

Deliberate Information Gathering

Introduction

Deliberate Information Gathering (DIG) wraps up our series on information collection that supports safety intervention decision making. DIG is an information collection idea and framework that Todd Holder, MSW, came up with a few years back. It's a practical, straightforward way of thinking about and using interpersonal techniques and skills which can enhance your involvement and interaction with caregivers. And...using the DIG approach can result in more and better information for making better safety decisions.

The acronym DIG is obviously not accidental. Be deliberate in what you do. Think about it. Communicate and behave during an interview in a highly purposeful way. Forever it has been commonly accepted in social work interviewing and the counseling professions that conscious use of yourself when seeking to understand a client is crucial to success. Yes. Seek to understand the caregiver, his point of view, his story, his experience. That means dig deeper for the information you need in order to understand the person, the situation and how these help explain both threats to child safety and caregiver protective capacities. Here's a funny twist though. The DIG idea is for you to be very deliberate in gathering information and seeking to understand while you behave very naturally. In other words, how you conduct yourself during information collection should feel to the caregiver like a regular conversation. Your interest, curiosity and concern should come through and be experienced by the caregiver.

Core Techniques for Deliberate Information Gathering

[Sources: Ivey, A. (1994), Holder, W. (1997), Miller and Rollnick, (1991), Holder, T. (2000)]

DIG identifies several important interpersonal techniques which facilitate information gathering. Mastering these as part of the natural way you converse with a caregiver will radically alter your effectiveness. And, you know what else?

It will greatly increase both your confidence as you approach and conduct interviews, and it will add to your personal satisfaction that can come from positive, productive interaction with caregivers.

- *Attending Behavior*

Attending behavior refers to focusing your attention on the caregiver rather than your agenda or your line of questioning. Attending behavior involves “matching” a caregiver’s nonverbal behavior by consciously manipulating and controlling your own non-verbal skills and responses. Primary attending behaviors include: eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities—tone and pace.

- *Open Questions*

Typically you want to attempt to begin each new line of questioning and/or transition in topic with an open-ended question. Open questions help to remove you from responsibility for “carrying” the interview by establishing a conversational quality to the interaction. Open questions are questions that cannot be answered “yes” or “no” or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the “what” and “how” kind of questions.

- *Closed Questions*

Closed questions should be used to restrict or narrow the focus of a caregiver’s response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when you are interviewing a caregiver who is very concrete or is not very verbal.

- *Paraphrasing*

The primary intent of paraphrasing, as used during a CPS investigation/assessment, is to facilitate the clarification of statements, issues and concerns. Paraphrasing may involve you selecting and using a caregiver's own key words. This enables you to better judge whether what you heard from a caregiver was in fact accurate. Beyond your reuse of a caregiver's key words, it is important to note that paraphrasing is not simply stating back a caregiver's comments verbatim. Paraphrasing involves you formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in your own words. When using this technique, you want to make sure that you always check out the accuracy of your statement by concluding the paraphrase with a simple question such as, "Is that correct?" "Does that sound accurate?"

- *Encouraging*

This technique serves to keep people talking about a particular topic, issue or concern. Encouraging may be as simple as using a slight verbal prompt, such as "uh-huh," "I see," "go on," "then what?" Encouraging may also involve using precisely chosen key words or key phrases stated by the caregiver in order to get a caregiver to elaborate further (i.e., "Angry?" "Not the first time?" "Always happens?" "You screwed up?")

- *Conversational Looping*

Conversational looping is a skill for gathering information that first involves you identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem solving, dealing with stress, etc.). Once you have identified a topic of discussion, you begin the conversation with a broad, non-threatening open question. As the conversation progresses related to an identified topic, you continue with a line of questioning (primarily open-

ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key to effective conversational looping is the ability of the interviewer to maintain a caregiver's focus on a particularly topic which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern or topic of inquiry. This may be confusing, so let's consider a series of, say, five simple related "loops" that might be explored concerned with the topic – parenting approach:

1. "So, how would you describe yourself as a parent?"
2. "Where do you figure the way you go about parenting came from?"
3. "What brings you the most satisfaction as a parent?"
4. "I bet you experience some challenges as a parent, huh?"
5. "How does what you're saying relate to your feelings about being a single parent for Billy?"

The content areas that are explored through conversational looping (or, for that matter, any technique) are the six assessment categories identified in previous articles. These include:

- The extent of maltreatment?
- Circumstances surrounding maltreatment?
- Child functioning?
- Parenting in general?
- Disciplinary practices?
- Adult functioning?

- *Reflective Listening Statements*

Reflective listening statements involves your attempts to interpret what a caregiver believes, thinks, feels, and then state your interpretation back to the caregiver. Your interpretation of what the caregiver is communicating is based on both verbal responses and non-verbal cues from the caregiver. As a technique and mental process, reflective listening statements begin with: (a) you listen (intently) to what is being communicated by the caregiver; (b) you process—think about—consider the information; (c) you speculate as to the meaning of what the caregiver is saying and then (d) you “reflect” what you believe the meaning to be back to the caregiver in the form of a statement. A statement is used rather than a question because a statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of their perceptions and thoughts. You can accomplish this technique by keeping things simple: Interpret meaning and respond with a statement that has only a minor shift in emphasis. Here’s an example:

Parent: *“I may have a couple of beers every once in a while with my friends, but I sure as hell don’t have a drinking problem.”*

You: *“Drinking is no big deal...it’s just something you do socially with your friends.”*

Rules for Deliberate Information Gathering

<i>Rule Number 1</i>	<i>Rationale</i>	<i>Technique</i>
Keep it conversational.	The more you bombard a person with questions, the more the interview feels like an interrogation, and the less likely you will be to get spontaneous and unsolicited information.	Core Techniques for DIG The use of these 7 techniques will enable you to elicit significant facts and feelings relevant to the issues and areas of concern.

<i>Rule Number 2</i>	<i>Rationale</i>	<i>Technique</i>
Be comprehensive in your understanding and yet thorough and focused on detail.	An effective communicator tends to think abstractly. There should not be an assumption that what is being communicated by a caregiver means the same thing to them as it does to us. It is important to move a conversation from general to specific. Check out meaning, and, if necessary, be precise in your understanding.	<ul style="list-style-type: none"> • Attending Behavior • Open Questions

<i>Rule Number 3</i>	<i>Rationale</i>	<i>Technique</i>
Listen.	The more we listen, the more we learn. Attempt to make at least 51% of your interpersonal communication listening.	<ul style="list-style-type: none"> • Closed Questions • Paraphrasing

<i>Rule Number 4</i>	<i>Rationale</i>	<i>Technique</i>
Get the caregiver invested in the interview.	A person who feels that she is actively involved in the interpersonal exchange will be more inclined to discuss personal individual and family issues.	<ul style="list-style-type: none"> • Encouraging

<i>Rule Number 5</i>	<i>Rationale</i>	<i>Technique</i>
Remain neutral and objective.	Avoid arguing or confronting a person regarding issues, positions, behaviors, etc. that you do not agree with. Objective evaluations of children and caregivers does not require that you get invested in taking a position positive or negative with what is being communicated.	<ul style="list-style-type: none"> • Conversational Looping • Reflective Listening

<i>Rule Number 6</i>	<i>Rationale</i>	<i>Technique</i>
Avoid identifying solutions.	Often it is easy and a pitfall in information collection to provide solutions to problems, to attempt to provide answers. Identifying solutions prematurely may close down the caregiver by putting you in the role of speaker and expert. This will reduce conversation and ultimately make it more difficult to gather adequate information.	Core Techniques for DIG The use of these 7 techniques stimulates the caregiver to keep talking. The techniques used correctly keep you as the receiver of information, keep you as the listener. Assertiveness applies only to the purposeful expression of the techniques, not to asserting your self, your opinions, your ideas or your answers.

Summary

Those who master these techniques and rules—as simple as they seem—will see a huge difference in how caregivers respond and the quality and amount of information that caregivers disclose.