MidSOUTH Training Academy

Foundations Unit 4

Participant Manual

UA LITTLE ROCK
COLLEGE OF BUSINESS, HEALTH AND HUMAN SERVICES
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Professional Development Series | Division of Children and Family Services | Developed and Presented by MidSOUTH

COMPETENCIES LIST

101-3	The worker understands the dual roles of the family service worker to protect children from maltreatment, empower families, and provide services that preserve safe and stable families.
101-4	The worker knows what data must be gathered from collaterals contacts, from the reporter, from case records and from other sources and can identify factors that must be evaluated when assessing immediate safety threats, the level of risk for maltreatment and family strengths and protective factors that mitigate or reduce risk.
101-6	The worker knows the broad range of responsibilities of the child welfare division and the range of interventions to assure child safety from least intrusive to most intrusive, including providing supportive services, differential response, in-home services, arranging temporary out-of-home placements and reunification, placement with fit and willing relatives, and providing permanent homes for children who cannot return to their caregivers.
101-7	The worker knows what data must be gathered from collateral contacts, case records, and other sources to thoroughly assess health, safety, abuse, or neglect, family strengths and risk to children, and knows how to use this data to plan and provide relevant protective and supportive services.
102-1	The worker understands knows the importance of effective assessment, family case planning, and concurrent planning and understands the factors that must be addressed in a thorough assessment including contributing factors to maltreatment, the functioning of the family as a unit, the cognitive, behavioral, social and emotional strengths and limitations of each family member, the formal and informal resources available to the family, and any other domains address by division assessment tools and protocols.
102-2	The worker understands the importance of effective case assessment, planning, and concurrent planning as the foundation of casework intervention.

102-4	The worker understands the factors that must be addressed in the family strengths and needs assessment, including the contributing factors to abuse or neglect, the functioning of the family as a unit, the cognitive, behavioral, social, and emotional strengths and limitations of each family member, and resources available to the family.
102-6	The worker understands the dynamics of resistance and knows how casework methods can defuse family member's hostility, fear, and anger.

***Division of Children and Family Services**
FSW Competency List

AGENDA

Day 1

I. **Section 1 – Introduction**

II. **Section 2 – Policy, Procedure, and Protocol**
- **A.** Policy, Procedure, and Protocol Activity

III. **Section 3 – Safety and Risk Assessment Review and Practice**
- **A.** Safety Threat Scenarios Activity

IV. **Section 4 – SDM Family Case Plan Tool Overview**

V. **Section 5 – SDM Risk Reassessment Overview**

VI. **Section 6 – SDM Reunification Assessment Overview**

VII. **Section 7 – DCS Demonstration and Tool Orientation**

VIII. **Section 8 – SDM Framework and Decision Points**
- **A.** Why Discuss Planning in Assessment Training?
- **B.** Assessment – The (Potential) Missing Element
- **C.** Steps in the Planning Process – Assessment as a Critical Element

Day 2

I. **Section 1- Cans/Fast Orientation**
- **A.** Orientation of the CANS/FAST Assessments

II. **Section 2- Cans/Fast Orientation (continued)**

III. **Section 3- Practice Opportunity**

IV. **Section 4- Collaborative Family Case Planning & Connecting Training To Your Job**
- **A.** CANS/FAST Informed Collaborative Family Case Planning
- **B.** Connecting the Training to the Job – 5 in 5

Day 3

I. **Section 1- Division Information Management System Documentation**

- **A.** Clarification and Review
- **B.** CANS/FAST Overview
- **C.** Documenting CANS
- **D.** Homework

II. **Section 2- What Is Your Story?**

III. **Section 3- Cans/Fast Interactive Activities**

- **A.** A Moment of Truth
- **B.** Rapid Improvisation

POLICY, PROCEDURES AND PROTOCOL

Identify, locate, and briefly summarize the policy/procedure that may apply to each protocol. Include any important timeframes and details as they relate to your job role:

EXAMPLE: DCFS/CACD Interagency Agreement Terms-

- CACD will investigate if a Failure to Protect allegation is linked to a Priority I CACD investigation
- Depending on the location (head/torso, excluding buttocks), severity and multiplicity of the injuries, cuts, bruises, and welts may be a Priority I
- The investigation of bruises, cuts, or welts in or on any portion of the head, face, neck, or torso, excluding buttocks, that are the result of a direct act against the child by a parent or caretaker, when reported by medical personnel, a medical facility, or law enforcement, will be the responsibility of the CACD.
- CACD will investigate only those allegations of abandonment in which the alleged offenders are resource/resource parents.

Procedure for Initiation of an Investigation:

_____

_____

_____

Procedure for Interface/Interaction with Local Law Enforcement:

_____

_____

_____

Policy/Procedures for Team Decision Making:

_____

_____

_____

Policy/Procedures for Differential Response:

Procedure for Protective Custody of Children in Immediate Danger:

Procedure for Medical Evaluations:

Criteria for Out of Home Placements:

SOLUTION-FOCUSED QUESTIONS

EXCEPTION

While it is likely that this conversation was prompted by a problem, the following questions will help to focus on an individual's strengths and abilities. In most situations, it is the best set of questions for starting interviews—just like family team meetings start with strengths/exceptions/safety. The first question below is for a "near-miss" situation, and the last is more suited to conversations about values and accomplishments.

- When was a time that ____ could have happened, but it didn't?
- When was a time that things were going well for you?
- What are some things you've done that you are most proud of?

PREFERRED FUTURE

These questions will surface what an individual would like to see for themselves or their family. You could ask the miracle question for this information in order to get details about what would be different in the person's life.

- How would you like things to be?
- What would it look like if this problem went away?
- Who would be around helping you keep things on track, and what would they be doing?
- What do you see happening next?

COPING

These questions will bring up another set of strengths and resources, but they will be more closely related to the problem and how someone deals with it OR who else helps them in this situation.

- How have you dealt with this situation?
- How do you keep things from getting worse?
- Who supports you when things get tough?

SCALING

With these questions, we are trying to show that the situation is not as black and white as an individual might think or to help them notice the difference between their desire/importance score and their ability score.

- On a scale of 1–10, with 10 being [*desirable condition, outcome, confidence, ability, or importance*], where would rate yourself?
- How did you get to that number?
- What makes it a __ and not a 1?
- What is a small thing that could happen to make it go up by just one number?

POSITION

This is an attempt to help people transcend their own perspectives and consider the concerns and perspectives of others.

- If _____ were here, what would they say they [*are worried about, think is working well, think about the situation, would like to see happen next*]?
- If _____ were here, [*insert any of the four previous types of questions*]?

HARM, WORRY, AND GOAL STATEMENT GUIDE

	HARM	WORRY (Formula) Child may be + impacted how = If/When/ Context	GOAL
What is a "___" statement?	Harm statements are short statements that are used to outline and summarize the following: understanding what has happened in the past, why is the agency involved, and what are the future concerns with the family. It is illegal to disclose the name of a DCFS hotline reporter.	A short; simple statement workers can use to help families/ family members, collaterals, resource families, and DCFS staff to clearly understand what happened in the past, why DCFS is involved with the family, and what concerns may or may not arise in the future.	Goal statements are clear, simple statements about what the parent will do that will convince everyone that the child is safe now and will be safe in the future.
What is the purpose of the "___" statement?	The purpose of the harm statement is to allow the agency to open the door in a non-biased, non-judgmental manner in order to openly dialogue with the family about the agency's concerns.	The worry statement allows the agency to create detailed statements about concerns the agency and others involved in the case and/or that the family may have. a sharper focus on key elements that need to change for the case to move forward and "Case Drift" prevention	The behavior-based Goal statements are used to help family members, DCFS staff, and other professionals clearly understand what actions caregivers need to take to show that the child will be safe.
What is the purpose of the "___" statement?	Who reported the concern (if applicable/ never disclose a reporter)? What happened (caregiver action/ inaction)?	Who reported the concern (if applicable/ never disclose a reporter)? What happened (caregiver action/ inaction)?	What needs to happen to address concerns and the agency's bottom lines? What are the unbiased facts about the case? Does everyone who cares about the child understand what the family is being asked to do differently?
EXAMPLE	It was reported that the law enforcement has been called to 14-year old Alex's grip placement several times in the past month due to Alex hitting and kicking other youth at the placement. Law enforcement has also had to pick up Alex several times after he ran away from his placement when he became frustrated with staff or other youth.	16-year-old Casey may be subjected to further sexual abuse, emotional harm (depression/ suicidal/anxiety), or become pregnant by Lena's ex-boyfriend if Lena does not follow the no-contact order that is in effect between Casey and Lena's ex-boyfriend.	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. Lesley will make plans and choices that keep herself and others protected from harm.

This resource was created in part by Midsouth Training Academy, the Evident Change SOP Deep Dive Module 1 Participant Guide, the Safety and Risk Assessment manual, and the Guidelines for Harm, Worry, and Goal Statements. These materials are accessible at https://docs.evidentchange.org/arkansas/materials/

STEPS IN THE PLANNING PROCESS

1. Identify the Problem or Worry

2. Assess Situation

3. Identify Goals and Behaviors

4. Identify Intervention Tasks

5. Reassess

CANS/FAST IMPORTANT INFORMATION

CANS: **Any child in an out-of-home placement**. This will often be foster care but could also be a child that the Division placed in temporary custody of a family member after a home study; this is any case where the child is in foster care OR they are not in foster care but DCFS is still working a reunification or placement with a fit parent goal.

- There is a CANS 0-4 and a CANS 5+. If a child is almost 5 years old DCFS (will turn 5 within the 3 months before the next CANS is due) has the discretion to choose to use the CANS 5+. A supervisor will ultimately have to approve this.
- "Caregiver" is defined as any potential **permanency planning** caregiver. DCFS will rate caregivers separately. Examples: If mom has a boyfriend who lives with her in her home, he is a potential caregiver and will potentially need services so he will be rated. If mom and dad are not together but both are working reunification services and we could potentially place/return the child to either of them, they will both need to be rated. If a child's caregivers have had rights terminated and the child is in a pre- adoptive placement, the caregivers will be rated. If the caregiver's parental rights have been terminated but there is no identified potential permanency caregiver (ex: possibly an APPLA case), there will be no caregiver to rate.

FAST: This is for any in-home Protective Services case. This can be both court involved, and non-court involved. If the children remain in the home, DCFS does FAST.

- FAST "caregivers" are any adult living in the home **who plays a caregiver role for the child**, if both parents live in the home rate both parents. If a grandparent lives in the home and assists in care, rate parent and grandparent. If a friend lives in the home but does not participate in the day-to-day care of the child, they would not be rated.

1. There may be some cases where DCFS does both CANS and FAST. If DCFS removed one child but left another child in the home, they would do a FAST for the "family" that is still in the home (child that stayed and caregiver) and a CANS for the child that was removed.
2. The CANS/FAST is a much more in depth look at families. In order to remain in compliance with policy and complete family case plans and family team meetings within 30 days DCFS recommends that FSWs set a goal of completing a CANS/FAST within **the first two weeks of a case opening**.

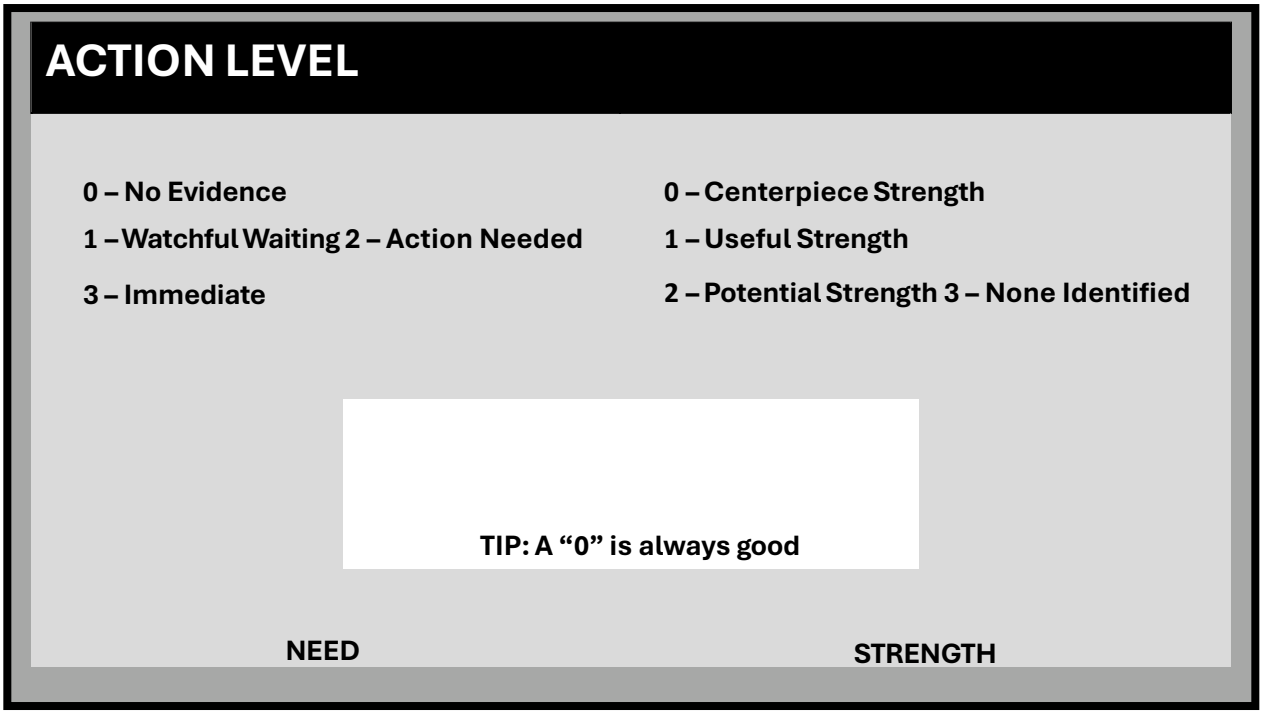
FSW's should be reviewing the CANS/FAST with the family PRIOR to creating the family case plan, and getting signatures on the CANS/FAST results to document that the family received and reviewed their CANS/FAST.

3. The CANS and FAST are COMMUNICATIONS TOOLS. The CANS/FAST results will not be printed and placed in a file- they will be shared! The results of a CANS/FAST are meant to be shared with the families as well as anyone involved with the family. This would include CASA, attorneys, and counselors or other service providers.

SIX KEY CHARACTERISTICS

1. **Items impact family case planning**
   a. CANS-FAST are item-level tools.
   b. Each individual item has a potential impact on family case planning.
   c. Because items influence interventions and activities, then they also influence your practice or what you do in relation to your work with this child, family.
   d. Items guide you in thinking about what you are going to do next.

2. **Levels of items translate into Action Levels**
   a. Every number has an immediate meaning.
   b. This is important in communication because everyone needs to understand the meaning of what is being discussed, addressed.
   c. Action levels describe what you know at the time.
   d. Strengths and needs are not on the opposite ends of the spectrum.



Need Items should be scored based on these guidelines:

- No evidence, there is no reason to believe it is a need.
- 1 – there is a suspicion of an emerging need, there is history of this need or behavior; there is contention about the item (people cannot agree about what is going on)
  - Example: A mother is falling asleep during meetings. Staff thinks she has a substance abuse problem. She adamantly and consistently denies it and says she is taking too much cold medicine.

She cannot successfully advocate for her children if she is sleeping during the meetings. This needs to be watched in order to see what happens with the behavior and addressed further.
- 2 – Action needed. A need has risen to the level of needing to be addressed. A behavior is interfering with functioning in some way.
- 3 – Action is required immediately. Need is dangerous or disabling.
- Use CANS-FAST as a tool. Share output with families so they can be working on 2's and 3's.

Strengths are different from needs. Strengths should be scored based on these guidelines:

- 0 - Centerpiece Strength, make it focus of a strength-based plan
- 1 – Can use this strength in planning
- 2 – an identified strength that needs to be built, developed
- 3 – no strength identified, it is not known

It is harmful to pretend that people have strengths when they don't. Dr. Lyons proposed that "You can achieve the same outcomes when you build strengths as when you work with a strength that is present."

3. Consider the child, not the service.

a. The shared vision of the child serving system is that children are safe and healthy. It is not the vision for children and families to be "in a service". Child welfare system is the route or mechanism to the solution, not the solution.
b. An example might be that the shared vision is a safe and permanent home/family for a child. Foster care may be the service provided for the child toward reaching that goal, but it is not ultimately the ideal goal or vision for children to reside in foster care.

4. Culture and Development

a. Consider these factors before determining action level.
b. Culture influences practice in 3 ways.
   - Cultural sensitivity – adjusting what you do based on someone's culture.
   - Identifying and addressing cultural needs.
   - Eliminating disparities and learning how to treat people the same.
   - An example is a Pentecostal who speaks in tongues would not be rated psychotic just on the basis of speaking in tongues.
c. Development must be considered when scoring items.
   - Generally, use the child's chronological age as your anchor when considering action level.
   - The exception to using chronological age is school achievement. For this item, use developmental age.
     i. Ask, how is the child doing with his learning, consistent with his learning style and capability?
     ii. Is the child achieving consistent with her current level of development?
   - For example, every 3-year-old has anger management issues, but when a 13-year-old acts like a 3-year-old and has similar methods of dealing with his anger, it requires a different assessment and plan.

5. It is about the WHAT, not the WHY (AGNOSTIC TO ETIOLOGY)

a. Professionals have broad expertise when it comes to people. They know a lot about people in general. Individuals have deep expertise about themselves. In other words, we do not know someone like they know themselves.

b. Professionals may determine that someone isn't doing what she should be doing. She's non-compliant. She responds that we haven't walked in her shoes; we don't know what it is like to be her.
c. CANS-FAST is designed to make a consensus judgment, not an expert judgment. It is meant to be done as a team, with other professionals and with the families as full partners.
d. Make the assessment about the WHAT not the WHY helps because it is easier to reach consensus about the WHAT rather than the WHY.
e. There is stigma, shame, and blame associated with why people behave a certain way. The why of behavior is contentious, touchy, prickly, antagonistic.
f. Treatment (intervention) is about testing hypotheses about the why of behavior.
g. Assessment is about the what of behavior.
h. An example is a middle school boy having behavior problems in school. There may be a variety of reasons he is having problems. The action level on the assessment may be the same for all, regardless of the *reason* for the behavior.

- He has ADHD that isn't being treated, managed and can't sit still.
- He doesn't want to be in school and is trying to get kicked out.
- He is being bullied and teacher only sees his responses to bullying.
- He reminds teacher of someone she hates.

6. There is a 30-day window on items, except where otherwise indicated.

a. The work is about the children and families. It is okay to override the 30-day window with action levels if it is in the best interests of the child.
b. The timeframe is to remind us to keep it fresh, keep it about NOW.
c. Don't get too rigid about the timeframe.
d. This timeframe builds in an opportunity for success. It is based on the expectation that people can and do get better and change.

What do you want from an Assessment?

- What do we need to address?
- What assets can we tap into to address the needs

MODULES

The "modules" are triggered (required) based on responses to certain items. The modules are:

CANS 0-4:

- Developmental Needs (DD) Module (*triggered by Life Domain-Developmental item)*
- Acculturation *(triggered by Life Domain-Cultural item)*
- Substance Use Disorder (SUD) Module-Caregiver *(triggered by Caregiver Substance Use item)*

CANS 5+:

- Transition Age Module (*triggered by DOB-**MUST BE FILLED OUT FOR 14+)***
- Developmental Needs (DD) Module (*triggered by Life Domain-Developmental item)*
- Acculturation *(triggered by Life Domain-Cultural item)*
- Substance Use Needs (SUN) Module *(triggered by Child-Substance Use item)* **THIS IS ABOUT THE CHILD'S NEEDS.**
- Substance User Disorder (SUD) Module-Caregiver *(triggered by Caregiver Substance Use item)* **THIS IS ABOUT THE CAREGIVER'S NEEDS.**
- Runaway Module *(triggered by Child Risk-Runaway item)*
- Sexual Abuse Module (*triggered by Trauma Domain item)*

DCFS WILL NOT FILL OUT A MODULE UNLESS THEY SCORED A 1, 2, OR 3 ON THE CORRESPONDING ITEM; THE ONLY EXCEPTION TO THIS IS THE TRANSITION MODULE WHICH MUST BE FILLED OUT FOR ANY CHILD 14 OR OLDER.

EFFECTIVE COMMUNICATION WITH FAMILIES USING THE CANS BY MARY BETH RAUTKIS, PhD*

https://canstraining.com/lschmidt/cans-comprehensive-trainer/node/introduction-1

Please take a moment to read over the following information as you prepare for the CANS-FAST Orientation Training.

Communication happens constantly—even when you are not communicating verbally, you are communicating through your body posture, gestures, eye contact, etc. The CANS is at the heart, a communication tool, and how you communicate when you are working through the CANS is as important as the words on the printed page. Remember, this is not a "form" to be completed, but the reflection of a story that needs to be heard.

The CANS is organized into parts: you can start with any of the sections—Life Domain Functioning or Mental Health, or Risks or Child/youth Strengths, or Parent/Caregiver Needs and Strengths. This is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask— "we can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

It is also a good idea to know the CANS. If you are constantly flipping through the pages, or if you read verbatim without shifting your eyes up, it can feel more like an interview than a conversation. A conversation is more likely to give you good information, so have a general idea of the items.

Also, some people may "take off" on a topic. The great thing about the CANS is that you can follow their lead. So, if they are talking about anger control and then shift into something like— "you know, he only gets angry when he is in Mr. S's classroom", you can follow that and ask some questions about situational anger. So that you are not searching and flipping through papers, have some idea of what page that item is on.

Listening is the most important skill that you bring to the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

At the end of the CANS, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their child/youth, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the family the areas of strengths and of needs. Help them to get a "total picture" of their child/youth and family and offer them the opportunity to change any ratings as you summarize or give them the "total picture".

Take a few minutes to talk about what the next steps will be. Now that you have the information organized into a framework, it is time to move into the next stage—planning.

You might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what can be built. So let's start……"

PRACTICE SCENARIO – SARAH PADGETT

Sarah is a 13-year-old girl currently residing in the home of her maternal aunt, Jane, who is the pre-adoptive placement for Sarah. Sarah has no history of legal involvement or delinquency. Sarah is being served by a community-based wrap program whose overarching goal is to avoid or shorten residential placements and to reestablish and support permanent connections with safe family members. She was recently placed with Jane after being disrupted from the fourth resource placement since her removal from the care of her mother (Mary) and father (Bill). Sarah's removal occurred at the age of 9 when her older sister (Cassandra) disclosed that their father had repeatedly sexually abused both girls and invited other men to sexually abuse them as well. This allegation was not initially taken seriously, in part because their father was a local community leader. This resulted in subsequent abuse occurring over three more years and both girls making further allegations and recanting numerous times. The girls suffered emotional abuse through their father's threats about what he'd do to them and their family if they ever "told on him".

After Sarah was removed from the care of her parents, she spent five years experiencing foster care prior to the most recent placement occurring with her aunt. During those five years, Mary and Bill's parental rights were terminated. During her time in care, Sarah was also hospitalized twice- once in January of 2007, after writing a detailed letter describing feelings of hopelessness with an intent, plan, and method for killing herself. She was also hospitalized a second time in May of 2010 after she wrote a letter similar to the previous incident. Prior to placement in the home, Sarah and Jane had a limited relationship- she had only met Jane once when she was very young. Possible placement with Jane was only considered after Sarah's most recent resource placement ended and an active family-finding process had located Jane. As an alternative placement in residential care, Jane offered to try to provide a home for Sarah with intensive services to support her transition. Jane is interested in adopting Sarah if things work out. Upon emancipation from foster care at age 18, Cassandra moved into transitional housing. Sarah has expressed great love and appreciation for her older sister and identifies her as a main source of personal support. Sarah and Cassandra maintain regular phone and email contact, but due to logistical complications, rarely have in-person contact. Sarah has written correspondence with her mother even after the Termination of Parental Rights. Her mother writes to her with some regularity. She has had no contact with her father and maintains that she will not ever want contact with him.

Sarah is withdrawn, quiet, isolated, and non-communicative. Jane is concerned about the behaviors Sarah has been displaying while placed in her home, at school, and her practices of self-care. Jane reports that Sarah appears depressed, "hides in her room, wears clothes with hundreds of safety pins, doesn't shower or brush her teeth, doesn't wash her clothes or comb her hair, listens to Marilyn Manson, and keeps the lights out in her room". In Jane's home, Sarah's presentation reflects symptoms of post-traumatic stress disorder (PTSD)

At a recent school meeting, Jane also reported that she saw scars on Sarah's thighs and stomach consistent with superficial razor blade cuts. At times in which Sarah has openly communicated her needs, she reported, "feeling everything and nothing." When asked about the scars and marks on her thighs and stomach, Sarah initially denied engaging in self-mutilating behaviors, but she has recently admitted that she cuts on a regular basis and fantasizes about "bleeding out." Though Sarah's frame and build are normal for her age, her physical presence is diminutive and slight, often leading people to assume she is smaller than she really is as well as not notice her or forget she was present.

Sarah also intentionally hides herself under her clothes—she will always wear baggy, heavy clothes, many layers, and the hood of her sweatshirt over her head, regardless of the weather.

Sarah's interactions with her aunt are primarily strained and punctuated by Jane's unsuccessful attempts to engage and "connect with her", as Sarah limits both her verbal exchanges and eye contact with her. Jane finds herself frustrated and exhausted by the absence of Sarah's engagement in "letting her know what's going on" and communicating her needs. She would like to "be a friend and real support" for Sarah but feels ineffective and discouraged because Sarah does not reciprocate her attempts to connect. It is noteworthy that while Sarah does not actively share her needs with Jane, she is also not actively *refusing* her invitations. It is better understood as an *avoidance* of engagement rather than a *refusal* of engagement.

Jane is also worried about Sarah's isolation at home but notes that she has been making a new group of friends at school and online. Jane has requested support in learning more about Sarah's behavior, underlying needs, and how to help monitor/contain her self-injurious behaviors. Sarah's child welfare worker has expressed that if this current placement does not succeed, she will recommend Sarah for residential treatment.

Sarah has remained willing to go to school each day and has refrained from using any aggressive behavior towards others. She reports having many friends and that they are her only escape. The support counselors who often spend time with her after school report that many of these "friends" seem like superficial acquaintances and that in her peer group, she often follows the lead of others and rarely initiates social interactions. In group settings, Sarah's presence often goes unnoticed, she's overlooked, and she actively attempts to divert any attention that may be directed at her. Sarah does seem to have a strong online network of friends whose primary form of interaction is through writing art. Though Sarah doesn't know these individuals outside of her online interactions, she considers them to be close friends and her primary support system.

Sarah presents as shy, apathetic, and withdrawn, and at times, she appears fearful, cautious, hypervigilant, and suspicious. The adults in Sarah's life are often activated by this behavior and feel drawn to care for her or are put off by her outward coldness and lack of engagement and feel helpless and ineffectual. In her interactions with adults, she simultaneously demonstrates deference while also appearing to be annoyed by their attempts to draw her out. This invites adults to experience Sarah as having needs they will never effectively meet. In this way, some adults find Sarah to be "a project to work on" while others find interactions with her exhausting and non-reciprocal.

Of note, Sarah had a significantly different relationship with an adult male in one of her previous resource homes. In this setting, the primary caregiver was a female, but her ailing father also resided in the home. Though Sarah's relationship with the foster mother was strained, Sarah reported feeling very connected to the foster grandfather, Jim. Sarah described Jim as being "harmless" and in need of someone to help him "make sense of the world." Due to a traumatic brain injury, Jim had limited cognitive faculties and spent the majority of time watching television or swimming. Jim's engagement with Sarah was limited by his cognitive capacity, but her attempts at engagement were always reciprocated. Sarah reported enjoying her interactions with Jim and was disappointed when she was moved from that resource home.

Sarah has notable strengths that have helped sustain her through her most challenging experiences. Sarah enjoys pencil and charcoal drawing and prior to her initial removal, reported using art as a mechanism to "tolerate the pain." Sarah is also an avid and prolific writer and documents much of her thoughts and experiences in a blog that her on-line community can access and comment on. Much of the content of the blog is unknown to Jane and staff, as Sarah has intentionally limited access, but Sarah reports documenting "day-to-day" activities and their impact on her. Of note, Sarah reports that she "hates to write" (with paper and pencils/pens) but finds the process of blogging to be cathartic. Finally, in her on-line community, Sarah's personality is significantly different than in her "off-line" social interactions.

She is far more communicative and assumes the role of caretaker as her on-line persona, often seeking opportunities to identify the needs of others and then making attempts to meet those. It is important to note that although adults in her life would identify numerous strengths for Sarah, she seems unable to experience or acknowledge any of her activities as particularly positive. When asked, Sarah is unable to identify any personal strengths and might offer, "I like to draw".

NOTE: This case example was adapted from a workshop handout received from the 2015 CANS conference. Original source from Sprinson, J.S. and Berrick, K. (2010) Unconditional care: Relationship-based, behavioral interventions with vulnerable children and families. New York: Oxford University Press, Inc.