

NICHD: Where We've Been and Where We Are Now

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Key words: NICHD Protocol, adaptations, forensic interviewing, children

NICHD Forensic Interviewing Protocol History

In the 1990's a Children's Justice Center in Utah was among one of the first jurisdictions to test and implement what has now come to be known as the [NICHD Protocol](#) (Lamb, Hershkowitz, Orbach, & Esplin, 2008; Lamb et al., 2003; Orbach et al., 2000; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). At that time, researchers had made some important discoveries about children's cognitive abilities that guided a consensus about the overall approach that practitioners should take when interviewing children. This involved discouraging the use of techniques that were suspected or shown to be suggestive while at the same time encouraging the use of open prompts to elicit information safely from children (Poole & Lamb, 1998). The NICHD developed and validated this protocol as a training tool to help interviewers conduct better quality interviews and maintain high standards.

Practitioners and researchers alike realized that there were two important issues that must be addressed when training forensic interviewers. First, there was a need to be able to take relatively untrained, newly assigned child abuse investigators and, in the space of only a few days, equip them with the capability and confidence to conduct research-informed interviews. The structure of the NICHD Protocol achieved this by providing specific language of what interviewers should say at the various stages of the interview, which

interviewers could learn in a short space of time. This differs from other approaches where trainers communicate general principles to interview trainees and then leave them with the task of operationalizing the advice themselves—this has been shown to be an ineffective method of training that most often results in interviewers continuing to conduct interviews that are of poor quality (Sternberg, Lamb, Esplin, Orbach, & Hershkowitz, 2002). Second, and most importantly, researchers and practitioners knew that anyone tasked with interviewing children about alleged abuse needs to have regular ongoing training and feedback included in their training regimen in order to maintain and develop their skills moving forward (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002; Price & Roberts, 2011).

The NICHD Protocol includes several phases. A brief overview:

Introduction. The interviewer introduces herself, explains the ground rules, and provides opportunity to practice so children can demonstrate an understanding of the ground rules.

Rapport building. The interviewer uses open prompts to get acquainted with the child. The interviewer invites the child to provide biographical information and discuss things the child likes to do.

Training in episodic memory. The interviewer then encourages the child to "travel back in time" to retrieve

a stored memory of an event and invites the child to talk about it. The open prompts the interviewer uses help the child practice their memory retrieval skills. By being encouraged to use their own words, the child becomes acclimated to the communication style that will be utilized throughout the interview. The interviewer assesses the child's language and developmental abilities, reluctance, cooperativeness, and overall level of comfort and can adapt their style accordingly.

Getting an allegation/transition to substantive issues. The interviewer uses a series of prompts to assist the child in transitioning to the topic of concern. These prompts are ranked on a continuum with the interviewer using open prompts first before following up with more focused prompts if required.

Investigating the incidents. If the child makes a disclosure, the interviewer uses open-ended prompts to invite the child to tell more about what happened and gather more information. If there are multiple incidents, the interviewer explores details for as many specific incidents as the child is able to remember.

Break. The interviewer leaves the room, confers with observers about ideas for follow-up questions. Interviewers may take as many breaks as the child or interviewer need. If the child is reluctant, the interviewer uses the break to discuss potential barriers, how to address them, and whether to terminate the interview.

Using focused questions to address information not mentioned by the child. If the interviewer must address forensically relevant information that the child has not spontaneously provided, the interviewer can then ask additional focused questions.

Information about the disclosure. The interviewer explores the circumstances of the initial disclosure that the child made.

Closing. The interviewer thanks the child for talking and leaves the door open for future interviews if necessary.

Despite receiving consistent support within the research literature, the approach that the NICHD Protocol advocates has received both warranted and

unwarranted criticism. Some commentators have suggested that the fully structured NICHD Protocol would make interviewers seem robotic and detached as if they are reading from a predetermined script. Some critics have also argued that because *every child is different*, a standardized one-size-fits-all script is inappropriate. These are somewhat unfair criticisms and expose a conceptual misunderstanding about the function and use of the NICHD Protocol: It was designed to be primarily used as a training tool. It should be used rigidly in training sessions in order to familiarize trainees with the language, basic approach, and phases of the interview. As interviewers' confidence grows over time, however, they adopt a more relaxed and personalized approach, while still following the overall structure and decision-making processes advocated by the NICHD Protocol. The NICHD Protocol is flexibly structured and was never intended to be applied rigidly in forensic interviews with children.

Fundamentally, however, the NICHD approach to training forensic interviewers was to focus primarily on cases where children have made a clear abuse outcry and are ready to talk about what happened to them. Indeed, research shows that the majority of children who have made a clear prior disclosure go on to repeat their allegations in forensic interview following the NICHD Protocol format (Hershkowitz, Horowitz, & Lamb, 2007). Thus, the NICHD Protocol solved an immediate and pressing problem around the quality of forensic interviews, which resulted in much better outcomes for children in the active stage of disclosure. Research in Utah has also confirmed that interviewers continue to conduct interviews at a high standard when adhering to the core principals and spirit of the NICHD Protocol.

Interviewers already experienced in interviewing children have also criticized the NICHD Protocol because it doesn't provide much help or specific advice in particularly difficult cases where children are clearly reluctant to talk, traumatized, and fearful of consequences. In fact, somewhat counterintuitively, research has shown that reluctant children interviewed with the NICHD Protocol receive less support from interviewers in cases with difficult dynamics, when it would be expected that they would naturally

receive additional support to help them disclose (Hershkowitz, Orbach, Lamb, Sternberg, & Horwotiz, 2006). It appears that interviewers find it easier to provide support to children who are actively disclosing because they are “doing well” and can be further encouraged. Difficult children are harder for interviewers to support because the same types of positive encouragement that come naturally to interviewers when interviewing cooperative children don't work. In addition, because of their resistance, reluctant children provide fewer opportunities for the interviewer to provide support. This realization sparked rethinking around the guidance interviewers may need when interviewing less forthcoming children, which, in part, led to the development of the Revised NICHD Protocol.

The Revised NICHD Protocol

In an effort to reach children who are not in active disclosure, to focus more intentionally on rapport building, and to address reluctance and motivational factors, the NICHD developed the Revised NICHD Protocol (RP) (Lamb, Brown, Hershkowitz, Orbach, & Esplin, 2018; Lamb, Hershkowitz, & Lyon, 2013). The main adaptation includes greater emphasis on training about recognizing and responding to reluctance, providing supportive but non-suggestive statements throughout, as well as moving the rapport building phase to the very start of the interview while saving the technicalities of the “ground rules” to later in the interview once the interviewer has established rapport.

The RP has been the focus of some initial promising research. In one study, Hershkowitz, Lamb, and Katz (2014) report that interviewers obtained 60% disclosures when interviewers were trained to use the RP compared to only 50% when using the original NICHD Protocol. Based on the findings of this initial research, Israel implemented the RP nationwide, and some experts recommend that interviewers elsewhere do the same.

NICHD Adaptations

As Everson (2015) noted, the NICHD Protocol “has been widely adapted” (p. 2). In fact, a recent paper included an international review of adaptations in many countries including the United States, Canada,

Finland, Israel, Japan, Korea, Norway, Portugal, and Scotland (La Rooy et al., 2015). U.S. adaptations include RADAR, the Ten Step Investigative Interview (Lyon, 2005), the Utah Children's Justice Center Program Child Interview Guidelines, and several other statewide models. Many of the adaptations of the NICHD Protocol do not reflect changes to fundamental aspects of the approach, but rather, changes that are required to accommodate different legal, professional, practical, and cultural requirements in particular jurisdictions.

Utah's NICHD Adaptations

Utah continues to benefit from a close relationship with Michael Lamb and the NICHD research that began more than 20 years ago. Research on implementation of the NICHD Protocol was conducted in Utah from 1997-2000, followed by additional collaborative projects. Practitioners have widely used the NICHD Protocol in Utah since 2000. Utah's revised their forensic interview training curriculum in 2018, and the new interview protocol still closely resembles the original NICHD Protocol. It also includes elements of the RP, other non-NICHD research, and practice-informed material. Of all the adaptations, Utah's is the most collaborative and closest reflection of the original NICHD Protocol and thus is an important component of the overall interviewing approach and training program.

The RP informed many of the updates incorporated into Utah's curriculum revisions in 2018. The most significant has been the increased focus on providing non-suggestive support to the child. Listening to the child and attending to the child's feelings about the interview experience is crucial. Research has demonstrated that providing support decreases reluctance and increases informativeness during all phases of the interview (Karni-Visel, Hershkowitz, Lamb, & Blasbalg, 2019; Blasbalg, Hershkowitz, & Karni-Visel, 2018). Interviewers should not ignore signs of reluctance or discomfort. The interviewer should acknowledge the child's feelings, provide support, and convey empathy. For example, interviewers are encouraged to periodically check in with the child and ask, “How are you feeling about talking to me?” Then, to validate the child's feelings, provide non-suggestive encouragement, and

accommodate any reasonable requests to increase the child's comfort. It is also important to thank the child throughout the interview for the child's efforts and participation, not content.

The RP recommends that when children voluntarily describe subjective reactions to abuse that they be asked to elaborate. The Utah model recommends inquiring directly about children's emotions and physical sensations (Stolzenberg, Williams, McWilliams, Liang, & Lyon, in press; Lyon, Scurich, Chio, Handmaker, & Blank, 2012). Helping children express their thoughts, feelings, and reactions to abuse further allows opportunity to support the child, develop the narrative, and understand the abuse dynamics. Toward the conclusion of the interview, the Utah model also recommends exploring familial support or pressure and reasons for delaying and then eventually disclosing. This lends insight about the child's experience and family dynamics, and interviewers intentionally explore this, as many children can articulate this information but often fail to do so spontaneously.

Screening for Multiple Types of Maltreatment and Trauma

The Utah model added an appendix of supplemental questions for use depending on case concerns, special populations, and screening purposes. This includes child witness interviews, recantation interviews, inquiring about sexualized behavior, preschoolers, and screening for polyvictimization and additional trauma exposure. Examples include:

Use of Media

The Utah model endorses the National Children's Advocacy Center (NCAC)'s position regarding the use of human figure drawings (NCAC, 2015). The NCAC does not recommend routine use. Rather, when a child has provided a narrative that is concerning for abuse, verbal prompts have been exhausted, and the location on the body is still unclear, the child can use a human figure drawing to indicate the part of the child's or alleged suspect's body for which the child's label is unclear.

The Use of External Evidence

The NICHD Protocol and Utah model have always advocated for the introduction of external evidence when necessary. When the child does not spontaneously offer evidence known to exist and investigators have determined its utility during the preplanning meeting before the interview, an interviewer may introduce it in an attempt to cue the child. An interviewer can use verbal prompts, such as, "I heard about some text messages. Tell me everything about them." The NCAC also supports this: "If they exist, other forms of evidence may be introduced such as the child's diary or a note written by the child or to the child. Similarly, when there is digital evidence available (i.e. texts, emails, chat logs, pictorial documentation), the opportunity to introduce evidence ascends to a new level" (NCAC, 2013).

Multiple Interviews

There are many reasons that children may need to be interviewed more than once. Children may be too

WITNESS	How do you know/did you find out about ___? Tell me everything you heard/saw.
RECONTATION	Last time we talked you told me about things that happened with ____. Tell me again what happened. [If child says "I lied" >] Tell me what DID happen.
PRESCHOOL	What happened when [child's words]? What did ___ do?
SCREENING	Tell me about all the food you ate today. If you need something/help, what do you do? What happens when you're in trouble? Tell me about the last time you were [scared/felt like crying...].

distressed, fail to build rapport, or may have too much information to disclose in the initial session. Learning disabilities and short attention spans may limit the breadth and scope of initial interviews. Children may remember more information or investigators may discover additional evidence during the investigation that warrants additional interviews. The NICHD Protocol and the Utah model support more than one, nonduplicative forensic interview when necessary (La Rooy, Katz, Malloy, & Lamb, 2010).

The quality of interaction between the interviewer and the child may significantly affect what the child does or does not say (Lamb et al., 2013). Further, interviewers tend to feel challenged by children's reluctance and often respond in counter-productive, ill-advised ways (Hershkowitz et al., 2006). To some extent, children's uncooperativeness and reluctance early on in an interview, if not overcome, can predict their later behavior. Therefore, both the RP and the Utah model instruct interviewers to strongly consider ending the interview when children remain reluctant in the presubstantive phase of the interview and sufficient rapport has not been established. Interviewers should schedule a subsequent interview

to continue rapport-building efforts and transition the child to the substantive phase of the interview once reluctance subsides. If reluctance reemerges at any point thereafter and cannot be overcome, interviewers should end the interview and plan an additional interview or other appropriate intervention as determined by the multidisciplinary investigation team.

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