

Appendix K: FSH Service Coordinator Interview Package

NAME OF APPLICANT \_\_\_\_\_

INTERVIEWER #1 \_\_\_\_\_

INTERVIEWER #2 \_\_\_\_\_

Created by the National Implementation  
Research Network (adapted for OEO/FSH)

This and other resources are available at <https://nirn.fpg.unc.edu/>

## SUGGESTED INTERVIEW PROCESS

1. Review resume. Look for basic qualifications. Try to have at least 10 apparently qualified applicants for the position you are seeking to fill.
2. Telephone interview. Explain the position and the kinds of families and situations a Service Coordinator encounters. Ask questions about the person's qualifications. Listen for enthusiasm, self-assurance, and ease of talking. Usually, about 6 or 7 qualified applicants make it past this point (7/10 remaining applicants).
3. The interview usually includes the person who will be the supervisor for the new Service Coordinator, an administrator / director, and/or an ideally, an experienced Service Coordinator already on staff. Usually, no more than three individuals will participate in any given part of an interview. The interview provides an early opportunity to form relationships and prepare the interviewers to (eventually) respond to the unique strengths and professional development needs of the new Service Coordinator. It also is a good gauge of "who is out there" so changes in the job market can be detected and workable responses can be formulated (e.g., change the recruiting ad, upgrade pay scales, change preservice workshop training, prepare for greater supervision challenges).
4. Interview, Part I. A set of general questions designed to have you meet the applicant and get your first impressions, much like a family would. Usually, one or two applicants do not make it past this point. For them, thank them for coming in to talk to you and let them know you will call them with the result by a certain day. Do not imply that there is more to the interview (5/10 remaining applicants).
5. Interview Part 2. An extended set of questions, self-ratings, and some vignettes to prompt discussion and get at values regarding children, families, support and treatment, and working as a team. Often, one or two applicants do not make it past this point. For them, thank them for coming in to talk to you and let them know you will call them with the result by a certain day. Do not imply that there is more to the interview (3/10 remaining applicants).
6. Interview Part 3. If there is time, a role play can be helpful. The interviewer plays the part of a Mom or Dad and the applicant is asked to deal with the situation that is presented. The role-play scenes, set up, and follow up are done in a very positive and supportive manner by the interviewers. Assure them that you are not looking for any particular skills, just their general style of dealing with families. This is a mini-training session and a mini-consultation session wrapped up in one so careful attention is paid to how teachable the applicant is. Usually, only 1 of the original 10 applicants will shine by the end of this experience.

**SAMPLE INTERVIEW QUESTIONS AND VERBAL VIGNETTES**

1. Do you have any questions about the program, the types of families you will be working with, or what the position entails?

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2. Describe your last job in a sentence or two.

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Describe your last supervisor in a sentence or two.

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3. What are your greatest strengths as a professional? Please provide an example that demonstrates your strengths.

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4. What makes you happiest working someplace?

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Unhappiest?-----

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5. Describe the skills you have that could be used to help families become stably housed

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6. Describe a challenging situation you have dealt with involving two or more people.

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How did you handle it?-----

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Looking back, what would you do differently today?-----

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## SITUATIONAL OPINIONS

You will need to work with a variety of agencies and organizations to meet the needs of children and families.

1. What would be your approach to gaining cooperation from agencies, schools, etc. that are often fed up with the child and family and do not want to deal with them anymore?

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2. What professional value, if any, do you see in activities such as transporting parents to appointments, cleaning toilets in a home, going grocery shopping with a family, and so on.

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How would you feel about yourself as a professional if you provided such services?

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3. While we do everything we can to help Service Coordinators acquire the skills and confidence to work proactively with difficult families, we know that crisis intervention and direct support are a reality, do you have experience with families in crisis?

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4. Service Coordinators work hard in order to schedule visits at places and times that are convenient for family members. How do you feel about working unstructured and unpredictable hours?

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## VERBAL VIGNETTES

How would you handle these situations as a Service Coordinator?

1. A new family has been referred. The caseworker has told you that the three young children are very aggressive toward each other, their Mom, and strangers. The caseworker refuses to go with you for your first family visit saying she has already visited the family. When you called Mom to make an appointment, Mom sounded very tired and said she was "at the end of her rope."

When you arrive at 7:00 pm Mom greets you at the door and invites you to sit down. Immediately, one child takes a marker and draws lines on your new jacket. The other two children are jumping on the couch and one has a handful of the other's hair. Mom threatens them with early bedtimes, whereupon the oldest child slaps Mom across the back. As you gently extract your coat from the child with the marker, she sinks her teeth into your arm. Simultaneously, the third child climbs onto your chair, jumps on your back, and hangs around your neck. At that point, Mom looks at you with tears in her eyes and says, "I can't take this anymore! What can I do?"

2. You meet a family for the first time. Among the first few things you notice is that they are not well kempt. Their hair is dirty, their clothes are torn and unclean, and they smell terribly of body odor. You know that hygiene is an issue that you must tackle but the family does not identify this as a concern during your discussion of goals. How would you approach this issue?
3. You have been working with a family for about three weeks. You feel like you have tried everything you know to do but the parents will not change their behavior. You go to your supervisor and say, "I think this family is too high need for FSH." Instead of agreeing with you, your supervisor suggests that you create a better partnership with the parents to make it more likely that they will follow through with their goals. What specifically do you think your supervisor is suggesting that you do?

**APPLICANT SELF-ASSESSMENT OF SKILLS AND ABILITIES**

Rate yourself on your ability 1= Very Little, 10= Very High. Explain in one sentence.

[ ] Writing Skills-----  
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[ ] Public Speaking-----  
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[ ] Organization-----  
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[ ] Creativity-----  
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[ ] Persistence-----  
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[ ] Solve Problems-----  
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[ ] Work Under Pressure/Meet Deadlines-----  
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[ ] Advocate-----  
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[ ] Flexibility-----  
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[ ] Give and Accept Corrective Feedback-----  
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[ ] Optimistic View in Crisis/Problem Situation-----  
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[ ] Ability to Support Colleagues-----  
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