Allegheny County Juvenile Firesetter Screening Form

# Guidelines for Conducting Screening Interviews

* Introduce yourself.
* Develop rapport with the Juvenile and his/her parents.
* Explain the purpose for the interview: to gather information about the juvenile and family, the current fire, and the juvenile’s firesetting history.
* Interview the parent separate from the child/juvenile.
* Do not ask the same question twice; the child/parent may shut down.
* Conduct the Home Fire Safety Inspection with the parent & child.
	+ Make safety recommendations.
* Select a Primary Recommendation
* For Juvenile Court Cases, Screening Tool to be Reviewed by Ange Wyman (SSU Supervisor) for Final Decision
	+ **E-mail:** awyman@alleghenycourts.us  **(preferred contact)**
	+ **Fax:** (412) 412-321-0181
* For questions about the SAFETY Program contact Program Manager, Eunice Torres:
	+ **E-mail:** Torreb@upmc.edu
	+ **Office Phone:** (412) 246-5286
	+ **Cell Phone:** (412) 439-4077

**If you prefer to provide the information over the phone, please contact SAFETY Program Manager Eunice Torres at 412-246-5286 or cell (412) 439-4077.**

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| Interviewer(s): |  | Date: |  | / |  | / |  |

# Juvenile Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |  |  |  |  |  |
| DOB: |  | / |  | / |  |  |  |  | Age: |  |
| Address: |  |  |  |  |  |  |  |  |  |  |
| City: |  |  |  |  |  |  | State: |  | ZIP: |  |
| Phone: |  |  |  |  |  |  | [ ]  Home | [ ]  Cell |
| School: |  |  |  |  |  |  |  |  | Grade: |  |

**Does the juvenile receive Special Education Services?** [ ]  Yes [ ]  No

# Parent/Guardian Information

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| Name: |  |  |  |  |  |  |  |  |  |  |
| DOB: |  | / |  | / |  |  |  |  | Age: |  |
| Relationship to Juvenile: |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |  |  |  |  |
| City: |  |  |  |  |  |  | State: |  | ZIP: |  |
| Home Phone: |  |  |  |  |  |  |  |  |  |
| Cell Phone: |  |  |  |  |  |  |  |  |  |
| Work Phone: |  |  |  |  |  |  |  |  |  |

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| Name: |  |  |  |  |  |  |  |  |  |  |
| DOB: |  | / |  | / |  |  |  |  | Age: |  |
| Relationship to Juvenile: |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |  |  |  |  |
| City: |  |  |  |  |  |  | State: |  | ZIP: |  |
| Home Phone: |  |  |  |  |  |  |  |  |  |
| Cell Phone: |  |  |  |  |  |  |  |  |  |
| Work Phone: |  |  |  |  |  |  |  |  |  |

# Family Information

**Does the juvenile live with both biological parents?** [ ]  Yes [ ]  No

***If no,*** please explain.

***Ex.*** *Living with a biological parent and step parent, single parent home, guardian, foster family, etc.*

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**Is your child adopted?** [ ]  Yes [ ]  No

**Does your child have any siblings?** [ ]  Yes [ ]  No

***If yes,*** please provide some information about his/her siblings:

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| --- | --- | --- |
| Name | Age | Gender |
|  |  | [ ]  Male [ ]  Female [ ]  \_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Male [ ]  Female [ ]  \_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Male [ ]  Female [ ]  \_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Male [ ]  Female [ ]  \_\_\_\_\_\_\_\_\_\_ |

# Fire Incident that Initiated this screening

## Caregiver/Parent Questions

**Describe the most current fire incident.**

***Ex.*** *What was the date of the fire? What was set on fire? What item was ignited first? Where did the fire start? What type of ignition was used (matches, lighter), where did he/she get the ignition source?* What was the child’s/juvenile’s response to the fire? (ex. Behaviors, statements) How did you respond to the fire?

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**Did the Fire Department respond?** [ ]  Yes [ ]  No

**If Yes,** what Department?

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**Was anyone injured?** [ ]  Yes [ ]  No

**If Yes,** who was injured? Check any that apply and write any others below.

[ ]  Mother [ ]  Father [ ]  Sister [ ]  Brother [ ]  Cousin [ ]  Friend [ ]  Self [ ]  Pet [ ]  Fire/Rescue Personnel

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## History of Firesetting Behaviors (***before the current fire)***

**Was this the first or only known fire?** [ ]  Yes [ ]  No

**If Yes,** please skip to page 6

**If No,** please outline the other incidents on this and the next 2 pages.

**How old was the child for the first fire incident? What was burned? Where? Ignition source? Was the child alone? Who discovered the firesetting? How did the child respond? How did you respond to the firesetting?**

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**What kind of steps do you take to keep your family safe in the home? After the fire, what steps have you taken to keep your family safe?**

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## Psychiatric History

**Has your child ever been in counseling?** [ ]  Yes [ ]  No **Has your child ever been referred for counseling?** [ ]  Yes [ ]  No

**If Yes,** what was the reason for the counseling? Is he/she currently receiving Mental Health Treatment?

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**Has your child been diagnosed with psychiatric disorder?**

***Ex.*** *ADHD, Depression, Anxiety Disorder, Conduct Disorder, Oppositional Defiant Disorder, PTSD*

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**Does your child take medication?** [ ]  Yes [ ]  No

**If Yes,** does your child take his/her medication regularly and consistently? [ ]  Yes [ ]  No

## History of Services

**Are any of the following agencies currently involved with your child and or family within the last year?**

[ ]  Children, Youth, and Families [ ]  Juvenile Court

**If Any,** Why? Please describe

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| CYF Case Worker: |  | Phone: |  |
| Probation Officer: |  | Phone: |  |

## **Questions for the Juvenile (With Caregivers Present**

### School Information

**What school do you go to?**

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**What grade are you in? What grades do you have?**

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## Information About Current Fire

**Tell me about the fire that was set. When was the fire? What was burned? Where did the fire start? What did you use to start the fire? Where did you get the ignition source? Did you tell anybody about the fire? What was your plan in setting the fire? What did you want to see happening? How do you feel now about the fire?**

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### **Juvenile Prior Firesetting History**

**Tell me about the fires that you have started before this one. What burned? Where? Were you alone? Who discovered the fire? How did you respond? What consequences were there?**

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# Home Safety Checklist

***Request to Conduct a Home Safety Inspection.***

[ ]  Report based on observation [ ]  Report based on caregiver report [ ]  Report based on child report

**Are there working smoke detectors?** [ ]  Yes [ ]  No

**If Yes,** where are they located?

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**Are there fire extinguishers in the dwelling?** [ ]  Yes [ ]  No

**If Yes,** where are they located?

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**Is there a sprinkler system in the dwelling?** [ ]  Yes [ ]  No

**Does the family have a home escape plan?** [ ]  Yes [ ]  No

**If Yes,** please explain it.

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**Where is the meeting place?**

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**Is there someone who smokes in the dwelling?** [ ]  Yes [ ]  No

**If Yes,** who?

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**Are ignition materials accessible?** [ ]  Yes [ ]  No

**Are there rules about matches and lighters?** [ ]  Yes [ ]  No

**Are there visible fire hazards?** [ ]  Yes [ ]  No

**Are there blocked or obstructed exits?** [ ]  Yes [ ]  No

***Provide the parent/guardian with recommendations to make their home safe. Include precautions that can be taken to limit access to ignition device.***

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| **Completed by Evaluator:** |  |

# Conclusions and Recommendations

## Other Information

**Please include any additional observations, comments, or concerns about this case here:**

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## Recommendation

**Below are some guidelines to use AFTER interviewer completes this screening form. Based on all the information presented so far, what services would you recommend? Check the PRIMARY and 1 or more Secondary recommendations**

* **CYF Referral: SAFETY Program for an assessment with Treatment Recommendations.**
	+ Case active with CYF
	+ Case NOT active with CYF
	+ Case is court active
* **Evaluation at WPH DEC (302)**. **PRIMARY** – Mental Health concerns about risk for threats to self or injury to others\*\*, or severe psychiatric dysfunction (unstable, impaired)
	+ Child/Adolescent is at imminent risk for self-injury.
	+ Child/Adolescent is at imminent risk for injury to others.
	+ Child/Adolescent has an acute and serious deterioration from his baseline ability, based on his report or caregivers’ report during this interview, to fulfill age appropriate responsibility and management of daily living activities.
	+ Child/Adolescent has experienced a recent stressor or trauma and has engaged in fire-setting to cope with or express their emotions.
	+ **The fire was set with the intent of hurting him/herself.**\*\*
	+ **The fire was set with the intent of hurting others.\*\***
* **Shuman Detention Center-** **PRIMARY** – Kid is a threat to community, currently on probation, or has pending charges. Kid is dangerous (risk) to community. ***Child’s admission to Detention is dependent on Offense grading, child’s status with Juvenile Probation, and in accordance with the Juvenile Act.***
	+ Child/Adolescent is a threat to public safety if he remains in the home and community.
	+ Child/Adolescent is currently on probation and the new charges for the fire incident are a violation of his/her probation.
	+ Child/Adolescent has pending charges for a prior fire or for another offense.
	+ There are no Mental Health Issues and the child/Adolescent is not at imminent risk for self-injury or for injury to others and the family doesn’t want to keep him/her in the house.
	+ The child/Adolescent has no Mental Health Issues but because of the fire incident the child/Adolescent is at risk for a volatile and escalating situation at home that is likely to result in physical harm to him/her or another person in the home.
* **SAFETY Program + Formal Charges in Juvenile Court. PRIMARY**: Mental health needs but there is also public safety threat with need for supervision, can be supervised while staying in community.
	+ Child/Adolescent can benefit from Mental Health Treatment.
	+ Child is a threat to public safety and needs the supervision from the court and a Probation Officer.
	+ Child/Adolescent is currently on probation and the new charges for the fire incident are a violation of his/her probation.
	+ Child/Adolescent has pending charges for a prior fire or for another offense.
	+ The child/Adolescent has no Mental Health Issues but because of the fire incident the child/Adolescent is at risk for a volatile and escalating situation at home that is likely to result in physical harm to him/her or another person in the home.
* **SAFETY Program + Diversion Program.** If **PRIMARY** is **NOT** one of the above 3, then this option can ***be discussed*** with Ange Wyman, Special Services Unit Supervisor **(412) 321-0365 OR**  **412-523-9455 after hours**
	+ Child/Adolescent is a young, nonviolent offender and has no other history of criminal behaviors (first time offender) except for this fire incident.
	+ Family and youth understand that a youth considered for diversion will be held accountable to the victims of their alleged misconduct. Full restitution should be achieved, whenever possible, and victims should have input into the content of any written agreement or diversion decision. ***Restitution cannot be ordered on Extended Service Contracts***
	+ Child/adolescent can benefit from Mental Health Treatment.
	+ Family is supportive of treatment.
	+ Family is supportive of the systematic program/contract monitoring that must be in place to ensure compliance during Diversion.
	+ Child/adolescent can be held responsible for his/her actions and community safety is not compromised.
	+ Child/Adolescent can benefit from a Diversion Program designed to decrease the likelihood of future arrests and formal referrals to juvenile court.

**If Other,** please explain.

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