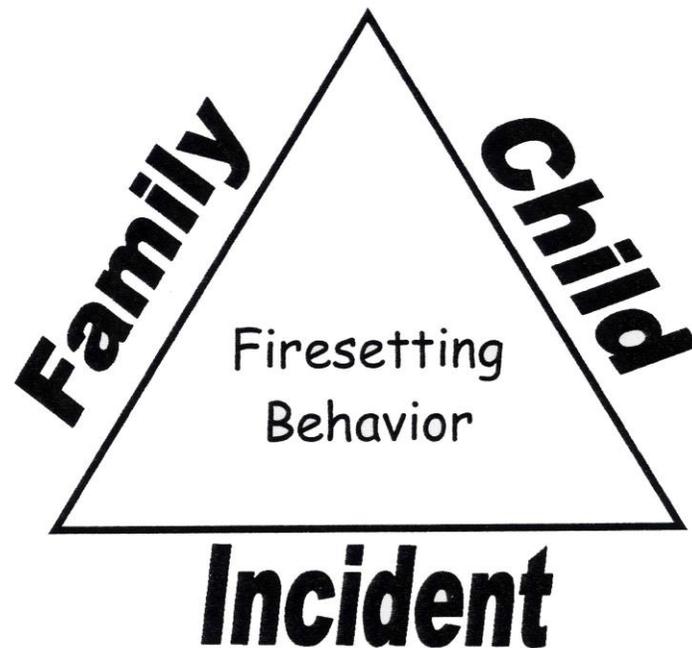


Child Firesetter and Juvenile Arson Prevention Program

Child and Caregiver Interview Forms

The Firesetting Intervention Triangle



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

- Family Circumstances
- Child Circumstances
- 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 mesh, the interventionist should carefully review each aspect and consider a more in-depth exploration of the case.

Instructions: Have caregiver fill out the “Parent interview form” Interview youth and mark responses on form. Total the responses marked with a “⊗” from both the “Child Interview Form” and the “Parent Interview Form”. Each question counts as one even if more than one “⊗” is marked per question.

CHILD INTERVIEW FORM

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 M/L?

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 Other: _____

8. What did you do after you used the matches/lighters or the fire started?

Denied/lie about involvement Hid Did nothing Extinguished the fire
 Sought help Other: _____

9. How many others were involved in this incident? None Who were they?

Name/Relationship

Name/Relationship

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 or 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?

A. _____ B. _____

17. Do you have any M/L hidden anywhere or know where some are?

- Yes No Where: _____

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

- Yes No How come: _____

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

Comments: _____

24. Does anyone else 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? (for negative response)

(These 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: _____

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Interviewer's Observations (compared to other interviews)

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)

| Overall | <i>Within Normal Limits?</i> | Yes | No |
|---|-------------------------------------|--------------------------|--------------------------|
| Child's behavior: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Child's mood: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Child's cognitive process: | | <input type="checkbox"/> | <input type="checkbox"/> |
| If you visited the home, what was the appearance? _____ (e.g. orderly, messy, unsafe) | | | |
| Do the caregivers appear indifferent towards the child? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the caregivers appear hostile towards the child? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the child appear neglected/abused? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does <input type="checkbox"/> mother, <input type="checkbox"/> father, or <input type="checkbox"/> caregiver appear to be developmentally disabled? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does <input type="checkbox"/> mother, <input type="checkbox"/> father, <input type="checkbox"/> caregiver a show signs of substance abuse? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Total ⊗ Score = _____ (parent+child forms) {Scores above eleven (11) could indicate a child who needs additional intervention} | | | |

Additional Comments:

PARENT INTERVIEW FORM

CAREGIVER INFORMATION

Child's name: _____

Last

First

Female caregiver name: _____

Last

First

Date of Birth: _____ Relationship to child: _____

Male caregiver name: _____

Last

First

Date of Birth: _____ Relationship to child: _____

Phone: Home _____ (Male/Female) Work _____ (Male/Female)

Address: _____

_____ Zip Code _____

FAMILY INFORMATION

1. Biological parent's present marital status:

Never married Married Divorced Separated

2. Who is the custodial parent and/or primary caregiver?

Mother Father Both Other

3. Has/is your child been in counseling?

Yes No

If yes, when and with whom _____

4. Does anyone in your home smoke?

Yes No How many? _____

5. Has your family ever experienced a serious fire or burn injury?

Yes No

6. Where are matches/lighters generally kept in your home?

7. How did your child get the materials used in this incident?

Found it easily Went out of the way to acquire

8. Do you believe this fireplay/firesetting was intentional?

Yes No

If yes, explain _____

9. Do you believe your child was attempting to do harm or destroy property?

Yes No

10. Has your child expressed an interest/fascination in fire?

Yes No

If yes, explain _____

11. Do you believe your child was pressured or coerced into fireplay/firesetting by peers?

Yes No

If yes, explain _____

12. Within the last 6 months has there been an event in your child's life that could have contributed to this behavior? Yes No *If yes, check those that apply:*

Family problems Parent/child conflict Family moved
 Death Problem at school Angry at self or another
 Trauma Other

13. What was your child's behavior after this fireplay/firesetting incident?

Denied or lied about involvement Hid Did nothing
 Extinguished the fire Sought help Other

14. Does the fireplay/firesetting appear to be an attempt to get attention by your child?

Yes No Not sure

15. Please check any of the behaviors that apply or are demonstrated by this child:

Jealousy Stealing Bedwetting Destructive Compulsive behaviors
 Moody Nightmares Impulse Cruel to animals

Comments: _____

16. Please check if any of the following apply to this child:

Physical abuse Sexual abuse Emotional abuse Neglected abuse

Other/explain: _____

PARENT INTERVIEW KEY

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 Never married Married Divorced Separated
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