

Interviewing Children on the Spectrum

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by the presence of social and communication difficulties, restricted/repetitive behaviors and/or stereotyped interests, and hyper-reactivity to stimuli such as sound, light, and touch. Children with ASD may have: ^{1, 2, 3, 4, 10}

- Multiple diagnoses (i.e., many children have a higher rate of hearing impairment and some form of intellectual disability).
- Unique differences in verbal and non-verbal language ability, social understanding and interaction, and general intellectual functioning.



Challenge in Memory Recollection and Impairments ^{1, 4, 5, 6, 12}

- Autobiographical memory (facts related to self), as well as memories for personally-experienced events, may be impaired.
- Impairment in memory for people, faces, and names can be evident.
- Perseveration (having sizeable amounts of facts related to a singular topic of interest) may dominate conversations.
- Complexity of daily interactions may be challenging, and children may encode only part of what they experience.
- Follow-up interviews may be necessary to assist with memory recall and the provision of forensically-relevant information.

Communication Difficulties: Speaking, Understanding, and Using Language^{2, 4, 7, 9, 11}

- May exhibit echolalia (the repeating of words or phrases spoken by another person.) Echolalia can occur immediately or be delayed until long after the interaction in which the words were spoken.
- May occur because children do not know the answer to a question, may not understand what is being said or asked, or may be stressed and not know how to respond using more appropriate speech.
- May exhibit perseveration, regardless of others' interest.
- May give an inordinate amount of details in response to most questions and be unable to discern what is important within a forensic context (for those children with adequate language skills).
- May be unable to complete answers if they are interrupted.
- May have limited to no verbally expressive language.

Preparation Before the Forensic Interview^{4, 7, 11}

Effective interviewing of children with ASD requires some preliminary data from caretakers, other professionals who have had contact with the child, or from records. This information will assist in identifying the unique characteristics, competencies, and limitations of the child, as well as any accommodations needed to capitalize on the child's abilities.

- What is the child's primary disability?
- Does the child have any accompanying disabilities?
- Does this child have difficulty with:
 - Speaking, understanding, and using language? If so, what is the most effective method of communication?
 - Sign language
 - Language board
 - Computer assisted devices

- Thinking and reasoning?
- Socializing, feeling, and behaving?
- Hearing, seeing, moving, or staying healthy?
- In what specific way does the disability impact the child's current functioning?
- Does the child have behavioral challenges?
 - Verbal perseverations
 - Compulsiveness
 - Self-abusiveness
 - Person assaultiveness
 - Pica (i.e., eating foreign substances compulsively)
- What strengths does the child have?
- Is the child highly distractible?
- What else is necessary to know about the child and the disability?
 - Are there medical or educational records available for review?
 - Who might be available for a general consultation on this disability?
 - How can the setting and questions be structured for a successful interview?

Steps to Take During the Forensic Interview^{3, 4, 7, 8, 11}

- Provide a developmentally neutral interview, emphasizing the following:
 - Scheduling to maximize cooperation
 - Minimizing distractions
 - Gathering information about strengths and difficulties during rapport building
 - Keeping child on topic
 - Ignoring irrelevant behavior, if possible
 - Emphasizing open-ended questions and minimizing closed-ended detail, multiple-choice, and yes/no questions.
- Establish positive rapport (just as with any other child) to give child adequate time to become comfortable with unfamiliar people, wording, lighting, and/or places.

- Use questions that rely on narrative responses to elicit more information. Start with open-ended questions and then funnel to more closed-ended questions, as needed.
- Use cues referencing the topic under discussion to assist in overcoming difficulties associated with open-ended questions. (e.g., “You said your dad took you to the garage. Tell me more about your dad taking you to the garage.”)
- Restrict the number of option-posing questions (yes/no and multiple-choice). The more unfamiliar the vocabulary or the more complex the question, the more likely echolalia (child repeating words from the question) will occur instead of a correct response. If an option-posing question is asked, do not repeat the question due to the probability the child may change his/her initial response.
- Allow longer pauses in the interview to permit for processing and answer formulation. Be comfortable with longer response time between questions and answers.
- Write the questions being posed to child for reference. In cases where a child has a longer response time, the interviewer may ask another question before the prior question is answered. When the child responds, the interviewer may not know which question is being answered. If a response appears incongruent to the last question, the interviewer can reference notes to determine which question the child is answering.
- Redirect perseveration by stating “Remember, today we are talking about [...]” or reframe the question.

Summary

This fact sheet is intended as a brief overview for conducting forensic interviews of children diagnosed with ASD. No single method will work for all children and several approaches may be required.

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