

## Chapter 1

## CONDUCTING AN INTERVIEW

1-1. Purpose. This chapter describes the protocol for information collection and assessment at the Florida Abuse Hotline for allegations of abuse, neglect, and abandonment of children. The goal when conducting an interview is to gather sufficient information about the concerns and accompanying family dynamics based on what is known to the reporter. Information sufficiency is critical to making accurate screening and response time decisions and to lay a foundation for further information collection when a report is accepted for investigation.

1-2. Authority.

- a. Section [39.201](#), Florida Statutes (F.S.).
- b. [65C-29.002](#), Florida Administrative Code (F.A.C.).

1-3. Intake Protocol: The Three Stages of Intake Assessment.

a. Introductory Phase. The Hotline counselor completes necessary introductions of the reporter, the agency, the counselor, and the purpose of the intake assessment in a professional and efficient manner. The counselor allows the reporter to share their reason for calling and responds appropriately to emotions expressed by the reporter. The counselor should not be concerned with collecting complete demographic information at this stage of the call unless the reporter wishes to provide it. The counselor begins a process of assessing the reporter's knowledge of the family in order to determine the depth of information the counselor will be able to gather.

b. Exploration Phase. The counselor advises the reporter that they will be asking a series of questions to better understand the family's situation. The counselor uses probing and clarifying questions in order to seek detailed information and gain a thorough understanding of the situation, including any factors that could result in serious threats to child safety. The counselor also asks for other sources of information who may be contacted by an investigator.

c. Closing Phase. The counselor ensures that all basic information has been collected from the reporter, including demographic information. The counselor assures the reporter of the importance of their call, informs the reporter that they are accepting or not accepting a report for investigation, explains the decision-making process, and provides referrals when required before closing the call.

1-4. Information Collection.

a. The counselor must attempt to obtain a full picture of the household based on the six information domains where appropriate, while adhering to the Intake Protocol. The counselor's questions will be tailored to the situation and family dynamics presented by the reporter.

b. The information collected must support the screening decision and response priority decision (see Chapter 7 of this operating procedure), both of which should be determined prior to the counselor closing the call.

c. For intakes with the subtype of Institutional and Other, the counselor will gather at minimum information on the extent of the maltreatment, the circumstances surrounding the maltreatment, and child functioning. Other domains areas should be addressed as they pertain to the individual situation.

d. For all In-Home intakes, Foster Care referrals, and Parent Needs Assistance referrals, the counselor must assess the household and each of the six domains (see CFOP 170-1, Chapter 2) depending on the depth of information available.

(1) Household/Family Composition and Demographic Data.

(a) Assessment of the household is critical in determining the focus of the intake assessment. For in-home intakes, the interview focuses on the household of the caregiver responsible for the maltreatment, including all adults and children residing in or frequenting the household.

(b) When more than one family unit resides in the same household, the counselor will assess, to the extent possible, whether the family units function independently, using the guidelines for Household Focus of Family Assessments outlined in CFOP 170-1, paragraphs 2-3c(1)-(4). If it is clear from the assessment that the family units function independently, the assessment will focus on the family unit that includes the alleged perpetrator. [NOTE: The counselor must still attempt to gather demographic information for any household members outside of the family unit of focus.] If the family units are interdependent, or the degree of interdependence cannot be determined, the family units will be assessed as one household/family entity.

(c) The counselor will capture demographics as they are presented and when opportunities arise throughout the call, ensuring that their manner of gathering this information does not impede the reporter from providing details about the maltreatment and other information domains. The counselor should search for the family in FSFN when enough demographic information has been provided to do so. The search results will inform the assessment (e.g., extent of history, open or closed prior intakes) and will be factored into the screening and response time decisions.

(d) Information on non-household members (e.g., names, contact information, awareness of the concerning situation), including parents not residing in the home, will be gathered for the purposes of understanding family dynamics as a whole (e.g., support systems, child visibility in the community, relevant family history) and obtaining sources of information for the investigator. Counselors must be conscious as to whether information obtained on non-household members indicates a need to assess for multiple reports.

(2) Extent of Maltreatment. This domain is concerned with the maltreating behavior of the caregiver and the effects to the child. Information from this domain may determine whether maltreatment has occurred but is insufficient in itself for assessing child safety. Information that informs this domain may include:

- (a) Type of maltreatment.
- (b) Severity of maltreatment.
- (c) Description of specific events.
- (d) Description of emotional and physical symptoms.
- (e) Identification of the child and maltreating caregiver.
- (f) Condition of the child.

(3) Circumstances Surrounding Maltreatment. This domain is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that precedes or leads up to the maltreatment or exists while the maltreatment is occurring.

Information in this domain qualifies the seriousness or severity of the maltreatment. Information that informs this domain may include:

- (a) Duration of the maltreatment.
- (b) History of maltreatment.
- (c) Patterns of functioning leading to or explaining the maltreatment.
- (d) Parent/legal guardian or caregiver intent concerning the maltreatment.
- (e) Parent/legal guardian or caregiver explanation for the maltreatment and family condition.
- (f) Unique aspects of the maltreatment, such as whether weapons were involved.
- (g) Caregiver acknowledgement and attitude about the maltreatment.
- (h) Other problems occurring in association with the maltreatment.

(4) Child Functioning. This domain is concerned with the child's general behavior, emotions, temperament, and physical capacity. It addresses how the child is from day to day, rather than focusing on a point in time. A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Information that informs this domain may include:

- (a) General mood and temperament.
- (b) Intellectual functioning.
- (c) Communication and social skills.
- (d) Expressions of emotions/feelings.
- (e) Behavior.
- (f) Peer relations.
- (g) School performance.
- (h) Independence.
- (i) Motor skills.
- (j) Physical and mental health.
- (k) Functioning within cultural norms.

(5) Adult Functioning. This domain is concerned with how the adults/caregivers in the household are functioning; how they typically feel, think, and act on a daily basis. It addresses adult functioning separate from parenting. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing,

stability, self-awareness, self-esteem, self-acceptance, and coherence. It is important that recent adult-related history is captured here. Information that informs this domain may include:

- (a) Communication and social skills.
- (b) Coping and stress management.
- (c) Self-control.
- (d) Problem-solving.
- (e) Judgment and decision-making.
- (f) Independence.
- (g) Home and financial management.
- (h) Employment.
- (i) Citizenship and community involvement.
- (j) Rationality.
- (k) Self-care and self-preservation.
- (l) Substance use.
- (m) Mental health.
- (n) Family and/or domestic violence.
- (o) Physical health and capacity.
- (p) Functioning within cultural norms.

(6) General Parenting. This domain is concerned with the parent/caregiver's general nature and approach to parenting. It forms the basis for understanding caregiver-child interaction in more substantive ways. An incident of maltreatment or discipline should not shade the assessment of this information domain. Information that informs this domain may include:

- (a) Reasons for being a caregiver.
- (b) Satisfaction with being a caregiver.
- (c) Knowledge and skill in parenting and child development.
- (d) Expectations and empathy for a child.
- (e) Decision making in parenting practices.
- (f) Parenting style.
- (g) History of parenting behavior.
- (h) Cultural practices.

(i) Protectiveness.

(7) **Discipline or Behavior Management.** This domain is concerned with discipline in a broader context than socialization; teaching and guiding the child. Discipline should be assessed beyond a punishment context, with emphasis on how the parent/caregiver provides direction, manages behavior, teaches, and directs a child. Information that informs this domain may include:

- (a) Disciplinary methods.
- (b) Perception of effectiveness of utilized approaches.
- (c) Concepts and purposes of discipline.
- (d) Context in which discipline occurs.
- (e) Cultural practices.

e. In addition to assessing the allegations of maltreatment and family dynamics pertaining to child safety, there are specific questions that counselors are required ask for every call in which there are allegations of abuse or neglect or Special Conditions:

(1) The reporter's name, occupation, relationship to the child, contact information, and how they became aware of the concerning situation they are reporting. The reporter may volunteer some or all of this information unprompted in the introductory phase of the interview. When a reporter is reluctant to provide their name, the counselor should explain reporter confidentiality and make a second attempt to gather the reporter's information at a later stage in the call after building some trust with the reporter. Professionally mandated reporters [see s. [39.201\(1\)\(d\)](#), F.S.] are required to provide their names when reporting abuse or neglect.

(2) The counselor must attempt to gather demographic information for every intake participant (names, dates of birth, etc.) based on the reporter's knowledge of the family and/or the reporter's or counselor's access to records containing demographics.

(3) For all accepted in-home and Special Conditions intakes, counselors must ask if there are any risks or dangers the investigator may encounter when making contact with the family. For institutional intakes, counselors must solicit this information from the reporter unless it is a hospital, detention center, or a facility that has locked doors.

(4) The counselor will solicit the name and contact information of any sources (other persons who have knowledge of the family and/or the alleged abuse or neglect) whom the investigator may contact for more information. If there are persons with direct knowledge of the family situation (e.g., a non-household parent who advised the reporter of the concerns) the counselor will solicit their name(s) and contact information.

(5) The counselor will obtain the current location of the intake participants and where they will be located over the next 24 hours. If a means to locate is obtained, a report will be accepted even if the location of the victim is not known at the time of the call.

(6) Counselors must ask if any intake participant has a disability, hearing impairment, or limited English proficiency. If the reporter indicates that someone has a disability, hearing impairment, or limited English proficiency, the counselor must ask what device(s) or interpreters, if any, are needed for the participant to communicate.

NOTE: The Department and its employees, contracted providers, and sub-contracted providers will not base child safety actions on stereotypes or generalizations about parents with disabilities, or on a parent's disability, diagnosis, or intelligence measures alone. These decisions are made through an individualized assessment of the parent with a disability and objective facts relating to the danger threats impacting the child. If necessary and reasonable, accommodations must be provided to ensure parents with disabilities can fully participate in the programs and services of the dependency system.