

Interview

A rapport building approach to the interview is recommended.

Parent/Guardian

Parent/Foster Parent/Legal Guardian Name:

Custodial Parent: ☐ Yes ☐ No

Phone:

Email:

Interviewer(s) Name and Title:

Location, Date and Time:

1. The goal of this problem-solving process is to accurately understand your child's upset, grievance, and/or thinking so that we can work toward a solution that supports/helps your child and keeps everyone safe. As the parent, your perspective is important. What information do you think is important for us to know as we try to accurately understand the situation?

2. Describe any concerns or worries that you or others have had about your child.

3. Does your child have a known or suspected disability? (Note: Having disability or an IEP does not preclude individual from participating in the threat assessment process).

4. When you have had concerns about your child's behavior how do you address those concerns? How does your child respond when corrected, redirected, provided limits, assigned negative consequences, or given negative feedback? Does your child accept personal responsibility for their actions?

5. Describe your family structure (who lives in your home, are there any custody arrangements, other relationships)?

6. Are there any important events that have affected your family/child? (Death in the family, legal issues, family changes etc.) When did these events occur?

7. Has your child experienced any traumatic or violent events (abuse, neglect, witness to violent event, victim, perpetrator)? If yes, please explain.

8. Are you aware of any recent events that your child may have been upset/angry about (trigger or precipitating events)?

9. Have you ever heard your child talking about topics involving violence, hate groups, weapons, or other unusual interests?

10. Have you been concerned about their violent or aggressive behavior (ex. harm to animal, punching walls, damaging property, fights)? If so, please explain.

11. Has your child's behavior made you or someone else afraid or worried? If so, please explain.

12. If your child were angry at someone, do you believe they would be capable of reacting violently? If so, please explain.

13. Has your child reported being bullied/harassed/teased/rejected? If so, by whom? Have they reported having a hard time with anyone? Has there been concerns that your child may have bullied others?

14. If your child is upset/worried/angry, who do they share their feelings with? How do they typically solve their problems?

15. Who does your child confide in or trust to share information with?

16. Who does your child spend free time with? What do they enjoy doing? What hobbies/interests does your child have? Do they play video games? Watch movies? What types?

17. Do you know anyone that would help your child carry out a plan to harm others?

18. Has your child been exposed to drug or alcohol use? Has your child or their friends ever used alcohol or drugs (illegal or prescription) to get high? If so, what have they used and how frequently?

19. I'd like to know more about your child's mental and physical health.

- Do they have any diagnoses or conditions?
- Are they prescribed medication? What are they prescribed? Are they taking it?
- Do they attend therapy or receive psychological interventions? Have they in the past? (If yes, ask parent if they would be willing to sign a release of information for school and professional to speak).

20. Is your child receiving any wraparound services or other community support services? If so, what do they receive? When did the services begin/end? (If yes, ask parent if they would be willing to sign a release of information for school and professional to speak).

21. Has anyone ever been concerned that your child may be thinking about or planning suicide? Are you aware if they have ever been suicidal, or do you know if they have ever caused injury to themselves? If so, please describe.

22. Has your child ever been to court as a result of their behavior? Have they done things that could have gotten them arrested? If so, please describe the situation and outcome.

23. Do you have access to your child's bedroom? Technology? Phone? Social media accounts? Does your child have a space that you are not allowed/able to go?

24. Have you ever found anything concerning in their room/on phone/computer/private spaces?

25. If your child does not allow you to enter their personal space, would you be willing to allow law enforcement to search your child's bedroom/personal space for weapons or other materials that might shed light on their current state of mind?

26. Do you monitor your child's social media accounts and internet browsing activity? Will you show them to us?

27. Do you know if your child has access to what they would need to harm someone else?

- Do they have access to guns or other weapons in your home? Friends or relatives' home?
- Does your child have experience using weapons?
- Do they practice/train using weapons?

- Does your child show interest in chemicals, explosives, incendiaries, or fire?

28. Has your child's behavior/mood changed recently (positive/negative)?

29. What factors would increase or decrease the likelihood that they would harm someone?

30. Is there anything else we should know about this situation or your child that will help us accurately understand what happened and help us problem solve and make a plan to keep everyone safe?

31. Thank you for participating in this interview and sharing your perspective. Based on our conversation, what do you think you can do to assist your child?