

Special Considerations and Techniques for Interviewing Children with Special Needs

by Amber McDonald and Courtney Palm

Background and use of this guide:

Assessing the interviewability of a child for a forensic interview involves more depth than just a diagnosis. It is not uncommon for children to go without a diagnosis when a treatable and categorized mental health issue is present (e.g., depression, anxiety, ADHD, etc.; Wu et al., 1999).

Additionally, children often go misdiagnosed. A child might have a diagnosis of ADHD when the symptomatology and behavior present in the child is a result of trauma (Szymanski, Sapanski, & Conway, 2011). As such, this resource guide is less focused on the formal diagnoses of children (i.e., Autism, Down Syndrome, Global Development Delay, etc.). Instead, it should be used to build upon the specialized skill sets already present within forensic interviewing professionals. It proposes a developmental framework for which to view the capacity of all children to answer questions within the forensic interview, with a focus on children with special needs (CWSN).

Preparation for the interview: In preparation for the interview — for all children but especially for children with special needs — it is important to consult with the caregiver or other adult (teacher, therapist) who understands the child's unique learning needs. Depending on sensory processing ability, CWSN may require modifications to the setting such as: structured seating, reduced lighting/sound, movement breaks, adjusted proximity to the forensic interviewer (farther away if easily overstimulated or closer together if auditory processing is delayed). Modifications should match what the child is accustomed to in a typical learning setting (therapy setting or classroom setting). The closer the interview room matches the learning environment most familiar to the child the better the outcome for attending to questions.

Developmental Framework

COGNITIVE: Children with typical-to-advanced cognitive processing may be able to provide a linear framework of the alleged incident with minimal deviation from the timeline. Forensic interviewing professionals are routinely assessing the level of cognitive processing present among all children they interview. This is done through rapport building (i.e., tell me about soccer; tell me about the last time you played soccer; tell me what happened at the beginning of soccer, the middle, and the end, etc.) as the forensic interviewer tries to



gauge how proficient the child is at describing a timeline. Children who have advanced cognitive processing will respond well to higher-level questions, such as open-ended and detail specific, without needing repeated clarification from the forensic interviewer. Additionally, the forensic interviewer will notice a higher volume of words that include adjectives and descriptive action. Children in this category may be categorized as “gifted.” Other children, such as those who have characteristics or a diagnosis of Autism Spectrum Disorder, may also present with high levels of cognitive processing within a forensic interview.

Forensic interviews are traditionally viewed as problematic when children are unable to provide a linear timeline of an alleged incident. Many children identified as having special needs have disabilities that delay their cognitive processing, impacting the forensic interviewer's ability to solicit information regarding an alleged abuse/neglect situation. When cognitive delays are suspected (or formally diagnosed), the forensic interviewer should rely upon other areas of capability for the child (e.g., visual memory, auditory memory, motor memory, etc.).

EMOTIONAL: Children with typical development in this area will be able to describe a range of emotions as part of their narrative when prompted by the interviewer. They will also exhibit the ability to pair the emotion with an explanation of “why” reflecting their feeling during each point in the abuse narrative.

Children with delays in emotional processing may confuse clarification questions aimed at the emotional experience during the time of the abuse. For example, when asked, “How did that make you feel?” the child may focus

The Senses:

**Sight • Sound • Smell •
Taste • Touch •**

Interoception: feeling inside the body (e.g., belly ache, nausea) •

Proprioception: where your body is in relation to space (e.g., pressure, compression) •

Vestibular: inner ear and head position (e.g., detecting movement or motion, balance)

Non-Traditional Sensory Questions:

Interoception: How did your body feel inside when “x” happened? (Looking for nausea, pain, difficulty breathing, etc.)

Proprioception: What did your (body part) feel like when “x” happened?; What did your body look like when “x” happened? (Looking for elements of pressure, compression, body position in space.)

Vestibular: Where was your head when “x” was happening? (Looking for head position – this relates to fluids in the ear.)

primarily on the physical and sensory experience (i.e., a child responds with “it was bright” — a reference to the lighting in the room as opposed to thoughts and feelings around the abuse). Despite the child not answering the question as it was intended, the forensic interviewer should still elaborate on the “feelings” of the child. It is likely that additional evidence will be revealed based on the child’s interpretation of the question.

SENSORY: Children with typical development in sensory processing will easily adapt to the interview setting and show limited distraction based on environmental information (lights, sounds, texture, etc.) A forensic interviewer may notice little distractibility from a child with typical sensory processing (depending on age and length of time in the interview). Additionally, these children are able to maintain eye contact (within cultural norms) and demonstrate appropriate responsiveness to questions.

Children with special needs affected in this area show increased distractibility around sensory stimuli in the interview room and may need repeated prompting to focus on the questions and narrative. Children with sensory processing disorders can have over-reported sensory information, under-reported sensory information, or mixed depending on their unique experience. Children who exhibit over-reported or mixed sensory processing would likely emphasize tactile, auditory, and visual information associated with the abuse. If the interviewer is aware prior to the interview that the child has sensory sensitivity to a specific type of stimulus, it may be important to highlight those elements within the abuse narrative. ♦

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Forensic interviewing professionals are routinely assessing the level of cognitive processing present among all children they interview.

References: Szymanski, K., Sapanski, L., & Conway, F. (2011). Trauma and ADHD – Association for diagnostic confusion? A clinical perspective. *Journal of Infant, Child, and Adolescent Psychotherapy*, 10(1), pp. 51-59.

Wu, P., Hoven, C.W., Bird, H.R., Moore, R.E., Cohen, P., Alegria, M., Dulcan, M.K., Goodman, S.H., McCue Horwitz, S., Lichtman, J.H., Narrow, W.E., Rae, D.S., Regier, D.A., & Roper, M.T. (1999). Depressive and disruptive disorders and mental health service utilizations in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(9), pp. 1081-1090.

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Sensory Experience and the Forensic Interview

Over-reported sensory experience is when a sense is heightened to the level of distracting from other experiences happening at the time. For example, if a child’s auditory processing is over-reported, then sounds and volume of voice would be where the child focuses on the details of the experience.

Under-reported sensory processing is when information is reported at a lower level by the brain. This means that the child may not place emphasis on the sensory experience as would be expected given the situation. For example, if a child’s auditory processing is under-reported, sounds happening during the abuse may not stand out as part of the narrative.

Children who have **indiscriminate sensory** processing would have some sense experiences that are over-reported and some that are under-reported. The type of processing would depend on which sense is being discussed. For example, a child’s sense of touch may be muted while the sense of sound may be heightened, so details about different aspects of the abuse would be highlighted according to related sensory information.

For additional resources on working with children with special needs, go to cattacenter.org

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