MidSOUTH Training Academy

Foundations Unit 4

Trainer Resources

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

PAGE INTENTIONALLY LEFT BLANK

Safety Threat Concept Table Activity Instructions

Trainer Prep Instructions:

1. Before class, print, laminate, and cut out **3 copies** of the **14 Safety Threats into strips (one safety threat per strip)**. Place each set in an envelope on each concept table.

2. Print the 3 scenarios (front and back) with each blank square remaining on the back of each scenario. For this activity, each concept table will receive one of the three scenario options.

3. Refer participants to pages 10-12 in their Participant Manuals. These pages provide a refresher on Solution-Focused Questions, and Harm, Worry, and Goal statements.

    a. **Note: This resource can be located under the supplemental resource found on the MidSOUTH Staff Site, Unit 4 Handouts and Table Copies section

Activity Instructions: Part 1

1. Ask participants to go to their assigned concept table (based on the number given to them, 1-3) and choose the safety threats that best apply to the scenario (at least one per scenario).

    Trainer Note: At this point in the activity, students are welcome to identify more than one potential safety threat. This could prompt a discussion while also encouraging participants to use their critical thinking skills and deductive reasoning to narrow their choices down to **one** safety threat.

    It is important to choose the safety threat that **BEST** applies because a Harm, Worry, and Goal statement **MUST** be written for each safety threat. Using deductive reasoning, ask participants to fully analyze each scenario and critically consider each safety threat and the definitions in relation to each scenario.

Pause for discussion:

Once students have identified all applicable safety threats for their scenario, take time to let each group share which they chose and why.

- The goal is to use this discussion segment to uncover any assumptions/biases drawn from the scenarios and focus on the safety threat that best fits the scenario based on the Safety and Risk Assessment Definitions.
- Use the examples and notes in the Trainer Guide to assist in discussing which safety threats do not apply and why **-OR-** what other information is needed from the family to determine whether a scenario meets the safety threat definition provided.
- It is OK if participants identify other potential safety threats not listed in the Trainer Guide. Because the trainees don't have the full story available to them, they might identify other safety ~~factors~~ threats. However, the safety threats identified in the examples in this scenario are to give some parameters for the creation of harm, worry, and goal statements.

Participants should utilize deductive reasoning to identify what information they may need to justify whether the scenario meets the definition of a safety threat. ask participants to fully analyze each scenario and critically consider each safety threat and the definitions in relation to each scenario. Answers should be **based solely** on the evidence provided in the scenario.

Activity Instructions: Part 2

1. Ask participants to generate discussion and solution-focused questions about their scenario that can assist them in gathering more information that may be needed for the safety and risk assessment.
    - Ask participants to identify strengths within the family

If participants need examples or a refresher on Solution-Focused Questions, they can reference page 12 in their participant manuals for the **Harm, Worry, Goal, and Solution-Focused Questions Guidelines**. (Obtained from the SOP Module 1: Participant Manual and Evident change HWG review materials.)

Activity Instructions: Part 3

1. While participants are at each concept table, have them create Harm, Worry, and goal statements about the safety threat that **BEST** applies. and address part of Section 3 in the safety assessment process to consider whether an **Immediate Safety Plan** (ISP) would be applicable.

   NOTE
   An ISP can only be in place if the subjects of a case have a **SUPPORT NETWORK** that can and is willing to participate in an in-home ISP.

   ISPs **MUST** list more than just *legal action*, and the *3 Safety Planning Capacities* (Section 3, page 22) **MUST** be met before proceeding with an ISP.

SAFETY THREAT CONCEPT TABLE ACTIVITY ANSWERS

SCENARIO 1

Part 1: Child Vulnerability & Safety Threat(S)

Child Vulnerabilities: This child is under 6 years old, so he is presumed to be vulnerable in protecting himself.

CACD initiated an investigation and in the early stages identified these safety threats:

☑ **Safety Threat #1: The Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by serious injury or abuse to the child other than accidental.**

Despite the fact that the mother and maternal grandmother sought medical attention, there was serious bodily injury inflicted on the child. The boyfriend stated**, "He deserved it. He just does it to piss me off. And it's no big deal anyway**"- which could be considered a plausible threat of harm to the child or that he may do it again with no remorse. The physical force imposed on the child was excessive and unreasonable

✕ **Safety Threat #6: Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).**

- This safety threat does not fully capture the danger within this scenario because the child is not suicidal/homicidal. Although the injury occurred 2 days prior to the call to the hotline, the mother was worried about whether he needed to go to the hospital, which inspired the maternal grandmother to go to check on the child and she sought medical assistance when she recognized the injury. Though it may not have been immediate, the caregivers were still able to seek medical care for the child.

✕ **Safety Threat #11: Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.**

- This safety threat does not fully capture the danger within this scenario because the scenario stated that the mother appeared to be developmentally delayed, with no proof of diagnosis or statement from the mother. This seems to be a presumption that CACD made upon arriving on the scene. The mother was cognitively aware that she was withholding information from investigators during the initial assessment regarding the truth of what happened to the child. She later recanted and told investigators what really caused the child to be injured.

Part 2: SFQ Discussion and Strengths

Examples of Family Strengths:

- Despite her boyfriend's objections, the mother eventually called her mother to see if the child needed to go to the doctor.
- The maternal grandmother sought emergency medical care after she arrived at the home and found the child with a burn.
- The mother was truthful about what really happened to the child.

Part 3: HWG statement and ISP

Harm

It was reported that a 1-year-old male child had an immersion burn to the buttocks with clean lines of demarcation (no evidence of splashing). Upon further questioning, the mother of the child revealed that her boyfriend would punish the child by holding him in a tub of scalding hot water as punishment for having accidents during potty training. The child required medical attention and is currently in the hospital.

Worry

The 1-year-old boy may be subjected to further physical or emotional harm by his mother's boyfriend. CACD and DFCS are concerned that the mother's inaction to stop her boyfriend from placing the 1-year-old in hot water could result in further physical injury during potty training.

Goal Statement(s)

1 year-old will be cared for by adults who recognize when they are becoming angry or overwhelmed so that they can pause or request the assistance of their support network.

The mother's boyfriend will make plans and choices that protect the 1-year-old from harm.

The mother will take action if she recognizes that her boyfriend is becoming angry or overwhelmed while caring for a 1-year-old.

The mother will contact the child's grandmother when/if necessary to help support the potty-training process.

SCENARIO 2

Part 1: Child Vulnerability & Safety Threat(S)

No Child Vulnerabilities were found. The children range from ages 6 to 11, and each child knows the dangers they face. The child has limited or no readily accessible support network. The mother is also aware and understanding of the safety threat and willing to do what it takes to protect the children.

A CACD investigator identified the following safety threats:

☑ **Safety Threat #2: Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.**

- The children disclosed sexual abuse by their father, who lives in the home. The 11-year-old described ejaculation, anal, and oral penetration. Such behaviors are inappropriate for their age and developmental level. The father instructed the children to engage in such behavior, and they feared retaliation from the father.

✕ **Safety Threat #3: Caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect.**

- This safety threat does not fully capture the danger within this scenario because the mother exhibited protective capacity, and she made the call to the child abuse hotline. The mother also showed a protective capacity when the child first made an outcry by seeking out counseling through their local church.

Trainer Note: Allow participants to discuss the mother's other protective action(s). initially, Participants may not regard the mother and father attending religious counseling as a protective action and focus solely on the religious component.

Below are some questions that can help identify any biases participants may have initially recognized and address those potential assumptions/biases by asking curious questions about cultural competency and normalcy.

Cultural Competency Critical Thinking Questions:

- **What protective actions did the mother take?**
  - **Answer**: she sought counseling with her spouse at the church, and when she found out the abuse had continued, she called the hotline. Seeking help from her church is part of this family's normalcy and family culture. Cultural competency is not only understanding a family's racial and ethnic culture but also their community and family culture, which has its own practices and normalcy that may not align with our beliefs about family or raising children.
- How can we show sensitivity and support to this family while respecting their right to normalcy, culture, and religious practice?
- Self-Reflection Question: Would this scenario have solicited a different response if it was a family with a different family culture or religious belief system?
  - (i.e. - Native American family who sought help through their tribal council)

Part 2: SFQ Discussion and Strengths

Examples of Family Strengths:

- The mother did break down and finally disclosed that her son had told her about the ongoing sexual abuse by his father.
- The parents did attend counseling for the sexual abuse, and the father promised never to do it again.
- Mother believes her children, and she is willing to do whatever it takes to make the abuse stop.
- Mother is willing to file an order of protection
- The child safety center is willing to assist the mother in finding and paying for a short-term safe place to stay.
- Mother initially sought religious counseling after her son's disclosure for she and her husband,
- When the mother found out that the abuse never stopped, she immediately called the hotline

Part 3: HWG Statement and ISP Discussion

Harm

It was reported that an 11-year-old boy has been undergoing sexual abuse by his father since the age of six. It was also reported that the siblings of the 11-year-old boy (6 and 9-year-old sisters) witnessed their brother being sexually abused by their father. The mother was informed of this abuse 6 months prior by the boy. Afterward, the mother sought religious counseling for her and her husband, and he promised never to do it again. When the children continued to experience abuse, she ultimately reached out to the child abuse hotline.

Worry

The 11-year-old child and his two sisters may continue to be sexually and emotionally abused by their father without the mother's knowledge, affecting her ability to protect them from this harm.

Goal Statement

The children will be cared for by an adult who can supervise them, care for them, and make sure they are protected from further sexual/emotional abuse.

The mother will make plans and choices that keep herself and others protected from harm by filing an order of protection.

SCENARIO 3

Child Vulnerabilities: The child is aged 0-5 and has been diagnosed with a medical condition (NOFTT).

CACD identified the following safety threats:

☑ **Safety Threat #5: Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing.**

She did not provide developmentally appropriate supervision to ensure the child's safety. She is attempting to provide care for the child without the help of her family. She demonstrates poor attention to the child's FTT diagnosis and the vulnerabilities that accompany this condition.

✕ ~~**Safety Threat #6: Caregiver does not meet the child's immediate needs for medical or critical mental health care.**~~

This safety threat does not fully depict the harm faced by this child because the mother did work with the hospital for a while to nurse the child back to normal weight. Despite her protests, she also brought the child to the clinic when the sister alerted her of the child's condition.

✕ ~~**Safety Threat #8: Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child**~~

This safety threat does not fully depict the harm faced by this child because the mother's drug use is only suspected by the ~~agency~~ Division and the sister. Although the mother has a history of drug use and it may be possible the mother is using again, there was no mention of a drug test or proof that the mother was using. It is only assumed that she is using drugs, but other factors may be contributing to her sleep state (i.e., lack of sufficient sleep due to having a 6-month-old, postpartum depression, etc.). More definitive information must be gathered and documented before we can know if substance abuse is impairing her ability before this safety threat can be confirmed.

The sister assisted in obtaining proper medical attention for the child

Part 2: SFQ Discussion and Strengths

Examples of Family Strengths:

- The other stayed sober during the entire 9 months of her being pregnant.
- She has a supportive sister who will help her when needed.
- The mother is willing to work with the hospital and the agency to contribute to the child's needs.

Part 3: HWG Statement and ISP Discussion

Harm

It was reported that a 6-month-old infant appeared emaciated and underweight at a walk-in doctor's appointment. The mother has been missing the child's weekly appointments. The sister of the mother is suspicious that the mother is under the influence of methamphetamines and when CACD visited the home, she was passed out on the couch, unable to be woken up to care for the child.

Worry

The child's medical needs may continue to be neglected due to the mother being unable to attend weekly appointments and not being able to be roused awake.

Goal Statement

The child will be properly cared for under the safe and sober supervision of an adult who will ensure safety and meet the child's needs.

The mother will make plans and choices that ensure that the child's needs are met.

The child will be cared for by adults who understand the severity of the child's NOFTT condition, and they will sufficiently meet the child's needs**.**

CAUSE 1

We think she is not coming to the family team meeting because she is probably at home, either drunk or drugged out. She just can’t maintain sobriety.

CAUSE 2

During our work with Mom, we have started to wonder whether or not she can read. We are concerned that she really may not be able to read well but is afraid to say anything.

CAUSE 3

We know that Mom's car is a real junker and there's no public transportation here. You know, she has had trouble getting to her job because the car was giving her fits.

CAUSE 4

This is really not like her. She has made every visit with the children. I wonder if she is sick? No, not drunk…really sick.

CAUSE 5

During our last session, Mom talked about being scared that she was doing so well. She was afraid that she would mess up if the kids came home. She really doesn't trust her progress.

CAUSE 6

I hate to say this, but I think she has a new boyfriend. I hope they haven't run off together.

SARAH PADGETT ASSESSMENT NARRATIVE & CANS SCORES/COMMENTS

Child Strengths

Sarah shows tremendous creativity and artistic ability. She has used writing and drawing as a mechanism for self-expression and relief from depression and anxiety. She also is recognized by her online community of friends as being an excellent writer and observer of life, as she maintains a daily blog of her thoughts and experiences. Sarah often seeks out opportunities to be a "caretaker" for those whom she interacts with through her blog and has shown commitment to these relationships through her daily posts. Her compassion and desire to help those in need also was apparent in her relationship with her "foster grandfather," who lived in one of her previous ~~foster~~ resource homes and who had significant cognitive impairments. She also has expressed great love and appreciation for her older sister and identifies her as a main source of personal support. Despite having survived repeated abuse and the subsequent difficulties of moving through multiple ~~foster~~ resource homes, Sarah has remained willing to go to school each day and has refrained from any kind of aggressive behavior toward others. Her hesitance in forming relationships and putting trust in others can be seen as an expression of her value of safety and well-being, given the mistreatment suffered at the hands of her caregiver.

Family nuclear	**2**	**Child Involvement w/ Care**	**3**
Family Extended	**3**	**Natural Supports**	**3**
Interpersonal	**2**	**Adaptability**	**3**
Educational	**3**	**Building Relationships**	**1**
Talents/Interests	**1**	**Resilience**	**1**
Spiritual/Religious	**3**	**Resourcefulness**	**3**
Community Life	**2**		
Relationship Perm	**2**		

Life Domain Functioning

Sarah's engagement in isolative and self-injurious behavior, her avoidance of social interaction with adults and difficulty connecting with others, and her limited hygiene practices all have impeded her functioning at home and at school and her practice of adequate self-care. Her presentation seems to reflect symptoms of post-traumatic stress disorder (PTSD), stemming from her experience of sexual abuse by her father and her subsequent removal from her family.

At home, Sarah rarely initiates contact or communication with Jane and severely limits both her verbal exchange and eye contact with her. Jane reports that she isolates herself in her room and does not respond to invitations to talk or interact. She shared her concern about Sarah's hygiene and has stated that she rarely showers or attends to other aspects of daily hygiene practice, such as brushing her teeth, washing her clothes, or combing her hair. Jane also has expressed a high level of distress about Sarah's use of self-injurious behavior as she observed cuts, which appear to have been made with a razor blade or other sharp object, on her stomach and legs. Jane expressed feeling scared about Sarah's safety, frustrated at her isolative manner with refusal to engage, and hurt that she does not seem to appreciate Jane's efforts. In school, Sarah also avoids contact with adults, although she does seem to interact regularly with a group of her peers. Sarah presents as diminutive and seems to shun attention, and she often succeeds in being overlooked, even when in proximity to others. In addition, she is not engaged in any recreational activities that involve in-person interaction with peers or adults. Sarah has no legal involvement or delinquency judgments.

Family Nuclear	**2**
Family Extended	**0**
Living Situation	**2**
Sleep	**0**
Social Functioning Peer	**0**
Social Functioning Adult	**0**
Sexual Development	**0**
Development	**0**
Communication	**0**
Cultural	**0**
Legal	**0**
Medical	**0**
Physical Health	**0**
Daily Functioning	**1**

School

School Behavior	**0**
School Achievement	**0**
School Attendance	**0**
Special Education	**0**

Child Behavioral/Emotional Needs

Sarah is a 13-year-old Caucasian female who was removed from her parents' care at age nine due to allegations of sexual abuse by her father. For the past five years, Sarah has moved through four different ~~foster~~ resource placements and has been hospitalized for suicidal ideation twice. In both of these instances, she wrote detailed letters that clearly articulated her intent, plan, and method of killing herself. Sarah presents with symptoms of posttraumatic stress disorder, stemming from her experience of sexual abuse and her removal from her family. The symptoms include the experience of psychological distress in the presence of unfamiliar adults, isolation and avoidance of social interaction with others, feelings of detachment and estrangement from others, a depressed mood, a restricted range of affect, feelings of hopelessness, and low participation in activities, rigid boundaries, and hypervigilance. Approximately two months ago, Sarah was placed with her maternal aunt, Jane, whom she had met only once when she was very young, but who offered her home and support to Sarah when she was contacted by social services. Sarah's child welfare worker has expressed that if this current placement does not succeed, she will recommend Sarah for residential treatment.

Psychosis	**0**	**Substance Use**	**0**
Attachment	**0**		
Impulsivity/Hyperactivity	**0**		
Depression	**2**		
Anxiety	**2**		
Oppositional	**0**		
Conduct	**0**		
Adjustment to Trauma	**1**		
Anger Control	**0**		

Child Risk Behaviors

Sarah's first of two psychiatric hospitalizations was in January 2007. At that time, she was hospitalized after writing a letter in which she expressed her intent, plan, and proposed method of suicide (overdosing by ingesting a bottle of Tylenol). She was hospitalized for a second time in May 2010 following her writing a similar letter. Sarah currently engages in cutting behaviors and has admitted that she does so regularly and that she fantasizes about "bleeding out". Her aunt reports that Sarah has superficial cuts on her thighs and stomach. Sarah has no delinquency History.

Suicide Risk	**2**	**Delinquent Behavior**	**0**
Self-Injurious Behavior	**2**	**Sexually Reactive Behavior**	**0**
Other Self-Harm	**0**	**Bullying**	**0**
Danger to Others	**0**	**Intentional Misbehavior**	**0**
Sexual Aggression	**0**	**Aggressive Behavior**	**0**
Runaway	**0**	**Exploited**	**0**

Trauma

Sarah was removed from her parents' care at the age of nine following her older sister's allegation that both girls were being sexually abused by their father, along with other men whom he invited to participate. After this allegation was not initially taken seriously, it was reported that the abuse continued for at least three years. Sarah also experienced emotional abuse through her father's threats about what he would do to her and her family if she ever "told".

Sexual Abuse	**Y**	**Witness to Community Violence**	**N**
Physical Abuse	**N**	**Witness/Victim to Criminal Activity**	**N**
Emotional Abuse	**Y**	**War/Terrorism Effected**	**N**
Neglect	**N**	**Disruption in Caregiver**	**Y**
Medical Trauma	**N**	**Grief and Loss**	**Y**
Natural Disaster	**N**		
Witness to Family Violence	**N**		

Permanency Planning Caregiver Strengths & Needs

Sarah's aunt, Jane, has expressed much love and commitment toward Sarah. Her fear for Sarah's safety and her hurt regarding Sarah's lack of response to her efforts to engage are grounded in her desire to strengthen her family relationship with Sarah and to do all she can to support her. Both she and Sarah could benefit from learning more about how to understand and communicate effectively with each other. Jane also requires support in learning more about Sarah's behavior and underlying needs and how to help monitor and contain her self-injurious behavior.

Supervision	**0**
Parenting Skills	**0**
Knowledge of Child	**2**
Knowledge of Rights and Responsibilities	**0**
Organization	**0**
Social Resources	**0**
Residential Stability	**0**
Empathy with Children	**0**
Boundaries	**0**
Involvement	**0**
Posttraumatic Reactions	**0**
Knowledge of Family/Child Needs	**0**
Knowledge of Service Options	**0**
Ability to Listen	**0**
Ability to Communicate	**0**
Satisfaction with Services Arrangement	**0**
Physical Health	**0**
Mental Health	**0**
Substance Use	**0**
Developmental	**0**
Accessibility to Childcare Services	**0**
Family Stress	**1**

Employment/Educational Functioning

Educational Attainment	**0**
Legal	**0**
Financial Resources	**0**
Transportation	**0**
Safety	**0**
Marital/Partner Violence	**0**

Modules

Transition Age Module
N/A for this case

Developmental Needs Module
N/A for this case

Acculturation Module
N/A for this case

Substance Use Needs Module
N/A

Sexual Abuse Module
Sarah was removed from her parents' care at the age of nine, following her older sister's allegation that both girls were being sexually abused by their father, along with other men whom he invited to participate. It was reported that the abuse continued for at least three years. Sarah also experienced emotional abuse through her father's threats about what he would do to her and her family if she ever "told".

Emotional Closeness to Perpetrator	**3**
Frequency of Abuse	**3**
Duration	**3**
Physical Force	**2**
Reaction to Disclosure	**2**

Substance Use Disorder (SUD) Module-Caregiver
N/A for this case

Kahoot!

CANS/FAST CHARADES

Kahoot and Charades Answers

Behavior	Tool	Domain	Item
There are gunshots in the family's neighborhood nightly.	FAST	**The Family Together**	Family Safety
Henry attempted suicide five years ago but has not had an attempt since.	CANS	**Child Risk Behaviors**	Suicide Risk
The child was diagnosed with Cystic Fibrosis five years ago.	CANS	**Life Domain Functioning**	Medical
The child does well in school.	CANS	**School**	**School Achievement**
A mother and teenage daughter arguing.	FAST	Youth Status	Relationship w/ Bio Mother
A mother attempts to feed her child while she is drunk.	FAST	Caregiver Status	Alcohol and/or Drug Use

1. The child was diagnosed with severe ADHD After receiving services, all of the following are true except:
   - **A. His score for impulsive hyperactivity goes down to 0**
   - B. His school achievement score goes down to 0
   - C. His school behavior goes down to 0

2. A native American child speaks to her deceased grandfather. When rating her for psychosis what score would she get?
   - A. 2
   - B. 1
   - **C. 0**
   - D. 3

3. T/**F** The absence of a need is a strength

4. The ~~parent~~ caregiver doesn't know how to schedule doctor's appointments for baby Fast- the family together/maintenance
   A. CANS- Child Strengths/family nuclear
   B. CANS permanency planning and caregiver strengths and needs involvement
   C. FAST- Caregiver status/organization

5. A mother talks to their 4 yo about sex
   A. Fast family together-fam role appropriateness
   B. CANS-Child-risk behaviors/sexually reactive behaviors
   C. CANS- Life Domain functioning/living situation
   D. FAST- Caregiver status/Boundaries

6. If the child's father is out of the pic and the family is ok with it, the relationship with the biological ~~parent~~ caregiver would be a 3. T/**F**