2008

National Association of Certified
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The 2008 Practice Job Analysis for Child Forensic Interviewers

Between 1996 and 2009, over 25 cases were heard in US District Courts and the US Supreme Court concerning the content validity of competency examinations and their impact on employability. In every one of these cases, the practice job analysis was upheld as the essential element needed to establish content validity.

Chapter 10 of the 2004 National Commission for Certifying Agencies (NCCA): *Standards for the Accreditation of Certification Programs* asserts that the certification program must analyze, define, and publish performance domains and tasks related to the purpose of the credential, knowledge and skills associated with the performance domains and tasks, and then use them to develop specifications for the assessment instrument.

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The Executive Summary

Child maltreatment is both a public safety concern and, in many cases, a criminal matter. Effectively questioning a child suspected of being maltreated is perhaps the most challenging and critical task facing the first responder. Safety planning, risk assessment and collecting physical and testimonial evidence are only a few of the critical tasks associated with an effective first response. For this reason, it is critical that all first responders and all child protection services professionals be properly trained and credentialed in the basic core knowledge competencies, tasks and functions associated with effective child forensic interviewing. Properly trained and credentialed professionals provide child victims and the public reasonable assurances of credibility, objectivity, and unbiased professionalism. The data from this Practice Job analysis is the first step in the development of a credible legally defensible credentialing and training program for child forensic interviewers.

Introduction

This report outlines the preliminary findings of a practice job analysis for child forensic interviewers. This study is conducted by the National Association of Certified Child Forensic Interviewers (NACCFI). The purpose for conducting these studies is the preliminary identification and validation of the foundational core knowledge competencies associated with effective practice in the field of child forensic interviewing. The initial findings from this practice job analysis will be used for the construct of the certification competency examination blueprint, and the training competency examination blueprint. The findings of the 2008 practice job analysis are the primary focus of this report. This study covers a time frame of four years beginning in May 2007, with the appointment of the Practice Analysis Task Force (PATF) Coordinator and ending in June 2009 with the publishing of this report on our webpage.

The Purpose of Credentialing

The primary purpose for all credentialing programs is public safety. According to the *Standards for Educational and Psychological Testing,* the primary purpose of credentialing is to identify candidates who possess the knowledge competencies and moral character believed necessary for safe and effective practice within a profession. It further states; competency examinations used in credentialing are intended to provide the public, including employers and government agencies, with a dependable mechanism for identifying practitioners who have met standards. According to the US Department of Labor, there are several criteria that characterize a profession. One criterion is that the profession must have a credentialing body.

What is a Practice Job Analysis?

The completion of well constructed practice job analysis is the first step in a series of recommended best practices for any organization, profession or discipline seeking to establish an accredited voluntary or statutory credentialing program. The outcome product of a practice job analysis is a detailed list of observable tasks, functions and core knowledge competencies believed necessary for safe and effective practice within a given profession. The content validity and reliability of the competency examinations used for credentialing certification applicants is directly linked to the successful completion of the practice job analysis. For accreditation purposes, newly formed credentialing programs are required to verify and validate their findings by conducting a new practice job analysis every three years for the first 10 years of their existence.

Credentialing Standards of Excellence

The National Commission for Certifying Agencies (NCCA) is the organization responsible for promoting and enforcing regulatory standards for voluntary and statutory credentialing programs. The NCCA was established in 1977 in cooperation with the federal government. The NCCA publishes standards of excellence for any credentialing program seeking NCCA accreditation. The NCCA standards require that credentialing programs seeking accreditation develop their competency examinations in accordance with the universally accepted *Standards for Educational and Psychological Testing,* developed jointly by the: American Education Research Association (AERA), the American Psychological Association (APA) and the National Council on Measurements in Education (NCME). The NACCFI credentialing standards and its competency examinations were developed in compliance with these nationally accepted accreditation standards of excellence. According to the NCCA standards, NACCFI must successfully examine a minimum of 500 applicants before it is eligible to apply for accreditation.

Key Tasks in the Completion of an Evidenced Based Credentialing Program

1. Conduct a comprehensive review of the current and historical literature that underpins the profession and develop a preliminary listing of the foundational core tasks, functions and knowledge competencies associated with the practice.

2. Convene a task force of professional members to review the initial findings and conduct a role delineation study based on the findings of the literature review, as well as their practice experience and knowledge of the profession.

3. Use the role delineation data to conduct a validation survey with a representative population of practitioners and identify areas of consensus between the theoretical and historical literatures and the actual practices of practitioners in the field.

4. Convene a second independent task force of experienced practitioners to link the Knowledge, Skills, and Abilities (KSA) with the tasks and functions identified as critical to effective and safe practice in the field.

5. Provide professional training to this task force on how to use the empirical data from the validation study to construct a table of specifications and blueprint for the competency examinations needed to measure the knowledge competencies of the credentialing applicants.

6. Provide training to this task force on how to construct psychometrically sound and evidenced-informed examination items using the empirical data from the validation study as the blueprint for the construct of the examinations content categories and forms.

7. Construct and deliver the competency examination and conduct an item and distracter analysis field test to ensure that the exam form and the items are psychometrically sound and accurately measuring the competencies it was designed to measure.

8. Publish the initial findings in a full report and continue to re-evaluate all the processes in preparation for the next validation study and conduct a new practice job analysis study every three years to assure that any new and relevant best practices are included in the assessment instruments. Continue to develop and analyze new items for the item bank.

The 2007 Practice Analysis Task Force (PATF)

On June 16, 2007, a Practice Analysis Task Force (PATF) of thirty-two multidisciplinary child protection professionals was appointed. Once the initial baseline competencies are identified from the literature, the next step is to appoint a small task force of qualified professionals with practice experience and knowledge of the profession to conduct a role delineation study. A role delineation study seeks to find consensus amongst the task force members on the foundational core competencies, tasks, roles, and functions that underpin the practice, as reported in the literature. The product of this role delineation study is a listing of performance tasks believed necessary in the effective performance of the practice and the Knowledge, Skills, and Abilities, (KSA's) needed to effectively perform those tasks. The consensus data from this role delineation study is then subjected to analysis by actual practitioners in during a validation survey. The PATF is also tasked to provide guidance on the construction of a survey instrument that will be used to conduct a validation survey.

Credentialing Best Practices

The recommended best practice for new credentialing programs is to identify one individual to assume the role of task force coordinator. The task force coordinator then convenes the rest of the members and assures that each member has practice knowledge and/or experience of the profession being analyzed. The PATF for the 2008 study was appointed from a list of multi-disciplinary child protection professionals who responded to an open call for nominations. The PATF was tasked to review the initial knowledge competencies believed in the literature and develop a more comprehensive listing of the KSA's believed necessary for effective practice. After five months of deliberations and 22 revisions, the PATF was able to reach consensus on three primary content categories, 10 subcategories and 67 individual task statements. The PATF also reviewed the eight competency content categories and identified an initial list of 63 KSA's believed necessary in the performance of the practice of child forensic interviewing. (Table II) is a listing of the initial content task categories developed by the PATF. To view the listing of the 2008 PATF members see (Appendix A). To review the initial listings of KSA's see (Appendix B).

The Initial Literature Review

On July 15, 2007, Practice Analysis Task Force (PATF) conducted its preliminary literature review. The first recommended step in the practice job analysis process is a comprehensive review of the theoretical and historical literature. According to the *Standards for Educational and Psychological Testing*, when a study is used to predict a criterion, the decision to conduct local empirical studies of predictor-criterion relationships should be grounded in relevant research (AERA, APA, & NCME, 1999). The literature review for this study covered a period of over 40 years of theoretical and historical research associated with the practice of child maltreatment investigative processes and procedures. The primary median used to conduct the literature review included: internet search engines, current and historical journals, professional papers and books, practice manuals, historical audio, and video training materials. The primary search terms used on the internet included; child maltreatment investigations, child sexual abuse investigations, child abuse and the courts, child abuse investigation best practices, child abuse forensic interviews, history of child abuse investigations in the United States, child abuse evidence collection procedures, child abuse case law, child abuse and law enforcement, child abuse interview structures and protocols, best practices in child forensic interviewing, history of child forensic interviewing, child forensic interviewing and credentialing. The literature review data was used to identify professional consensus on an initial list of eight foundational core knowledge competencies associated with the practice of child forensic interviewing. These eight foundational core competencies will serve as the baseline from which to expand a larger listing of content subcategories and tasks statements associated with the practice. (Table I) is a listing of the eight foundational core knowledge competencies identified in the initial literature review as relevant or associated with the practice, it also includes a link to some of the supporting references where this information can be reviewed.

Table I: The Literature Review Findings
& Supporting References

Knowledge Associated with the Practice of Child Forensic Interviewing	References
Knowledge of the multi disciplinary team approach to investigating child maltreatment allegations.	Click Here
Knowledge of child developmental and human growth theories related to language, speech, articulation, memory, comprehension, recall, and factors influencing suggestibility.	Click Here
Knowledge of the dynamics of child maltreatment, sexual abuse, and exploitation both intra familial and non familial.	Click Here
Knowledge of how social economic, legal status, culture, race, gender, and ethnicity impacts the familial response to allegations of child maltreatment and abuse.	Click Here
Knowledge of the theories and myths on how, when, and why children disclose abuse and associated barriers to disclosure and intervention.	Click Here
Knowledge of law enforcement child maltreatment investigative procedures, rules of evidence collection, documentation, and corroboration.	Click Here
Knowledge of best practices related to the interview milieu, effective use of interview structures, protocols, question typology, interview tools, aids, and related props.	Click Here
Knowledge of court room procedures, local and state specific statutes, and case law related to testifying in court as a lay, material, or expert witness.	Click Here

Table II: Role Delineation Study
Listing of Task Categories

Task Content Category	Item Position	Items #
Pre-Interview Multidisciplinary Assessments 1. Case Assessment: 1-4 2. Risk Assessment: 5-9 3. Developmental & Cognitive Assessment: 10-18 4. Familial Support Assessment: 19-27	Task Statements: 01-27	27
Direct and Indirect Practice Services 1. Pre-Interview Communications: 28-34 2. Room Preparation & Set up: 35-38 3. Conducting the Forensic Interview: 39-51 4. Indirect Practice Service: 52-57	Task Statements: 28-57	30
Administrative Agency Functions 1. Supervisory Functions: 58-63 2. Ethical Considerations: 64-67	Task Statements: 58-67	10
TOTAL TASK STATEMENTS:		**67**

The Pilot Survey

The role delineation data developed by the PATF represents an evidenced informed inference of the critical tasks associated with the profession as presented in the historical and theoretical literature. To validate professional consensus for these inferences, actual practitioners doing the work of the profession must be surveyed. The validation survey allows the practitioners doing the work of the profession to rate which of the critical tasks identified by the role delineation study are most critical and relevant to actual practice. Prior to conducting the validation survey, a pilot survey using a smaller but representative sample population is needed. The goal of the pilot survey is to assess the effectiveness of the survey instrument prior to conducting the full validation study. For certification purposes the most widely used method of conducting a validation study consists of a Likert-style survey instrument. The instrument used for this survey has three separate critical value scales, each designed to measure how critical the performance of a particular task is to actual practice. Survey responders are asked to rate each task using the three independent scales. The scales are designed to measure *frequency* (how often a task is performed), *importance* (significance of the task to effective practice) and

performance (knowledge of implementing the task to practice the task effectively). To identify the overall critical value for each task, the values for the responses selected are combined to produce a single critical value score. The tasks are then ranked, ordered, and weighed in a hierarchy according to their critical value score. This scale ranking ensures that a higher-ranking task weight is assigned to the tasks that responders identify as more critical to practice. This task ranking and their eventual linkage to the KSA's will help determine which knowledge competencies are included in the examination forms and the number of items or questions assigned to assess those competencies. The competencies that are found more critical to effective practice will have a higher percentage of items assessing those competencies. The validation survey also collects geographical, biographical and practice information of the responders. This information is needed to ensure that the findings are reasonably representative of the profession being analyzed. A small but representative sample of 50 practitioners from diverse geographical and practice settings was selected to take the initial pilot survey. This sample was selected from a listing of practitioners who registered online at the NACCFI homepage to receive credentialing updates and newsletters. The distribution plan was to send a survey link via e-mail to each member and then follow up with phone calls to collect more detailed feedback on the adequacy of the survey instrument. The follow up questions also assess the clarity of the survey instructions and questions as well as the fidelity of the task statements to actual practice. (Table III) is a listing of the three critical scales used in the initial pilot survey.

Table III: The Pilot Survey Critical Value Scales

The Frequency Scale: How often do you perform this task in your role as a child forensic interviewer only?
1= Not Performed 2= Seldom 3= Monthly 4= Weekly 5= Daily
The Importance Scale: How important is the competent performance of this task to effectively practice as a child forensic interviewer?
1= No Importance 2= Low Importance 3= Moderate Importance 4= High Importance 5= Critical Importance
The Performance Expectations Scale: Do you need to know how to perform this task effectively in order to practice as a child forensic interviewer?
0= I don't know 1= No 2= Yes
Text box: Type in your suggestions or comments related to this task statement.

The 2008 Pilot Survey Results

The initial pilot survey was launched on January 12, 2008, and closed on March 5, 2008. Of the 50-practicing child forensic interviewers who agreed to complete the survey, only 23 usable responses were received. The 22 unusable responses were primarily due to 19 responders not completing the survey and three responders who elected to randomly select responses for more than 25% of the survey questions. All 50 responders were contacted by telephone and asked to provide feedback. The overriding response from the field was that the survey was too long, and it became very difficult for the responders to stay on task and complete it. This issue accounted for all the responders who did not complete the survey. The three responders who randomly chose responses reportedly lost focus and simply wanted to complete the survey quickly. This issue was identified by examining the standard deviations of the time used to complete the survey and correlating the randomness of the answer choices. This process confirmed the suspicion for random selection by three of the responders. These random guessers validated this suspicion during their follow up phone calls. This is the same process used to identify random guessers who successfully pass the competency examination. To view the initial pilot survey instrument.

The purpose of the validation survey is to assess the relatedness and fidelity of the content domains and tasks to actual practice. The survey is designed to determine if practicing professionals concur that the task identified by the PATF are pertinent, critical, and related to actual practice. The PATF carefully reviewed all the recommendations made on the comment section of the survey, and the information received from the follow up phone calls with the pilot survey responders. A total of 64 phone calls and 34 e-mails messages were exchanged between PATF members. A major issue of discussion was determining how to best interpret the critical scale values for the pilot survey. The consensus was that the pilot survey sample was not sufficient to determine which tasks to keep and which to discard based on their critical value scores alone. The PATF also decided to give more weight to the values of the *importance* and *performance* scales, over the *frequency* scale. This is primarily because many tasks and functions associated with a forensic interview are performed only if they are chronologically or developmentally appropriate to the child being interviewed. Therefore, how often one performs a task is not as critical as how important the task is perceived to overall practice and whether a practitioner needs to know how to perform the task to practice effectively. Another important consideration was to ensure that the listing of tasks be comprehensive, mutually inclusive, and universally applied to all practitioners regardless of their geographical location or practice settings. The PATF also felt it was very important that the task statements be protocol-neutral and not favor one protocol or interview structure over another. The consensus amongst the PATF was that an effective child forensic interviewer needs to have

knowledge of a wide assortment of interview skills, strategies, structures, protocols, and tools to successfully construct a child- centered forensic interview schema that is aligned with the needs of the child, not the agency. The survey responders also provided very valuable feedback and recommendations for improving the structure of the survey instrument. The feedback included eliminating or combining many overlapping and redundant tasks statements.

Based on the results and findings from the pilot survey, several structural errors and miss-keyed values were also identified in one of the scales. The structure of the survey also did not allow the instrument to automatically calculate the values for the responses. This made it very time consuming to calculate each response by hand. Recommendations were also made by the psychometric consultant to assign a value of 0, instead of 1, to the *not performed* and *no importance scales*. This lowered the highest critical value from 50 to 40. The reasoning was that if a task statement had no importance to practice or performance it should have no impact on the final critical value score. Some of the demographic questions also had values that were not exclusive, and the overall structural outline of the survey instrument had to be reformatted to reduce the length of the survey. Another source of confusion was identified in the *frequency scale*. By asking how often a task is performed and providing values based on frequency in times, it skewed tasks that were critical to practice but were infrequently performed do to the characteristics of the child being interviewed and not the critical value of the task. A total of 32 separate revisions to the original list of task statements were made, post pilot survey. Many of the revisions involved combining tasks that were identified as redundant or overlapping. Other tasks were eliminated because they were identified as not associated with the primary role of the child forensic interviewer. Based on the findings of the pilot survey the three original content categories and six sub-categories were also revised. They were replaced by six individual content task categories and 26 task statements. The overall findings of the pilot survey were that the survey instrument needed a new construction. This issue was remedied by having the psychometric consultant re-design the construct of the survey instrument. Minor changes in wording were also made to the listing of KSA's. (Table IV) is a listing of the revised task categories. To view the listing of the pilot survey task statements ranked and ordered see (Appendix C).

Table IV: Revised Post Pilot Survey Task Categories

Task Content Category	Task Item Position	Task Items #
Pre-Interview Multidisciplinary Team Meeting	Task Statements: 01-04	4
Pre-Interview Preparations	Task Statements: 05-07	3
Conducting the Interview	Task Statements: 08-18	11
Testifying In Court	Task Statements: 19-21	3
Supervision & Peer Review	Task Statement: 22-23	2
Ethical Considerations	Task Statements: 24-26	3
TOTAL TASK STATEMENTS:		**26**

Demographic Data of the Pilot Survey Sample

Even though the number of respondents in a pilot survey is much smaller than the full survey, an analysis of the demographic characteristics is useful. Using federal classifications, the respondents were 30% male and 70% female, of which 64% were Caucasian with African Americans making up the next category at 27%. The respondent group included 1 Hispanic, 1 Native American, and no Asians. The respondents were overwhelmingly urban (86%). The results indicated a reasonable representation of states. When asked how many total years of practice experience, they had as a child forensic interviewer. The modal response was 10-15 years (27%). Fourteen percent of the respondents had less than one year's experience. One half of the response group had experience ranging from 10 to more than 20 years. When asked which of the following best describes the agency you presently work for? Child Protective Services and Child Advocacy Centers account for 46% of the responders' agencies. When asked to identify their primary practice role in their present practice setting. Child Forensic Interviewer or Licensed Treatment Provider is the primary practice role for 73% of the respondents. This was followed by Law Enforcement with 9%. When asked to identify their secondary practice role (only if applicable). All the respondents indicated some secondary practice role with 54% indicating Child Forensic Interviewer and 18% stating Victim Advocate. When asked how many hours per week are spent in your role as a child forensic interviewer? It was here that an error in the scales was found, hence the pilot test. The data available indicated that 41% of respondents spend 1-10 hours a week in the child forensic interviewer role. It is possible that nearly as many spend 31-40 hours a week in that role. When asked in your present

practice setting how often do you perform child forensic interviews? Nearly half the respondents (46%) perform interviews "Weekly (1-3 times per week) while about a third (32%) perform the interviews "Seldom" (a few times a year). While the number of responders to the pilot survey may not be considered statistically significant, the makeup of the respondent group represented a wide range of job experience and background, which provided confidence in the results of the pilot survey.

The Revised Practice Analysis Survey Instrument

The initial pilot survey instrument had a total of 74 pages. The structure of the instrument had three critical scales on a single page for each of the 67 task statements. This process required the responder to view a total of 74 individual pages to complete the survey. The new construct design for the final validation survey instrument contains 14 pages. This was done by listing the task statements by category under each of the three scales. This allowed for multiple task statements to be ranked using one single page. The fourth textbox was also revised. The new text box asked the responders to list any task statements associated with the content category that may have been overlooked in the survey. This ensured that any task statements missed by the PATF would be flagged for inclusion at the next practice job analysis. The critical values of the Frequency and Importance Scales were also changed to reflect a 0 or no value to the *not performed* and *no importance* scales. The wording of the values for the frequency scale was also changed to reflect frequencies that are less specific to actual numbers and more related to critical need. (Table V) is a listing of the revised critical value scales. To see a copy of the revised validation survey instrument.

Table V: Revised Practice Analysis Critical Value Scales

The Frequency Scale: How often do you perform this task in your role as a child forensic interviewer only?
0= Not Performed 1= Seldom Performed 2= Sometimes Performed 3= Often Performed 4= Always Performed
The Importance Scale: How important is the competent performance of this task to effectively practice as a child forensic interviewer?
0= No Importance 1= Low Importance 2= Moderate Importance 3= High Importance 4= Critical Importance
The Performance Expectations Scale: Do you need to know how to perform this task effectively in order to practice as a child forensic interviewer?
0= I don't know 1= No 2= Yes
Text Box: Are there any task statements related to the pre-interview process that we have over looked.?

The 2008 Practice Analysis Sampling Plan

One of the limitations of this study is a common issue for many first-time practice analysis surveys. That is, NACCFI did not have a membership list of practitioners to sample; it had to rely on contacting agencies where child forensic interviewers were known to practice and then solicit their help to distribute the survey to other qualified practitioners in their agency or community. The sample population for the final validation study was identified from a partial mailing list of Child Advocacy Centers (CAC) and county Child Protective Services (CPS) agencies representing every state in the continental USA. The primary distribution method used to reach potential survey participants was the use of e-mails. A total of 1,484 e-mails were sent out to a geographically representative sample of 324 CAC's representing four regions in the continental United States. A total of 800 e-mails were sent to CPS agencies representing every state, and 360 practicing professionals had voluntarily listed their contact information on the NACCFI website. The e-mail request respectfully encouraged the recipients to distribute and forward the survey link to other child protection professionals in their agency and community. A total of 48 e-mails were returned as undeliverable or un-opened, representing 23 CAC's and 25 CPS agencies. It is unknown how many total recipients received or forwarded the e-mails to other responders.

The Survey Response Rate

On November 30, 2008, the final practice analysis survey was closed. The survey response rate was approximately 35%. A total of 458 responders initiated the survey, of these only 305 of the responses were deemed usable. Survey responses were deemed unusable if the respondent had no child forensic practice experience, if there was suspicion of random response selection, evidenced by skewed deviations in the time used to complete the survey, or if the respondent failed to answer all the questions for each task on the survey. Of the 153 unusable responses 128 of the respondents did not complete the entire survey. 5 responders were identified as random guessers and 20 respondents indicated that they had no child forensic interview training or experience. If a responder indicated no practice or training experience in child forensic interviewing, the survey instrument automatically excites them from the survey and their IP address was blocked from attempting to re-start the survey.

Demographic Data of the Practice Analysis Responders

The Demographic data of the survey responders is very important to ensure that the survey sample is representative of the profession, across a variety of practice settings and geographic areas. This process ensures that the survey results are reasonably representative of the profession being analyzed. It is also important to survey actual practitioners to ensure that the results are related to the actual practices of the profession. The demographic questions included: gender, race or ethnic background, geographic setting, state or territory of residence, years of practice experience, agency or practice setting, primary practice role, secondary practice role (and hours spent in actual practice), and how often interviews are conducted. In total, there were 305 usable responses. Most of the survey responders were predominantly female 90 % and Caucasian 87%. The majority were represented by a mid-sized city (32%) followed by a small city or town (28%) and major metropolitan area (21%). All 50 states were represented by the survey responders, with one responder from Canada and two responders who indicated other (listed as OCONUS). The spread of years of experience were from less than 1 year to more than 20 years. The majority listed 1 year but less than 5 years (58%) followed by 5 years but less than 10 years 23%. Most responders listed a Child Advocacy Center (68%) as their practice setting followed by 11% of responders who worked for Child Protective Services and 11 % who worked in law enforcement. Fifty-six percent of the responders identified child forensic interviewing as their primary role followed by 21% who listed the other. Forty-six percent of the responders identified child forensic interviewing as their secondary role, followed by the other 26%. The majority (43%) reported spending 1 to 10 hours a week conducting or in preparation for a child forensic interview followed by 23% who reported 31 to 40 hours. When asked how often they conducted child forensic interviews, 37% indicated weekly 1 to 3 times a week followed by 31%

who indicated daily, once a day or more. To view the tables with the complete demographic response percentages and counts see (Appendix E).

The Final 2008 Practice Analysis Survey Results

The final review of the survey data and the delineation of the critical tasks and knowledge, skills, and abilities (KSA's) associated with the practice was completed on February 17, 2009. Recommendations were to eliminate three of the task statements with the lowest critical values. Task number 23: *review taped interviews during supervision,* was eliminated because it was not a task that was universally practiced and requires no knowledge competencies to conduct. The next task was number 22: *review taped interviews during peer review,* again universally many practice settings do not videotape their interviews. The next task statement eliminated was number 19: *complete a written transcript of the interview.* This task was eliminated because of its low critical value score and the consensus of the PATF that all child forensic interviews need to be videotaped. Careful attention was also given to the definition of terms. The consensus was to keep the task statements brief, simple and eliminate any wording that suggests how the task needs to be performed. The most significant changes made from the original list in the pilot survey ensured that the tasks were mutually inclusive and not overlapping. The group felt that asking the survey responders to add any task statement that they may have missed, highly improved the probability of narrowing down a more precise inclusive and pertinent list of task statements for the next PATF. To view the revised listing of the 26 task statements ranked and ordered post survey see (Appendix D).

Conclusions

For a credentialing program to have legal defensibility, there must be evidence that its competency examinations can withstand judicial scrutiny. Credentialing programs must be able to provide evidence that sound, professionally recommended guidelines were followed throughout the design, development, and maintenance of their examination program. Among the most important elements that courts look for are a well-conducted job analysis. The process of seeking to underpin the critical tasks, functions and knowledge competencies associated with best practices will continue and these findings represent a first step of an ongoing self-analysis for our program and our practice.

Appendix A: 2008 Practice Analysis Task Force (PATF)

1. Diane Bell, LCSW
2. Dr. Cornelia Droge,
3. Dr. Shawnee K. Vickery
4. Elizabeth Nola, LCSW
5. Frank E. Carden, PhD
6. Hector M. Campos, LCSW
7. Herlinda Alena, LCSW
8. James Laster, MA
9. Joan Carter, MSW, JD
10. John E. Fluent, MD
11. Joyce Guidish, LCSW
12. Judith Pike, LCSW
13. Kathy Hutchison, LCSW
14. Laly Serraty
15. Leslie George, LCSW
16. Maria Carrier, LCSW
17. Maria Guithier Love, MBA
18. Mary Ann Shook
19. Marybeth Matthews Adkins, BA
20. Naiomi Lau, MSW, LCSW
21. Norma Dabbs, LCSW
22. Paul Nalylor, Phd
23. Special Agent, C. Ezell Sanchez
24. Special Agent, Dennis Whitfield
25. Special Agent, Pedro D. Rodriguez
26. Special Agent, Toshiko Harwick
27. Susan Lohnes, LCSW
28. Susan Reno, LCSW
29. Wansum Jang, LCSW

Appendix B: 2008 Specialized Knowledge Skills and Abilities

Knowledge of:

1. Dynamics of intra-familial child abuse
2. Legal policy related to child maltreatment.
3. Child prostitution and human trafficking
4. Child pornography and internet exploitation
5. Interviewing children and adolescents
6. Child abuse treatment, theories, and practices
7. Child victim advocacy, legal and social challenges
8. Child developmental theories
9. Child linguistics and language development
10. Child memory and suggestibility
11. Child forensic interview protocols
12. Rules of evidence
13. Court testimony procedures
14. Offender's rights and false accusations
15. Child abuse investigative techniques and processes
16. Child abuse legislation, legal, and social ramifications
17. Cultural diversity and sensitivity
18. Law enforcement criminal investigations
19. The proper use of anatomically correct dolls
20. The multidisciplinary practices
21. Child protection laws, rules, and regulations

Skills

1. Effective Report writing skills.
2. Effective interviewing skills
3. Effective communication skills
4. Effective problem-solving skills.
5. Effective critical thinking skills
6. Effective listening skills
7. Effective anger & stress management skills
8. Effective typing skills
9. Effective problem-solving skills.
10. Effective public speaking skills
11. Effective time management skills
12. Effective computer skills
13. Effective assertiveness skills
14. Effective crisis interventions skills
15. Effective stress and anger management skills
16. Effective time management skills
17. Effective verbal communication and articulation skills
18. Effective listening skills
19. Effective report writing skills.

Abilities

1. Ability to implement the use of humor in an age-appropriate manner.
2. Ability to re-direct a child appropriately to remain on task.
3. Ability to show genuine empathy.
4. Ability to recognize when the continuing of the interview is not plausible.
5. Ability to recognize signs of plausible deception.
6. Ability to problem solve effectively.
7. Ability to work effectively with multidisciplinary teams.
8. Ability to deal with emotionally sensitive subjects.
9. Ability to receive constructive criticism and feedback effectively.
10. Ability to remain calm under stress.
11. Ability to establish rapport with children.
12. Ability to engage in age-appropriate dialogue with children.
13. Ability to remain focused.
14. Ability to remain on task.
15. Ability to work effectively with groups.
16. Ability to articulate effectively.
17. Ability to remain calm under pressure.
18. Ability to set up video and audio equipment.
19. Ability to present orally in public.
20. Ability to work well with others.
21. Ability to follow basic interview protocols.

Appendix C: 2008 Pilot Survey Tasks Ranked & Ordered

TASK	FREQ	IMP	NEED	CRITICAL	
64	4.29	4.65	2.00	39.90	Adhere to client's right to confidentiality
44	3.88	4.88	2.00	37.87	Develop proper rapport with the child to reduce anxiety
47	3.88	4.82	2.00	37.40	Conduct the interview using open ended prompts
51	3.88	4.71	2.00	36.55	Provide closing statements and properly end the interview
10	3.83	4.72	2.00	36.16	Assess child's suitability to participate in the interview
45	3.76	4.71	2.00	35.42	Explain the interview ground rules to the child
30	3.94	4.47	2.00	35.22	Develop reasonable timelines to complete the interview(s)
46	3.76	4.65	2.00	34.97	Conduct practice narrative with child to assess episodic memory
50	3.71	4.71	2.00	34.95	Conduct focuses specific questions part of the interview
17	3.78	4.61	2.00	34.85	Assess the child's cognitive development
34	3.88	4.47	2.00	34.69	Schedule the interview in an expedited manner
43	3.88	4.47	2.00	34.69	Explain the role of the interviewer to the child
4	3.74	4.58	2.00	34.22	Assess the child's willingness to participate in the interview
48	3.71	4.59	2.00	34.06	Take a break to identify the need for more focused specific questions
11	3.83	4.44	2.00	34.01	Assess the cultural context of the child's communications
13	3.72	4.56	2.00	33.93	Identify barriers to communication prior to the interview
12	3.78	4.44	2.00	33.57	Assess the child's use of non-verbal communication
35	3.59	4.65	2.00	33.39	Prepare the interview room and set up the video equipment
25	3.82	4.29	2.00	32.78	Assess for any familial coercive influence of the child
9	3.61	4.67	1.94	32.71	Assess child's mental status at the time of the interview
49	3.65	4.47	2.00	32.63	Process specific focus questions with co-facilitators
3	3.74	4.47	1.95	32.56	Assess the child's appropriateness for the services
16	3.67	4.50	1.94	32.04	Assess for developmental disabilities that may impact the interview
37	3.71	4.41	1.94	31.74	Develop age-appropriate interview strategy with the co-facilitator(s)
14	3.67	4.39	1.94	31.26	Assess for child's language preference
32	3.88	4.12	1.94	31.01	Explain the interview process to the parents
1	3.63	4.37	1.95	30.89	Review all the evidence related to the allegation
36	3.35	4.59	2.00	30.75	Double check the video and audio equipment to assure it is working properly
18	3.72	4.28	1.89	30.09	Assess for any resistance from the child to participate in the interview
42	3.53	4.18	2.00	29.51	Identify the date and time of the interview to the camera
39	3.71	4.18	1.88	29.15	Introduce the child to the interview room
27	3.65	4.29	1.82	28.50	Assess for child's intent to deceive the interviewer
40	3.53	4.12	1.94	28.21	Identify the presence of the camera to the child
41	3.53	3.94	2.00	27.82	Introduce the room occupants to the camera
65	3.24	4.29	2.00	27.80	Report abuse and neglect in compliance with ethics and the law
59	3.94	3.65	1.88	27.04	Maintain appropriate documentation
28	3.53	3.94	1.82	25.31	Inform parents of agency policies
57	2.88	4.65	1.88	25.18	Provide direct testimony in court
26	3.47	4.06	1.76	24.80	Assess for familial intent to deceive the interviewer
15	3.28	4.11	1.83	24.67	Assess child's use of defense mechanisms
56	2.94	4.12	2.00	24.23	Meet with legal teams
6	3.37	4.37	1.58	23.27	Assess the child's need for mental health treatment
66	3.00	4.00	1.88	22.56	Assure that agency practices are consistent with ethics and the law
8	3.32	4.16	1.58	21.82	Assess child's risk of harm to others
55	2.76	3.94	2.00	21.75	Develop interview transcripts for court
22	3.35	3.76	1.71	21.54	Assess cultural background of the family
67	2.53	4.29	1.94	21.06	Take appropriate action when ethical violations are identified.
7	3.21	4.16	1.53	20.43	Assess child's risk of harm to self

24	3.18	3.53	1.76	19.76	Assess familial understanding of agencies' practices
53	3.24	3.35	1.82	19.75	Participate in staff development activities
58	3.35	3.53	1.65	19.51	Prepare reports summarizing work activities
21	3.41	3.71	1.53	19.36	Assess family's willingness to cooperate with services
60	3.06	3.41	1.76	18.36	Review policies to monitor adherence to agency practices and policies
19	3.18	3.59	1.52	17.35	Assess child's need for protective services
61	2.82	3.47	1.71	16.73	Develop measurable outcomes for evaluating interventions
5	2.79	3.89	1.53	16.58	Assess the child's need for a medical examination
38	3.06	3.12	1.71	16.33	Discuss interventions strategies with supervisors
52	2.71	3.41	1.71	15.80	Participate in peer review of videotaped interviews
62	2.41	3.35	1.82	14.69	Evaluate and assess quality of services and compliance with guidelines
20	2.82	3.29	1.53	14.20	Assess child's familial support systems
29	2.94	3.24	1.47	14.00	Inform parents of their legal rights
2	2.68	3.32	1.47	13.12	Assess the severity of the incident
23	2.82	2.94	1.53	12.68	Assess the significance of spiritual beliefs to the family
54	2.24	2.82	1.71	10.80	Role plays applicable knowledge, techniques, and skills with peers
31	2.65	2.41	1.41	9.00	Inform parents of the implication of not cooperating with the interview process
33	1.94	2.24	1.12	4.87	Get permission to conduct the interview from the parents in writing
63	1.35	2.53	0.59	2.02	Provide testimony in legislative hearings on human service issues

Appendix D: 2008 Revised Survey Tasks Ranked & Ordered

TASK	FREQ	IMP	NEED	CRITICAL	Task
10	3.41	3.76	1.96	25.13	Develop proper rapport with the child to reduce anxiety
26	3.43	3.72	1.94	24.75	Adhere to the clients' rights to confidentiality.
13	3.38	3.62	1.98	24.23	Begin the substantive interview using open ended invitational prompts
4	3.25	3.71	1.95	23.51	Identify any developmental disabilities that may impact the interview process
16	3.37	3.57	1.95	23.46	Conduct the focused specific questions part of the interview
14	3.38	3.56	1.94	23.34	Continue to assess mental status throughout the interview process
17	3.40	3.53	1.94	23.28	Provide closing statements and properly end the interview
3	3.22	3.69	1.94	23.05	Identify any barriers that may impede the child's ability to communicate effectively
8	3.36	3.37	1.88	21.29	Introduce yourself and other persons in the room
24	3.01	3.61	1.95	21.19	Assure that agency practices are consistent with ethics and the law
18	3.32	3.38	1.85	20.76	Close the interview by reuniting the child with the caretaker
2	3.15	3.47	1.88	20.55	Identify the child's willingness to participate in the interview process
25	2.77	3.61	1.92	19.20	Take appropriate action when ethical violations are identified.
7	3.17	3.34	1.73	18.32	Prepare the interview room and video equipment
11	2.97	3.25	1.83	17.66	Conduct a practice narrative to assess episodic memory and cognitive development
12	2.90	3.14	1.77	16.12	Explain and rehearse the interview ground rules with the child
6	2.62	3.23	1.87	15.83	Develop age-appropriate interview strategy with the co-facilitator(s)
15	2.78	2.99	1.76	14.63	Take short break to identify areas that require more focused and specific questions
5	2.80	2.89	1.63	13.19	Meet with non offending parents or caretaker to explain the interview process
20	2.06	3.28	1.92	12.97	Meet with legal teams if requested
21	1.78	3.54	1.96	12.35	Testify in court if requested
1	2.48	3.02	1.54	11.53	Review all the available evidence related to the allegation with the multidisciplinary te
9	1.90	2.31	1.35	5.93	Identify the time, date, and place to the camera
19	1.71	2.45	1.39	5.82	Complete a written transcript of the interview
23	1.24	3.67	0.39	1.77	Review taped interviews during supervision
22	1.52	3.90	0.29	1.72	Review taped interview during peer review

Appendix E: 2008 Practice Analysis Sample Demographics

Table V: Gender

Gender	Response Percent	Response Count
Male	10.8%	33
Female	80.2 %	272

Table VI: Race or Ethnicity

Race or Ethnic Background	Response Percent	Response Count
American or Alaskan Native Indian	0.3%	1
Asian or Pacific Islander	2.3%	7
African or Black American	4.9%	15
Caucasian or White	89.9%	265
Hispanic or Latin American	4.6%	14
Other	1.0%	3

Table VII: Geographic Setting

Geographic Setting	Response Percent	Response Count
Major Metropolitan City	21.0 %	64
Mid Size City	32.8%	100
Small City or Town	27.2%	83
Rural Area	16.7%	51
Other	2.3%	7

Table VIII: Home State

State or Territory	Response Percent	Response Count
51 States Represented	99.3%	304
Canada	1.0%	1

Table IX: Years of Experience

Years of Child Forensic Interviewing Experience	Response Percent	Response Count
No Child Forensic Interviewing Experience	0.0%	0
Less than one year	12.5%	38
1 year but less than 2	12.5%	38
2 years but less than 3	12.8%	39
3 years but less than 4	10.2%	31
4 years but less than 5	9.2%	28
5 years but less than 10	22.6%	69
10 years but less than 15	13.1%	40
15 years but less than 20	5.2%	16
20 years or more	2.0%	6

Table X: Practice Setting

Current Practice Setting	Response Percent	Response Count
Law Enforcement	9.8%	30
The Court System	1.0%	3
Child Protective Services	11.1%	34
Child Advocacy Center	68.5%	209
Mental Health Center	2.6%	8
DOD Family Advocacy	1.0%	3
Other	5.9%	18

Table XI: Primary Role

Primary Practice Role	Response Percent	Response Count
Child Forensic Interviewer	56.4%	172
Licensed Treatment Provider	5.9%	18
Non-Licensed Treatment Provider	0.7%	2
Victim Advocate	3.0%	9
Case Manager	2.0%	6
Law Enforcement	9.5%	29
Medical Personal	0.7%	2
Attorney	0.7%	2
Other	21.3%	65

Table XII: Secondary Role

Secondary Practice Role	Response Percent	Response Count
Child Forensic Interviewer	45.9%	140
Licensed Treatment Provider	4.3%	13
Non-Licensed Treatment Provider	2.6%	8
Victim Advocate	8.5%	26
Case Manager	8.9%	27
Law Enforcement	2.0%	6
Medical Personal	1.3%	4
Attorney	0.0%	0
Other	26.6%	81

Table XIII: Practice Hours per Week

Hours per week spent practicing	Response Percent	Response Count
1 to 10 hours a week	43.3%	132
11 to 20 hours a week	17.4%	53
21 to 30 hours a week	13.8%	42
31 to 40 hours a week	23.0%	70
More than 40 hours a week	2.6%	8

Table XIV: Frequency of Interviews

How often do you conduct? child forensic interviews?	Response Percent	Response Count
Seldom (few times a year)	16.7%	51
Monthly (1-3 times a month)	11.1%	34
Weekly (1-3 times a week)	36.7%	112
Daily (once a day or more)	30.8%	94
Other	4.6%	14

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