



Art and Skill of Interviewing a Child who has been Traumatized

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Trauma and Post Traumatic Stress Disorder (PTSD)

- Trauma is an experience/injury resulting from a severe life event of an extraordinary magnitude that threatens one's life or physical integrity and normal functioning
- Trauma is an overwhelming, unanticipated feeling of danger that changes one's life
- Trauma causes painful experience of loss of control, confusion, and helplessness
- A trauma-provoking experience may or may not result in PTSD
- PTSD is a condition and diagnosis (group of symptoms including re-experiencing the trauma, avoiding reminders of the trauma, and hyperarousal) that refer to a troubling response to a traumatic life event
- PTSD should not be understood as a mental illness but one's normal reaction to an overwhelmingly tragic occurrence

Trauma and Post Traumatic Stress Disorder (PTSD) cont.



- A PTSD diagnosis specifies the exposure to a traumatic life event in which both of the following are presented:
 1. An individual experiences, witnesses, or is confronted with an event that involves death, an immediate life threat to self and/or others, or serious physical injury resulting from:
 - war, combat, terrorist attack, violence, shootings...
 - witnessing unnatural death, domestic violence, rape, abuse...
 2. The individual responds with intensive fear, shock, feelings of helplessness and disbelief, anxiety, depression, as well as possible characteristic somatic complaints (timeframe: 1 month+)

(DSM-IV TR, 2000)



Childhood/Adolescence Trauma

- Is a severe developmental threat that can create delays in accomplishing important developmental tasks and becoming a socially and emotionally healthy individual
- Repeatedly interrupts the child/adolescent's normal functioning, ability to learn and play, as well as to feel calm, happy, strong, fulfilled, creative, accepted, healthy
- Causes neurophysiological imbalance and changes in neural functioning that compromise adequate responses to affective, cognitive and behavioral stimuli
- May result in a profound negative adulthood outcome (e.g., physical and mental health illnesses, addictions, problematic productivity, marriage problems, family violence, criminal behavior, prostitution, etc.)



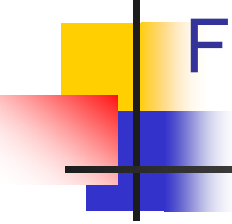
Childhood/Adolescence Trauma (cont.)

- Trauma provoking experience in childhood/adolescence includes:
 - experiencing abuse (physical and/or sexual abuse, incest, neglect...)
 - man-made catastrophes (e.g., war, refuge experience, terrorist attacks, school shootings, robbery, community violence, car accidents, political/economic upheaval...)
 - natural disasters/catastrophic situations (earthquakes, hurricanes, flooding...)
 - witnessing acts of personal violence (homicide, rape, suicide, family violence...)
 - suffering from a terminal and/or chronic illness/condition (cancer, bodily injury, mutilation...)
 - experiencing a death of a parent/sibling/close family member
 - witnessing parental reaction to trauma and pain



Childhood/Adolescence Trauma (cont.)

- Who is a traumatized child? A child who:
 - was assaulted by his/her environment
 - suffers from symptoms that attack the developing brain and might interfere with succeeding stages of development
 - comes to organize his/her life in response to seeing the world as a threatening and overwhelming place
 - is unable to form friendships, and relax
 - develops an intensely private inner world
 - comes to the attention of school and children's mental health services
 - is at high risk of suffering from wide-ranging behavioral and neurobiological symptoms (PTSD; anxiety, mood, disruptive and personality disorders; somatic illnesses; interpersonal problems; addiction and self-destructive behaviors)



Trauma or Resiliency: What Determines Outcome?

Factors Specific to the Child

- The child's specific indigenous bio-psycho characteristics, and genetic vulnerabilities
- Quality of a child's established object relations (threats to attachment...)
- The child's separation experience
- The child's age/developmental level (acquired developmental competence and phase-specific coping resources and abilities/strategies)
- The child's health history (pre-existing physical and/or mental health problems)
- The child/adolescent's previous trauma exposure



Trauma or Resiliency: What Determines Outcome?

Factors Specific to the Traumatic Event

- Length of the event (the longer the event, the worse the outcome)
- Depth of involvement/Rapidity of the event
 - How directly the event affects the child's life (physical and emotional proximity)
 - Is it over and done with quickly, or is it ongoing?
- Frequency of the traumatic event
 - Is it one single event, or repeated experience?

Trauma or Resiliency: What Determines Outcome?

Factors Specific to the Child's Family



- Quality and characteristics of family dynamics
 - the stronger the family's relationships, the better support for the child, and the lower the risk of negative outcomes
- Parents/Guardians' illness and/or pre-existing mental health problems
- Parents/Guardians' coping strategies and the ways they react to stressful situations
- Social networks, support, encouragement, and specific advice to family members related to self and other care
- The family's socio-economic status
 - the lower the status the higher the risk of a negative outcome



About an Interview

- An interview is a single and discrete, goal oriented interaction intended to ask questions to elicit specific information of interest
- In our professional work, an interview helps us in:
 - establishing rapport with our clients seeking help
 - collecting relevant information to gain as much clear insight into a client's problems and to understand their origin and nature
 - understanding key factors related to planning and delivering services to our clients
- An interview seems to be an easier part of the diagnostic procedure, but in fact it is the most creative/productive among all psychodiagnostic tools



An Interview with a Traumatized Child

- An interview is an irreplaceable tool in getting valuable information about the occurrence and severity of a broad range of mental health and functional problems amongst traumatized children and adolescents
- Historically, an interview with a child has had a low “reputation” compared to other psychodiagnostic tools
- Usually, in collecting information relevant to the child, clinicians consider approaching those who are “older”, mainly the child’s parents/caregivers
- In serving traumatized children, it is important and recommended to interview the child as only s/he can provide a depth of information that is his/her own, unique and authentic



Why Art and Skill: Challenges Inherent in Interviewing Traumatized Children/Adolescents

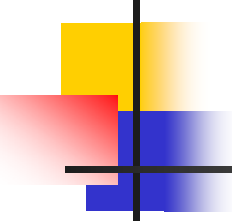
- Interviewing traumatized children/adolescents is not an easy task, particularly if a multiple traumatization had taken place
- When the child lacks abilities (verbal, memory, perception, ego strengths/personality), interviewing becomes an onerous task
- In conducting an interview with the traumatized child, a professional needs to consider the “age-gender-relative ego strengths” triad including both normal and psychopathological frameworks
- Even a number of individual and environmental factors needs to be considered in interviewing the traumatized child; it is virtually impossible to say with any degree of certainty what has happened to the child

Why Art and Skill: Challenges Inherent in Interviewing Traumatized Children/Adolescents (cont.)

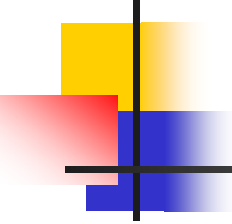


- An interview with a traumatized child requires an experienced, competent and skillful professional who understands the child's developmental process and knows how trauma experience may present at different developmental stages
- Service providers/clinicians are usually not trained to conduct an age-appropriate interview with a traumatized child, and might question their competency to elicit information from young people
- During the interview, a professional is expected to be able to competently manage the interview, and be very sensitive and responsive should the child need help during the process of painful disclosure

Why Art and Skills: Challenges Inherent in Interviewing Traumatized Children/Adolescents (cont.)



- In today's service practices, there is no consensus related to interviewing techniques that should be used with children
 - play situation, direct, open-ended, highly structured, not-leading questions/interview protocols, active listening
- As interviewing techniques have implications for assessment and treatment, a professional needs to know which protocol works best for "that" child in order to prevent revealing information based on false promise that leads to poor outcome and disenchantment with treatment
- Different interview purposes (crisis, risk assessment, forensic/evidential, treatment) are factors that additionally contribute to interviewing difficulty



Why Art and Skills: Challenges Inherent in Interviewing Traumatized Children/Adolescents (cont.)

- The uniqueness and specific needs of each traumatized child/adolescent must direct an interviewing technique, rather than a professional's theoretical orientation
- Working with traumatized children and adolescents and their families presents a personal and professional challenge.
- A golden rule in interviewing and helping them is to absolutely accept the child/adolescent with all of his/her presenting issues when s/he gets help, to be able to carefully listen to the child/adolescent, and to use our creative potentials, skills, knowledge and experience in following the child/adolescent and supporting him/her



Types of Interviews with a Traumatized Child

- Crisis intervention interview:
 - This interview is intended to help the child either in the immediate situation, or focusing on his/her reactions to the situation (the child tells the story related to what happened, and describes his/her experience and thoughts)
 - A professional uses this interview to calm and soothe the child by:
 - reducing, stabilizing, and normalizing the intensity of the child's experience
 - helping the child to vent acute emotional reactions
 - reassuring the child as well as acknowledging and validating his/her reactions
 - re-establishing the child's sense of safety and control
 - identifying sources of support, teaching coping skills, and helping the child with future reactions

Types of Interviews with a Traumatized Child (cont.)



- Assessment interview:
 - This type of interview is intended to evaluate the quality of the child's interactions with his/her environment (both physical and social)
 - This interview is not a current "snapshot" of the child, but includes his/her past history (especially following the traumatic event), present conditions, family/home situation and dynamics, as well as plans for the future
 - As part of this interview, a professional also seeks:
 - input from other sources who know the child well, such as parents/caregivers, extended family members, day-care workers/teachers, school/settlement/community/family service counsellors
 - data from other related sources, such as school records, previous psychological and or family evaluation, health history...



Types of Interviews with a Traumatized Child (cont.)

- Forensic/investigative interview:
 - This interview is intended to find evidence and elicit very specific, factual information from the child (for example to support the child's allegations related to sexual/physical abuse experienced, family violence, and other types of crime)
 - The specific purpose of this interview is to collect, as much as possible, relevant information about a crime and to establish whether it has been committed (what the child experienced, saw, heard; chronology related to how, when, and where things happened, who were the actors...)
 - This type of interview is neither intended for therapeutic nor assessment purposes



Types of Interviews with a Traumatized Child (cont.)

- Psychotherapeutic interview:
 - This type of interview relates to specific treatment goals that were usually determined by the assessment of the child
 - This interview helps a professional in monitoring treatment progress and obtaining valid information from the traumatized child in treatment (treatment benefits, the child's ability to construct his/her memories, and progress in trauma symptom mastery)
 - This interview helps the professional to check and to continue articulating a clear treatment plan, and to structure the treatment for best possible outcomes
 - This interview can help the child to feel understood (a key purpose of the therapeutic interview)



The Interview Process

- A professional needs to ensure having as much relevant case information as possible before meeting the child:
 - collecting information from parents and clarifying each parent's view of the child
 - knowing about physical/social/cultural aspects of the child's life
 - reviewing referral reports and/or contacting referral sources

(This step does not take place in providing an immediate crisis intervention.)
- It is recommended that a professional contact parents/caregivers to suggest they prepare the child for an interview



The Interview Process (cont)

- A professional needs to be:
 - clear about his/her purpose and clarify any potential bias in planning an interview and setting goals (for example what s/he “knows and feel” about the case/situation)
 - an objective data gatherer and carry out an interview in a non-suggestive way
 - realistic, i.e., expect outcomes that are consistent with the child’s developmental stage and abilities
 - sensitive enough to respond to the child’s uniqueness and find the best approach for exactly “that” child who experienced “that” situation, and presents with “that” concern



The Interview Process (cont)

- A professional needs, in an understandable way, to inform the child about the interview's goals, and be able to respond constructively to a potentially aggressive reaction (i.e., clearly saying to the child that such behavior is not acceptable)
- Usually, the maximal outcome from an interview is ensured when the professional and the child sit down and talk alone. A parent's presence is an option, especially:
 - if the child prefers the parent's presence
 - when a professional considers involving a parent to better deal with separation anxiety modalities emerging either from the child or from the parent



The Interview Process (cont)

- Once with the child, a professional needs to consider:
 - building rapport
 - maintaining a warm, friendly, accepting, active, supportive, non-judgmental, and respectful approach
- In establishing rapport, a professional uses humor and asks questions to which the child already knows the answers (i.e., school, age, friends, favorite toys...)
 - Older children prefer a more formal/structured interaction
- A professional should neither overestimate nor underestimate the child.
 - The child will easily recognize a professional's uncertainty and/or mistakes and tend to take over the situation, manipulate the professional, and/or demonstrate/feel distrust and resistance



The Interview Process (cont)

- While building rapport with the child, a professional also:
 - observes the child's appearance and behavior
 - determines the developmental level, communication skills, ability to use words, as well as understanding of phrases/concepts and the child's knowledge and awareness of truth/lie, real/past, etc.
 - assesses the child adaptation to reality
 - assesses the quality of the child's interpersonal relationships
 - assesses the child's affect and potential anxiety reactions to objects, people, and/or situations
 - observes the child's self-control capacity (emotions, impulsivity, satisfaction, frustration tolerance, etc.)
 - tries to recognize the central underlying conflict



The Interview Process (cont)

- During the interview, a professional needs to:
 - make sure the child is reassured that s/he is safe by reassuring the child that s/he is safe from any danger, and by ensuring the office is “child friendly”, etc.
 - reinforce a sense of calmness, and facilitate a decreasing level of arousal and agitation that the child might feel, to help the child feel relaxed and comfortable
 - “enter the child’s world”, facilitate resiliency, and help the child to separate himself/herself from traumatic thoughts, worries, sensations and emotions
 - ensure the child feels in control and has a sense of choice with respect to sharing trauma-related painful memories as well as time and duration of the interview
 - acknowledge that thinking about trauma is hard and can be very disturbing and unpleasant, but that doing so will help and bring relief

Impact of Exposure to Trauma: Early Childhood (< 3 years of age)



- Detrimental effects on developmental milestones
- Poorly modulated affect and impulse control, including temper tantrums, and tendencies toward self-injury
- A strong fear of being separated from parents/caregivers
- Significant sleep problems, easily alarmed, changes in eating habits...
- Increased/excessive irritability, difficulty calming down
- Regression (i.e., toilet control/bedwetting, language concerns, thumb sucking, and other age inappropriate behaviors)
- Clings to parent/caregiver
- A strong attachment to a place in which s/he feels safe
- Appears passive and quiet
- Becomes afraid of strangers, animals, the dark, “monsters”...



An Interview with Young Children: Early Childhood (< 3 years of age)

- Communication skills and memory capacity of these children are very limited (their expressive language abilities are less than receptive language), and it is unlikely they will speak about their trauma experience
- Very early trauma is revealed through behavioral acts and/or repetition in action (for example if multiple and frequent abuse takes place, Terr, 1998).
- In these children, visual memory of trauma usually remains true to the event experienced, but their verbal memory strays from its origin through symbolic elaboration. Some words might get attached to visual memory as part of pre-existing imagery
- These children usually have very limited knowledge of their body parts; differentiating between right and wrong; and, have not yet developed coping skills



An Interview with Young Children: Early Childhood (< 3 years of age)

- As very young children cannot be interviewed, a professional usually watches the child while playing, relating to close figures, and/or reacting to a stranger
- It is important to observe how parents act and relate to the child (Are they calm, gentle, relaxed with the child? What do they say to the child? Do they restrain the child? ...)
- After the observation, a professional talks with parents and gets their input related to the observation/child's behavior
- At the end, a professional gets a sense of how secure the child feels, whether s/he responds to changing situations in a flexible or less adaptable manner, etc.
- An interview can be attempted with the 3 year old child, however, questions need to be very simple, concrete/specific, but not open/ended or yes/no questions



Impact of Exposure to Trauma: Preschool Age (3 – 5 years of age)

- Poor emotional self-regulation
- Poor sleeping habits (e.g., frightening dreams/nightmares)
- Reoccurring trauma-related memories
- Repetitive play or preoccupation with traumatic themes/content
- Easily upset in response to memory triggers
- Demonstrates hypervigilance, and other attention problems
- Demonstrates separation anxiety
- Becomes argumentative
- Becomes hyperactive
- Demonstrates intense and specific fears (e.g., certain animals, situations, or places)



An Interview with Preschool Children (3 – 5 years of age)

- Communication skills and memory capacity of these children are also limited, so they are not able to conceptualize, understand causality
- They are egocentric and tend to be concrete thinkers
- During the interview, they might be easily distracted, focus on irrelevant activities, and respond with characteristic “I don’t know... I can’t remember...”
- They provide very limited information about their trauma experience, usually in a disorganized thought process
- Their memory for the traumatic event changes with increasing exposure, they recall less and less about each episode, and they become less accurate about details related to their experience (Mordock, 2001)



An Interview with Preschool Children (3 – 5 years of age) cont.

- Preschool age is a common age for physical and sexual abuse, and these children are fearful of what will happen to them if they tell the story
- Asking these children to draw or demonstrate what happened seems easier for them than explaining it verbally
- Although there is debate related to asking open-ended questions, this is usually not a promising approach with preschool children
- They need cues and prompts to be able to improve their memory recall and provide trauma-related information
- Usually non-verbal materials (toys, anatomical dolls) are used with these children as props in eliciting verbal information. However, such props are not recommended for forensic interviews, but only if verbal interviewing procedures have not been productive



An Interview with Preschool Children (3 – 5 years of age) cont.

- A professional should ask concrete questions such as:
 - “Can you dress yourself alone?... Always?... What about the buttons? ... Great!.. What are some of the things in your room?...” (at the beginning of the interview and screening to determine the child’s understanding of basic concepts)
 - “Do you remember hiding under the blanket?” ... (as a prompt to increase the child’s motivation to remember)
 - “What do you call...?”, or “ Tell me about...” (to clarify the child’s labels/terms and verify whether s/he uses them correctly)
 - “Did anything ever happen to your peepee?” (to anchor events for the child who was sexually abused)
 - “What...?”, “Where...?”, “When...?”, “How...?” (to clarify a concrete context)



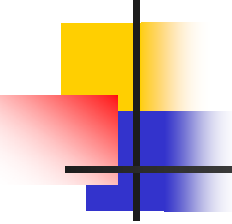
Impact of Exposure to Trauma: School Age Childhood (5 – 12 years of age)

- Poor social competence and withdrawal from play groups and friends
- Poor capacity for emotional self-regulation (i.e., aggressive behavior, depressive symptoms, lack of motivation, distorted perceptions of self, etc.)
- Avoidance, irritability and intense fears of the trauma event's recurrence
- Sleep disturbances
- Greater likelihood of seeing the intentions of others as hostile
- Somatic complaints (headaches, stomach aches, pain, etc.)
- School problems (i.e., concentration and learning problems, difficulty in distinguishing between relevant and irrelevant information, fear of going to school, etc.)
- Difficulty with orientation in time and space
- Regression (i.e., childish behavior, expectations to be fed or dressed, etc.)



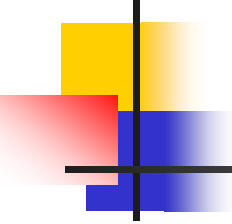
An Interview with School Age Children (5 – 12 years of age)

- Although still primarily concrete thinkers, school age children are more independent, sociable, and mature
- They are oriented in time and space, and more capable in both expressing themselves and recalling their memories related to the traumatic experience occurred
- They present a different set of interviewing problems:
 - trauma experience makes them conflicted, confused, guilt ridden, embarrassed, and fearful
 - they are reluctant, often avoid issues, and can easily jump to conclusions from false premises
 - they demonstrate a tendency to embellish experience and express their creative elaborations/fantasies, so their real experience might seem fabricated
 - they also might express themselves in terms of so-called “assumptive reality” a reality assumption they create on their own based on their limited information



An Interview with School Age Children (5 – 12 years of age) cont.

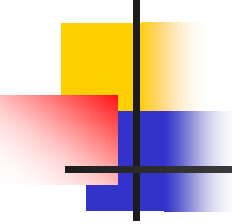
- Considering a variety of interviewing issues with a traumatized school-aged child, a professional's intuition, and clinical expertise is called in deciding/applying the correct interviewing technique to ask an appropriate question related to the central trauma problem/conflict
- These techniques include:
 - Play materials or imaginary play combined with sensitively-put cueing questions (i.e., “Let’s play house. Picture yourself in your room, at night time, and draw what you see in your room. Tell, me what do you hear, smell?”)
 - Using direct and even leading questions (i.e., “You are very protective and careful of your doll. Is she fearful/scared? Do bad things happen to her when she is alone? How might she be hurt?”... “I understand you have touching problems.”)



An Interview with School Age Children (5 – 12 years of age) cont.

- Using indirect questions (i.e., “What time do you go to bed? Who puts you to bed? What does your stepfather do when he helps you prepare for bed?”)
- Using open-ended questions (i.e., “Do you know why you are here? Your parents told me you have been having some problems with ...”, “Has anyone ever told you about good and not-so-good touching?”)
- Using questions involving comparison (i.e., “Tell me what does your stepmother do when you take one of your sister’s toys?”)

An Interview with School Age Children (5 – 12 years of age) cont.



- A professional should be careful in interpreting information collected by using play situations (real and/or imaginary) as a school-aged child can get engaged in fantasy play and use it to change reality (i.e., the child is not playing re-enactment of actual experience, so if s/he is abusing a doll it does not necessarily mean s/he has experienced the same).
 - However, if the play frequently consists of negative content and experience, it is likely that the child has been traumatized by experience related to those in the play
- During an interview, if the child is not answering the question asked, a professional should try a different approach to what he intended to ask
- A professional should never “regress” in order to get more understandable and closer to the child, as such an approach would seem strange to the child and result in resistance



Impact of Exposure to Trauma: Adolescence (13 – 20 years of age)

- Poor emotional self-regulation capacity (i.e., aggressive behavior, anger, fighting, reckless behavior, extreme avoidance)
- Personal isolation, poor social competence, and withdrawal
- Distorted perceptions of self, depersonalization
- Tendency toward self-harming behaviors (i.e., fascination with death, injury, or scars that are reminders of traumatic events, substance abuse, and high-risk behaviors)
- Distrust, suspiciousness, significant authority resistance, and problems with intimacy
- Sleep disturbances
- School problems (i.e., abandoning school work, academic failure, school truancy, dropout)
- Avoidance and denial of emotional reactions to the trauma
- Failure in assuming full adult responsibility, and feelings of guilt and helplessness



An Interview with Adolescents (13 – 20 years of age)

- Adolescents are less emotionally dependent upon their families, and their language, memory, and logical thinking abilities are advanced
- Adolescents present a different set of interviewing problems:
 - independence is their important aspiration and it might make interviewing difficult
 - they prefer being in control and might experience a great deal of difficulty in accepting the reality that they need help
 - they might choose withdrawing from their families to protect themselves from pain, and might remain resistant to any questioning
 - sometimes it is difficult to distinguish between the adolescent's normal independence and withdrawal, and what might be trauma related



An Interview with Adolescents (13 – 20 years of age) cont.

- In interviewing a traumatized adolescent, an open, direct, and more formal approach is usually the best.
 - It facilitates both the adolescent's involvement and reduces his/her feelings of shame and discomfort associated with interviewing
- During the first part of the interview, a professional needs to encourage the adolescent and ask questions that are distinct from trauma-related experience (i.e., sports, friends, dating, classes, hobbies...)
- During the interview's first part, a professional needs to "feel" when and how to start asking painful questions, as well as how to balance the interview to help the adolescent remain involved
- In case the adolescent refuses to answer critical questions/continue the interview, the best approach is to conclude by summarizing his/her current feelings, and suggest meeting another time



Pynoos and Eth Interview Technique (1986)

- These authors developed a technique to interview traumatized children and adolescents (3-16 years of age) who were exposed to different types of trauma
- The technique is mostly related to crisis intervention
- The authors proposed collecting all of the relevant information before the interview
- Children/adolescents should be seen alone in a quiet room
- The interview's duration should not exceed 90 minutes
- The interview should be conducted by an experienced clinical professional
- The interview consists of three stages



Pynoos and Eth Interview Technique

- **Stage one: Opening** (this stage allows the child to first express the impact of the trauma (story telling, drawing), and enables the interviewer to learn about the child's dominant defense mechanism and ways of coping):
 - Establishing the focus: The interviewer helps the child to know s/he is not alone in her/his predicament
 - Free drawing and story telling: The interviewer asks the child to draw/tell whatever s/he prefers, and to elaborate on the production
 - Traumatic reference: The traumatic experience, as an intrusive feeling, will be represented somewhere in the child's production, and the interviewer is expected to recognize this



Pynoos and Eth Interview Technique

- **Stage two: Trauma** (in this stage the interviewer focuses on the actual event, and the child's physical and emotional exhaustion, as well as reassuring the child, and providing a relaxation break if needed):
 - Emotional release: The explicit discussion about the event starts
 - Reconstruction: Props (toys, weapons) are available, but the interviewer encourages the child's verbal production and is willing to participate taking different roles (victim, perpetrator, police officer...)
 - Perceptual experience: Addresses the child's sensory experience of the event and where s/he felt it in her/his body
 - Special detailing: The interviewer helps the child with specific details and traumatic meaning



Pynoos and Eth Interview Technique

- Worse moment: The child feels understood and the interviewer asks about his/her worst moment
- Violence/physical mutilation: The child speaks about possible atrocities seen
- Issues of human accountability: The child might ask questions related to man-made disasters
- Inner plans of action: The child tends to attempt to reverse his/her actual feelings of helplessness, and gets involved in formulating a plan of action
- Punishment or retaliation: The interviewer allows the child to fully express these feelings toward the perpetrator before reminding him/her of the realistic limitations
- Counterretaliation: Ideas of revenge might lead the child to worry about the perpetrator's return, and the interviewer needs to reassure the child of his/her safety



Pynoos and Eth Interview Technique

- The child's impulse control: The interviewer examines the child's own impulse control, and asks what s/he does when getting angry
- Previous trauma: At this time, the child is asked about previous trauma experiences
- Traumatic dreams: The interviewer asks the child about recent dreams and possible nightmares
- Future orientation: The interviewer asks the child about his/her concerns about the future
- Current stresses: The interviewer checks the child's actual stressors (school related changes, etc.)



Pynoos and Eth Interview Technique

- **Stage three: Closure** (in this stage the interviewer helps the child to address his/her current life concerns with an increased sense of security and symptom mastery):
 - Recapitulation: The interviewer reviews and summarizes the interview, pointing out that the responses discussed are common and realistic
 - Realistic fears: The interviewer reassures the child that it is alright to feel sad, angry, afraid, helpless ...
 - Expectable course: The interviewer helps the child understand that the symptoms/bad dreams will diminish in time
 - Child's courage: The interviewer acknowledges the child's bravery
 - Child's critique: The interviewer asks the child about the interview
 - Leave-taking: The interviewer thanks the child for sharing, and gives the child his/her professional card



Review Questions

- Normal responses to trauma may include:
 - a) panic/fear
 - b) sleep problems
 - c) eating problems
 - d) neurobiological imbalance
 - e) all of the above



Review Questions

- It is important to allow the opportunity for:
 - a) physical activity
 - b) humor
 - c) tears
 - d) imagined revenge
 - e) all of the above



Review Questions

- A professional starts his/her interview with the child by asking:
 - a) Do you know why you are here?
 - b) Tell me everything that makes you scared
 - c) What kind of bad dreams do you have?
 - d) Did you witness the murder?
 - e) None of the above



Review Questions

- Screening to determine understanding of the basic concept is crucial in working with the:
 - a) Early childhood child
 - b) Preschool aged child
 - c) School aged child
 - d) Adolescent
 - e) All of the above



Review Questions

- What would a professional find helpful in preparing for the first interview with the child?
 - a) Contacting the referral source
 - b) Relying on his/her own experience as a parent
 - c) Contacting the child's access parent
 - d) Determining if s/he has any biases about the case
 - e) All of the above



Review Questions

- The child, after a few uneventful meetings, produces a drawing showing a creature surrounded by a number of bodies. What should a professional do?
 - a) Call the child's guidance counsellor to check if his/her teacher has ever noticed the same
 - b) Ask the child why s/he needed so long time to finally express feelings
 - c) Ask the child if s/he has recently seen any scary movies
 - d) Call the police and report a case of domestic violence
 - e) All of the above



Review Questions

- A professional is interviewing a 6 year old boy. At the beginning, s/he says: “I heard you have a nice dog. What is his name?”. The boy does not answer. S/he than says: “I heard you walk your dog every day. How long have you had the dog?” The boy still does not answer. What should s/he do?
 - a) Continue asking questions about the dog until the boy responds
 - b) Refer the child to an audiologist
 - c) Realized s/he needs more information about the boy’s dog
 - c) Try a different approach
 - e) All of the above



Review Questions

- A professional is preparing to interview a 5 year old girl for forensic and investigative purposes. What would s/he find most helpful?
 - a) Conduct a detailed interview with the girl's parents, and then try to clarify some details with the girl
 - b) Utilize his/her theoretical orientation and prepare all of the questions to be asked
 - c) Ensure many toys are present, and allow the girl to communicate through structured play
 - d) Verify that the girl is correctly using labels
 - e) All of the above



Review Questions

- A professional is interviewing a 14 year old adolescent. S/he can promise the adolescent complete confidentiality regarding what the adolescent says during the interview.
 - a) True
 - b) False



Review Questions

- A professional is interviewing a school aged girl related to sexual abuse allegations. To elicit as many valuable facts as possible, s/he must focus only on the girl's negative and painful experience.
 - a) True
 - b) False



Review Questions

- In conducting an interview with a traumatized child, a professional should never use a leading question.
 - a) True
 - b) False



Review Questions

- Open-ended questions are the best interviewing technique in eliciting information from traumatized children, but need to be asked by a very experienced professional.
 - a) True
 - b) False



Review Questions

- Psychosomatic symptoms are trauma-related symptoms in all school aged children.
 - a) True
 - b) False