Multiple-Session Forensic Interviews

When kids can’t just sit still, speak clearly, and tell everything they know

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Forensic Interviews Beyond the Single-Session Model

• Adjusted Forensic Interviews

• Follow-up Interviews

• Multi-session Interviews
Single-Session Interview Model

• Standard Practice

• Reasons
  – Minimize potential trauma
  – Concerns regarding suggestibility
  – Resources
  – Historical basis
Single-Session Interview Model

• Limitations
  – May not fit an individual child’s needs
  – Relies on the child’s willingness and ability

• Recognition in the field of limits of single-session
  – Child may need more than one opportunity
  – Consideration regarding how, rather than if multiple sessions occur
Alternatives to Single Session

• Alternatives may be appropriate

• However, must be carefully considered
  – Based upon the needs of the child
  – Not driven by other factors
The child is our first priority.
Not the needs of the family.
Not the child’s “story.”
Not the evidence.
Not the needs of the courts.
Not the needs of police, child protection, attorneys, etc.
The child is our first priority.
Multiple-Session Interviews

• Unplanned
  – Adjusted Forensic Interview
  – Follow-up Interview

• Planned
  – CornerHouse MultiSession™ (and others)

*Differentiation between multiple-session interviews and repeated interviews (multiple interviews, with multiple interviewers)
Interview could not be completed in one session

• Interview / information characteristics
  – Multiple allegations, perpetrators, types of abuse
  – Information could not be fully or effectively gathered in the single session
Interview could not be completed in one session

• Child characteristics
  – Engagement / participation (Hershkowitz et al., 2006)
  – Developmental and cognitive abilities
  – Functioning: current and overall – social, emotional, physical
  – Others
Conducting an Adjusted FI

Resume & continue the interview
(vs. re-interview)

• Same interviewer

• Interview process
  – Major difference is breaking into multiple sessions
  – No changes in interview protocol stages, tools, etc.
    • Some modifications
  – Dependent upon where process was before break
Adjusted Forensic Interview
MDT & Other Considerations

• Communication and coordination with team
• Child First considerations and needs of others
• Consider potential risks and benefits
  – Time between interview sessions & possible impact
    – Safety planning
    – Providing opportunity
Adjusted Forensic Interview

- Incorporating into your practice
  - Thoughts
  - Questions
  - Concerns
Follow-up Forensic Interview

- Interview was completed;
- Something prompts child’s return

At some point following the interview:
- Child discloses additional information
- Child indicates reason did not or could not tell
- Changes in situation or circumstance
- External evidence or corroboration emerges
Follow-up Forensic Interview
Factors to Consider

• Prompting reason
• Child’s readiness, willingness, ability
• Potential for emotional trauma
• Child’s presentation during initial interview
• What has occurred since initial interview
• MDT’s expectations for interview; awareness of possible recantation, inconsistencies, etc.
• Is follow-up interview best option or are there other options?
• Child First?
Conducting Follow-up Forensic Interview

Follow-up in reference to previous interview (vs. re-interview or new interview)

- Same interviewer

- Interview process
  - Similar to, but some differences compared to Adjusted
  - Protocol / stages & tools used in single-session
  - Approach varies dependent upon factors
    - Initial interview session; what has occurred since
Follow-up Forensic Interview

• Concerns
  – Information may be inconsistent
    (not necessarily inaccurate)
  – May be viewed with suspicion
  – Possible negative effect on accuracy
  – Potential for recantation
  – Impact upon the child

• Possible benefits
  – May expand upon or share new details; may allow child to more fully report experience
  – Provide opportunity
Follow-up Forensic Interview

• Incorporating into your practice
  – Thoughts
  – Questions
  – Concerns
Planned Multi-Session Forensic Interview

• Planned from the beginning to be carried out over multiple sessions

• Models:
  • Extended Forensic Interview Protocol -- National Children’s Advocacy Center (formerly Extended Forensic Evaluation)
  • Extended Assessment Model – University of Michigan Family Assessment Clinic
  • Others
  • CornerHouse MultiSession™
    • (previously MSRATACTM)
Intake Criteria:

• Children 2-years, 8-months up to 4 years old
  – Young children present with natural barriers to the forensic interview process

• Children 4 and 5 years old
  – Who have disabilities, or
  – Are multi-lingual and/or require an interpreter

• Any child (or vulnerable adult) with special needs or circumstances
CH MultiSession™ Components

• Caregiver Meeting

• 1st Session, next session(s)
  – Stages, modifications
  – Tools

• Roles of Interviewer, Family Support, MDT
CornerHouse MultiSession™ Implementation

2005
- Info gathering
- MDT partners; Board of Directors

2006
- Pilot project
- 4 completed

2007 – 2008
- Continued pilot
- 15 completed

2009-2010
- Continuing development, refining process
- Interviewer training

2010 +
- Widely implemented
- Part of standard practice
What We’ve Learned

• CornerHouse internal research
  – Children who meet criteria
    • Disclosure rate significantly higher for those participating in MultiSession Forensic Interview compared to traditional single-session
  – Caregiver Meeting appears important element
Incorporating MultiSession™ Into Current Practice

What we’ve learned:

– Details are important
  • Environment
  • Timing
  • Scheduling

– Communication and understanding are important
  • MDT
  • Caregiver

– Beneficial ≠ magical
Incorporating Planned Multiple Session (CH MultiSession™) Into Current Practice

• Thoughts
• Questions
• Concerns
Final Thoughts…

• Adjusted, Follow-up, & Multiple Session
  – Requires shift in approach, long-held beliefs

• Traditional single-session interview remains most common model

• Increased recognition in the field of need for
  – openness to other options
  – flexibility in practice

• Practice decisions should consider findings of research along with clinical practice
References


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