

SAFETY SCREEN – MANDATORY AND DISCRETIONARY PROBES

Question	Mandatory Probes	Discretionary Probes
<p>1. How often have you used the courts to deal with your separation/ divorce parenting issues?</p>	<ul style="list-style-type: none"> • <i>How many times have you two been to court?</i> 	<ul style="list-style-type: none"> • <i>When was the last court appearance?</i> • <i>Do you have an action already in progress in a court?</i>
<p>2. How well do you and the other parent/person talk to each other about the children?</p>		<ul style="list-style-type: none"> • <i>What generally happens when you do try to have a serious discussion together?</i> • <i>Would you be able to do it with the help of a mediator?</i> • <i>Would you be able to do it with the assistance of an advocate/ support person?</i>
<p>3. When you and the other parent/person can't agree on something, what usually happens?</p>	<ul style="list-style-type: none"> • <i>Can you give me an example? Or Tell me about a time when you disagreed.</i> • <i>How do you feel when that happens?</i> • <i>What happens when you speak your mind and express your point of view to the other parent?</i> 	<ul style="list-style-type: none"> • <i>What's the worst time you can remember when things blew up?</i> • <i>When you feel yourself getting angry at the other parent, how do you react?</i> • <i>When (name) gets angry, how does s/he react?</i>
<p>4. How do you decide the amount of time the children will spend with each of you?</p>		<ul style="list-style-type: none"> • <i>Can you give me an example?</i> • <i>What are some things you can work together on? Are not able to work together on?</i> • <i>If you do separate, what do you expect will happen?</i>

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<p>5. How often are the children exposed to your conflict between you and the other person?</p>	<ul style="list-style-type: none"> • <i>What type of conflict would they be exposed to?</i> 	<ul style="list-style-type: none"> • <i>How often?</i> • <i>Can you give an example? How have they reacted?</i> • <i>Have the children seen you argue or fight since you separated?</i> • <i>Have the children received counselling or other help?</i>
<p>6. What influence do you think the other parent/person has on the children's lives?</p>	<ul style="list-style-type: none"> • <i>Could you say more about why you feel this way?</i> 	<ul style="list-style-type: none"> • <i>In what specific ways has (name) helped with the children?</i>
<p>7. Do you expect you will have problems working out your joint finances, managing your debt or calculating support?</p>	<ul style="list-style-type: none"> • <i>What type of problems do you expect?</i> 	<ul style="list-style-type: none"> • <i>What steps have you taken to deal with these problems so far?</i>
<p>8. Are you having difficulty coping with day-to-day activities/ responsibilities?</p>	<ul style="list-style-type: none"> • <i>Can you tell me more about this?</i> <p>If you think there is a suicide risk:</p> <ul style="list-style-type: none"> • <i>Are you seeing a therapist or mental health professional?</i> • <i>Have either you or (name) made a threat of suicide? When did this occur?</i> • <i>Do you have a plan for how you would commit suicide?</i> • <i>Do you have the means to follow through with your plan? (i.e. if the plan was to commit suicide via shooting oneself, do they have access to a firearm?)</i> 	<ul style="list-style-type: none"> • <i>Are there some things that make it more difficult for you than others?</i> • <i>How do you manage this?</i> • <i>How long has this been a problem?</i>

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<p>9. Do you or the other parent/person use drugs or alcohol to the point that it interferes with parenting?</p>	<ul style="list-style-type: none"> • <i>Is alcohol or drugs the problem?</i> • <i>How does the drinking/drugs affect the parenting of your children?</i> • <i>Is there anyone else concerned about the drug/alcohol use?</i> 	<ul style="list-style-type: none"> • <i>What is the choice of drug? How often is it used?</i> • <i>How long has this been a problem?</i> • <i>How willing is (name)/are you able to accept that it is a problem and seek help for it?</i> • <i>How might this drinking/drug affect you/(name) ability to participate in mediation?</i>
<p>10. Do you or the other parent/person have mental health issues that interferes with parenting?</p>	<ul style="list-style-type: none"> • <i>Could you tell me more about that?</i> • <i>How does it affect parenting?</i> • <i>Are you/(name) receiving help or medication now?</i> 	<ul style="list-style-type: none"> • <i>How does it affect your ability to deal with this person?</i>
<p>11. Do you feel you have people to support you through hard times?</p>		<ul style="list-style-type: none"> • <i>Is there anyone one you can think of who might possibly help?</i> • <i>Do you have family nearby?</i>
<p>12. Has there been any hitting pushing, shoving, grabbing, slapping or arm twisting between you and the other parent/person? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • <i>Which of these?</i> • <i>Could you say more about this?</i> • <i>How long ago did it occur?</i> • <i>How frequent was it?</i> • <i>Were the police called?</i> • <i>Did you need or seek medical attention?</i> 	

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<p>13: Has there been any kicking, punching, biting, or throwing things between you and the other parent/person? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • Which of these? • Could you say more about this? • How long ago did it occur? • How frequent was it? • Were the police called? • Did you need or seek medical attention? 	
<p>14: Has there been any coercion, threats to harm, or stalking between you and the other parent/person? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • Which of these? • Could you say more about this? • How long ago did it occur? • How frequent was it? • Were the police called? 	<ul style="list-style-type: none"> • Has (name) ever prevented you from having contact with family or friends, or with your children? • Has (name) ever refused to give you basic help such as money for food, shelter, medical needs, or clothing? • Has (name) ever threatened to harm you or someone related to you or a friend? • Ever damaged or destroyed your property or harmed or threatened to harm pets? • Has (name) continued to bother you by following you? Calling you at work or school? • Making repeated phone calls or sending you unwanted letters?

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<p>15. Has there been any choking, burning, or using guns or knives between you and the other parent/person?</p> <p><i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • Which of these? • Could you say more about this? • How long ago did it occur? • How frequent was it? • Were the police called? • Did you need or seek medical attention? 	<ul style="list-style-type: none"> • Do you or the other parent/person have a gun in the home?
<p>16. Has there been any forced or unwanted sexual behaviour between you and the other parent/person?</p> <p><i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • Could you say more about this? • Were the police called? • How frequent was it? • How long ago did it occur? • Did you need or seek medical attention? 	
<p>17. Has the other parent/person been abusive towards you in any other way?</p> <p><i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • Can you say more about this? • When did this last occur? • How frequent was it in the past? • What was the impact on you? On (name)? 	
<p>18. Have you been abusive towards the other parent/person in any other way?</p> <p><i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • Can you say more about this? • When did this last occur? • How frequent was it in the past? • What was the impact on you? On (name)? 	

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<p>19. Have you ever received medical help for injuries caused by the other parent/person? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • <i>When did this happen?</i> • <i>What were the injuries?</i> • <i>Were the police involved?</i> • <i>What happened to the children?</i> 	
<p>20. Do you have concerns for your safety at this time? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • <i>What are you afraid of?</i> 	<ul style="list-style-type: none"> • <i>Are other people at risk as well?</i> • <i>Do you feel safe in being in the same room with (name)?</i> • <i>What would you be afraid of after leaving a meeting with (name)</i>
<p>21. Do you have concerns about the safety of the children? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • <i>Can you say what your concerns are?</i> • <i>Have you reported this information to Alberta Human Services?</i> 	<ul style="list-style-type: none"> • <i>Has anyone ever contacted Human Services to request Child Intervention services regarding your children?</i>
<p>22. Do you have concerns about the children's adjustment to the separation? <i>(ask in any incidence)</i></p>	<ul style="list-style-type: none"> • <i>Which children?</i> • <i>Can you tell me more about this?</i> 	<ul style="list-style-type: none"> • <i>How long has this been ongoing?</i> • <i>Why do think this is happening?</i> • <i>Have you sought any sort of help for your children?</i>