



ICBI Worksheet

Munchausen & Medical Child Abuse-Specific

ENGAGE AND EXPLAIN

PHONE CALL E&E SCRIPT:

*Hello, this is Detective _____ with the _____ agency.
Am I speaking with _____.*

*Is now an okay time to talk for about two minutes.
If not, I can call you back at a better time.*

*I am working on a new case, where your name came up.
I am not calling to try and get a statement from you over the phone, and I cannot go through
details with you over the phone either.*

My job is to make sure information is collected accurately and then verified.

The best way to do that is a short, structured conversation in person.

Here is how I handle these conversations. And it will be a conversation, not an interrogation.

You talk first, in your own words.

I do not interrupt you or try to control the conversation in any way.

*After you give your story, I may ask a few follow up questions to make sure I understand what
you mean, and you have the opportunity to correct me if I get anything wrong.*

If there is something you do not remember or do not know, it is fine to say that.

If you need a break, we take one. You're not going to be forced to do anything or say anything.

*That's not what I do. I am just interested in getting your side of the story because there are
always more than one side, and I would be terrible at my job if I didn't ask for yours or consider
yours to be true.*

I do also record the conversation so that nobody can misquote you.

We meet in a quiet professional interview room at _____.

*It is not a holding area. It's not an "interrogation room". You're not under arrest, you are going
to be free to get up and leave at any time you wish.*

It is just a private room set up for us to have a good conversation without any distractions.

*I want to make sure your perspective is captured correctly, in your words, the way you want
them to be understood, rather than relying on secondhand descriptions from other people who
may have completely different objectives than I do.*

You have two options.



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We can schedule a time to meet and do this in a controlled and straightforward way.

Or I continue working the report without your input for now.

I prefer the first option because it reduces misunderstandings and uncertainty.

What works better for you, _____ or _____.

Morning or afternoon.

The time would be _____.

The location would be _____.

Plan for about _____ minutes.

If it needs to go longer, I will tell you before we cross that point.

Again, I do not want to go into details over the phone now.

It is too easy for things to get misunderstood, and I am sure that you weren't planning on having this conversation right now or over the phone anyways.

When we meet, you will have the space, and all the time you want, to explain everything start to finish.

If something changes on your end, call me and we will adjust. I always do my best to accommodate witnesses in any case. But do understand that I work normal business hours, so we will have to plan for those times and days for our conversation.

I do very much appreciate you being willing to come in.

IN-ROOM E&E SCRIPT:

Before we start, I want to explain how this conversation will work so there are no surprises.

This is not a debate. This is a conversation.

I'm not going to argue with you. I'm not going to accuse you of anything.

I'm going to listen to you. I am going to consider everything that you tell me, and I am going to trust you. People do lie to me, but I want you to know that I don't care if they do. I trust what people say, and then I go back and verify what they tell me. Sometimes people think they're telling the truth, but their facts are a little off, and it's just due to the flaws in our memory as human beings. That's completely ok. I have interview techniques we can use to clean up messy memory in a reliable way. So, I see my job as needing to understand what happened as accurately as possible. Then when you and I both get up and walk out of this room, my job is then to go and verify information afterward. I typically have some information before we come in here but not everything. And that is why I need your help.



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Here is the structure. First, I am going to ask you to tell me, in your own words, what happened. You talk. I listen. No interruptions. After that, I may ask some follow-up questions, only to make sure I understand what you mean, not to challenge you.

If there is something you do not remember, or you are not sure about, it is okay to say that. We might be able to use some memory enhancing techniques here to get to the answer. But I also want you to know that I would rather you tell me have an honest "I do not know" than for you to hazard a guess.

If at any point you need a break, tell me and we will take one. At any time you decide you want to stop talking and leave, you can leave. I don't want you to feel pressured and like you have to be here, because that is not the case. You control whether you answer questions. I am just here to understand.

I do record our conversations so I, and nobody else, can misquote you, and so your words are captured accurately.

I also want you to know that I am not going to try to work through details with you in a rushed way. We are here as long as you want to be. I want you to have the space to explain things start to finish.

My goal is not to put words in your mouth. My goal is to understand what you experienced, what you know to be true, in your own words. This helps me avoid relying on secondhand information and helps prevent misunderstandings later.

Do you have any questions about the process before we begin.

Tell me everything that happened, starting wherever it makes sense to you to start.

NARRATIVE BASELINE

- Parent-child relationships usually develop around caregiving and protection. Tell me about your role in [child]'s health and daily care.
- Medical journeys often develop gradually over time. Walk me through how [child]'s health concerns first began.
- Families dealing with medical issues tend to settle into routines. What did a typical day look like when symptoms were active?
- The places where care happens often stay consistent. Tell me where episodes or symptoms usually occurred.
- There are often certain medical tasks that become primarily one parent's responsibility. What parts of [child]'s care did you usually handle?
- Other adults are sometimes present during medical episodes. Who else has observed these symptoms firsthand?



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- In some families, schools or relatives form impressions about a child's health. How did others perceive [child]'s condition?

CONTEXT, MEDICAL DECISION PROCESSES, AND BOUNDARIES

- Parents usually develop personal thresholds for when to seek medical care. How did you decide when [child] needed emergency treatment?
- Symptoms can be interpreted differently depending on context. How did you determine what was serious versus what could be managed at home?
- Medical providers sometimes disagree with parents about severity. How did you respond when a provider minimized or questioned symptoms?
- Parents often believe they understand their child's physical state better than others. How did you interpret what [child] was experiencing during episodes?
- In complicated medical cases, decisions can escalate quickly. What guided your decision to pursue additional testing or procedures?
- Medication management requires consistency and documentation. How did you track and administer medications?

EVENT AND MEDICAL TIMELINE EXPLORATION

- Medical episodes tend to follow some pattern. Walk me through a typical episode from beginning to end.
- When people go step by step, details become clearer. What were the first signs something was wrong?
- Events usually unfold in a sequence. What happened next during that episode?
- Specific environments often anchor symptoms. Where was [child] when symptoms began?
- Patterns and routines tend to repeat. How often were episodes occurring at their peak?
- There is often a point when a decision is made to escalate care. What signaled that moment for you?
- After medical visits, children either improve or continue to decline. What usually happened after discharge?

DECISION-MAKING AND COGNITIVE FRAMING

- In caregiving, we are constantly interpreting risk. What did you believe would happen if you did not seek treatment at those times?
- What someone believes often drives what they do next. How did you decide when additional testing was necessary?
- Parents often believe they understand what their child is feeling physically. What did you think [child] was experiencing internally?



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- Sometimes actions that feel protective in the moment are later questioned. How do you see your medical decisions now?
- Our understanding of our role as a parent shapes our behavior. What did you believe your responsibility was during this period?
- In high-stress medical situations, fear can guide decisions. What were you most afraid of happening to [child]?

SUPERVISION, ACCESS, AND SYMPTOM CORRELATION

- Symptoms sometimes occur more frequently in certain settings. When and where did episodes most often happen?
- Other caregivers sometimes notice patterns. What did teachers, relatives, or providers observe compared to what you observed?
- Medication and medical devices require controlled access. Who had access to medications and equipment?
- Some conditions fluctuate depending on stress or environment. How did symptoms change when [child] was away from you?
- Medical records often reflect objective findings. How did those findings compare with what you were observing at home?

PROVIDER INTERACTIONS AND ESCALATION

- In complex cases, families often seek multiple opinions. Walk me through each provider change and why it occurred.
- Disagreements between parents and providers can shape medical paths. How did you respond when providers expressed doubt?
- Testing and procedures usually escalate for specific reasons. What evidence supported each escalation in your mind?
- When invasive procedures were recommended, how did you weigh risks versus benefits?

DEFENSE ARGUMENT EXPLORATION

- **Defense Argument: Complete and Unequivocal Denial**
 - Statement: Sometimes parents are shocked when advocacy for their child is interpreted as something harmful.
 - Invitation: Tell me everything you can think of that explains why your medical decisions are being questioned.
 - SPECTAR focus: Medical timeline, provider conflicts, prior CPS contact, escalation pattern.
- **Defense Argument: I Was Just Advocating for My Sick Child**
 - Statement: Some parents push aggressively for answers when their child has complex symptoms.



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- Invitation: Walk me through how your child's medical journey began from the first symptom.
- SPECTAR focus: Symptom sequence, provider changes, testing frequency, diagnostic escalation.
- **Defense Argument: The Child Truly Has Rare or Complex Conditions**
 - Statement: Rare diagnoses sometimes take persistence to uncover.
 - Invitation: Describe the progression of symptoms that led to each diagnosis.
 - SPECTAR focus: Symptom chronology, medical documentation consistency, objective findings.
- **Defense Argument: Doctors Missed or Misunderstood the Condition**
 - Statement: Families sometimes feel dismissed by providers.
 - Invitation: Describe each provider who disagreed with you and why you believe they were wrong.
 - SPECTAR focus: Provider shopping, discharge summaries, conflict documentation.
- **Defense Argument: Symptoms Were Real but Unexplained**
 - Statement: Some children present with symptoms that are difficult to medically verify.
 - Invitation: Describe exactly what you observed during those episodes.
 - SPECTAR focus: Episode timing, witnesses present, video recordings, objective signs.
- **Defense Argument: I Was Following Medical Advice**
 - Statement: Caregivers often rely heavily on professional guidance.
 - Invitation: Describe what specific instructions you were given and how you followed them.
 - SPECTAR focus: Orders versus reported administration, medication logs, compliance patterns.
- **Defense Argument: The Child Is Medically Fragile**
 - Statement: Some children require extensive medical monitoring.
 - Invitation: Describe how you determined when emergency care was necessary.
 - SPECTAR focus: ER frequency, symptom severity versus findings, decision thresholds.
- **Defense Argument: I Did Not Induce or Fabricate Anything**
 - Statement: Parents sometimes feel accused of exaggeration when they are describing what they observed.
 - Invitation: Describe how you documented or verified each symptom before reporting it.
 - SPECTAR focus: Video use, timing of symptoms when alone, third-party observation absence.
- **Defense Argument: The Child Self-Induced Symptoms**
 - Statement: As children grow older, they sometimes participate in their own symptom presentation.
 - Invitation: Describe any behaviors that make you believe your child caused their own symptoms.



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- SPECTAR focus: Access to medications, supervision gaps, behavioral reinforcement patterns.
- **Defense Argument: Another Caregiver Was Responsible**
 - Statement: In multi-caregiver households, responsibility can become blurred.
 - Invitation: Who else administered care or medication during that time period?
 - SPECTAR focus: Access mapping, medication custody, dosing logs.
- **Defense Argument: I Was Just Reporting What the Child Told Me**
 - Statement: Parents often rely on what their child reports physically or emotionally.
 - Invitation: Describe how you assessed whether what your child told you required medical evaluation.
 - SPECTAR focus: Pattern of reporting, symptom amplification, escalation triggers.
- **Defense Argument: Medical Records Are Being Misinterpreted**
 - Statement: Medical documentation can be complex and technical.
 - Invitation: Tell me what you believe the records actually show about your child's condition.
 - SPECTAR focus: Discrepancy between caregiver narrative and provider findings.
- **Defense Argument: The Child Has Psychological or Behavioral Issues**
 - Statement: Some children struggle emotionally in ways that present physically.
 - Invitation: Describe any behavioral diagnoses and how they affected medical care decisions.
 - SPECTAR focus: Therapy notes, somatic complaints, reinforcement cycles.
- **Defense Argument: I Was Acting Out of Fear**
 - Statement: Fear for a child's safety can drive urgent decisions.
 - Invitation: Describe what you feared would happen if you did not seek treatment.
 - SPECTAR focus: Risk perception versus medical findings, escalation pattern.
- **Defense Argument: Emergency Care Was Necessary**
 - Statement: Parents often err on the side of caution with emergency visits.
 - Invitation: Walk me through the exact symptoms that prompted each ER visit.
 - SPECTAR focus: Frequency, timing, symptom resolution upon admission.
- **Defense Argument: I Did Not Manipulate Medications**
 - Statement: Medication management can be complicated.
 - Invitation: Describe exactly how medications were stored, measured, and administered.
 - SPECTAR focus: Access control, dosing discrepancies, pharmacy refill timing.
- **Defense Argument: Feeding Tube or Medical Device Was Required**
 - Statement: Some children require invasive support for legitimate reasons.
 - Invitation: Describe the medical findings that led to that intervention.
 - SPECTAR focus: Objective weight data, provider recommendations, second opinions.
- **Defense Argument: The Child's Symptoms Only Occurred When Stressed**
 - Statement: Stress can trigger physical symptoms in children.
 - Invitation: Describe when and where episodes most commonly occurred.



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- SPECTAR focus: Symptom presence during supervision versus absence when separated.
- **Defense Argument: School or Other Adults Failed to Recognize Illness**
 - Statement: Not all caregivers observe the same symptoms.
 - Invitation: Describe what symptoms others missed and when they occurred.
 - SPECTAR focus: School attendance records, nurse visits, third-party absence of symptoms.
- **Defense Argument: I Was Misunderstood Because I Am Thorough**
 - Statement: Some parents are highly detail-oriented about health.
 - Invitation: Describe how you track and record your child's symptoms.
 - SPECTAR focus: Documentation patterns, escalation frequency, digital searches.
- **Defense Argument: I Am Being Targeted Due to Conflict**
 - Statement: Allegations sometimes arise during family or custody disputes.
 - Invitation: Describe the state of any disputes before these concerns surfaced.
 - SPECTAR focus: Custody timeline alignment, provider reports following disputes.
- **Defense Argument: I Never Wanted My Child to Be Sick**
 - Statement: Most parents say their goal is their child's wellbeing.
 - Invitation: Describe what a healthy future for your child looks like in your mind.
 - SPECTAR focus: Identity fusion, illness centrality, life centrality around medical care.
- **Defense Argument: Mental Health Influenced My Judgment**
 - Statement: Stress and mental health conditions can influence medical decision-making.
 - Invitation: Describe how your mental state influenced your choices about treatment.
 - SPECTAR focus: Treatment compliance, therapy records, stress triggers.
- **Defense Argument: There Was No Intent to Harm**
 - Statement: Intent and outcome are sometimes viewed differently.
 - Invitation: Describe what you believed the outcome of each intervention would be.
 - SPECTAR focus: Induction versus exaggeration, awareness of risk.
- **Defense Argument: Providers Disagreed With Each Other**
 - Statement: Medicine often involves differing opinions.
 - Invitation: Describe each disagreement between providers and how you responded.
 - SPECTAR focus: Provider switching pattern, escalation after disagreement.

ELICITATION EXAMPLES (GENERAL):

- *Responsibility Evasion*
 - Statement. – “A lot of people in situations like this feel like events started moving before they could really stop them.”
 - Statement. – “It often feels like once things start, they take on a life of their own.”



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- Statement. – “Most people don’t feel like they were the one steering everything that happened.”
- *Distancing*
 - Statement. – “It sounds like this is something that happened around you more than something you were actively driving.”
 - Statement. – “People often talk about this like they were watching things unfold rather than creating them.”
- *Hedging / Narrative Softening*
 - Statement. – “A lot of people describe what happened in general terms, because the details are harder to pin down.”
 - Statement. – “Most people remember the big picture first, not the exact steps.”
- *Stability and Drift*
 - Statement. – “It usually gets harder to keep all the timelines straight once several people start retelling the same events.”
 - Statement. – “When a lot of people are involved, the story tends to shift a little each time it gets repeated.”
- *Denial Activation*
 - Statement. – “Most people are surprised by how quickly others decide what kind of person they are after something like this.”
 - Statement. – “It’s frustrating when people hear one version and treat it like it’s the whole truth.”
- *Denial and Impression Management*
 - Statement. – “People usually worry more about how they come across than about the actual situation itself.”
- *Impression Management*
 - Statement. – “It seems like you care a lot about how this reflects on you as a person.”
 - Statement. – “For most people, protecting their reputation becomes just as stressful as dealing with the case itself.”
- *Hero and Victim Role*
 - Statement. – “A lot of people in your position feel like they are the only one who really tried to handle things the right way.”
 - Statement. – “It can feel like you were the one holding things together while everything else was falling apart.”
 - Statement. – “Sometimes it feels like you were trying to do the best you could in a situation that was already broken.”
- *Victim Role Inversion*
 - Statement. – “It sounds like you’ve taken most of the impact from all of this.”
 - Statement. – “A lot of people feel like they are the one paying the biggest price here.”
 - Statement. – “It often feels like the consequences hit you harder than anyone else.”
- *Mitigation*



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- Statement. – “Most people in situations like this focus on the parts that were understandable at the time.”
- Statement. – “People usually explain what they were thinking rather than what others assume they were doing.”
- Statement. – “A lot of people try to make sense of why their choices felt reasonable in the moment.”
- *Minimization*
 - Statement. – “Some people would probably see this as much smaller than how it has been described.”
 - Statement. – “It probably feels like the situation has grown far beyond what actually happened.”
 - Statement. – “Most people are surprised by how serious others make something like this sound.”
- *Rationalization*
 - Statement. – “A lot of people can explain their decisions in a way that makes sense when you understand their situation.”
 - Statement. – “Most people feel there were practical reasons behind the choices they made.”
- *Justification*
 - Statement. – “It often feels like what you did was reasonable given what you were dealing with at the time.”
 - Statement. – “People usually believe they acted in a way that fit the circumstances.”
- *Blame-Shifting*
 - Statement. – “Usually when something reaches this point, more than one person played a role in how it unfolded.”
 - Statement. – “It’s common for people to feel that others could have handled things very differently.”
 - Statement. – “A lot of situations like this only escalate because someone else makes the wrong move.”
- *Victim Denigration*
 - Statement. – “It’s hard when people don’t really understand the other person’s behavior in situations like this.”
 - Statement. – “Most people feel the other person’s actions don’t get examined very closely.”
 - Statement. – “A lot of people feel the focus stays on them instead of on what the other person was doing.”
- *Victim Initiation / Provocation Framing*
 - Statement. – “Many people feel the situation really started earlier than what is being talked about now.”
 - Statement. – “It often feels like something set this in motion long before the incident everyone focuses on.”
 - Statement. – “Most people describe a buildup that others never really see.”
- *Revenge and Grievance Motive*



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- Statement. – “It can feel like someone wanted to hurt you back more than they wanted the truth.”
- Statement. – “A lot of people believe this turned into something personal for someone else.”
- Statement. – “Sometimes it feels less about what happened and more about settling something.”
- *Posturing and Framing*
 - Statement. – “The way this is being described publicly probably feels very different from how you experienced it.”
 - Statement. – “It seems like the wording people use changes how serious everything sounds.”
 - Statement. – “How this is framed probably matters more than most people realize.”
- *Evasiveness / Process Avoidance*
 - Statement. – “Most people talk about outcomes first, not the steps in between.”
 - Statement. – “It’s usually easier to describe what it ended up looking like than how it actually unfolded.”
 - Statement. – “People often skip over the middle part of the story.”
- *Psychological Distance*
 - Statement. – “It sounds like you’ve had to separate yourself from a lot of this just to get through it.”
 - Statement. – “A lot of people talk about this in a very detached way once it’s over.”
 - Statement. – “It’s common to describe things almost like they happened to someone else.”
- *Boundary Reframing*
 - Statement. – “People often describe the boundaries in situations like this as more complicated than outsiders realize.”
- *Consent Ambiguity Framing*
 - Statement. – “A lot of people say what was understood between two people gets oversimplified later.”
- *Escalation Framing*
 - Statement. – “Most violent or sexual situations people talk about don’t start at the point everyone focuses on.”
 - Statement. – “There is usually a long lead-up that never makes it into the reports.”
- *Relationship Reframing*
 - Statement. – “People usually feel the relationship itself gets misunderstood once everything is reduced to an incident.”
- *Authority and System Blame*
 - Statement. – “It’s frustrating when professionals step in after the fact and think they understand everything.”
 - Statement. – “A lot of people feel the system already has its own story before they ever speak.”
- *Control Versus Chaos Framing*



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- Statement. – “It sounds like a lot of what happened was shaped by circumstances more than by deliberate choices.”
- Statement. – “Most people describe the situation as messy rather than intentional.”
- *Identity Protection*
 - Statement. – “It seems important to you that people understand who you really are, not just what they heard.”
 - Statement. – “A lot of people worry that one situation ends up defining their entire life.”

One operational warning that matters in your environment.

Several of these statements embed psychological direction on purpose. You should only deploy them after the subject has already produced an unprompted baseline narrative. Otherwise you will pollute your own movement analysis.

The tactical rule for your system. - Use one elicitation statement. Then go silent. Then move immediately into clean follow-up questions only after the offender has committed language to the record.

POST-ALLEGATION COGNITIVE REFLECTION

- When medical decisions become the subject of scrutiny, parents often reflect deeply. Is there anything you would handle differently now?
- Most people can step outside themselves and consider how a situation appears to others. How do you think your actions look from an outside perspective?
- Small medical decisions over time can accumulate into a larger picture. What decisions during that period stand out to you now?
- Looking back at the overall pattern of illness and treatment, what do you believe escalated over time?
- If someone reviewed all of the medical records and timelines together, what would you want them to understand about your intentions?