Intervention Interview Formating

PERSPECTIVE
An effective intervention program will consider three perspectives which influence the firesetting behavior. These include:

• Family Circumstances
• Youth Experiences
• Fire Incident

Each perspective should be consistent with the others. What the parent tells the interventionist should be similar to what the child tells the interventionist. Both of those viewpoints should be supported by the objective information about the incident (e.g. fire reports when available).

When these perspectives do not coincide, the interventionist should carefully review each aspect and consider a more in-depth exploration of the case.

ATTITUDE
Your attitude, mood, and professionalism will dictate how the interview proceeds. Here are a few tips for your interview:

• Give yourself plenty of time to conduct the interview. Do not rush your schedule.
• Work with another member of your team to conduct the interview. If a member isn’t available, contact the State Fire Marshal’s Office and work with us to join you at the interview.
• Be patient. This is likely a high-stress, embarrassing and emotional situation for the family you are working with.

TECHNIQUE
• Ask permission from the family to record the interview. Use a digital camera or your smart phone (check space for approximately 30 minutes of recording).

• Take plenty of notes.
  - Have one of your team members ask the questions while you jots down answers and use the interview questionnaire (below).
  - Directly after the interview, go over these notes to add any other thoughts or memories while they are still fresh in your mind.

• Be prepared! Have copies ready. Have pens available. Charge the batteries on the camera or your phone.

  Circle the flagged □ answers as you go.
YOUTH INTERVIEW QUESTIONS

Name: _____________________________________________________________________________________

1. Where do you go to school? What do you like about it?
_______________________________________________________________________________________

2. ☐ After school, who watches you? (☐ Negative response)
_______________________________________________________________________________________

3. What do you like to do with your friends?
_______________________________________________________________________________________
_______________________________________________________________________________________

FIRE HISTORY QUESTIONS

4. ☐ Have you ever talked to any fire department people about setting fires or playing with matches or lighters?
   ☐ Yes    ☐ No    When? ____________________________________________________________________

5. What did you use to start this fire?
   ☐ Matches   ☐ Lighter   ☐ Both    ☐ Other: ____________________________________________

6. ☐ Where did you get these lighters/matches?
   ☐ Home   ☐ School   ☐ Store   ☐ Friend   ☐ Other
   ☐ Found it   ☐ Went out of way to acquire

7. ☐ What did you set on fire?
   ☐ Nothing   ☐ Paper product   ☐ Grass/leaves   ☐ Trash   ☐ Flammable liquids
   ☐ Someone else's property: _______________________________________________________________

8. ☐ What did you do after you used the matches/lighters or the fire started?
   ☐ Denied/lied about involvement   ☐ Hid    ☐ Did nothing    ☐ Extinguished the fire
   ☐ Sought help    ☐ Other: _______________________________________________________________
9. How many others were involved in this incident? □ None

Who were they?

10. □ Tell me the reason you decided to light the fire or play with the matches/lighters.

□ Another child told me to □ To see it burn □ To see what would happen

□ To destroy something □ To hurt someone

Other: ________________________________

11. □ How did you feel when you started this fire or played with the M/L?

□ Happy □ Sad □ Excited □ Scared □ Nervous

□ Normal □ Angry □ Other: ________________________________

12. □ Has anything happened lately that really bothers you?

□ Nothing □ Being angry at a brother/sister □ Parents split up

□ Death □ Moved □ Argument with parent

□ Family fight □ Problem at school □ Other: ________________________________

13. □ How many fires have you set? How many times have you played with matches/lighters?

□ None □ One □ Two □ Three or more

Explain: _____________________________________________________________

14. □ What have you set on fire in the past?

□ Nothing □ Paper □ Grass □ Flammable liquids □ Trash □ Others belongings

□ Other: ________________________________
15. Have you ever been with your friends when they have set fires?

☐ Yes  ☐ No

Explain: ________________________________

16. What are two things that could happen when children play with fire?

1. ______________________________________

2. ______________________________________

17. ☐ Do you have any matches or lighters hidden anywhere or know where some are?

☐ Yes  ☐ No  Where: _________________________________________________________________

18. ☐ Do you think that you will continue to light more fires?

☐ Yes  ☐ No

Why: _________________________________________________________________

19. Is there anything else about fires that you want to tell me? ____________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

SOCIAL HISTORY QUESTIONS

20. ☐ How do you get along with parents, caregivers, and/or siblings? (☐ for negative response)

(The following sample questions are to help generate dialogue.)

Do you spend as much time with them (parent/caregiver) as you would like?

How do you feel about this?

_______________________________________________________________________________________

What are things that you and your family do together?

Tell me about them, (parent/caregiver/siblings) what are they like?
21. How often do you fight, argue or disagree with your parent(s)?

- Never
- Rarely
- Sometimes
- Often
- All the time

What is it usually about?

22. How are you punished when you have done something wrong?

- Don't get punished
- Time-out
- Ground or take away privileges
- Yell
- Spank
- Hit/Beat
- Other: ________________

23. When you get punished do you think the punishment is fair?

- Never
- Rarely
- Sometimes
- Mostly
- Always

24. Does anyone in your family argue a lot?

- Yes
- No
- Sometimes

Who and what about:

25. Is there anything else that you want to tell me about you?

(Below are some sample questions that may be used to generate dialogue regarding abuse issues.)

Has anyone done mean things to you that hurt you?  

- Yes
- No

Explain: ________________

Is/has there anyone that touches you in a way that makes you feel uncomfortable?

- Yes
- No

Explain: ________________
Interviewer’s Observations (compared notes with other interviewers)

During your interview it is important to recognize some important signs the child may be giving to you. Your observations relating to behavior, mannerisms, mood and way of thinking are important to note. If a referral is necessary, counselors or therapists may get some insights based on your notes and observations.

**Child’s behavior:**
__________________________________________________________  
(e.g. fidgety, nervous, stubborn, eye contact, shy, open, hyper, polite)

**Child’s mood:**
__________________________________________________________  
(e.g. angry, sad, defiant, happy, depressed, excited, afraid)

**Child’s way of thinking:**
__________________________________________________________  
(e.g. rational, age appropriate, scattered, illogical)

<table>
<thead>
<tr>
<th>Overall</th>
<th>Within Normal Limits?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s behavior: ................................................................................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s mood: .......................................................................................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s cognitive process: .....................................................................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you visited the home, what was the appearance?
__________________________________________________________  
(e.g. orderly, messy, unsafe)

Do the caregivers appear indifferent towards the child? ..................................................  
Do the caregivers appear hostile towards the child? .........................................................  

Does the child appear neglected/abused? .................................................................  

Does □ mother, □ father, or □ caregiver appear to be developmentally disabled? ............  
Does □ mother, □ father, □ caregiver a show signs of substance abuse? .........................  

**Total □ Score = (parent + child forms) [Scores above eleven (11) could indicate a child who needs additional intervention]**

SCORE:__________