

PROFESSIONAL COMMUNICATION

Seeing the World through Other Lens

TRAINER'S GUIDE



MODULE 9

TRAINER MANUAL

PROFESSIONAL COMMUNICATION

Seeing the World through Other Lens ©



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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)

PARTNER ORGANIZATIONS

Lori Delagrammatikas, Program
Coordinator for MASTER
The Academy for Professional Excellence
6505 Alvarado Road, Suite 107
San Diego, California 92120
(909) 213-6059
ldelagra@projects.sdsu.edu
<http://theacademy.sdsu.edu/>

Kathleen Quinn, Executive Director
National Adult Protective Services
Association
920 South Spring Street, Suite 1200
Springfield, IL 62704
(217) 523-4431 / (271) 522-6650
Kathleen.quinn@apsnetwork.org

Kathy Young, Chair
Protective Services Operations Committee
of the County Welfare Director's
Association
505 Poli Street
Ventura, CA 93001
kathy.young@ventura.org

Krista Brown, APS Project Coordinator
Bay Area Academy/SFSU
2201 Broadway, Suite 100
Oakland, California 94612
(510)419-3600
Fax: (510)663-5532
kbrown70@sfsu.edu
<http://baa-aps.org>

Susan Castano, Chair
NAPSA Education Committee
2066 East Wellington Rd
Newtown, Pa 18940
(215) 860-6967
scastano@comcast.net

Kathy Sniffen, Coordinator
CalSWEC Aging Initiative
University of California, Berkeley
School of Social Welfare
Marchant Building, Suite 420
6701 San Pablo, Berkeley, CA 94720-7420
(209) 605-3875
kasniffen@sbcglobal.net

Academy for Professional Excellence- 6505 Alvarado Road, Suite 107
Tel. (619) 594-3546 – Fax: (619) 594-1118 – <http://theacademy.sdsu.edu/>

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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

Carol Mitchel, APS Manager and PSOC Representative, Orange County
Beverly Johnson, LCSW, Staff Development Officer, Riverside County
Brenda Pebley, APS Manger, 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 Vista Productions

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HOW TO UTILIZE THIS TRAINING MANUAL

This training was developed in three distinct sections; each containing multiple exercises, so that you can customize the training to meet the needs of your audience. As the trainer, you will have to make informed decisions on how to best use your time in the classroom to improve the skills of your staff.

Section One:

The first section contains information and activities that teach basic interviewing skills. It is recommended that you assess your audience during the registration process (e.g. ask them to indicate their level of education and experience) to determine whether you will be able to review this section quickly or will need to cover this section in detail. If most of your participants have MSW degrees, you may be able to do a very quick review and move on. However, it is important that participants have a good grasp of interviewing skills before you move on to the second section.

You may also want to adjust the training activities depending on the time available. In most cases you will be given a variety of options. You can skip an exercise, do the full exercise as an in-depth table top discussion, treat the exercise as a ‘call out’ where participants just volunteer the answers to the whole group, or use a couple sample questions to gauge the understanding of the group.

Section Two:

The second section is the “meat” of this training. This section is on “Question Typologies” which is a way of conceptualizing investigative interviewing. This section needs to be trained as provided. There is an embedded evaluation at the end of this section and a transfer of learning activity that addresses the skills learned in this section.

Section Three:

The third section addresses the special considerations that arise when interviewing victims with various types of limitations and disabilities. Depending on the experience of the participants, this can be very quickly reviewed or it can be reviewed in detail. You will also need to determine which activities will meet the needs of your participants.


The course outline, provided in the next section of this manual, is the class schedule used during the piloting of this training. It can be used to help you determine how much time you might need to present each section. However, times will vary based on the experience and engagement of your audience.

Customizing the Power Point:

Once you decided on how you want to divide up your time in presenting this material, you may want to customize your Power Point. The Microsoft Office Power Point software allows you to hide any slides you don't want to use.

Hide a slide instructions

1. On the **Slides** tab in normal view, select the slide you want to hide.
2. On the **Slide Show** menu, click **Hide Slide**.

The hidden slide icon  appears with the slide number inside, next to the slide you have hidden.

Note: The slide remains in your file, even though it is hidden when you run the presentation.

Please note that this manual is set up so that the trainer script/ background material is on the same page as the accompanying Power Point slide making it easy to also customize your manual to match the slides you have decided to use, Just remove the unneeded pages.

PROFESSIONAL COMMUNICATION- TRAINERS MANUAL

COURSE OUTLINE

| Content | Total Time | Activities | Slides/pages |
|--|---|---|---|
| Welcome & Introductions: Objectives, Overview of project, housekeeping | 15 min | Lecture | Slides 1-4 Handouts: Letter to Participants, ID Assignment |
| Types of Interviews and Interviewees | 15 min | Lecture | Slides 5,6,7 |
| Preparing for the Interview | 30 min | Lecture Shout out Table Top Activity | Slides 8-11 Shout-out: Preparing for the Interview: Report Review Table Top Activity: Interview Preparation Vignettes Handout #1 |
| Basic Interviewing Skills (Establishing Rapport, Reflecting Emotions and Content, Speed and Pacing) | 30 min for quick review/ 90 min if taught in-depth with activities | Lecture, 2 optional activities: one a shout-out and one using video clips | Slides 12-29 Written assignment: Reflecting Emotions Summarizing Video Clips: Reflecting Emotions and Content |
| BREAK | 15 min. | | |
| Question Typologies | 45 min | Lecture, Activities | Slides 30- 51 Table Top Activity: Open-Ended Questions Head to Head Challenge |
| LUNCH | 60 min | | |

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| | | | |
|---|--|--|--|
| Question Typologies -continued | 60 min | Activities | Table Top Activity: Transferring Leading into Non-leading Questions Table Top Activity: Password Table Top Activity: Interviewing Triads |
| Investigative Interviewing Embedded Evaluation | 30 min | Written Exercise | Slide 52 Investigative Interviewing: Transfer of Learning Activity |
| BREAK | 15 min | | |
| Special Considerations | 60 min | Lecture, Table Top Activities | Slides 53-67 Table Top Activity: Sensory Impairment Exercise, Communication Barriers Optional Table Top Activity: Broken English Exercise |
| Closing | 15 min | Instructions for Transfer of Learning Activity, Q & A, evaluation | Slide 86 Handouts: Interviewing Checklist, Evaluation |
| TOTAL TIME | 7 hrs (including 1 hour lunch) | | |

TRAINING GOALS AND OBJECTIVES



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

NOTE: The basic interviewing section is designed to be removed/ replaced if the participants already have these skills. (Slides 12-29)

2. Correctly identify 5 questions 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.

TRAINER GUIDELINES

| | |
|---|---|
| Teaching Strategies | <p>The following instructional strategies are used:</p> <ul style="list-style-type: none">◆ Lecture segments◆ Interactive exercises (e.g. Table Top Activities, experiential exercises, role plays)◆ Question/answer periods◆ Slides and video clips◆ Participant guide (encourages self-questioning and interaction with the content information)◆ Embedded evaluation to assess training process.◆ Transfer of Learning activity |
| Materials and Equipment | <p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none">◆ Computer with LCD (digital projector)◆ CD-ROM or other storage device with the slide presentations◆ Easel;/paper/markers◆ Individual reading glasses for ½ the class, duct tape and Vaseline/"new skin" (Must be prepared in advance of the class)◆ Password Activity cards (Must be prepared in advance of the class)◆ Trainer's Guide: This guide includes the course overview, introductory and instructional activities, and an appendix with reference materials.◆ Participant Guides: This guide includes a table of contents, course introduction, all training activities/handouts, and transfer of learning materials.◆ Name tags/names tents.◆ Water access/snacks/restroom access/lunch plans |
| <p>NOTE: This training covers the basic theories, techniques and skills needed to interview APS victims but it does not answer agency specific questions. You will need to collect agency specific information before delivering this training. Segments written in blue indicate areas where you will need to do research about the policies and procedures specific to your agency or jurisdiction.</p> | |

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.

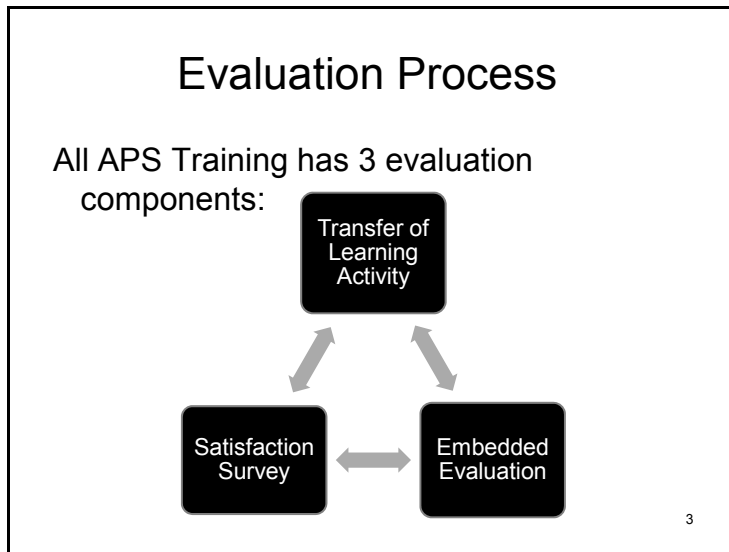
Participant Introductions



Ask participants to:

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

Slide 3



TOPIC: Introducing participants to the evaluation process

Provide the participants with the Letter to Participants and the ID Assignment Handouts from the Evaluation materials

For this training, you will be completing a training satisfaction survey, an embedded evaluation regarding question typology (completed in class) and a post training transfer of learning exercise (to be turned in next week). All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. We want APS training to become an evidenced based practice that truly provides the knowledge and skills we believe it provides. The purpose of the evaluation process is more fully explained in your “Letter to Participants”.

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| S | M | I | A | L | I | 2 | 9 |
|---|---|---|---|---|---|---|---|

4

TOPIC: Developing an ID code

We are NOT evaluating you and no one from your agency will see your individual responses. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout and write in your ID code on the Handout:

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:
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 1st through the 9th, please put 0 (zero) in front of the numeral (example **0 9**).

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.



Module 9- NAPSA Core Competencies

5

TOPIC: Learning Objectives

Trainer Tip: briefly paraphrase the learning objectives and go over the plan for the day, which is in their packet. Then, review the materials in the participant manual .

By the end of this training, participants will be able to:

5. 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

NOTE: The basic interviewing section is designed to be removed/ replaced if the participants already have these skills. (Slides 12-29)

6. Correctly identify 5 questions types (open ended, multiple choice, yes/no, leading/suggestive, and coercive).
7. Correctly identify 3 distinct question content levels (general, focused, disclosure clarification).

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8. 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:

4. To respect and acknowledge the victim's individuality, dignity and right to self preservation.
5. To value the needs of the most vulnerable victims in our society.
6. To value the opportunity to connect with the victim on a dynamic, deeply personal level during a time of crisis.

We will be starting with the basics of interviewing in the morning and then talk about the various types of challenging victims in the afternoon. This will be a day of experiencing, learning, taking chances, and building confidence. You will not be sitting back and listening to a lecture. The expectation is that you will be learning and practicing new skills throughout the day.

TYPES OF INTERVIEWS AND INTERVIEWEES



TIME ALLOTTED: 15 minutes

Slide #6

| Types of Interviews | |
|---|---|
| <u>Fact Finding</u> | vs. <u>Clinical</u> |
| <ul style="list-style-type: none">• Fact-finding in nature• Objective/Non-interpretive• Conducted by APS or Law Enforcement• Structured• Time limited• Competency of the client is questioned• No leading• Interested in objective reality of client• Client may be lying | <ul style="list-style-type: none">• Therapeutic in nature• Subjective/Interpretive• Conducted by mental health professional• Unstructured• Ongoing/engaging• Competency is not a concern• Some leading• Interested in client's subjective experience• Client is viewed as trustworthy |

Adapted from Laurie Fortin, Investigative Interviewing Institute, 2008

6

TOPIC: Types of Interview

Ask the participants why we conduct interviews. Possible answers Include:

- To find the truth of allegations
- To develop safety/care plans
- To assess the client and his/her situation
- To determine the legal needs of the client

The purpose of fact finding interview is to obtain a completed and accurate report from an alleged victim and collateral contacts. During fact finding interviews, the interviewer collects information to corroborate or refute the allegation. The interviewer must be impartial and objective and must consider all reasonable alternative explanations for the allegations. Although the fact finding interview uses clinical skills, as can be seen on the

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slide, it is fundamentally different from a clinical interview. We will be concentrating on fact finding interviewing skills in this training.

Slide #7

Types of Interviewees

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



7

TOPIC: Types of Interviewees

APS workers routinely interview a wide variety of people who have different roles in the investigative process. In this training we will be concentrating on interviews with the victim. However, most of these techniques can be used with other types of interviewees.

Slide #8

| Interviewer Role: Use of Self | |
|--|--|
| Presentation | Professional, non-threatening, warm, friendly |
| Stance | Open-minded, unbiased |
| Point of view | Strength-based |
| Strategies for eliciting information | Active listening, supportive, empathetic, reassuring |
| Strategies for reaching common understanding | Practice, clarify, recapitulate |

Adapted from Laurie Fortin,
Investigative Interviewing Institute,
2008

8

TOPIC: Role of Self

As APS workers, your personal demeanor will have a major effect in the success of your investigative interviews. Research consistently shows that the personal characteristics and techniques listed here are important to victim disclosures in general and are especially helpful in securing disclosures of abuse. We will be talking about each of these elements of the course of the morning.

PREPARING FOR THE INTERVIEW



TIME ALLOTTED: 30 minutes

Slide #9

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



9

TOPIC: Preparing to Interview the Victim

The success of your interview begins even before you speak with the victim. It is important to review the initial abuse report for the information listed here:

Trainer's note: As you read each category, explain what questions the worker needs to ask about that category. This section could also be done as a shout out if time allows.

1. Age: Does this victim meet your agency's victim age criteria? **(What are the age criteria for your agency?)**
2. Language: Does the victim speak a language you know? Do you need to bring a translator? **(What is your agency's policy on using translators?)**
3. Disability: Do you have basic information about this victim's disability or do you need to talk to a medical or disability expert to learn more about the condition? None of us know about every disability. It's helpful to understand what's involved

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in an individual's care or what communication barriers they may have BEFORE starting the interview. If disability is a victim criterion for your agency, does this victim meet the criteria? **(What is your agency's disability criteria)**

4. Cognitive Impairment: It is helpful to know whether a victim has a memory loss or mental illness BEFORE the interview. Although these interviewees can give accurate information (don't prejudge them), you may want to know what other individuals are available to provide corroboration the victim's statements.

Let participants know that they can use the internet to research health, mental health, and disability issues since no one can be an expert on every kind of disability or impairment. Possible examples:

- National Institute on Health at <http://www.nih.gov/>
- Web MD at <http://www.webmd.com/>
- National Institute on Mental Health at <http://www.nimh.nih.gov/>

5. Previous History with APS: Is this the first report that has come to your agency or have there been numerous reports? What were the results of previous investigations? Who was the alleged abuser(s) in the previous case(s)? Is the alleged abuse the same in this case? Is the reporter that same or different? Although you need to treat each report as a new investigation, your investigation should be informed by the victim's previous history. Sometimes numerous inconclusive investigations piled together make a pretty convincing picture of abuse. **(Does your agency require review of previous reports? How is this done?)**
6. Allegations: What kind of abuse are you investigating? What is the level of immediacy? What is the level of risk to the victim? (For example: Is it a financial abuse case and the allegation is that the victim is signing over the mortgage today? Is it a domestic violence allegation and she is afraid to go home because her husband is drunk?) **(What is your agency's policy about when to go out immediately on a report? Are there other time lines you need to know?)**
7. Family Dynamics: Based on the abuse report and previous investigations (if applicable) you might want to know who is fighting with whom within the family and how angry they are with each other.
8. Cultural/gender issues: Do you have a basic understanding of this victim's cultural background? Is there someone in your office you could ask for cultural advice before seeing the victim? For example, who is the head of this family and how should you approach them about interviewing the victim? How does this culture view people in authority? Is this family likely to be undocumented and afraid to speak with you?
9. Possible dangers: You should always review the report for dangers to both the victim and yourself. Is this a dangerous neighborhood? Are there guns in the home? Are there large dogs in the yard? How about gang activity? Is anyone in

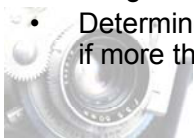
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the home a convicted felon or drug addict? (What is your agency's policy about going out with another worker or law enforcement?)

Slide #10

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.



10

TOPIC: Preparing to Interview the Victim (con't)

Once you have reviewed the initial report, you need to determine who you need to speak with. These people could include the reporting party, family members, friends, neighbors, collateral contacts, victim, perpetrator, law enforcement, and medical experts. You also need to check on your agency's policies and procedures about responding to reports.

Trainer Note: *Does your agency have a policy about contacting the reporting party for more details before going out to interview the victim? How soon do APS workers need to contact the victim? How many home calls have to be attempted before the APS worker is "unable to locate" the victim? When does your agency require investigating workers to cross report to law enforcement? It is recommended that you have a copy of the agency's regulations, and/ or policy and procedures available to answer these types of questions.*


When in doubt, refer APS workers back to their agency's administration

Safe tips can also be shared at this time. (They are also covered in the "Intake Module" curriculum).

Slide #11

Interview Preparation Activity

- Working in table groups, read your table's assigned vignette and determine what steps you would want to take and what information you might want to know before interviewing the victim.
- You have five minutes.



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TOPIC: Interview Preparation Activity

Trainer: Assign each table one of the five vignettes from the "Interview Preparation" handout. Have them read the vignette out loud to their group and assign a reporter. Ask them to determine what steps they would want to take and what information they might want to know before interviewing the victim. Give them five minutes to process the information. Then ask one person from each table to read their vignette to the class and report what their group determined were the steps to take and information to find out.

Points to Discuss [Questions in red are points to consider]

1. Mimi is an 80 year old, Spanish speaking [Does Mimi speak any English or is a translator necessary? Can her husband translate and do you want to use him?], Hispanic woman [Culturally, is Mimi likely to speak against her husband or do you expect resistance?] diagnosed with Alzheimer's disease [How advanced is Mimi's Alzheimer's and will she be an accurate historian? If not, what do you want to look for?]. Her 86 year old husband, Jesus, is her caregiver. According to her neighbor, Jean, [Do you want to talk to Jean before you go to the home? Why or why not?] Jesus has been drinking lately to the point where he is unable to care for himself or his wife [How do you want to approach Jesus about his drinking to decrease resistance?]. There is also a son, Hermes, who lives in the home and works during the day [Do you want to go in the day time when Hermes is not home for safety reasons?]. There is a previous APS case on file from last year in which Hermes was alleged to have struck his mother. That allegation was unfounded as no one witnessed the alleged assault and Mimi denied the allegation during the investigation [Do you want to talk to the previous worker to

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get her take on how dangerous Hermes might be? Can you ask law enforcement whether there have been calls to this address?].

2. Charlie is a 63 year old [Does your agency handle the abuse of individuals under age 65?], English speaking white male diagnosed with bi-polar disorder [How might his diagnosis affect your interview?]. 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 [Is this home a health hazard? If so, what might you do to decrease the hazard?]. It is unclear whether the feces are human or animal as he has two large dogs [Are the dogs a hazard? Should you contact Code Enforcement to find out?]. 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 [Should you contact the previous worker to find out what he/she tried as engagement strategies?].
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 [How do you get an interpreter for Min-Jee? Do you want to let her family members interpret? Culturally, do you expect Min-Jee to speak against her family?]. 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 [When will you make your home call? Will you ask the family to be there during the day?]. 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 [What are the cultural issues around use of nursing home care? Would you want to check whether Min-Jee (as a recent immigrant) might qualify for state sponsored home health care?].
4. Kimani is a 61 year old [Does your agency handle the abuse of dependent adults?] African American, English speaking female who is blind [What is your agency’s policy about having blind victims sign forms?] 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 [Do you want to call law enforcement to confirm that there is on-going domestic violence in this home and to gauge the safety threats? Do you want law enforcement to go out with you?]

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What is your agencies policy about providing emergency shelter to victims?].
This is the first report to APS.

5. Herman is a 69 year old, deaf German man [Do you need a deaf interpreter and/or a German translator?]. According to his apartment manager, Herman has a history of alcoholism [Do you want to talk to the manager and determine whether there is a better time of day to interview Herman?] and is being evicted for having unauthorized guests in his assisted living apartment [Do you want to know whether the manager is willing to change his mind about the eviction? Does your agency have jurisdiction in an assisted living apartment?]. The manager is concerned that these female guests are taking Herman's money [Do you want to test Herman's mental capacity to understand the consequences of give away money?]. Herman walks with a cane.

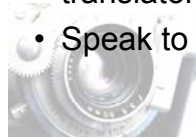
Trainer tip: If not mentioned by participants, be sure to cover the need to contact collateral contacts.

Slide #12

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.



12

TOPIC: Translators

It is important that you know your agency's policy on when you should (or are required to) use translators. Some agencies have internal employees who act as translators and those agencies have policies for how to access the internal translators. Other agencies use formal, external translating services and have specific procedures for engaging them. Your agency may also have a firm policy about the use of children as translators since it is general considered bad practice to use children except for accessing routine information (e.g. "Please ask your mother for your father's telephone number.") or in emergencies. **Trainer's note: Point out the "I Speak" cards in the participant's handouts as an easy way to determine the language of literate non-English speakers.**

Bringing a translator with you is especially important if the abuser is the caregiver/ translator for the victim or if the family translator is under the control of the abuser (e.g. Adult daughter is the translator and her father is violent and controlling).

It is also very important that you speak to the victim and not the translator. This is both good manners and helpful in establishing rapport. Remind the translator that they need to translate exact what is said. They should not be providing opinions or other comments.

BASIC INTERVIEWING SKILLS

(Establishing Rapport, Reflecting Emotions and Content, Speed and Pacing)





TIME ALLOTTED: 30 minutes - 90 minutes
(Exercises can be shortened if participants have a social work background.)

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



13

TOPIC: Active Listening

Active Listening involves:



1. Establish rapport (finding common ground with the victim; meeting them as another unique person).
2. Acknowledge the victim's emotions (giving them permission to be happy, sad, afraid, upset, etc. by verbally paying attention to their feelings)
3. Paraphrase the content (repeating what they have said in a way that conveys your understanding of their meaning)
4. Be patient and attentive (not hurrying them, giving them your undivided attention)
5. Convey warmth and understanding (we all need to feel positively valued)
6. Use open end questions (Open ended questions invite the victim to tell his story in his own words)

Direct participants to review the Active Listening Handout.

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.



14

TOPIC: Establishing Rapport

Active Listening is the first step to establishing rapport. The benefits of rapport are listed on the slide.

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!

15

TOPIC: Rapport “Methodology”

The first few minutes of “socializing” during a home visit are an important part of developing a working relationship with the victim. The victim must see you as a real person with a genuine interest in them before they are going to engage with you.

Mirroring the victim’s body language may feel artificial when you first start consciously thinking about it but it is effective in making the other person feel you “get him”. (Most of us do it, to some extent, unconsciously.) It’s a communication dance we do when we are actively attending to the other person. And, doing it intentionally will help you signal that you are attending to those you are interviewing.

You must also be very considerate of your interviewee’s needs. The minute the victim perceives you as rushing and thinking of him as “a means to an end” (i.e. getting your case closed) he will shut down and his cooperation with your investigation will be finished. Also, the victim will not be able to concentrate on your questions when he’s more basic needs are clamoring for his attention.

Slide #16

How could you establish rapport with this client?



16

TOPIC: Establishing Rapport


Trainer note: Open the floor for a brief shout outs; first about how they might connect with the victim pictured (examples include talking about her dog, the books she reads, relatives in her family photos) and then about other opportunities workers might use to engage with victims during home visits.

Slide #17

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.



Robert Shearer's *Interviewing: Theories, Techniques, Practices* 17

TOPIC: Identifying Emotions

Trainer note: review the steps on the slide with participants and then emphasize the following research:

Part of rapport is communicating empathy; the ability to put oneself in another’s place. Research (Robert Shearer’s *Interviewing: Theories, Techniques, Practices*. Chapter 5, Skillfully Communicating Accurate Empathy) indicates that empathy:

1. establishes rapport
2. improves understanding
3. lubricates the communication process
4. keeps the focus on the interviewee
5. paves the way for later acceptance of stronger action

So, correctly identifying the victim’s emotions is important to the communication process.

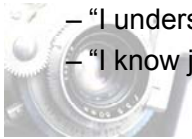
Research also indicates that interviewees will correct you if you label an emotion as more intense than they feel (e.g. “I’m not really furious but I did find it pretty annoying”) but they will not correct you if you understate their emotional intensity.

Trainers note: Point out the “Emotional Vocabulary” handout and stress the importance of having the correct word to reflect the victim’s emotional state.

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”)



18


TOPIC: Types of Empathy

You always want to use direct empathy. Indirect empathy is distancing and superficial empathy may totally shut down communication and can cause resentment.

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.



19

TOPIC: Affirmations

Trainer note: Open the floor for a brief shout out of possible affirmation a worker might tell a victim after they disclose abuse. Possible examples might include:

- It took really courage to talk about what happened!
- I know it was hard to tell me about that. You did great.
- I understand that this situation made you feel foolish but you are being very sensible asking for help to rectify the situation.

Affirmations are an excellent way to recognize the client's strengths.

Slide #20

Reflecting Emotion Activity

- Please identify each victim's feeling in the following statements.



20

TOPIC: Reflecting Emotion Activity

NOTE: THIS IS AN OPTIONAL ACTIVITY. IT IS RECOMMENDED WHEN PARTICIPANTS HAVE MINIMAL EXPERIENCE IN SOCIAL WORK INTERVIEWING. IT MAY BE SKIPPED OR SHORTENED.

Trainer notes: This exercise should be done as a shout out since the participants need to “hear” the emotion in your voice.

Read each statement on the “Reflecting Emotions” handout with emotion. Ask for volunteers to identify each emotion. It’s important that the workers reflect both the appropriate emotion and (as accurately as possible given written statements) the intensity of the emotion. Make it clear that you are not asking for a case plan. You want them to focus on the “summarizing the content” formula.

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. [Frustrated; concerned; resignation (medium intensity)]
2. Jerome is the only one who takes the time to talk to me. [Lonely; gratitude (low intensity)]
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. [Angry; embarrassed (high intensity)]

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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! [Angry; insulted; self protective; defensive (high intensity)]
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. [Apprehensive; unsure; anxious (high intensity)]
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? [Confused; concerned; worried (high intensity)]
7. All my friends are dead or in nursing homes. [Sad; lonely; grief (medium intensity)]
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. [overwhelmed, (high intensity)]
9. Are we going to be done soon? [Unsure, annoyed, tired (Low/medium intensity)]
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! [Enraged; humiliated, (high intensity)]
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. [Annoyed; unsure; resigned, (medium intensity)]
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. [Abandoned; sad; unloved, (high intensity)]
13. She obviously doesn't understand how difficult this is for me. [Mad; disappointed; hurt; alone (high intensity)]
14. 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. [Pleased; happy; upbeat (medium intensity)]
15. 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. [Anxious; fearful; confused; scared (high intensity)]
16. 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? can't get anyone else right away. I can't stay alone. [Desperate; scared; overwhelmed; frightened; alone; unprotected (high intensity)]
17. 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. [Resentful; drained (medium intensity)]

PROFESSIONAL COMMUNICATION- TRAINERS MANUAL

18. 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. [Anxious; unsure; humiliated; confused; needy (medium intensity)]
19. My life is such a mess that nothing is going to make a difference. [Depressed; hopeless; sad; defeated (high intensity)]
20. I don't *want* to talk to another agency. All this red tape is impossible to deal with. [Discouraged; annoyed; helpless; angry; defeated (high intensity)]

For the victim to feel that you are really listening and understanding, you must be able to accurately reflect their emotional state.


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”

21

TOPIC: Speed and Pacing



Speed and pacing are important both to keep control of the interview and to maintain rapport. Matching the pace of the victim helps make her feel understood. However, if she is very upset, slowing her down, by slowing down your responses, will calm her down. Also, if she is talking too fast, you need to step in and stop her so that you can get back control of the interview.

It is important that you set up the expectation, right at the beginning of the interview, that the victim is going to do most of the talking and you are there to listen. If you ask too many questions or do too much of the talking, the victim will give very short answers because they expect you to talk. You don't learn anything from talking! You learn from listening to the victim. Make it clear by your actions that you are there to listen to the victim's story.

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



22

TOPIC: Use of Silence

Silence is an important tool. The victim may need to be silent to gather her thoughts and to get her emotions under control. When you allow her to be silent, she understands that you expect her to speak and are not going to put words in her mouth. Many new interviewers are often uncomfortable with silence and rush in to fill the void. DON'T! Let the victim tell her story in her own time. The only exception to this is when the silence becomes hostile. If the victim is trying to out wait you, move on to another topic or another activity.


Slide #23

Summarize Content

Lead in \rightleftarrows **Content** \rightleftarrows **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.



Shearer, "Interviewing, Theories, Techniques, Practices" 23

TOPIC: Summarizing Content

Another method of developing rapport with victims is summarizing the content of their statements. Summarizing:



- Shows respect
- Demonstrates active listening
- Confirms accuracy of information
- Tracks a mixed/difficult message
- Clarifies perspectives when resolving conflicts and
- Confirms a contract/ sets priorities/ confirms an action plan.

There are three parts to a summary. The lead in: where you let the individual know that you are going to summarize what they said/ felt. The content: where you indicate what you understood them to have said or felt. And the check: where you ask for confirmation that you correctly understood their message or feeling.

Slides #24

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.

24

TOPIC: Reflecting Emotions and Content Activity

Trainer Notes: This activity is made up of 5 very short video clips, featuring a short statement by Norman, an elder abuse victim. The clips require a short “set-up” to let the participants know the context of the statement. After each video clip ask for a volunteer to summarize the victim’s statement as if he/she was responding directly to the victim. A transcript of Norman’s statements is found on the participant’s power point slides. Listen for the lead-in/content/check format and for the accuracy of the summarization. This is not easy for new workers so be very supportive of their attempts to accurately summarize statements. Remind them that they are NOT developing a care plan; they are only practicing the summarizing formula. This exercise can be shortened if needed.

| Video Clip | Sample Summary |
|--|--|
| <p>Video Clip #1 (Slide 25)</p> <p>Set-up: In this clip Norman is talking about the first time he was physically abused by one of his sons.</p> <p>Norman: (:47) <i>“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.”</i> (1:06)</p> | <p>“It sounds like you are afraid to go home even though you want to go home, is that right?”</p> |

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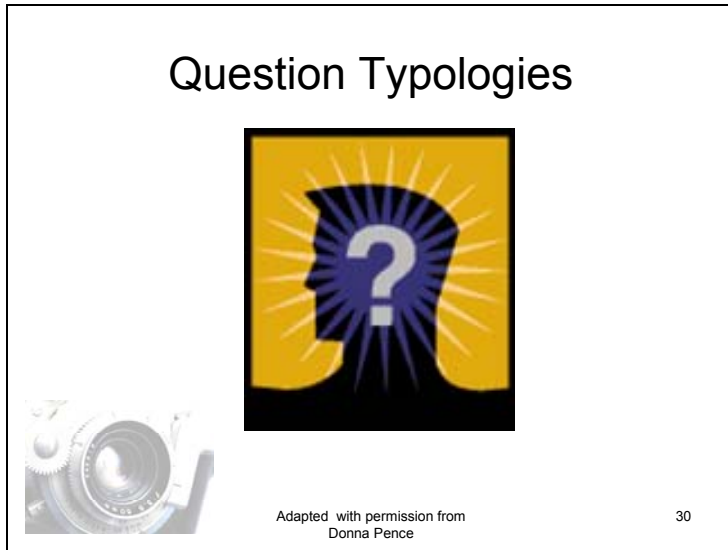
| | |
|---|---|
| <p>Video Clip #2 (Slide 26)</p> <p>Set-up: In this clip Norman is talking about his feelings when he comes to the police for assistance.</p> <p>Norman: (2:48) <i>“I don’t want to run over here all the time and tell ’em that I got beat up. I should never get beat-up to be honest with you. I shouldn’t wanta.”</i> (2:57)</p> | <p>“It seems like it is hard for you to ask for help. Am I correct?”</p> |
| <p>Video Clip #3 (Slide 27)</p> <p>Set-up: In this clip, Norman is asked if he will return home.</p> <p>Norman: (3:33) <i>“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.”</i> (3:46)</p> | <p>“My impression is that you want to care for your family but you think you are the problem. Do you think you are the problem?”</p> |
| <p>Video Clip #4 (Slide 28)</p> <p>Set-up: In this clip, Norman discusses his social system.</p> <p>Norman: (5:17) <i>“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.”</i> (5:37)</p> | <p>“You sound like you have no one you can count on for help, is that how you feel?”</p> |
| <p>Video Clip #5 (Slide 29)</p> <p>Set-up: In this clip, Norman is speaking about living in a board and care.</p> <p>Norman: (8:02) <i>“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.”</i> (8:19)</p> | <p>“So, no matter how bad it is at home, it’s better than being lonely? Do I understand you correctly?”</p> |

QUESTION TYPOLOGIES



TIME ALLOTTED: 105 minutes (break for Lunch)

Slide #30



TOPIC: Question Typologies

Now we are going to move into a discussion of how to structure your fact finding interview and what types of questions to ask.

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).



31

TOPIC: Question Continuum

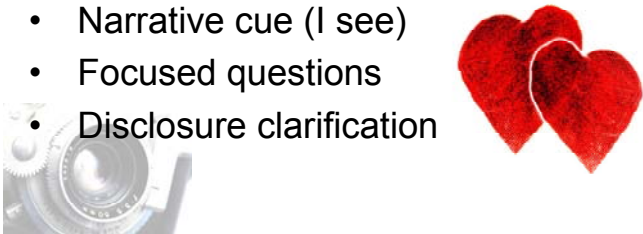
Trainer's Note: Direct the participants to follow along on the "Question Styles" handout.

Your Question Styles handout show the continuum of question styles starting with open-ended questions at the top of your chart and moving down through a variety of more closed ended questions. As you move down this continuum of question types, you can be less sure that the information you get is accurate. Let's go through the various question types.

Slide #32

Preferred Question Types

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



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TOPIC: Preferred Question Types



Opened ended questions are the preferred types of questions to ask to get accurate information. There are a number of different types of open-ended questions:

1. There are **general** open-ended questions that leave the field wide open to whatever the victim wants to talk about. Questions such as “How are things going?” fit into this category. When I ask, “How are things going?” you might answer in relationship to your health (e.g., I’m feeling great!), or your job (e.g., I just started a new assignment and I’m really enjoying it), or your family (e.g., We’re taking the kids to Disneyland next week!) or what you are doing right now (I’m really enjoying this fabulous class!).
2. There are **invitational** questions such as “Tell me more”, “What happened next”, “And then what else happened” that keep the victim talking without providing specific direction to the conversation.
3. **Narrative Cues** also keep the victim talking. These include “I see”, “ok”, *nodding*, and “u-huh”.
4. The next type of open-ended questions is **focused questions** which ask about very specific aspects of the possible abuse but, again, do not suggest the answer. An example might be “Who hit you?”
5. The last type of open-ended questions is **disclosure clarifications**. These questions drill down to the specific details of the abuse the victim has disclosed without suggestion the answer. For example, “You said he touched you. Where did he touch you?”

Slide #33

Less Preferred Questions

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



33


TOPIC: Less Preferred Questions

The next category of questions can be useful but, because they limit the victim's options, they may not get much accurate information.

1. Multiple choice questions force the victim to choose between two (or more) options that you have presented. The major problem here is that, since you don't know what happened, you may not include the correct answer in your options. These questions are however useful when the victim has communication limitations and we will discuss that more this afternoon.
2. Either/or questions and yes/no questions are even more limiting. They can be used when the victim has extremely limited or no verbal abilities. However, when used with non-disabled victims, they limit the detail you get from the interviewee since they do not invite elaboration. And, as mentioned above, the answer may not be either of the options provided.
3. Direct/specific questions can be used to nail down details but may be leading.

Slide #34

Least Preferred Questions



- Leading questions
- Tag questions
“isn’t it true?”, “didn’t he?”
- Coercive questions

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TOPIC: Least Preferred Questions

These are the questions you need to avoid.

1. Leading questions are those questions that provide the expected answer within the question. For example, “Isn’t this a wonderful training?”
2. Tag questions make a statement and then “tag-on” a question portion that indicates you are suppose to agree with the statement. For example. “You sure are learning a lot about asking questions, aren’t you?”
3. Coercive questions are questions that use inappropriate inducements or threats to gain cooperation or to elicit information. Leading questions are not considered coercive unless they promise something or threaten something. Coercive questions should never be used with victims.

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

35

TOPIC: General Open-end Questions

Trainer's note: Refer the participants to the “Examples of Open-ended Questions” handout for question stems they can use in developing open-ended questions. Then review the advantages of open-ended questions listed on the slide.

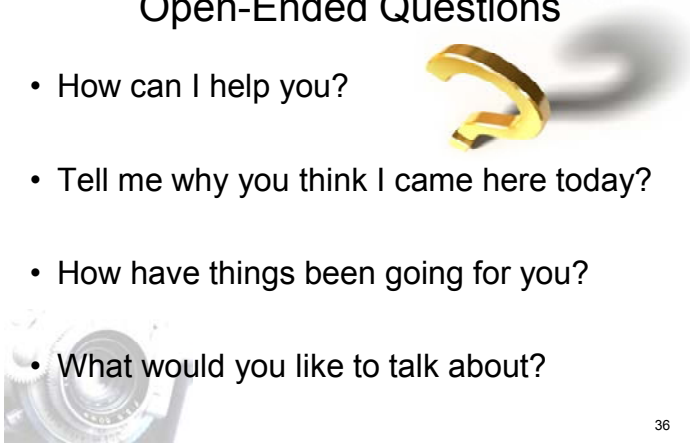
TRAINING POINT:

Studies suggest that most interviewers use very few open-ended questions EVEN AFTER TRAINING and despite that fact that research shows that we get the most accurate information using open ended questions. Some studies show as few as 4% of all interviewer utterances were invitational (Lamb, Sternberg, Orbach, Hershkowitz and Esplin, 1998). Emphasize that it is important to participant to PRACTICE, PRACTICE, PRACTICE!

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?



36

TOPIC: Examples of general Open-Ended Questions

Trainer's note: Ask for volunteers to provide (shout-out) additional examples of general open-ended questions.

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”.



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TOPIC: Open Abuse Related Questions

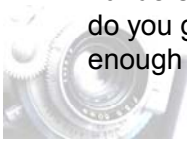
Once you have established a minimum level of repose, you can begin asking open-ended questions regarding the abuse allegations. These questions still need to give the victim a wide range of choices of responses so that you are not putting words in their mouth or make assumptions about what happened.

Trainer’s note: Participants often confuse abuse related open ended questions with leading questions. It is important to clarify that abuse related questions do not suggest the answer (like leading questions) but do ask about possible abusive situations. Emphasize that the victim still has a wide range of possible answers

Slide #38

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?



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TOPIC: More Open Abuse Examples

Trainer's note: Ask for volunteers to provide (shout-out) additional examples of possible abuse related open-ended questions. (You may need to provide the participants with an abuse allegation to respond to such as "If the allegation stated that Mrs. M had been left without any care for three days, what might you ask?")

Slide #39



TOPIC: Head to Head Challenge Activity

Trainer's Note:

This can be done as a shout-out, a competitive, or a non-competitive activity depending on the mood of the group, how well they know each other and their comfort level will public speaking.

Shout-out version: Ask the audience to shout out open-end questions they might ask during a victim's assessment. Encourage them to think of as may questions as possible. Rephrase any questions that are non open-ended. Continue until they run out of questions.

Noncompetitive version: In this version, you divide the participants into 2 groups, standing on opposite sides of the room. Then, have the participants take turns asking an open-ended question about the victim's assessment with each participant taking a turn at answering. If the participant asks a non-open-ended question, simply helps them rephrase the question. As in the competitive version, please give the participants an option to sit-out the activity.

Competitive version:

Ask the participants to form two teams (either count off 1, 2, 1, 2 or split the room in half) and form two, head to head lines at the front of the classroom. Anyone not wanting to participate can be asked to judge the contest. Teams need to have equal numbers of contestants. Ask the contestants in this challenge to step forward (taking turns) and ask an open ended question related to a victim assessment (e.g. how they handle their Activities of Daily Livings (ADL's), who provides their care, what they can do for themselves, etc). If they ask an open-ended question, they go to the back of the line and get another turn. If the question they ask is closed-ended, they are "Out" and have to sit down. Judges say "Yes" or "Out" after each question. The team with the last member standing is the winner. (Alternately, the team with the most remaining members at the end of ten minutes can be declared the winner.) You have the final say if the judges are split about the question being open or closed.

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Trainer's note: Debrief the participants about how hard it is to think of open-ended questions under pressure and how important it is to practice, practice, and practice.

Slide #40

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...?”



TOPIC: Invitational Prompts and Cues

Often the best question you can ask to get a victim talking isn't a "question" at all. It's an encouraging statement that lets him or her know that you are listening. Invitational prompts and cues are excellent tools in your interviewing toolkit.

Slide #41

Move on to Focused Questions

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



TOPIC: Move on to Focused Questions


Trainer's note: Ask the participants to take out their "Question Content" Handout.

As the victim begins talking about his situation, you want to move into more focused questions that help you begin to get more specific information about the victim's situation. These questions focus on a particular topic such as violence in the home. These are still open-ended questions but they are asking for information around a specific topic.

Slide #42

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?” |



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TOPIC: Examples of Focused Questions

Here are some examples of more focused questions around some common topics.

Trainer’s note: Ask for volunteers to provide (shout-out) an additional example of an open-ended question for each topic.

Slide #43

Disclosure Clarification

Once the victim has made a statement about the alleged abuse, gather specific details:
the who, what, where,
when and how.



TOPIC: Disclosure Clarification

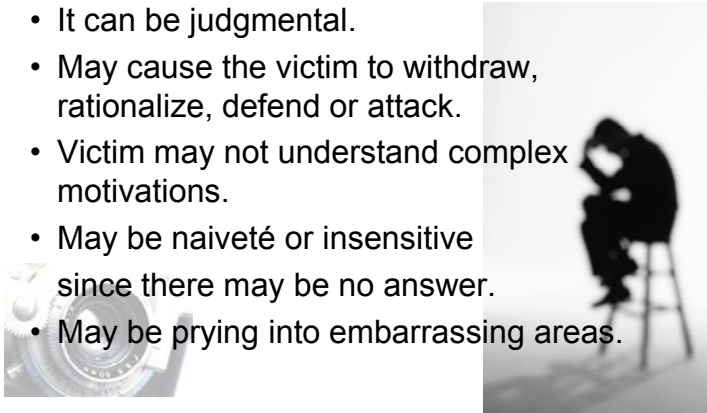
Once the victim has disclosed abuse, it is essential to get the specific details of the incident. This includes finding out the “W”s: Who, What, Where, When and How. This is where most people have real trouble using open-ended questions. But, you can do it. It takes practice and a concerted effort but it is well worth it because you will be certain of the information you gather.

Teaching point: A question is only a disclosure clarification **AFTER** the victim has confirmed an abusive act or situation has occurred. Questions asked before the abuse disclosing statement are either general or abused focused questions. Hinting at possible abuse (e.g. “He gets angry sometimes”, “I don’t like being alone”) are not abuse disclosure. So, the follow-up questions (e.g. “What happens when he gets mad?”, “How often are you alone”) are still abuse focused questions rather than disclosure clarification questions. This distinction can be difficult for participants so it is important to make sure that they understand the difference.

Slide #44

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.



TOPIC: Be Careful with “Why”

You may have noticed that, when we talked about “W” words, we did not include “Why”. This was intentional. You don’t want to ask why unless you are looking for the victim’s straight forward motivation for doing something. For example: “Why did you call your daughter that day?” or “Why did you go to see the doctor?”

Many “why” questions are judgmental such as “Why do you let him treat you that way?” These types of questions make the victim feel defensive and she may either withdraw or attack. In either case, you will not get useful information.

In some cases, the victim may not have a clear understanding of their own motivations because they have a complex relationship with the other person. For example, many people struggle with “why” their marriage failed. It is naïveté on your part to think the victim can answer that type of question.

And, “Why” can be embarrassing for many people because they have to face the unsavory motivations of those people who are suppose to care about them (e.g. “Why would your daughter treat you like that?”).

Trainer’s note: The district attorney will want to know about the motivation for the crime if the case goes to court but that information will come from the fact pattern. And, the APS worker should, of course, note any statements from the victim about what they know or believe about the abuser’s motives.

Slide #45

Disclosure Clarification Question Examples

In response to a telemarketing scheme:

- “Who called you?”
- “When did they call the first time?”
- “How often did they call?”
- “What did they say they would do for you?”
- “Where did they tell you to send the money?”
- “How were they going to deliver your prize?”

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TOPIC: Disclosure Clarification Question Examples

Here are some examples of disclosure clarification questions about a telemarketing scam.

Trainer’s note: Ask for volunteers to provide (shout-out) additional examples of possible clarification questions related to a telemarketing scheme. Listen for leading questions and ask the participants to reword the questions to be open-ended.

Slide #46

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

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TOPIC: Direct/ Specific Questions

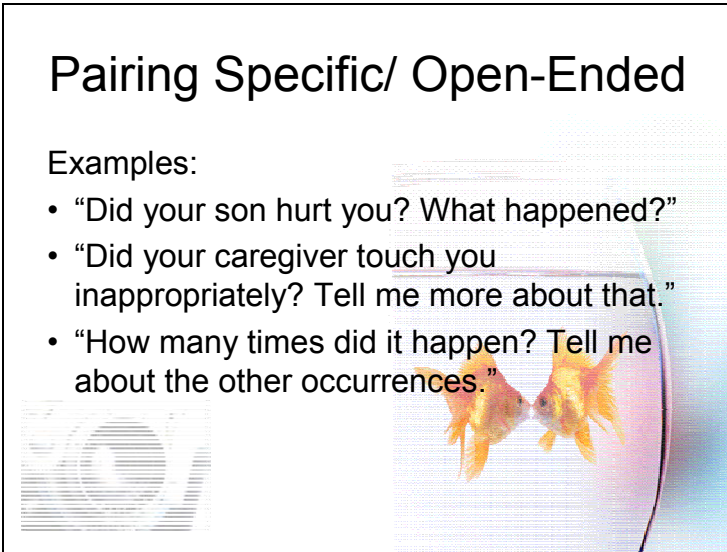
When you ask very direct (yes or no) questions, you limit the amount of detail that will be provided by the victim. And, your question (e.g. “Did your son hit you?”) may suggest possibilities (e.g. “Maybe I can say he hit me and get him arrested!”) that may not have occurred to the victim. On the other hand, direct questions can be used to nail down the facts of the crime. When they are used, they should be paired with open-ended prompts.

Slide #47

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.”



TOPIC: Pairing Specific/Open-Ended

Here are some examples of pairing a direct question with an open-ended prompt.

Trainer’s note: Ask for volunteers to provide (shout-out) additional examples of possible paired questions around a woman’s daughter failing to provide care.

Slide #48

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.



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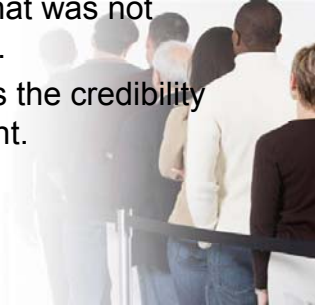
TOPIC: Multiple Choice Questions

Multiple choice questions have many of the same problems as yes/no questions. In addition, they are problematic for people with cognitive impairments. First, people in general try to be agreeable which means that cognitively impaired individuals tend to answer yes to questions they don't understand, just to be agreeable. They also tend to pick the second option when they don't understand the question or know the answer. They don't understand that they don't have to pick one of the options presented. However, multiple choice questions can be a good option for people who have physical communication impairments if you also include a "none of the above" option. We will be talking more about accommodations for people with communication impairments this afternoon.

Slide #49

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.



TOPIC: Leading Questions


These are the questions that you want to avoid as much as possible. Leading questions are defined as questions that suggest the answer expected by the interviewer and they can serious compromise the credibility of the information you receive from the victim. Many leading questions include a tag element such as “didn’t you”, “wasn’t it”, etc, at the end of the question.

Training Tip: Emphasize that a direct question that follows up on information provide by the victim is not a leading question. So, for example, if the victim says, “My son can be mean,” it is not leading to ask “What does your son do when he is mean” because you are following the victim’s statement (the victim is “leading” you.) You can only tell if a question is leading within the context of the interview.

Slide #50

Leading Questions Activity

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



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TOPIC: Leading Question Activity

Trainer Notes: This activity is made up of the leading questions on the Transforming Leading into Non-leading Questions Handout. Ask the participants to get out their handout. Together, transform the first leading questions “Does your son cook your dinner?” into a non-leading question “Who cooks dinner at your house?” Then ask the participants to transform another 7 questions (your choice), ask for volunteers to shout out the transformed version of each question. Debrief the participants about this experience. Ask them how hard it was to transform the questions. Will the transformed questions get to the same information? Reinforce the point that leading questions compromise the credibility of your information. Participants can practice with the remaining questions after class if they want additional reinforcement.

Slide #51

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.

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TOPIC: Coercive Questioning

A question is coercive if (1) it promises something, (2) threatens something or (3) can be characterized as badgering. You should never use coercive questioning with a victim. Beyond the fact that using your position and authority against a victim is a violation of social work ethics, the information you gain is extremely likely to be inaccurate. The slide provides examples of 5 types of coercion.

Slide 52

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.

TOPIC: Password Game

To prepare for this activity:

Print and cut apart 10 sets of Password cards to give to participants.

Trainer Note: Divide the participants into triad group. (If you would like to move the participants around, have them count off by 10's- if you have 30 participants- and put the 1's together, the 2's together, the 3's together, etc. to make the triad groups.) Give each group a set of cards and give them the following instructions:

“Please choose one person to “give” the questions and one person to “receive” the question and determine its content type and question style. The remaining person in your group is the “observer”. His/her job is to determine whether the “giver” asked the appropriate question types (So, for example, he would determine whether it was actually a focused open-ended question) and whether the “receiver” correctly identified the question (even if the giver thought he was asking a different type of question). The observer needs a piece of paper to keep score. All correct questions asked (content and style) and identified earn one point each (for content and style) for the group. So, if the “giver” correctly asks a focus and open ended question and the “receiver” identifies the content type and the question style of the question, then your group would get 4 points. If the “giver” correctly asks a focus-open ended question and the “receiver” identifies the content type correctly but thinks it is a leading question, the group only earns 3 points. You are not expected to go through your entire deck during this exercise. Any questions?”

Allow the groups to practice for approximately 10 minutes. Debrief the participants on their experience.

Slide 53

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).

| |
|----------------------------|
| Content Type |
| G=General |
| F=Focused |
| D=Disclosure Clarification |
| Question Styles |
| O=Open-ended |
| M/C=Multiple Choice |
| Y/N= Yes/No |
| L=Leading |
| C=Coercive |

TOPIC: Practice Interview

Trainer Note: Participants can remain in the same triads as for the Password Game; however, they need to change roles. Assign each group an abuse report. Give the participants the following instructions:


This next activity will allow you to practice using what you have learned in a more realistic situation. Select an interviewer, and interviewee and an observer. Read the abuse report as a group. The interviewer needs to ask questions to determine whether the abuse occurred. The interviewee may pretend that the abuse did or that the abuse didn't happen. It's totally up to you. The observer needs to record what types and styles of question the interviewer asks. You can use the abbreviations that are on the slide to keep track of the questions. You have 7 minutes.

At the 7 minute mark, debrief the groups about what they learned. Did they use a variety of questions? Were they able to ask open ended questions? Did the question types change as they got closer to determining whether the abuse occurred? Did any one disclosure abuse? After the debriefing, ask them to change roles and assign each group a different abuse report. Give them 7 more minutes to repeat the process with the new report. Again, ask them about the experience. Did they ask mostly open-ended questions? What did they learn? Is it getting easier? Have them switch roles one last time and assign a new abuse report. Debrief again about how the last set went. Ask them if they have any additional questions about questions types and styles before you move into the embedded evaluation.

Slide #54

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).



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TOPIC: Investigative Interviewing Activity

Trainer's note: Ask the participants to take out their "Investigative Interviewing: Transfer of Learning" Activity Handout and then read the following instructions out loud.

*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).*

Use the following script of an interview between a worker (W) and a victim (V). 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. You are only identifying the WORKER's questions (in the grey area).

Ask if there are any questions and then tell the participants that they have approximately 25 minutes to complete this activity. Once everyone is done, ask for volunteers to shout out their classification of each question type. Questions can be identified by their number /W (which stands for "worker"). Discuss any answers that do not match the answer key.

ANSWER KEY

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| QUESTION CONTENT TYPE | | QUESTION STYLE | |
|-----------------------|--------------------------|----------------|-----------------|
| G | General | O | Open-Ended |
| F | Focused | M/C | Multiple Choice |
| DC | Disclosure Clarification | Y/N | Yes/No |
| | | L | Leading |
| | | C | Coercive |

| CONTENT | STYLE | | |
|----------|------------|--------------|--|
| G | O | 1 W: | What's your name? |
| | | 2 C: | Marge. |
| G | O | 3 W: | Marge, who lives with you? |
| | | 4 C: | My son, John. |
| F | Y/N | 5 W: | Does John provide any of your care? |
| | | 6 C: | Yes. |
| F | O | 7 W: | What kind of help does he provide? |
| | | 8 C: | 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. |
| F | L | 9 W: | I take it John isn't much of a housekeeper. Doesn't that bother you? |
| | | 10 C: | Like I said, he does his best. |
| G | O | 11 W: | How do you and John get along? |
| | | 12 C: | Ok, most of the time. |
| F | O | 13 W: | Tell me about the times when you don't get along. |
| | | 14 C: | Well...sometimes I get on his nerves. |
| F | L | 15 W: | What happens then? Does he lose his temper or yell at you? |
| | | 16 C: | <i>(silence)</i> |
| F | O | 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. |
| F | MC | 19 W: | Does he take you to the bathroom then or does he ignore you? |

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PAGE 2

| CONTENT | STYLE | |
|-----------|------------|---|
| | | 20 C: Sometimes he's busy and I have to wait. And sometime I have accidents and that makes him really mad. |
| F | Y/N | 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. |
| F | MC | 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. |
| DC | O | 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. |
| DC | Y/N | 27 W: (<i>sees bruises on arms</i>) Is that how you got those bruises on your arms? |
| | | 28 C: I guess so. |
| DC | O | 29 W: When was the last time John got mad at you? |
| | | 30 C: Yesterday. |
| DC | Y/N | 31 W: You said he pushes and drags you. Did he do that yesterday? |
| | | 32 C: Yeah, he was really mad because I had messed myself. |
| DC | Y/N | 33 W: So, he was more angry than usual? |
| | | 34 C: I guess so. |
| DC | L | 35 W: He was so mad that he hit you, didn't he? |
| | | 36 C: (<i>silence</i>) |
| F | C | 37 W: Marge, you have to tell me what happened or the police won't do anything. |
| | | 38 C: I don't want to talk about this anymore. |

Adapted with permission from Donna M. Pence

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Upon completion of the debriefing activity, have the group take a 15 minute BREAK.

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



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TOPIC: Special Considerations

Next, we will be spending some time experiencing what it's like to see the world through the lens of some of our more challenging interviewees. These victims require you to take into consideration their special circumstances in order to conduct an effective interview. We will be discussing:

1. Victims with sensory disabilities who include low vision, blind and the newly (or legally) blind elders, deaf and hard of hearing victims, and victims overwhelmed with pain.
2. Victims with communication barriers who include victims with a wide range of physical and psychological disabilities, as well as individuals with different cultural and language backgrounds
3. Victims with cognitive disabilities who include individuals with developmental disabilities and those with various dementias.


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These “difficult” victims can also be the most rewarding to interview because you have a chance to give a voice to the voiceless, to hear someone who has not been listened to, and to help someone who has been confused to figure out a way out of a desperate situation.

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



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TOPIC: Sensory Awareness Exercise

Trainer Notes: This activity is intended to sensitize participants to the difficulties that elderly individuals encounter just being interviewed. Each participant is given one of the following visual challenges.

1. Glasses #1 have duct tape over the lens with only a paper punch sized hole in the center. This is to simulate Glaucoma (tunnel vision) which is a frequent problem for older adults.
2. Glasses #2 have paper circles in the center of the lens. This is to simulate Macular Degeneration. This disease causes a loss of the center of the individual's field of vision.
3. Glasses #3 have Vaseline or "New Skin" smeared on the lens to stimulate cataracts. Cataracts blur the individual's vision.
4. Glasses#4 are magnifying glasses of 2.50 or more to stimulate difficulty focusing for older people.

Introduce each kind of glasses and the disability they simulate.

Tips on developing materials;

"Cheater" reading glasses are available at 99 cent stores for approximately a dollar a piece. Vaseline can be used to smear the lens. A product called "New Skin" or "Liquid Bandage" can also be used to obscure the lens. That product has the advantage of drying hard so it doesn't continue to smear as the glasses are handled. You will also need duct tape and an Exacto knife to trim the duct tape on the Glaucoma stimulating glasses. Office supply stores have sticky colored dots

Each table group is also given either ear plugs or cotton balls to muffle their hearing and stimulate the hearing losses of age. (Another option is to cover your mouth to muffle your voice as you read the list of words below).

Participants are also given a blank piece of paper.

Ask the participants to put on their glasses (Note that people who already wear glasses may want to just remove their glasses for this exercise.) Explain that you are going to read them a list of words. Tell them NOT to write anything until they are told to write. Once you read the list, they will be given approximately one minute to write down as many words as they can recall from the list. Show the following slide on the screen. (Note: this slide should be “hidden” when the participants’ Power Point is printed so participants don’t have prior access to the list of words.) When reading the list, cover your mouth to muffle your voice and read quietly to stimulate a hearing loss.

Slide 57

• Bread
• Eggs
• Bacon
• Cookies
• Potatoes
• Margarine
• Bananas
• Cheese

• Carrots
• Milk
• Chicken
• Onions
• Ground beef
• Broccoli
• Tuna
• Oranges

Adapted from: Health Literacy: Teaching Clear Communication in Geriatrics and Gerontology 57

Debrief the participants about their experience. How did it feel to not be able to hear the instructions? How frustrating was it to not be able to see what you were reading? How do you think it affected your performance on the task? Ask them how they might accommodate these problems in the interview setting.

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Point out the following information (if it is not generated during the discussion):

- ◆ A larger font size is needed to see as clearly as a younger person. Most experts recommend a font size of point 12 for publications for older adults. The ideally font is 18pt. Verdan.

- ◆ Elderly people need a high contrast between text and background on reading materials. (Note the difference in difficulty seeing the words on the right side of the slide compared to the left hand side.

- ◆ Elderly people have difficulty seeing in dim light,

- ◆ Elderly people adapt more slowly to darkness.

- ◆ Elderly people have trouble with glare.

Adapted from “Health Literacy: *Teaching Clear Communication in Geriatrics and Gerontology*” materials provided by the California Geriatric Education Center (CGEC) in collaboration with the UCLA Academic Geriatric Resource Center (AGRC).

Slide #58

Sensory Disabilities

- Can the victim:
 - See you?
 - Hear you?
- Is the victim:
 - In pain?
 - Tired, hungry, thirsty?
 - Traumatized?
 - Afraid?



TOPIC: Sensory Disabilities

When interviewing elderly victims it's important to take into consideration possible sensory disabilities. You need to consider the following questions:

1. Can the victim see you? Ask if he wears glasses and ask him to use them. If he does have eye glasses, are they the right prescription? Can he see your face enough to read your expression? You will want to make sure that the light hits your face and that you are not backlit. When the light is behind you, you are just a solid black silhouette (like the person on the slide). You will also want to be sure that the victim has enough light to read any forms you might need him to read. Wearing bright lipstick or keeping your mustache trimmed can help the elder see your lips.
2. Can the victim hear you? If she wears hearing aids, are they turned on? Do they have good batteries? Can she see your face to read your lips? Many elderly hearing impaired individuals read expressions and lips without being aware that they are doing so. **Refer to the Hearing and Vision Handout.**
3. Is the victim comfortable? Is the victim in pain? Does she need pain medications? Might he have taken too much pain medication? Is the victim tired, hungry, or thirsty? - Victims need to meet their basic needs before they can concentrate on your interview.
4. Has the victim been traumatized? If so, you need to stay calm and focused. Express sorrow for what has happened to the victim and be understanding if

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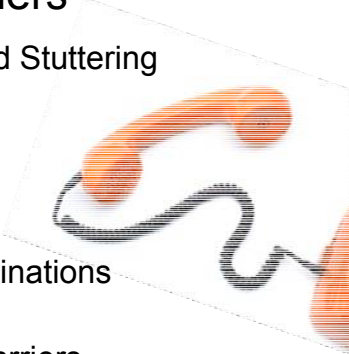
the victim does not wish to repeat the details of his victimization. **Refer to Trauma Handout.**

5. Is the victim afraid? Victims are often afraid of placement, being left alone, or of retaliation. It's important to interview them alone and provide appropriate reassurance (but don't promise what you can't deliver). You should also correct any misinformation about your role and powers.

Slide 59

Types of Communication Barriers

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



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TOPIC: Types of Communication Barriers

APS workers have to deal with a wide range of possible communication barriers. These are a small sampling of those barriers:

Trainers Note: The following information is provided as background for you so you can answer participants' questions. For the purposes of this training, the participants just need to be aware that there are a wide variety of disabilities and situations that will create barriers to communication. More in-depth information will be provided in other modules of the core competency training.

Sub vocalizations and Stuttering

Sub-vocalizations reflect a strategy to vocalize the thought processes in the individual's mind. In other words they are trying to hear what they are thinking. This may also be a way of rehearsing what is going to be said or to practice something the individual is planning to do. This should not be mistaken for "stalling" or an attempt to lie. This is not the same as "talking" from person with a psychiatric disturbance (hallucination). We all recognize stuttering. The "technique" for dealing with both sub-vocalizations and stuttering is to be patient and understanding.

Echolalia

Echolalia is repeating the words spoken by others. This is a normal part of child development but can also be found in individuals with a developmental delay. Echolalia is not random speech. According to Dr. Scott Modell, "The individual knows it's his turn to talk, but he is unable to generate a response, so he repeats what he heard as a way of taking his "turn" in the conversation."

Aphasia

Aphasia is defined as either partial or total loss of the ability to communicate using words. Aphasia is caused by a brain injury. An individual with aphasia has difficulty with speaking, reading, writing, naming objects, or understanding speech. They often use the wrong word. For example, the individual may ask for a cup of soap instead of a cup of coffee. This can be the result of a traumatic brain injury, lack of oxygen to the brain during a stroke, a brain tumor or a disease such as Alzheimer's. Aphasia may be temporary. Picture cards can be used if the visual part of the brain has not been affected. And use lots of patience!

Unintelligible Speech

There can be many reasons that a person with a disability might have unintelligible speech. There are a number of strategies you might try to facilitate communication. You might want to find out if she can write or use a computer. Does she normally use a picture board or other alternative communication device? Is there a trustworthy support person who understands her speech? Do you have enough time to become accustomed to her speech?

No speech

If the victim has no speech, you will need to determine whether he can use assistive or augmentative Devices. Does he know sign language? Can he answer yes/no questions (using eye blinks if necessary)?

Delusions and Hallucinations

A delusion is defined as a "false belief based on incorrect inference about external reality that is firmly sustained despite what almost everybody else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary." (From [Diagnostic and Statistical Manual of Mental Disorders](#)). A hallucination is a perception without external stimuli. They have qualities of real perception in that they are vivid, substantial, and located in external objective space. Individuals in the grip of mental illness are difficult to interview. However, they often respond to patience and genuine empathy.

Deafness

When working with people who are totally deaf, you will need to get a sign language translator (if the individual understands sign language). It is important to speak to the person, not the translator, in order to develop rapport and show good manners. Only make them write in an emergency. If the person is hard of hearing, ask if your agency has any speech amplification devices that you might use.

Language/Cultural Barriers

We have already discussed the use of translators but we will also be discussing different cultural communication styles.

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.



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TOPIC: Communication Barriers (related to physical barriers)

Steven Hawking (pictured on this slide), a scientist who uses a computer to communicate because he can not speak, is considered “the smartest man today”. Do not treat victims with verbal disabilities as having a cognitive disability. *Everybody can communicate in some way.* Even individuals with locked-in syndrome¹ (probably the most extreme form of communication barrier) can communicate with eye blinks. You may need to change the interview strategy. You may need to use multiple choice or yes/no questions (non-leading when possible) or “twenty questions” to get information from them. **The main teaching point is everybody communicates!**

Please also note the need to refer to disabled individuals as people **first**.

For example:

1. Individual who has paraplegia vs. paraplegic
2. Woman who uses a wheelchair vs. wheelchair bound

¹ What is Locked-In Syndrome?

Locked-in syndrome is a rare neurological disorder characterized by complete paralysis of voluntary muscles in all parts of the body except for those that control eye movement. It may result from traumatic brain injury, diseases of the circulatory system, diseases that destroy the myelin sheath surrounding nerve cells, or medication overdose. Individuals with locked-in syndrome are conscious and can think and reason, but are unable to speak or move. The disorder leaves individuals completely mute and paralyzed. Communication may be possible with blinking eye movements From:


<http://www.ninds.nih.gov/disorders/lockedinsyndrome/lockedinsyndrome.htm>

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3. Man with schizophrenia vs. schizophrenic
4. individual with diabetes vs. diabetic

A person is more than their disability and you need to recognize that by referring to them as people first.

Slide # 61



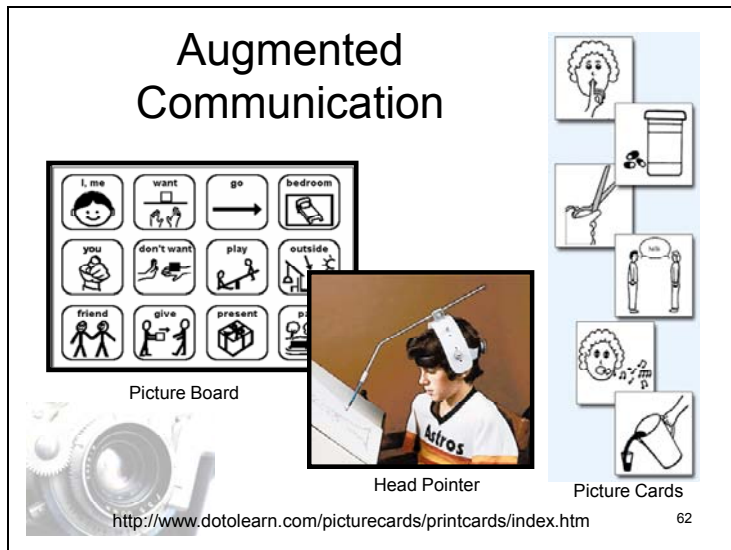
"If you want to know what it is like to be unable to speak, there is a way. Go to a party and don't talk. Play mute. Use your hands if you wish but don't use paper and pencil. Paper and pencil are not always handy for a mute person. Here is what you will find: people talking; talking behind, beside, 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) 61

TOPIC: Quote

It's important to understand the level of frustration that accompanies communication difficulties. You need to remember that, as difficult as it is to understand the individual during your interview, the person with a disability lives with that frustration every single day.

Slide # 62



TOPIC: Augmented Communication

This slide shows three types of augmented communication.

Trainers Note: The following information is provided as background for you. For the purposes of this training, the participants just need to be aware that there are a wide variety of devices that can be used to augment communication. More in-depth information will be provided in other modules of the core competency training.

The picture board is used by pointing to each object or verb. The head pointer is used in conjunction with a picture board. The picture cards are used in the much the same way as the picture board. There are now computer versions of these devices. Northern Arizona has an excellent on-line module about the application of assistive devices at <http://jan.ucc.nau.edu/clb232/mod3/topic4.htm#aac>.

And, ready to print picture cards are available free of charge at <http://www.dotolearn.com/picturecards/printcards/index.htm>.

When communicating with individuals using an AAC Device, you need to follow communication etiquette. You need to:

1. Speak directly to the AAC Device user.
2. Ask if he would like someone familiar to assist during the interview
3. Do not interrupt when they are using their device
4. Ask, "Are you finished?"
5. Be comfortable with silence
6. Ask, show me how you say "yes," "no," "how your device works."
7. Say each word out loud in the order the user gives.

Slide # 63



TOPIC: Assistive Devices

These are more types of assistive devices that you might see used.

Trainers Note: The following information is more background for you.

This slide shows a computerized assistive device being used by a young woman with cerebral palsy. She is able to communicate using Morse code. The switch on one side of her head makes the dot signal and the other side makes dashes. The switches are set to detect the slightest muscle twitches. (Cattoche, Robert. J. Computers for the Disabled. Library of Congress Cataloging-in-Publication Data, 1986.)

The other photo is of a Braille TTY machine that allows a blind and deaf individual to communicate. To learn more about TTY Etiquette, see: Cagle, Sharon J. *GA and SK Etiquette—Guidelines for Telecommunications in the Deaf Community*. Bowling Green, OH: BG Press, 1991.

Video relay services for the deaf are now available. “Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information about other forms of TRS, see the FCC’s consumer fact sheet at www.fcc.gov/cgb/consumerfacts/trs.html. “

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from <http://www.fcc.gov/cgb/consumerfacts/videorelay.html>

Slide #64

Communication Barriers

(related to mental health issues)

- Delusions
- Hallucinations
- Idiosyncratic communication



TOPIC: Communication Barriers (related to mental health issues)

Refer participants to the **Tips for Communicating during a Mental Health Crisis** handout. Review the handout, emphasizing the need to be patient and empathetic (highlighted sections).

Although it is difficult to get concrete information from someone experiencing delusions and hallucinations, it is possible to develop rapport. Once rapport is established, the victim may allow you to provide needed services to stabilize their mental status so that you *can* get information at a later time.

| A person with mental illness may... | So you need to... |
|--|---------------------------------------|
| have trouble with reality | be simple, truthful, not sarcastic |
| be fearful | stay calm |
| be insecure | be accepting |
| have trouble concentrating | be brief; repeat |
| be over-stimulated | limit input, not force discussion |
| easily become agitated (not to be confused with dangerous) | recognize agitation, allow retreat |
| have poor judgment | not always expect rational discussion |
| be preoccupied | first get his/her attention |
| be withdrawn | initiate conversation |

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| | |
|-------------------------------------|---|
| have changing emotions | disregard and have patience |
| have confused plans | stick to one plan |
| have little empathy for you | recognize this as a symptom |
| believe delusions | ignore or change the subject; don't argue |
| have low self-esteem and motivation | remain positive |

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.



TOPIC: Communication Barriers (related to language /culture)

Language and Culture can cause misunderstanding. As mentioned this morning, when the victim speaks another language, always use a translator to ensure that you are getting accurate information.

Trainer's Tips: This optional Broken English exercise may be used to demonstrate the need for a translator even when the victim speaks some English.

Optional Exercise

Broken English Exercise: Ask dyads to interview each other about what they did yesterday. The interviewee is only allowed to use simple English (e.g. words a preschooler would know) and only the present tense ("I go" instead of "I went", "I eat" instead of "I ate", etc.). Ask the interviewer to determine the order of events in the interviewee's day. Debrief about misunderstandings and frustrations.

Even when you speak the same language as the victim, culturally different communication styles can cause misunderstanding. And, different values systems (e.g. harmony versus individuality) may also cause misunderstandings.

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.



TOPIC: Cognitive Disabilities

A person's functional ability is determined by more than their IQ level. Functional ability can be moderated by training, family stability, routines, etc. In addition, the type of disability and area of the brain affected will affect the level of disability. You are going to see a great deal of variability between Individuals with cognitive disabilities.

These individuals can be good witnesses. The areas where they are most likely to have difficulties include:

- Difficulty communicating what happened
- Remembering the order of events that led to the crime
- Difficulty naming people, places, and times
- Providing consistent testimony

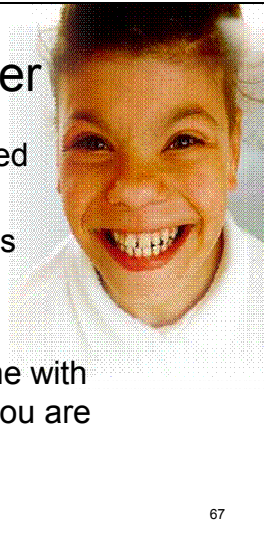
However, ALL witnesses have difficulty with some of these areas.

Teaching Point: Do not dismiss a victim because they have difficulty with 1 or more of these areas!

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.



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TOPIC: Points to Remember

Individuals with severe disabilities are taught to “get along” with other people and respect those in authority, so they may change their responses if they think you don’t like their answer. Research suggests children with intellectual disabilities can be as accurate as individuals without disabilities, but are significantly more suggestible (Henry & Gudjonsson, 1999). Logic suggests that these same results will apply to adults with intellectual disabilities so, avoid conversational punctuations such as “Really” and “You don’t?” because they may be taken literally. And, resist the temptation to fill in the blanks in their statements as they may agree with you even though your interpretation is not what they meant.

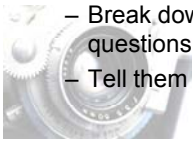
Generally, it’s safe to begin using language at a sixth grade level. Then, match your questions to the victim’s answers. (If they answer with 2 or 3 word sentences, ask simpler questions). Avoid double negatives. Avoid pronouns. Use proper names for people, locations, and acts. And, avoid abstract concepts.

The more patient you can be, the more relaxed the victim will be and the more you will be able understand them.

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



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TOPIC: More Points to Remember

Develop rapport with the individual by asking about their normal routine. This gives you activities and events on to which you can anchor your questions (e.g. Did Jim come to your house before you had lunch?) and help you to use the terms that the victim uses.


Ask (non-leading) either/or questions as they will recognize the correct information even if they can't recall the information without help.

People with cognitive disabilities don't know what you think is important. So, break down open-ended question with specific questions or multiple choice or either/or questions. Instead of "What did you do at the sheltered workshop today?" ask "Which activity station were you working at today?", "Who did you work next to today?", "I heard something happen on the bus on your way home. Can you tell me about that?"

Slide #69

Saliency

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



69

TOPIC: Saliency

Saliency is the “emotional strength or pull” of an experience or information. It’s something that puts the individual on alert and has high personal relevance. And, it helps you remember things (good or bad). Being the victim of a crime is usually a salient event (unless it’s part on an on-going pattern of abuse). People remember more about what happened around the time of the crime than around the same time period the day before, right?

In determining the saliency of an experience you need to remember that events that we think of as ordinary may have greater saliency for individuals with intellectual disabilities. A trip out to eat or to the movies may be a significant event for them.

And, remember, what you think is relevant may not be relevant for the victim. For example, we may find it relevant to know our address or the location of our work, the movie theater, etc. For many individuals with intellectual disabilities, they are driven everywhere and do not need to know directions, addresses, or specific locations. Instead, ask them who lives in the house. They may know the name of their neighbor or that there is a store on the corner.

Another example: We think time is important but these individuals generally don’t tell time. However, they may be “walking TV guides” and be able to tell you whether something happened before or after their favorite TV show.

Teaching Point: Remember to anchor your questions to salient events in the victim’s experience.

Slide #70

Transfer of Learning

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



TOPIC: Transfer of Learning

Introduce the Interview Checklist as an opportunity for the participants to review what they have learned in this training and to practice those skills. Completing the Interview Checklist takes less than 10 minutes and should be done after one of the interviews the participants conduct within the next week. The Interview Checklist should be returned to the trainer within 2 weeks.

Ask the participants to complete the training evaluation and then dismiss the class.

END OF WORKSHOP
Have a safe trip home.

PLAN OF THE DAY

Plan of the Day

- 9:00 Introductions and Objectives, Overview of project, housekeeping
- 9:15 Types of Interviews and Interviewees
- 9:30 Preparing for the Interview:
- Table Top Activity- Interview Preparation Vignettes
- 10:00 Basic Interviewing Skills
- Developing Rapport
 - Reflecting Emotion Shout-out
 - Reflecting Emotion and Content Video Clips
- 10:30 BREAK
- 10:45 Question Typologies:
- Open-Ended Questions: Head to Head Challenge
 - Table Top Activity-Transferring Leading into Non-Leading Questions
- 12:00 Lunch
- 1:00 Question Typologies continued
- Table Top Activity-Password Game
 - Table Top Activity-Interviewing Practice
 - Investigative Interviewing Activity (paper and pencil exercise)
- 2:45 Break
- 3:00 Special Considerations:
- Sensory Impairments
 - Table Top Activity- Sensory Impairment Exercise
 - Language/Cultural Barriers
 - Table Top Activity-Broken English Interview
- 3:45 Summary and Evaluation

CalSWEC Competencies Addressed



In developing this training, care was taken to address some of the core competencies that have been identified by the California Social Work Education Committee as pivotal to the development of strong social work skills for working with the elderly. This training addresses the following CalSWEC core competencies:

II. Core Foundation Practice with Older Adults

2.1 Establish rapport and maintain an effective working relationship with older adults and family members.

2.2 Use empathy and sensitive interviewing skills to engage older persons in identifying their strengths and problems.

2.4 Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adults.

V. Advanced Practice with Older Adults

6.1 Engage, maintain rapport, and sustain effective working relationships with a wide range of older adults (including those with behavior problems, mental illness and dementia) and their family and caregivers.

HANDOUTS



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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.

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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:

James Coloma, MSW
Training & Evaluation Specialist
Academy for Professional Excellence
San Diego State University – School of Social Work
6505 Alvarado Road, Suite 107
San Diego, CA 92120
(619) 594-3219
jcoloma@projects.sdsu.edu

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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:

4. 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.

5. 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.

6. 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 1st through the 9th, 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.

Interview Preparation- Handout 1


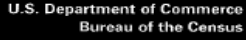
Working in table groups, read your table's vignette and determine what steps you would want to take and what information you might want to know before interviewing the victim:

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.

iSPEAK Language Cards- Handout 2

|   | |
|---|---------------------------|
| LANGUAGE IDENTIFICATION FLASHCARD | |
| <input type="checkbox"/> املا هذا المربع اذا كنت تقرأ أو تتحدث العربية. | Arabic |
| <input type="checkbox"/> Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քանակություն՞, եթե խոսում կամ կարդում եք հայերեն: | Armenian |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | Bengali |
| <input type="checkbox"/> សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | Cambodian |
| <input type="checkbox"/> Matka i kahhon komu un taitai pat un sang i Chamorro. | Chamorro |
| <input type="checkbox"/> 如果您具有中文閱讀和會話能力，請在本空格內標上X記號。 | Chinese |
| <input type="checkbox"/> Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. | Creole |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | Croatian (Serbo-Croatian) |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | Czech |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | Dutch |
| <input type="checkbox"/> Mark this box if you read or speak English. | English |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی بدرهستین، این مربع را علامت بگذارید. | Farsi |

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| | |
|--|------------|
| <input type="checkbox"/> Cocher ici si vous lisez ou parlez le français. | French |
| <input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | German |
| <input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | Greek |
| <input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस गोले पर चिह्न लगाएँ। | Hindi |
| <input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | Hmong |
| <input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet. | Hungarian |
| <input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | Ilocano |
| <input type="checkbox"/> Marchi questa casella se legge o parla italiano. | Italian |
| <input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。 | Japanese |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | Korean |
| <input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກເວົ້າພາສາລາວ. | Laotian |
| <input type="checkbox"/> Zaznacz tę kratkę jeżeli czyta Pan/Pani lub mówi po polsku. | Polish |
| <input type="checkbox"/> Assinale este quadrado se voce lê ou fala Português. | Portuguese |

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| | |
|---|--------------------------|
| <input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți Românește. | Romanian |
| <input type="checkbox"/> Поставьте этот квадратик, если вы читаете или говорите по-русски. | Russian |
| <input type="checkbox"/> Maka pe fa'ailoga le pusa lea pe afai e te faitau pe tusitusi i le gagana Samoa. | Samoaan |
| <input type="checkbox"/> Обележите овај квадратик уколико читате или говорите српски језик. | Serbian (Serbo-Croatian) |
| <input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | Slovak |
| <input type="checkbox"/> Marque esta casilla si lee o habla español. | Spanish |
| <input type="checkbox"/> Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog. | Tagalog |
| <input type="checkbox"/> ในทำเครื่องหมายลงในช่องนี้ท่านถ่านหรือพูดภาษาไทย. | Thai |
| <input type="checkbox"/> Faka'ilonga'i 'ae puha ko'eni kapau 'oku te lau pe lea 'ae lea fakatonga. | Tongan |
| <input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | Ukrainian |
| <input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں. | Urdu |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ. | Vietnamese |
| <input type="checkbox"/> צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש. | Yiddish |

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Reflective Listening- Handout 3

Mirror Body Language and Vocal Characteristics

- Maintain eye contact (if culturally appropriate)
- Match the victim's gestures and characteristic poses (respectfully)
- Relaxed, alert posture
- Use the phrases that the victim uses
- Match the victim's postural shifts
- Lean slightly forward
- Replicate shifts in vocal tonality, tempo, volume, timbre and intonation

Don't:

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



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.

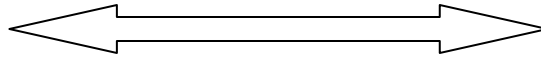
Don't

- 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)

Emotional Vocabulary- Handout 4

Low Intensity
Intensity



High

Positive Emotions

| | | |
|--------------|-----------|--------------|
| Amused | Delighted | Ecstatic |
| Anticipating | Eager | Elated |
| Comfortable | Happy | Enthusiastic |
| Content | Hopeful | Excited |
| Glad | Joyful | Fulfilled |
| Pleased | Surprised | Proud |
| Relieved | Up | Thrilled |

Anger

| | | |
|-----------|-----------|--------------|
| Annoyed | Disgusted | Angry |
| Bothered | Hacked | Contemptuous |
| Bugged | Mad | Enraged |
| Irked | Provoked | Fuming |
| Irritated | Put upon | Furious |
| Peeved | Resentful | Hateful |
| Ticked | Spiteful | Hot |

Fear

| | | |
|--------------|------------|-------------|
| Apprehensive | Afraid | Desperate |
| Concerned | Alarmed | Overwhelmed |
| Tense | Anxious | Panicky |
| Tight | Fearful | Scared |
| Uneasy | Frightened | Terrified |

Sadness

| | | |
|--------------|-------------|-------------|
| Apathetic | Abandoned | Crushed |
| Bored | Discouraged | Depressed |
| Disappointed | Distressed | Despairing |
| Discontented | Drained | Helpless |
| Mixed-up | Hurt | Humiliated |
| Resigned | Lonely | Miserable |
| Unsure | Lost | Overwhelmed |
| Unhappy | Sad | Tortured |

Adapted from Robert Shearer's "Interviewing, Theories, Techniques, Practices"

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.

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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.

Question Content- Handout 6

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

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.

| Type | Definition | Examples |
|-------------------------|---|--|
| Open-Ended | Open ended questions are designed to present a broad topic and allow the victim to choose to provide a narrative response (a description relating to how they perceive the topic). | <ul style="list-style-type: none"> • Why do you think I came to see you today? • Can you tell me what happened to you yesterday? |
| Multiple Choice | A question that presents the victim with a number of alternative responses from which to choose. | <ul style="list-style-type: none"> • Did you sign the power of attorney or did he sign it for you? • Did he hit you once, twice, or more than that? |
| Yes/No (Close-ended) | A question structured so as to limit (either directly or by implication) the victim's options to a "yes" or "no" response. | <ul style="list-style-type: none"> • Did she feed you today? • Did he give you your medication? • Do you want to go home? |
| Leading (Suggestive) | Leading or suggestive questions are those which make it clear to the listener the answer the interviewer is looking for. It can include the answer within the question itself. It frequently ends with a "tag" comment or question. | <ul style="list-style-type: none"> • Didn't you tell him that you didn't want to go to the doctor? • He was doing his best to care for you, wasn't he? |
| Coercive | Use of inappropriate inducements or threats to gain cooperation or to elicit information from a victim. | <ul style="list-style-type: none"> • Tell me what happened or we may have to place you in a facility to protect you. |

Adapted with permission from Donna M. Pence

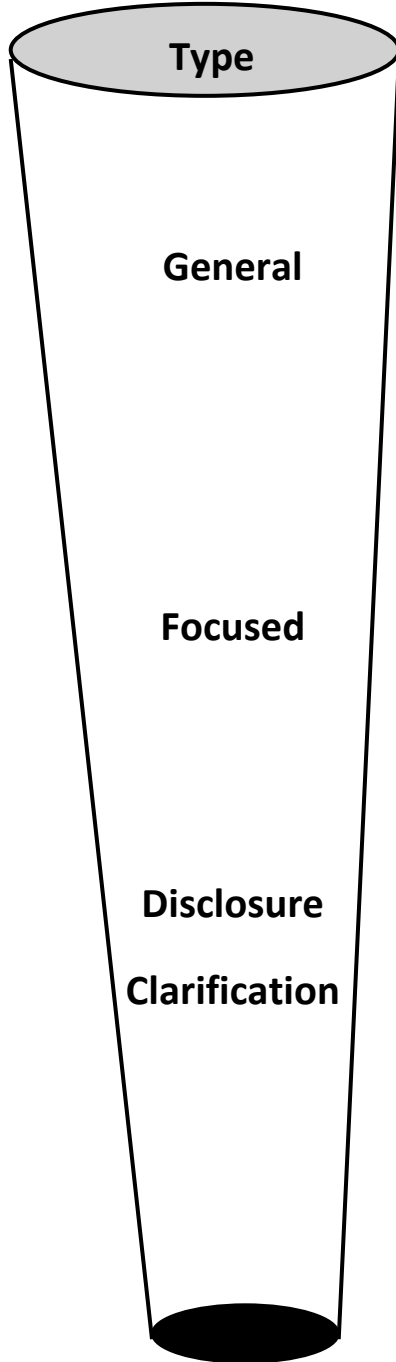
Examples of Open-ended Questions-Handout 8

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...?

Question Content- Handout 9

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



| Definition | Examples |
|--|---|
| <p>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</p> | <ul style="list-style-type: none"> • What’s going on with you? • How are you feeling today? • How many grandchildren do you have? • What is your caregiver’s name? |
| <p>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.</p> | <ul style="list-style-type: none"> • Tell me about your care needs. • What happens when your caregiver gets frustrated? • How does she react to your toileting accidents? |
| <p>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.</p> | <ul style="list-style-type: none"> • 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? |

Adapted with permission from Donna M. P

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.

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

Adapt with permission from Paul Needham

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.

| LEADING | NON-LEADING |
|---|-------------|
| 8. Did he take you to his lawyer's office? | |
| 9. Does she lock you in your bedroom every night? | |
| 10. That must have made you very angry. | |
| 11. Was watching pornography your son's idea? | |
| 12. Isn't it true that you knew she couldn't repay you? | |
| 13. How many times did he strike you? | |
| 14. Did she force you to write the checks? | |

Adapt with permission from Paul Needham

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.

Abuse allegations adapted from allegations listed in "A Day in the Life of APS" (2004) available at

http://cwda.org/downloads/publications/adult/ditl_report.pdf

PROFESSIONAL COMMUNICATIONS

Handout 12

Embedded Evaluation Activity

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

| QUESTION CONTENT TYPE | | QUESTION STYLE | |
|-----------------------|--------------------------|----------------|-----------------|
| G | General | O | Open-Ended |
| F | Focused | MC | Multiple Choice |
| DC | Disclosure Clarification | Y/N | Yes/No |
| | | L | Leading |
| | | C | Coercive |

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Trainee ID Code

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Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | / | | | / | | |
| M | M | | D | D | | Y | Y |

KEY

| QUESTION CONTENT TYPE | |
|-----------------------|--------------------------|
| G | General |
| F | Focused |
| DC | Disclosure Clarification |

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

| CONTENT | STYLE | |
|----------|----------|---|
| G | O | 1 W: What's your name? |
| | | 2 C: Marge. |
| | | 3 W: Marge, who lives with you? |
| | | 4 C: My son, John. |
| | | 5 W: Does John provide any of your care? |
| | | 6 C: Yes. |
| | | 7 W: What kind of help does he provide? |
| | | 8 C: 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. |
| | | 9 W: I take it John isn't much of a housekeeper. Doesn't that bother you? |
| | | 10 C: Like I said, he does his best. |
| | | 11 W: How do you and John get along? |
| | | 12 C: Ok, most of the time. |
| | | 13 W: Tell me about the times when you don't get along. |
| | | 14 C: Well...sometimes I get on his nerves. |
| | | 15 W: What happens then? Does he lose his temper or yell at you? |
| | | 16 C: <i>(silence)</i> |

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Trainee ID Code

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Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | / | | | / | | |
| M | M | | D | D | | Y | Y |

KEY

| QUESTION CONTENT TYPE | |
|-----------------------|--------------------------|
| G | General |
| F | Focused |
| DC | Disclosure Clarification |

| QUESTION STYLE | |
|----------------|-----------------|
| 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: | | <i>(sees bruises on arms)</i> 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. |

PROFESSIONAL COMMUNICATION- TRAINERS MANUAL

Trainee ID Code

Date / /

M M D D Y Y

KEY

| QUESTION CONTENT TYPE | |
|-----------------------|--------------------------|
| G | General |
| F | Focused |
| DC | Disclosure Clarification |

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

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

Handout 13

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.

From: Ebersole, P. and Hess, P. (1998) Towards Healthy Aging: Human Needs and Nursing Response, p. 424-6

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

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.

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



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

Handout 15

Tips for Communicating During a Mental Health Crisis

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

Dr. Christopher Amenson, Ph.D. at NAMI California

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Trainee ID Code

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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?).

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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.

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0 = Did Not Attempt

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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.

LABELS FOR PASSWORD CARDS

| | | |
|---------------------------------|-----------------------------|--|
| General - Open-ended | Focused - Open-ended | Disclosure Clarification - Open-ended |
| General - Multiple Choice | Focused- Multiple Choice | Disclosure Clarification - Multiple Choice |
| General - Yes- No | Focused – Yes-No | Disclosure Clarification – Yes-No |
| General - Leading | Focused - Leading | Disclosure Clarification - Leading |
| General - Coercive | Focused - Coercive | Disclosure Clarification - Coercive |

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