

APS Interviewing Skills

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This workshop addresses interviewing suspected victims of abuse. Clinical and forensic interview principles are presented, along with examples of effective, appropriate questions. Strategies and methods for interviewing suspected victims with communication barriers (such as physical, cognitive, and psychiatric disabilities) are addressed.

Initial Assessment of the Suspected Victim

Usual procedure is to contact the client, and:

- ▶ Inform of the report, the investigation, and rights
- ▶ Build rapport
- ▶ Do preliminary assessment
- ▶ Seek permission to collect collateral data
- ▶ Defer formal, detailed suspected victim interview
- ▶ Screen for emergencies

The Suspected Victim Interview

Purpose: Assess Allegations

Components:

- ▶ Prepare for the interview
- ▶ Arrange interview for effectiveness
- ▶ Build rapport
- ▶ Ask screening questions

- Obtain response to allegations
- Elicit wishes / needs regarding:
 - Investigation - Services - Offender

In an effective interview

Client can provide accurate information
 Areas of inquiry are appropriate
 Questions are properly posed
 The client feels empowered, not victimized

Steps in an Effective Interview

- Plan and arrange the interview for effectiveness
- Introduce or reintroduce self, purpose, agenda
- Build rapport
- Gather required information via focused questions
- Invite interviewee to ask questions
- Close the interview
- Complete notes and reports

Interviewing Tips

- Begin by building rapport, explaining role & obtaining general information
- Commence abuse screening with broad, open-ended questions
- Ask more specific questions based on previous responses
- Use active listening skills
- Ask the least threatening or intrusive questions first
- Progress to most threatening or intrusive questions

Questioning Guidelines

- Ensure safety and privacy
- Allow adequate response time
- Use supportive, non-threatening demeanor
- Express concern for safety and well-being
- Ask open-ended questions re: symptoms

- ▶ Avoid leading or suggestive questions
- ▶ Use appropriate speech and language
- ▶ Respect cultural, ethnic differences
- ▶ Don't express blame/anger re: suspected perpetrator
- ▶ Don't promise confidentiality

Clinically and Forensically Sound Interviews

Use:

- Broad, open-ended initial questions
- Progressive questions are more specific
- Logically sequenced questions
- Subsequent ? based upon previous responses
- Direct specific ? after foundation laid

Question Formats

Recommended:

Open-ended: How do you and Steve get along?

Specific: How long have you and Steve been married?

Yes/no: Do Steve's habits cause you problems?

Not Recommended:

Multiple-choice: Are things with Steve better, worse, or the same?

Leading: Didn't Steve make you mad?

Tag: Steve is hard to get along with, isn't he?

Refrain from:

Mind reading questions

Questions beyond the cognitive capacity of the client

Why questions

Responding to Statements

Inappropriate:

Client: "My husband goes to the casino weekly."

Worker: “Oh, that’s nice. He gets out.”

Client: (Looking away) “Yes, he gets out.”

Appropriate:

Client: “My husband goes to the casino weekly.”

Worker: “What’s that like for you?”

Client: “He’s gone many hours. I can’t get out of my wheelchair.”

Refrain from Judgmental Response

Client: “She rushes me and screams that I am too slow and clumsy.”

Poor response: “That’s terrible!”

Good response: “What else happens?”

Client: “She is in such a hurry. She hurts me, shoving me into my clothes.”

Good response: “What is that like for you?”

Client: “It makes me sad. I feel hurt, but also sorry to burden her.”

Poor response: “You should not put up with that!”

Good response: “I can understand the sadness and hurt.”

Avoid

- Mind-reading and why questions
- Questions beyond the client's cognitive capacity
- Making assumptions in questioning or responding
- Judgmental response
- Telling client how to feel or what to do

Problems, Pitfalls, and Remedies to Communication Barriers

Investigation problems

- More time needed
- More challenging & frustrating
- Often, less confidence in findings

May Need

- Multiple interviews

- Special equipment
- Consultants/evaluators/specialists

Interview Details

- Where
- When
- Who present
- Who assisting
- Schedule best for client
- Beware perps & collaborators assisting

Multiple Barriers

- Much more complicated investigations
- Difficulty sorting out problems
 - For example: dementia & HOH
- Beware: confusing disabilities
 - For example: HOH for dementia
- Potential for misdiagnosis
- May need remedies (interpreter, CART reporter, communication board, etc.)

Make ?'s appropriate for client

Restrict ?'s to those the client has the capacity to answer
 May need capacity eval first

When client can't provide info

- Collateral data crucial
- Observe interaction alleged victim & perp if not contra-indicated
- Carefully interview alleged perp
- Draw conclusions based upon available info

Principles When Interviewing Those With Communication Barriers

- More time & expertise required
- Use care re: collateral data
- Sort out barriers
- Ascertain capacity
- Use appropriate assistive devices
- Schedule interviews carefully

- Avoid false assumptions
- Avoid leading & inappropriate ?'s
- Base conclusions on all data

For further information, please see:

Ramsey-Klawnsnik, H. & Klawnsnik, L. (2004). Interviewing victims with barriers to communication. *Victimization of the Elderly and Disabled*, 7(4), 49 – 50, 63 – 64.

Ramsey-Klawnsnik, H. (2004). Interviewing suspected victims. *Victimization of the Elderly and Disabled*, 7(3), 35 – 36, 48.