This training was developed by the Academy for Professional Excellence, which is funded by a generous grant from the Archstone Foundation.

Curriculum Developer

Lori Delagrammatikas

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the APS Professional Communication Training, developed by Project MASTER, a program of the Academy for Professional Excellence.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

MASTER is an Archstone Foundation funded program of the Academy for Professional Excellence which has the overarching goal is to develop standardized core curricula for new APS social workers and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their victims. MASTER has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- The Statewide APS Training Project of the Bay Area Training Academy
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
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ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. Project MASTER would like to thank the following individuals and agencies:

**Agencies**
- Bay Area Academy, Statewide APS Training Project
- California Department of Social Services, Adult Services Branch
- California Social Work Education Center Aging Initiative
- Imperial County Department of Social Services
- Orange County Social Services Agency
- Riverside County Department of Public Social Services
- San Bernardino County Department of Aging and Adult Services
- San Diego County Aging and Independence Services

**Regional Curriculum Advisory Committee**
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- Beverly Johnson, LCSW, Staff Development Officer, Riverside County
- Brenda Pebley, APS Manager, Imperial County
- Carol Castillon, APS Supervisor, San Bernardino County
- Carol Kubota, LCSW, Staff Development Officer, Orange County
- LaTanya Baylis, Staff Development Officer, San Bernardino County
- Zachery Roman, Staff Development Officer, Los Angeles County

**Committees**
- Project MASTER Steering Committee
- APS Core Curriculum Committee
- National Adult Protective Services Association Education Committee
- Protective Services Operations Committee of the California Welfare Directors Association

**Special Consultants**
- Dr. Nora Balderian, Consultant
- Dr. Scott Modell, Consultant
- Donna Pence, Consultant
- Susan Castano, Consultant

**Evaluation Consultants**
- James Coloma, Evaluation Consultant
- Jane Birdie, Evaluation Consultant
- Cynthia Parry, Evaluation Consultant

**Video**
- Terra Nova Films, Inc
# PARTICIPANT’S GUIDE TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>6</td>
</tr>
<tr>
<td>Course Outline</td>
<td>8</td>
</tr>
<tr>
<td>Training Goals and Objectives</td>
<td>10</td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td></td>
</tr>
<tr>
<td>Welcome and Introductions</td>
<td>12</td>
</tr>
<tr>
<td>Letter to Participants</td>
<td>14</td>
</tr>
<tr>
<td>MASTER Identification Code Assignment</td>
<td>16</td>
</tr>
<tr>
<td>Types of Interviews and Interviewees</td>
<td>17</td>
</tr>
<tr>
<td>Interview Preparation</td>
<td>20</td>
</tr>
<tr>
<td>iSPEAK Language Cards</td>
<td>23</td>
</tr>
<tr>
<td>Basic Interviewing Skills</td>
<td>26</td>
</tr>
<tr>
<td>Reflective Listening</td>
<td>27</td>
</tr>
<tr>
<td>Emotional Vocabulary</td>
<td>31</td>
</tr>
<tr>
<td>Reflecting Emotion</td>
<td>32</td>
</tr>
<tr>
<td>Question Typologies</td>
<td>37</td>
</tr>
<tr>
<td>Question Style and Question Content</td>
<td>38</td>
</tr>
<tr>
<td>Examples of Open-ended Questions</td>
<td>42</td>
</tr>
<tr>
<td>Question Content</td>
<td>45</td>
</tr>
<tr>
<td>Transforming leading into Non-leading Questions</td>
<td>48</td>
</tr>
</tbody>
</table>

**MODULE 9**  

-6-  

8/25/2010  

Version 2
Interview Practice Allegation ......................................................... 51
Embedded Evaluation ................................................................. 54
Special Consideration ............................................................... 58
Approaches to Elderly Hearing/Vision Impaired Persons ................. 60
Effects of Trauma ......................................................................... 61
Tips for Communicating During a Mental Health Crisis .................. 64
Interview Checklist ....................................................................... 67
References .................................................................................. 71
## COURSE OUTLINE

<table>
<thead>
<tr>
<th>Content</th>
<th>Total Time</th>
<th>Activities</th>
<th>Slides/pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions: Objectives, Overview of project, housekeeping</td>
<td>15 min</td>
<td>Lecture</td>
<td>Slides 1-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Handouts: Letter to Participants, ID Assignment</td>
</tr>
<tr>
<td>Types of Interviews and Interviewees</td>
<td>15 min</td>
<td>Lecture</td>
<td>Slides 5, 6, 7</td>
</tr>
<tr>
<td>Preparing for the Interview</td>
<td>30 min</td>
<td>Lecture, Shout out</td>
<td>Slides 8-11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Table Top Activity</td>
<td>Shout-out: Preparing for the Interview: Report Review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Table Top Activity: Interview Preparation Vignettes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Handout #1</td>
</tr>
<tr>
<td>Basic Interviewing Skills (Establishing Rapport, Reflecting Emotions and Content, Speed and Pacing)</td>
<td>30 min for quick review/ 90 min if taught in-depth with activities</td>
<td>Lecture, 2 optional activities: one a shout-out and one using video clips</td>
<td>Slides 12-29</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Written assignment: Reflecting Emotions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Summarizing Video Clips: Reflecting Emotions and Content</td>
</tr>
<tr>
<td>BREAK</td>
<td>15 min.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question Typologies</td>
<td>45 min</td>
<td>Lecture, Activities</td>
<td>Slides 30- 51</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Table Top Activity:</td>
</tr>
<tr>
<td></td>
<td>Time</td>
<td>Activities</td>
<td></td>
</tr>
<tr>
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<td>----------</td>
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</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td>60 min</td>
<td></td>
<td>Open-Ended Questions Head to Head Challenge</td>
</tr>
<tr>
<td><strong>Question Typologies -continued</strong></td>
<td>60 min</td>
<td>Activities</td>
<td>Table Top Activity: Transferring Leading into Non-leading Questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Table Top Activity: Password</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Table Top Activity: Interviewing Triads</td>
</tr>
<tr>
<td><strong>Investigative Interviewing Embedded Evaluation</strong></td>
<td>30 min</td>
<td>Written Exercise</td>
<td>Slide 52</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Investigative Interviewing: Transfer of Learning Activity</td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td>15 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Special Considerations</strong></td>
<td>60 min</td>
<td>Lecture, Table Top Activities</td>
<td>Slides 53-67</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Table Top Activity: Sensory Impairment Exercise, Communication Barriers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Optional Table Top Activity: Broken English Exercise</td>
</tr>
<tr>
<td><strong>Closing</strong></td>
<td>15 min</td>
<td>Instructions for Transfer of Learning Activity, Q &amp; A, evaluation</td>
<td>Slide 86</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Handouts: Interviewing Checklist, Evaluation</td>
</tr>
<tr>
<td><strong>TOTAL TIME</strong></td>
<td><strong>7 hrs</strong></td>
<td><strong>(including 1 hour lunch)</strong></td>
<td></td>
</tr>
</tbody>
</table>
By the end of this training, participants will be able to:

1. Demonstrate the interviewing skills listed below:
   - Trust and relationship building
   - Engagement techniques
   - Open-ended questioning
   - Listening/reflection of content and feeling
   - Responding to disclosures
   - Showing empathy/compassion

2. Correctly identify 5 question types (open ended, multiple choice, yes/no, leading/suggestive, and coercive).

3. Correctly identify 3 distinct question content levels (general, focused, disclosure clarification).

4. Adjust the interview to the functional level of the victim in order to get accurate information and understanding.

Participants will have learned the following values:

1. To respect and acknowledge the victim’s individuality, dignity and right to self preservation.
2. To value the needs of the most vulnerable victims in our society.
3. To value the opportunity to connect with the victim on a dynamic, deeply personal level during a time of crisis.
PRESENTATION
WELCOME AND INTRODUCTIONS

TIME ALLOTTED: 15 minutes

Slide #2:

WELCOME the participants and introduce yourself by name, job title, organization, and qualifications as Trainer.

Review Housekeeping Items

- There will be two 15-minute breaks and an hour for lunch today: 12-1 pm in...
- Use the restrooms whenever you need to do so. The restrooms are located at....
- Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

Participant Introductions

Ask participants to:

- make a brief self-introduction including name, job title, organization
- state their biggest concern about interviewing abuse victims.
Slide 3

Evaluation Process

All APS Training has 3 evaluation components:

- Transfer of Learning Activity
- Satisfaction Survey
- Embedded Evaluation

Slide 4

Developing an ID Code

- What are the first three letters of your mother’s maiden name? (Alice Smith)
- What are the first three letters of your mother’s First name? (Alice Smith)
- What are the numerals for the DAY you were born? (Nov 29th)

Trainee ID Code: SMIALI29

Slide #5

Learning Objectives

Trainees will be able to:

- Demonstrate knowledge and use of basic interviewing skills.
- Correctly identify 5 questions types.
- Correctly identify 3 question content types.
- Adjust the interview to the functional level of the victim.
- That they value the victim’s rights and their opportunity to connect with the victim on a dynamic, deeply personal level during a time of crisis.
Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete an embedded skills evaluation within the training day. This embedded skills evaluation will take about 15 minutes. You will be asked to determine what types of questions are being asked in a written interview.

This evaluation has two main purposes:

1. To improve trainings’ effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

Our goal is to evaluate training, NOT the individuals participating in the training.

In order to evaluate how well the training is working, we need to link each person’s assessment data using a code. You will generate the code number using the first three letters of your mother’s maiden name, the first three letters of your mother’s first name, and the numerals for the day you were born. Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time. ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy’s training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.
If you agree to participate, you will fill out a questionnaires administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families in California.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

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**MASTER Identification Code Assignment**

**YOUR IDENTIFICATION CODE:**

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an identification code. We would like you to create your own identification code by answering the following questions:

1. What are the first three letters of your mother’s maiden name?
   Example: If your mother’s maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

   ____   ____   ____

2. What are the first three letters of your mother’s First name?
   Example: If your mother’s maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

   ____   ____   ____

3. What are the numerals for the DAY you were born?
   Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1<sup>st</sup> through the 9<sup>th</sup>, please put 0 (zero) in front of the numeral (example **0 9**).

   ____   ____

Combine these parts to create your own identification code (example: **S M I A L I 2 9**). Please write your identification code in the space at the top right corner of all evaluation materials you receive.

*Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.*
TYPES OF INTERVIEWS AND INTERVIEWEES

TIME ALLOTTED: 15 minutes

Slide #6

Types of Interviews

<table>
<thead>
<tr>
<th>Fact Finding</th>
<th>vs. Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fact-finding in nature</td>
<td>• Therapeutic in nature</td>
</tr>
<tr>
<td>• Objective/Non-interpretive</td>
<td>• Subjective/Interpretive</td>
</tr>
<tr>
<td>• Conducted by APS or Law Enforcement</td>
<td>• Conducted by mental health professional</td>
</tr>
<tr>
<td>• Structured</td>
<td>• Unstructured</td>
</tr>
<tr>
<td>• Time limited</td>
<td>• Ongoing/engaging</td>
</tr>
<tr>
<td>• Competency of the client is questioned</td>
<td>• Competency is not a concern</td>
</tr>
<tr>
<td>• No leading</td>
<td>• Some leading</td>
</tr>
<tr>
<td>• Interested in objective reality of client</td>
<td>• Interested in client’s subjective experience</td>
</tr>
<tr>
<td>Client may be lying</td>
<td>• Client is viewed as trustworthy</td>
</tr>
</tbody>
</table>

Slide #7

Types of Interviewees

• Victims
• Perpetrators
• Collateral contacts
• Family/group interview

Adapted from Laurie Fortin, Investigative Interviewing Institute, 2008
Interviewer Role: Use of Self

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Professional, non-threatening, warm, friendly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stance</td>
<td>Open-minded, unbiased</td>
</tr>
<tr>
<td>Point of view</td>
<td>Strength-based</td>
</tr>
<tr>
<td>Strategies for eliciting information</td>
<td>Active listening, supportive, empathetic, reassuring</td>
</tr>
<tr>
<td>Strategies for reaching common understanding</td>
<td>Practice, clarify, recapitulate</td>
</tr>
</tbody>
</table>

PREPARING FOR THE INTERVIEW

TIME ALLOTED: 30 minutes

Preparing to Interview the Victim

Review the report for:
- Age
- Language
- Disability
- Cognitive Impairment
- Previous history with APS
- Allegations
- Family dynamics
- Cultural/gender issues
- Possible dangers
Preparing to Interview the Victim

- Determine what information you need and who should be contacted.
- Determine what agency policies and procedures apply and what paperwork you need to bring.
- Determine how you are going to keep yourself and the victim safe if there are indicators of danger.
- Determine who should be the lead interviewer if more than one agency is involved.
Interview Preparation - Handout 1

Working in table groups, read your table’s vignette and determine what steps you would want to take and what information you might want to know before interviewing the victim:

1. Mimi is an 80 year old, Spanish speaking, Hispanic woman diagnosed with Alzheimer’s disease. Her 86 year old husband, Jesus, is her caregiver. According to her neighbor, Jean, Jesus has been drinking lately to the point where he is unable to care for himself or his wife. There is also a son, Hermes, who lives in the home and works during the day. There is a previous APS case on file from last year in which Hermes was alleged to have struck his mother. That allegation was unfound as no one witnessed the alleged assault and Mimi denied the allegation during the investigation.

2. Charlie is a 63 year old, English speaking white male diagnosed with bi-polar disorder. According to Code Enforcement, there is no running water or electricity in his home and the toilet and sinks do not work. There are feces on the carpet and “junk” piled everywhere. It is unclear whether the feces are human or animal as he has two large dogs. Charlie does not follow doctor’s orders or take medications. There are three previous APS reports on file over the last two years. They are all related to self neglect. These allegations were confirmed but Charlie consistently refuses services. The APS worker was able to get Charlie committed for a psychiatric evaluation last year but once he took his medications, he was released.

3. Min-Jee is a 72 year old, Korean speaking woman who lives with her son Duck-Hwan and his family. Min-Jee speaks no English and has only been in the U.S. for 2 years. Min-Jee is in extremely frail condition and needs help ambulating. The reporting party is a friend of the family who is concerned that Duck-Hwan and his wife leave Min-Jee alone all day while they are at work. They do this (according to the friend who refused to give her name) because they can not
afford in-home care and they don’t want their mother to go to a nursing home.

4. Kimani is a 61 year old African American, English speaking female who is blind and uses a wheelchair. Kimani lives in the home of her adult daughter, Laqueta, and the daughter’s boyfriend, Murray. Kimani is making the report. According to Kimani, Murray was angry with her last night and stuck her in the head with a telephone. Kimani stated that Murray also fights with her daughter on a regular basis and that the police are “always” being called to the house. This is the first report to APS.

5. Herman is a 69 year old, deaf German man. According to his apartment manager, Herman has a history of alcoholism and is being evicted for having unauthorized guest in his assisted living apartment. The manager is concerned that these female guests are taking Herman’s money. Herman walks with a cane.
Translators

• Find out your agency’s policy regarding translators.
• Use professionals when possible.
• Consider the possibility that your potential translator is the perpetrator.
• Speak to the victim, not the translator.
iSPEAK Language Cards - Handout 2

Arabic

Armenian

Bengali

Cambodian

Chamorro

Chinese

Creole

Croatian (Serbo-Croatian)

Czech

Dutch

English

Farsi

D-3309

MODULE 9

-23-

8/25/2010

Version 2
MODULE 9 -25- 8/25/2010
BASIC INTERVIEWING SKILLS
(Establishing Rapport, Reflecting Emotions and Content, Speed and Pacing)

TIME ALLOCATED: 30 minutes - 90 minutes

Slide #13

Reflective Listening
• Establish rapport
• Acknowledge the victim’s emotions
• Paraphrase the content
• Be patient and attentive
• Convey warmth and understanding
• Use open end questions
Reflective Listening- Handout 3

Mirror Body Language and Vocal Characteristics

• Maintain eye contact (if culturally appropriate)
• Relaxed, alert posture
• Match the victim’s postural shifts
• Replicate shifts in vocal tonality, tempo, volume, timbre and intonation

Don’t:

• Show impatience
• Slouch
• Yawn, sign, act bored or disinterested
• Multi-task while victim is speaking

• Match the victim’s gestures and characteristic poses (respectfully)
• Use the phases that the victim uses
• Lean slightly forward

Listening Skills

• Speak in a kind, measured voice that conveys warmth and interest.
• Assure the victim that she is being heard.
• Paraphrase victim’s statements so he feels validated.
• Ask open-ended questions.
• Acknowledge victims emotions (e.g. “That must have made you feel...”, “It sounds like you feel...”).

• Respond to content, paraphrasing when appropriate (e.g. “You are really concerned about...”).
• Stay engaged until the victim has finished telling her story.

Don’t

• Interrupt the victim
• Tell the victim how he should feel.
• Disagree with the victim
• Evaluate what the victim is saying.
• Ask questions that convey blame (e.g. “Why didn’t you...?”)
• Be closed minded

• Jump to conclusions or fill in details.
• Use vocabulary that isn’t understood or is alienating.
• Talk too much
• Know all the answers

Adapted from “Listen to My Story: Communicating with Victims of Crime, Office of Victims of Crime (NCJ 19565)
Slide #14

Establishing Rapport

• Allows the victim to relax, diminishes fear.
• Establishes the victim’s normal behavior vs. behavior under stress.
• Allows the victim to trust and therefore disclose.

Slide #15

Rapport “Methodology”

• Start with non-threatening subjects.
• Find a common, non-threatening shared interest.
• Mirror the victim’s body language, posture, and language pace.
• Respect the victim’s needs (time limitations, fatigue, pain tolerance, need for bathroom breaks, etc.)
• Be respectful. Remember that you are a guest in their home!

Slide #16

How could you establish rapport with this client?
Identifying Emotions

To achieve empathy you need to:

– Accurately reflect the victim’s emotions
– Match the emotional intensity of the victim (e.g. annoyed vs. infuriated).
– Avoid noncommittal (overused) words (bad, awful, terrible, frustrated, confused)
– Work to increase your emotional vocabulary.
# Emotional Vocabulary - Handout 4

## Low Intensity

### Positive Emotions

<table>
<thead>
<tr>
<th>Amused</th>
<th>Delighted</th>
<th>Ecstatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipating</td>
<td>Eager</td>
<td>Elated</td>
</tr>
<tr>
<td>Comfortable</td>
<td>Happy</td>
<td>Enthusiastic</td>
</tr>
<tr>
<td>Content</td>
<td>Hopeful</td>
<td>Excited</td>
</tr>
<tr>
<td>Glad</td>
<td>Joyful</td>
<td>Fulfilled</td>
</tr>
<tr>
<td>Pleased</td>
<td>Surprised</td>
<td>Proud</td>
</tr>
<tr>
<td>Relieved</td>
<td>Up</td>
<td>Thrilled</td>
</tr>
</tbody>
</table>

### Anger

<table>
<thead>
<tr>
<th>Annoyed</th>
<th>Disgusted</th>
<th>Angry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bothered</td>
<td>Hacked</td>
<td>Contemptuous</td>
</tr>
<tr>
<td>Bugged</td>
<td>Mad</td>
<td>Enraged</td>
</tr>
<tr>
<td>Irked</td>
<td>Provoked</td>
<td>Fuming</td>
</tr>
<tr>
<td>Irritated</td>
<td>Put upon</td>
<td>Furious</td>
</tr>
<tr>
<td>Peeved</td>
<td>Resentful</td>
<td>Hateful</td>
</tr>
<tr>
<td>Ticked</td>
<td>Spiteful</td>
<td>Hot</td>
</tr>
</tbody>
</table>

### Fear

<table>
<thead>
<tr>
<th>Apprehensive</th>
<th>Afraid</th>
<th>Desperate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerned</td>
<td>Alarmed</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Tense</td>
<td>Anxious</td>
<td>Panicky</td>
</tr>
<tr>
<td>Tight</td>
<td>Fearful</td>
<td>Scared</td>
</tr>
<tr>
<td>Uneasy</td>
<td>Frightened</td>
<td>Terrified</td>
</tr>
</tbody>
</table>

### Sadness

<table>
<thead>
<tr>
<th>Apathetic</th>
<th>Abandoned</th>
<th>Crushed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bored</td>
<td>Discouraged</td>
<td>Depressed</td>
</tr>
<tr>
<td>Disappointed</td>
<td>Distressed</td>
<td>Despairing</td>
</tr>
<tr>
<td>Discontented</td>
<td>Drained</td>
<td>Helpless</td>
</tr>
<tr>
<td>Mixed-up</td>
<td>Hurt</td>
<td>Humiliated</td>
</tr>
<tr>
<td>Resigned</td>
<td>Lonely</td>
<td>Miserable</td>
</tr>
<tr>
<td>Unsure</td>
<td>Lost</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Unhappy</td>
<td>Sad</td>
<td>Tortured</td>
</tr>
</tbody>
</table>

Adapted from Robert Shearer’s “Interviewing, Theories, Techniques, Practices”
Slide #18

Types of Empathy

• Direct… “You feel_____.”

• Indirect
  – “You feel____?” (I didn’t really understand)
  – “You just feel____.” (Discounts the feeling)
  – “You feel like____.” (Denies the actual feeling)

• Superficial
  – “I understand” (Victim thinks, “No you don’t”)
  – “I know just how you feel” (Again, “No you don’t”)

Slide #19

Affirmations

• Statements which demonstrate that you appreciate the victim’s situation and are supportive of the victim as a person as he struggles with the situation.

Slide #20

Reflecting Emotion Activity

• Please identify each victim’s feeling in the following statements.
Reflecting Emotion – Handout 5

Please identify each victim’s feeling based on the statement presented below (This may become either a shout out or a written assignment):

1. My son just can’t seem to catch a break. His wife left him and took his kids. Then he lost his job. He has been staying with me for the last two years but he can’t seem to find steady employment. I’ve ended up supporting him. I don’t mind. He’s my son after all. But, sometimes it’s hard to make ends meet.

2. Jerome is the only one who takes the time to talk to me.

3. I can’t believe that I fell for this con artist! He was so sincere when he offered to help me fix things around the house. And, then he did absolutely nothing but rip me off.

4. Go away! Why are you bothering me? I can take care of myself. I always have. You might not like how I keep my house and yard but it’s my stuff and my business!

5. I don’t think I can ask him to move out. He has no where to go. And, he’ll be really upset. I can’t upset him like that. I’ll just have to wait until the time is right to discuss it with him.

6. I don’t remember what happened. She was here yesterday. We talked for awhile and then I took a nap. She says that I told her it was ok to take my car but I just don’t remember that. Could I have given her permission and forgotten it?

7. All my friends are dead or in nursing homes.

8. Please don’t ask me to make a decision about this. Too many things are happening right now. I have to see the doctor tomorrow for my test results and my daughter needs me to watch my grandson and I still need to find out what’s happening with my utilities.
9. Are we going to be done soon?

10. You don’t understand. I needed that money to pay my rent and keep my utilities on. That S.O.B. took my money and ruined my life. I could just kill him!

11. What should I do about Martha? She means well but she just never finishes anything. She does a poor job of cleaning the house. She buys the wrong things at the store and she forgets my appointments. She is so sweet and lovable but I can’t count on her to even show up on time.

12. My daughter never calls any more. She just lives one town over but she can’t seem to even pick up the phone. She knows I need help. She obviously doesn’t understand how difficult this is for me.

13. Things seem to be going better now. Kira is a darling and we are getting along very well. She even learned to make pot roast for me from my mother’s recipe.

14. Why do I need to sign this? I don’t understand why you think I need this service. I really don’t understand why anyone thinks I have a problem.

15. What should I do now? I can’t let my care provider back into my house but I need someone to help me. Who else can I get to cook and go to the store and help me to the bathroom? Good Lord, what am I going to do tonight? I can’t get anyone else right away. I can’t stay alone.

16. My marriage has always been difficult. We fought a lot in the early years. And, now that Jim is ill, he is really cranky and irritable. It’s hard to be patient with him.

17. Could you call and explain all this to my daughter? It’s pretty confusing and she’s going to think I’m an old fool when I can’t explain it.

18. My life is such a mess that nothing is going to make a difference.

19. I don’t want to talk to another agency. All this red tape is impossible to deal with.
Slide #21

**Speed and Pacing**

- Keep control of the interview
- Match the pace of victim
  - Remember: Slower = calmer
- The victim should do most of the talking
  - Use encouragers (Uh huh, I see, what else?)
  - Pay active attention
- If victim talks too much:
  - Break eye contact, say “Hold on”, “Stop”, “You’ve lost me”

---

Slide #22

**Use of Silence**

- Allow the victim to be silent to:
  - Think and get emotions under control
  - Communicate confusion
  - Feel you are listening
- Use your own silence to:
  - Give yourself time to think
  - Stop yourself from giving speeches
  - Create a calm mood
  - Keep from interrupting
- But, don’t let it become hostile

---

Slide #23

**Summarize Content**

Lead in  
Content  
Check

- “What I hear you saying is (content), is that correct?”
- “What I understand is that (content), am I on the right track?”
- “Do you mean (content), or am I misunderstanding?”
- “It sounds like you feel/saw/heard (content), am I right?”

A summary can include facts or emotions or both of either a statement or just the most critical points of the interview.

---
Reflecting Emotions and Content Activity

• As you listen to the victim, write a statement that reflects both his emotion and the content of his statement.

____________________________________

Video Clip #1 (Slide 25)

Set-up: In this clip Norman is talking about the first time he was physically abused by one of his sons.

Norman:

(:47) “So the first thing I knew, I got cracked. I got a black eye. He knocked me on the floor. (From Norman Jr.? ) From Norman Jr. I could have signed a complaint then but the thing was, if I signed a complaint I was afraid that when I go home, they are gonna beat me up.” (1:06)

Video Clip #2 (Slide 26)

Set-up: In this clip Norman is talking about his feelings when he comes to the police for assistance.

Norman:

(2:48) “I don’t want to run over here all the time and tell ‘em that I got beat up. I should never get beat-up to be honest with you. I shouldn’t wanta.” (2:57)

Video Clip #3 (Slide 27)

Set-up: In this clip, Norman is asked if he will return home.

Norman:

(3:33) “If I go back, it will last so long. And then, something will happen again. And
maybe they’ll kill me one of these days. I couldn’t say but you never know. I don’t want to see them put in jail. Let ’em go home with my wife and that’s it. I’ll never go see them no more.” (3:46)

**Video Clip #4 (Slide 28)**

**Set-up:** In this clip, Norman discusses his social system.

Norman:

(5:17) “Well, I haven’t got any friends or relations or anything. You know, it’s not very easy to answer. I’m 77, or will be in a few weeks and actually, where can you go? When you haven’t got no friends. You can’t walk the streets.” (5:37)

**Video Clip #5 (Slide 29)**

**Set-up:** In this clip, Norman is speaking about living in a board and care.

Norman:

(8:02) “It’s not like being with your wife and two sons. I don’t like to go. I’d rather stay with them until the day I pass away.” (8:19)
QUESTION TYPOLOGIES

TIME ALLOTED: 105 minutes (break for Lunch)

Slide #30

Question Typologies

Slide #31

Question Continuum

• Moves from open-ended to close-ended questions.
• Moves from more confidence in the accuracy of the information (with open-ended questions) to less confidence (with close-ended questions).
### Question Content - Handout 6

<table>
<thead>
<tr>
<th>Question Style</th>
<th>General</th>
<th>Focused</th>
<th>Disclosure Clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open-Ended</strong></td>
<td>Tell me about yourself.</td>
<td>Tell me what happened when your caregiver was here yesterday.</td>
<td>You said that she pushed you. Tell me more about that.</td>
</tr>
<tr>
<td><strong>Multiple Choice</strong></td>
<td>Do you prefer to have your caregiver cook for you or to go to a restaurant for your meals?</td>
<td>When you caregiver was in your room, did she handle your purse, open your drawers or touch any of your valuables?</td>
<td>Did it happen in your room, the family room or somewhere else?</td>
</tr>
<tr>
<td><strong>Yes/No</strong></td>
<td>Do you have grandchildren?</td>
<td>Has your caregiver done something to you?</td>
<td>Did you confront Molly about getting into your purse?</td>
</tr>
<tr>
<td><strong>Leading</strong></td>
<td>I understand that you have a caregiver named Molly, right?</td>
<td>Isn’t it true that Molly pushed you after you grabbed her backpack?</td>
<td>This wasn’t the only thing she stole, was it?</td>
</tr>
<tr>
<td><strong>Coercive</strong></td>
<td>You need to sit here and talk to me.</td>
<td>You leave after you tell me what your caregiver did to you.</td>
<td>I know that she stole from you. Don’t you want to keep her from stealing from others?</td>
</tr>
</tbody>
</table>

Adapted with permission from Donna M. Pence
**Question Style**-Handout 7

Question style refers to the structure of the questions and the type of response the particular structure is designed to elicit.

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-Ended</td>
<td>Open ended questions are designed to present a broad topic and allow the</td>
<td>• Why do you think I came to see you today?</td>
</tr>
<tr>
<td></td>
<td>victim to choose to provide a narrative response (a description relating</td>
<td>• Can you tell me what happened to you yesterday?</td>
</tr>
<tr>
<td></td>
<td>to how they perceive the topic).</td>
<td></td>
</tr>
<tr>
<td>Multiple Choice</td>
<td>A question that presents the victim with a number of alternative responses</td>
<td>• Did you sign the power of attorney or did he sign it for you?</td>
</tr>
<tr>
<td></td>
<td>from which to choose.</td>
<td>• Did he hit you once, twice, or more than that?</td>
</tr>
<tr>
<td>Yes/No (Close-ended)</td>
<td>A question structured so as to limit (either directly or by implication)</td>
<td>• Did she feed you today?</td>
</tr>
<tr>
<td></td>
<td>the victim’s options to a “yes” or “no” response.</td>
<td>• Did he give you your medication?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Do you want to go home?</td>
</tr>
<tr>
<td>Leading (Suggestive)</td>
<td>Leading or suggestive questions are those which make it clear to the</td>
<td>• Didn’t you tell him that you didn’t want to go to the doctor?</td>
</tr>
<tr>
<td></td>
<td>listener the answer the interviewer is looking for. It can include the</td>
<td>• He was doing his best to care for you, wasn’t he?</td>
</tr>
<tr>
<td></td>
<td>answer within the question itself. It frequently ends with a “tag” comment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or question.</td>
<td></td>
</tr>
<tr>
<td>Coercive</td>
<td>Use of inappropriate inducements or threats to gain cooperation or to</td>
<td>• Tell me what happened or we may have to place you in a facility to</td>
</tr>
<tr>
<td></td>
<td>elicit information from a victim.</td>
<td>protect you.</td>
</tr>
</tbody>
</table>

Adapted with permission from Donna M. Pence
Preferred Question Types

• Open-ended general questions
• Open abuse-related questions
• Invitational questions (Tell me more)
• Narrative cue (I see)
• Focused questions
• Disclosure clarification

Less Preferred Questions

• Multiple choice
• Options (either/or)
• Force choice (yes/no)
• Direct/specific questions

Least Preferred Questions

• Leading questions
• Tag questions
  “isn’t it true?”, “didn’t he?”
• Coercive questions
Slide #35

General Open-ended Questions

• General inquiry
• Victim picks the topic
• Provides more information than yes/no
• Assumes nothing
• This type of question is most likely to yield accurate information

Slide #36

Examples of General Open-Ended Questions

• How can I help you?
• Tell me why you think I came here today?
• How have things been going for you?
• What would you like to talk about?

Slide #37

Open Abuse Related Questions

• These are open-ended questions that assume abuse or neglect may have occurred.
  
    – “I heard that there have been some concerns around your care, tell me about that?”
    
    – “I have a report that something upsetting may have happened to you. Talk to me about what happened.”
Examples of Open-ended Questions-Handout 8

What happened?
What do you want...?
Talk to me about....
Tell me what happened.
Tell me more about...?
How do you usual....?
What happens when...?
What were you doing when...?
What do you think will happen when...?
What else happened?
Who did it?
Why did you ...?
Who said...?
What made you think...?
Please elaborate.
What did you expect to happen?
What were you asked to do?
How else could you have...?
Help me understand what happen.

Who else was involved?
How did it make you feel?
Why do you think...?
What did you do?
When did it happen?
Where did it happen?
Where did you go next?
Where were you when...?
What can you tell me about...?
Explain to me how it happened.
Tell me about your situation.
Tell me how...?
Please explain what happened.
How do you feel?
How often...?
How much of the time...?
What else can you tell me?
What else can you add?
What do you know about...?
More Open Abuse examples

- Your daughter seems to be concerned about you. Tell me why you think she is so worried.
- My job is to help older people to stay safely at home. Tell me about your safety issues?
- I understand that there have been some How do you get your bills paid? Do you have enough money to live on?

Open-Ended Questions

Head to Head Challenge

Invitational Prompts and Cues

Tell me about that.
Tell me more.
Then what happened?
What happened next?
What else can you remember?

"I see".
"Ok".
"Nodding"
"And then...?"
Move on to Focused Questions

Use focused questions to ask about a particular topic and trigger the reporting of critical information.

Examples of Focused Questions

- Violence: “What happens when your son is angry?”
- Relationships: “How does your daughter feel about your care provider?”
- Care: “How do you normally get your meals?”
- Locations: “Where did he take you?”
- People: “Who is responsible for paying your bills?”
- Time: “When did she ask for the car?”

Disclosure Clarification

Once the victim has made a statement about the alleged abuse, gather specific details: the who, what, where, when and how.
**Question Content- Handout 9**

Questions designed to gain information about a variety of matters, related to general functioning as well as possible abuse.

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
</table>
| General       | These are interview questions about the interviewee’s well-being. Rapport-building, general demographic data, and “getting to know you” questions fall into this category. | • What’s going on with you?  
• How are you feeling today?  
• How many grandchildren do you have?  
• What is your caregiver’s name? |
| Focused       | These are follow-up “probe” questions that focus on specific topics, including topics dealing with the abuse allegations. These questions may be asked before or after the victim discloses abuse. | • Tell me about your care needs.  
• What happens when your caregiver gets frustrated?  
• How does she react to your toileting accidents? |
| Disclosure    | These questions are asked after the victim has disclosed about the possible abuse or has described an incident that may be abuse related. These questions seek to clarify for the interviewer exactly what the victim is describing. The issue for clarification relates to either the disclosure or the possible abuse-related incident. | • You said that your caregiver hit you. Tell me more about that.  
• Had she ever hit you before?  
• What happened before she hit you?  
• Did she hit you with an open or closed hand? |
| Clarification |                                                                                                                                                                                                          |                                                                                              |

Adapted with permission from Donna M. Pence
Be Careful with “Why”

- It can be judgmental.
- May cause the victim to withdraw, rationalize, defend or attack.
- Victim may not understand complex motivations.
- May be naïveté or insensitive since there may be no answer.
- May be prying into embarrassing areas.

Direct/ Specific Questions*

- Are more likely to be suggestive.
- Limit the amount of information asked for and provided.
- Provide clarification/ establish the “facts of the crime”.
- Should be paired with open ended prompts/probes.

* Includes Yes/No, Either/Or and Multiple Choice Questions

Pairing Specific/ Open-Ended

Examples:
- “Did your son hurt you? What happened?”
- “Did your caregiver touch you inappropriately? Tell me more about that.”
- “How many times did it happen? Tell me about the other occurrences.”
Multiple Choice Questions

- Don’t allow for details.
- People with cognitive impairments may:
  - Automatically answer yes to yes/no questions.
  - Pick the second option, even if they don’t understand the question or know the answer.
  - Feel they have to pick one of the options.
- If used, always give a third open ended option.

Leading Questions

- Suggest the answer.
- Contains tag elements.
- Contains information that was not disclosed by the victim.
- Seriously compromises the credibility of the victim’s statement.

Leading Questions Activity

Complete the “Transforming Leading into Non-leading Questions” worksheet by yourself.
Transforming Leading into Non-leading Questions - Handout 10

**Instructions:** Please rewrite each question on the left so that it is no longer a leading question.

<table>
<thead>
<tr>
<th>LEADING</th>
<th>NON-LEADING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your son cook your dinner?</td>
<td></td>
</tr>
<tr>
<td>2. This picture must be of your care provider.</td>
<td></td>
</tr>
<tr>
<td>3. I understand that you are having a problem with your son.</td>
<td></td>
</tr>
<tr>
<td>4. Does your daughter use your credit cards?</td>
<td></td>
</tr>
<tr>
<td>5. Did your grandson remember to give you your medications today?</td>
<td></td>
</tr>
<tr>
<td>6. Your caregiver didn’t take you to the doctor, did she?</td>
<td></td>
</tr>
<tr>
<td>7. Did your husband take away your car keys?</td>
<td></td>
</tr>
</tbody>
</table>

Adapt with permission from Paul Needham
### Transforming Leading into Non-leading Questions

<table>
<thead>
<tr>
<th>Leading</th>
<th>Non-Leading</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did he take you to his lawyer’s office?</td>
<td></td>
</tr>
<tr>
<td>9. Does she lock you in your bedroom every night?</td>
<td></td>
</tr>
<tr>
<td>10. That must have made you very angry.</td>
<td></td>
</tr>
<tr>
<td>11. Was watching pornography your son’s idea?</td>
<td></td>
</tr>
<tr>
<td>12. Isn’t it true that you knew she couldn’t repay you?</td>
<td></td>
</tr>
<tr>
<td>13. How many times did he strike you?</td>
<td></td>
</tr>
<tr>
<td>14. Did she force you to write the checks?</td>
<td></td>
</tr>
<tr>
<td>15. Did he tell you not to tell anyone?</td>
<td></td>
</tr>
</tbody>
</table>

Adapt with permission from Paul Needham
Coercive Questioning

- Repeating the questions suggests that the first answer was unacceptable.
- Not accepting “No”, “I don’t know” or “I don’t remember” as answers.
- Promising tangible or intangible rewards for disclosure.
- Being angry or frustrated with the victim.
- Not allowing the victim to end the interview.

Password Game

Choose:
- One person to “give” (they have the question type cards)
- One person to “receive” (they determine what type of question the giver is using).
- One person to observe (they determine whether the giver, in fact, asked the appropriate type of question).

Give points for correct questions and correct question identification.

Interview Practice

1. Select an interviewer, interviewee and a recorder. (Note: You will switch roles later.)
2. Read the abuse report.
3. Conduct a mock interview.
4. The recorder is to write down the content type and the question style of each question. (abbreviations at right.)
Interview Practice Allegations- Handout 11

1. **Vera**: This 86 year old woman is paranoid, has left food burning on the stove and a history of falls at home. She is non-compliant with medical care. She is now home alone and her safety is at risk.

2. **Trone**: A 70 year old African American man has severely infected legs. His daughter (Nyesha) is getting paid by the county to care for him, but she is rarely home and never takes him to the doctor.

3. **Anzu**: An 82 year old Japanese woman doesn't know why her neighbor's name (Jan) is on her property title. The victim is not taking care of her financial responsibilities.

4. **Elvira**: A 25 year old Mexican woman is developmentally disabled and lives with her parents. The abuser is her father who is an alcoholic and verbally abusive. The victim is afraid of him.

5. **Ester**: A 96 year old Porto Rican woman, who has 24-hour care at home, was left alone by her caregiver and fell in her home. She was transported to the hospital. The reporting party alleges that the care provider is taking the victim's money and using it for personal expenses.

6. **Mildred**: The Sheriff's Dept. reported directly from a 76 year old white female victim's home; a condemned, canine feces filled trailer. Mildred is disabled, weak, has a history of congestive heart failure, and may now be bed bound. She is dependent on a younger, live-in male caregiver (Henry) who has a history of intimidating and scaring off female providers. There is no paid care provider at present.
7. **Darrell**: A 69 year old African American male has cancer. The woman (Keandra) whose house he is living in wants to evict him but has not given him an eviction notice. The woman and her friends monopolize the bathroom, so the client must use a trash can for urination and defecation. They harass the victim and are so noisy that the victim cannot get any rest. The victim is not allowed to use the kitchen.

8. **Jerome**: The caregiver (Maude) of an 81 year old African American man (Jerome) drinks while on duty. The reporter believes that Jerome doesn’t receive proper care when Maude is drunk.

9. **Kwan**: An 80 year old Korean man is blind and trying to care for his wife (Soo) who has Alzheimer's. Their mobile home smells of urine and feces. Their children do not visit.

10. **Beatrice**: A 42 year old Hispanic woman is dying of AIDS and is reportedly being financially abused by numerous adopted adult children (Alejandro, Lara and Carmen). The reporting party believes that the children are running a prostitution ring.

Investigative Interviewing Activity

For this activity, you are being asked to identify both the question content type (general, focused or disclosure clarification) and question content style (open-ended, multiple choice, yes/no, leading, or coercive). When making a decision about the question style, you may find that a question is open-ended, multiple choice, or yes/no and also either leading or coercive. If this is the case, please only select leading or coercive, and not the other relevant style type (so, if the worker’s statement is both multiple choice and coercive, choose only coercive).
Instructions:

For this activity, you are being asked to identify both the question content type (general, focused, or disclosure clarification) and question content style (open-ended, multiple choice, yes/no, leading, or coercive).

Use the following script of an interview between a worker (W) and a client (C). In the first column, please identify what content type (general, focused, or disclosure clarification) the question is using the key below. In the second column, please identify what style (open-ended, multiple choice, yes/no, leading, or coercive) the question is using the key below. Use line #1 of the script as an example. You may use your training materials as references.

NOTE: When making a decision about the question style, you may find that a question is open-ended, multiple choice, or yes/no AND also either leading or coercive. If this is the case, please only select leading or coercive, and not the other relevant style type (so, if the worker’s statement is both multiple choice and coercive, choose only coercive).

KEY

<table>
<thead>
<tr>
<th>Question Content Type</th>
<th>Question Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>G General</td>
<td>O Open-Ended</td>
</tr>
<tr>
<td>F Focused</td>
<td>MC Multiple Choice</td>
</tr>
<tr>
<td>DC Disclosure Clarification</td>
<td>Y/N Yes/No</td>
</tr>
<tr>
<td></td>
<td>L Leading</td>
</tr>
<tr>
<td></td>
<td>C Coercive</td>
</tr>
</tbody>
</table>

Handout 12
Trainee ID Code

Date M M D D Y Y

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>STYLE</th>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>O</td>
<td>1 W:</td>
<td>What's your name?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 C:</td>
<td>Marge.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 W:</td>
<td>Marge, who lives with you?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 C:</td>
<td>My son, John.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 W:</td>
<td>Does John provide any of your care?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 C:</td>
<td>Yes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 W:</td>
<td>What kind of help does he provide?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 C:</td>
<td>He does all the housekeeping, as best he can, and the grocery shopping and cooking. He also takes me to the doctor. And, sometimes I have to ask him for help getting to the bathroom.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 W:</td>
<td>I take it John isn’t much of a housekeeper. Doesn’t that bother you?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 C:</td>
<td>Like I said, he does his best.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 W:</td>
<td>How do you and John get along?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 C:</td>
<td>Ok, most of the time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 W:</td>
<td>Tell me about the times when you don’t get along.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 C:</td>
<td>Well…sometimes I get on his nerves.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 W:</td>
<td>What happens then? Does he lose his temper or yell at you?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16 C:</td>
<td>(silence)</td>
</tr>
</tbody>
</table>
Trainee ID Code

Date

KEY

CONTENT CONTENT TYPE

G General
F Focused
DC Disclosure Clarification

QUESTION CONTENT TYPE

O Open-Ended
MC Multiple Choice
Y/N Yes/No
L Leading
C Coercive

CONTENT STYLE

17 W: What kinds of things do you do that gets on his nerves?
18 C: Well, he hates it when I interrupt his television programs because I need help to the bathroom.
19 W: Does he take you to the bathroom then or does he ignore you?
20 C: Sometimes he’s bush and I have to wait. And sometime I have accidents and that makes him really mad.
21 W: So he blames you for the accidents?
22 C: Yeah. He acts like I did it on purpose but I can’t help it.
23 W: Does he help you clean up after an accident or do you clean up after yourself?
24 C: He does sometimes, but he yells at me the whole time. And, he is not very gentle.
25 W: What do you mean when you say that he is not gentle?
26 C: Well, he grabs me up off the chair and pushes me into the bathroom. I have a hard time walking fast so sometimes he drags me.
27 W: (sees bruises on arms) Is that how you got those bruises on your arms?
28 C: I guess so.
29 W: When was the last time John got mad at you?
30 C: Yesterday.
### Module 9: Communication Skills in Professional Settings

**Trainee ID Code:**

**Date:**

<table>
<thead>
<tr>
<th>QUESTION CONTENT TYPE</th>
<th>KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>G General</td>
<td></td>
</tr>
<tr>
<td>F Focused</td>
<td></td>
</tr>
<tr>
<td>DC Disclosure Clarification</td>
<td></td>
</tr>
</tbody>
</table>

#### Question Style

<table>
<thead>
<tr>
<th>QUESTION STYLE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O Open-Ended</td>
<td></td>
</tr>
<tr>
<td>MC Multiple Choice</td>
<td></td>
</tr>
<tr>
<td>Y/N Yes/No</td>
<td></td>
</tr>
<tr>
<td>L Leading</td>
<td></td>
</tr>
<tr>
<td>C Coercive</td>
<td></td>
</tr>
</tbody>
</table>

**CONTENT**

**STYLE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>W: You said he pushes and drags you. Did he do that yesterday?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>C: Yeah, he was really mad because I had messed myself.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>W: So, he was more angry than usual?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>C: I guess so.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>W: He was so mad that he hit you, didn’t he?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>C: (silence)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>W: Marge, you have to tell me what happened or the police won’t do anything.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>C: I don’t want to talk about this anymore.</td>
</tr>
</tbody>
</table>
SPECIAL CONSIDERATIONS

TIME ALLOTTED: 60 minutes

Slide #55

Special Considerations

Interviewing victims:
• With sensory disabilities
• With communication barriers
• With cognitive disabilities
• Unwilling to accept help
• Who are hostile

Slide #56

Sensory Awareness Exercise

• Glasses simulate:
  – Glaucoma (tunnel vision),
  – Macular Degeneration (lack of central vision)
  – Cataracts (clouding of vision)
  – Difficulty focusing (20/40 vs 20/20)
• Cotton balls in ears stimulate normal decline in hearing
Sensory Disabilities

• Can the victim:
  – See you?
  – Hear you?
• Is the victim:
  – In pain?
  – Tired, hungry, thirsty?
  – Traumatized?
  – Afraid?
Approaches to the Elderly Hearing Impaired Person

- Stand or sit directly in front of, and close to, the person.
- Make sure the person is paying attention and looking at your face.
- Address the person by name, pause, and then begin talking.
- Speak distinctly, slowing, and directly to the person.
- Do NOT exaggerate lip movements because this will interfere with lip reading.
- Avoid covering your mouth, or turning your head away.
- Avoid or eliminate any background noise.
- Do not raise the volume of your voice. Rather, try to lower the tone while still speaking in a moderately loud voice.
- Keep all instructions simple and ask for feedback to assess what the person heard.
- Avoid questions that elicit simple yes or no answers.
- Keep sentences short.
- Use body language that is congruent with what you are trying to communicate.
- Demonstrate what you are saying.
- Make sure that only one person talks at a time; arrange for one-on-one communication whenever possible.
- Provide adequate lighting so that the person can see your lips; avoid settings in which there is a glare behind or around you.

From: Miller, C. Nursing Care of Older Adults: Theory and Practice, p 196

Approaches to the Elderly Vision Impaired Person

- Always identify yourself.
- Make sure you have the person’s attention before you speak- call his/her name first.
- Minimize the number of distractions.
- Provide optimum lighting- avoid glare or shadows.
- Try to place things or self in best vision area.
- Speak before handing the person an object.
- Describe the room: state the position of people or objects; use the analogy of a clock.
- Ask if the person would like large print or extra light or time to read a document.
- Provide a magnifying glass or other low vision aid as needed.

Effects of Trauma - Handout 14

IMMEDIATE EFFECTS

- Shock, surprise and terror
- Feelings of unreality (e.g. “This can’t be happening to me”)
- Physiological anxiety (e.g. rapid heart rate, hyperventilation, stomach problems)
- Helplessness

SHORT TERM EFFECTS

- Preoccupation with the abuse
- Flashbacks and bad dreams
- Concern for personal safety and the safety of their loved ones
- Fear that they are at fault
- Fear that they won’t be believed
- Fear that they will be blamed
- Fear of law enforcement and/or social workers depending on their culture or personal history
- Inability to trust others
- Fear of another abuse incident

LONG TERM EFFECTS

- Posttraumatic stress disorder
- Depression
- Alcoholism and substance abuse
- Mental illness
- Suicide or contemplation of suicide
- Panic disorders
- Poor health as a result of the victimization (e.g. physical disabilities, sexually transmitted diseases, immune system problems, etc.)
- Obsessive-compulsive disorder
- Chronic pain
- Sexual dysfunction

WORKING WITH TRAUMA VICTIMS

- Be calm and focused.
- Express sorrow for what has happened to the victim.
- Be understanding if the victim does not wish to repeat the details of his victimization.
- Refer the victim to mental health services based on her needs.
- Watch for substance and alcohol abuse red flags and make appropriate referrals.
- Conduct an assessment of the victim’s level of trauma including pre-victimization characteristics, prior mental health conditions, the degree of exposure to the criminal justice system and the quality of social support.

Adapted from “Listen to My Story: Communicating with Victims of Crime, Office of Victims of Crime (NCJ 19565)
Slide 59

Types of Communication Barriers

- Sub vocalizations and Stuttering
- Echolalia
- Aphasia
- Unintelligible Speech
- No speech
- Delusions and Hallucinations
- Deafness
- Language/Cultural Barriers

Slide #60

Communication Barriers (related to physical disabilities)

- Impaired communication does not indicate impaired intelligence.
- Everybody communicates. You just need to find the right strategy.
- Employ assistive devices when available.
- Remember that the care provider may be the abuser.
- Be patient.

Slide #61

"If you want to know what it is like to be unable to speak, there is a way. Go to a party and don’t talk. Play mute. Use your hands if you wish but don’t use paper and pencil. Paper and pencil are not always handy for a mute person. Here is what you will find: people talking; talking behind, beside, around, over, under, through, and even for you but never with you. You are ignored until finally you feel like a piece of furniture."

(Musselwhite & St. Louis, 1988, p. 104)
Slide # 62

Augmented Communication


Slide # 63

Assistive Devices

Braille TTY phone

Slide #64

Communication Barriers
(related to mental health issues)
- Delusions
- Hallucinations
- Idiosyncratic communication
Handout 15

Tips for Communicating During a Mental Health Crisis

<table>
<thead>
<tr>
<th>A person with mental illness may...</th>
<th>So you need to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>have trouble with reality</td>
<td>be simple, truthful, <em>not sarcastic</em></td>
</tr>
<tr>
<td>be fearful</td>
<td>stay calm</td>
</tr>
<tr>
<td>be insecure</td>
<td>be accepting</td>
</tr>
<tr>
<td>have trouble concentrating</td>
<td>be brief; repeat</td>
</tr>
<tr>
<td>be over-stimulated</td>
<td>limit input, not force discussion</td>
</tr>
<tr>
<td>easily become agitated (<em>not</em> to be confused with dangerous)</td>
<td>recognize agitation, allow retreat</td>
</tr>
<tr>
<td>have poor judgment</td>
<td>not always expect rational discussion</td>
</tr>
<tr>
<td>be preoccupied</td>
<td>first get his/her attention</td>
</tr>
<tr>
<td>be withdrawn</td>
<td>initiate conversation</td>
</tr>
<tr>
<td>have changing emotions</td>
<td>disregard and have patience</td>
</tr>
<tr>
<td>have confused plans</td>
<td>stick to one plan</td>
</tr>
<tr>
<td>have little empathy for you</td>
<td>recognize this as a symptom</td>
</tr>
<tr>
<td>believe delusions</td>
<td>ignore or change the subject; <em>don't argue</em></td>
</tr>
<tr>
<td>have low self-esteem and motivation</td>
<td>remain positive</td>
</tr>
</tbody>
</table>

Dr. Christopher Amenson, Ph.D. at NAMI California
Slide #65

Communication Barriers
(related to language/culture)
• Always use a translator
• Broken English may lead to misunderstandings/inaccurate information.
• Body language and personal space is different in different cultures.
• Different cultures have different communication styles.
• Group Harmony may be more important than individuality.

Slide #66

Cognitive Disabilities
• IQ ≠ functional ability
• No two cognitively disabled individuals are the same (great variability).
• Cognitively disabled victims can be good witnesses.
  – Can communicate (Remember: Everyone communicates!)
  – Can tell truth from lies
  – Want to be understood.

Slide #67

Points to Remember
• Likely to give socially desired responses
• Use language at the victim’s level.
• Be as concrete as possible
• **BE PATIENT**: the more time with the victim, the more likely you are to understand her speech.
Slide 68

More Points to Remember

- Establish victim’s routine first (this helps with sequencing and gives you the victim’s terminology), then build on what they said.
- Information recognition is easier than information retrieval (Either/Or questions).
- Don’t ask “Tell you everything” as victim often can’t edit for importance.
  - Break down open-ended question into specific questions.
  - Tell them what’s important to report.

Slide #69

Saliency

KEY: Find pockets of information grounded in personally salient events.

Slide #70

Transfer of Learning

Use the Interview Checklist to get a snapshot of your new skills.
PROFESSIONAL INTERVIEW CHECKLIST

Directions for the use of the checklist: This checklist is designed to use on yourself for an interview that you conduct. For each statement, rate yourself on the following scale:

0 = Did Not Attempt 1 = Attempted & Needs Improvement 2 = Adequate

Note: Some of the items in this list are present in more than one section because they apply to more than one activity. In some cases, you may need or want to repeat or emphasize the item by covering it more than once.

A: PREPARING FOR THE INTERVIEW

1. Review the report.
2. Check for previous APS history.
3. Determine what information you need and who should be contacted.
4. Determine what other agencies need to be involved.
5. Determine what agency policies/procedures apply.
6. Determine safety issues.
7. Determine whether any accommodations are needed for the client’s disability.
8. Determine if a translator will be needed.

B: ESTABLISHING AND MAINTAINING RAPPORT

1. Introduce yourself to the client and explain your helping role.
2. Separate the client from the suspected abuser.
3. Minimize noise- check for hearing (hearings aids w/working batteries?).
4. Make sure the client is comfortable (i.e. not tired, thirsty, hot/cold, bathroom breaks, pain?).

5. Give the client your full attention (ask if it is ok to take notes).

6. Check-in on your own assumptions, fears, and stereotypes.

7. Begin with non-emotional questions.

8. Verify client’s identifying information (name spelling, DOB, contact information).

9. Find common ground with the client.

10. Be patient and give the client time to answer questions.

11. Refrain from being judgmental, discounting, morally outraged, etc.

12. Be reassuring if the client is emotional.

13. Accurately reflect the client’s emotions.

14. Acknowledge the client’s anxiety and attempt to discern its cause.

15. Acknowledge the client’s anxiety and attempt to discern its cause.

C: BODY LANGUAGE OF THE INTERVIEWER

1. Maintain eye contact (if culturally appropriate).

2. Use a quiet, warm tone of voice.

3. Lean forward and keep body position open.

D: FRAMING THE INTERVIEW PROCESS

1. Explain your job as it relates to the interview.

2. Ask the client to explain why they think you are visiting them.
3. Explain what is going to happen during the interview, reassure him/her of your helpful intentions.

4. Ask him/her to correct you if you misunderstand anything his/she says.

5. Ask him/her to let you know if something is hard to talk about so that you can find an easier way to share it.

E: INVESTIGATIVE QUESTION STYLE AND USE OF LANGUAGE

1. Begin the investigative portion of the interview with open-ended, general questions.

2. Move into more focused open-ended abuse questions as rapport is built.

3. Use open-ended questions more than 50% of the time.

4. Use invitational style questions (e.g. “Tell me more”) to encourage responses.

5. Use narrative cues (e.g. “Uh huh.” “I see.” “What else?”) to keep the client talking.

6. Avoid using leading questions.

7. Avoid using multiple choice questions (unless the client is unable to verbalize answers).

8. Avoid using yes/no and either/or questions (unless the client is unable to verbalize answers).

9. Avoid using “tag” questions (e.g. “…, didn’t you?”).

10. Don’t repeat a question to try and get the “right” answer (coercive).

11. Follow-up on abuse disclosures to “drill down” for more details after the client discloses abuse.

12. Use open-ended questions to ask for the specifics of the abuse (who, what where, when and how).

13. Don’t ask the client to explain “why” the abuse occurred.
F: SPECIAL CONSIDERATIONS

1. Identify barriers to communication and determine what adaptations can be made (e.g. translators, assistive devices, pace of the interview, etc.).

2. Check the client’s hearing and minimize noise/ provide assistance or assistive devices.

3. Check the client’s vision and make needed adjustments to the setting.

4. Provide the client with breaks if he/she gets tired or needs the restroom.

5. Keep tabs on the client’s level of pain if pain is an issue.

6. Be reassuring if the client has been traumatized.

7. Speak directly to the client, not the caregiver or translator.

8. Consider how cultural differences may influence your communication with the client.

9. Adapt your interview style to the functional level of the client. (Simpler language and more concrete questions).

10. Anchor your questions in the salient events in the client’s life.

H: COMMENTS ABOUT THE INTERVIEW PROCESS

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MODULE 9 -70- 8/25/2010

Version 1.
REFERENCES

Formby, William (1996) Getting more information from elder abuse interviews- When victims call police, Aging, Spring. Available at  

http://findarticles.com/p/articles/mi_m1000/is_19951031/ai_18200028

Levan, Debbie (2009) “The Older Learner: How Aging affects Learning”, a workshop presented a the Health Literacy: Teaching Clear Communication in Geriatrics & Gerontology Faculty Development Program on January 8-9 in Los Angeles, California

http://ovc.gov/pdftxt/listen_to_my_story_vdguide.pdf

Ramsey-Klawsnik, Holly. (2005) APS Interviewing Skills, workshop presented at the 16th Annual NAPSA Conference

