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Interim Director

Child Interviews

Practice and Documentation

- Policy 10.8
- b. Determine whether the contact should be announced or unannounced based on the case circumstances. c. Determine interviewing technique and other information gathering approaches, including persons to be interviewed, order and location of interviews, and when interviews will occur.
 - i. Complete contacts in different settings when there is concern that the child is fearful or hesitant to speak in the home around the parent/caregiver; and
 - ii. Choose a setting which affords the child(ren) an opportunity to speak freely.

- Policy 10.8
- a. The child's daily routine.
- i. What is the child's morning routine?
- ii. What does the child do to get ready for school (if applicable)?
- iii. Does anyone make the child breakfast? If so, who? What are some things the child usually eats for breakfast?
- iv. Who makes lunch for the child (if the child does not eat lunch at school)?
- v. Where does the child go after school (if applicable)? How does the child get there?
- vi. Who makes dinner for the child and what does the child usually eat?
- vii. What does the child do after dinner?
- viii. What time does the child go to bed?
- ix. What does the child do for fun? Does the child participate in any extracurricular, social, recreational, or spiritual activities (e.g. sports, music, art, clubs, church, etc.)?

- Policy 10.8
- b. The child's adjustment to their current living arrangement.
- i. How does the child feel about the caregivers and the stability of the placement?
- ii. How does the child get along with other household members (e.g. other children or other adults)?
- iii. Does the child ever feel angry, sad, or afraid in the placement setting? If so, what things cause these emotions?
- iv. Does the child feel they have anyone they can talk to when something is really worrying or bothering them? If yes, who?
- v. Does anyone other than the foster parents provide supervision for the child? How does the child feel about it?
- vi. How is the child disciplined and by whom?
- vii. Who does the child seek comfort from when he/she is sick, frightened or when things are not going well?
 viii. Are there any changes in the child's physical appearance (e.g. weight loss, hair loss)?
- ix. Are there any changes in the child's personality or emotional state (e.g. a formerly jovial and outgoing child has become sad and withdrawn)? x. How does the child feel about the permanency plan?

- Policy 10.8
- c. The continuity of family relationships and other connections.
 - i. Who does the child call family?
 - ii. What is the frequency and quality of the child's contact with parents, siblings, friends, and other members of their support network?
 - iii. Does the child feel his/her connections with family, friends, etc. are being preserved?
 - iv. Is there someone the child wants to see or talk to with whom the child currently has no contact?
- d. Whether the child is receiving adequate services to meet his/her physical and mental health needs.
 - i. When was the last time the child saw a doctor or a dentist? Why?
 - ii. Does the child see a counselor or a therapist? Why?
 - iii. When was the last time the child saw a counselor or a therapist?
 - iv. Does the child feel counseling or therapy is helpful?

- Policy 10.8
- e. Whether the child is receiving adequate services to meet his/her educational needs.
 - i. How does the child feel about school?
 - ii. Does the child like or dislike any particular subject(s)? Why?
 - iii. What are the child's educational goals or aspirations?
 - iv. Does anyone review the child's homework? v. Does the child need additional educational support (e.g. tutoring)?
- f. Whether the physical home environment is safe and appropriate to meet the needs of the child.
 - i. Where does the child say he/she sleeps?
 - ii. Does the child share a room or bed with anyone? If so, who? How does the child feel about it?
 - iii. Are there any pets/animals in the home? How does the child feel about the pets? Is the child comfortable or uncomfortable and why?

Other Questions to Consider

- What happens when you get angry at home?
- If you could wake up tomorrow and magically change one thing about your life, what would it be?
- Iceberg question: If your behavior is the top of this iceberg, what are all the feelings beneath it?
- Is there anything that makes you uncomfortable here?
- Uses phrases like "get in trouble" (language the child can understand)

THE BEHAVIOR ICEBERG

Behaviors

(we can see)

Aggression
Raging
Screaming
Low tolerance
Frustration
Verbal abuse

Screaming Crying Avoidance Refusal Hiding
Self Isolation
Running/fleeing
Violence
Threatening
Loss of self control

Internal Emotional States

(we cannot see)

Nervous
Exhausted
Trapped
Guilty
Scared
Insecure
Disappointed
Envious
Overwhelmed

Angry
Rejected
Alone
Embarrased
Judged
Unloved
Fearful
Depressed
Anxious

Frustrated
Worries
Attacked
Shameful
Disrecpected
Helpless
Disgusted
Offended
Sad



Considerations

- Child's cognitive ability
- Child's ability to communicate
- Caseworkers the child might be more comfortable with
- Play time may be needed to get a child to "warm up"
- Bring a special toy or Fidget a child can only hold during their interview

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Safety of Children in Care (RBWO Definition p. 6 in standards)

<u>Social</u> – the provision of an environment in which the child's relationships with peers, staff, significant others, and community are improved through the use of recreational and leisure activities.

<u>Emotional</u> – a support network that implements recommendations of treatment providers; provides access to treatment; and recognizes behaviors such as anger, negative and positive stress, often accompanied by physiological or psychological changes.

<u>Spiritual/Cultural</u> – awareness, sensitivity, and competence in understanding the child and family's religious values, belief system, mores, customs, training, social growth or development.



RBWO minimum standards 6.22

6.22 Providers must incorporate the principles of trauma informed knowledge into the daily living environments in CCIs and provide trauma informed training to CPA staff and

caregivers.



Documentation

- Document if children were interviewed separately and privately.
- Note demeanor and physical appearance, particularly that there are no visible marks or bruises.
- Ask to observe a diaper change for young children.
- Note pertinent direct quotes in response to questions.
- If concerns were raised by the child, document how they were addressed.
- Document nature of interaction with caregiver.
- If possible, make a note for all major areas of well being: physical, social, educational, etc.
- Document what the child reports about discipline in the home.
- For biological children, be sure to document what they say about rules, discipline, and interactions with foster children.



Questions?