



Core Implementation Components: Selection

Example of an Interview Package

In-Home Family Intervention Services
Based on the Teaching-Family Model

Family Specialist

Interview Package

NAME OF APPLICANT _____

INTERVIEWER #1 _____

INTERVIEWER #2 _____

DATE _____

OVERALL APPLICATION PROCESS

1. Review resume. Look for basic qualifications (e.g., college degree, non-institutional and non-residential treatment work experience, participation in community clubs, volunteer work). Try to have at least 10 apparently qualified applicants for every position you are seeking to fill.
2. Telephone interview. Explain the position and the kinds of families and situations a Family Specialist encounters. Ask questions about the person's qualifications. Listen for enthusiasm, self assurance, and ease of talking. Usually, about 6 or 7 qualified applicants make it past this point (7/10 remaining applicants).
3. The interview usually includes the person who will be the consultant/coach for the new Family Specialist along with a member of the training group, an administrator / director, an experienced Family Specialist already on staff, or a member of the evaluation group. Usually, no more than three individuals will participate in any given part of an interview. The "lead interviewer" and the "confederate" are persons who have received training for their interview roles. The interview provides an early opportunity to form relationships and prepare the interviewers to (eventually) respond to the unique strengths and professional development needs of the new Family Specialist. It also is a good gauge of "who is out there" so changes in the job market can be detected and workable responses can be formulated (e.g., change the recruiting ad, upgrade pay scales, change preservice workshop training, prepare for greater coaching challenges).
4. Interview, Part I. A set of general questions designed to have you meet the applicant and get your first impressions, much like a family would. Usually, one or two applicants do not make it past this point. For them, thank them for coming in to talk to you and let them know you will call them with the result by a certain day. Do not imply that there is more to the interview (5/10 remaining applicants).
5. Interview Part 2. An extended set of questions, self ratings, and some vignettes to prompt discussion and get at values regarding children, families, support and treatment, and working as a team. Often, one or two applicants do not make it past this point. For them, thank them for coming in to talk to you and let them know you will call them with the result by a certain day. Do not imply that there is more to the interview (3/10 remaining applicants).
6. Interview Part 3. The final part of the interview is the role-playing sessions. In these, one interviewer plays the part of a Mom or Dad and the applicant is asked to deal with the situation that is presented. The role-play scenes, set up, and follow up are done in a very positive and supportive manner by the interviewers. Assure them that you are not looking for any particular skills, just their general style of dealing with families. This is a mini-training session and a mini-consultation session wrapped up in one so careful attention is paid to how teachable the applicant is. Usually, only 1 of the original 10 applicants will shine by the end of this experience.

PART I

1. After the phone interview, do you have any questions about the program, the types of families you will be working with, or what the position entails?

2. What are your greatest strengths as a professional?

Greatest weaknesses? -----

3. What makes you happiest working someplace?

Unhappiest?-----

4. Have you had any experience providing skill-based training or administering behavior analytic approaches to helping children? Please describe.

5. Describe the skills you have that could be used to help families stay together?

6. Describe your last job in a sentence or two.

Describe your last supervisor in a sentence or two.-----

7. Describe the most stressful situation you have ever dealt with involving two or more people.

How did you handle it?-----

Looking back, what would you do differently today?-----

PART II

Self-Assessment of Skills and Abilities

Rate yourself on your ability 1= Very Little, 10= Very High. Explain in one sentence.

[] Writing Skills-----

[] Public Speaking-----

[] Organization-----

[] Creativity-----

[] Persistence-----

[] Solve Problems-----

[] Work Under Pressure/Meet Deadlines-----

[] Advocate-----

[] Flexibility-----

[] Give and Accept Corrective Feedback-----

[] Optimistic View in Crisis/Problem Situation-----

[] Ability to Support Colleagues-----

Situational Opinions

You will need to work with a variety of agencies and organizations to meet the needs of children and families.

1. What would be your approach to gaining cooperation from agencies, schools, etc. that are often fed up with the child and family and do not want to deal with them anymore?

2. What professional value, if any, do you see in activities such as transporting parents to appointments, cleaning toilets in a home, going grocery shopping with a family, and so on.

How would you feel about yourself as a professional if you provided such services?

3. While we do everything we can to help Family Specialists acquire the skills and confidence to work proactively with difficult families, we know that crisis intervention and direct support are a reality, (e.g., responding to crisis calls day or night, supporting colleagues in a family). Have you ever provided such support services? How would you feel about your plans being disrupted due to a crisis?

4. Family Specialists work evenings and weekends in order to schedule visits at times that are convenient for family members. What personal problems will this cause for you? For family? For friends? How do you feel about working unstructured and unpredictable hours?

5. What would be good reasons to apprehend a child and remove the child from his or her family?

6. In what ways do you think you can contribute to the evaluation and development of an effective treatment program?

7. In what ways are families important to children?

8. When you are in the midst of interacting with someone in order to solve a problem, how aware are you of what you are doing? (Take your time and make this a fun question. Start with the general and proceed to the specific as you ask lots of questions to see if the person has a “third eye” – they see/hear themselves and note the other person’s reactions as if they were outside their body observing the whole interaction while the interaction is occurring. Some applicants are keenly aware of what is going on and aware of analyzing and considering options while the interaction is occurring. Others get through the interaction then are able to replay the whole thing in their head and hear the conversation and think about how to do things differently next time. Many are simply reactive and are not especially aware. Try to get at how immediately adjustable their behavior is in problem solving situations.)

Verbal Vignettes

How would you handle these situations as a Family Specialist?

1. A new family has been referred. The caseworker has told you that the three young children are very aggressive toward each other, their Mom, and strangers. The caseworker refuses to go with you for your first family visit saying she has already visited the family. When you called Mom to make an appointment, Mom sounded very tired and said she was “at the end of her rope.”

When you arrive at 7:00 pm Mom greets you at the door and invites you to sit down. Immediately, one child takes a marker and draws lines on your new jacket. The other two children are jumping on the couch and one has a handful of the other’s hair. Mom threatens them with early bedtimes, whereupon the oldest child slaps Mom across the back. As you gently extract your coat from the child with the marker, she sinks her teeth into your arm. Simultaneously, the third child climbs onto your chair, jumps on your back, and hangs around your neck. At that point, Mom looks at you with tears in her eyes and says, “I can’t take this anymore! What can I do?”

2. You meet a family for the first time. Among the first few things you notice is that they are not well kempt. Their hair is dirty, their clothes are torn and unclean, and they smell terribly of body odor. You know that hygiene is an issue that you must tackle but the family does not identify this as a concern during your discussion of goals. How would you approach this issue?

3. You have been working with a family for about three weeks. You feel like you have tried everything you know to do but the parents will not cooperate or change their behavior. You go to your supervisor and say, "I think this is one of those times where I have to recommend that this child leave the home for a while." Instead of agreeing with you, your supervisor suggests that you create a better partnership with the parents to make it more likely that they will change their parenting style. What do you think of this advice? What specifically do you think your supervisor is suggesting that you do?

4. A family has been referred to you in whom the 9-year old daughter is very aggressive with her peers and sometimes with adults as well. The daughter has been sexually abused and recently was caught fondling younger children. Her parents tell you they are exasperated with their daughter. They cannot get her to do anything they ask and she is frequently suspended from school. How would you help this family?

What skills or behaviors would you want to teach the 9-year old daughter?

What skills or behaviors would you teach to her parents?

5. A child welfare worker calls with a potential referral. The single mother has long-standing problems with alcoholism. The two children are 8 and 14 and are out of control at school and in the community. The worker tells you that the family's home is a mess and that the children's health is an issue. The family frequently runs into financial crises and the mother has to rely on the food bank so the kids can eat. The family has no transportation so the social worker has had to drive the family twice to pick up food.

After telling you all this, the caseworker states that, "I'm really not sure whether I should apprehend these kids or put in-home supports in the family." The worker wants you to give her an impromptu description of what your treatment plan might look like for this family so she can decide what to do. What would you say to the caseworker?

6. What else do we need to know about you as we make our decisions about this position? Is there anything from your past that we should know?

OTHER

Willingness to obtain police and child welfare check?

Valid drivers license and liability insurance?

Check degree from University.

Explain wages and hours.

Explain training and consultation.

Ask for references (3 names, phone #s).

PART III

ROLE-PLAYING SCENES

Role-Play #1

Instructions to the Interviewer:

Prepare the applicant by stating that we are going to present some “real life” role-play situation based on the family work we have done. Introduce the confederate. Give the applicant the instruction sheet and answer any questions after the applicant has read it. State a couple of times that we are not looking for any specific procedures so “just do what you think is right to be helpful.”

Take notes during the role-play. After the role-play has concluded offer a lot of positive feedback on one or more of the following concept areas: ability to offer empathy, active listening skills, respect for Mom and family members, follow-up questions to get relevant information, non-judgmental statements, hopeful words, attending to feelings, clinical judgement. Spend most of the time on the positive things the applicant did.

Then, pick one concept area and offer constructive feedback. Describe the appropriate alternative behavior clearly, ask the applicant to practice doing/saying the appropriate alternative behavior with you “to make sure you’ve got it,” then restart the role-play at a point where the applicant can implement the “new skill” in the interaction with the Confederate.

Pay close attention to the applicant’s abilities in each of the concept areas during the interactions with the Confederate and with the Interviewer. Also, carefully note the applicant’s ability to accept praise, accept critical feedback, listen and learn the new skill you teach, and implement that new skill in the re-start of the role-play situation. This is a mini-training session and a mini-consultation session wrapped up in one so pay careful attention to how teachable the applicant is.

At the end of the re-started role-play offer only positive statements about how the applicant performed. Then, move on to the next role-play.

Instructions to the Confederate:

You are an extremely tired, burnt out Mom with 3 boys (ages 4, 7, 10). The 10 year old, Tim, is the child referred by social services. You are divorced from the boys' father but are currently in an emotionally abusive common-law relationship. The school continually calls about Tim's aggressive behavior on the playground and poor grades and just called child welfare to report a severe bruise on Tim's arm. You are meeting the Specialist for the first time alone. Be upset, defensive about the bruise, and quite willing to place Tim in a group home "if everyone thinks it's the best thing to do." Make statements about feeling incompetent as a mother and as someone who can't have good relationships with men. Have a "there must be something wrong with me" attitude. Make statements like "I can't change, I can't do this, why should I try again with Tim, everyone thinks I'm a lousy parent." Be willing to discuss your feelings quite openly. Follow the Specialist's lead should he or she say helpful things or try to engage you.

You start by complaining about the school being after you. Be excited and angry at first then calm down once the Specialist interrupts your monologue or asks a question.

Instructions to the Applicant (Specialist):

You are meeting this Mom for the first time without the caseworker being along. An investigation has occurred regarding a severe bruise on Tim's arm (a 10 year old boy). Your job is to engage Mom in working on some of the issues, figure out what is going on in the family, and have her feel like you are on her side in this process. She may not be happy about your involvement although she has consented to an in-home intervention. You know that the Child Welfare investigation has upset and shocked her and that she can't understand what went wrong in her life.

Don't worry about the specifics (names, ages, etc.). Make it up along with any other information you want and "Mom" will go along with you in the role-play.

Role-Play #2

Instructions to the Interviewer:

Read out loud the following description of the family. Have the applicant read the “Instructions to the Applicant”, answer any questions, start the role-play.

Family Facts:

- Single Mom, early 30s, works part-time
- Kids are 9 (boy) and 11 (girl)
- On welfare
- Disorganized and chaotic house with things all over the floor, dirty dishes, no sheets on beds, toilet is plugged and has spilled over on the laundry laying on the bathroom floor
- Referral issues are neglect, poor parenting, kids out of control, stealing in the neighborhood, boy failing for the second year in school, kids poorly dressed and dirty
- School had notified Child Welfare.

Instructions to the Confederate:

You are feeling overwhelmed by many situational stressors. “I am so glad you are here today because...”

- complain about the rent check bouncing because the welfare check was late
- you have asked your boyfriend to leave but he keeps coming around and phoning and taking your money and food.
- The boyfriend has taken your kids to the playground without your permission
- kids behave so badly, they never listen to you
- feeling overwhelmed, kind of depressed, feeling like a rotten parent, scared of social services

You start. Talk fast and somewhat loudly at first (excited, overwhelmed, sad, a bit angry) then calm down and follow the Specialist’s lead.

Instructions to the Applicant:

You have established a comfortable atmosphere with the mother and she is eager to have help from you. Your task in this visit is to help Mom prioritize goals and sort out which difficulties and problems need to be addressed immediately to facilitate change and relieve stressors.

Role-play #3:

Instructions to the Interviewer:

The following role-play asks the applicant to implement a teaching agenda with the parent. During the interaction, focus on clarity of instructions, helpfulness to Mom, behavioral specificity, general praise and enthusiasm throughout, willingness to help Mom follow through with the kids.

Give the applicant and Confederate the instructions for this scene. When offering constructive criticism and asking for re-practice at the end of the role-play, try to get the applicant to do as much of the teaching interaction as possible without overwhelming the applicant. (A teaching interaction consists of a positive statement, skill label, description of the inappropriate behavior, description of the appropriate alternative behavior, rationale for the appropriate behavior, request for acknowledgement, practice of the appropriate behavior, constructive feedback (and re-practice if necessary), and general praise).

Instructions to the Confederate:

Listen to the Specialist. Ask questions now and then for clarification and try very hard to only do what the Specialist asks of you.

Instructions to the Applicant:

You have spent quite a bit of time discussing and prioritizing the family goals. You and Mom both agree that getting the kids to behave is very important and desirable. Your task is to explain the concept of “teaching children listening skills” to Mom and have her understand her role when “teaching.” You must then get Mom to engage in this behavior by modeling the skill yourself and then coaching Mom through it. (When modeling it is important to have the child look at you and do the task. Praise throughout is also a helpful motivator. Teach the child to follow an instruction such as “pick up the toys and put them away.” The Interviewer will play the role of the child when you get to that part.)

You start the interaction with “Mom” by reminding her of the topic of today’s visit. Again, make up any specifics that you need and “Mom” will go along with it.