interview progresses, continually evaluate if significant information is being elicited.
- Do not hesitate to take charge of the interview.
- Remain calm, receptive, and supportive, but assert leadership when the interview stalls.
- If necessary, interrupt and redirect the focus, framing statements in a respectful, courteous manner.
- Direct the interview process using verbal signals that guide the discussion.
- Sensitivey respond to the family member/family-initiated topics during the interview.
- If, however the topic is not related to the purpose and not creating a crisis for the family, explain that you would like to hold that topic for later or for the next appointment.
- As soon as you realize the family member is off-topic, say something like:
  - "Excuse me, I'm not sure I understand how this fits with what we agreed to discuss."
  - "Let me stop you for a moment and go back to what we were discussing earlier."

If hostility or arguing occurs,
- Call a "time out" for a few seconds; then ask direct questions to one or more family members.
- If excessive arguing occurs, assertively, loudly, emphatically say, "Hold on!" and use nonverbal communication to emphasize your intercession:
  - raise one hand (as in STOP) and
  - lean forward, stand up, etc.
- Call an intermission for 5-10 minutes, if necessary and
  - Leave the family member/family and review the information you have gathered so far.
  - Jot down the points you need to clarify or necessary information you have not collected.
  - Then return to the family, and cover identified issues.
- You may need to:
  - Assertively direct the interaction to closure.
  - Explain that many issues are unresolved and make notes to address them in later interviews.
Topic ~ Techniques to Facilitate an Interview

Materials

♦ PG12-18 Interviewing Techniques: Exploring, Focusing, Directing
♦ PG19 Interview Process Job Aid
♦ PG20 Interview Skills Checklist
♦ PG21-23 Key: Interviewing Techniques
♦ PG24 The Crystal Smith Interview
♦ PG25-33 Adult Interview Questions
♦ PG34 Interviewing Family Groups

♦ PPT11 Interview Facilitation Techniques
♦ PPT12 Exploring
♦ PPT13 Focusing
♦ PPT14 Questions to Avoid
♦ PPT15 Directing
♦ Video Smith Family, “Crystal Smith Interview”

Techniques for Facilitating the Interview
• Display PPT11, Interview Facilitation Techniques.

Interviewing Techniques: Exploring, Focusing, and Directing

Materials

♦ PG12-18 Interviewing Techniques: Exploring, Focusing and Directing
♦ PPT11-15 Exploring, Focusing, Directing
♦ Flipchart paper
**Activity Goal:** Learners will describe the necessary skills to explore, focus, and direct during an interview.

**Directions**

- **Write the 3 interviewing techniques on separate flipchart sheets.**
- **Give each group 1 of the techniques.**
- **Ask groups to use PG12-18, Interviewing Techniques, to write on flipchart key points to describe their technique and/or (PG page inserted on the following page TG26-32)**
  - Draw an illustration for the PG examples on flipchart and
  - Either include a short dialogue to represent the technique, if appropriate, or explain the technique using the illustration found on PG12-18, Interviewing Techniques. (2 persons in the group may act out the dialogue)
- **Facilitate group presentations of the flipcharts.**
- **Display PPT12,13,15 Exploring, Focusing, Directing during each presentation.**
  - Emphasize PPT14, Questions to Avoid, and provide more examples.
- **Provide additional key points not listed by the class and direct groups to record them on the flipchart.**
- **Display PPT12, Techniques to Facilitate the Interview: Exploring.**
Interviewing Techniques

Interviewing Techniques: Exploring
All 3 interviewing techniques (exploring, focusing, directing) incorporate the 3 core conditions: authenticity/genuineness, respect, and empathy.

Active Listening
Active listening is used to empower families to explore and discuss topics. It conveys your understanding of their situation. Listening:
- Is the most powerful interpersonal helping skill that promotes rapport/builds trust
- Is an active process and requires you to focus on what the family member is saying in both the
  - content of the message and
  - emotional process of the message
- Involves using both verbal and nonverbal messages to communicate your understanding of the family member’s experience

Interviewer Techniques
- Focus verbal responses on what the person is describing, how the person is feeling, or both.
- Reflect what the person is saying and/or reflect what the person is feeling.
  Example:
  - “Sounds like you are concerned about being alone and at the same time relieved that your children are safe.”

Attending Behaviors
Use these behaviors to convey respect, acceptance, and trust to family members. The two categories of attending behavior are physical and psychological attending.

Physical Attending
Physical attending is the intentional use of the environment and body to demonstrate respect for, acceptance, and interest in the family member.
- Create a comfortable environment absent of distractions.
- Assure open communication by not placing barriers between you and the family member.

Psychological Attending
This behavior involves observing and listening to the family member and responding:
- Observe the person’s nonverbal behavior.
- Listen to what the person’s voice communicates.
- Assess the congruence between the person’s words and behaviors.
**Interviewing Techniques: Exploring**

**Reflecting**
- Rephrase the statement to reflect the content and interviewee's feelings.

  *Examples:*
  - "It sounds like you are feeling stressed out."
  - "You seem happy about getting your certificate."
  - "What I am hearing you say is ..."

**Encouraging**
- Use minimal encouragers to elicit additional information.
- Nod your head and/or repeat words or phrases.

  *Examples:*
  - "I see", "Uh huh", "Of course"
  - "Oh, can you tell me more?" or
  - "Um-hmm" or "Really?"

**Allowing Silence**
Many interviewers are uncomfortable with silence and feel the need to keep the communication flowing. However, there are benefits to allowing silence:
- Allows interviewer and interviewee to process information.
- Can also be used to allow for de-escalating a situation.
Interviewing Techniques: Focusing

**Reframing**
Reframing is helping the person change his/her frame of reference so that the problem can be approached in a positive way.

**Interviewer Techniques**
- Assist the family member to identify a different framework for understanding and responding to a problem.
- Reframe change as a manageable stage leading to a new opportunity.
  - **Example:**
    - Mother: “My husband tells me that I really need to get into treatment and deal with my problems. He is such a nag and is always telling me what to do.”
    - This can be reframed this by saying:
      - “Your husband must care a lot about you to tell you something he feels is important to you, knowing that you will likely get angry with him.”

**Clarifying**
Clarification is a process you use to:
- Help family members develop an understanding and awareness of their feelings, thoughts and behaviors; and
- Facilitate the development of awareness and understanding of self
  - **Examples:**
    - Parent: “I kicked my boyfriend out because I want my children to be safe. However, I am stressed out because I really don’t know how I am going to afford to raise 2 kids on my own being a single parent and all.”
    - PVCM: “I can see that keeping your children safe is the most important thing to you while at the same time you are concerned about not having enough money to support your children.”

**Questioning**
Questions are used to focus a conversation and must be used carefully and sparsely.

**Types of Questions**
Effective communication involves combining different types of questions:
- Open-ended questions
- Closed-ended questions
- Indirect questions
- Solution-focused questions
Interviewing Techniques: Focusing

The Role of Questions

Questions assist the interviewer:
- Extend the range and depth of the interview
- Facilitate problem-solving
- Make transitions
- Clarify issues or situations
- Ensure all relevant information is disclosed

Questions help the interviewee:
- Tell his/her story and elaborate
- Organize thoughts
- Consider alternatives
- Model the interviewee's approach to problems

Open-ended Questions

Open-ended questions are used to encourage communication, gather information, and explore issues.
- Encourage narrative and free response
- Cannot be answered with a "Yes," "No," or other short answer
- Encourage interviewees to reveal areas of greatest concern
- Imply interest and respect for the interviewee and his/her ideas
- Questions starting with the words "How" or "What" encourage the person to explore and allow expression of feelings, views, and perceptions.

Examples:
- How do you think this may have happened?
- What is another way that you might be able to address this problem?
- "What do you do when ___ happens?"
- "How do you think the agency can help?"

CAUTION: Too many open-ended questions can
- Threaten interviewees
- Be time-consuming
- Further alienate resistant interviewees
Interviewing Techniques: Focusing

Closed-ended Questions
Closed-ended questions can be answered with 1-2 words and
- are used to gather specific factual information
- provide direction when a family member is stalled or confused
- provide clarity and focus
- give the interviewer a way to introduce a topic the interviewee may be reluctant to bring up
- begin with who, when, will, is, or where

Examples:
- "Where do you work?"
- "Is Ted your uncle?"

CAUTION: Too many closed-ended questions can
- limit disclosure of information
- influence the interviewee to be a passive supplier of answers
- limit disclosure of feelings or intensity of feelings

Indirect Questions
Indirect questions are statements that imply a question. They can be used to explore sensitive subjects and can lessen the harshness of a series of questions:

Examples:
- "Tell me..." or "I've been wondering..."

The Continuum from Open to Closed-ended Questions:
- Ask open-ended questions to start the interview.
- Then move to more closed-ended questions to fill in information.
- Once the information is supplied, ask more open-ended questions again.
- The process of moving from opened-ended to closed-ended questions must be repeated throughout the interview.
Interviewing Techniques: Focusing

Solution-focused Questions
Solution-focused questions are used to:

- Move from reframing to solutions
- Empower families to find their vision of success and their own strategies that have worked or will work for them

Examples:
- Parent: “I love Susan, and I want her to be safe.”
- PI/CM: “How do you think you can make sure that Susan is safe every day?”
- PI/CM: “What would work for you and your family?”

Questions to Avoid

- “Why” questions make family members feel the need to justify and defend responses when they may not even understand “why.”
- Leading or suggestive questions are inappropriate because they influence an interviewee to answer in a way the interviewer desires.
  Example: the tag question:
  - A statement is followed by a phrase like, “Don’t you?” or “Did you?”
  - Multiple questions
  - Antagonizing questions

Summarizing

- Helps to synthesize a wide range of facts and feelings communicated.
- Contains no new or additional information, but brings together information regarding facts or feelings previously discussed.
- Can be used for a variety of purposes to:
  - Help focus the interview in rambling or disjointed conversations
  - Check your understanding of what the person is saying
  - Highlight contradictions or ambivalence i.e. “I am confused.”
  - Structure the interview, particularly at the beginning and the end

Example:
Mother has been talking about her drug use and complaining about having to take time to talk with PI/CM. She expresses concern about how her use is affecting her children and how it is affecting her life.

PI/CM: “Let me stop and summarize what we’ve just talked about. You’re not sure that you want to be here today, and you really only came because you love and care for your children. At the same time, you’ve had some nagging thoughts of your own about what’s been happening, including how much you’ve been using recently, the safety of your children, and financial concerns. Did I miss anything?”
Interviewing Techniques: Directing

Give options, advice, support, direction or suggestions.
- To provide an opinion or suggestions to direct the person into a specific course of action.
- Using directing skills can provide options that the family member had not considered.
- Most effective after the family has come up with their vision of success and some steps they will take to begin to reach the vision.
  Example:
  - Mother: "I am really stressed out because I don't know how I am going to raise two children on my own being a single parent and all."
  - PI/CM: "It seems like today there are more single parents raising children than two parent households. Because there are so many single parents raising children, there are many services offered in the community. I also know of several support groups that are offered in the community. I will be more than happy to go over some of the services and support groups that you may be interested in to help you through this difficult time."

Provide effective feedback.
- Use both positive and negative feedback to:
  - Reinforce or maintain desired behavior or to
  - Change behavior where needed
- Provide tangible or intangible approval for behavior and actions through:
  - Positive feedback
  - Positive reinforcement
  - Supportive statements
- Positive rewards are motivators and can empower the family into action.
- Effective feedback on strengths, needs, and/or progress are essential for the family to be aware of:
  - What is or is not working
  - Consequences of their behavior, both good and bad
  - Issues that they either avoided or did not consider
  Example:
  Mother: "I enrolled in the substance abuse treatment program yesterday."
  PI/CM: "I commend you for having the courage to admit you have a substance abuse problem and that you are seeking assistance to improve the quality of your life and the lives of your children."
• Display **PPT13, Techniques to Facilitate the Interview: Focusing.**

• Display **PPT14, Questions to Avoid.**

• Display **PPT15, Techniques to Facilitate the Interview: Directing.**

**Directing Skills**

- Why do you think the use of directing skills (advice, suggestions, options) might not be appropriate while engaging the family?
- Authoritative if done prior to exploring the issues surrounding the maltreatment
- Assumes that you know what the family needs, rather than allowing them to tell their story and be part of finding solutions (buy-in to case plan)
Trainer Demonstration ~ Interviewing Techniques: Explore, Focus and Direct

Materials
- PG19 Interview Process Job Aid
- PG20 Interview Skills Checklist
- PG12-18 Interviewing Techniques
- PG21-23 Interviewing Techniques: Script and Key

Debrief your demonstration during pertinent stages of the interview to point out techniques and skills. Following your demonstration:

- Use the Key: Interviewing Techniques on the following 3 pages TG 37-40 as the script for your demonstration or use your own prepared script. You may add to the script if you wish. The Key is also provided for the learners on PG21-23.
- Refer class to PG19, Interview Process Job Aid for review before and during the demonstration. *(PG page inserted on the following page TG35)*
- Refer class to PG12-18, Interviewing Techniques and select another trainer or learner to play the part of the family member. *(PG page inserted on the following page TG26-32)*
- Debrief during your presentation whenever you feel it is beneficial to the class.
- Refer class to PG20, Interview Skills Checklist, as a resource. *(PG page inserted on the following page TG36)*
Interview Process Job Aid

Prepare

Engage the Family/Build Rapport

Begin/Conduct the Interview

- Explore the issues/problems/causes.
  - Ask open-ended questions that encourage parents to “tell their story.”
- Ask Focused (more specific) questions as you learn information.
  - Encourage the parent to explain or elaborate upon a new or current issue/problem/situation disclosed during the interview.
- Clarify your understanding of what the parent is saying.
- Continue: Exploring → Focusing → Exploring → Focusing
  - Look for verbal and non-verbal cues to...
  - Ask follow-up questions.
- Explore Solutions.
  - Ask solution-focused questions that solicit the parent’s idea of how to meet the child’s needs (safety, permanence, well-being).
- Offer options, suggestions, support, direction. (Directing)
  - To direct parents into a specific course of action provide feedback about what ‘is’ and “is not” working.

Close the Interview

- Summarize accomplishments/decisions.
- Use praise.
- Invite questions.
- Inform parent re: what comes next
Interview Skills Checklist

Place a check by each skill you observe.

Core Conditions
- Genuineness/Authenticity
- Respect
- Empathy

Exploring Skills
- Active Listening
- Attending Behaviors
- Reflecting
- Encouraging
- Allowing Silence

Focusing Skills
- Reframing
- Clarifying
- Questioning:
  - Open-ended Questions
  - Closed-ended Questions
  - Indirect Questions
  - Solution-focused Questions
- Summarization

Directing Skills
- Give Options or Suggestions
- Give Advice, Support, or Direction
- Provide Effective Feedback
Key: Interviewing Techniques

Some of the techniques and skills for this demonstration are identified in bold. Use this key to assist you with facilitating class discussion during your dialogue with the mother. Following the demonstration, use PG19, Interview Process Job Aid to emphasize the interview process.

Scene:
The CM is conducting a home visit at the mother’s place of residence. The purpose of the visit is to review the case plan tasks with the mother and to see how she is doing. The CM knocks on the front door. The mother answers.

CM:
Good morning Ms. Williams. Thank you for taking the time out of your morning to meet with me to review your case plan. I know you are busy and have to go to work in a couple of hours, so I really appreciate your making time to meet with me. Is there somewhere we can sit to review some things? (Engagement/Introduction-3 Core Conditions-Respect/Genuineness)

Mother:
Sure. Come in and have a seat in the living room.

CM:
I see you painted your living room. I really like the color. Kaitlin told me she helped pick out the color with you and helped you paint. Based on what she told me, it sounds like she had a really good time painting with you. (Engagement/Building Rapport)

Mother:
Yes, we had a great time together. Kaitlin and I laughed and giggled so much together the day we painted the living room.

CM:
That is good that you and Kaitlin had a fun time together. Kaitlin seems to have a great personality, and she is so smart. (Engagement/Building Rapport-Genuineness)

Mother:
I do love my Kaitlin. She is very bright and she is always there for me when I need her.

Debrief: (Prior to beginning the interview): How did the interviewer engage the mother and build rapport?

CM:
How are you feeling today? (Exploring: Using Open ended question)

Mother:
Not very well. I don’t feel my normal self. I have been feeling ill all week.

CM:
What kinds of symptoms are you having? *(Exploring/Focusing)*

**Mother:**

I have been suffering from bad headaches all week, so I have been very irritable. Everything seems to be on my nerves.

**CM:**

It sounds like you are not your typical self and that the headaches are affecting your patience. *(Reflection)*

**Mother:**

It’s been difficult for me to wake up in the mornings. When I finally do, I struggle to get anything done because my headaches have been getting worse. They tend to be worse later in the evenings, and all I want to do is sleep. *(Counselor-Active Listening)*

**CM:**

It must be hard getting through the nights with such severe headaches. *(Empathy)* I used to get bad headaches at one time in my life. *(Self-Disclosure)* What do you think is causing your headaches? *(Pause, use of Silence to give mother time to process)*

**Mother:**

Well, I think it is everything that is going on in my life right now. I have all these case plan tasks to complete. It’s hard for me to get to all the appointments I am being made to go to because I have to take the bus wherever I go. I am just so stressed out. *(Counselor-Active Listening)*

**CM:**

Nods her head and says, “I see.” *(Encouragement–minimal encouragers)*

**Mother:**

I am trying very hard to work through everything.

**CM:**

I do see that you are trying very diligently to accomplish your case plan tasks and to ensure your children’s needs are being met. Would you like to review your case plan tasks together to see what you have accomplished so far? *(Encouraging, Questioning-closed ended)*

**Mother:**

Nods her head and then replies in a frustrated tone of voice, “Yes.”

**CM:**

Tell me about some of the things that you have learned in your parenting classes. *(Explore/Focus—Indirect question)*

**Mother:**

Last Monday, we discussed the age and development of children and the behaviors we might see at different ages. I found some of the things that were talked about very interesting.
CM:
What kinds of things did you find interesting? (Explore: Open ended question)

Mother:
Well, Kaitlin, my 7 year old, is always moping around and complaining about having to take care of the baby. After sitting through the last parenting class, I suppose some of the things I ask Kaitlin to do might be unfair.

CM: Hmm, What kinds of things? (Minimal Encourager)

Mother: I realized during our discussion that maybe I put too much responsibility on Kaitlin such as changing the baby’s diapers and feeding the baby all the time. It’s just because she is the oldest, and I have a two and a four-year old as well, so I am always looking to her for help.

CM: So, you recognize that maybe you expect too much from your 7 year old. Now that you recognize it, what are some solutions that you can think of to take away some of Kaitlin’s responsibilities? (Clarification) and (Solution-focused question-Explore Solutions)

Mother:
I could start by taking on the responsibilities of changing and feeding the baby to allow more time for Kaitlin to be a child and do some of the things she enjoys doing.

CM:
I think that allowing Kaitlin more time to do the things that a 7-year old would want to do will make her happy. It sounds like that is the first step in a good plan of action. In turn, because you will be allowing her to have her own quality time, she may be more willing to help with the baby. I definitely support and recommend that you try giving her more time to herself. Let me know how that works out. (Options, directions, feedback, suggestions)

You also stated that you are having terrible headaches due to being stressed out about your case plan tasks. Let’s talk about your daily routine and work out a schedule that will help you feel less stressed. Let’s include some time for you to do something that you enjoy. (Reframing)

CM and mother work on a schedule and then discuss the rest of the case plan tasks.

CM: (Interview Closing) It appears as though you are conscientious about attending your parenting classes and that you are learning about your own behavior patterns as well as age appropriate behavior of your children. Let’s review the highlights of our visit today and the upcoming tasks. (Summarizing)

Today we reviewed the rest of your case plan tasks, and we discussed that you have two more sessions left for your parenting classes before you receive your certificate. You have a full time job at Publix, and you have provided me with copies of your pay stubs. Since you have completed your individual therapy sessions, the therapist has recommended that your children begin family therapy next week. Today we also wrote a daily schedule to help you feel less stressed, and it included setting aside 1 hour at night for you to do what you enjoy most, which is reading. And, you have agreed to see your doctor about the headaches. (Summarizing)
You are really achieving the goals that you have set for yourself, and you should be proud of your accomplishments. I know you must feel really good about yourself. (Praise) The next judicial review hearing is scheduled in three weeks on Tuesday, November 15 at 10:00 am. Our next scheduled visit is next week, Thursday, at 3:00 p.m. At that time, I would like to find out how your family therapy session went. (Inform parent re: What comes next.) Do you have any questions or thoughts that you would like to share? (Invite Questions)

Mother: I really hadn’t thought about all the things I accomplished. Thank you.

CM: Sure. I will see you next Thursday at 3:00 pm. I am so glad that you took the time to talk with me and share your thoughts and what you are learning in the parenting class. I look forward to our next visit.

Interview Closing Strategies

- Reflect briefly upon the interview closing strategies used by the interviewer during the trainer demonstration on **PG21-23 Interviewing Techniques-Script & Key (TG37-40)**
- Ask a learner to read aloud the interview closing (see Key: PG21-23).
- Ask the class to compare/evaluate the interviewer’s closing techniques by using the key points on **PG3, Stages of the Interview, “Closing.” (PG page inserted on page TG4)**

The Interview Process-Debrief

*Emphasize the overall interview process by using PG19, Interview Process Job Aid and the bolded techniques and skills that were just reviewed.*

*The purpose of the comparison is to emphasize the process that should be modeled during the next practice activity.*

*Class will also be looking for these techniques/skills and interview process when they view the Crystal Smith video.*
The Crystal Smith Interview

Materials
♦ Video The Smith Family (Interview with the Mother, Crystal Smith)
♦ PG19 Interview Process Job Aid
♦ PG20 Interview Skills Checklist (resource for activity discussions?)
♦ PG24 Crystal Smith Interview
♦ PG25-33 Interviewing Adults

Focus is upon interview skills and techniques, but as a follow up to assessment, allow class to review PG25-33, Interviewing Adults to see the type of questions to ask to gather information. (PG page inserted on the following page TG45-53)

Advise class that the questions are a guide and not meant to be all inclusive.

Refer class to PG24, Crystal Smith Interview. Review the discussion questions on the activity guide prior to the video. (PG page inserted on the following page TG44)

We have already viewed this video in the beginning of this module- we are now going to watch the interview of Crystal, keeping in mind all we have just learned.

Prepare for the activity by reading the key provided on the next two pages. Interview practice options in Module 3 include a child interview with Carley or Christian.

• Refer back to the interview process you discussed on PG19, Interview Process Job Aid.

Tell the class to notice how the interviewer moves through the process from engagement to interviewing and explores/focuses/explores/focuses, etc. to encourage Crystal to talk about her issues. Then he asks solution focused questions to get the mother thinking about how to meet her children’s needs. There is no interview closing.

• Show the video segment of the interview with the mother, Crystal Smith.
• Use the discussion questions on the next pages to guide discussion of the video.
• Discuss interviewer’s strengths and areas for improvement.
• Use the Job Aid to discuss the interviewer’s assessment questions. (PG19)

? How do the interviewer’s techniques reflect family-centered practice?
  • Encouraging parent to “tell her story” - to learn strengths, needs, and supports; collaboration to decide solutions.
Key: Crystal Smith Interview

Use the following information to assist in facilitating class discussion following the video. There are, of course, other examples of interviewing skills portrayed during this interview.

? How does the interviewer engage the mother and build rapport?

The interviewer addresses the mother as Ms. Smith. He immediately builds rapport with the mother by asking her to tell him what Carley is like and to talk about Christian as well. He compliments the children. He starts the conversation on a positive note by allowing the mother to express how smart Carley is and that she thinks she has raised her children well. He provides encouraging words as the mother expresses that her children get along well together.

? How does he exhibit the 3 core conditions:

Genuineness?
The interviewer keeps a consistent tone of voice throughout the interview. He sits in a comfortable position, arms at his side and presents himself as non-threatening. He is sincere and open and relates in a natural manner. He expresses genuine concern for the children.

Respect?
The interviewer expresses that he values Crystal and her relationship with her children in several ways. i.e., “I’ve had some good conversations with Carley and Christian, and I think it will be helpful to talk with you to help you and your family.”

“I get a sense that even though you’re using drugs that doesn’t seem like that is the way you want it to be.”

Empathy?
The interviewer states, “You mentioned that Colin does provide some support.” Crystal responds by stating that he has taken Carley to get her hair braided and has helped with Christian. The interviewer states, “That’s got to feel pretty good to you.”

Also, when Crystal expresses that Colin leaves the house whenever he wants, the interviewer responds by stating, “You feel that you’re left high and dry.”

? Does he use his authority effectively and appropriately? How?

Yes. He talks about past reports and then the current report. He uses his authority in a non-threatening manner; however, he stays focused on the issues he wants to address. He begins the conversation by stating, “I want to take a little time to see if you know what our agency is about.” Then, he asks Crystal, “Do you think that your kids are safe to stay home alone?” After her response, he states, “Carley has expressed that she is afraid when they are home alone, and she is afraid of the neighborhood. Were you aware that she is afraid?” He follows up by stating, “That doesn’t seem like that is something that you want her to feel.”

When he asks her about the drugs, she admits to using crack 5-6 times a week. He asks, “That’s a lot, huh?” He expresses to Crystal that he is...
concerned for her and her family.

Explain his interviewing skills to:

“EXPLORE” issues, problems, and solutions?

Listening - The interviewer sat straight up, made good eye contact, nodded his head, used minimal encouragers, and elicited more questions based upon her responses.

Reflecting - “What I am hearing you say is that you love your children.”

Encouraging - “I see.” (nodding head) and “Hmm hmm.” When mother states, “Carley is very smart”, he responds by saying, “I think so.”

Using Silence - When asking questions, the interviewer pauses to give the mother time to respond. “How do you describe yourself as a mother?”

“FOCUS” Ask more specific questions to explore a current or new issue/problem disclosed during the interview. (Reframing, clarifying, questioning, summarizing)

Reframing -“Do you think that the children can gain a sense of father in Colin?” After she responds, he states, “I guess I am asking about your relationship with Colin.”

Clarifying - Interviewer asks Crystal if there are any barriers in her way to make life better for her and her children. She states that she is not sure what he is asking. He restates, “Is there anything getting in your way of making a better life i.e., leaving the projects, etc?” She then understands and addresses her drinking and drug issues.

Questioning - The interviewer asks both open and closed-ended questions.

“Are the children identifying with Colin as the father figure?” “Do you ever have conflict about how to raise the children?” “What is the best part for you as being a mother?” “Let’s talk about last night.” “My understanding is that you leave the children home by themselves, true?”

“DIRECT” the interviewee? (give advice, support, reassurance, options, feedback)

The interviewer asks Crystal, "Have you got a plan?" - meaning what is her plan to get out of the situation that she is in i.e., drugs, neglect of her children, etc... He further directs her by asking, "Are there any barriers that might be in the way for you?" The interviewer allows Crystal an opportunity to come up with her vision of success and allows her to think of some steps to take to begin to reach the vision.

? What are the interviewer’s “areas for improvement”?

Interviewers should not use leading questions. They can be misinterpreted. During the interview, the interviewer asks Crystal, “This is about drugs isn’t it?” Fortunately, she did not get defensive, and she did admit to using.
The Crystal Smith Interview

Materials
- PG19 Interview Process Job Aid
- PG20 Interview Skills Checklist

Discussion Questions
Discuss/Answer the following questions with your group members about the Crystal Smith video:

1. Explain his interviewing skills to:
   - "Explore" issues, problems, and solutions?
     (listening, reflecting, encouraging, allowing silence)
   - "Focus" the interview questions to learn more about an issue/problem or clarify his understanding of what the parent was saying?
     (reframing, clarifying, questioning, summarizing)
   - "Direct" the interviewee?
     (advice, support, reassurance, options, feedback)

2. What are the interviewer’s strengths and “areas for improvement”?

Interview Questions
3. Skim the next 9 pages. Adult Interview Questions and discuss/record how the interviewer gathered information for the topics under the following assessment categories:
   - The Family Environment
   - Parenting and the Parent’s (Crystal’s) Relationship with her Children
   - Vulnerability of the Children

4. Are these topics relevant to initial and on-going assessment? Discuss your reasons.
## Adult Interview Questions

### Interviewing Adults: Family Environment

<table>
<thead>
<tr>
<th><strong>Basic Resources</strong></th>
<th><strong>Nature of Crisis in Family</strong></th>
</tr>
</thead>
</table>
| Receiving basic resources often removes the threat of maltreatment. It is important to identify the role that poverty and the lack of basic resources plays in maltreatment situations. Appearances are deceiving. The seeming lack of a basic resource does not automatically render a child unsafe. For instance, just because there is no food in the cupboards, does not mean that there is maltreatment. If the children eat breakfast and lunch at school every day and eat supper at their grandmother’s house every night, then they are being adequately fed and the lack of food in the house is not a threat to their safety. Explore ways the family is coping with their situation and providing for their children:  
  * How do you feel about things here at home on a day-to-day basis?  
  * If you could have something that would make it easier for you to take care of your home and children, what would it be?  
  * What is happening when you are feeling overwhelmed with the responsibilities of running a home?  
  * Has there ever been a time when you were worried about or not able to provide meals, adequate clothing, or housing for your family? How did you manage to get through that?  
  * What items do you buy at the grocery store on a regular basis?  
    * How much do you usually spend and how often?  
    * Are you satisfied with what you can provide for your children?  
    * Have you ever had your utilities turned off? If so, why? | Families who are experiencing a crisis as the result of an isolated situation are usually much better able to provide safe and stable homes for their children in the long-term. Families who are in constant crisis often represent a greater safety risk to the child; they generally require more support in their efforts to provide a safe home for the child. Explore the nature of the crisis:  
  * Can you tell me why you think I am here or why you think the report was made to the department?  
  * What are the most important needs in your family that you would like to address first? What is the next important need you have? What next?  
  * Can you describe your family for me?  
  * Is there anything happening in your life/family right now that is upsetting for you?  
    * How are you dealing with it?  
  * Do you think that my being here might be of any help to you?  
  * Who has helped you in the past? How was their assistance helpful?  
  * What might prevent you from requesting help again? |

---

**Core 113_INF_PG_July 2013 (CORE 115_INT)**
**Module 1: Facilitating the Interview**
### Interviewing Adults

**Parenting/Parents' Relationship with the Child**

<table>
<thead>
<tr>
<th>Outside Supports Used/Family Isolation</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because they are less visible, it is more challenging for isolated families to deal with stress or crisis because they have less opportunity to receive assistance for their needs from outside sources such as extended family members or other agencies or social workers. Explore the family's current or potential supports/assistance and their visibility in the community.</td>
<td></td>
</tr>
<tr>
<td>• Who do you talk to when you have a problem?</td>
<td></td>
</tr>
<tr>
<td>• If you ever need help, is there someone you can ask who would help you?</td>
<td></td>
</tr>
<tr>
<td>• Do you have any other family members close by that you can confide in?</td>
<td></td>
</tr>
<tr>
<td>• How often do you have contact with your family members? How often do they visit you?</td>
<td></td>
</tr>
<tr>
<td>• Has any other social worker or a nurse ever been out to your home to visit you or the children? How often did they come? Do you remember the purpose of the visit and what the result was?</td>
<td></td>
</tr>
<tr>
<td>• Do you and/or the kids go to church/mass? How involved are you in your church/synagogue? Do you talk to your minister/priest/rabbi?</td>
<td></td>
</tr>
<tr>
<td>• Have you ever visited your child's school? Who did you meet with? What did you discuss?</td>
<td></td>
</tr>
<tr>
<td>• Do you go to the school holiday shows, open houses or PTA meetings?</td>
<td></td>
</tr>
<tr>
<td>• Do you ever talk to your child’s teachers?</td>
<td></td>
</tr>
<tr>
<td>• What do you do to let off steam when the stress is too much?</td>
<td></td>
</tr>
<tr>
<td>• How do you spend your day?</td>
<td></td>
</tr>
<tr>
<td>The presence of domestic violence in a home greatly increases the likelihood that child maltreatment is also occurring or will occur and that the child will not be safe in the home. It is important to keep in mind that domestic violence may be occurring whether the batterer resides in the home or not. Explore relationships with the spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>• Are you involved in a relationship at this time?</td>
<td></td>
</tr>
<tr>
<td>• How would you describe your relationship with your spouse/partner?</td>
<td></td>
</tr>
<tr>
<td>• Have you ever had disagreements with your partner about major or minor household/family issues?</td>
<td></td>
</tr>
<tr>
<td>• Who makes most of the decisions in the family?</td>
<td></td>
</tr>
<tr>
<td>• How often do you disagree and how are your disagreements usually handled?</td>
<td></td>
</tr>
<tr>
<td>• When you get very upset or frustrated during a disagreement with your partner, what usually ends up happening?</td>
<td></td>
</tr>
<tr>
<td>• Have you ever felt that your point of view was not important to your partner?</td>
<td></td>
</tr>
<tr>
<td>• Are you ever afraid to disagree with anyone in the family?</td>
<td></td>
</tr>
<tr>
<td>• Do you think that you and your (spouse, paramour) disagree more than normal?</td>
<td></td>
</tr>
<tr>
<td>• Have you ever had to miss an important function like church, school, or work due to something that happened between you and your partner?</td>
<td></td>
</tr>
<tr>
<td>• Have you or your partner ever handled an argument by name-calling, yelling, damaging property or becoming physically aggressive? What happened?</td>
<td></td>
</tr>
</tbody>
</table>
| • Have you or your partner ever had to seek medical attention after______?
### Interviewing Adults

**Parenting/Parents' Relationship with the Child**

<table>
<thead>
<tr>
<th>Parent's History</th>
<th>Family's Perception of Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important to know the history of any parents in the home because parents often use many of the same parenting approaches and techniques that were used with them as children. Ask questions and make observations that will provide insight about power struggles in the home, how discipline and power issues are resolved and how they were resolved in the parent's family, dominance of one adult over another/fear of adult in the household, level of parent's self-esteem, or a child's fear of a parent.</td>
<td>All people have different perceptions of what makes a safe home for a child and what acceptable child-rearing practices are. The family needs to be clear about why you are in their home and what the agency perceives as a problem. If the parent's behaviors are placing the child(ren) at risk of abuse or neglect AND the parents have no clue as to why their behaviors are unsafe, then the parents may have difficulty providing the child a safe home.</td>
</tr>
<tr>
<td>• How were you disciplined as a child?</td>
<td>• What things do you think your child needs to keep him/her safe?</td>
</tr>
<tr>
<td>• How do you discipline your children?</td>
<td>• Tell me why other people might think (maltreatment) is a problem.</td>
</tr>
<tr>
<td>• How did your parents resolve their disagreements?</td>
<td>• Do you think that it is a problem for your family?</td>
</tr>
<tr>
<td>• How were your disagreements with your parents or siblings resolved?</td>
<td>• Do you think that there is a problem that we could work on together?</td>
</tr>
<tr>
<td>• How do you feel about the way your parents resolved disagreements?</td>
<td>• What do you think could help?</td>
</tr>
</tbody>
</table>
## Interviewing Adults

### Parenting/Parents’ Relationship with the Child

<table>
<thead>
<tr>
<th>Parent’s Perception of Child/Attitudes toward Child</th>
<th>Parent’s Willingness/Ability to Care/Protect the Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>If parents perceive a child as contributing to causing any of the family’s problems, then he/she is at increased risk for abuse/neglect. Unrealistic expectations of children at certain ages and developmental levels may place the child at risk for maltreatment. (Refer to Child Vulnerability.) What kinds of things do you do with your children?</td>
<td></td>
</tr>
</tbody>
</table>
| • How would you describe a good child?  
  • Is ___ usually a good child?  
  • Does your child seem to require special attention?  
  • Does your child feel close to you?  
  • How does your child show closeness or lack of closeness?  
  • Can you describe for me what today has been like? The last few days?  
  • Has anything particularly bothersome or bad happened in the last day or two?  
  • What has ___ been doing today? How does ___ usually behave?  
  • What can ___ do to keep this from happening again?  
  • What can you do to keep this from happening again? | A parent’s inability to care for the child may be due to illness, incapacitation, lack of resources, or domestic violence, etc. If a parent is unwilling to protect a child from future maltreatment, the child is at imminent risk. |
| • Do you believe what (child) says about (maltreatment incident)?  
  • Does (alleged person responsible) have any access to any of the children in the family now?  
  • Do you think that you can keep (maltreatment) from happening again?  
  • How will you keep ___ from happening again?  
  • Are you willing to take care of ___ for a while by yourself and not let ___ around any of your children?  
  • How does (perpetrator’s) not being allowed in the home affect you financially?  
  • Are you afraid of (alleged abuser)? |
### Interviewing Adults

**Parenting/Parents’ Relationship with the Child**

<table>
<thead>
<tr>
<th>Discipline Practices</th>
<th>Substance Abuse</th>
</tr>
</thead>
</table>
| There is a difference between corporal discipline and abuse. If an intended disciplinary act leaves lasting marks on a child, results in the need for medical attention, or is extremely bizarre or sexual in nature, it is not discipline; it is abuse. The spanking of a child with a belt, switch, etc. in and of itself does not constitute abuse.  
• What does discipline mean to you?  
• Do you think there is a difference between discipline and punishment?  
• What types of behaviors should be disciplined?  
• Why do you discipline?  
• What do you think that discipline tells a child?  
• How do you usually discipline your child?  
• What kinds of discipline do you believe are appropriate for (whatever is age-appropriate): wetting bed, wetting pants, spilling drink, running and shouting, sassing, lying, stealing, smoking, etc.  
• What kinds of discipline do you believe to be appropriate for _____? (child’s name)  
• How often do you discipline? | Substance abuse in and of itself in a home does not constitute abuse or neglect (A/N). However, it may be related to past A/N or results in behavior that threatens A/N. Substance abuse impairs the ability to adhere to a safety plan or to case plan tasks.  
• Has law enforcement ever been involved with your family because of alcohol/drugs?  
• Has your job or a relationship with a partner ever been affected by your drug or alcohol use?  
• How often do you drink/use (drug)?  
• Do you ever feel like you drink/use (drug) too often?  
• When do you know you’ve had enough or too much?  
• Do you hide empty bottles or use them secretly?  
• Have you ever been concerned about the amount you drink or use drugs?  
• Has anyone ever told you that they think you have a drinking or a drug problem?  
• When do you usually drink or use drugs?  
• Have you ever failed to pay a bill or buy necessary items because you instead used the money to buy alcohol or drugs?  
• Do you drink or use drugs when under pressure or after an argument?  
• Have you ever tried to hide your drinking or use of drugs? Why?  
• Do you wonder if anyone knows how much alcohol and/or drugs you use to get through the day or how much you spend on them?  
• Are you often permissive with your children because you feel guilty about the way you were behaving when you were drinking or using drugs?  
• What happens in the home when drinking/drug use occurs?  
• How do the drugs/alcohol affect your personality?  
• Do you ever leave home?  
• Who takes care of the children?  
• Is there someone else (older sibling, relative, neighbor) who can take care of the child(ren) when drinking/drug use occurs? |
<table>
<thead>
<tr>
<th>Discipline Practices</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED FLAGS that substance abuse (SA) may lead to future A/N: Parent/caretaker:</td>
<td></td>
</tr>
<tr>
<td>• is spending all money on alcohol/drugs and lacks adequate resources to care for family.</td>
<td></td>
</tr>
<tr>
<td>• becomes violent when using drug or alcohol</td>
<td></td>
</tr>
<tr>
<td>• becomes depressed when using drugs/ alcohol</td>
<td></td>
</tr>
<tr>
<td>• uses tactics to conceal amount of drugs/alcohol purchased or consumed</td>
<td></td>
</tr>
<tr>
<td>• has blackouts or periods of forgetting because of SA</td>
<td></td>
</tr>
<tr>
<td>• carries substance on person in purse or pocket</td>
<td></td>
</tr>
<tr>
<td>• becomes defensive when asked about the abuse</td>
<td></td>
</tr>
<tr>
<td>• uses substance when under pressure or after an argument</td>
<td></td>
</tr>
<tr>
<td>• tries to cover up for forgetting commitments, losing or misplacing things</td>
<td></td>
</tr>
<tr>
<td>• uses substance to self-medicate, escape, or sleep</td>
<td></td>
</tr>
<tr>
<td>• has lost job or been disciplined because of SA</td>
<td></td>
</tr>
<tr>
<td>• has lost relationships because of SA</td>
<td></td>
</tr>
</tbody>
</table>
### Interviewing Adults
#### Child Vulnerability

<table>
<thead>
<tr>
<th>Child's Age, Ability, and Developmental Level</th>
<th>Child's Visibility in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child's age and ability to protect him/herself and adhere to a safety plan are critical factors in determining child safety. Ask questions which explore the child's physical, intellectual, social, and emotional development. Children who are abused/neglected are often delayed in their development or may show abnormal patterns of development.</td>
<td></td>
</tr>
<tr>
<td>Visibility is a very important safety consideration. The less interaction a child has with people outside the home, the less likely that maltreatment, if it exists, can be detected. Children who are very young/non-verbal are especially invisible because staying indoors is normal. Explore the child's visibility outside the home:</td>
<td></td>
</tr>
<tr>
<td>• Tell me about your child's health?</td>
<td></td>
</tr>
<tr>
<td>• What was it like when you were potty-training your child?</td>
<td></td>
</tr>
<tr>
<td>• Has your child ever been treated for a developmental problem?</td>
<td></td>
</tr>
<tr>
<td>• Do you feel that your child's physical abilities match other children his/her age?</td>
<td></td>
</tr>
<tr>
<td>• Do you think that your child learns (at school or other) the same as other children his/her age?</td>
<td></td>
</tr>
<tr>
<td>• What kinds of activities does ____ like?</td>
<td></td>
</tr>
<tr>
<td>• What toys/games does ____ like to play with?</td>
<td></td>
</tr>
<tr>
<td>• Does ____ like to read (or be read to)? What kinds of things does ____ read?</td>
<td></td>
</tr>
<tr>
<td>• Does ____ go to school/preschool/daycare?</td>
<td></td>
</tr>
<tr>
<td>• What activities does ____ enjoy?</td>
<td></td>
</tr>
<tr>
<td>• What activities does ____ regularly participate in? (e.g. church, Boys/Girls Club, sports in school or at neighborhood parks)</td>
<td></td>
</tr>
<tr>
<td>• How often does ____ play outside? Who watches him/her?</td>
<td></td>
</tr>
<tr>
<td>• Tell me about ____’s friends.</td>
<td></td>
</tr>
<tr>
<td>• Does ____ ever have friends come over to play? Who comes over?</td>
<td></td>
</tr>
<tr>
<td>• Does ____ ever play with or visit friends at their homes?</td>
<td></td>
</tr>
<tr>
<td>• Whose homes do your child visit? (neighbors, relatives, classmates, other)</td>
<td></td>
</tr>
<tr>
<td>• How often?</td>
<td></td>
</tr>
<tr>
<td>• Who supervises?</td>
<td></td>
</tr>
</tbody>
</table>
# Interviewing Adults

## Child Vulnerability

<table>
<thead>
<tr>
<th>Child's Role in the Family/Unrealistic Expectations</th>
<th>Access to Child by Alleged Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who are expected to fulfill roles that are inappropriate are more vulnerable to being objects of frustration, disappointment, or criticism. Unrealistic expectations of children at certain ages and developmental levels may place the child at risk for maltreatment. Explore the parent's expectations for the child: Is the child expected to take on the role as &quot;parent&quot; by supporting or protecting other family members; described by parents as contributing to or creating stressful situations in the family; described as &quot;a disappointment&quot; or &quot;a failure&quot; for not meeting expectations? (Refer to Parenting, &quot;Parent's Perception of Child&quot;).</td>
<td></td>
</tr>
</tbody>
</table>
| • What expectations or responsibilities were given to you as a child?  
• What chores does your child help you with?  
• Do you feel that your child is helpful around the house?  
• Does he/she ever refuse to do the chores they are assigned?  
• How do you respond to your child's resistance?  
If maltreatment is suspected, the greater access to the child by the alleged person, the more vulnerable the child is, especially if the child is too young to protect him/herself. (Refer to Parenting: Parent's Willingness to Protect the Child) |
| • How do you feel about (insert Perpetrator's Name)’s inability to have contact with your child?  
• Why do you believe it is so important that (insert Perpetrator’s Name) does not see your child until the court order says it's okay?  
• What do you think would happen if the child had contact with (insert Perpetrator’s Name) prior to the judge ordering it?  |
Interviewing Adults
Child Vulnerability

Children with Medical or Psychological Special Needs

The presence of a special needs child in a home may place increased stresses and frustration on a family which may potentially increase that child's vulnerability to maltreatment.

- Do any of your children have an ongoing medical problem?
- How do you think ____ copes with his/her illness? How do you and other family members cope with his/her illness?
- Have you ever sought medical attention for anything other than the normal childhood ailments (measles, mumps, colds, etc.)?
- Has your child ever received services from a counselor or psychiatrist? Who made the referral? Why?
- If child has ever received services, how do you believe he/she benefited? Why did services terminate?
- Has your child ever had to abruptly stop services with a provider? Why?
- What mental health services are being provided to your child at this time?
- What have doctors/nurses/school counselors ever told you about your child?
- Do any of your children display extraordinary behaviors? (e.g. hyperactivity, uncontrollability, self-injuriousness)
- Has your child ever told you or anyone that he felt unsafe, or like harming himself/herself?
- How did you or that person handle the situation?
- Has your child ever made an attempt to hurt himself or another person?
- What happened?
- Have you ever had to call law enforcement to control one of your children?
- Has your child ever been admitted to an emergency room or hospital because their behavior was out of control?
- What happened?
Interview Skills Practice

Materials
- PG25-33 Interviewing Adults
- PG19 Interview Process Job Aid
- PI and CM: Interview Skills Practice Scenario Cards

Activity Goal: Using scenarios and job aids, learners will practice interview skills and the interview process while exploring issues, problems, and causes related to a family’s involvement with the agency/department. Trainers will role-play the parent.

- Create scenario role cards for PIs/CMs using the Interview Skills Practice Scenarios.
- Select one of the scenarios for each program area (mixed classes); the others can be used during a trainer/learner role play in front of the class (next page).
- Group class by program area.
- Explain about the “secret” information which only the parent knows.
- Explain that this practice exercise is not a complete interview, but the PI/CM must still prepare by thinking about the types of questions to ask (to explore the issues) and to get the parent to “tell their story.” Refer to PG25-33.

Interviewing Adults. (PG page inserted on the following page TG45-53)
- Tell class to follow the interview process on PG19, Interview Process Job Aid; but the purpose of this activity is not to complete an entire interview.

Explain the “parent role”: You are scared and upset, but want help. So, when the interviewer exhibits genuineness, respect, empathy, respond naturally by losing some of your resistance in order to allow the interviewer to explore the issues/problems and discover your “secret.” Respond using information on your card or by making up information that is consistent with your role description.
- This is not a drama or theatrical exercise.
- Keep the interview going and “tell your story” when the interviewer appropriately explores and focuses on issues that force you to think about your child’s safety and well-being.
- Disclose your secret information when you realize that your children will not be safe unless you address and talk about the real cause(s) of the problem(s).

Explain the PI/CM role: Use the interview process (and the skills you have learned) to explore the issues/problems/causes for your scenario. Parents will not divulge the “secret” information until you build trust and encourage them (in a non-threatening manner) to disclose the information. Encourage parents to focus on the child’s needs.
- Distribute the role cards and allow parents and interviewers to prepare for the interview as separate groups.
• Pair learners by program area to begin the interview.

**Processing the Interview Activity**

• Circulate the room, and if you observe groups “getting stuck,” stop the class to process or discuss areas of difficulty and how to proceed.

• Call time and process with the class: what worked/didn’t work; what questions were asked to learn the secret; what cues were given and received or missed, etc.

**Role-Play Demonstration ~ Interview Skills Practice**

**Materials**
- PG25-33 Interviewing Adults
- PG19 Interview Process Job Aid
- Prepared Interview Skills Practice Scenario Cards

*Have the class review PG25-33, Interviewing Adults. Select categories/topics relevant to the scenario chosen.* *(PG page inserted on the following page TG45-53)*

**Directions**

• Use one of the scenario role cards not used in the previous activity.

• If you have both PI's and CM's in the class, you can choose one program area for the role-play and process. If you have time, role-play both.

• Select a learner to be the interviewer (PI or CM).
  - You will play the role of the parent.

• Reiterate the roles—parent and interviewer (PI/CM) from the previous exercise to emphasize to the interviewer the process and skills for interviewing.
  - The class may coach the learner.
  - Do not tell the class the “secret.”

• Lead a class discussion about how to prepare for the interview.

• Tell the interviewer(s) that if they get stuck, stop and ask the class for help.

• Conduct the interview.

• As a class, process the interviewer’s strengths and ask the interviewer what he/she thought was the greatest difficulty.

• Process with the class: what worked/didn’t work; what questions were asked to learn the secret; what cues were given and received or missed, etc.
Topic ~ Interviewing Family Groups

Review PG 34-35 - Interviewing Family Groups

- Assign Groups the following topics and have them prepare a 3 minute presentation to class, providing case examples.
- Presentations can be as creative as they would like to be (role plays, songs, poems, raps, etc.)

1. Benefits of the Family Interview
2. When a Family Interview May be Appropriate
3. When Family Members should be Interviewed Individually
4. Considerations for Including the Child in the Family Interview

Review ~ Module 1: Techniques to Facilitate the Interview

- Display PPT2, Module 1 Objectives, and conduct a review using the questions below

? How are interviews affected by the kinds of questions you ask?

? Describe the 3 interviewing techniques: exploring, focusing, directing. (PG12-18)

? How can you use these techniques to encourage parents to “tell their story,” so you can explore issues/problems/causes?

? Describe the interview process using PG19, Interview Process Job Aid.
Module 1-Facilitating the Interview

Page has been left blank
Module 2 ~ Child Interviews

- Display PPT29, Module 3 Objectives.

Background Knowledge/Experience

*Prior to beginning instruction for this module, relate the module goal to the learner’s job, emphasizing the importance and “need to know.”*

Goal: To provide basic instruction on how to conduct child interviews.

**Topic ~ Compare/Contrast Child and Adult Interviews**

**Materials**

- PG1 Stages of the child interview
- PG2 Module 1: Stages of the Interview
- PG2-3 Engagement techniques for child interviews

- Has anyone ever observed a child interview?

*Tell the class to think about the similarities and differences between children and adult interviews. Refer to Basic Interviewing, Demonstrating, Authenticity/Genuineness, Respect and Empathy, Module 1 PG19, Interview Process Job Aid, and Module 1 PG20, Interview Skills Checklist.*

- How might interview skills and techniques be similar or different?
  - Do you have to build trust and rapport when engaging the child?
  - Will you need to encourage the child and use listening skills?
  - Will you need to reflect and clarify/summarize what the child is saying?
  - Will your questioning techniques be different with children? How?
  - How do you think that reframing might be challenging to the interviewer?
  - When might you use directing skills with children?

- What is important to consider when planning to interview children?
  - Characteristics for the age and developmental level of the child:
    - Cognitive/Intellectual (language and communication skills, and the child’s concept of time and numbers, etc.)
    - Physical
• Social
• Emotional
• Possible effects of the abuse/neglect on the child’s developmental level
• The length of the interview

? How can these considerations affect how you engage and interview the child?

**Stages of the Child Interview**

- Refer the class to **PG1, Stages of the Child Interview and Module 1 PG1, Stages of the Interview (Adults).** *(PG page inserted on the following page TG)*

- Facilitate discussion of similarities and differences when discussing the stages below.

**Preparation**

- Discuss **PG1, Stages of the Child Interview, “Preparation”** for the child interview by using the initial contact interview with the child as an example:

  - What background information must be gathered prior to the interview?
  - Why must the “purpose” for the initial child interview be considered? (i.e. child victim, sibling or other children in the home)?
  - For initial contact interviews, what kinds of information must be obtained from the child and siblings:

**Initial Contact with the Child Victim**

When the child is interviewed, preparation includes thinking about the purpose based upon the allegations (PI) or findings (CM) and what kinds of questions you need to ask to obtain information. For the initial interview, plan how you will interview the child to:

- Decide if maltreatment occurred. (PI)
- Assess the child’s immediate safety. (PI)
- Obtain relevant information that can be used in making safety decisions. (PI, CM)
- Attend to the emotional care and comfort of the child. (PI, CM)
- Obtain assessment information for immediate and long-term intervention plans. (PI, CM)
- Decide what kinds of immediate or long-term interventions or support the child requires. (PI, CM)

**Interviews with Siblings or Other Children**

When preparing to interview a sibling or other child in the home, consider how you will:

- Gain additional information.
- Obtain information about family patterns for your assessment.
• Decide if the sibling has been abused.
• Interview siblings individually.

? How will your knowledge of child development help prepare you for the first interview?

? What are the considerations for note taking during child interviews?
• Assess each child to decide if taking notes would make the child uncomfortable or not during the interview.
• Consider the child's age and developmental level
• When taking notes during the interview:
  • inform the child
  • let the child see the notes...
  • hiding the notes may make the child hesitant to talk or answer questions.

Engaging the Child

• Discuss PG1, Stages of the Child Interview, “Engagement.”

(PG page inserted on the following page TG)
• Refer class to PG2-3, Engagement Techniques for Child Interviews, and present the examples for:
  (PG page inserted on the following page TG5-6)
  • Building Rapport
  • How to Decide the Child’s Understanding of truth vs. a lie
• Discuss similarities and differences to adult interviews.

The Child Interview

• Discuss PG1, Stages of the Child Interview, “The Interview.”
• Discuss similarities and differences to adult interviews.

Closing the Child Interview

• Discuss PG1, Stages of the Child Interview, “Closing.”

When closing the interview, you must:
• Reassure the child without making any untrue statements or false promises.
• Praise the child for his or her efforts.
• Explain what will happen next and what to expect.
• Let the child know if you will see him or her again. This is especially important when interviewing a child at school or anywhere away from parents.

Documenting the Interview

• Discuss PG1, Stages of the Child Interview, “Documentation.”
Module 2: Child Interviews

Stages of the Child Interview

Preparation
- Consider the purpose for the interview.
- Obtain all background information prior to the interview.
- Decide what information to obtain from the child.
- Consider the developmental characteristics for the child’s age.
- Plan your interview setting and how to engage the child.

Engagement
- Greet the child, introduce yourself, and establish rapport.
- Explain note-taking.
- Interact with the child by using light, friendly discussion about things familiar to the child.
- Assess the child’s development, concept understanding and ability to relate information.
- Assess the child’s understanding of truth and lies.
- Discuss answering questions.

The Interview
- Use eye contact and appropriate body positioning.
- Discuss the reason for the interview.
- Gather information related to the interview purpose.
- Ask questions appropriate to the child’s developmental level and understanding.
- Clarify the child’s statements.
- Use listening and attending skills.
- Demonstrate empathy, respect, and genuineness.

Closing
- Praise the child’s efforts, not specific content.
- Reassure the child without making any untrue statements or false promises.
- Assure the child that he/she did nothing wrong.
- Offer support.
- Invite questions.
- Explain what will happen next/what to expect.

Documentation
- Write up the interview immediately.
- Document the interview in FSFN.
Engagement Techniques for Child Interviews

Building Rapport
- Greet the child by name and provide your name:
  - "Hello, you must be Robby."
  - "I'm John Kilgore. You can call me John."
- Begin with light, friendly discussion about things familiar to the child:
  - school, friends, siblings
  - play, sports, toys
  - likes, dislikes
- Use this time to assess the child's:
  - language development
  - concept development
  - ability to relate information
- When engaging young children, there is a natural tendency to touch them in an effort to comfort them and put them at ease.
- Children who have been maltreated, or traumatized in some way may be very sensitive to touch, especially from an adult, and most especially from a stranger, so refrain from touching the child as a general rule.

A Child's Concept of the Truth
- You must assure the child knows the difference between:
  - telling the truth and telling a lie
  - make-believe and pretend
- In the late stages of engagement, make this agreement with the child:
  - Both of us will tell only the truth and talk only about things that really happened.
Examples:

- To child over age 10: "It is important that we both tell the truth while we are talking to each other. I am going to make sure I tell you the truth, and I want to know if you will tell me the truth. Will you do that?"

- To preschool and young school-age child: "Today we will only talk about things that really happened. Pretend and make-believe will not be part of the conversation."

- Explain that some questions will be hard to answer, even for adults.

- Tell the child that if he/she does not have an answer for a question, it is okay to say, "I don't know," "I don't remember," or "I don't understand."

- Wait on or set up a natural opportunity for the child to say, "I don't know," and then ask, "What kind of pets do I have?" to see if the child will say, "I don't know."

- When the child says, "I don't know," say, "I am glad you were able to tell me you did not know. You probably will not know the answers to all my questions. When you do not know other answers, will you tell me then, too?"

- Stress to the child that it is all right to say, "I don't want to answer right now."
**Topic ~ Engaging and Interviewing the Child**

**Materials**
- ♦ PG1 Stages of the Child Interview
- ♦ PG2-3 Engagement Techniques for Child Interviews
- ♦ PG4 Engaging and Interviewing the Child
- ♦ PG5 Child Interviews: Building Rapport and Gathering Information
- ♦ PG6-9 Interviewing Children
- ♦ CD Rom Video: Interviewing Children in Public Child Welfare

**Share Field Experiences**

? Has anyone observed a child interview? If so, how did the interviewer engage the child and attempt to build rapport and trust?

? Did the interviewer use any of the techniques included on PG1, Stages of the Child Interview or on PG2-3, Engagement Techniques for Child Interviews? If so, which ones? What other techniques were used?

**Activity Goal:** After watching a child interview video, learners will evaluate the interviewer’s skills to facilitate the stages of the interview.

*Preview the CD Rom and become familiar with navigation buttons. Prior to presenting the entire child interview video, you may present/discuss 3 of the instructional segments on the menu: “Building Rapport,” “Gathering Details,” and “Cultural Considerations.” The “Introduction” and “Interview Environment” are specific to California law.*

**Instructions for Using the CD-Rom**

- Open the CD Rom.
- Click the “Interviewing Children” icon - red triangle. (there are several icons with short video clips). The red icon takes you to the Menu.
- Select from the Menu: “Building Rapport” (use all screens), “Gathering Details” (use first 3 screens only), and “Cultural Considerations.”
  - You will use these 3 instructional segments to lead a more in-depth discussion about skills to engage and interview the child.
- The instructional segments include text and short video clips that provide examples of interviewing techniques. Click the movie icons beneath the text.
- Following these segments, Click “Watch an Interview” on the Menu to watch the entire video interview with Julia, age 6, at school.

**Activity Directions**

- Present and discuss the 3 instructional segments including the video clips:
• Building Rapport (Engagement Stage: Introductions and Rapport Building)
• Gathering information (The Interview)
• Cultural Considerations

• Refer class to PG4, Engaging and Interviewing the Child, and review the questions prior to showing the video. *(PG page inserted on the following page TG10)*

• Show the child interview by clicking “Watch an Interview.”
• Allow groups to discuss and record their answers to the questions.

**Process the Interview**

• Following the video, facilitate discussion of the interviewer’s techniques and skills by using the **discussion questions** and resources listed on PG4, Activity Guide. Also, ask:

  ? Do you think that the interview time was appropriate for the child’s age?
  ? What are the interviewer’s strengths and areas for improvement?
    • Open-ended ?s and asked variety of ?s to learn about maltreatment, Julia’s relationship w/boyfriend and mother, and about mother’s strengths and needs
    • Leading questions were covered during PG4, discussion questions.
  
  ? What are follow-up tasks re: child’s disclosure of video tapes?
    • PI: CPT; CM: Call Hotline

*Tell the class that you will discuss agency protocol i.e. when to stop the interview upon a child’s disclosure of sexual abuse during the next topic, Considerations for Child Interviews: Child Sexual Abuse Cases.*

*You will reflect upon this video throughout the remainder of this module.*
**Engaging and Interviewing the Child**

**Materials**
- **PG1** Stages of the Child Interview
- **PG5** Child Interviews: Building Rapport and Gathering Information
- **PG6-9** Interviewing Children

- Read the discussion questions below prior to watching the video.
- Watch the video interview of Julia, age 6, at school.
- Answer the discussion questions as a group and write them on flipchart to present to the class.
- Following the video, as individuals, mark the skills you observed during the video on PG5, Child Interviews: Building Rapport and Gathering Information.

**Discussion Questions**

With group members, discuss and answer the following questions regarding the interviewer's skills:

1. How did the interviewer:
   - Introduce herself and briefly explain her role without mentioning the abuse?
   - Explain note-taking?
   - Engage Julia in friendly conversation and also show interest in her responses?
   - Assess Julia’s language and developmental level?
   - Assess Julia’s understanding of truth vs. telling a lie?
   - Establish ground rules for answering questions?

2. How did the interviewer begin questioning Julia to get her to talk about the abuse event and who abused her?

3. What kinds of questions were asked to determine the daily care and supervision of the child?
   - Refer to PG6-9, Interviewing Children, “Care,” “Environment,” “People.”
   - Why is this information important?

4. How did the interviewer question the child to gather the details of the abuse?

5. What questions did she ask to determine when the abuse occurred and if it occurred more than once? Refer to PG7, “Context Questions.”

6. How did the interviewer question Julia to probe deeper about other possible maltreatment?
   - DV, substance misuse, sexual abuse

7. Did the interviewer ask any leading questions? If so, what were they?

8. How did the interviewer close the interview?
Engaging and Interviewing the Child - Sample Answers

Discussion Questions for Child Interview with Julia, age 6 (PG4)

1. How did the interviewer:
   - Introduce herself and briefly explain her role without mentioning the abuse? (I'm going to talk with you today; asked if she wanted another adult to sit in; gave permission to draw)
   - Explain note-taking? (I'm going to write down what we talk about, so I don't forget.)
   - Engage Julia in friendly conversation and also show interest in her responses? (Asked her about school, teacher, pumpkin, & used follow-up questions)
   - Assess Julia's language and developmental level? (Use of prepositions/crayons)
   - Assess Julia's understanding of truth vs. telling a lie? (Car color/crayon color)
   - Establish ground rules for answering questions? (If you don't know the answer, you don't have to guess. It's o.k. to say "I don't know, or I don't remember.")

2. How did the interviewer begin questioning Julia to get her to talk about the abuse event and who abused her? (Do you know why I came to see you today or why you came to see me? Do you have anything you need help with?)

3. What kinds of questions were asked to determine the daily care and supervision of the child? Refer to PG6, Interviewing Children, “Care,” “Environment,” “People.”
   - Why is this information important? (risk assessment, immediate/ongoing; to ensure that child’s needs are met)

4. How did the interviewer begin questioning the child to gather the details of the abuse?
   - After Julia admits that she needs help with her mom’s boyfriend, Tony, the interviewer says, "What happens with Tony? What happened then? Did anything else happen?” She probes deeper when Julia admits he hits her with the belt. What part of the belt? Then asks to see her shoulder. “Where was your mom? Did she know Tony hit you? What did she do?”

5. What questions did she ask to decide when the abuse occurred and if it occurred more than once? Refer to PG7, “Context Questions.”
   - Did this happen before or after school? Did you do anything special at school that day that Tony hit you? Has Tony hit you or your mom before or since this time?
   - Did Tony ever say anything about telling or not telling? Then questioned her about 911 call. Tony said he would hurt us more if it happened
again.

6. How did the interviewer question Julia to probe deeper about other possible maltreatment?
   - DV-Did your mom ever get hurt? Has Tony hit you or your mom before or since this time?
   - Substance Misuse-Do you think Tony needs any help with drinking or drugs? Did he ever try to get you to try or taste anything?
   - Sexual Abuse-Does Tony have a camera? What kind? Did he take pictures of you? How were you clothed? Does Tony show you any other tapes? Where does Tony keep the videos?

7. Did the interviewer ask any leading questions? If so, what were they?
   - So, was it when you got home from school that day after the Halloween party that Tony hit you with the belt?

8. Closing: friendly conversation: What are you going to do this weekend?, etc. Thanked her; asked if any?’s; “I’ll let you know later what will happen next.”

**Individual Truth Or Lie Decision (I-Told) System (OPTIONAL)**

If you have purchased I-Told cards and wish to demonstrate them, do so now, or provide the information to learners who wish to purchase them.

*If you wish to share this resource or demonstrate its use, you may purchase the I-Told cards using the contact information below.*

- I-Told cards allow you to evaluate a child’s ability to understand the concepts of telling the truth versus telling a lie quickly and in a systematic manner.
- To order I-Told cards contact Z-Kidz I-Told, Joseph E. Crum, PH.D, Consulting psychologist, Post Office Box 1827, Clearwater, Florida 33757.
Topic ~ Child Interviews: Child Sexual Abuse Cases

Materials

- **PPT17** Limited Number of Child Interviews

**Interviews: Child Sexual Abuse Cases**

- Upon receipt of an intake alleging sexual abuse, a PI conducts an interview with the child victim. PIs do not collect details of the sexual abuse.
- This interview of the child by the PI consists of the following stages:
  - Building rapport
  - Engaging
- Upon hearing any plausible statement that verifies the allegation of sexual abuse, you must be careful to bring the interview to a close while not “shutting the child down”.
- You do not want the child to think that the child has done wrong by telling about the abuse, but upon a child’s disclosure of sexual abuse or upon gathering substantial evidence that sexual abuse has occurred, the PI must immediately refer the child to the Child Protection Team (CPT) for a forensic interview.

**Discuss agency protocol regarding when to stop the interview upon a child’s disclosure or upon gathering substantial evidence that sexual abuse has occurred.**

- If child is making statement of abuse, allow child to continue until there is an appropriate time to effectively stop the interview.
- When a child makes a statement about a startling and abusive incident soon after occurrence, while the child is still experiencing the stress of the event, it may be admissible as an “excited utterance”.
- If the CPT conducts its interview of the child in a room with an observation window, LE and the SAO must be notified to be present. PI documents information for the case file.

**If your region/circuit has a sexual assault treatment center, advise the class that the child must be referred to that center rather than CPT.**
Reflection ~ Julia’s Disclosure of Sexual Abuse

- Remind the class that the intake for this case did not include an allegation of sexual abuse, yet the PI asked questions about other types of abuse.

? Could the interviewer have learned of possible sexual abuse had she not inquired further about pictures/videos by asking Julia what Tony liked her to do when she was watching the videos with him?

? Do you think the PI stopped the interview at an appropriate time, i.e. did she gather substantial evidence that sexual abuse had occurred? Why or why not?

? Upon closing the interview, what does your agency direct you to tell the child about CPT if the child discloses sexual abuse?

Limits on the # of Child Interviews

Stress that as stated previously, the judicial circuit in each region/circuit limits the number of child interviews that are permitted. Normally, only 3 interviews are allowed in sexual abuse cases:

1) CPT
2) SAO-state attorney’s office
3) The defense attorney.

- Display/review PPT17, Limited Number of Child Interviews.

Consult CLS to decide what specific limitations have been designated by your judicial circuit. If you have this information, review with the class.

- Tell the class that it is important to work collaboratively with other community agencies and professionals to avoid multiple and duplicate interviews with various interviewers.
Topic ~ Developmental Considerations for Child Interviews

Materials

- PG10  Length and Timing of Child Interviews
- PG11  Children’s Language Skills
- PG12-14  How Young Children Think
- PG15-17  Questioning Children
- PG18  Principles of Child Development
- PG19  Developmental Considerations for Child Interviews
- PG20  Characteristics of School-Aged Children (age 6-12)
- PG21  Interviewing Adolescents
- PG22-23  Adolescent Characteristics
- PG24  Child Interview Checklist
- PG25  Interviewing Children
- PPT18  Young Children’s Thought Processes
- PPT19  Principles of Child Development

The Child Interview

Reflect back to the interview with Julia to provide examples or to ask the class how the interviewer exemplified or addressed the issues and considerations for child interviews in the following topics:

Length and Timing of the Child Interview

Explain to the class that there are times when they cannot pick the interview time (at initial investigation) as they are decided by legal timeframes.

?  How long do you think a child interview should be?
   - Keep the length of the interview appropriate for the child’s age.
   - Keep the interview as short as possible but complete. Be efficient with questioning.

?  What should you consider regarding the timing of a child interview?
   - Interviews must not be rushed, and children must not feel pushed for information because of the interviewer’s schedule.
   - Do not keep children waiting.

?  Refer class to PG10, Length and Timing of Child Interviews, and present key points not covered during class discussion. *(PG page inserted on the following page TG16)*

?  Using the chart on the handout, do you think that the interviewer in the video used an appropriate length of time for the interview with Julia?
Length and Timing of Child Interviews

Guidelines for Interview Length

<table>
<thead>
<tr>
<th>Age</th>
<th>Time allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>30 minutes maximum</td>
</tr>
<tr>
<td>Preschool</td>
<td>30-40 minutes (This gives about 10-15 minutes of focused information.)</td>
</tr>
<tr>
<td>Preschool</td>
<td>45-50 minutes</td>
</tr>
<tr>
<td>School-Age</td>
<td>50 minutes</td>
</tr>
<tr>
<td>Adolescent</td>
<td></td>
</tr>
</tbody>
</table>

Tips about Interview Timing

- Assess what you know first, and then decide what specific information you need to get from a child.
- Get as much background information as possible before the interview.
- Avoid keeping a child waiting for an interview.
- Keep the length of the interview appropriate for the child's age.
- Keep the interview as short as possible but complete. Be efficient with questioning.
- Interviews must not be rushed, and children must not feel pushed for information because of the interviewer's schedule.
- Avoid interviewing a young child:
  - at his or her regular nap time,
  - late in the afternoon,
  - after a distressing event such as a medical or dental appointment, or
  - just before or during mealtime.
Children’s Language Skills

- Refer class to PG11, Children’s Language Skills, and focus on how a child’s language skills impact the interview. *(PG page inserted on the following page TG18)*

- Similarities between a child’s and adult’s language does not mean that the child has mastered the concepts expressed in language:
  - Abstractions (truth or misunderstanding)
  - Relation of age, time, speed, size and duration
  - Family relationships expressed in kinship terms such as parents, aunts, grandfather

- Present these key points regarding language and abuse:
  - If a child displays a significantly advanced vocabulary only when discussing the abuse, this may be one indication that an adult has influenced a child to claim abuse.
  - More primitive language used only when talking about the abuse is consistent with the anxiety and regression that are frequently seen in genuinely traumatized children.
Children’s Language Skills

Age 3-4 (On Average)
- uses language of a grammatical complexity similar to an adult’s everyday language
- vocabulary can range from about 500 to 3,000 words
- can identify more than five parts of their own bodies

Age 5-6
- Basic language structures of most children are well established although not yet fully mature, and they can:
  - define some simple words
  - accurately name three or four colors
- With a vocabulary generally estimated at around 14,000 words, their language sounds (on the surface) like an adult’s.
- This misleading surface similarity of language does not mean, however, that these children have achieved mastery of their language.
- Late acquisitions include (but are not limited to) the ability to handle the syntactic elements listed below:
  - complex sentences containing relative (who, which, that) or adverbial (when, before, after, while) clauses
  - some critical verb structures like passives
  - complex negation
  - complex structural distinctions such as those between ask and tell, know and think, easy to and eager to (see/please/etc.) and some syntactic aspects of the verb promise

Language and Concept Understanding
- The apparent similarity between 5-6 year olds’ and adults’ language does not mean children this age have mastered all those concepts expressed in language, such as:
  - abstractions (e.g., truth or misunderstanding).
  - relation of age, time, speed, size and duration (How old is she? When did it happen? How fast was the car going? How big was the knife? How many times did it happen to you?)
- They do not fully understand the family relationships expressed by kinship terms such as parents, aunts, grandfather, etc.

Age 10-11
Most children have acquired the ability to use most of these relational words in an adult fashion.
How Young Children Think

Activity Goal: Learners will identify a child’s concept of numbers, time, assumption, perspective, causality, and misunderstanding and will interpret the implications to child welfare practice.

- Display PPT18, Young Children’s Thought Processes.

- A child’s concept of numbers, time, assumptions, perspective, causality/magical thinking, and misunderstandings develop gradually.

- Refer groups to PG12-14, How Young Children Think. (PG page inserted on the following page TG20-22)

- Assign the following topics to groups for presentation to the class:
  - Numbers and Time
  - Personal Descriptions
  - Assumptions and Perspective
  - Causality and Magical Thinking
  - Misunderstanding

- Tell groups to focus on the practice implications and add personal experiences if possible.

- Following each presentation, provide an example from your case experiences.
How Young Children Think

Numbers
Young children may not be able to count events. Even if a child can count from 1 to 10, he or she may be recalling numbers by rote without understanding number concepts.

Practice Implication
- Decide if the child understands number concepts:
  - Ask the child to choose four blocks from a pile or to hand you six pennies from a display of a dozen pennies.
  - Counting the number of times something happened is a more difficult task than counting blocks.
  - Children who can count objects may not be able to count events accurately.
  - Specific acts may be easier for the child to count.
    - For example, if you ask a little boy how often his mom left him alone, he may count only the times she was gone, and he wasn't watching his favorite cartoon show.

Time
Children do not learn to tell time until about the second grade. Clock time and calendar time are confusing for young children.

Practice Implication
- To establish a time, ask questions relating to familiar routines:
  - right before bedtime or after lunch
  - nighttime or daytime
- For clues to time frames, ask questions relating to people, places and events:
  - "Who was your teacher when this happened?"
  - "Where were you staying that day?"
  - "Was it hot outside or cold?"
Personal Descriptions
Asking preschoolers about a person's age and physical characteristics may elicit erroneous information.

- Young children cannot accurately respond to a question about a person's age, but may be able to respond to questions about life-stage.
- For example, when trying to establish the age of an offender, ask if the person is old enough to:
  - be a daddy,
  - drive a car,
  - be a grandmother, and so on.
- Children are often unable to give a description of an unfamiliar person's appearance because of their limited ability to attend to multiple details.
  - They may concentrate only on one striking characteristic (scary face, bushy eyebrows, mustache, and beard).

Practice Implication
- Ask many clarifying and probing questions when trying to establish personal descriptions.
- Check out previous answers with differently worded questions.

Assumptions
- Children assume that adults see things just as they do.
- They may even believe the adult is thinking the same thoughts about the event as they are or that adults are privy to knowledge only the child really knows.
- It seldom occurs to children that adults can misinterpret what they have said.

Practice Implication
- If you have misinterpreted what a child has said, he or she will not tell you that you have misunderstood and may not even realize the misinterpretation exists.
- Use focusing skills: clarify, summarize, paraphrase, reframe

Perspective
- Preschoolers have great difficulty viewing the world from another's point of view.

Practice Implication
- Do not ask children to speculate about people's intentions, thinking, feelings and perceptions.
Causality and Magical Thinking

- There is a brief developmental phase in which children think inanimate objects are endowed with animate attributes, such as thoughts, feelings, or willfulness:
  - A child may think when a paper is cut, the paper feels pain, or
  - A vacuum cleaner is purposefully trying to get them.
- Children may misunderstand causality:
  - A child may think the mom got upset because the child was a victim of sexual abuse and not realize that the mom is upset because of the abuser’s actions.
  - This, in part, explains why children feel blame for the abuse they have experienced.

Practice Implication

- Don’t mistake this kind of thinking for fantasies or lies.

Misunderstanding

- Children aren’t always aware of what they do not know.
- They may try to answer confusing questions, thinking that they do in fact understand them.
- They may respond to a small part of the question they did understand, ignoring other parts of the question that may be crucial to your getting complete information.

Practice Implication

- Anticipate the difficulties young children have in understanding some of the concepts or you might misinterpret their responses. Make sure that you clarify what the child thinks a concept means.
- It is a mistake to wait for a preschooler to tell you she/he doesn’t understand.
- It is helpful to explain to a child that answering “I don’t know” or “I don’t remember” is okay. You can test willingness to do this by asking a question you are sure the child cannot answer.
Questioning Children

? What must be considered when questioning children?
  • young children’s thought processes
  • child’s developmental level
  • if the child has been interviewed previously

? What characteristics must be considered when questioning school-age children?

? Should you use the same or different techniques for younger or adolescent children?
  • Refer to and review PG15-17, Questioning Children. (PG page inserted on the following page TG24-26)

Reflection ~ Interview with Julia

• Ask the class to reflect upon the child interview video with Julia and recall which positive techniques on PG15-17, were modeled by the interviewer.

Principles of Child Development

• Display PPT19, Principles of Child Development.

• Saywitz and Damon describe the 4 child development principles that give insight into a child’s perception of the world. Understanding these principles will enable you to:
  • be successful in eliciting accurate and complete information, and
  • place the least amount of stress on the children
  • Refer class to PG18, Principles of Child Development, and briefly summarize the 4 principles on the PPT. (PG page inserted on the following page TG27)
  • Present PG19, Developmental Considerations for Child Interviews as a resource. (PG page inserted on the following page TG28)
Questioning Children

When Questioning Children

- Discuss with the child how he or she may answer questions.
- Explain that some questions are hard to answer, even for adults. Say, "Sometimes we don't have an answer for a question. If I ask you a question and you don't know the answer you can say 'I don't know' or 'I don't remember'."
- When necessary, use multiple choice questions - offer more than two choices and ask the question again with the choices reordered.
- Use open-ended questions.
- Use ridiculous questions to help elicit a clarifying response.

Avoid

- leading questions
- tag questions
- multiple questions
- garbled questions
- "why" questions
- repeating the same question; rephrase the question
  - The child may assume their first answer was incorrect.
  - responding to every answer the child gives with another question

Children are literal and concrete.

- Be alert to the tendency of young children to be very literal and concrete in their language.
  - "Did you have your clothes on?" might elicit a "no" answer if the child had on pajamas or a swimsuit.
- Do not tell a child to answer a question with "yes" or "no."
  - Because of children's literal view of language, they can interpret that to mean they can't answer "I don't know," or "I don't remember."
- Take care when using "Wh" questions (what, where, who, why, how, when). These words can be confusing or indistinct to children whose cognitive response may not be appropriate to why, how and when until age 10.
- Consider the child's language development when asking these questions.
Words To Avoid

- Avoid legal jargon like, “We’ve ascertained that....” “What, if anything....” or “Did there come a time when....”
- Avoid using the words, story, make-believe, or pretend that suggest fictional accounts to children. Examples:
  - “Tell me your story in your own words.”
  - “Pretend you are back at Uncle Robert’s house.”
  - “Make believe that your daddy is here. What will he do?”
- Avoid words that mean one thing in a child’s world and another in an adult’s world, because they produce inaccurate information.
- Avoid overuse of phrases or remarks that suggest evaluation of the child’s responses. Examples:
  - “That’s good.”
  - ‘Good girl!’ or “Good boy’
  - “Great!”
  - “You’re answering all my questions so nicely.”
- These statements attach value to the child’s answers, not to his or her effort and can pressure the child. The child may give answers that please the interviewer instead of describing what actually happened.

Interviewing Techniques

- Praise for the child’s efforts with neutral language, not his or her responses.
  - “You’re really trying hard.”
  - “I know some of this is hard to talk about.”
  - “I see you’re really trying.”
- Tell the child when you are moving from one subject to another or from past to present.
  - This helps the child relate comments to an established context.
- Assure the child that what has happened is not his or her fault. (This is especially important if the child discloses sexual abuse.)
- Pretend you do not understand or know something to encourage a child to elaborate or clarify.
- Use feigned forgetfulness to invite a child to elaborate or clarify.
- Use deliberate misstatements to see if a child feels comfortable enough to correct your errors. “Now, you’re four years old, right?” or “Your last (or other) name is Jones, isn’t it?”
- Do not assume that the abused child has negative feelings about the abuser or that a sexually abused child has negative feelings about the abuse.
Interviewing Techniques

In general, communicate with children by

- Using empathy, reflective listening, and attending skills
- Break eye contact during difficult points in the interview (look at your hands or elsewhere) to relieve pressure or a child's feelings of being scrutinized.
- Using encouraging responses, such as, "Oh, really!" or "I see."
- Using names rather than pronouns
- Asking the child to demonstrate understanding rather than asking, "Do you understand?"
- Choosing easy words over hard ones
- Using show me or tell me rather than describe or identify
- Using short sentences
- Asking short questions

When closing the interview...

- Ask the child if he or she has questions to ask you.
- Ask what the child wants, hopes, or fears will happen next.
- Praise the child's efforts, not specific content information.
Principles of Child Development

**Principle 1: As children grow, they construct their own rules for how the world operates.**
- Sometimes the rules children construct do not match an adults' understanding of a situation, but their misunderstandings are corrected over time as the ideas are tested and receive feedback.
- Children reason idiosyncratically and create their own explanations for their experiences.
- Do not assume that children understand an experience, a question, or even a word in the same way an adult would. Do not assume that children of the same age understand something in the same way.
- Adults may misunderstand children's answers; they forget that in many ways, they speak a different language than children.
- An interviewer who misunderstands a child might inadvertently stop an investigation prematurely, leaving a child with a burdensome secret or exposed to further abuse.
- Or the interviewer might proceed with faulty assumptions that cause unnecessary pain to innocent people.

**Principle 2: Children develop in phases.**
- You must know what skills an average child in a particular age range should have.
- It is your responsibility to gear the interview to the child's developmental level.

**Principle 3: Because children vary greatly in the rate at which they develop certain skills, each child should be assessed individually.**
- Some children are advanced for their age, while others are delayed.
- Advancement can be the result of exposure and practice of related skills.

**Principle 4: Different domains develop separately and at different rates; maturity in one may precede another.**
- These domains include speech and language, visual perception, motor coordination, emotional maturity, cognitive reasoning, and social skills.
- A child may be very advanced in one area (e.g., very verbal and articulate), but delayed in another (e.g., awkward and clumsy).
- One cannot generalize about a child's developmental level.
- There is no such thing as being exactly 5 years old in all domains of development at the same time.
Developmental Considerations for Child Interviews

Birth to 14 Months
Can be affectionate with caregivers but may be shy around new acquaintances; very limited verbal skills; mobile and exploratory, touching objects is very important; memory not well developed.

14-24 Months
Loves to practice new skills, like scribbling, climbing or block-stacking; may show testing and "no" responses; self-absorbed; thinking ability is improving but can still understand more than can speak; memory improving; relates to images, experiments with cause and effect.

2-3 Years
Muscle control allows manipulation of objects like puzzles, blocks, and toys; able to converse and loves to talk to self and others; a beginning interest in peers; can think before acting; enjoys creative activities (e.g., art).

3-4 Years
Boundless energy and much improved muscle control; knows name, sex, age, and sees self as part of family unit; likes to be "big" and achieve new skills; asks "why" questions; able to reason things out; fantasy life is strong, loves to imitate and role play; understands some number concepts and can make comparisons; limited ability to draw.

4-6 Years
Able to share and take turns; dexterity allows the use of scissors, pencil, and supplies; likes to climb, skip and jump; protects self and stands up for rights; identifies with parents and likes to imitate them; likes to show adults what he/she can do; forms images of self based on the views of others; dramatic play is closer to reality and attends to details; expresses ideas; speaks clearly; able to draw representative pictures; knows and can name family and friends.

6-12 Years
Interest in achieving in sports; unique individual; can be alternately self-assured or childish and silly; school success influences self-confidence; plays most exclusively with same sex; peer group identity very important - may have value conflicts with parents; strong sense of fair play; uses language creatively; asks fact-oriented questions; likes to make up stories, plays, puppet shows; can deal with abstract ideas.

12-18 Years (Adolescence)
Experiences growth and hormonal changes; anxiety over maturation; increased sexual drives and difficulty expressing anger; struggles for independence; developing personal code of morality; ability to reason, hypothesize and test conclusions; capable of introspection; interested in vocational options and earning money.

Source: “Interviewing the Child with Minimal Trauma,” Child Abuse and Neglect Intervention Training, FDLE, 1986
Developmental Characteristics

? What are some basic differences between a young school age child like Julia and an adolescent?

- Cognitive development
- Social/emotional development

Groups will complete an activity to decide how they would have engaged Julia had she been an adolescent.

- Refer class to PG20, Characteristics of School-Aged Children (age 6-12) and PG22-23, Adolescent Characteristics. (PG page inserted on the following page TG30-32)
- Use the key points on the handouts as well as the key points below to compare and contrast the 2 age groups - focus on cognitive and social/emotional development.

School Age Children

- Refer to PG20, Characteristics of School-Aged Children (age 6-12).
- School-aged children emerging from early childhood begin to realize:
  - who they are and what they like
  - what they can do well
- They like to engage in worthwhile, productive activities: cooking, building, crafts, art.
- Success is important to them, and school becomes the center of their lives.
- School-age children still need a lot of care.
- They want their caregivers to listen to them.
- They enjoy talking about their concerns and ideas.
- Their cognitive abilities develop markedly from early childhood.
- They are developing a better understanding of rules and can be very cooperative in developing them.
Characteristics of School-Age Children (Ages 6 – 12)

Physical
- become noticeably more agile in both their large-muscle and small-muscle movements, and
- enjoy trying out many different activities
- want to engage in interesting, worthwhile activities in which they feel they have accomplished or produced something

Cognitive
- are better able than preschoolers to focus attention and integrate increasing amounts of information
- are more aware of the differences between what they remember, do not remember, do know and do not know
- show marked advances in their cognitive abilities
- have extensive vocabularies, but abstractions may still be problematic
- are able to recognize more ways in which the concepts of father, mother, stepmother, cousin, grandparents, and remarriage can be connected
- are beginning to use more sophisticated strategies for recalling information and experiences
- may assume adults know the answers to the questions they ask, since this is the model they become accustomed to in school (Teachers ask questions to which they know the answers)

Social/Emotional
- choose same-sex friends almost exclusively
- have a strong sense of fair play
- like to make up stories, plays, puppet shows
Interviewing Adolescents

What must be considered when interviewing adolescents?

- adolescent characteristics
- the pressure adolescents face growing up combined with the adolescent who is in a dysfunctional family

- Refer to PG21, Interviewing Adolescents. *(PG page inserted on the following page TG32)*
  - As with other age groups, you can reduce an adolescent’s anxiety by beginning an interview with neutral or positive topics and working into the real issues.

- Refer to PG22-23, Adolescent Characteristics. *(PG page inserted on the following page TG33-34)*

Engaging Julia as an Adolescent

- Direct groups to confer and prepare to explain how they would change their engagement/rapport building with Julia if she were an adolescent, i.e.
  - Building rapport
  - Assessing language and cognitive level
  - Conducting a credibility assessment: truth vs. lie
  - Establishing ground rules for answering questions
  - Solicit ideas from groups during a class discussion.

Family-Centered Practice

How does a family-centered practice approach apply to child interviews?

- Core functions for family-centered practice apply to both parents and to children.
Interviewing Adolescents

Engage in a Relationship
- Use simple, informal language when conversing with teens.
- Use humor.
- Be shock-proof.
- Avoid labeling behavior.
- Avoid giving advice.

Model the Change Process that will be Used
- Negotiate within limits to give a sense of power and control.
- Clarify which limits are non-negotiable.
- Model limit-setting.
- Contract for goals, tasks, payoffs and consequences.

Initiate Ego-Building and Develop Complementary Relationships
- Refuse to impose personal beliefs or give ultimatums.
- Carefully use praise and compliments.
- Decide together on alternative meeting places.
- Convey hope, energy, and enthusiasm.

Use Writing Activities for Adolescents and Older Children
- Ask adolescents keep a journal or diary and bring it to interview sessions.
- Ask adolescents to write you notes or letters about things they are concerned about and need to discuss.

Use Sentence Completion to Encourage Verbalization

<table>
<thead>
<tr>
<th>What I really want most is...</th>
<th>My brother...</th>
<th>If I could I would...</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I like most about my life is...</td>
<td>When I'm sad...</td>
<td>My sister...</td>
</tr>
<tr>
<td>What I hate most about my life is...</td>
<td>When I'm angry...</td>
<td>I like...</td>
</tr>
<tr>
<td>When I'm afraid...</td>
<td>My mom...</td>
<td>One day...</td>
</tr>
<tr>
<td>My friends...</td>
<td>My dad...</td>
<td>I hope...</td>
</tr>
<tr>
<td>I worry about...</td>
<td>My greatest fear is...</td>
<td>What bothers me most is...</td>
</tr>
<tr>
<td>I'm best at...</td>
<td>My future...</td>
<td>I would like to change...</td>
</tr>
</tbody>
</table>

Role-Play

Use role-playing to help adolescents work through difficult upcoming interactions such as court appearances, reunification with a caregiver or confronting a caregiver about an issue. Any scene can be played out several times, each with a different outcome.
Adolescent Characteristics

Physical
- are concerned with how to manage sexual drives that have been newly stimulated by the arrival of puberty
- may experience identity problems resulting from feeling overwhelmed by body changes and a flood of alternatives from the environment

Cognitive
- are able to grasp concepts and employ cognitive strategies that eluded them during childhood
- can now manipulate abstractions, apply generalizations, and comprehend relationships
- are increasingly more adult-like intellectually
- are able to hypothesize and solve abstract problems
- are intellectually curious and display a wide range of exploratory interests, skills, and abilities
- are likely to frequently set goals they cannot reach
- are likely to over-generalize when making judgments based on available information

Social/Emotional
- are less concerned with their parents' social and moral values than with their peers' values and the images furnished by mass-media (films, television, videotapes, and magazines become increasingly important models for social behavior)
- need to feel a sense of belonging in their families even though they are less concerned with parental social and moral values
- typically over-identify with peers, cliques, and crowds
- grow tired of hearing adults lecture them
- need privacy and time alone
- have a "know-it-all" attitude and resent helpful advice although their information about health and well-being topics is often incomplete, full of distortions, and untruths
- experience rapid mood changes
- take personal grooming very seriously
- can be emotionally cruel to each other
- are highly present-oriented
- have a strong need for independence
- can have a selfish, "hands-off-my-property" attitude
- have an outward, sincere expression of concern for people who are less fortunate
• have a better understanding of the roles that parents and children must play in order to build a wholesome family relationship
• have a better understanding of the value of money and its relationship to other material possessions
• fear that the world will be one big garbage heap by the time they are as old as their parents
• fear the escalating violence in society
• have a low tolerance for hypocrisy or double standards
• respect honesty and straightforward communication
• do not respond to a condescending attitude and want to be treated like equals
• have behavior that fluctuates from being adult to childlike
• Their regression is an effort to retain some of the positive, secure feelings of childhood.
• respond to a relaxed, friendly approach and do not respect adults who use teen language
Demonstration: Child Interview

Materials
- TG1 Interview Scenarios (PI) Child Interview Scenario
- TG9-10 Interview Scenarios Shondra Scenario; Shondra and Uncle Ray Role Cards

Use any of the scenarios contained on TG2-7 to demonstrate a child interview. If possible, demonstrate with another trainer rather than a learner. If another trainer is not available, the learner should play the role of the child and you should interview the child to provide an example for learners.

- Process the interview by using PG1, Stages of the Child Interview, PG5, Building Rapport, PG6-9, Interviewing Children, and PG24, Child Interview Checklist.

Interviewing Children

You may use any of the following 3 activities for class practice. Direct class to use the following resources: PG1, Stages of the Child Interview, PG5, Building Rapport, PG6-9, Interviewing Children, and PG24, Child Interview Checklist.

Interview Checklist. (PG page inserted on the following page TG41)

- PG25, Activity Guide (directions below) (PG page inserted on the following page TG42)
  - OR
- Role Cards at the end of the Trainer Guide
  - OR
- An Interview with either Carley or Christian Smith (PIs: initial interview to investigate the maltreatment; CMs: initial contact interview to gather assessment information)

Activity Guide Directions

- Refer to PG78, Interviewing Children and review the directions and resources.
- Assign 2-3 topics to each scenario to focus the groups on interview questions or allow groups to select the topics on the activity guide.
- Remind interviewees to respond re: child’s age and developmental level.
- Remind the interviewer to:
  - engage the child and build rapport; PG5, Building Rapport
  - consider age appropriate language, cognitive expectations re: numbers, time, perspective, etc. and to ask appropriate questions to gather information
- Ask questions to gather information re: topics on PG6-9, Interviewing
Allow time for all learners to practice a short interview to demonstrate the stages: engagement, interview, closing. 

Select volunteers to demonstrate their interview.
## Interviewing Children: Possible Maltreatment

<table>
<thead>
<tr>
<th>Care</th>
<th>Environment</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who takes care of you?</td>
<td>Tell me what your house is like.</td>
<td>Tell me about ____.</td>
</tr>
<tr>
<td>How do they do it?</td>
<td>Do you like it there?</td>
<td>What is ____ like?</td>
</tr>
<tr>
<td>Are there things you like about how they do this?</td>
<td>Is it cleaner, not as clean, or the same as your foster home?</td>
<td>Are there things you and ____ do together?</td>
</tr>
<tr>
<td>Are there any things you don't like?</td>
<td>____?</td>
<td>Do you do things alone with ____?</td>
</tr>
<tr>
<td>When ____ isn't there, who takes care of you?</td>
<td>Where do you sleep?</td>
<td>____?</td>
</tr>
<tr>
<td>Who takes care of you when you're sick?</td>
<td>Do you have a bed?</td>
<td>What do you like about ____?</td>
</tr>
<tr>
<td>Are there times when you take care of yourself?</td>
<td>Where do others sleep?</td>
<td>What don't you like about ____?</td>
</tr>
<tr>
<td>Is there someone you can call?</td>
<td>Where do the animals go to the bathroom?</td>
<td>____?</td>
</tr>
<tr>
<td>How long are you alone?</td>
<td>Who does the laundry?</td>
<td>Are there any things that does to you that you don't like?</td>
</tr>
<tr>
<td>Are there any younger kids you look out for?</td>
<td>Who cleans?</td>
<td>____?</td>
</tr>
<tr>
<td>Who helps you get dressed?</td>
<td>____?</td>
<td>Are there any things ____ does to your body that you don't like?</td>
</tr>
<tr>
<td>Who sees that you get to school?</td>
<td>____?</td>
<td>____?</td>
</tr>
<tr>
<td>Who puts you to bed?</td>
<td>____?</td>
<td>To what part?</td>
</tr>
<tr>
<td>What time? Is it dark?</td>
<td>____?</td>
<td>____?</td>
</tr>
<tr>
<td>What do you do before bed?</td>
<td>____?</td>
<td>Does ____ ever hurt you in any way?</td>
</tr>
<tr>
<td>Who cooks? What meals do you eat?</td>
<td>____?</td>
<td>____?</td>
</tr>
<tr>
<td>Are there any times when there is no food?</td>
<td>____?</td>
<td>How?</td>
</tr>
<tr>
<td>What do you do then?</td>
<td>____?</td>
<td></td>
</tr>
<tr>
<td>Discipline</td>
<td>Emotional Maltreatment</td>
<td>Context Questions</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| • What happens when you (or your brother or sister) misbehave? | • Does anyone ever praise you?  
  • Who?  
  • What for?  
  • How often?  
  • Do you think you are treated the same as other kids in the family or different? Worse or better?  
  • How are you treated?  
  • When you have problems, who can you talk to?  
  • When you are really upset, what do your parents do?  
  • Does anyone ever yell at you or call you names?  
  • Can you tell me about that?  
  • Are there ever times when grown-ups tell you to break the law?  
  • Can you tell me about that? | • Most relevant to sexual abuse, but may be relevant to other kinds of trauma:  
  • Do you remember the last time this happened?  
  • Can you tell me everything you remember about the last time?  
  • Do you know how old you were when it started?  
  • Can you tell me everything you remember about the first time?  
  • Did it happen 1 time, 2 times, lots of times?  
  • Where did it happen?  
  • Where was your mom when it happened?  
  • Where were the other kids?  
  • Did it happen in the day or night or both?  
  • Was it on a day you go to school or not?  
  • Do you remember what time of year it was?  
  • Do you remember what you were wearing?  
  • Did you say anything about telling or not telling?  
    • Did you tell? What did you tell?  
    • What did they do when you told? |
| • Are there any other ways they treat you when you misbehave? | | |
| • What ways do they punish at your house? | | |
| • About how many times a week do you get ___?  
  (Use child’s words for type of punishment, i.e. spanked, hit, etc.) | | |
| • What for?  
  • Does it ever leave a mark?  
  • What does the mark look like?  
  • Usually, how long does it take for it to go away? | | |
| • Do your parents ever disagree about how you get punished? | | |
| • Did you ever have to go to the doctor because of a punishment? | | |
### Interviewing Children: Endangering Behaviors

<table>
<thead>
<tr>
<th>Family Violence</th>
<th>Substance Abuse (alcohol)</th>
<th>Substance Abuse (drugs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Do your mom and dad have disagreements?</em></td>
<td><em>Does anyone in your house ever drink alcohol?</em></td>
<td><em>Are there any drugs at your house?</em></td>
</tr>
<tr>
<td><em>What do your mom &amp; dad do when they have disagreements?</em></td>
<td><em>Does anyone in your house ever drink beer?</em></td>
<td><em>Do you know which ones?</em></td>
</tr>
<tr>
<td><em>Do they ever have fights?</em></td>
<td><em>Does anyone in your house ever drink whiskey?</em></td>
<td><em>Who uses them?</em></td>
</tr>
<tr>
<td><em>What do they fight about?</em></td>
<td><em>How many times a week does ___ drink?</em></td>
<td><em>What happens when ___ uses them?</em></td>
</tr>
<tr>
<td><em>How do they fight?</em></td>
<td><em>Does this happen a lot or every once in a while?</em></td>
<td><em>Do you know how ___ gets them?</em></td>
</tr>
<tr>
<td><em>Do they yell, or do they ever hit?</em></td>
<td><em>How does ___ act when he/she drinks?</em></td>
<td><em>Where does the money come from to buy them?</em></td>
</tr>
<tr>
<td><em>What do you do if or when your dad pushes, shoves, or hits your mom?</em></td>
<td><em>Does ___ ever fall down?</em></td>
<td><em>Did ___ ever get sick from drugs?</em></td>
</tr>
<tr>
<td><em>Do you stay or leave?</em></td>
<td><em>Can ___ take care of you when drinking?</em></td>
<td><em>Then what happened?</em></td>
</tr>
<tr>
<td><em>Does anyone ever get hurt?</em></td>
<td><em>Does he/she ever fall asleep?</em></td>
<td><em>Did ___ ever have to go to the hospital?</em></td>
</tr>
<tr>
<td><em>Can you describe any fights between your parents that you saw or heard?</em></td>
<td><em>Does ___ ever go to a bar?</em></td>
<td><em>Do you know how bad ___ started using drugs?</em></td>
</tr>
<tr>
<td><em>What happened?</em></td>
<td><em>How often?</em></td>
<td><em>Do you know how many times a day/week ___ has to have the drug?</em></td>
</tr>
<tr>
<td><em>What did you feel/think afterward?</em></td>
<td><em>Does ___ ever hurt anyone when drinking?</em></td>
<td></td>
</tr>
<tr>
<td><em>What did you do?</em></td>
<td><em>Does ___ ever drive a car when drinking?</em></td>
<td></td>
</tr>
<tr>
<td><em>Does this happen a lot or has it happened just a few times?</em></td>
<td><em>Did ___ ever have an accident?</em></td>
<td></td>
</tr>
<tr>
<td><em>Does anyone ever have to go to the hospital?</em></td>
<td><em>Did ___ ever have to go to the hospital/counselor for drinking?</em></td>
<td></td>
</tr>
<tr>
<td><em>Do any kids ever get hurt when they are fighting?</em></td>
<td><em>Who?</em></td>
<td></td>
</tr>
<tr>
<td><em>Does anyone in your family have a gun or knife?</em></td>
<td><em>What can you tell me about the (gun or knife)?</em></td>
<td></td>
</tr>
<tr>
<td><em>Who?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>What can you tell me about the (gun or knife)?</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Interviewing Children: Endangering Behaviors

<table>
<thead>
<tr>
<th>Criminal Activity</th>
<th>Prostitution</th>
<th>Mental Illness</th>
</tr>
</thead>
</table>
| • Does ___ ever get in trouble with the police?  
  • What for?  
  • Did the police ever come to your house?  
  • What for?  
  • Did ___ ever get arrested?  
  • Did ___ ever have to go to jail?  
  • Did ___ ever have to go to court?  
  • Did anyone in your house ever steal anything?  
  • What?  
  • What happened next?  
  • Does ___ ever get in fights?  
  • When?  
  • Where?  
  • Who with? | • Does your mom have lots of boyfriends?  
  • Do you know those men who come to your house?  
  • How do those men treat your mom?  
  • What do you do when they are there?  
  • Does ___ ever give your mom money?  
  • What does your mom do when she goes out?  
  • Does anyone ever baby-sit for you when she’s out? | • How does ___ act when you are around?  
  • What does ___ do?  
  • Can he/she take care of you when acting ___? (Use child’s words.)  
  • What do you do when ___ is like that?  
  • Did ___ ever have to go to the hospital for that?  
  • Does ___ ever take medicine?  
  • Does ___ ever NOT take the medicine?  
  • What happens then? |
Child Interview Checklist

Directions
- Check the boxes if the interviewer has demonstrated the skill.

Skills

Language Skills
- Uses vocabulary appropriate to child’s age/developmental level
- Avoids professional jargon
- Uses simple sentences
- Minimizes abstractions

Developmental Considerations
- Asks questions appropriate for child’s developmental level
- Demonstrates appropriate cognitive expectations
- Understands child’s concept of relationships
- Has appropriate expectations of numbers, time, and perspective

Questioning Skills
- Avoids “why” questions
- Uses open-ended questions
- Avoids leading questions
- Uses simple questions
- Allows child to ask questions
- Avoids over-use of evaluative responses (“That’s good.”)

General Skills and Behaviors
- Demonstrates empathy, respect, and genuineness
- Uses listening and attending skills
- Uses appropriate eye contact and body positioning
- Handles challenging behaviors
Interviewing Children

- Select one of the following scenarios (A - F) most applicable to your work:
  A. 12-year-old child must be removed immediately due to physical abuse (#s 1-7; 8-11; 13)
  B. 3 and 6-year old children, left alone for 2 hours while mom shops with a friend (#s 1-7; 8-10)
  C. 9-year-old who is being aggressive and destructive at foster home (#s 1-7; 10, 11, 13, 14)
  D. 5-year-old child in foster care for 11 months-moving to an adoptive home (#s 1-7; 10; 12-14)
  E. 10-year-old child in foster care - CM visits to monitor child’s safety (#s 1-7; 14)
  F. 18-year-old female in foster care for 3 years wants to move into Subsidized Independent Living (#s 1-7; 15)

- Select 2 or 3 of the topics listed by the scenario to focus your sample interview questions.
- Ensure your questions are appropriate for the child’s age/developmental level.
- As a group, prepare for the interview and discuss how you will engage the child.
- Divide into pairs; each should practice interviewing the child.
- Provide feedback to each other as to strengths and areas of difficulty using PG1, Stages of the Child Interview, PG5, Building Rapport, PG6-9, Interviewing Children; and PG24, Child Interview Checklist.
- Select 2 persons from your group to demonstrate your interview to the class.

Topics
The #s listed with scenarios are applicable topics. Note that topics 1-7 apply to all scenarios.

1. Child’s current condition
2. Unusual or inappropriate behaviors or feelings
3. Others who reside in the home
4. Child’s relationship with and feelings toward siblings and parents
5. Child’s perception of the relationship among others in the household
6. Child’s relationship with peers, extended family, and other significant persons
7. Child’s daily routine
8. Events related to the alleged maltreatment: details about when and where the incident occurred and who was present; answer to who, what, when, where questions
9. The type, severity, and frequency of the alleged maltreatment
10. Effects of the alleged maltreatment (e.g., extreme withdrawal, fear of parents)
11. Child’s perception of how family problems are addressed
12. Child’s concerns and happy expectations about prospective adoptive parents
13. Child’s understanding of the reasons for removal (child or parent removal)
14. Child’s relationship with and feelings toward foster parents and other children in the foster home
15. Child’s concerns and expectations about independent living
Child Interviews Using Role Cards

Materials

♦ TG PI/Observer Role Cards and Child Role Cards:
  (Jennifer, Bobby, Darryl)

♦ TG CM/Observer Role Cards and Child Role Cards:
  (Jeremy, Destiny, David)

Role Card Directions

• Prepare the role cards for both program areas to include: the child, the
  PI/CM, and the Observer (The observer uses the same card as the PI or
  CM.)

• Using a different child for each, give each of the 3 group members: a child
  role card, a PI or CM Role Card, and an Observer Role Card. Examples for
  the 3 participants in a PI group include:

  • Jennifer Role Card  Bobby PI Role Card  Darryl Observer Role
    Card
  • Bobby Role Card  Darryl PI Role Card  Jennifer Observer Role
    Card
  • Darryl Role Card  Jennifer PI Role Card  Bobby Observer Role
    Card

• Allow each of the 3 members of the group to practice as the interviewer and
  also play the role of the child and the observer to allow the other members
  to practice their child interview.

• Observers should provide feedback and may also coach the interviewer if
  needed.

Videotape Participant Interview Practice (Optional)

If you have the equipment, learners will learn a great deal by viewing a
videotape of themselves as the interviewer. Videotaping allows learners
to critique not only their interview skills and techniques, but also their
verbal and non-verbal behavior/body language and voice tone, pitch, etc.
Here are some suggestions:

• You may use PI/CM Role Cards.
  OR

• Allow the class to video their child interview after completing the child
  interview practice activity. This will allow each learner to incorporate the
  observer feedback into their video.
  OR

• Allow learners to select one of the interviews they practiced in Module 2.
  • View and discuss 1 or 2 of the video interviews as a class.
  • Save good video examples for viewing/discussing in other classes.
Review ~ Module 2: Child Interviews

- Display PPT20, Module 3 Objectives, and conduct a review using the questions below.

Module 3: Child Interviews
- Compare & contrast child & adult interviews.
- Explain how to engage & interview the child.
- Describe developmental considerations for child interviews.
- Identify considerations for child interviews in child sexual abuse cases.

Review Questions

- What are the most significant differences between adult and child interviews? (PG5)
- Explain important considerations when engaging a child. (PG2-4)
- Describe how you would close an interview with a child. (PG17)
- What must you do if a child discloses sexual abuse?
- Describe how to address the following to promote positive interview outcomes:
  - Length and timing of the child interview (PG10)
  - Child’s language skills (PG11)
  - Child’s understanding of time and numbers (PG12)
  - Child’s age and developmental level (PG19)
  - Child’s perspective/understanding re: causality (PG13-14)
- When questioning children, (PG15-17)
- What questions must you avoid?
- What words must you avoid?
- What are the most effective questioning techniques?
Module 3: Applying the Florida Safety Decision Making Methodology to the Interview Process

- PG1-4 The Foundation of Safety Assessment
- PG5-20 Information Collection Protocol: Commencement
- PG21-22 Case Study
- PG23-24 Field Observation Instrument
- PG25-30 Family Functioning Assessment (FFA) - Form
- PG31-43 Dutton McAdams FFA
- PG44-56 FFA Impending Danger - Sara Smith
- PG57-64 FFA Impending Danger Shanteria Doe
- PPT21 Module 3 Objectives
- PPT22 Topics
- PPT23 Knowing the Family: Review of 6 domains
- PPT24 Family Functioning Information Standards
- PPT25 Information Collection Protocol
- PPT26 Information Collections as a Competency
- PPT27 Worker Competency / Video Demonstration
- PPT29 Essential Skills Group Exercise
- PPT30 Engaging Families
- PPT31 Sufficiency of Information Collection
- PPT32 Determining Sufficiency
- PPT33 Conclusion Module 3

- Display PPT 21, Module 3 Objectives and PPT 22 Topics

- Review the Objectives and topics that will be covered in this portion of Interviewing.
- Advise participants that we will be discovering more about how to implement FSDMM into the interviewing process.

- Topics
  - Information Collection: Six Domains
  - Characteristics and Common Errors Influencing Information Collection and Decision Making
  - Family Functioning Assessment Information Standard
  - Family Functioning Assessment Documentation
In this section we are primarily concerned with making sure participants are able to:

- Identify and apply the 6 fundamental assessment areas in the Family Functioning Assessment;
- Define and apply what represents sufficient information associated with 6 areas of study in the Family Functioning Assessment; and
- Justify judgments regarding the sufficiency of Family Functioning Assessment information.

The Family Functioning Assessment information standard provides the basis and guidance for key decision-making. It is the information that must be gathered and known about families to make FFA decisions.

Display PPT 23 Know the Family /Six Domains

- This slide represents the six domains of information collection.
- This is a visual representation of the domains for participants.

It is crucial to emphasize that sufficient information collection is the most essential ingredient for effective decision-making.

Emphasize that the ability to make effective decisions is directly dependent on the extent of information that is available for workers to analyze and determine its significance.

Nationally, sufficient information collection among hotline assessment, CPI assessments, and case management assessment is lacking in scope and detail and consequently good decision-making processes suffer.

Lack of sufficient information collection contributes to rework, repeat investigations, poor resource management, lack of respect for the family to
truly ‘help’ them achieve accountability and sustainability, etc.

- Often information collection for determining whether a child is unsafe in child protective investigations tends to be isolated to content related to incidences of maltreatment (did something happen?, was it abuse/neglect by a caregiver responsible? who did it, when did they do it?)

- Typically there is far less attention given to the day-to-day functioning of children and caregivers in a family, the ‘why’ of maltreatment, the underlying conditions contributing to maltreatment without which, true and sustainable change is not possible.

- The current approach results in a very narrow or limited understanding of the family because it is limited to the incident of maltreatment.

- ♦ The Family Functioning Assessment is a family system assessment.

- ♦ In the Family Functioning Assessment moves beyond the maltreatment that is symptomatic of broader family problems and issues that may often be insidious and but not readily apparent.

- ♦ The completion of the FFA requires workers to obtain sufficient information about child functioning, adult functioning and caregiver performance in order to be able to understand what is occurring in the family day in and day out and to effectively assess child safety.

- ♦ Information gathered in each domain are first gathered and critically analyzed by the hotline counselor then the investigator.

- ♦ At the conclusion of the assessment if it is determined that the child is unsafe and requires ongoing case management protective interventions, the case manager will continue to build on the information domains as part of the FFA. As more information is compiled, the FFA further defines the parent’s and child’s current status, the parent’s protective capacities or diminished capacities which ultimately form the basis for the case plan. Parent progress will be evaluated after a case plan is in place.

- ♦ Case plans are behaviorally based outcomes specific to enhancing diminished caregiver protective capacities that pose as danger threats.

- ♦ Information collection that concentrates primarily on the extent of
maltreatment and/or surrounding circumstances is in no way sufficient enough to judge whether a child is unsafe and whether a family is in need of ongoing case management involvement through protective supervision or community-based supports.

Display PPT 24 Family Functioning Information Standards

The purpose of the slide is to reinforce the importance of information collection that is focused on the “right” information.

♦ “The six domains” is the information standard that what be used to inform Family Functioning Assessment decision making and compel ongoing protective services or out of home /foster care service intervention.

♦ The FFA information standard (six questions) outline what must be known about children and caregivers by the completion of the assessment as a requirement for effective decision making.

♦ The assessment process, interview protocol, interviewing/interpersonal techniques are all geared toward meeting the FFA Information standard and eliciting sufficient information related to the six assessment questions as well as engaging the family.

♦ Direct participants to PG 1-4 The Foundation of Safety Assessment: Information Collection (TG7-10)

1. Review PG 1-4 with participants guiding them through each assessment area.
   
   ? Are participants clear about the kind of content that relates to each assessment question?

2. These six domains (questions) frame information collection for the participants.
- These are not questions that you ask a client directly.
- These are questions that are intended to prompt workers to seek information about what they must know about families assigned for an investigation and FFA. These questions serve to guide and structure the investigation and FFA interview process and information collection.
- The assessment questions about functioning are neutral, meaning that they should focus information collection on understanding both positive and negative conditions.

3. Can participants identify how or why specific content within the categories is important, how it might relate to decisions they must make, and, in particular, the decision of whether a child is safe or unsafe?
   - How does understanding child functioning inform the safety assessment?
   - How does understanding adult functioning and parenting practice inform the safety assessment?

4. The six questions are directly associated with specific impending danger threats. Understanding child functioning is necessary for judging vulnerability. Parenting and adult functioning reveal both what is working for families and caregivers and what is threatening and compromising caregiver behavior.

5. Where do these information standards come from? What confidence can a person have that this is the right information to collect?
   - The six questions is the result of a process of research, evaluation and extensive field experience that began in 1985. Twenty states, at one time or another, implemented this information standard or an earlier version.
   - Construct validity research resulted in the identification of these questions as statistically associated with the determination about who needs protective interventions. Specifically, that ongoing case management is needed.
MALTREATMENT

This question is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The answer to this question also results in a finding/identification of maltreatment (as in an allegation or substantiation of the alleged maltreatment). This question is typically the focus of most hotline reports and investigations. So, it is very important. However relying only on information from this question is inadequate for assessing safety.

Information that answers this question includes:

- Type of maltreatment;
- Severity of maltreatment;
- Description of specific events;
- Description of emotional and physical symptoms;
- Identification of the child and maltreating caregiver;
- Condition of the child.

NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in themselves and qualify how serious the maltreatment is.

Information that answers this question includes:

- The duration of the maltreatment;
- History of maltreatment;
- Patterns of functioning leading to or explaining the maltreatment;
- Parent/legal guardian or caregiver intent concerning the maltreatment;
- Parent/legal guardian or caregiver explanation for the maltreatment and family conditions;
- Unique aspects of the maltreatment, such as whether weapons were involved;
- Caregiver acknowledgement and attitude about the maltreatment and;
- Other problems occurring in association with the maltreatment.
**CHILD FUNCTIONING**

This question is concerned with the child’s general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day, rather than focusing on a point in time (i.e., CPI contact, time of maltreatment event). A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the “normalcy” standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child’s age. Among the areas you will consider in information collecting and “assessing” are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

Information that answers this question includes:

- General mood and temperament;
- Intellectual functioning;
- Communication and social skills;
- Expressions of emotions/feelings;
- Behavior;
- Peer relations;
- School performance;
- Independence;
- Motor skills;
- Physical and mental health;
- Functioning within cultural norms.

**ADULT FUNCTIONING**

This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This question is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The question here focuses on adult functioning separate of parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history, substance use/abuse history, previous relationships, and violence in relationships.
Information that answers this question includes:

- Communication and social skills;
- Coping and stress management;
- Self-control;
- Problem solving;
- Judgment and decision making;
- Independence;
- Home and financial management;
- Employment;
- Citizenship and community involvement;
- Rationality;
- Self-care and self-preservation;
- Substance use;
- Mental health;
- Family and/or domestic violence;
- Physical health and capacity; and
- Functioning within cultural norms.

GENERAL PARENTING
This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction in more substantive ways. When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

Information that answers this question includes:

- Reasons for being a caregiver;
- Satisfaction in being a caregiver;
- Parent/legal guardian or caregiver knowledge and skill in parenting and child development;
- Parent/legal guardian or caregiver expectations and empathy for a child;
- Decision making in parenting practices;
- Parenting style;
- History of parenting behavior;
• Cultural practices; and
• Protectiveness.

**DISCIPLINE OR BEHAVIOR MANAGEMENT**

Discipline is considered in a broader context than socialization; teaching and guiding the child. Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

Information that answers this question includes;

• Disciplinary methods;
• Perception of effectiveness of utilized approaches;
• Concepts and purpose of discipline;
• Context in which discipline occurs; and
• Cultural practices.
Display PPT 25 Reading

Remind participants that we reviewed the information collection protocol in Present Danger Assessment, with a focus on pre-commencement and assessing present danger.

Here we complete or review of the information collection protocol with the application to information collection with families.

Have participants read through the protocol on PG5-20.(TG12-27)

Provide direction and guidance as to the reading and their analysis of the material.

Inform participants that following the reading we will be discussing areas that they identify as useful in information collection and their thoughts on how the information collection protocol will be applied.

Allow participants 30 minutes to read the protocol.

Following the reading explore the participant perceptions and observations.

There are themes that may arise from the groups as well as some teaching points that can be inserted as the debrief proceeds:

Purpose and Benefits-

- Provides a systematic protocol that is applied consistently for all of the families that come in contact with the agency.
- Establishes a process oriented information collection that builds and evolves as the interviews proceed. By the time the maltreating parent is interviewed, a well-established understanding of the family has been gained.
o The involvement of all of family/household members creates a much broader understanding of family conditions as opposed to the maltreating/victim point of view. (Family Centered)

o The worker is able to control the nature and direction of the assessment.

o Closely following the protocol results in a higher degree of accuracy for good decision-making. Description of case circumstances or inabilities for a worker to have fidelity with the protocol can explain decision-making challenges/errors.

o It creates an atmosphere conducive to info collection: elevating the client, controlling self, etc.

o Supplies worker with good suggestive/possible sample questions to use from the Information Standard (6 questions) in each of the interviews.

♦ Identified Worker Skills Needed for Information Collection Protocol:
  o Family Centered Practice
  o Engagement
  o Teaming

♦ Conclude the debrief with participants acknowledging the significance of the protocol and the application for fidelity and sufficiency of information collection.

♦ Inform participants that during the next section we will be exploring information collection application, with a particular focus on worker competency and knowledge to achieve sufficient information collection.

♦ It is not the volume of information, but the relevance of the information collected necessary to inform a decision about safety.
Information Collection Protocol

Commencement
To the extent possible and practical, family members should be seen in a specific order to provide a method of gaining the broadest understanding of the family's situation. The order is dependent upon where the identified child is located at the time the Family Functioning Assessment begins. One of the major benefits of the protocol is that it enables you to use information from one interview to assist in the next interview.

While the protocol suggested here relates to the initial contact, it must be remembered that the entire Family Functioning Assessment process relates to all interviews, not only the initial contact.

Application of the Protocol:
Effective application of the protocol will include:

- Privacy should be provided to all family members.
- You should be prepared to spend a sufficient amount of time with the family members so that the individuals do not believe they are of little or no importance to the worker.
- You should prepare for the interviews in such a manner as to be able to discuss relevant issues while controlling emotional responses.

Variance in Protocol:
If the protocol cannot be followed, it is important that valid documentation occur as to the reasons why the protocol cannot be carried out.

Commencement with Child in the Home

1. Introduction with parents.
2. Interview with identified child.
3. Interview with siblings.
4. Interview with non-alleged maltreating parent.
5. Interview with alleged maltreating parent.

Commencement with Child not at Home:
In situations where the child is not at home at the beginning of the Family Functioning Assessment, the order begins with the identified child, wherever that child is, then proceeds as above without introduction with parents. When a child has been placed by law enforcement, see the child first before meeting with the parents.
Protocol Commencement: Interview with Parents

Introduction with the Parents

You must notify parents of their rights at the commencement of the Family Functioning Assessment. At the beginning of the Family Functioning Assessment and at your introduction when questions of rights and participation arise, you can provide the parent with the following information concerning his/her basic rights:

Florida – Rights and Responsibilities Brochure

Note: Do not assume that ANY client knows how to read. It is important that the parents’ rights be explained. It is crucial that interviews be conducted with an interpreter, including a sign language interpreter, as the case dictates.

- Parents have a right to know what the summarized content of the report entails but not the identity of the reporter.
- Prior to the commencement of any legal proceeding, the parents’ interaction is voluntary.
- The parent cannot be compelled to appear at any conferences, produce documents, visit any place, or otherwise reveal any information.
- If the Department initiates a legal proceeding, the parent has a right to an attorney, to a hearing, and to present witnesses for his/her case.
- If the parent cannot afford an attorney, a court appointed attorney might be provided, if qualified.
- Parents have all their civil rights as guaranteed under the US Constitution.

When discussing rights, it is useful to use regular language rather than legal terms. The important issue as related to implementing this protocol is that you demonstrate full respect for the parent’s dignity and rights.

You must complete introductions, which include who you are, what your agency is about, your purposes, and the essence of the report. You emphasize your intent to help and understand.

It is critical that, during the introduction, you present yourself in a calm, flexible, and spontaneous manner. Your first priority is to accommodate and address the parent(s)’ responses.

- Remain "where the parent is" in terms of concerns, emotions and reactions.
- Stay in the "here and now" with the parent(s)—(how they are feeling, reacting, thinking).
- Identify with the parent(s)' feelings and concerns. Accept emotion. Let them “vent” or express them.
• Observe and understand/appreciate the parent(s)'/caregiver(s)' responses:
  o Emotional responses and reactions;
  o Attempts to defend themselves;
  o Denial and disclosure;
  o Expressed explanations, rationale and justification;
  o Reality perception;
  o Reasoning; and
  o Communication clarity and cohesiveness.

• When covering the report, probe into the parent(s)'/caregiver(s)' perception about the reason for the report.
  o "What do you think may have lead to someone having a concern about your family to contact the Abuse Hotline?"
  o While avoiding reporter identity, do not avoid discussing the fact and reality that the family was reported.

During the introduction, allow the parent(s) to talk about the maltreatment issue, but also plan to come back to it later.

• To the extent that you are nondirective about the maltreatment or allegations during the introduction, you are more likely to avoid parent(s) building defenses and arguments immediately which will have to be overcome to proceed.

• In order to remain in the "here and now," it will be important to allow the parent(s) to talk out their feelings and concerns about the allegations and to give their explanations. However, at a reasonable time, you should be prepared to move the interaction to broader concerns. Take the initiative away from them at the appropriate time.

  Example:
  "I can appreciate that know you are very concerned about what has been reported about you, and we need to talk about it in more detail so you can share with me your perspective about the report and about your family as well as talk with me about what you want. But for now, let's move on into helping me understand and get to know your family...."

During the introduction, you should begin assessing the immediate situation for the present danger, which could suggest a timely response by you to protect yourself, seek help, and/or protect a child.
Soliciting assistance from the parent in understanding the family concludes the introduction.

- Ask the parent to assist you in completing the interviews. Parent(s) can arrange for interviews with the family members and can select a private place for the interviews.
- Tell parent(s) that you expect them to take the responsibility to participate by increasing your understanding.
- Seek the parent(s)’ perception about all matters. Consider and acknowledge their cognitive reasoning and feeling responses, which influence your understanding.

Your work is a professional endeavor based on professional methods and practices. Share with them that you routinely proceed toward understanding what is occurring through the application of a particular approach. Explain how you wish to proceed. Ask them to assist you by arranging for a private place to conduct interviews. Reassure them about your openness and your intent to review the situation at the conclusion of the interviews.

**Protocol Commencement: Interview with the Identified Child**

Your initial introduction to the child should be clear. Tell the child who you are and what you are doing here. How you speak with the child will vary depending upon how the agency became aware of this child and based on the age and developmental status of the child. It is critical that you do not frighten the child. Additionally, you must not avoid the reason for your being involved with the family.

Once the introductions have been completed, time should be spent in getting to know the child and giving him a chance to know you. This should be purposeful. When relaxing a child, do not speak to him about unimportant matters. Such a misuse may limit time as well as create anxiety for the child. Initial questions can focus on the family.

All interactions with the child, as well as questioning, should be followed up with comments, thoughts, and other questions, which are indicated by the child’s response. It is also critical to ask questions appropriate to the child’s age, developmental ability, and comfort level.

Here are some sample questions, which can be used to initiate the interview:

**Family**

- Who is in your family? (Family Functioning)
- Who lives at home with you? (Family Functioning)
- What kinds of things does your family do together? (Family Functioning)
- How do you get along with your brothers/sisters? What kinds of things do you do with them? (Family Functioning)
- Tell me about your grandparents, aunts, uncles, etc. (Support)
• What are the ‘rules’ in your house? (Family Functioning)

Child
• What kinds of things do you do in school? Who is your best friend at school? Your favorite teacher/subject? Any areas where you have problems? Are there times when things are easy? (Child Functioning)

• Who do you hang out with at school? Who are your friends? (Child Functioning)

• Do you belong to any clubs, or participate in any organized activities? Play any sports? Who is your favorite (football, baseball, soccer, etc. – child’s interest) team? (Child Functioning)

Parent
• How do you get along with your mom/dad? (Adult Functioning/Parenting)

• What happens when things aren't going well? What happens if you break one of the rules in the house? How do your parents react? (Adult Functioning) What kind of things do they do? (Parenting)

• What about your brothers/sisters, how do they deal with them? (Adult Functioning/Parenting)

• Do your parents belong to any organizations, have any friends etc.? (Support)

• When mom and dad aren’t getting along, how do you know? What does that look like? If they are not getting along and you walk in the room, what do you see? What do you hear?

• Let’s talk about alcohol and drugs a little. Tell me what kinds of drugs you know about, or have seen. Where did you learn about these? Have you seen any of these at home? Mom or dad taking or using any of these? What is mom/dad’s behavior like when you see or think they are using this drug? Where are you when mom/dad use this drug? How often does mom/dad behave like that?

By approaching the child initially without focusing on the possible maltreatment, you create an environment in which the child may feel freer in talking with you about difficult subjects. At the same time, you gather information, which will help you assess and analyze the current situation and make decisions. The above-identified questions can be asked during the initial contact with the identified child. Remember, depending upon how things occur, if you have not gathered that type of information early; remember to seek it as the interview continues.

At a point in time when the context suggests, you want to seek information about the possible maltreatment. When seeking information about the nature of the maltreatment and the actual maltreatment, you must pay attention to anxiety and other emotions, and respond accordingly. Maltreatment

Note that as applicable to a child’s visible physical injuries:
Inquire of the child’s his/her explanation of physical injuries
Note for each injury observed:
- Size-
- Location on body-
- Color-
- Does observed injury appear consistent with explanation based on knowledge, skills, experience, training, education?
Consult CPT as may be required.

Here are some sample questions, which can be used to explore the alleged maltreatment:

- As I mentioned to you earlier, I talk to lots of kids and families when someone has a worry or concern about them. Would you help me understand why-someone might be worried or concerned about you or your family? (You will need to decide the need to be more specific which may be influenced by the age of the child.) Let’s talk about what happened at your home last weekend? (Maltreatment)

- What else happened? (Maltreatment) (As a rule you will often ask this type of question to fully explore with the child the extent of the maltreatment.) What happened next?

- Has anything like this happened to your before? Has anything like this happened to your other brothers/sisters? (Maltreatment) When was the last time? Explore history, increasing frequency, etc.

- What did your other parent (if there is a non-alleged maltreating parent) say, do, etc.? (Nature)

- When this occurred, how did it happen? What was happening around the home (situation) when this occurred? What else was occurring? (Nature)

As you proceed toward the end of this interview, you should consider how the child is feeling (Child Functioning), any fear he is experiencing (Child Functioning), determine where he is going after the interview (Child Functioning), assess his level of vulnerability (Child Functioning), and inform him of your next steps and when/how you will get back to him.

The information here reflects only general guidance. It should be recognized that sufficient information collecting would require that you probe much deeper and inquire about subject matter more broadly. Your understanding of child functioning, the maltreatment, and parent functioning increases as you dig deeper with the child. Normally speaking, you might expect to interview a child up to a half hour depending on his responsiveness and verbal accessibility. More than half an hour is likely too taxing for most children. Younger children may be even less tolerant.

**Interviews with Siblings**

Following the information gathering during the interview with the identified child, you interview that child's siblings similarly to that with the identified child. The purposes of these interviews are:
- To determine what has been happening with those children (Maltreatment). Information from the identified child will help you decide about the likelihood of those children having experienced some maltreatment.

- To gather further information about the family's functioning (Family Functioning).

- To gather further information about the parents' actions, behaviors, and emotions (Adult Functioning/Parenting).

- To gather information about the siblings, their behaviors, feelings, and emotions (Child Functioning).

- To assess the siblings' level of vulnerability (Child Functioning).

- To seek information which you were unable to gather from the identified child.

The process of interviewing siblings is similar to that of the identified child. It should be emphasized that a significant proportion of these interviews is established by the results of the interview with the identified child.

Your approach should focus on providing a comfortable atmosphere for the child and paying attention to the feelings and emotions of the child (Child Functioning).

Although individual situations will determine the timing of when to interview siblings, as a rule you should conduct these interviews at this point. Possible reasons for not conducting these interviews at this time may be based upon the need for emergency action (regarding the identified child), the accessibility of the siblings, and the need to become involved with the parent(s). Any determination not to interview the siblings should be documented.

The sample questions provided to you for interviewing the identified child can be used during sibling interviews.

**Commencement: Interview with Non-alleged Maltreating Parent**

[Note: This protocol is designed for a two parent/caregiver family; admittedly many if not most cases involve single parent households or families that include adults whose role in the family is not well defined in relation to the children. When employing this protocol, it becomes necessary for the CPI to make adjustments to how guidance applies to a particular case. That includes how to proceed in interviewing, inquiries, skills, and use of self.]

The interview with the non-alleged maltreating parent is critical for a variety of reasons:

- It is this parent who may be required to provide protection for the child (ran).

- The non-alleged maltreating parent will often be the first parent who is informed of what
intervention may mean to the family.

- An assessment of this parent's behavior/feelings must be made to determine the safety of the child (ran).

- Your interaction with the non-allocated maltreating parent will often determine your approach to the alleged maltreating parent.

Interviewing skills and techniques with the non-allocated maltreating parent will focus on extensive use of feeling and support techniques. Additionally, your comfort in using reality-orienting techniques is essential.

The key to the interview with the non-allocated maltreating parent is to involve this person in a joint effort with you. Often, asking the non-allocated maltreating parent to make a choice between the child and the alleged maltreating parent is a mistake. This approach will not work because it requires a person in crisis to decide something, which he or she cannot or will not. The preferred approach is to ask that parent to join with you in making the environment safe for the child, as well as the alleged maltreating parent.

The circumstances of the interview with the non-allocated maltreating parent will determine the process of the interview and the order of questions/responses. It is usual to talk to the parent about the reason you are involved. You must be prepared to deal with hostility, anger, and varying levels of denial. This should not be assumed to indicate by itself that the parent cannot assist the child.

It should be noted that in situations of neglect of children, the distinction between a non-allocated maltreating parent and an alleged maltreating parent is not as clear as it is with physical abuse, sexual abuse, and emotional maltreatment. You need to explore the family functioning with each parent and ensure the issues related to protection are examined.

Here are some sample questions, which you may use in this interview:

**Child**

- Tell me about your child. What is he or she good at? What do you think are your child’s strengths? What do you think are your child’s challenges? What does he or she struggle with?
- How does your child behave/act in general? Tell me about your child’s behaviors that “push your buttons” escalate you or cause you to feel angry? (Child Functioning)
- Tell me about your child’s friends. (Child Functioning)
- In what ways have you tried or are willing to try to keep the child and the alleged maltreating parent from being alone with each other? (Child Functioning)
- Does the child have any current or past health related problems that affects him today? (Child Functioning) Describe them for me.
- Does the child have any current or past developmental challenges? Educational
challenges?

- What are the disciplinary approaches you use? Under what circumstances?

**Parent**

- Tell me about yourself—about your feelings, and about what is happening. How do you think things have been between you and your spouse (partner)? Explore with the non-alleged maltreating parent the feelings that the worker believes are being exhibited and follow up on those. (Adult Functioning, History, Family Functioning)

- What is the most special thing about parenting your child? The most difficult thing? (Parenting)

- Explore with non-alleged maltreating parent how he believes his child is doing, what he is experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry, anxiety, etc. (Adult Functioning, Parenting)

- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories? How were you disciplined? What did you get in trouble for growing up? What were the rules or behaviors around drinking and drugs? Hitting? Sex? How often do you/your children talk with or see your parents/siblings/relatives? (History)

- What do you do with your friends? Who are your friends? What do you share with your friends? (Support)

- Do you belong to any groups, organizations, religious affiliations, etc.? (Support)

- What about Alcohol/Drugs (type/frequency/amount)? Describe your drinking?
  - Are you currently prescribed any medications? Reasons, frequency, effect on behavior?
  - Have you ever had a Mental Health diagnosis? For?
  - Were you prescribed any medication? What is/was it?
  - Any prior hospitalizations? For? Where? / Psychotropic medication / hospitalization:
    - How do you and your partner resolve conflict?
    - How do you / partner manage his/her Daily Life and how does the parent generally adapt in life? Employment? Income?
    - When things are going well, how do they manage, when things are not going well, how do they manage?
    - What is the family's daily routine?
Family

- What types of things are you responsible for in the home, and with the family—chores, routine, structure, meals, etc.? (Family Functioning, Parenting)

- How do the family members show they care about each other? What affection is demonstrated? (Family Functioning)

- Who gives orders in the home? Who is in charge? (Family Functioning)

- What happens when the orders given are not followed? (Family Functioning)

- Talk about the marriage. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship? (Family Functioning)

- Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them? (Support)

- Influences regarding the demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

Maltreatment

- What are the parent's thoughts, feelings, attitudes, and beliefs about the maltreatment? (Nature)

- Do you have any information, which suggests the non-alleged maltreating parent has been involved in maltreatment? If yes, explore this with the parent in a direct, yet non-adversarial manner. (Maltreatment)

- Explore with the non-alleged maltreating parent the alternatives to provide protection to the family. Can this person, with your assistance, do such? (Nature)

Reaction to Intervention

- You should assess the non-alleged maltreating parent's reaction to intervention at the end of the initial interview, as well as during subsequent interviews. The focus here is on the level of openness this parent has to the agency being involved with the family.

- Explore with the parent the meaning of intervention. Have they had assistance before (this state or any other state)? What was the reaction and response to that assistance?

- You should explore your own strengths and limitations in working with the family, including the agency's capacity to respond, and the availability and accessibility of community resources.
Commencement: Interview with the Alleged Maltreating Parent

[Note: If the alleged maltreating person is not the child’s biological parent, it is important at the beginning of the interview to establish the person’s relationship in the family and with the child in particular. If the person does include caregiving as a responsibility, it is important to determine the nature, expectations, and limits of that involvement.]

The interview with the alleged maltreating parent may cause you a variety of concerns, such as:

- What will the person's reaction be?
- Will the level of anger, hostility, or denial make it impossible to interview the parent?
- What should the alleged maltreating parent be told?
- How should I interact with the parent?

These concerns may be influenced by assumptions about the person based upon the report, or what you have learned through previous interviews. You must avoid interviewing the alleged maltreating parent in an aggressive manner. This usually results in an adversarial relationship, which is not necessary. Do not focus on getting the alleged maltreating parent to admit what he has done.

The purposes of this interview are to:

- Explore with the parent the family situation from a perspective of what is happening in the family, which may be threatening to the child’s safety.
- Assess the parent's ability to become involved with the agency, focusing on controlling for the child's safety.
- Identify family conditions, which may require further study (such as substance use, domestic violence, emotional disturbance).
- Share with the parent what has occurred related to the other interviews.

In order to effectively intervene with the alleged maltreating parent, you must be aware of, and in control of, your feelings. Critical to this interaction is seeking information from the parent rather than "proving" guilt. To the extent that you can exercise a nonjudgmental attitude, the results from the initial interview and subsequent interviews with the alleged maltreating parent will provide essential information in order to make necessary decisions at Family Functioning Assessment. You should seek information from all aspects of the family. It is critical to use observational skills as well as verbal skills and techniques to properly assess all aspects of the parent's functioning, especially his behavior and feelings.
The order of the interviewing process will be determined by the actual situation. However, you can expect the parent will want to know the reason for your presence. **While you should let the parent know in general the reason for your presence, it is not recommended that all the information concerning the maltreatment and other reported concerns be presented initially. To do so would cause the interaction to slide into a series of accusations and denials.** Focusing on feelings, and joining the client's resistance regarding his parenting is a more useful and effective approach with the alleged maltreating parent.

Here are some sample questions, which may be used during this interview:

**Child**
- Tell me about your child. How does your child respond to you? Is he easy-going? Difficult? (Parenting)
- What type of things do you expect your child to do around the house, with siblings, for you? (Parenting)
- What type of behaviors and emotions does your child show? (Child Functioning)
- Does your child have friends? (Child Functioning)
- Does your child have any health-related problems that affect him today? (Child Functioning)

**Parent**
- Tell me about yourself, about your feelings, and about what is happening. How do you think things have been between you and your spouse (partner)? Explore with the alleged maltreating parent the feelings that the worker believes are being exhibited and follow up on those. (Adult Functioning, History, Family Functioning)
- What is the most special thing about parenting your child(ren)? The most difficult thing? (Parenting)
- Explore with the alleged maltreating parent how he believes his child is doing, what he is experiencing. Examine issues related to bonding, attachment, concern, empathy, worry, anxiety, etc. (Adult Functioning, Parenting)
- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories? (History)
- What do you do with your friends? Who are your friends? What do you share with your friends? (Support)
- Do you belong to any groups, organizations, religious affiliations, etc.? (Support)
- What about Alcohol/Drugs (type/frequency/amount)? Describe your drinking? Are you currently prescribed any medications? Reasons, frequency, effect on
behavior?
  o Have you ever had a Mental Health diagnosis? For?
  o Were you prescribed any medication? What is/was it?
  o Any prior hospitalizations? For? Where? / Psychotropic medication / hospitalization:

  • How do you and your partner resolve conflict?

  • How do you / partner manage his/her Daily Life and how does the parent generally adapt in life? Employment? Income?

  • When things are going well, how do to they manage, when things are not going well, how do they manage?

  • What is the family’s daily routine?

Family
  • How do the family members show they care about each other? What affection is demonstrated? (Family Functioning)

  • Who gives orders in the home? Who is in charge? (Family Functioning)

  • What happens when the orders given are not followed? (Family Functioning)

  • Talk about the marriage. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship? (Family Functioning)

  • Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them? (Support)

  • Describe how roles are developed, assumed, and carried out in the home. Who does what? How is it decided that will do what in the home? (Family Functioning)

  • Influences regarding demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

Maltreatment
  • When you begin to talk to the parent about the maltreatment, minimal information should be given. It is critical that you not engage in a battle of wills; refocus the parent to his or her own feelings.

  • What do you want to do about this? How can we make sure nothing like this happens again? (Maltreatment)

  • Tell me what has been going on with you. Have you been under stress? What from? Drinking? Marital problems? Job-related problems? (Nature)
• At an appropriate time, you should always share your belief about the maltreatment with the alleged maltreating parent. There is no need to "beat" this to death. This represents your belief based on what you know to the point of interviewing the alleged maltreater. It is your conclusion based on other interviews and other sources of information.

Reaction to Intervention

• You should assess the alleged maltreating parent's reaction to intervention at the end of the initial interview, as well as during subsequent interviews. The focus here is the level of openness this parent has to the agency being involved with the family. You should not expect the parent to embrace the agency in making this assessment.

• Explore the issue of what intervention means to the parent. Have they had assistance before? What was the reaction and response to that assistance?

• Explore your strengths and limitations in working with the family, including the agency's capacity to respond, and the availability and accessibility of community resources.

Closure with Parents/Family

Following the completion of the interviews, you should reconvene the parents or family as appropriate. Share with them a summary of your findings and impressions. The closure may occur after the initial contact, but that is unlikely. So, here, closure refers to the time when all interviews are done with the family. You might think of this as the last contact you have with the family prior to completing and documenting the Family Functioning Assessment.

Seek individual responses concerning perceptions and feelings. Take care not to reopen the whole process.

As a result of the information collecting that has occurred during all the interviews and at the point of closing, it is critical that you have a full understanding of any maltreatment and the circumstances surrounding the maltreatment.

• You must be certain that your understanding of the maltreatment gained from your interviews includes: sufficient information, precise explanations, parent(s)’ rationale, parent(s)’ emotional response concerned with the discussion on maltreatment, and the quality of the parent(s)’ response.

At closure, reassure them that you have been seeking to understand the family, which will require time to think about the information.
The purpose of this slide is to inform participants of the five competencies for effective workers.

Information Collection is a professional behavior. It is a competency and, perhaps the most critical competency of the Hotline Counselor, CPI, and Case Manager. This competency has five components:

- I know what I must learn about a family. I know what information I must collect on each CPI case I am assigned.
  - This competency is concerned with how the worker proceeds in gathering information and their awareness of the information collection standards and protocol. Consider that knowledge is different than action, therefore consideration when assessing a worker’s competency regarding what they must learn, may or may not be reflective of their application. This is covered under the third competency.

- I understand the purposes or reason for needing to know this information.
  - This competency outlines a worker’s understanding of Florida Safety Decision Methodology and the significance of information collection in decision-making.

- I demonstrate the ability to gather the information.
  - This competency is concerned with the workers ability to utilize the information collection protocol and information standards to gather sufficient information along all six of the domains. This competency is concerned with engagement of families in the assessment process and the diligence that the worker
demonstrates to gather information.

♦ I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.
  o This competency is concerned with the worker’s self-awareness. Specifically how they conduct themselves before, during, and at the conclusion of information collection and the relationship between their actions or inactions on the effectiveness of information collection.

♦ I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.
  o This competency is concerned with the worker’s ability to illustrate their conclusions regarding information collection and safety decision-making as demonstrated through their ability to generate an assessment that justifies their decision-making. In addition, the worker is able to explain their decision making, while justifying their decision making verbally. Skills associated with this competency include the worker’s ability to analyze information and develop conclusions.

Continue to display PPT26 Information Collection as Competency

♦ This exercise involves having participants analyze the five worker competencies, and identify indicators of competency development for supervisors and workers.
  ? What would it look like? And how would you know?

♦ Each group will be assigned a competency.

♦ As a group they will identify behavior indicators, as well as tangible indicators of how they are or are not developing the information collection competencies.

♦ Allow 30 minutes for groups to complete the exercise.

♦ Reconvene the group and begin with competency 1 to debrief.
  o Seek clarification and engage group in identifying other measures.
  o Proceed through the five competencies, posting each
♦ End exercise with open discussion regarding the group’s reactions to these competencies?
   ♦ Are they the same or different as what is expected from staff currently?
   ♦ What would be some challenges to staff in aligning and demonstrating these competencies?

**Topic ~ Video Demonstration of Information Collection and Worker Competency**

Display **PPT 27 & 28 Video Demonstration:**
PPT 28 Video is black screen

♦ The purpose of this video is to demonstrate several topics that were covered in the Information Collection Protocol and Essential Skills. In particular, engaging with families and challenges with introduction of the referral.
♦ This video continues the use of the Dutton-McAdams Case.
♦ While the video offers quantity and quality of information, we recognize that there are key components that are not addressed.
♦ This video is representative of a field contact, both representing good and areas of needed refinement. Focus during this video is the use of the Information Standard and principles of the Information Collection Protocol to effectively gather pertinent information.
♦ Literally every question is one of the six questions, which results in every answer being relevant.
♦ Show the video.
♦ Group discussion-
  o General impressions
    ▪ what did you think about the interview?
    ▪ How would you rate the quality of the information that was collected - Poor, average, good, excellent?
  o From the video, what did you see that indicated that the worker demonstrated one of the competencies, and which one?
  o Were there principles from the Information Collection Protocol that were demonstrated? Ask for specific examples from the video.
♦ Conclude the debrief with informing the groups that in the next session we will be incorporating interviewing skills and techniques and the use of the information collection protocol.
In the previous sessions we introduced the use of essential skills—in particular the use of engagement skills. We further applied the concepts of information collection and the information collection protocol. We also explored worker competencies in relation to information collection. In this session will be applying the concepts we have covered thus far.

This session is comprised of demonstration activities that will allow each of you to take the role as interviewer, interviewee, and Supervisor.

One of the primary functions within implementation is the field observation, coaching, and mentoring.

Through these demonstration activities, this will allow for you to begin to develop those skills surrounding information collection.

Display PPT30 Engaging Families

Refer participants to PG21-22 Case Study (TG32-33)
♦ Assign each group one of the family members in the case vignettes.
♦ The information contained on the report is the basis for intervention.

1. **Role of the Interviewer:** This is your first contact with the adult caregiver in the household. Interviewers may choose to have the interview setting be post interview with the child or pre-interview. As a group you will need to determine which you will be conducting.

2. **Role of the Interviewee:** This is your first contact with the CPI worker. You are not provided the vignette, therefore are not aware of the reasons that CPI is contacting you. You are free to use ad-lib, as you feel appropriate.

3. **Role of the Observer:** You are a non-active observer during this interaction.
   ♦ You are there to observe the interview, paying careful consideration to the interviewer, their approach, their use of interviewing techniques, and their awareness to information collection.
   ♦ You will be provided a field observation instrument to take notes and provide feedback to the interviewer in regards to their use of the protocol, techniques, and awareness.
   ♦ Each person in the group will have a role as the interviewer, interviewee, and observer.
   ♦ Review PG 21-22 Field Observation Instrument with the large group.

(TG34-35)

1. Provide contextual basis for providing feedback to the participants.
2. Guide participants through the observation instrument, seeking clarifying points and resolving questions.
3. Provide participants with an anticipated end of the exercise based upon the total time allotted for the exercise being is 90 minutes.
4. Each interview should be no longer than 15 minutes, with 5-10 minutes of debriefing as a group, using the field observation
**Hotline Narrative:**

The parents met to exchange the children; the mother was to take Shawn with her. The parents began to argue and Shawn got into the mother’s car and the father asked the mother if he could hug Shawn so he got out of the car. The mother forced Shawn back into the car by pushing his arm and the parents continued to argue. The father again told the mother to let him say goodbye to Shawn and he told the child to get out of the car, which he did, but the mother pulled him away and forced him back into the car by the back of his neck. The parents continued to argue and the father told Shawn to crawl out of the driver’s side of the car, as the mother was on the passenger’s side, and he did and the father then sent him upstairs and left the mother with John. During the argument, the mother got in the father’s face and pushed him. The father and child were not injured. During a prior exchange of the children, Security of the father’s building had to get involved because the mother forced Shawn into the car and she became verbally and physically abusive with the father.

**Kimberly Kingsbury:**

Kimberly is a 32 year old single mother of two. Kimberly is a very religious person who turns to God when she is feeling down. Kimberly works sporadically out of her home as a hair dresser. She has struggled with finances over the years and was not in charge of the book work when she was in a relationship with the children's father. In fact, there hasn’t been much that Kimberly has been in charge of throughout her life. She relies on her parents for financial support and assistance with child care. Kimberly has a strained relationship with her long time ex-boyfriend, John Martinez. There is a custody arrangement where the parents exchange the children, but it never seems to go well when the two of them meet. According to those people that know Kimberly she is a great mother, but there is something about her care of the children that is lacking. There is a history of domestic violence between Kimberly and John. Reports differ concerning who is the aggressor or how the violence manifests. Kimberly presents as often being overwhelmed and stressed out, not really showing any decent coping skills.
**John Martinez:**

John is a 38 year old single father of two. He and the mother of his two children are no longer together. John struggles with keeping employment and paying the bills. He sees his children on the weekends. John has a lot of friends that he spends time with, usually just hanging out playing video games or watching television. Despite not working and being behind on the rent, John presents as not having a lot of stress. It may be because he is laid back in his personality or more probably because he stuffs his feelings. John is a large man and appears rougher than he really is. He is really good with the kids and enjoys spending the time he has playing with them and taking them places. There is a history of domestic violence between John and Kimberly. Reports differ concerning who the aggressor is or how the violence manifests

**Shawn Kingsbury:**

Shawn is a typical 9 year old who enjoys playing video games and sports. His language skills are behind, and he receives services for this at school. It bothers him that he has trouble with his speech, so he tends to shy away from other kids. Shawn is sensitive and what others would describe as a people pleaser. He is protective of his little brother and always tries to look after him. Shawn especially enjoys his maternal grandparents and would actually like to live with them if he could. He is tired of his parents always arguing and fighting.

**John Kingsbury:**

John is a smaller 4 year old child with Autism. He doesn’t speak at this point, and it is uncertain what speech capability he will have in the future. His parents and grandparents have a good idea what John wants, but this is because they spend so much time with him. John attends preschool in a class designed for early childhood special education. John’s demeanor is calm, and most of the time he sits and rocks himself calmly.
### Before the Visit

**Rating:** 0-No bullets achieved, 1-Some bullets achieved, 2-All bullets achieved  

<table>
<thead>
<tr>
<th>Rating</th>
<th>0-2</th>
</tr>
</thead>
</table>

- Adequate information was gathered prior to the contact; case file and case plan were reviewed.
- Plan for the content of the visit was developed prior to the contact; agenda was created (to include questions.)
- Successes, areas of concern and barriers to progress were identified prior to meeting and staffed with supervisor.

**Feedback:**

### Visit Content

**Rating:** 0-No bullets achieved, 1-Some bullets achieved, 2-All bullets achieved  

<table>
<thead>
<tr>
<th>Rating</th>
<th>0-2</th>
</tr>
</thead>
</table>

- Contact was achieved within required timeframe.
- Introduction was provided to include role of CPI, parents’ rights were reinforced/process was explained.
- Interviews were conducted with respect for the family and according the investigation protocol. For initial visit, present danger was assessed and action taken by worker appropriately.
- A working relationship was formulated/CPI sought to understand feelings and perceptions of family.

**Feedback:**
### Engagement Skills During Visit

**Rating:** 0-No bullets achieved, 1-Some bullets achieved, 2-All bullets achieved  

<table>
<thead>
<tr>
<th>Rating (0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Verbal communication/word choice was clear and understandable by the family and open dialogue occurred.</td>
</tr>
<tr>
<td>• Body language demonstrated attentiveness and interest.</td>
</tr>
<tr>
<td>• Voice tone was calm, professional and non-aggressive.</td>
</tr>
<tr>
<td>• CPI demonstrated appropriate de-escalation skills if necessary.</td>
</tr>
<tr>
<td>• CPI was able to structure the visit thru focusing, exploring and guiding questions.</td>
</tr>
</tbody>
</table>

Feedback:

### Safety Considerations and FFA Process

**Rating:** 0-No bullets achieved, 1-Some bullets achieved, 2-All bullets achieved  

<table>
<thead>
<tr>
<th>Rating (0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Information collection strategies were identified and action identified to ensure sufficient information collection.</td>
</tr>
<tr>
<td>• CPI sought to gather sufficient information. CPI was aware of what information was needed.</td>
</tr>
</tbody>
</table>

Feedback:

---

Worker Signature  
Supervisor Signature  

Signatures confirm that this has been reviewed in detail with the caseworker by the supervisor.
1. Once each participant has completed the role of interviewer, interviewee, and SPE, reconvene the group as a whole.

2. Solicit feedback from the group as to the exercise:
   a. What were some areas that they saw interviewers doing well?
   b. Were there certain areas that the interviewer seemed more at ease discussing?
   c. How did you feel as the parent being interviewed?
   d. Did you feel heard as a parent?
   e. What were some things that you wished the interviewer would have asked—SUPER SPE and parent?

3. For the role of the observer, what were some things that you found helpful in observing?

4. For the interviewer, was the feedback helpful from the observer?

5. This exercise can be used at the field level in both the mock sense that was just conducted, or through application in the field.

6. The role of the observer here was silent? Why do you think that was?

7. The role of the observer in this exercise was one of observation in a controlled setting. When applied in the field, what would be some considerations when observing live interactions with families?
   a. Not overwhelming the family.
   b. Not overwhelming the staff.
   c. Conflicting information dissemination.

8. When applying this to the field, preparation for field observation is critical for both the family and the staff member.

9. Preparation can include, informing the family of your role as part of the interview.
   a. Reviewing the approach with the worker prior to initiating contact.
   b. Developing an initial interview strategy.

10. Conclude the exercise with the large group. Emphasize the application of field shadowing in the field and the recap statements made by participants highlighting areas of success while interviewing. The next session will focus on documenting information collection using the six domains.
Topic ~ Documenting Information Collection

♦ Display PPT31 Sufficiency of Information- FFA Documentation

♦ PG25-30 Florida Family Functioning Assessment Form

♦ The objectives for this session essentially involve workers having a correct understanding of how the new FFA Pages in FSFN should be documented and to provide them with an opportunity to practice documenting the six assessment areas.
  o Documentation resulting from this session will be used when the focus of training shifts to the analysis of case information and the identification of impending danger threats and caregiver protective capacities.

♦ Inform participants that this documentation and review of the FFA is specific to the CPI functions and that the Ongoing FFA and documentation will be explored during the Modules covering ongoing case management. However, the sufficiency of the information collection and the six questions are the same concepts and application within both the CPI and CBC.

♦ Some areas to cover in going over the form for clarification purposes:
  o PROVIDE Narrative regarding FFA and FSFN incorporation here.---This is a holding place for further FSFN Training

♦ Proceed in reviewing the FFA assessment areas. Discuss with participants how they should approach documenting the FFA.
  o When documenting all of the six assessment areas, it is important that the documentation reflect a professional judgment regarding
what workers believe to be an accurate reflection of what is occurring and how family members are functioning both positively and negatively.

- Documentation should be objective and neutral based on what workers experienced when conducting interviews and reviewing other information.
- The documentation should provide worker analysis regarding the information that was collected from family members, collaterals, and professional evaluations.
- FFA documentation should not simply be regurgitation of what family members stated (unless it is concluded that the statements from family members provide an accurate picture of family functioning). This is not to suggest that workers should not rely on specific references and quotes that are made by family members in order to qualify their impressions, observations and conclusions.
- It is important to emphasize that FFA documentation is intended to support an “on the record” worker conclusion of how families, children and caregivers are doing routinely. The FFA documentation should support workers’ conclusions in order to justify decision-making.
- Information that is documented in the FFA should be analytical but must be based on specific describable information and not open speculation.
- All information should be validated and reconciled.
- Reconciliation ensures that relevant information is presented consistently (no unexplained discrepant statements in assessment and/or rationale is provided to explain why more weight or credibility is given to one statement over another).
- Information that is documented in the FFA should be analytical but must be based on specific describable information and not open speculation.

♦ Proceed in reviewing the six assessment areas.
♦ Identify for the group the corresponding danger threats.
♦ Correlate for the group how information in each domain informs the danger threat. Sufficiency of information within the domain is directly
related to the ability to justify the presence or absence of danger threats.

♦ Acknowledge the caregiver protective capacities; however do not proceed to review these at this time.

♦ Explain that the information domains are what must be gathered in order to determine whether protective capacities are adequate or not. Inform the participants that we will be discussing and apply the concepts surrounding protective capacities in the next Module.

Refer group the PG31-43, the Dutton McAdams FFA Investigation.

♦ Inform participants that the Dutton-McAdams FFA is intended to provide participants with a case example of what FFA documentation should look like.

♦ Thoroughly review the Dutton-McAdams case. Answer questions.

♦ Some elaboration can occur to clarify information analysis associated with the safety evaluation. Attempt to keep the review of the case example to around 15 minutes.
# FLORIDA SAFETY DECISION MAKING METHODOLOGY

**Information Collection and Family Functioning Assessment**

<table>
<thead>
<tr>
<th>Case Name: ______________________</th>
<th>Initial Intake Received Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker Name: ____________________</td>
<td>Date Completed: ____ / ____ / ____</td>
</tr>
<tr>
<td>FSFN Case #: ___________</td>
<td>Intake FSFN ID: ______________</td>
</tr>
</tbody>
</table>

## SECTION A: FAMILY ASSESSMENT AREAS AND DANGER THREATS

1. What is the extent of the maltreatment?  
2. What surrounding circumstances accompany the alleged maltreatment, precipitating events, history?

### Related Extent of Maltreatment and Circumstances Surrounding Maltreatment

**Impending Danger Threats:**

Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

- **Parent’s/Legal Guardian’s or Caregiver’s intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.**

- **Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent’s/Legal Guardian’s or Caregiver’s explanations are inconsistent with the illness or injury.**

- **The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child’s physical health.**

- **There are reports of serious harm and the child’s whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.**

- **Parent/Legal Guardian or Caregiver is not meeting the child’s essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.**

- **Other: Explain.**
Child Functioning –
3. How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child’s vulnerability based on threats identified.

<table>
<thead>
<tr>
<th>Child 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 2</td>
<td></td>
</tr>
</tbody>
</table>

**Related Child Functioning Impending Danger Threats:**
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe.

Parent/Adult Functioning --
How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult’s physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

<table>
<thead>
<tr>
<th>Parent/Caregiver 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caregiver 2</td>
<td></td>
</tr>
</tbody>
</table>

**Related Adult Functioning Impending Danger Threats:**
Based on case information specific to the Adult Functioning domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.

Parenting –
5. General – What are the overall, typical, parenting practices used by the parents/legal guardians? Upbringing and influence on parenting.
6. Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians and under what circumstances?

<table>
<thead>
<tr>
<th>Parent/Legal Guardian 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Legal Guardian 2</td>
<td></td>
</tr>
</tbody>
</table>

---

Core 113_INF_TG_July 2013 (CORE 115_INT)  41
Module 3: Applying the Florida Safety Decision Making Methodology to the Interview Process
**Related Parenting-General and Parenting-Discipline/Behavior Management Danger Threats:**

Based upon case information specific to the Parenting General and Parent Discipline Assessment Area, indicates Yes, impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

- ☐ ☐ ☐ Parent/Legal Guardian or Caregiver is not meeting child’s basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.

- ☐ ☐ ☐ Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.

- ☐ ☐ ☐ Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND parent/legal guardian or caregiver behavior is indicative of the child being seriously harmed emotionally and/or the child has been seriously harmed or will likely be seriously harmed.

**SECTION B: PARENT/LEGAL GUARDIAN CAREGIVER PROTECTIVE CAPACITIES ANALYSIS**

<table>
<thead>
<tr>
<th>Parent/Legal Guardian Protective Capacity</th>
<th>Parent/Legal Guardian #1:</th>
<th>Parent/Legal Guardian #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controls impulses</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes action</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sets aside own needs for child</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates adequate skills</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adaptive as a parent/legal guardian</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>History of protecting</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cognitive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is self aware</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is intellectually able</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Recognizes threats</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Recognizes child’s needs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Understands protective role</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Plans and articulates plans for protection</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets own emotional needs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is resilient</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is tolerant</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Expresses love, empathy, sensitivity to the child</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is stable</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is positively attached with child</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is aligned and supports the child</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Parent/Legal Guardian Protective Capacity Determination Summary:

- Protective capacities are sufficient to manage identified threats of danger in relation to child’s vulnerability.
- Protective capacities are not sufficient to manage identified threats of danger in relation to the child’s vulnerability.

SECTION C: CHILD SAFETY DETERMINATION AND SUMMARY

At the completion of the investigation and assessment, based upon the information currently available, reviewed, collected, assessed and analyzed:

| Child 1:                                      | Safe – No impending danger safety threats that meet the safety threshold. |
|                                               | Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. |
|                                               | Unsafe                                                                 |

| Child 2:                                      | Safe – No impending danger safety threats that meet the safety threshold. |
|                                               | Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. |
|                                               | Unsafe                                                                 |

Child Safety Analysis Summary:

IF CHILD(REN) ARE ASSESSED AS UNSAFE, PROCEED TO SECTION D TO DETERMINE IF CHILD MAY REMAIN IN THE HOME WITH AN IN-HOME SAFETY PLAN. This may be non-judicial or judicial.
Dutton McAdams FFA
FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

Case Name: Dutton/McAdams
Worker Name: Costello
FSFN Case #: 01234
Initial Intake Received Date: 8/4/xx
Date Completed: 8/4/xx
Intake FSFN ID: 123456789

SECTION A: FAMILY ASSESSMENT AREAS AND DANGER THREATS

1. What is the extent of the maltreatment?
2. What surrounding circumstances accompany the alleged maltreatment, precipitating events, history?

1. Lindsey, 3 years old, was physically injured while trying to intervene between her parents who were arguing. Bill Dutton reports that he was placing Lindsey in her room during the course of the argument, which resulted in Lindsey being hurt. Lindsey sustained a deep scratch approximately an inch and a half long under her left eye, a swollen lip, and bruising to her neck. Lindsey has bruising on both sides of her neck, please note attached photographs. Lindsey’s injuries did not need medical attention. Lindsey did not report that her injuries were causing her pain or discomfort.

Physical abuse of Lindsey by her father, Bill Dutton, is substantiated.

Separate interviews with Bill Dutton and Mary McAdams
Interview and Observation of Lindsey

2. Mr. Dutton reports that he stopped at the bar on the way home from work the evening that Lindsey was hurt. He reported that he had stayed for a couple of beers and then proceeded home. Upon his arrival home, he reported finding the home in disarray and was upset with the way that Mary had left the home. Mr. Dutton reported that Ms. McAdams said something that made him mad and this is when Mr. Dutton and Mrs. McAdams began arguing with each other.

Ms. McAdams reports that she must have said something to Mr. Dutton that started the fight between the two of them. Neither parent could remember what it was that she said. Ms. McAdams reported that she thought that Lindsey had come to her aid, trying to protect her, and that Mr. Dutton had either "put or pushed" Lindsey to her bed. Lindsey reports that "daddy was trying to hurt mommy" when asked about her injuries and the fight. Lindsey did appear to be frightened and guarded when being interviewed regarding her injuries and fighting in the home. This is evidenced by her change in demeanor and reluctance to talk about the situation. However she did say she was trying to keep her mother from being hurt. Ms. McAdams reported that normally she is able to keep Lindsey away from the fighting by sending her to another room; however that evening she was not able to protect her from the fighting. Ms. McAdams reports that Mr. Dutton and she fight a couple a times a week, often resulting in Mr. Dutton physically hurting her. Ms. McAdams during the interview had a black eye and a cut lip, both she reported were from physical assaults by Mr. Dutton. Ms. McAdams sustained the black eye during the altercation the previous night; the injury to her lip was during an argument.
last week. Ms. McAdams reports that the fighting has been occurring for approximately the past 4 ½ years. Ms. McAdams reports that due to an increase in the frequency of the fighting Lindsey has been more difficult to keep away from the fighting and has begun to attempt to intervene in an apparent effort to protect her mother.

Both Mr. Dutton and Ms. McAdams are not clear how Lindsey sustained her injuries. Both Mr. Dutton and Ms. McAdams report that this is the first time that Lindsey has ever been injured during an altercation. Mr. Dutton reports that the injuries to Lindsey were an accident and it appeared through his interview that he tended to blame Lindsey for the injuries, stating that “None of this would have happened if Lindsey would just have done what she was told”. Mr. Dutton reports that Lindsey is a difficult child and that she tends to get out of control. Mr. Dutton did appear to show some remorse regarding the injuries, stating that he was “sorry this whole thing happened,” It is unclear if the remorse is related to DCF involvement or the injuries incurred by Lindsey. Both parents appear to minimize the significance of the injuries.

Alcohol was a contributing factor in this incident. It also appears to be directly related to other instances where Mr. Dutton has assaulted Ms. McAdams. Both parents readily admit that most incidents of violence happen after Mr. Dutton has stopped off at the bar for a few drinks on the way home from work.

Analysis: Lindsey appears to have been injured after attempting to intervene in a family violence situation where Mr. Dutton assaulted Ms. McAdams. Lindsey describes herself as trying to protect her mommy. Lindsey has been attempting to intervene now that she has grown older. The family violence is occurring regularly in the home, two or three times a week, with increasing frequency and intensity. Alcohol is a contributing factor to the assaults by Mr. Dutton.

Interviews/Observations: Bill Dutton, Mary McAdams, Lindsey

---

**Related Extent of Maltreatment and Circumstances Surrounding Maltreatment Impending Danger Threats:**

Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

- Parent’s/Legal Guardian’s or Caregiver’s intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.

- Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent’s/Legal Guardian’s or Caregiver’s explanations are inconsistent with the illness or injury.

- The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child’s physical health.

- There are reports of serious harm and the child’s whereabouts cannot be

---
determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.

Parent/Legal Guardian or Caregiver is not meeting the child’s essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.

Other: Explain.

---

### Child Functioning

3. How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child’s vulnerability based on threats identified.

---

### Child 1: Lindsey

Lindsey is a three year old only child of Mary McAdams and Bill Dutton. Lindsey primarily stays at home during the day with her mother; however her mother does report that she and Lindsey do interact with children while at the park. Ms. McAdams reports that those interactions appear to be good for Lindsey and she interacts well with the other children. During the interview with Lindsey she appeared to have some trouble communicating, and it was at times hard to understand her. Ms. McAdams confirmed that Lindsey does have a speech delay and that she and Lindsey’s doctor were aware of the delay and were considering a referral to a specialist if needed. Lindsey is very talkative despite her delay, and she presented as a friendly and interactive child. Ms. McAdams reports that Lindsey is overall physically healthy and, other than the speech delay, is developmentally appropriate.

Both Mr. Dutton and Ms. McAdams reported concerns regarding Lindsey’s current rise in temper tantrums, and Ms. McAdams reports Lindsey being overly clingy to her during their time together. Both report these behaviors as increasing over the past three months. Ms. McAdams in particular noted that she is having more and more difficulty controlling Lindsey during her tantrums. Typically Lindsey’s tantrums consist of uncontrollable screaming, throwing herself on the floor, kicking the floor, and not responding to parental requests. These tantrums have lasted up to 45 minutes in duration.

Lindsey’s pediatrician, Dr. Yance confirms that Lindsey has been regularly seen in his office. She has received all of her required immunizations and well child check-ups. His only reported concerns are related to her speech which appears delayed. He did communicate his concern related to Lindsey’s speech to her mother but is unaware of any follow up by either parent. Dr. Yance has not observed any indication of non-accidental injuries to Lindsey.

Analysis: Lindsey appears to be functioning at an age appropriate level with the exception of a possible speech delay. Based on interview and observation by social worker, Lindsey may be experiencing some reactions to the increasing arguing and violence in her home as evidenced by her increased clingy behavior and tantrums. These two things appear to be in direct correlation, and there is no other plausible explanation at this point.
Interviews: Bill Dutton, Mary McAdams, Lindsey, Dr. Yance.
Observation: Lindsey

Child 2

**Related Child Functioning Impending Danger Threats:**
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

Yes  No
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe.

**Parent/Adult Functioning --**
How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Parent/Caregiver 1: Mary McAdams

Ms. McAdams and Mr. Dutton have been in a relationship for the past five years. Ms. McAdams describes herself as a homemaker. The couple is not married; however they consider themselves husband and wife.

Ms. McAdams speaks highly of her relationship with Mr. Dutton. In particular when questioned regarding their initial relationship, Ms. McAdams describes Mr. Dutton as a nice man. Ms. McAdams reports feeling overwhelmed with her role in the home as the person primarily responsible. Ms. McAdams does not feel that she is able to manage her responsibilities because she is unorganized, both in how her home is physically organized as well as her ability to manage her time. She describes herself as often losing track of time and finding that it is time for Mr. Dutton to return home before she is “ready.” She reports that she isn’t sure where the time goes.

Ms. McAdams does not identify as having any close friendships or relationships with other people and appears to lack a support network outside of Mr. Dutton. Ms. McAdams reports that she did not know her father and that her mother passed away when she was 13. She spent her remaining childhood years with her maternal aunt, but that they do not remain in communication today.

Ms. McAdams reports that her relationship with Mr. Dutton has been chronically tumultuous. She describes them as having regular arguments for the past 4.5 years, up to 2-3 arguments a week. Ms. McAdams states that many of these arguments may be her fault because she should just “keep her mouth shut.” Ms. McAdams reports that it is not uncommon for the
arguments to become physical, with Mr. Dutton being the aggressor, but she could not report a regular frequency. The last time an argument became physical was last week. Ms. McAdams reports that on that occasion her lip was split when Mr. Dutton slapped her.

Ms. McAdams reports that she has not ever told anyone about the family violence. She is not sure who she would tell as Mr. Dutton is the only adult she speaks to on a regular basis. Ms. McAdams reports that she is vaguely aware that there are community resources that can assist spouses who are battered but she is not certain she would “meet” this criterion and is very unclear about how one would access these services.

Ms. McAdams reports that she is not involved in any outside groups or activities. She briefly discussed attending a neighborhood church but Mr. Dutton told her he was too tired to go to Sunday morning services. Ms. McAdams reports that she did not consider the possibility of her and Lindsey attending services by themselves. Ms. McAdams reports her social isolation is a result of Mr. Dutton thinking she should spend more time at home, “cleaning and cooking”.

Mr. Dutton describes Ms. McAdams as “slipping in her responsibilities.” And as a justification of this description waves his hand around the apartment to indicate that it is in disarray. He expresses frustration that all Ms. McAdams has to do is manage the household and that she, in his opinion, is unable to do so. Worker’s observation of the apartment revealed a state of limited clutter but not a household that was clearly uncared for on a regular basis.

Lindsey describes her mom as “nice.” She knows her mom is happy when she smiles and that she is unhappy or afraid when she cries. Lindsey reports her mom is usually unhappy.

Mary is observed during home contacts to dress casually with basic hygiene skills intact.

Ms. McAdams reports only the occasional use of alcohol, only when she and Mr. Dutton are able to go out for a night by themselves. She cannot remember the last time they were able to go out as a couple or the last time she had a drink.

Ms. McAdams describes her mood as “OK.” She describes herself as neither very happy nor very sad, just that “this is my life and that is that.”

Analysis: From interviews and observations Ms. McAdams presents as fairly isolated and lonely. She has no outside contacts, supports, or friends. She presents as unaware of any kind of resources in the community that might be of assistance to her or her family. Her isolation is caused, at least in part, by Mr. Dutton wanting her to stay home. Ms. McAdams is a victim of physical and verbal assaults by Mr. Dutton. She is literally unaware of how to improve any aspect of her life.

Interviews: Mary McAdams, Bill Dutton, Lindsey
Observation: Mary McAdams

Parent/Caregiver 2: Bill Dutton

Mr. Dutton works five days a week as a cable TV installation specialist. He describes his job as stressful as orders can back up or come in at the end of the day. Mr. Dutton expresses
some frustration at his inability to control the flow of work he is responsible to complete on any
given work day. Mr. Dutton does indicate there can be “side benefits” to the job, describing
this is how he met Mary. He offered her additional free movie channels and she then agreed
to go on a date with him.

Mr. Dutton states that in order to deal with the stress of his job he will on occasion, 2-3 times a
week, stop at the local bar. When asked about the pattern or length of time he might spend at
the bar, he states he just has a beer or two, but he can’t be hanging out at the bar because he
has a family.

Mr. Dutton views taking care of his family as a primary responsibility, however he notes that he
at times feels dissatisfied with the condition of the home. He does not view any of the
household responsibilities as his. Mr. Dutton expects Ms. McAdams to stay home to cook and
clean. His overall demeanor presents as though he wants her to stay home and not be out
with friends or family.

Mr. Dutton reports that basically he is either at work or at home with brief visits to the
neighborhood bar. He describes his time at home as mostly watching sports, sleeping, or
having meals. He states that he and Ms. McAdams really don’t do much as a couple because
they have a child and need to be home with her. Mr. Dutton reports that he has some friends
through work and that he uses his time at the bar as his way of “relaxing.” There does appear
to be a pattern to the use of alcohol and the family violence that occurs in the home. Ms.
McAdams does report that often when they fight it is on the same nights that Mr. Dutton has
had a bad day and has stopped at the bar on the way home to try to “unwind.”

Mr. Dutton is not close with his family and does not see them as a support to him. He reports
that although his father was around he didn’t really “know him.” He describes his mother as a
weak person who exhibited poor judgment. He was not willing to discuss what poor decisions
she made in her life.

Mr. Dutton was generally defensive in regards to his relationship with Ms. McAdams, in
particular regarding the “fighting” in the home. Mr. Dutton does not view the fighting as a
concern in the home or in his relationship with Ms. McAdams. He stated that the injuries that
Ms. McAdams sustained during the most recent incident were accidental and that their
arguments are not typically physical. Mr. Dutton says he isn’t one of “those guys that beat up
on women.”

Ms. McAdams reports that Mr. Dutton is a good guy who can be nice, however she is hard
pressed to provide examples of how he is a good guy or nice, apart from when he offered her
free movie channels when they met.

Ms. McAdams reports that Mr. Dutton has a stressful job and that he is doing the best he can.

Lindsey showed hesitancy when discussing her father. She said he is happy when he is
watching the Packers and that when he is mad he is loud.

Mr. Dutton was observed to be articulate. He was seen while leaving work and was attired in
his uniform. Mr. Dutton does smoke, however reports that he does not smoke in the house.
and that he views smoking as a way to calm himself down.

Worker Analysis: Mr. Dutton presents as the head of his household and views his role within the family as one of providing monetarily for his family. Mr. Dutton was not able to identify coping mechanisms, other than smoking, that did not contain violence or escalatory behavior. Mr. Dutton was disengaged in the conversation regarding his violence and does not present as having self awareness in regards to his actions and the affects of his actions on his family. Mr. Dutton regularly engages in drinking, which contributes to his assaults on Ms. McAdams. Mr. Dutton limits Ms. McAdams’ ability to engage socially by expecting her to always be at home.

Interviews: Mary McAdams, Bill Dutton, Lindsey
Observation: Bill Dutton

**Related Adult Functioning Impending Danger Threats:**
Based on case information specific to the Adult Functioning domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.</td>
<td></td>
</tr>
</tbody>
</table>

**Parenting –**
5. General – What are the overall, typical, parenting practices used by the parents/legal guardians? Upbringing and influence on parenting.
6. Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians and under what circumstances?

<table>
<thead>
<tr>
<th>5. Parent/Legal Guardian 1: Mary McAdams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. McAdams is the primary caregiver within the household. Lindsey is the only child for both Mr. Dutton and Ms. McAdams.</td>
</tr>
</tbody>
</table>

Ms. McAdams speaks fondly of Lindsey, however at times reports being frustrated with Lindsey and her tantrums. Her frustration typically plays out in her simply ignoring the tantrums rather than dealing with them directly.

Ms. McAdams enjoys the time she spends with Lindsey, however she was not able to articulate what those times look like or what she enjoys about her time with Lindsey. She describes the biggest challenges of parenting Lindsey as the recent issues with Lindsey’s behavior. Overall Ms. McAdams reports she enjoys being a mom, however lately Lindsey’s tantrums have caused her to be upset because she does not understand the meaning or cause of Lindsey’s behaviors. Ms. McAdams feels that at times she has difficulty being emotionally available for Lindsey; however she does state that she is able to meet Lindsey’s basic needs. Ms. McAdams reports that parenting Lindsey is not what she thought parenting might be like. She had expected that parenting would be more rewarding and that the parenting experience would be one that she shared with another person more that she has with Mr. Dutton.

Ms. McAdams stated that she is “emotionally drained” because of the assaults and constant
arguments with Mr. Dutton. This lack of emotion is affecting Ms. McAdams’ ability to appropriately parent Lindsey and keep her safe. She isn’t able to give her the time and attention she needs because she is too preoccupied with the violence perpetrated by Mr. Dutton.

Ms. McAdams reports that she is aware there are services that could assist in assessing and possibly helping Lindsey’s apparent speech delay, but she is not sure how to go about accessing those services and is unclear of the next step in finding assistance for Lindsey beyond basic medical care.

Mr. Dutton describes Ms. McAdams as a “good mother” but then goes on to describe how he generally believes that if Ms. McAdams was more effective as a parent that Lindsey would be a “better” child. When asked for further examples, Mr. Dutton merely stated that if Ms. McAdams was doing her job as a mother it would not be necessary for him to “step in.”

Lindsey reports that she loves her mom and her mom “takes care of her.” She describes activities they do together as going to the park and watching movies.

Worker observed Lindsey to regularly approach Ms. McAdams to express needs such as food, water, help with a button, etc. while in the home. Lindsey showed no hesitation in approaching her mother.

Analysis: Based on interviews and observations it appears that Ms. McAdams finds some satisfaction in the parenting role, but she realizes that her emotional state may be impacting her effectiveness as a parent. Ms. McAdams is quick to meet Lindsey’s physical needs but does not appear as able to interpret her emotional, developmental, and safety needs.

Interviews: Mary McAdams, Bill Dutton, Lindsey
Observation: Mary McAdams and Lindsey

5. Parent/Legal Guardian 2: Bill Dutton

Mr. Dutton is the primary provider concerning monetary means in the household. His only child is Lindsey. Mr. Dutton doesn’t see his position in the family as one of a caretaker. He expects Ms. McAdams to do the direct caretaking of Lindsey whenever possible. However, Mr. Dutton does realize that Lindsey cannot care for herself, so he does not leave her unattended. Mr. Dutton does not partake in any sort of domestic duties. The cooking, cleaning, and parenting of Lindsey are completed by Ms. McAdams.

Mr. Dutton reports being happy about being a father, but he isn’t able to describe Lindsey in any detail, simply stating that, “Linds is Linds.” His time with Lindsey is confined to joint time as a whole family. Mr. Dutton does not seek out alone time with Lindsey.

Lindsey reports that she loves her father, but she is not able to articulate anything fun that they do together.

Mr. Dutton perpetrates physical and verbal violence towards Ms. McAdams on a regular basis,
Mr. Dutton often times stops at the bar on the way home from work instead of coming home to assist Ms. McAdams with parenting Lindsey. Mr. Dutton’s alcohol use contributes to his violence in the home and affects Lindsey in a negative and harmful way.

Analysis: Based on interviews and observations it is clear that Mr. Dutton is not involved in the daily parenting of Lindsey. He is a parent in name only. His violent behavior and drinking of alcohol has a negative effect on Lindsey, to the extent that she is in danger around him.

Interviews: Mary McAdams, Bill Dutton, Lindsey
Observation: Bill Dutton.

6. Parent/Legal Guardian 1: Mary McAdams

Both Mr. and Ms. McAdams identify that Ms. McAdams is the primary caregiver to Lindsey. Ms. McAdams reports that she primarily uses yelling to get compliance from Lindsey. Physical discipline is not used by Ms. McAdams as a form of discipline. Ms. McAdams states that she feels overwhelmed with disciplining Lindsey which often leads to her being inconsistent and yelling. Ms. McAdams appears at a loss when asked about her reasoning or goal in disciplining Lindsey. Mr. Dutton views Ms. McAdams’ discipline as too lenient.

Social worker did observe Ms. McAdams to send Lindsey to her room on one occasion; however this appeared to be more about having privacy to discuss assessment with worker. When Lindsey began to get loud and demanding in worker’s presence, Ms. McAdams tried to ignore her and eventually turned on a movie for Lindsey to watch.

Lindsey did not provide much detail about discipline. She did describe her mother sending her to her room, but it seemed that the time she spends in her room is inconsistent. Lindsey described being yelled at when she does something that bothers her mother.

Analysis: Based on interviews and observations it appears that Mr. McAdams does not approach discipline in a thoughtful or planful manner. Her approach to discipline is primarily based on stopping a behavior once she can no longer personally endure. Ms. McAdams does not describe discipline with any intention of teaching or development.

Interviews: Mary McAdams, Bill Dutton, Lindsey
Observation: Mary McAdams and Lindsey

6. Parent/Legal Guardian 2: Bill Dutton

Both Mr. and Ms. McAdams identify that Ms. McAdams is the primary caregiver to Lindsey. Mr. Dutton describes himself as primarily avoiding disciplining Lindsey, however when he does discipline her, it is to teach her “right from wrong.” However Mr. Dutton is unable to describe how this teaching occurs outside the use of threats, intimidation, and at times physical action.

Ms. McAdams views Mr. Dutton’s discipline as too harsh. Ms. McAdams was not able to give
descriptions of Mr. Dutton’s discipline when asked.

Lindsey did not appear comfortable in discussing discipline she receives from her father. She said she is “afraid” when she gets in trouble and her father is home.

Analysis: Based on interviews and observations it is evident that Mr. Dutton avoids discipline, much as he does his other parenting duties. When he does discipline it is self-serving rather than in a meaningful and productive way.

Interviews: Mary McAdams, Bill Dutton, Lindsey

**Related Parenting-General and Parenting-Discipline/Behavior Management**

**Danger Threats:**
Based upon case information specific to the Parenting General and Parent Discipline Assessment Area, indicates Yes, impending Danger exists or No, Impending Danger does not exist.

Yes  No

Parent/Legal Guardian or Caregiver is not meeting child’s basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.

Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.

Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND parent/legal guardian or caregiver behavior is indicative of the child being seriously harmed emotionally and/or the child has been seriously harmed or will likely be seriously harmed.

**SECTION B: PARENT/LEGAL GUARDIAN CAREGIVER PROTECTIVE CAPACITIES ANALYSIS**

<table>
<thead>
<tr>
<th>Parent/Legal Guardian Protective Capacity</th>
<th>Parent/Legal Guardian #1:</th>
<th>Parent/Legal Guardian #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes  No Unknown</td>
<td>Yes  No Unknown</td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controls impulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sets aside own needs for child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates adequate skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive as a parent/legal guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of protecting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 3: Applying the Florida Safety Decision Making Methodology to the Interview Process

Cognitive
- Is self aware
- Is intellectually able
- Recognizes threats
- Recognizes child’s needs
- Understands protective role
- Plans and articulates plans for protection

Emotional
- Meets own emotional needs
- Is resilient
- Is tolerant
- Expresses love, empathy, sensitivity to the child
- Is stable
- Is positively attached with child
- Is aligned and supports the child

Parent/Legal Guardian Protective Capacity Determination Summary:
Protective capacities are sufficient to manage identified threats of danger in relation to child’s vulnerability.
Protective capacities are not sufficient to manage identified threats of danger in relation to the child’s vulnerability.

SECTION C: CHILD SAFETY DETERMINATION AND SUMMARY
At the completion of the investigation and assessment, based upon the information currently available, reviewed, collected, assessed and analyzed:

Child Safety Analysis Summary

<table>
<thead>
<tr>
<th>Child 1:</th>
<th>Safe – No impending danger safety threats that meet the safety threshold. Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 2:</td>
<td>Safe – No impending danger safety threats that meet the safety threshold. Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. Unsafe</td>
</tr>
</tbody>
</table>

IF CHILD(REN) ARE ASSESSED AS UNSAFE, PROCEED TO SECTION D TO DETERMINE IF CHILD MAY REMAIN IN THE HOME WITH AN IN-HOME SAFETY PLAN. This may be non-judicial or judicial.

SECTION D: SAFETY ANALYSIS AND PLANNING

Yes No

The Parent/Legal Guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home. An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations. The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.

If “Yes” to all of SECTION F above – Child will remain in the home with an In-Home Safety Plan

☐ The child(ren) is/are “Conditionally Safe” (Unsafe, but a Safety Plan is executed which allows a child to remain in the home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.)
  ❖ A safety plan must be implemented, monitored, and actively managed by the department.
  ❖ The case will be opened for safety management and case management services

If “No” to any of SECTION F above – out of home placement is the only protective intervention possible for one or more children.

Out-of-home safety plan

The case will be open for safety management, case management, and reunification services

If an Out-of-home Placement is necessary, summarize reason for removal and conditions for return. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated over time to sufficiently address the impending danger and allow for the child to safely return home.
Topic ~ Determining the Sufficiency of Family Functioning Assessment Information Collection:

♦ Display PPT 32 Determining the Sufficiency of Family Functioning Assessment Information Collection: Exercise

PG44-56 FFA Impending Danger- Sara Smith (TG59-70)
PG57-64 FFA Impending Danger Shanteria Doe (TG71-76)
Trainer Version (TG77-78)

♦ This exercise involves having participants analyze and judge the sufficiency of information collection for each of the 6 Family Functioning Assessment categories of study.

♦ Review each of the criteria for the six domains of information.

♦ This exercise should be no longer than 30 minutes.

♦ The instructions for the exercise are as follows:
  o Have each group read both of the Florida Family Functioning Assessments.

  Trainer Questions are provided to facilitate the conversations.

  o After reading the case documentation, each of the groups will analyze and discuss whether the information for each of the Family Functioning Assessment categories is sufficient based upon the six domains of information collection.

  o The groups should be prepared to justify their analysis of the sufficiency of information collection for the case reviewed.

  o After the groups have considered and discussed the sufficiency of information collected in their case example, participants will debrief their conclusions with their group trainer.
Exercise Debrief:

- Proceed with the exercise debrief as follows:

- Begin debriefs with a discussion regarding extent of maltreatment and proceeds through each of the Family Functioning Assessment categories.

- Was information collection sufficient for safety decision making?
  
  - Why or why not?
  
  - What is the justification against the sufficiency criteria?

- If Family Functioning Assessment information was not deemed sufficient, what additional information appears to be needed in order to meet the information sufficiency criteria?

- Engage participants in a discussion regarding the significance of the exercise, in particular if they were surprised by their analysis of the information collection?

  - What were key areas within the assessment that they identified as areas of strength and areas that need further attention at the line level?
FLORIDA SAFETY MANAGEMENT FRAMEWORK
Family Functioning Assessment
Impending Danger

SECTION A. GENERAL INFORMATION

REPORT NAME: Sara Smith

CHILD PROTECTIVE INVESTIGATORS: report date:

DATE OF INITIAL CONTACT: DATE ASSESSMENT COMPLETED:
05/12/2012

CHILD INFORMATION

List all children in the household. All children residing in the household must be considered in the assessment of safety.

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Anthony Smith</td>
<td>05/18/2011</td>
</tr>
<tr>
<td>2 Jonas Smith</td>
<td>11/11/2009</td>
</tr>
<tr>
<td>3 Nickie Massey</td>
<td>05/17/2007</td>
</tr>
<tr>
<td>4 Willie Jerome Massey</td>
<td>02/07/2005</td>
</tr>
</tbody>
</table>

PARENT/CAREGIVER(S) AND OTHER ADULT(S) INFORMATION

List all Caregivers and other Adults the household; all adults in the household must be considered in the Family Functioning Assessment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Sara Smith</td>
<td>04/22/1987</td>
<td>Mother</td>
</tr>
<tr>
<td>2 Douglas Massey</td>
<td>07/28/1985</td>
<td>Father</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NONCUSTODIAL BIRTH PARENT OR PUTATIVE FATHER(S)

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Contact Information</th>
<th>Brief Summary of Involvement with child(re)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Michelle</td>
<td>305-316-5455</td>
<td>Maternal GM</td>
</tr>
</tbody>
</table>
**SECTION B. FAMILY ASSESSMENT AREAS AND IMPENDING DANGERS**

**ASSESSMENT AREA ONE: MALTREATMENT**

1. **Maltreatment:** What is the extent of the maltreatment? The kind and specific description of the maltreatment; the allegation; the severity of the maltreatment; the specifics of the events, injuries and conditions present; the conclusion reached by the worker confirming or refuting the alleged maltreatment.

   The one year-old child named Anthony Smith was brought to JMH emergency room by his parents due his left leg swollen. The x-ray reveals that the child has a serious fracture on his left femur.

   Mr. Smith reported that the child's leg stuck in the iron frame headboard of the parents' bed; he heard the child cried and he turned and just pulled the child from the frame.

   Ms. Smith reported that she was at work when the incident happened; she was getting the child ready for day-care the next morning and she realized that the child's leg is swollen and he was crying.

   Dr. Tarkoff reported that the child came in the hospital; the x-ray reveals that the child has a broken femur.

   CPT reported that the father's statement is consistent with the incident; it is considered accidental. However, it is neglect from the father.

   Interview and observation: Sara Smith, Douglas Smith, Anthony Smith, Dr. Tarkoff

2. **Nature:** What surrounding circumstances accompany the alleged maltreatment?

   The description must include what was going on around the time the maltreatment occurred; parent/caregiver explanation, acknowledgement and attitude; intentions. Assess frequency, history of maltreatment and CPS involvement, progressing patterns of severity.

   CPT reported that Mr. Smith stated that the child has fallen two times before to the same bed and the third time the child got injured. CPI also reported that there have been two priors incidents to Nickie: one incident was that Nickie had sustained bruises on his face and leg areas; the other incident Nickie got burn in hot water while under Mr. Smith' care; it is considered as neglect.

   Mr. Smith reported that the child has fallen two times before on a mattress that was just on the floor, not the same bed in a few months.

   Ms. Pickett stated that the child is very active and she needs to keep an eye on him all the times; he uses to put his feet on the chair at the day-care. She said she even asked the father if the v/c acts like that when he is at home; dad responded the child acts that way at home but they keep an eye on him.

   Interview and Observation: Douglas Smith, (CPT), Ms. Rigett (Teacher)

**Related Extent of Maltreatment and Nature of Maltreatment Impending Danger Threats:**

Based on case information specific to the Maltreatment and Nature Assessment Areas, indicate Yes Impending Danger exists or No Impending Danger does not exist.

- Yes □ No ☑ Living arrangements seriously endanger a child’s physical health.
- Yes □ No ☑ Parent/caregiver is unwilling or unable to perform parental duties and responsibilities. Specifically––one or both parents/caregivers cannot or do not explain the child’s injuries and/or conditions.
- Yes □ No ☑ One or both parent/caregivers intend(ed) to hurt child and show no remorse.
- Yes □ No ☑ Family is not able to meet basic needs.

**ASSESSMENT AREA THREE - CHILD FUNCTIONING**

3. **Child Functioning**: How does the child function on a daily basis? The assessment must include physical health and development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors which seem to provoke parental reaction/behavior.

**Child 1: Anthony Smith**

The child is one year-old; he is attending day-care. The child has a broken femur.
Ms. Pigett reported the child is always happy in the day-care; he plays, sleeps, and eats well. She also said the child is very active.
Mr. Smith reported that Anthony goes to day-care and stays home with him. He said Anthony is very active and needs to be watched all times.
Ms. Smith reported that Anthony is very energetic and playful; he goes to day-care during the week and stays home with father and mother when he is not in day-care.

**Child 2: Jonas Smith**

Mr. Smith stated that Jonas goes to the same day-care as Anthony; he also spends time with the maternal grandmother but he sleeps with the biological parents. He also reported that Jonas is a "daredevil"; he works all over the place and he does not sit.

Ms. Brown reported that the child Jonas spends most of the time with her and she picks him up from the day-care in the afternoon.
Ms. Smith reported that Jonas is a "daredevil" meaning he is everywhere; he is acting but he is bonded to her.
Ms. Pigett reported that Jonas acts well in the day-care; he involve with others like playing, talking, sitting at the table.

**Child 3: Willie Massey**

Willie reporter that stated that he is attending school; he is in first grade. He also reported living with his maternal grandmother. In addition, he said he goes to another day-care after school.
Ms. Smith stated that Willie is attending Elementary school but he also goes to day-care located at South Avenue after school. Ms. Smith stated that Willie is extremely intelligent,
quiet, opinionated, and he has a common sense for his six years of age. Mr. Smith stated that Willie is energetic like his brother Nickie; they always together as they spend times together at the maternal grandmother's home. He also said Willie goes to school in the morning and day-care after school until mom or aunt picks him up. Ms. Smith-Pierre reported that Willie spends times with her but he sleeps with his mother; he goes to Elementary School in the morning; he catches school bus to go to day-care when school is over. She mentioned that this is a good intelligent kid who is very active.

Child 4: Nickie Massey
Ms. Smith reported that Nickie spends most of the time with the maternal grandmother; he sleeps with her. According to Ms. Smith, Nickie goes to Day-care and he will be in kindergarten soon; he is doing good. Ms. Smith mentioned that Nickie is a quiet child.
Mr. Smith said Nickie is energetic and he plays with his siblings; he is attending Liberty Academy day-care.
Ms. Smith-Pierre reported that Nickie lives with her; he goes to Liberty academy day-care; he is lovable and affectionate. He always plays with other kids; he has no problem to eat and sleep, he is healthy.

Interview and Observation: Douglas Smith, Ms. Rigett (Teacher), Sara Smith, Treisha Brown, Michille Smith-Pierre

Related Child Functioning Impending Danger Threats:
Based on case information specific to the Child Functioning Area, indicate Yes Impending Danger exists or No, Impending Danger does not exist.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>Child has exceptional needs which the parents'/caregivers’ cannot or will not meet.</td>
<td></td>
</tr>
<tr>
<td>Child is extremely fearful of the home situation.</td>
<td></td>
</tr>
</tbody>
</table>

ASSESSMENT AREA FOUR: ADULT FUNCTIONING

4. Adult Functioning: The assessment must include current and recent history of mental and physical health, history of domestic violence, substance use (what, how long, impact to child safety), employment, criminal behavior, trauma history/adverse childhood events (ACE), social relationships; must include current behavior, communication skills, intellectual functioning; problem solving; reality perception and coping.

Parent/Caregiver 1: Sara Smith
Ms. Smith is 24 year-old single woman who has four kids for two different fathers. She reported that she is working as an OR Assistant; her schedule is 3:00 pm to 11:30 pm. Ms. Smith reporting having no medical concern.
Mr. Smith reported that the mother works full time at hospital in the operating department. He stated that Ms. Smith and he have the best relationship for the last four years.

Parent/Caregiver 2: Douglas Smith
Mr. Smith, a 27 year-old man, unemployed, reported that he lost his job a few months ago; he does not have a car. He said he stays home with the kids when the mother is at work.
Ms. Smith stated that the father is not currently working, he is the one who cares for the kids...
Tina Brown
Ms. Brown stated that she is working and she involves a lot in church activities such as participating in the services; she also goes to support another church that is leaded by her pastor’s daughter. Ms. Brown reported that she stays at home sometimes with her grandson Jonas.

Michelle Smith- Ms. Smith- reported that she is a church members and she involves in church often. She said she does not have a job but she is looking. She mentioned that she stays home to care for her kids. She has lost her husband a few years ago.

**Related Adult Functioning Impending Danger Threats:**
Based on case information specific to the Adult Functioning Assessment Area, indicate Yes Impending Danger exists or No, Impending Danger does not exist.

- One or both parents/caregivers are violent; this includes Domestic Violence and General Violence.
- One both parents/caregivers cannot control behavior; this includes out of control substance abuse, unmanaged mental health, developmental status or cognitive deficiency that seriously impairs their ability to care/protect their children.

**Related Adult Functioning Parent/Caregiver Protective Capacities:**

<table>
<thead>
<tr>
<th>PARENT/CAREGIVER</th>
<th>Sara Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1:</td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
</tr>
<tr>
<td>Takes Action</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Self-Aware</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Meets Own Emotional Needs</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Physically Able</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Intellectually Able</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Resilient</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Assertive and Responsive</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Recognize Threats</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Stable-Emotional/Mental</td>
<td>Yes ☑</td>
</tr>
</tbody>
</table>
Uses Resources to Meet Basic Needs
Yes ☒ No ☐ Unknown ☐

Impulse Control
Yes ☒ No ☐ Unknown ☐

**PARENT/CAREGIVER #2: Douglas Smith**

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Cognitive</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes Action</td>
<td>Self-Aware</td>
<td>Meets Own Emotional</td>
</tr>
<tr>
<td>Yes ☒ No ☐ Unknown</td>
<td>Yes ☒ No ☐ Unknown</td>
<td>Yes ☒ No ☐ Unknown</td>
</tr>
<tr>
<td>Physically Able</td>
<td>Intellectually Able</td>
<td>Resilient</td>
</tr>
<tr>
<td>Yes ☒ No ☐ Unknown</td>
<td>Yes ☒ No ☐ Unknown</td>
<td>Yes ☒ No ☐ Unknown</td>
</tr>
<tr>
<td>Assertive and Responsive</td>
<td>Recognize Threats</td>
<td>Stable-Emotional/Mental</td>
</tr>
<tr>
<td>Yes ☐ No ☒ Unknown</td>
<td>Yes ☒ No ☐ Unknown</td>
<td>Yes ☒ No ☐ Unknown</td>
</tr>
</tbody>
</table>

Uses Resources to Meet Basic Needs
Yes ☒ No ☐ Unknown ☐

Impulse Control
Yes ☒ No ☐ Unknown ☐

**ASSESSMENT AREAS FIVE AND SIX: PARENTING**

4. **Parenting – General:** What are the overall, typical, parenting practices used by the parents/caregivers? (Do not include discipline.)

**Parent/Caregiver 1: Sara Smith**

Ms. Smith stated that she drops the children at school and day-care every morning. Ms. Smith reported that she buys food and clothes for the kids; she also cooks, takes them to school and cooker cheese. She said she also teaches the kids of right from wrong.

Ms. Brown reported that the parents are good people who have good parenting skills such as cooking, taking kids to school daily; they love the kids.
Willie said his mother cooks for him when he visits them; she also does laundry.

**Parent/Caregiver 2: Douglas Smith**

Mr. Smith indicated as he is not working he stays home helping the children with their homework, plays and watches TV with them.

Ms. Smith reported that the father helps her to clean the house, bath the kids, and cooks.

Willie stated that Mr. Smith cooks when he visits the family.

Ms. Brown mentioned that the parents are good people who have good parenting skills such as cooking, taking kids to school daily; they love the kids.

5. **Parenting – Discipline:** What are the disciplinary approaches used by the parents/caregivers, and under what circumstances?

**Parent/Caregiver 1: Sara Smith**

The mother stated that she does not hit her kids; she said to them "stop" all day and/or "Don't do that".

Mr. Smith reported that the mother usually asks the kids to be quiet.

Ms. Brown stated that she has not seen the mother hits the children; she talks to them in a right way to behave.

**Parent/Caregiver 2: Douglas Smith**

Mr. Smith stated that he uses time out, has them standing in the corner holding a book.

Ms. Smith stated that the father does not hit the kids; he asks them to go to their rooms or "Don't do that".

Ms. Brown said that the father does not hit his kids; he does not believe in hitting or beating the kids.

Willie disclosed that Mr. Smith hits him and told him to go to bed when he was 3, 4, and 5 years of age. He said grandma Michelle always talks to the kids; she does not hit.

Nickie reported that Mr. Smith beats him on the butt because he did bad things such as urinate on the bed. He reported that mom talks to the kids.

**Related Parenting General and Parenting Discipline Impending Danger Threats:**

Based on case information specific to the Parenting Assessment Areas, indicate Yes Impending Danger exists or No, Impending Danger does not exist.

- Yes ☐ No ☒ One or both parents/caregivers have extremely unrealistic expectations of a child
- Yes ☐ No ☒ Parent/caregiver is unwilling or unable to perform parental duties and responsibilities, which could result in serious harm to the child.
<table>
<thead>
<tr>
<th>CAREGIVER</th>
<th>Sara Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Being Protective</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Recognizes Child’s Needs</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Sensitivity, Love, Empathy towards Child</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Set Aside Own Needs</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Understand Protective Role</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Tolerant as a Caregiver</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Adequate Skill for Caregiving</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Accurate/Realistic Perceptions</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Positive Attachment</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Adaptive as Caregiver</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Plans/Articulates Plan to Protect</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Aligned with Child</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>CAREGIVER</td>
<td>Douglas Smith</td>
</tr>
<tr>
<td>NA ☐</td>
<td></td>
</tr>
<tr>
<td>History of Being Protective</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Recognizes Child’s Needs</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Sensitivity, Love, Empathy towards Child</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Set Aside Own Needs</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Understand Protective Role</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
<tr>
<td>Tolerant as a Caregiver</td>
<td>Yes ☒ No ☒ Unknown ☐</td>
</tr>
</tbody>
</table>
**Adequate Skill for Caregiving**  
Yes ☒ No ☐ Unknown ☐

**Accurate/Realistic Perceptions**  
Yes ☒ No ☐ Unknown ☐

**Positive Attachment**  
Yes ☐ No ☒ Unknown ☐

**Adaptive as Caregiver**  
Yes ☒ No ☐ Unknown ☐

**Plans/Articulates Plan to Protect**  
Yes ☒ No ☐ Unknown ☐

**Aligned with Child**  
Yes ☐ No ☒ Unknown ☐

### SECTION C. CHILD SAFETY DETERMINATION SUMMARY

Indicate whether a child is safe by providing a summary judgment about impending danger which is justified and reflects the results of the Family Functioning Assessment and Safety Evaluation. You must apply the safety threshold criteria in making this determination:

<table>
<thead>
<tr>
<th>SAFETY THRESHOLD CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A FAMILY CONDITION IS OUT OF CONTROL</td>
</tr>
<tr>
<td>2. A FAMILY CONDITION IS LIKELY TO RESULT IN A SEVERE EFFECT</td>
</tr>
<tr>
<td>3. THE SEVERE EFFECT IS IMMINENT: REASONABLY COULD HAPPEN IN PROXIMATE TIME ---- SOON</td>
</tr>
<tr>
<td>4. THE FAMILY CONDITION IS OBSERVABLE AND CAN BE CLEARLY DESCRIBED AND ARTICULATED</td>
</tr>
<tr>
<td>5. THERE IS A VULNERABLE CHILD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child</th>
<th>Safe</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Anthony Smith</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2: Jonas Smith</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>3: Nickie Massey</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>4: Willie Jerome Massey</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>5:</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

*Add additional children as needed

☒ The Child(ren) is/are Safe: (Check which apply)
☐ There are no children who are identified as vulnerable.
☐ There are no impending danger threats that meet the safety threshold.
☒ Impending danger threats are being effectively controlled and managed by a responsible caregiver in the home. (Briefly summarize the justification below based on the non-maltreatment caregivers’ protective capacities.)

☐ The Child(ren) is/are Unsafe.
☐ There are one or more impending danger threats to a vulnerable child’s safety which
are not being controlled or managed by a caregiver.

☐ A safety plan must be implemented. Proceed to Safety Planning Analysis.
☐ The case will be open for services.

SECTION D: MALTREATMENT/ALLEGATION FINDING DISPOSITION

☐ No evidence to support that any allegation(s) for maltreatment was found or some credible evidence to support that any allegation(s) of maltreatment was found: Not Verified

If not verified describe explanations, justifications, circumstances that support the conclusion in Assessment Area Two: Nature.

☒ Verifiable preponderance of credible evidence to support that any allegation(s) of maltreatment was found: Verified

Describe the extent of the current maltreating behavior. The description must include type of maltreatment; specific evidence; sources of evidence; severity of effects on child; person responsible; disclosure/admissions. Refer to the child maltreatment index for additional application.

SECTION E: SAFETY ANALYSIS AND PLANNING

Complete safety analysis and planning on all cases where children are identified as unsafe and in need of protection. This establishes reasonable efforts and rationale for the type of safety plan developed (in-home safety plan or out of home safety plan-placement). You must staff the case immediately with a supervisor to determine the next steps. Justify any case specific information for any/all “no” and “yes” determinations:

Justification for the use of an In-Home Safety Plan or the need for Out of Home Placement (safety Plan):

☒ YES ☐ NO  The caregivers are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

☒ YES ☐ NO  The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safety.

☒ YES ☐ NO  Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

☒ YES ☐ NO  An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.

☒ YES ☐ NO  The caregivers have a residence in which to implement an in-home safety plan. (this could include shelter, friend/relatives home, etc)

If the answer is “NO” to any of the safety analysis questions then the determination is that an in-home safety plan CANNOT sufficiently control impending danger and assure child safety. Any NO response indicates the need to pursue the use of an out of home safety plan (placement)
and/or the determination that child(ren) must remain in placement. If the answers to the questions are yes, proceed with the development of an in-home safety plan.

**JUSTIFICATION:**
1. There is a safety plan implemented. The children were removed from both parents due to the CPT recommendations based on the family prior history with DCF and DCF efforts to ensure the safety of the children. However, the Judge denied the shelter petition and she returned the kids to their biological parents. Judge recommends services for the family and the father needs to be supervised with the kids. DCF refiled the shelter petition on May 4, 2012 after receiving the new CPT recommendations to remove the kids. However, Judge did not approve it and she ordered psychological evaluation for dad and mom as per DCF attorney request.

The family accepted with the judge's recommendations and willing to corporate.

**Type of safety plan and intervention implemented based on unsafe determination:**
- [x] In-home safety plan
- [ ] Out-of-home safety plan

**SECTION F: APPROVAL OF FAMILY FUNCTIONING ASSESSMENT**

*(This section must be completed by CPS Supervisor)*

The Family Functioning Assessment policies were followed:

- [ ] YES - (Interview process, identifying dates, sources of information and other important case information that would not be included on this summary should be documented below).

- [ ] NO - (If timeframes are not met for the initial contact or the completion of the family functioning assessment, document the rationale and/or justification below. If the interview protocol was not or could not be followed, or an interview is waived; document rationale and justification below).

**RATIONALE AND JUSTIFICATION:**

- [ ] YES  [ ] NO Does the documentation support the finding of maltreatment or lack of maltreatment?

- [ ] YES  [ ] NO Does the documentation support the Family Functioning Assessment Conclusion?
☐ YES  ☐ NO  ☐ N/A Is the safety plan appropriate given the identified impending dangers, protective capacities and child vulnerabilities?

☐ YES  ☐ NO  Are necessary parties to the safety plan in agreement and capable of assuring the child’s safety?

Supervisory Approval of the Maltreatment Finding, Safety Conclusion, and Safety Plans if appropriate:

__________________________________________  _____________
Signature                                      Date
FLORIDA SAFETY MANAGEMENT FRAMEWORK
Family Functioning Assessment
Impending Danger

SECTION A. GENERAL INFORMATION

REPORT NAME: Shanteria Doe  FSFN:

CHILD PROTECTIVE INVESTIGATOR: REPORT DATE

DATE OF INITIAL CONTACT: DATE ASSESSMENT COMPLETED:

CHILD INFORMATION

List all children in the household. All children residing in the household must be considered in the assessment of safety.

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Paris Richardson</td>
<td>01/12/2006</td>
</tr>
<tr>
<td>2 Dasheyla Blemur</td>
<td>01/15/1998</td>
</tr>
<tr>
<td>3 Donavia Blemur</td>
<td>04/26/1995</td>
</tr>
</tbody>
</table>

PARENT/CAREGIVER(S) AND OTHER ADULT(S) INFORMATION

List all Caregivers and other Adults the household; all adults in the household must be considered in the Family Functioning Assessment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Shanteria Doe</td>
<td></td>
<td>Paris’ Mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dasheyla and Donavia’s sister</td>
</tr>
<tr>
<td>2 Valeria Smith</td>
<td></td>
<td>Paris’ MGM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dasheyl and Donavia’s mother</td>
</tr>
</tbody>
</table>
NONCUSTODIAL BIRTH PARENT OR PUTATIVE FATHER(S)

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Contact Information</th>
<th>Brief Summary of Involvement with child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION B. FAMILY ASSESSMENT AREAS AND IMPENDING DANGERS

ASSESSMENT AREA ONE: MALTREATMENT

2. Maltreatment: What is the extent of the maltreatment? The kind and specific description of the maltreatment; the allegation; the severity of the maltreatment; the specifics of the events, injuries and conditions present; the conclusion reached by the worker confirming or refuting the alleged maltreatment.

Allegation: "Paris has a burn. Paris' was at her aunt and fourteen year old cousin's house while mom was at work. Paris was bothering her cousin while her cousin was on the phone. Paris' cousin got upset with Paris and put an iron on Paris leaving a burn mark. Paris' aunt told Paris that if anyone asks how she was burned to say that it was from when the aunt was trying to give her noodles and water splashed on her. Paris initially gave the story that the burn was from noodles but the burn mark does not match the description of the injury; an iron does. Mom is aware of what happened."

The child, Paris, sustained a large asymmetrically shaped burn in the center of her chest. It is currently in the healing stages and has begun to shed the burned skin. The child has provided inconsistent accounts of how she sustained the injury, but advised that it was caused by her 14yo aunt who resides in the home with her. CPT examined the child

Findings: Not substantiated maltreatment of a Burn.

Interviews: child Paris, Dashayla, and Donavia; mother Shanteria, and Maternal grandmother Valerie Smith.

Collaterals: School nurse, School teacher Quendolyn Smith.

ASSESSMENT AREA TWO: NATURE OF MALTREATMENT

2. Nature: What surrounding circumstances accompany the alleged maltreatment?
The description must include what was going on around the time the maltreatment occurred; parent/caregiver explanation, acknowledgement and attitude; intentions. Assess frequency, history of maltreatment and CPS involvement, progressing patterns of severity.

Paris (child) reported that the burn on her chest was caused when her her 14 year old aunt, Dashayla, was making noodles in the kitchen. Paris said that she was at the kitchen with the aunty and her aunty dropped the pot of hot water and noodles, causing the water to splash on her body. Paris initially explained that the burn was not sustained with an iron, but she later said she was burned twice, with the hot water, and then later with an iron on that same day. She said her aunt burned her with an iron because she was upset. This is the first time the aunt has hurt her.
Dashayla (child) reported that she was cooking noodles in the home. She was in the home with her niece and her mother. She said that the water was boiling and when she tried pouring the noodles over the sink she burned on her finger. This then caused her to drop the pot of noodles and boiling water, sending some hot water splashing on her niece who was standing very close to her. Dashayla denied burning Paris with an Iron or burning her intentionally at all.

Donavia (child) reported that the incident occurred while she was at home during the spring break with her mother Valeria, sister Dashayla and niece Paris. She explained that she was in her bedroom when the accident happened and did not witness the alleged incident. She knows only what her sister Dashayla told her, that Paris was burned because boiling water splashed on her accidentally while making noodles.

Mrs. Valeria (MGM of child, Paris) reported that she was at home taking care of the children during Spring Break when the accident took place. She explained that did not witness the incident but Paris and Dashayla but told her that Paris was burned when hot water splashed on her chest when Dashayla was trying to make noodles. Valerie said that she believes what the children told her. Valerie denied any knowledge that Dashayla burned Paris with an Iron.

Mrs. Shanteria (mother of Paris) reported that she was at work when Paris was burned at home, she explained that she knows only what the children and her mother, Valeria, have told her about the incident and she believes them.

Mrs Smith (School teacher) reported that she was at the school and observed the child scratching her chest; she said that she saw the child with a burn at the chest and asked the child how it happened. The child told her that she was burned when hot water splashed over her when her aunt was making noodles.

The school nurse reported that the child came to her office with at which time she assessed the child and observed the child with a burn on her chest. Paris initially gave the story that the burn was from noodles but the nurse did not think the burn mark matched the description of the injury; she thought it resembled the mark of an iron. She reported that she asked the child if the burn was done with an Iron and the child told her that the burn was actually sustained because the aunty was talking on the phone and she was bothering her, and so the aunty burned her chest with the Iron.

Interview child Paris, Dashayla, and Donavia; care giver Shanteria, and Maternal grandmother Valerie Smith.

Collaterals: School nurse, School teacher Quendolyn Smith

Related Extent of Maltreatment and Nature of Maltreatment Impending Danger Threats:

Based on case information specific to the Maltreatment and Nature Assessment Areas, indicate Yes Impending Danger exists or No Impending Danger does not exist.

Yes ☒ No ☐ Living arrangements seriously endanger a child’s physical health.

Yes ☐ No ☒ Parent/caregiver is unwilling or unable to perform parental duties and responsibilities. Specifically—-one or both parents/caregivers cannot or do not explain the child’s injuries and/or conditions.

Yes ☐ No ☒ One or both parent/caregivers intend(ed) to hurt child and show no remorse.

Yes ☐ No ☒ Family is not able to meet basic needs.
ASSESSMENT AREA THREE - CHILD FUNCTIONING

3. Child Functioning: How does the child function on a daily basis? The assessment must include physical health and development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors which seem to provoke parental reaction/behavior.

Child 1: Paris Richardson, a 6 year old child. She resides with her mother is Shanteria Doe. Her father is Charles Richardson who lives in the same neighborhood.

The child explained that she has a sister on her father’s side that is older than her and lives with her mother, and a brother that is younger than her and lives with her dad and grandmother. The child explained that she loves her sister, she likes kitty cats, and she takes good care of her brother who loves cars. Paris attends Earlington Heights Elementary school where she is in the 1st grade. She speaks fluent English. She indicates that is doing well in school. The child explained that her best friend is in the after school care program with her too. The child reported that she likes the school. The child appeared to be appropriately able to communicate and spoke freely with CPI. She is free of any physical or mental health limitations.

Mrs. Qwendolyn (school teacher) said that she has had Paris at Earlington Heights Elementary school in her classroom since August when the school year started. She explained that the child has good grades and has only two absences, on 03/05/2012 and 03/09/2012. The child comes to school on time and in the afternoon she goes to the after school until mom picks her up. She said that Paris has excellent relationships with the other kids in her classroom. This is the first problem with the child at the school and the child has been at the same school since kindergarten last school year.

Rosa Valdez reported that she has no problems with Paris, the child has been at the daycare since she was a baby and never has had any issues with her. She explained that the child has a good relationship with the other kids. She respects and helps the younger children too. She also said that Paris’ brother was at the same daycare until a month ago and the relationship with him was the best. Mrs Rosa said that Paris is always happy and looks healthy.

Shanteria (mom) said that she sees the child as a lovely child, smart, with too much imagination. She reported that the child has many friends in the neighborhood and her father is involved in her life. She explain that the child has no mental or health problems. She is very happy and gets along well with others.

Dashayla (child) reported that Paris is a smart girl that she has good relationships with everybody at home. Paris loves to spend time with her mother and father. She explained that the child is doing good at the school.

Donavia (child) explained that Paris have a good relation with everybody at home, does not have any health problem.

Mrs Valerie (MGM) explain that Paris has a good relation with the mother and father, and her siblings. She reported that the child also has good relationships with the rest of the family. She reported that the child has no health problems.

Analysis: Paris is a 6 year old child who is functioning at appropriate grade level and maintaining healthy relationships. The child lives with the mother and maternal family. The child has no physical or mental health limitations.
Child 2: Dashayla Blemur is a 14 year old child. Her mother is Valerie Doe and she lives with her two sisters and niece. Her father is Mr. Blemur and is not in her life.

Dashayla attends Doral Middle school where she is in the 8th grade. She speaks fluent English. She indicates that is doing well in school. The child explained that has no specific best friend but everybody is her friend at school. The child reported that she likes the school and is smart. The child Dashayla reported that she has two sisters and a brother. Her brother does not live with her but he visits them periodically. She explained that she has a better relationship with her sister, Donavia, because she have spent more time together.

Mrs. Garcia, the school counselor said that the child has been at the school since 7th grade. She explained that the child has no problems with the others student, but has problems with the staff. She likes to answer back and complain. She said that the child has 4 excused absences and 2 un-excused, with no tardies. The counselor said that the child was having problems with some subjects but at the last period she has improved her grades. She explained that the child uses the school bus as transportation to the school.

Mrs Shanteria see her sister Dashayla as a normal teenager, who is in a difficult age of her life. She explain that her sister is not capable of harm anybody on purpose. She is smart and age appropriate. She has no criminal history or history of health problems.

The child Donavia see her sister as a good child that has to deal with the to many change in her life due the age. She reported that Dashayla is a good sister that respect the mother and older siblings. She explain that has a good relation with the little kids, and Paris like to follow her when they are at home together.

Mrs Valerie explained that Dashayla is in a difficult age and there are times that do not like to follow instructions or does not accept others orders. She has a good relationship with the mother and father, and her siblings. She reported that the child also has a good relationship with the rest of the family. She reported that the child has no health problems. She is doing okay in school and is not a problem with other students.

Analysis: Dashayla is a 14 years old who is functioning at appropriate grade level. The child live with the mother and siblings. The child is in a difficult age an is having problems at the school with the staff, she use to answer back and have arguments. The child has improvement on her grades.

Child 3: Donavia Blemur is 16 years old child. Her mother is Valerie Doe and she lives with her mother and other relatives. Her father is Mr Blemur and is not involved in her life.

Donovia attends Miami North Weston high school where she is in 10th grade. She speaks fluent English. She indicates that she has good grades, and likes to study. She said that she has a good relationships with all the students. She also reported that has good relationships with her siblings, and her mother. She said that like to go out with her two sisters. She said that she loves her nephew and niece.

Mrs Shanteria sees her sister Donavia as a good sister who likes to share time with her family, she is proud of her sister and believes that is the smartest one. She also explained that she is an honor student, and is doing the best at the school because she wants to be a lawyer. She sees her sister as a concentrated girl that knows what want in the life.

Mrs Valerie reported that her daughter Donavia is the one who helps her at home the
most. She helps with cooking and cleaning the house, she likes to take care of the kids in the house also. She sees the child as an excellent daughter with good feelings, that like the school and has good goals in her life. She explained that the only problem with the child is that she is overweight and is asthmatic and does not like to exercise. She denied any other physical or mental health issues.

Analysis: Donavia is a 16 years old child who is functioning at appropriate grade level. The child live with the mother and siblings. The child is having good grades and know what she wanted for her future.

Interview child Paris, Dashayla, and Donavia; care giver Shanteria, and Maternal grandmother Valerie Smith.

Collaterals: Daycare teacher Rosa Valdez, School teacher Quendolyn Smith, school counselor Mrs. Garcia.

*Add additional children as needed

**Related Child Functioning Impending Danger Threats:**

Based on case information specific to the Child Functioning Area, indicate Yes Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**ASSESSMENT AREA FOUR: ADULT FUNCTIONING**

4. **Adult Functioning:** The assessment must include current and recent history of mental and physical health, history of domestic violence, substance use (what, how long, impact to child safety), employment, criminal behavior, trauma history/adverse childhood events (ACE), social relationships; must include current behavior, communication skills, intellectual functioning; problem solving; reality perception and coping.

**Parent/Caregiver 1: Shanteria Doe is a 25 years old woman who lives in a house with her daughter, mother, and her two sisters. She reported that she has two children and has never been married. She met the children’s father in high school. She explained that had been in relationship with him (Charles) for about 5 years, but they never lived together. She explained that she has an excellent relationship with the father. During the time they were together they never had domestic violence, they ended their relationship because they were not happy. She explained that has two kids with Charles, their daughter (Paris) lives with her, but their son lives at the paternal grandmother and fathers house. Shanteria reported that she is working at the moment, at a day care, as an assistant. She reported that has no health problems. Shanteria said that wants to go back to the college to find a career. Paris describe her mother as a good person, and she like to be with her and want to be just like her. Valeria describe her daughter Shanteria as a person that has no stress, or health problems, with no addictions. She functions properly and makes good decisions. |
## 5-a Adult Functioning - Other adults/significant others in the home

**Other adult and relationship to child, if any:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caregiver 2</td>
<td>Valeria Doe</td>
<td>46 year old woman who lives in a house with her three daughters and her granddaughter. She explained that she had never been married and does not want any man in her house. She explained that she never used to live with the fathers of her kids and he has not been in her children’s life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Valeria reported that she was unemployed but she started to work at the University of Miami. She reported that has no health problems or addictions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paris described Valeria as a lovely grandmother that is always at home when she came from the day care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shanteria describe Valeria as and strong woman that is in control of her house and likes for everybody to follow and respect her rules. She explained that her mother does not bring any men to the house. She likes to respect where she live and like her daughters to do the same. She is not aware of any physical or mental health ailments Valeria may have.</td>
</tr>
<tr>
<td>Interview</td>
<td>mother Shanteria, child Paris, and grandmother Valerie.</td>
<td><em>additional caregivers as needed</em></td>
</tr>
</tbody>
</table>
Question 1:

This question is not sufficient. How is this neglect? How is this serious in regards to child abuse and neglect? An accidental fall which is supported—are you assessing physical abuse and neglect and if so, how are you qualifying the severity of the neglect for this child? Need more information here.

Question 2:

Does Niki live in this home? If you are trying to explore the extensiveness of neglect then, this would go under 1 in regards to the severity. Here they offer no insight other than a statement to the nature of the maltreatment going on in the home. In addition, there is not sufficient information to draw conclusions—there is also no reconciling of information for impending danger. If anything you support a position of present danger—

Question 3:

The child functioning is all not sufficient. You are missing key pieces of information and it is also unclear what children live in the home.

Question 4:

Both are not sufficient for the parents. Who are they as adults…their relationship, coping, supports, etc.

Question 5: Not sufficient. Need more information as to who they are as parents, history of parenting, why does it appear that two children live in other homes?

Question 6: Not sufficient. Need more information as to who they are as parents, history of parenting, why does it appear that two children live in other homes?

Safety Determination

The worker determines that the children are safe, however notes that action was taken to develop a safety plan. The caregivers protective capacities are not supported by the information, thus making the safety determination not supported.

Shanteria Case

Q #1: This answer is not sufficient. It is a repeat of the intake report. What does it mean that mom is aware of what happened? What does it mean that the burn does not match the description of the injury? What does the burn look like? What did the worker observe? Keep in mind that while the injury is potentially one form of abuse, the larger concern being raised is the lack of supervision and protectiveness by the mother. Knowing how she responded here speaks to severity. In addition, knowing how
the burn was or was not affecting the child, speaks to the condition of the child and symptoms.

Q#2: Not sufficient. She was burned two times…and no one has an explanation of this. While it is good that we have everyone’s version, what was mom’s reaction to all of this and what is the worker analysis of the fact that no one has consistent accounts of how a small child gets burned twice.

Q#3: Not sufficient. This information reads like a laundry list with no analysis regarding how the children function on a daily basis outside of going to school and coming home and minimal information regarding the interaction between the children in the home. Seeing how the concern is regarding one child burning the other, how they function is especially critical.

Q#4: Not sufficient. Great information regarding the relationship of the parents and their history, however more is needed about how she is functioning day to day. Her support network, her coping, etc. The same for the maternal grandmother. What is the relationship like between the mother and MGM?

Q#5: Not sufficient. Why is it that one child lives with the Dad? What are her views on parenting, how does she feel about being a parent? How is she coping with parenting in a blended household? What is the role of MGM in caretaking the child and how does the mother view this role. In regard to the MGM, what is her role as a caretaker, does she have one, does the child identify her as a caretaker or is she just a household member. How does she respond to the blended household? What is her parenting view?
♦ Display PPT 33 Conclusion

♦ Conclude the exercise and module with reconfirming the significance of information collection, with focus on sufficiency and how to incorporate sufficiency during information collection.

♦ Reinforce the core essential skills of engaging as they are related to information collection and aligned with FSDMM, to include family engagement, and incident versus holistic approach to information collection.

♦ Complete the Module with reinforcing the core objectives of Module 3
Interview Scenarios
Interview Scenarios: Exploring, Focusing, Directing
(Practice Scenarios)

PI Scenario #1 - PARENT Role Card
You are a parent who is struggling with a child who is diagnosed ADHD and is prescribed meds to help. Recently, the school has been hounding you because the child's behavior is out of control. You ground the child, use corporal punishment, take away privileges, etc. Nothing works...the "kid" just won't behave, and you think the school should deal with it at school; you deal with it at home. The school just doesn't appreciate your "attitude" and is harassing you because you won't do something about it! You have talked to the doctor about it and requested more meds, but the doctor said "No, the medication prescribed is more than adequate for the child." One day after “fighting” with the school and doctor all day, you really let your "kid" have it. Now the child has a bruise. Child Protective Services is here now.

Your secret: You take the child's meds because you have a substance abuse problem; the child's behaviors are escalating because the child doesn't get the meds. You take them or sell them to get other drugs.

PI Scenario #1: PI - Role Card
You are called out on a case about a child who is very hyper, has been diagnosed with ADHD, and has been prescribed medication. However, the child’s behavior is out of control. The school has talked to the parent about it, but the behavior is still unmanageable. Now the child has come to school with a bruise and has told the school that it was caused by the parent. (Hint: After discussing the bruise and how it occurred, begin to explore with the parent the effects of his medication, when it is taken, etc.)

PI Scenario #2: MOM - Role Card
You are the victim of DV. First, it started out with the AP (alleged perpetrator) being disappointed in you for not meeting his needs and being verbally abusive about how you had failed. But, it has escalated to the point that on a daily basis, you await your deserved punishment. The children, boys ages 5 and 10, live in the home, but they tend to stay in their rooms or find reasons to be gone from the house. The AP doesn’t let you leave the home anymore, and you have pretty much given up. The children don’t listen to you, and you don’t even try to parent anymore. The boys have watched the abuse over the years and now believe you deserve it. Child Protective Services was called out because of inadequate supervision of your 5-year old child who was outside playing in the street and was nearly hit by a car. Your secret is the DV.

PI Scenario #2: PI - Role Card
You are called out because of inadequate supervision. The neighbors report that Mom is a “stay at home Mom”, but she is NEVER outside to supervise the children. The little 5-year old boy was nearly hit by a car the other night. This happens all of the time! (Hint: Discuss with the mother her relationship with the alleged perpetrator; her parenting techniques and also her support systems and reasons for never being seen outside of the home.)
Scenarios: Exploring, Focusing, Directing

PI Scenario #3 - YOUNG MOM Role Card

You are a young mom, 17 years old, and in 2 months you will be 18. When you were pregnant, you wanted the baby, but your parents (mom and stepfather) wanted you to have an abortion. Your family has NOT been supportive of your role as a Mom nor are they helping you with the baby. They kicked you out of the house. Your family was very abusive towards you growing up, calling you lots of names, and making sure you know you will not amount to anything. Finally, you have someone who loves you…your baby.

Your secret is that your stepfather is the baby’s father. When you tried to tell your mom the truth about the stepfather sexually abusing you resulting in the pregnancy, this is when you had to move out because you would not have an abortion. You have had lots of boyfriends, but the one you are with now is different. He is very “special.”

PI Scenario #3: PI - Role Card

You are called out to the local school to talk with a teenager who has been kicked out of the home by her parents. There are allegations of “other mental injury.” (Hint: Discuss the child’s relationship with the mother and stepfather; also attempt to reveal the identity of the father of the baby.)
Scenarios: Exploring, Focusing, Directing

CM Scenario #4: PARENT - Role Card

SCENARIO
This parent’s 3 children, an 8 year old, and twins, 4 years old, were removed 7 days ago due to inadequate supervision/neglect. This is this family’s first contact with the agency. The parent left the 8-year old alone with the 4 year old twins while drinking in a bar. When the PI came to investigate, the children were alone with no phone and had no idea where their parent was. There was no one to contact in case of an emergency. It was 11:00 p.m. in the evening, and there was no food in the home. The parent returned home at 4:00 a.m. and didn't notice the children were gone until 10:00 a.m.

PARENT ROLE CARD
You acknowledge having a problem with alcohol. You are 24 years old and were raised in foster care in another state. You have no family and no friends that you spend time with. Your partner, the father of the twins, left the relationship 2 years ago, and you have not heard from him since. You feel totally lost regarding how to raise three children. You are confused because your 8-year old is in the third grade, and you feel that he can keep the twins safe. You fed them McDonalds before you went out drinking.

Secret: You are embarrassed about not knowing how to parent and are reluctant to admit this because you’re afraid that they won't give you your children back. You also will not tell the CM who the fathers are because they both used to hit you right in front of the kids just like your father did. You feel safe now because they do not know where you live.

CM Scenario #4: CM - Role Card

SCENARIO
This parent’s 3 children, an 8 year old, and twins 4 years old, were removed 7 days ago due to inadequate supervision/neglect. This is this family’s first contact with the agency. The parent left the 8-year old alone with the 4-year old twins while drinking in a bar. When the PI came to investigate, the children were alone with no phone and had no idea where their parent was. There was no one to contact in case of an emergency. It was 11:00 p.m. in the evening, and there was no food in the home. The parent returned home at 4:00 a.m. and didn't notice the children were gone until 10:00 a.m.

CM ROLE CARD
This is your first meeting with the parent to begin the Family Assessment. You must begin to establish a collaborative relationship. You need to get the parent’s story and her understanding of why the children were removed and explore the underlying issues that may have led to the removal.

(Hints: family/caregiver factors: support systems, parenting skills/relationship with children, family history/relationship with parents, etc. You also want to find out the location of the children’s fathers and identify relatives/friends, community resources that could be, or are currently supports to the mother.)
Scenarios: Exploring, Focusing, Directing

CM Scenario #6: MOM - Role Card

SCENARIO

A 16-year old boy was removed from his mother's care after she hit him in the face with a coat hanger, leaving marks and cutting open his cheek. This family has no prior history, but the boy is involved with DJJ and has been psychiatrically hospitalized several times due to aggression towards peers and his mother. He has been diagnosed as having a Bi-Polar Disorder and is prescribed medication, but often refuses to take the medication. The mother has refused to visit her son since his removal 14 days ago.

PARENT ROLE CARD

You are very remorseful about hitting your son with the coat hanger and shocked that you did so. This has never happened before. You realize that you have become emotionally exhausted dealing with your son's mental illness and his anger and disrespect.

Secret: You have come to realize that you dislike your own son. You feel very ashamed of this since parents are supposed to love their children. You are very fearful that if your son is returned to your care, you won't be able to deal with it.

CM Scenario #6: CM - Role Card

SCENARIO

A 16-year old boy was removed from his mother's care after she hit him in the face with a coat hanger, leaving marks and cutting open his cheek. This family has no prior history, but the boy is involved with DJJ and has been psychiatrically hospitalized several times due to aggression towards peers and his mother. He has been diagnosed as having a Bi-Polar Disorder and is prescribed medication, but often refuses to take the medication. The mother has refused to visit her son since his removal 14 days ago.

CM ROLE CARD

This is your first meeting with the mother. You are beginning your Family Assessment. You must get the mother to tell you her understanding of how this removal happened and explore the reasons why she hasn't visited her son. (Hints: First, explore the issues that led to the mother hitting her child by allowing the mother to tell her story. Then explore with the mother her relationship with her son when he was young and prior to his involvement with DJJ as well as her feelings and perception of how his Bi-Polar disorder has and is affecting their relationship)
Scenarios: Exploring, Focusing, Directing

CM Scenario #5: PARENT - Role Card

SCENARIO
Parent keeps missing his/her urinalysis (U.A.) and has never completed the outpatient treatment for cocaine addiction. In the beginning of treatment, the parent completed the required U.A.s and attended all of the sessions, and told you that they were interesting and beneficial.

PARENT ROLE CARD
You have been very depressed lately and have not gotten out of bed for the last four days. You are sick and tired of living under a microscope and peeing in a “damn cup.” You feel that you're never going to get your child back anyway. You are depressed because you have been forced to think about your childhood "secret":

Secret: The reason why you haven't completed outpatient treatment is that the groups have triggered your admitting to a history of sexual abuse by your brother when you were a child. You are too ashamed to face the group again.

CM Scenario #5: CM - Role Card

SCENARIO
Parent keeps missing his/her urinalysis (U.A.) and has never completed the outpatient treatment for cocaine addiction. In the beginning of treatment, the parent completed the required U.A.s and attended all of the sessions, and told you that they were interesting and beneficial.

CM ROLE CARD
You must find out the reasons that the parent is missing the required urinalysis and why he/she hasn’t completed the outpatient treatment. You must also make sure that the parent understands that you must inform the court of the missed U. A. s. (Hint: After addressing the problem, begin to explore the underlying reasons for not attending the remainder of the sessions by encouraging the parent to talk about his/her treatment sessions.)
Interview Scenario: Depression

Play the role of the parent and select a learner to be the interviewer. Process the interview as a class.

PI Scenario #1: SINGLE MOM - Role Card

SCENARIO
You are a single mom who is losing your eyesight from diabetes. Along with the loss of your eyesight, you have an amputated leg, and you use crutches and a wheelchair to get around. You are depressed and absorbed by your situation. Meanwhile, you have a 4-year old who can be active, and you cannot keep up with him. Due to your physical and mental health issues, you do not really supervise him, nor do you meet his daily needs. Someone brings a few groceries to the house weekly, but other than that, you do not have contact with others. The 4-year old stays inside all of the time, as you cannot go outside to monitor him. Now you have been diagnosed with cancer, and you are choosing not to pursue treatment. You have not made provisions for your child.

Your Secret: You have a history of alcohol abuse and have started drinking again.

PI Scenario #1: PI - Role Card

You are called to the home on a case about a 4-year old being neglected by his mom. The allegations are inadequate food and clothing.

(Hints: Address the allegations with the mother. Provide an opportunity for the mother to share her situation, her thoughts, concerns, and explore possible provisions/resolutions for the safety of the child and his future.)
Child Interview Practice Scenario

Play the role of the child and select a learner to be the interviewer. Process the interview as a class.

PI Scenario #1 - CHILD Role Card

You are a child whose parents use drugs and frequently have strangers in the home. They come and go, and some stay all night. You don't feel safe when all of these strangers are in the house, so you go to your room and lock the door. Your parents act strange at times and do mean things to each other and you. So again, you try to stay away from them by staying in your room. You fix your own food when you can find some in the house. Much of the time you can't find anything, so you ask neighbors or maybe a friend's mom for food, or you steal food.

Your secret is when your parents were using drugs the other night; they were extremely bizarre and ended up burning you. You tried to get away but were not able to. You've been treating your own injury, but it hurts really bad and looks like it is infected. You can't get your parents to take you for medical treatment.

PI Scenario #1: PI - Role Card

You are called out on a case about a child whose parents are alleged to be using drugs in the home. There are also allegations of inadequate food.

(Hints: Start the interview by using engaging techniques and building rapport with the child. Allow the child an opportunity to explain the regular daily routine at the house from morning to evening. Discuss the child's feelings and thoughts about the weekday and weekend routines and any other thoughts or feelings the child might express. Ask the child what they eat, when the last doctor's visit took place, school, etc... )
Shondra Scenario

Shondra’s Role Card

History and Behavior

You live at home with your mother, grandmother, and Uncle Ray and are left alone with Uncle Ray while your mom and grandma work. You love him a lot, but he “sleeps” a lot and sometimes you get lonely and hungry. You tried to cook yourself some eggs, but the stove caught on fire and you got hurt real bad. Your mother and grandma came home to find Uncle Ray was very upset because you got hurt, and you had to go to the emergency room. Mom and Grandma were yelling and screaming at Uncle Ray about it. They yell at him a lot when he drinks and passes out which is often.

You do not want him in any more trouble because you feel bad about what happened and think it is your fault for being “naughty” and getting into the stove and trying to do something you were told never to do. You also love Uncle Ray a lot and do not want him in any more trouble with anybody. Everybody at school and at church keeps asking you about your burns, and you are just tired of talking about it.

Behaviors

- Act friendly during engagement.
- You are six years old and like adult attention.
- You are talkative until the topic of your burns is addressed.
- Drop your tone and lower your eyes when the burns are the topic.
- Be animated and try to keep the interviewer off track by sharing other kinds of information about yourself...like the new puppy you got at Christmas, the trip you went on to the zoo with your class recently.
- You want to engage with the interviewer, but really avoid the topic of the burn and how it happened.
- Eventually reveal that you love Uncle Ray and that “He didn’t do anything” (Say this in an angry and protective tone).
Shondra Scenario

PI and Observer Role Card (Shondra Scenario)

Shondra is 6 years old and lives at home with her mother and grandmother. Uncle Ray baby-sits when Mother and Grandmother are at work.

Allegations

Uncle Ray baby-sits while the Mother and Grandmother are at work. He reportedly fails to supervise due to his alcohol use. Sometimes he’s passed out on the couch. Recently, Shondra came to school with a severe burn on her face and arm from a grease fire. She was treated at the emergency room, and her mother has been getting her follow up burn care appointments with her own doctor. Shondra said she burned herself while trying to make eggs because she was hungry, but she seems scared every time somebody asks her about it. There are concerns that something more may have happened and that perhaps she was burned intentionally.

Goal for PI Interview

Find out if Shondra burned herself or if Uncle Ray burned her.

Tips:
- It is helpful to ask questions that distinguish between truth and lie or misunderstanding. Explain each of these concepts.
- Some 5 and 6-year olds have not fully mastered the concepts of truth vs. lie or misunderstanding.

Optional Interview

If the class does video interviews at the end of the course, this interview with Uncle Ray can be used.

Role Card for “Uncle Ray” (Shondra Scenario)

Behaviors
- Be vague and evasive when questioned about what happened. May admit to falling asleep, but gets evasive if questioned about how Shondra got burned except to say she did it to herself when he was “sleeping.” Uncle Ray has a problem with alcohol, and he knows it. He feels really bad about Shondra getting hurt. Uncle Ray talks about how he loves Shondra very much and would never do anything to hurt her ever. He may even be tearful, but avoids eye contact when talking.
Jennifer Scenario

Jennifer’s Role Card

History
You are 6 years old and live with your mother and teen siblings. Your siblings are supposed to watch you, but they pay little attention to you when their boyfriends are at the house. You like to play until late at night with some of the older boys down the street, but you were scared recently when you got in trouble with another mother in the neighborhood due to involvement with fire setting.

Behaviors
• You like to play games.
• You try to engage the counselor in a game of tic-tac-toe to show how well you can write.
• You do not know what the big deal is about not having your mom or sisters watch over you since you have been running the streets for a while now.
• Be evasive at the time of questions about supervision.
• Eventually reveal that you wish your sisters would pay more attention to you. Do this by saying that they never play with you and that sometimes you do not get dinner and are hungry.
Jennifer Scenario

PI and Observer Role Card (Jennifer Scenario)

Jennifer is 6 years old and lives with her mother and two older (teen) siblings, Jan and Jackie. Her mother works many hours and the older girls watch over her a lot.

Allegations

Jennifer is cared for by her teenage sisters while the mother works. The girls often invite boys to the house while the mother is at work and often fail to feed Jennifer or watch over her. Jennifer seems to “run the neighborhood” and has been involved in some fire setting and criminal mischief with some boys a little older than her. There is concern that Jennifer is not getting proper supervision while the mother is working and that the mother, although she knows it, is doing nothing to correct the situation.

Goal for PI Interview

Find out how much supervision Jennifer is getting.

Tips:

- It is sometimes helpful to ask children about their schedule and routine.
- Kids of this age also like to play games to show how clever they are.

Optional Interview

If the class does video interviews at the end of the course, this interview with Jennifer’s mother, Mrs. Brown, can be used.

Role Card for Mrs. Brown, Mother (Jennifer Scenario)

Behaviors

- You are overwhelmed with trying to raise three children on your own. You have trusted your teens to watch over Jennifer and did not know of the fire-setting until recently. You have no knowledge that your teens are having boys in the house while you are at work. You are depressed, feel hopeless and are angry with your teens and Jennifer for “causing problems” when you are working so hard just to make “ends meet.”
Bobby Scenario

Bobby’s Role Card

Bobby’s History and Behavior

You are 8 years old and your parents are going through a messy divorce. You are angry that they do not live together anymore, and it is confusing to have to go to Dad’s house on weekends and back to Mom during the week. Your parents always seem angry with each other, and they are always yelling at each other when they see each other. The only good part is that you and your Dad now get to watch wrestling on Saturday mornings, and sometimes the two of you even get to “wrestle” in the living room. You really enjoy the attention from Dad during the wrestling matches and you two can sometimes get pretty rough and as Dad would say, “Wrestling is a real man’s sport”. Mom never let this happen when you all lived together. Dad has told you not to tell Mom since wrestling has to be a secret or else that would be one more thing for Mom to be angry about with Dad. You love both your parents and you do not understand why this counselor is asking about your “boo-boos” (bruises) and fear that you or Dad might get in trouble.

Behaviors

- Friendly and outgoing
- Sort of aggressive and active, but you will settle down if re-directed
- Full of energy and highly distractible
- Avoidant of focusing on your “boo-boos”
- Eventually you do reveal that you and Dad wrestle, but you are clear that Mom would be mad if she knew because it was never allowed at home when they lived together. The bruises come from the wrestling, but you never really noticed because you do not think Dad is trying to hurt you on purpose at all. Try to take the counselor into your confidence to keep your “secret” because you do not want Dad to be in any trouble.
Bobby Scenario

PI and Observer Role Card (Bobby Scenario)

Bobby is 8 years old and lives at home with his mother. His parents are in the middle of a messy divorce.

Allegations

Upon return from visits with Dad, Bobby is angry, destructive and behaviorally out of control. He also seems to have lots of various bruises on his shins, arms, and back. The bruises are very small, but they are a concern to the reporter* who feels he may be the victim of his father’s bad temper.

*Reporter is the mother.

Goal for PI Interview

Find out how Bobby got the bruises. (Sometimes called “boo-boos”)

Tips:
- Kids sometimes need reassurance that nobody will be in trouble.
- Kids will sometimes try to get you to promise to keep whatever secret they may have.

Optional Interview

If the class does video interviews at the end of the course, use this interview with Mr. Miller, Bobby’s father.

Role Card for Mr. Miller, Father (Bobby Scenario)

Behaviors
- You are very angry about the investigation. You insist that you KNOW your ex-wife called in the report and do not want to let go of this for a while during the interview. You speak badly of her and indicate that she “babies” your son, and you are only “trying to make a man” of him when you do get visitation. Discuss that you wrestle with him but that he loves it. Because you do not want him to get punished, the two of you agreed never to tell the mother since she used to “have a fit” about the wrestling when you lived together.
Darryl Scenario

Darryl's Role Card

History and Behavior

Darryl is 11 years old and lives at home with his father and his father’s new girlfriend. There are also two younger siblings (Donnie and Dennis) at home. The mother abandoned the children about 2 years ago.

You live with Dad and his new girlfriend. She is “real mean” and often slaps the boys in the face when she gets angry. Dad is always at work when this happens. Dad has said, “She is the best thing that has happened to me, and I would not know what to do without her.” He was really lonely prior to finding this girlfriend. You want to speak up about it, but are protective of your younger siblings and want to be there for them. You often take the brunt of the girlfriend’s anger because you get between her and the little ones when she is drunk and starts hitting. Right now you have a bruise on your face from where she hit you.

Behaviors

- You are 11 and can speak fairly well.
- You are in a lot of sports activities and may be able to pass off the injuries you have to sports if the counselor does not press you for details. Be somewhat avoidant.
- You ask a lot of questions about what would happen “if there was something happening in the house.”
- You may be willing to tell if you felt assured that your younger siblings would be taken care of.
- You think you are old enough to handle everything yourself, but you do miss the time you used to have with Dad by yourself without the new girlfriend.
- Eventually reveal the information IF you feel the counselor has assured you that something might be done to stop the girlfriend from hitting everybody.
Darryl Scenario

PI and Observer Role Card (Darryl Scenario)

Darryl is 11 years old and lives at home with his father and his father’s new girlfriend. There are also two younger siblings (Donnie and Dennis) at home. The mother abandoned the children about 2 years ago.

Allegations

Darryl and his siblings come to school with various bruises all the time. It seems like there are more and more bruises on each child. They are not big bruises, but whenever Darryl is asked about it, he is evasive and drops his head. This did not happen until the new girlfriend arrived on the scene in the home. Darryl has a bruise above his eye and on the side of his face. He is very avoidant when asked about how he got it. Darryl drops his eyes and says he does not know.

Goal for PI Interview

Find out how Darryl got the bruise on his face.

Tip:

- Sincerity is important to this age group.

Optional Interview

If the class does video interviews at the end of the course, use this interview with Darryl’s father’s girlfriend.

Role Card for Father’s Girlfriend-Tammy

(Darryl Scenario)

Behaviors

- You are not a parent and did not count on having to “play mother” to someone else’s children. You really like this man but feel imposed upon by having to take care of his kids. You do not like the 11 year old because he seems to think he is grown up and tries to run the show when you are left in charge. He often gets in the way when you are spanking the little ones. You are angry that you often cannot go out due to child-care responsibilities. It was a lot more fun in the beginning of the relationship when you were just dating the father, but you do not want to break up. You just wish the mother would come back and “do her job” as a parent!
Jeremy Scenario

CM and Observer Role Card (Jeremy Scenario)

Jeremy, age 4, lives with his Dad. His mother left them when he was three. Jeremy is the only child. His paternal grandparents sometimes care for him when his dad is at work.

Case Status

Jeremy is under Judicial In-Home Services due to some abuse at the hands of his mother and the need for his father to have some services to support his ability to provide adequate parenting. As Jeremy is getting older and more active, he is a real handful for the grandparents. You just found out that sometimes they lock him in the extra bedroom with all his toys, and he has no access to the bathroom. He has started to wet himself in daycare, at night, and during other times. He was totally toilet trained, and this problem seems to have just started and is getting worse.

Goal for CM Interview

Find out from Jeremy if there is anything else happening in either the grandparents’ or the father’s house.

Tips:

- Sometimes kids do not perceive that adults are doing anything wrong.
- They just know they do not like some things that adults do.

Optional Interview

If the class does video interviews at the end of the course, use this interview with either of Jeremy’s grandparents.

Role Card for Mr. or Mrs. Wilson (Jeremy Scenario)

(The interview can be with either grandparent.)

Behaviors

- You are quite overwhelmed with a little one around. You feel bad for your son since his wife (whom you perceive as “worthless”) left the family leaving him to raise your grandson. You do not want to see anybody take him away from the family. You have significant medical problems and have trouble walking and getting around. Your hearing is diminishing. You are anxious about the interview and feel it is your right to “take care of family business” without the “government poking their nose into everything.” Be agitated and defensive, but answer the questions honestly when really pressed.
Jeremy Scenario

Jeremy’s Role Card

History and Behaviors
You are 4 years old, an only child, and live with your dad. Your mother left you when you were 3. Your paternal grandparents sometimes care for you when your dad is at work. You are under Judicial In-Home Services due to some abuse at the hands of your mother and the need for your father to have some services to support his ability to provide adequate parenting. As you are getting older and more active you are a real handful for your grandparents. They sometimes lock you in the extra bedroom with all your toys. You have no access to the bathroom. You have started to wet yourself in daycare, at night, and during other times. You were completely toilet trained, and this problem seems to have just started and is getting worse.

The grandparents have also started to tether you (tie you up) to the bed at night because they are afraid you will wander in the middle of the night, and they will not hear you get up. They tell you that it is “so you will not fall out of bed and “be safe” because they love you.” You do not know that anything is wrong with being tied up, but you do not like it.

Behaviors
- Be active during the interview.
- Talk about how much time you like to spend with your dad but that he works a lot.
- You are four years old with a short attention span, jump from topic to topic and require lots of redirection.
- When you are asked about what you do at your grandparent’s house, tell the counselor that you play in your room a lot and sometimes sleep over when dad has to work.
- Mention that you DO NOT like to sleep over...be sullen and angry when you say it.
- If the CM picks up on this and asks why you do not like it, then reveal that they tie you to the bed to “keep you safe,” but you feel you are a “big boy” and do not need to be tied up anymore.
Destiny Scenario

Destiny’s Role Card

History and Behavior
You are 8 years old and live with your parents and baby brother. You are under Judicial In-Home Services due to past neglect by your parents. This neglect was the result of your parents’ substance abuse problems.
Things have been going well until recently when your parents started smoking marijuana and experimenting with other drugs. Your parents have told you that it is okay and that this is the family’s secret. You are aware that this is wrong, but you do not want to get your parents into trouble because you are fearful of their reaction. You are also worried that you will be removed from your parents and placed into foster care.

Behaviors

- Engage easily with the CM and be really attentive to what the questions are.
- You really want to please the CM, but are a little guarded about the type of questions being asked because you think that your parents will get into trouble and that you will be removed from the home.
- You really want to know what could happen if you tell what your parents are doing.
- You want to know if you will both be “in trouble” or have “done something wrong.”
- Be attentive, but reluctant to disclose until you get some answers to your questions and fears. Once you get reassurance, and then reveal (with some hesitance) what your parents are doing.
Destiny Scenario

CM and Observer Role Card (Destiny)

Case Status
Destiny is 8 years old and lives with her mother, father and baby brother. Destiny is under Judicial In-Home Services due to past neglect by her parents. This neglect was the result of her parents' substance abuse problems. Her parents have relapsed and have begun smoking marijuana and experimenting with other drugs again.

The parents were cooperative and compliant with the case plan. However, recently, there has been a decrease in the parent’s level of cooperation. They have been missing appointments and have not made themselves as readily available for home visits as in the past. During the last home visit, the parents appeared to be very lethargic and had very red eyes. They advised the counselor that they had been up all night long with the baby and needed to sleep. Destiny was not as receptive to the counselor as usual and whispered to the counselor that she had something to tell the counselor but could not at that time.

Goal for CM Interview
Find out about the parents’ substance abuse problems and how the substance abuse affects Destiny and her brother’s care.

Tips:
- Some kids are reluctant to give information until they are assured that they are not in trouble.
- Don’t make promises (that you can’t keep) about what may or may not happen.

Optional Interview
If the class does video interviews at the end of the course, use this interview with Destiny’s parents.

Role Card for Either/Both of Destiny’s Parents

Behaviors
- You deny the allegations of drug usage. You insist that you are clean and that you are still in compliance with the case plan. You assure the investigator that you love your children and that you understand the implications of abusing drugs. You are sure there is some mistake! You go on and on about how you know Destiny was probably talking about someone else. You are aware that some of her friends’ parents do drugs, offering to provide names so that you may investigate them. Your behavior is back and forth between angry, defensive and “hurt” about the investigation.
David Scenario

David’s Role Card

History and Behaviors

You are 10 years old and live with your mother and two younger siblings (Sean, age 5 and Scott, age 6), and your father’s whereabouts are unknown. You are under Judicial In-Home Services, and your mother is doing a case plan that includes substance abuse counseling and parenting education. About a year ago she was heavily involved with drugs and the whole culture that goes with “using.”

You know the state took your mom to court a while ago due to her drug use. You are tired because you have been doing all the care-giving for your younger brothers since your mom is “out on the streets” again doing drugs and sometimes does not come home. You are angry with her about this and the fact that she has gone back to this type of life and is ignoring you and your brothers. You are afraid to tell too much to the CM because you think you may be put in foster care if you “tattle” on your mom.

Behaviors

- You like the CM because he/she has always been kind to you.
- You do trust the CM, but you want some reassurances that whatever you tell will not get your mom in “trouble.”
- At this age, you are very concerned with “fairness and rules.”
- Give some information about being the caregiver of your siblings.
- Be somewhat evasive initially about where your mother is when you do the care giving, but then reveal that you are not really sure where she goes at night.
- Be vague about how long she is gone or why your clothes are not washed and why you are recently so hungry at school.
David Scenario

CM and Observer Role Card (David Scenario)

David is 10 years old and lives with his mother and two younger siblings (Sean, age 5 and Scott, age 6). His father’s whereabouts are unknown. David is under Judicial In-Home Services, and his mother is doing a case plan that includes substance abuse counseling and parenting education. About a year ago she was heavily involved with drugs and the whole culture that goes with “using.”

Case Status

David has been coming to school very tired recently and more disheveled than usual. His clothes appear unwashed, and he seems ravenous at lunchtime. His mother is very hard to reach and has not made it to the last parent-teacher conferences, which she had been attending until a few months ago. There is never an answer at her home any more when the school calls even though she does not work outside the home. The school has expressed concern that the children may be unattended.

As the Case Manager, you have been working with David and his family for about three to four months. He is usually friendly and upbeat, but today he seems tired and “worried.” You have a good relationship with him and know he cares a lot about his younger siblings.

Goal for CM Interview

Find out about the level of supervision in the home and David’s perception of his mother’s involvement with him and his younger siblings.

Tips:

- Adolescents have difficulty expressing anger;
- They are also at a stage of developing a personal code of morality.
- They are able to reason.

Optional Interview

If the class does video interviews at the end of the course, use this interview with David’s mother.

Role Card for Mrs. Davis—Mother (David Scenario)

Behaviors

- You deny any allegations and are indignant that the CM does not “trust” you. You are defensive, agitated, and feign you are “shocked” that there is any question about your drug use again. You demand to know who is saying bad things about you. You finally settle down, but you do not want to really be specific because you are “using” again and do not want your children taken from you. You may even be tearful at times. Be very vague and evasive. Try hard to manipulate the interview by soliciting sympathy for how hard you have it as a single mother trying to raise three children.
PI Interview Skills Practice Scenario

PI Scenario: Parent Role Card

You are a parent with 4 children. You have a 1 year old girl and three boys, ages 3 years, 5 years and 7 years. Your spouse is in jail for burglary and grand larceny. You used to be the manager of the deli at the local grocery store. You made just enough money to care for the children and pay the bills on a monthly basis. You have recently been laid off because the local grocery store was in jeopardy of closing down. You had medical coverage for the children through your benefits, but you no longer do. You have been applying for jobs for the past two months but have not had any luck finding anything. You have started to drink regularly to cope with the stress. You feel like the situation is hopeless as the bills have begun to pile up, and you are unable to pay for them.

Your secret is that you feel that you are not a fit provider and that your children would be better off with someone else. You feel so helpless, tired, and depressed that you are considering giving your children up for adoption. You have not told anyone yet.

PI Scenario: PI - Role Card

You are called out due to allegations of medical neglect. The school teacher reports that the 7-year old has been coming to school sick the past two weeks with a rash on his arms and legs. She reported that he has had severe temperatures, runny nose, and watery eyes. She said she spoke with the mother, but she continues to send the child to school. The school nurse examined the child and recommended that the mother take the child to the doctor immediately to seek treatment. The teacher reports that the child informed her that he had not seen a doctor and that he is in a lot of pain.

Hints: After addressing/exploring the allegations, begin to explore the underlying issues and the stressors going on in the caretakers’ life. Inquire about support systems and emphasize services.
Case Manager Interview Skills Practice Scenario
CM Scenario #6: MOM (Ms. Ledbetter) — Role Card

SCENARIO
The children, Nick, age 7 and Joshua, age 5, were removed from their mother’s custody after several abuse investigations due to lack of supervision and conditions hazardous. In addition, there were allegations of domestic violence. All of the investigations revealed that the toilet was not working and sometimes the electric and the water would get turned off due to lack of payment. Ms. Ledbetter often lost her jobs due to absence and car problems, but she has never seen this as her problem.

PARENT ROLE CARD
You are very agitated and depressed about everything even though you did not contest the court findings or ruling. You feel like the system is picking on you and that your children should come home to you. After all, you do not beat them, and you have never failed to feed them. You let them play in the street a lot, but so what, everybody else does the same thing in your neighborhood. The house is always a mess, and you just never seem to have time to get it cleaned up. Start complaining about the PI and how you think he was biased and not fair in the investigation. Try to get the CM to agree with you about how poorly the investigation was done.

You are meeting with the CM at court following a court hearing placing your children in the custody of their maternal grandmother. You are going over the case plan again and are upset about all the STUFF the system wants you to do. Put yourself in the place of this mother and act how you think she may act under the circumstances.

Secret: Your secret is that your parents had a very violent relationship and your father often went too far with discipline. Once when you were 16, your mother had to take you to the emergency room because your father threw you down the stairs, and you broke your arm. You feel that you were so unruly that you deserved your punishments, and the broken arm was not your father’s fault. Your current boyfriend occasionally hits you, but only when you yell and scream at him like you did to your father, causing him to hit you. You want your boyfriend back in the house.

CM Scenario #6: CM Role Card

SCENARIO
The children, Nick, age 7 and Joshua, age 5, were removed from their mother’s custody after several abuse investigations due to lack of supervision and conditions hazardous. In addition, there were allegations of domestic violence in the most recent intake. All of the investigations revealed that the toilet was not working and sometimes the electric and the water would get turned off due to lack of payment. Ms. Ledbetter often lost her jobs due to absence and car problems, but she has never seen this as her problem.

CM ROLE CARD
You are meeting with Ms. Ledbetter at court following a court hearing at which the children were placed in the custody of their maternal grandmother. You are going over the case plan with the mother again and also the injunction which does not allow her boyfriend in the home or near the children’s placement.