

# SOP MODULE 2

## PARTICIPANT GUIDE

## ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

October 2021

Structured Decision Making® and SDM® are registered in the US Patent and Trademark Office.



### ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at [EvidentChange.org](https://EvidentChange.org) and [@Evident\\_Change](https://twitter.com/Evident_Change) on Twitter.

© 2021 Evident Change

# CONTENTS

Collaborative Assessment and Planning (CAP) Framework..... 1

CAP Framework—Cheryl..... 2

CAP Framework—Andy..... 4

CAP Example for Resources..... 7

Creating Harm, Worry, and Goal Statements..... 10

Examples of Harm, Worry, and Goal Statements ..... 13

Quick Question Guide for CAP Framework With Families ..... 15

Quick Question Guide for CAP Framework at Case Transfer ..... 18

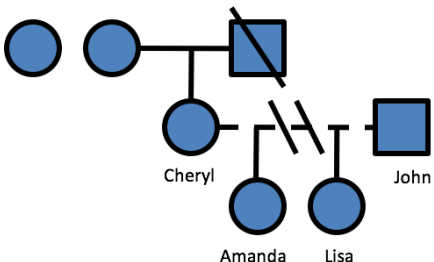
How to Facilitate an Effective Framework in Case Consultations..... 21

# COLLABORATIVE ASSESSMENT AND PLANNING (CAP) FRAMEWORK

What Are We Worried About?		Purpose of Consultation	What Is Working Well?
<b>Harm and Danger</b> <ul style="list-style-type: none"><li>Caregiver behavior; impact on child</li><li>Youth behavior; impact on youth and others</li><li>Pattern/history</li></ul>	<b>Genogram, Ecomap, Circles of Safety and Support</b>  People in the family and network who care about the child/family  <b>Cultural Considerations</b> How family identifies racially, ethnically, culturally  <b>SDM® System Guidance</b> Most recent safety and risk assessment results; current recommended decision	<b>Safety and Permanency/Belonging</b> <ul style="list-style-type: none"><li>Actions of protection, taken by the caregiver and network, that address the danger and are demonstrated over time</li><li>Actions of connection, taken by the caregiver and network and demonstrated over time, that promote enduring relationships to family, community, and culture</li></ul>	
<b>Complicating Factors</b> <ul style="list-style-type: none"><li>Conditions or behaviors that create greater barriers to safety, permanency, well-being</li><li>Research-based risk factors</li></ul>	<b>Gray Areas</b> Incomplete or speculative information	<b>Strengths and Resources</b> <ul style="list-style-type: none"><li>Assets, resources, and capacities at the individual, family, and community levels</li><li>Presence of research-based protective factors</li></ul>	
What Needs to Happen?			
<b>Worry Statements</b> What do key stakeholders worry will happen if nothing changes? Consider safety, permanency, and well-being.		<b>Goal Statements</b> What needs to be demonstrated, over time, to address the concerns and ensure the child is safe, well, and connected to family, community, and culture? <i>(Bottom lines, not services)</i>	
<b>Action Steps</b> <ul style="list-style-type: none"><li>Look at the next SDM decision point. What information is needed? What conversations with the family and network need to happen?</li><li>What needs to happen next to work toward reaching goals?</li><li>Who has agreed to do what, when?</li><li>What kinds of plans are needed (safety plans, service plans, others)?</li></ul> <p><i>Refer to any recommended SDM assessment guidance.</i></p>			

Based on: Consultation and Information Sharing Framework (Lohrbach, 2000); Signs of Safety Assessment and Planning Framework (Turnell & Edwards, 1999; Department of Child Protection, 2011); The Massachusetts Safety Map (Chin, Decter, Madsen, & Vogel, 2010); and The Partnering for Safety Assessment and Planning Framework (Parker & Decter, 2012).

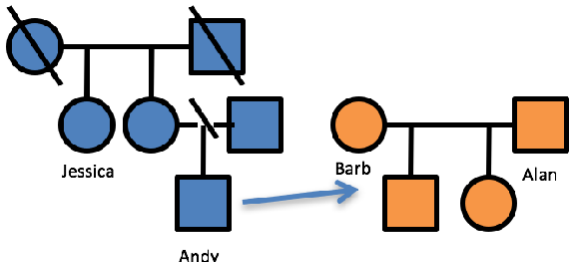
# CAP FRAMEWORK—CHERYL

What Are We Worried About?	Purpose of Consultation	What Is Working Well?
<p><b>Harm and Danger</b></p> <ul style="list-style-type: none"> <li>It was reported by police and medical personnel that on September 17, Cheryl turned on the gas of her kitchen stove while her children were home. She and the children passed out from the fumes. A neighbor smelled gas, broke down the door, and called police.</li> <li><u>Past harm</u>: Cheryl reported that three years ago, the girls' father, John, was violent toward Cheryl in front of the girls, striking her in the face and body multiple times.</li> </ul>	<p><b>Purpose of Consultation</b></p> <p>To help the family develop a reunification plan</p> <p><b>Genogram, Ecomap, Circles of Safety and Support</b></p>  <p><b>Cultural Considerations</b></p> <p>Family is Black. Cheryl attends a Catholic church regularly.</p> <p><b>SDM® System Guidance</b></p> <p>A safety assessment was conducted 15 days ago. The home is considered unsafe at this time.</p> <p>A risk assessment was completed just prior to this consultation. The family has a moderate likelihood of repeat system involvement, which becomes high likelihood due to the policy override.</p>	<p><b>Safety and Permanency/Belonging</b></p> <ul style="list-style-type: none"> <li><u>Past safety</u>: Cheryl reported that almost three years ago, she took out a restraining order against John. She said she had to call police "two or three times" after that when John came to the apartment. Since then, he has not come to the home again.</li> </ul>
<p><b>Complicating Factors</b></p> <ul style="list-style-type: none"> <li>Cheryl lost her job as a clerk and is currently unemployed.</li> <li>Cheryl's father was violent, resulting in Cheryl living with an aunt as a child.</li> </ul>	<p><b>Gray Areas</b></p> <ul style="list-style-type: none"> <li>Cheryl is active in her church. Can the church be part of her safety network?</li> <li>Are there paternal relatives who would/could be part of the family's network?</li> <li>Did medication help Cheryl in the past? Which kind? What would help now?</li> </ul>	<p><b>Strengths and Resources</b></p> <ul style="list-style-type: none"> <li>Cheryl moved the kids to another room before she turned on the gas.</li> <li>Cheryl reportedly did well at the inpatient unit during a brief stay last week.</li> <li>Family doctor and school had no concerns prior to this incident and described many</li> </ul>

<ul style="list-style-type: none"> <li>• The hospital reported that Cheryl has a history of mental illness and received a diagnosis of major depression.</li> <li>• The girls have not seen their dad for more than two years.</li> <li>• John has not been found and has not returned any calls or answered letters from child protective services (CPS).</li> </ul>	<ul style="list-style-type: none"> <li>• How much do the children understand about what happened? Do they need treatment/support of some kind?</li> </ul>	<p>positive interactions between Cheryl and the children.</p> <ul style="list-style-type: none"> <li>• Cheryl graduated from high school.</li> <li>• Cheryl's mother moved Cheryl to her aunt's home and ensured she was safe from her father.</li> <li>• Cheryl had a job as a clerk for a long time.</li> <li>• Cheryl wants to be reunified with her children and is willing to work with Trina (foster mother), Betsy (coach), and CPS.</li> <li>• Trina knows Cheryl from high school and is willing to work with her as well.</li> </ul>
<b>What Needs to Happen?</b>		
<p><b>Worry Statements</b></p> <ul style="list-style-type: none"> <li>• Amanda and Lisa could be seriously injured if Cheryl becomes depressed, avoids asking for help, and tries to hurt herself while the girls are with her.</li> <li>• Amanda and Lisa could be scared, shocked, or traumatized if Cheryl hurts herself and the children find her.</li> <li>• Amanda and Lisa could be harmed emotionally or socially if they are separated from their mother and have to live outside the home.</li> </ul> <p>Note: There are more worry statements related to John's violence.</p>	<p><b>Goal Statements</b></p> <p>To be created at the case planning stage.</p>	
<p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>• Safety scaling question: Cheryl is a 3; the girls are an 8; Trina is a 5; CPS is a 5.</li> <li>• Cheryl agrees to not be around the children by herself.</li> <li>• Foster mother Trina says Cheryl is welcome to come over anytime as long as she calls first. Visits in the morning to help the kids get ready for school have been okayed as supervised visits with Trina.</li> <li>• Cheryl agrees to see the family doctor about her depression, its background, and any health and body issues that may be contributing to it. CPS has offered to provide transport and accompany Cheryl if she wishes.</li> <li>• Cheryl agrees to meet with Betsy (coach) from CPS.</li> <li>• CPS will convene a family meeting next week with Cheryl to help her and her network make a plan to address the worry statements and move toward reunification.</li> <li>• Cheryl wants to invite Trina, her neighbor Paul, her mother, and her aunt to the family meeting. The family doctor may also participate by phone.</li> <li>• CPS will continue attempts to contact John.</li> <li>• CPS, Cheryl, the network, and providers will update this list at the meeting next week.</li> </ul>		



# CAP FRAMEWORK—ANDY

What Are We Worried About?	Purpose of Consultation	What Is Working Well?
<p><b>Harm and Danger</b></p> <ul style="list-style-type: none"> <li>Andy, age 16, came into care two years ago when his mother, Jules, was struggling with substance use. While she visited him sporadically for the first few months, she has had no contact with him in the last 18 months. Her parental rights have been terminated.</li> <li>Andy has been struggling in the last six months. He has been skipping school and using marijuana regularly. He recently started running into traffic when confronted about his smoking. He currently lives with foster parents Alan and Barb and their two children.</li> </ul>	<p>24-month staffing to create a permanency plan</p> <p><b>Genogram, Ecomap, Circles of Safety and Support</b></p>  <p><b>Cultural Considerations</b></p> <ul style="list-style-type: none"> <li>Andy is White and has no religious affiliation.</li> <li>Barb and Alan are White and identify as Pentecostal.</li> </ul> <p><b>SDM® System Guidance</b></p> <p>The last safety assessment completed between Andy and his mom, nearly two years ago, determined that Andy was unsafe. A risk assessment completed at same time showed a high likelihood of repeat system involvement</p> <p>(Note: CPS does not have an SDM reunification assessment, which also would have been used during this time. It would have recommended against reunification due to lack of contact and progress by Andy's mother.)</p>	<p><b>Safety and Permanency/Belonging</b></p> <ul style="list-style-type: none"> <li>A number of times in the last year when Andy has become very angry or run into the street, he has been able to calm himself down and return to Barb and Alan's home.</li> <li>Andy's aunt Jessica (who previously lived out of state) has visited on and off over the past two years as an occasional resource. She has not seen herself as a permanent placement option, but she did recently move to the state.</li> </ul>

<p><b>Complicating Factors</b></p> <ul style="list-style-type: none"> <li>• Andy has missed 12 of 50 days of school this year.</li> <li>• Andy says he likes to use marijuana and will not stop.</li> <li>• Andy never knew his dad and does not know where he is.</li> <li>• Andy misses his mom.</li> <li>• Andy has broken curfew a number of times this month.</li> <li>• Barb and Alan report feeling frustrated and overwhelmed.</li> <li>• Barb and Alan's biological children (ages 8 and 10) are angry and feel like Andy takes too much time away from them.</li> </ul>	<p><b>Gray Areas</b></p> <ul style="list-style-type: none"> <li>• Why has Andy been struggling more in the last six months? Could he have seen his mother? Did something else happen?</li> <li>• It is unclear whether Aunt Jessica may be willing to consider becoming a kin placement for Andy.</li> </ul>	<p><b>Strengths and Resources</b></p> <ul style="list-style-type: none"> <li>• Andy has a strong relationship with Barb and Alan. He has gone to church with them and generally has followed household rules.</li> <li>• Andy regularly develops good relationships with adults. He has made connections with James (from church), Lisa (from his afterschool program), and Christopher (from a local shop he visits regularly). All these people have come to team meetings in the past and say they want to stay in Andy's life.</li> <li>• Andy is bright. When he attends school and does his work, he gets good grades.</li> <li>• Andy has a number of good friends.</li> </ul>
<p><b>What Needs to Happen?</b></p>		
<p><b>Worry Statements</b></p> <ul style="list-style-type: none"> <li>• Andy could be injured or killed when he runs into traffic.</li> <li>• Andy could be socially or emotionally harmed (lose his independence) if he is placed in a psychiatric hospital unit as a result of running into traffic.</li> <li>• Andy could be emotionally and socially harmed (sad, scared, or confused) when he is separated from his family of origin with no realistic plan for permanency or ongoing connection to them.</li> <li>• Andy could be socially and academically harmed when he smokes marijuana and skips school.</li> </ul>	<p><b>Goal Statements</b></p> <ul style="list-style-type: none"> <li>• Andy will always be cared for by adults who recognize his particular support and supervision needs and who create clear plans, rules, and limits that will help protect him from harm.</li> <li>• Andy will make plans, make choices, and take steps regarding risks that will help protect him from harm.</li> <li>• Andy and all the adults who care about him will meet to create plans that address: <ul style="list-style-type: none"> <li>» Alternative ways for him to handle his anger and frustration;</li> <li>» How he can ask for help if/when he has been using drugs; and</li> <li>» How to ensure his educational needs will be met consistently.</li> </ul> </li> </ul>	



**Action Steps**

- Safety scaling question: Andy is a 7, Alan and Barb are a 4, Aunt Jessica is a 6, and the CPS worker is a 5.
- "Life on track" scaling question: Andy is an 8, Alan and Barb are a 6, Aunt Jessica is a 6, and the CPS worker is a 6.
- Andy agrees to ask Barb, Alan, or the network for help if he notices that he is becoming angry or upset. He understands how dangerous it is to run into traffic and says he will use other strategies to let people know he needs help instead.
- Aunt Jessica agrees that Andy can stay with her if he is upset or needs a night away from his foster home.
- Andy is unwilling to stop smoking marijuana but is willing to visit his primary care doctor to discuss his marijuana use.
- Andy agrees to visit the alternative school program and consider whether that may be a better fit for him. He says he is committed to getting "back on track" with school.
- Andy agrees to restart sessions with counselor Betsy; Aunt Jessica agrees to attend two sessions while she considers becoming a more permanent placement. The CPS worker also will attend one of these two sessions.
- Andy, Barb, Jim, Aunt Jessica, the network, and CPS will meet again to review this plan in one month.

# CAP EXAMPLE FOR RESOURCES

**Worker Name:** Linda/Joanna

**Family Name/ID:** Fabiola

**Date:** 8/4/2021

**Resource Name/ID:** Franklin

What are we worried about?		What is working well?																				
<p><b>Harm and Danger (of the placement disrupting)</b></p> <p>Ellen and Ron are having a difficult time as foster parents for the girls (Desirae [14], Maria [16], and Serena[17]). They listed several concerns.</p> <ul style="list-style-type: none"><li>• They are frustrated when the girls do not call and check in.</li><li>• They are tired of chasing after them and getting no answer when they call.</li><li>• DCFS and the foster family need to be informed and know the girls are safe.</li><li>• They are upset that bedbugs are a recurring problem.</li><li>• They are unhappy that the girls often do not ask, but instead tell them they are doing something or demand rides.</li></ul>	<p><b>Purpose of Consultation</b></p> <p>To stabilize the placement with the resource family, who is considering giving their notice. Foster parents Ron and Ellen are frustrated with the girls’ behavior and are considering giving their notice as they feel they can no longer care for three teenage girls.</p> <p><b>Genogram, Ecomap, Circles of Safety and Support</b></p> <table><tr><td>Ellen and Ron</td><td>Resource Parents</td></tr><tr><td>Linda</td><td>Resource Worker</td></tr><tr><td>Joanna</td><td>Foster Care Services Worker</td></tr><tr><td>Erica</td><td>Adult Sister</td></tr><tr><td>Marisol</td><td>Adult Sister</td></tr><tr><td>Ashley</td><td>Adult Sister</td></tr><tr><td>Pedro</td><td>Adult Brother (had to work)</td></tr><tr><td>Desirae</td><td>(14 yo)</td></tr><tr><td>Maria</td><td>(16 yo)</td></tr><tr><td>Serena</td><td>(17 yo)</td></tr></table> <p><b>Cultural Considerations</b></p> <p>Ellen and Ron are a white, Christian family caring for three Latinx teenage girls. The resource family attends a nondenominational evangelical Christian church, and the girls were raised Catholic.</p> <p><b>SDM® System Guidance</b></p> <p>Girls are on track for transitional assistance to live with their oldest adult sister, Erica, when they age out.</p>	Ellen and Ron	Resource Parents	Linda	Resource Worker	Joanna	Foster Care Services Worker	Erica	Adult Sister	Marisol	Adult Sister	Ashley	Adult Sister	Pedro	Adult Brother (had to work)	Desirae	(14 yo)	Maria	(16 yo)	Serena	(17 yo)	<p><b>Safety and Permanency/Belonging</b></p> <p>Erica and her siblings helped Ellen and Ron better understand how their younger sisters operate and what type of rules, rewards and consequences work best for them. They encouraged Ellen and Ron to be strict and said that the girls were used to more rules and accountability when living with their parents.</p>
Ellen and Ron	Resource Parents																					
Linda	Resource Worker																					
Joanna	Foster Care Services Worker																					
Erica	Adult Sister																					
Marisol	Adult Sister																					
Ashley	Adult Sister																					
Pedro	Adult Brother (had to work)																					
Desirae	(14 yo)																					
Maria	(16 yo)																					
Serena	(17 yo)																					

<p><b>Complicating Factors</b></p> <p>There are many cultural differences that play out between the girls and the resource family. The girls would prefer to go to Mass with their family.</p> <p>The girls feel this meeting is a waste of time, that the resource family is clearly already going to give up on them.</p> <p>Serena is devastated at the potential of having to move schools her senior year.</p> <p>Maria is stressed out and struggling to keep her room clean due to so much schoolwork.</p> <p>Serena said it feels like they are shamed and blamed for bedbugs (they came back three times this year).</p> <p>Ellen and Ron have not asked for support from their own network of family, friends, and professionals and are feeling exhausted.</p> <p>Maria is caretaking/enabling Serena by doing her chores for her.</p> <p>Girls stated there's an unfair issue with daycare kids not having to bag-up clothes. Ellen stated that she does follow the same protocol with everyone who comes and goes from the house.</p>	<p><b>Gray Areas</b></p> <ul style="list-style-type: none"> <li>• Not sure why mother didn't show for this meeting, girls worried she may have relapsed, older sister wonders if she may just be too ashamed to show her face.</li> <li>• Ellen said the clothing allowance stopped coming and they don't know why.</li> </ul>	<p><b>Strengths and Resources</b></p> <p>Everyone is committed to working on bridging those gaps by listening and learning from one another.</p> <p>The girls have four adult siblings: three sisters and a brother. The adult sisters came to participate tonight.</p> <p>The girls are all good students.</p> <p>Maria does keep up with her laundry.</p> <p>Desirae does keep her room neat and ask for rides respectfully.</p> <p>The girls have continued to have sporadic family time with their mother even though her rights were terminated and their permanency goal is no longer reunification.</p>
--	--	--

## What needs to happen?

### Worry Statements

DCFS and the family are worried that if Ellen and Ron don't get the support they need to manage the girls in their care, they will give their notice and the girls will have to move again and disrupt their school and work lives. Desirae, Maria, and Serena will be further traumatized by losing another connection with safe adults.

### Goal Statements

Ellen and Ron will work with a network of family, friends, and professionals to always feel like they have people to call for emotional support and a backup plan when they need respite so they can keep the girls safely and securely in their care until they age out of the DCFS system.

### Action Steps

1. Ellen and Ron identified her sister, Mary Ann, and two couples from church whom they could ask to help out when the girls need rides or they need emotional support and parenting advice. They will invite them to attend the next meeting to see whether they will commit to being part of their support network.
2. Ellen and Ron agree to revise the structure and rules—Erica, Marisol, and Ashley explained that the girls should be held accountable to clean their room or they can't go out. The girls agreed to try the following.
  - Identify specific days and times when chores have to be done.
  - If the chores are not done by the specified time, they cannot go out until they are done.
  - If their request to go out to the mall or a party is not appropriate, such as there is no adult supervision, Ellen and Ron will say no, and the girls will accept no as the answer.
3. The girls may go to Mass with their siblings any time they want as long as they can get a ride.
4. FSW Linda will work to get the clothing allowance issue resolved this week.
5. Everyone agrees to work this action plan for the next month, until we can meet again on September 1.
  - At that meeting, we will dig into the larger issue of hierarchy of authority: DCFS as legal custodian, bio parent/siblings, and resource parents.
  - We will also create a plan B in case the family determines the plan is not working and the girls will need another living arrangement.

Based on: Consultation and Information Sharing Framework (Lohrbach, 2000); Signs of Safety Assessment and Planning Framework (Turnell & Edwards, 1999; Department of Child Protection, 2011); The Massachusetts Safety Map (Chin, Decter, Madsen, & Vogel, 2010); and The Partnering for Safety Assessment and Planning Framework (Parker & Decter, 2012).

# CREATING HARM, WORRY, AND GOAL STATEMENTS

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address. Goal statements are clear, simple statements about what the parent will *do* that will convince everyone the child is safe now and will be safe in the future.

Constructing harm, worry, and goal statements first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

*As much as possible, try to use the family's own language for these statements.* Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why the agency is involved, what the agency is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental “just-the-facts” language.

## HARM STATEMENTS

Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee, *a clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future.*



**Who** says (or it was reported)



**What** caregiver actions/inaction



**Impact** on the child

Example: Sam *reported* to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.

## WORRY STATEMENTS

One of the most crucial parts of this work is creating detailed statements about the resulting concerns the agency and others have. Worry statements answer two questions.

What are we worried will happen to the children if nothing else changes?

In what situations or context are we worried this could happen?

Sharing worry statements with the family, agency, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent “case drift.”

Worry statements are composed of the following.



**Child**

may be



**Impacted how?**

if/when



**Context**

Example: Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

## GOAL STATEMENTS

Goal statements are short, simple, behavior-based statements used to help family members, departmental staff, and other professionals clearly understand what actions parents need to take to show that the child will be safe. Goal statements lay the groundwork for the family to successfully complete their service plan. They describe what the family can do to create safety for their child.

As much as possible, try to use the family’s own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These statements should be written in honest, detailed, nonjudgmental “just-the-facts” language.

Goal statements should respond to the worry statements in about three or four sentences. The objectives for the service plan should come almost directly from the goal statements. Goal statements are composed of the following.



**Child**



**What will be  
done differently**



**To address the  
safety threat**

Example: Sam will be cared for by adults who solve their disagreements and problems in loving and caring ways, treat each other respectfully, and ask for help when they need it.

### **FAMILY- AND SAFETY-CENTERED PRACTICE**

Whenever possible, involve children, family, extended family, and network members in the creation of harm, worry, and goal statements. These statements are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and the agency's bottom lines.

When these statements are not created in partnership with families (e.g., at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why the agency is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps.

1. Make sure the worry and goal statements address the agency's bottom lines.
2. Share and refine them with the family (while still holding the bottom line).
3. Use solution-focused questions to collaboratively develop statements that address the agency's bottom lines *and* have family approval.



# EXAMPLES OF HARM, WORRY, AND GOAL STATEMENTS

HARM STATEMENT	WORRY STATEMENT	GOAL STATEMENT
<p><b>Domestic violence witnessed by child</b></p> <p>It was reported that 6-year-old Jason came to school multiple times stating that his stepfather, John, has gotten drunk and hit Jason's mother, Susan. Jason has witnessed the fights, which have included his parents hitting, punching, and throwing things at each other. During this time, Jason's grades and attendance have dropped, and many at school now worry that Jason may not be able to pass his grade level.</p>	<p>Jason may be seriously injured when John is violent and Jason tries to protect his mother.</p> <p>Jason may be seriously scared or confused when John is violent and Jason tries to protect his mother.</p> <p>Jason may do poorly at school and not pass his grade level when John is violent and Jason tries to protect his mother.</p>	<p>Jason will be cared for by adults who are nonviolent with each other and can solve their disagreements and problems in loving and caring ways.</p> <p>Jason will be cared for by adults who know and understand his particular academic needs and can provide the support and supervision he needs.</p>
<p><b>Physical abuse</b></p> <p>It was reported that 14-year-old Caleb was punched, hit, and kicked by both of his parents, Paul and Liz, on Saturday night, resulting in multiple bruises on his face, hands, and chest.</p>	<p>Caleb may be injured like this again, or receive even more serious injuries, when punched, hit, or kicked by his parents.</p> <p>Caleb may experience serious emotional harm when he is punched, hit, or kicked by his parents. He may be so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, or place himself in dangerous situations.</p> <p>Caleb may be physically or emotionally harmed by others when he is fearful of his parents and runs away.</p>	<p>Caleb will be cared for by adults who can set safe limits for him, physically, and understand and can respond to his special behavioral needs.</p> <p>Caleb will have a plan for a safe place and supportive adult to contact when he needs to leave home out of fear.</p>
<p><b>Injured infant; doctors say parent's explanation does not match injuries</b> <i>Sometimes it is not clear how the child was injured, making a harm statement difficult to write. However, concern for the future can be described, and workers can write a statement that makes these concerns clear.</i></p>	<p>Because no one knows how she suffered an injury while in the care of her caregivers in October, Chelsea may be seriously injured again, suffer permanent brain damage, have bleeding in the brain, or even die when she does not receive knowledgeable care and support to keep her safe and free from injuries.</p>	<p>Chelsea will be cared for by at least one adult who knows how to safely care for her and knows about her needs as an infant.</p>

HARM STATEMENT	WORRY STATEMENT	GOAL STATEMENT
<p><b>Theft with child present</b> Police reported that Rebecca took her 9-year-old daughter, Lisa, to the Stop and Shop today and while she was there, Rebecca attempted to steal \$45 worth of products. Lisa became very upset when her mother was arrested, and she could not be soothed until her grandmother picked her up from the police station.</p>	<p>Lisa may be scared and confused when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa.</p> <p>Lisa may be socially harmed and/or lose connection with her mother when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa.</p>	<p>Lisa will be cared for by an adult who can supervise her, care for her, and make sure she is protected from being around criminal activity.</p> <p>Lisa will be cared for by an adult who understands and can provide support for her need to live with a safe and familiar person.</p>
<p><b>Grandparent who could not continue with placement for adolescent</b> Police reported that while interviewing 15-year-old Lesley about the reports of her assault and battery charges and selling marijuana, Lesley's grandfather, Herb, became so upset that he threw up his hands and said, "I can't do this anymore! Call child welfare and tell them to take her!" Herb walked out of the police station. Lesley became quite angry—spitting, swearing, and eventually crying a great deal.</p>	<p>Lesley may be beaten or taken advantage of when she is selling marijuana on the streets and is without the help and support she needs.</p> <p>Lesley may lose her independence if she is arrested on suspicion of selling drugs or assault and battery.</p> <p>Lesley may be scared, confused, or angry when her grandfather gets so overwhelmed that he asks for her to be removed from his care.</p>	<p>Lesley will always be cared for by adults who recognize her needs for support and supervision and will create clear plans, rules, and action steps that will help keep her protected from harm.</p> <p>Lesley will make plans and choices that keep herself and others protected from harm.</p>
<p><b>Neglect due to substance abuse, methamphetamines</b> At Mercy Hospital, Kim's landlady and Kim's 10-year-old son, Paul, reported that Kim overdosed on meth and passed out while cooking dinner. Paul was home at the time. A neighbor heard the smoke alarm and called the police.</p>	<p>Paul may be physically harmed (by leaving the home and being taken advantage of, or by fires in the home) when Kim is using methamphetamines and becomes distracted and unavailable.</p> <p>Paul may get sick when Kim is using methamphetamines and Paul has contact with drugs or drug paraphernalia.</p> <p>Paul may be scared or confused when Kim is using methamphetamines and becomes distracted and unavailable.</p>	<p>Paul will be cared for by a safe and sober adult who ensures his important needs are met.</p> <p>Paul will be cared for by a safe and sober adult who ensures he has no contact with drugs or drug paraphernalia.</p>

# QUICK QUESTION GUIDE FOR CAP FRAMEWORK WITH FAMILIES

## COLLABORATIVE ASSESSMENT AND PLANNING (CAP) FRAMEWORK

<b>What Are We Worried About?</b> Harm and Danger	<b>Purpose of Consultation</b> Genogram, Ecomap, Circles of Safety and Support Cultural Considerations SDM® System Guidance Gray Areas	<b>What Is Going Well?</b> Safety and Permanency/Belonging
Complicating Factors		Strengths and Resources
<b>What Needs to Happen?</b>		
Worry Statements	Goal Statements	
Action Steps		

## COLLABORATIVE ASSESSMENT AND PLANNING (CAP) FRAMEWORK

**Purpose of consultation:** What is the most important thing for us to focus on today for this meeting to be useful for you and your family?

**Genogram:** Are there any other family members important to you and your children who are not included in the genogram?

**Cultural considerations:** Is there anything else I need to know about your family and your culture that would help us work well together?

**SDM® system guidance:** Do you need me to explain anything about the SDM tools and what they mean?

## QUESTION TO ASK ABOUT HARM AND DANGER

Let's look at the harm statements. It would be good to hear from you about what happened. Is there anything else you would like me to know?

## QUESTIONS TO ASK ABOUT COMPLICATING FACTORS

- Of these things recorded under complicating factors for your family, what do you think is most important for me to know about?
- What else is difficult or not going so well for your family that you would like me to know about? What else?
- What do you think makes it harder for your family to deal with the things that everyone is worried about?

## QUESTION TO ASK ABOUT ACTIONS OF PROTECTION

Have there ever been times when your children could have been hurt in a similar way, but you were able to do something to make sure they weren't hurt? What did you do? What difference did this make for your child?

## QUESTIONS TO ASK ABOUT STRENGTHS AND RESOURCES

- Of these things recorded under strengths and resources for your family, what do you think is most important?
- What do you think your child would say is most important?
- What else is going well in your family that you would like me to know about? What else?
- Who provides the most support to you and your family?

## QUESTIONS TO EXPLORE THE WORRY STATEMENTS

- Let's look at the worry statements. Did you have a chance to add your views to them?
  - » If YES: Is there anything that you want to add? Do you want to change any of the language?
  - » If NO: Let me ask you for your views, then.
- We've talked about some things that have not been going so well in your family. Can we now talk about the future? If the hard things you are dealing with were to continue, what worries you about how your children could be hurt in some way? What else? What do you think others (children, family members, others) are worried about what might happen? What else?
- Let's revisit the worry statements. Are any similar to the worries you described? Would you like to change any of the language? Do you feel comfortable adding your name to this worry statement, to show that you are also worried about this?
- Are there any worry statements that you want to add?

- Do you disagree with any of the worry statements? What is it about this worry statement that you don't agree with? Given that it is a worry for the agency, is that something that you are willing to work on and show that it won't happen?

## QUESTIONS TO EXPLORE THE GOAL STATEMENTS

- Let's look at the goal statements. Did you have a chance to add your views to these goals?
  - » If YES: Is there anything that you want to add? Do you want to change any of the language?
  - » If NO: Let me ask you for your views then.
- If all these challenging issues that you have been dealing with were resolved and things were at their best for your family, what would be different?
- If the agency is worried that this might happen to your children (focus on one worry statement at a time), what do you think the agency would need to see you do instead, in your care of the children, to be confident that your children will be safe?
- Let's look at the goal statements that the investigation worker wrote. Are any of these goals similar to what you described? Would you like to change any of the language?
- Are there any goal statements that you want to add?
- Do you disagree with any of the goal statements? What is it about this goal statement that you don't agree with? Given that it is important to the agency, is that something that you are willing to work toward?

## QUESTIONS TO ASK ABOUT ACTION STEPS

- So, if these are the goals, what do you think are the next steps that everyone needs to take to work toward achieving these goals?
- You rated the situation a 7 out of 10 on the safety scale. What do you think needs to happen to move up the rating to, say, an 8?
- What do you think \_\_\_\_\_ (children, family members, CPS, others) would say are the next steps that need to happen to work toward achieving these goals?

# QUICK QUESTION GUIDE FOR CAP FRAMEWORK AT CASE TRANSFER

COLLABORATIVE ASSESSMENT AND PLANNING (CAP) FRAMEWORK		
<b>What Are We Worried About?</b> <div>Harm and Danger</div>	<b>Purpose of Consultation</b> <div>Genogram, Ecomap, Circles of Safety and Support</div> <div>Cultural Considerations</div> <div>SDM® System Guidance</div> <div>Gray Areas</div>	<b>What Is Going Well?</b> <div>Safety and Permanency/Belonging</div>
<div>Complicating Factors</div>		<div>Strengths and Resources</div>
<b>What Needs to Happen?</b>		
<div>Worry Statements</div>	<div>Goal Statements</div>	
<div>Action Steps</div>		

## COLLABORATIVE ASSESSMENT AND PLANNING (CAP) FRAMEWORK

**Purpose of consultation:** Eliciting all necessary information for case transfer.

**Genogram:** Are there any other family members or significant people I need to know about?

**Cultural considerations:** How does the family identify culturally? Who else needs to be involved to ensure that work with this family is based on the best possible cultural understanding?

**SDM® system guidance:** What are the current SDM safety and risk levels? How long ago were they completed? Let's look at the tools and see how they were scored.

## QUESTIONS TO ASK ABOUT HARM AND DANGER

- Has there been any other harm to the child that is not recorded in the CAP framework?
  - » **If insufficient detail on harm:** What did the parents do (or not do) that led to the child being harmed in this way? When did this occur? In what context/circumstances? How often has this happened?
  - » **If insufficient detail on impact:** How did this impact the child?
  - » **If no information on the reporter:** How do we know this happened?

## QUESTIONS TO ASK ABOUT COMPLICATING FACTORS

- Are any other things happening to the family that make it harder for them to protect the child?
- Of all these issues, what would the family say is the most difficult for them to deal with?
- What have you found most difficult in working with this family?

## QUESTIONS TO ASK ABOUT ACTIONS OF PROTECTION

- Have there been times when these parents stopped the harm from happening or kept their child safe in relation to the things we are worried about?
- **If there is insufficient detail on actions of protection:** When did this happen? How often? What was the impact on the child?

## QUESTIONS TO ASK ABOUT STRENGTHS AND RESOURCES

- Are any other things happening with this family to help them care for the child or could help the parents protect and care for the child in the future?
- What would the family say are the most important strengths and resources they draw on to help them care for their child?



## QUESTIONS TO EXPLORE THE WORRY STATEMENTS

- Do you have any other significant worries that are not captured in a worry statement?
- **If the worrying behavior is not included:** What are you worried these parents might do in the future that could lead to the child being hurt or in danger? Is anyone else worried about this?
- **If impact on child is not included:** If the parents were to do this, what worries you about what might happen to the child?
- **If context is not included:** When are you worried this might happen? In what circumstances?
- **If views of the family and network are not included:** Do any members of the family and network share these worries?

## QUESTIONS TO EXPLORE THE GOAL STATEMENTS

- **If any worry statement does not have a corresponding goal statement:** If this is what you are worried might happen (i.e., the worry statement), what would you need to see the parents do instead, in their care of the child, to be satisfied that the child is safe enough to close the case?
- **If views of the family and network are not included:** Do any members of the family and network share these goals?
- **If there is no duration for goals to be demonstrated:** How long would you want to see the parents demonstrate these goals to be confident that this safe behavior will continue once the case is closed?

## QUESTIONS TO ASK ABOUT ACTION STEPS

- Are there any other important action steps to take in working with this family?
- What steps can we take to help the family transition to a new worker?
- What do you think the parents or the children would say is the most important next step in working toward achieving the goals?

# HOW TO FACILITATE AN EFFECTIVE FRAMEWORK IN CASE CONSULTATIONS

## A STEP-BY-STEP GUIDE



1. Start with group agreements about how you want to work together, who will ask questions, how long you will work in each section of the CAP framework, and so forth.



2. Reach clarity about the purpose of this particular framework. Ask what core question or decision the worker needs to answer or make.



3. Listen for generalizations; when they occur, seek behavioral detail. If the area of discussion will affect a relevant SDM assessment item, use the definition to seek needed detail.



4. Ask for perspectives of people who are not present (solution-focused relationship or position questions).



5. To elicit more items in the “working well” section of the CAP framework, ask exception questions for the items listed as worries. Listen for the “empty spaces”—unaccounted timeframes when parent or caregiver may have exhibited strengths.



6. If people who are not assigned to ask questions begin to ask a lot of them, remind them to write down their questions and pause from time to time to collect their ideas.



7. Look for balance between allowing the worker to surface items that need discussion and moving the process along. Remain clear about the purpose of mapping, which allows you to focus on information needed for that decision point. Check for shared understanding and agreement on next steps.