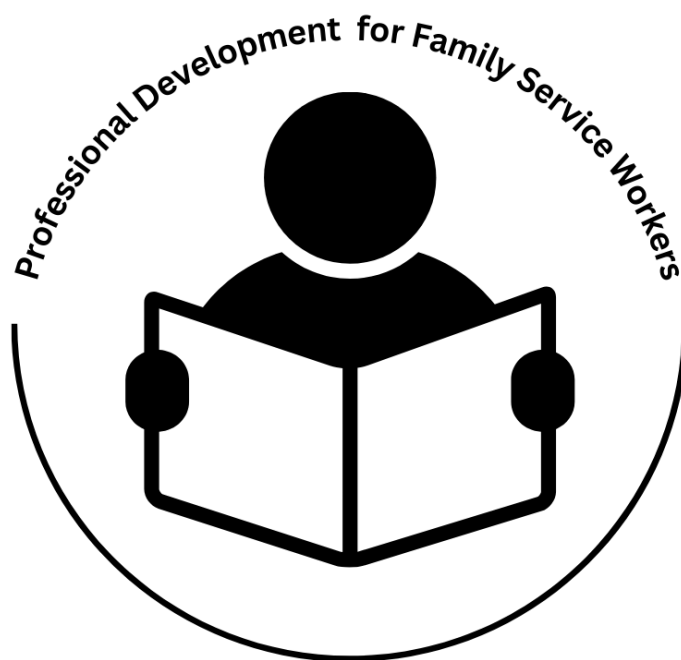


# Foundations Unit 3

## *Participant Manual*



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

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## AGENDA

### Day 1

- I. Section 1: Dynamics of Maltreatment**
  - A. Welcome, Agenda and Agreements
  - B. TEDtalk ACES
  - C. Let's Talk Statistics
  - D. Legal Definitions of Maltreatment
  - E. Dynamics of Child Maltreatment
  - F. Family Social Histories
- II. Section 2: Generational Trauma**
  - A. Generational Cycles Video
  - B. Protective Capacities
  - C. Engaging Parents with Traumatic Histories
  - D. Class Review

### Day 2

- III. Section 1: The Effects of Child Maltreatment on Children**
  - A. Through the Eyes of the Child
  - B. Indicators of Abuse PowerPoint
  - C. What is your Stress Level?
- IV. Section 2: Relation of Maltreatment Dynamics to SDM Safety & Risk Assessments**
  - A. Fundamental Assessments
  - B. Tools for Assessing Safety & Risk
  - C. SDM Safety & Risk Assessment Manual

### Day 3

- V. Section 1: SDM Safety & Risk Assessment Tools Continued**
  - A. SDM Safety & Risk Assessment
  - B. Identifying Current Safety Threats
  - C. Safety Planning Capacities & Safety Interventions
  - D. Safety Assessment Documentation
  - E. Structured Decision-Making Risk Assessment
  - F. Uploading to eDoctus

- VI.   Section 2: Introduction to Legal Issues**
  - A.** Review and Connections
  - B.** Laws, Policies, Funding and Practice
  - C.** Indian Child Welfare Act (ICWA)
  - D.** Legal: Life of a Case
  - E.** Legal: Overlay
  - F.** The Clock is Ticking: A Review of Court Processes
  - G.** Affidavits
  - H.** Preparing for Court
  - I.** Ticket Out

## Competencies Addressed in Unit 3

101-1 The worker knows the values of family-centered child welfare practice and understands that effective family-centered services can strengthen families, promote positive change and help prevent removal of children from their homes. Family-centered child welfare values include:

- safe and stable families
- permanence for children
- preservation of parents' and children's rights and dignity
- client self-determination
- reasonable efforts
- respect for individual and cultural differences
- awareness of how one's own values and culture can impact the delivery of child welfare services

101-3 The worker can accurately identify the physical, behavioral, and emotional indicators of child maltreatment and can identify and evaluate how individual, family, developmental, situational, and environmental factors contribute to child maltreatment.

101-8 The worker can recognize indicators of mental health problems, substance abuse, and interpersonal violence and can assess the degree to which these problems are impacting child safety and family stability.

102-1 The worker knows the importance of effective assessment, 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 addressed by agency assessment tools and protocols.

103-2 The worker knows the potential negative impacts of maltreatment and trauma on normal development and can identify indicators of developmental delay or problems related to trauma in children who have been abused or neglected.

103-4 The worker is able to educate and advise families, caregivers, and foster parents about the effects of abuse and trauma on children and help them have reasonable expectations for abused, neglected and traumatized children.

104-1 The worker understands the process and dynamics of normal, reciprocal attachments of children with their families and other significant caregivers.

104-2 The worker understands the potentially traumatic outcomes of separation and placement for children and families – including psychological crises, serious disruption of family relationships and attachment, and disturbances in the child’s development – and can weigh the risk to a child of remaining with his/her family against the trauma of separation when deciding whether to place a child out-of-home.

104-3 The worker understands the serious negative effects on children in changing and inconsistent living arrangements, including many changes in out-of-home caregivers, and can recognize the physical, emotional, and behavioral indicators of placement induced stress.

104-5 The worker identify ways that agency foster care policies and practices can contribute to successful out-of-home placements, including properly structuring a placement to help prevent crisis and its consequences; involving agency team members, and designing placement activities, including pre-placement preparation and visits, that minimize stress and provide emotional support to the child and family.

104-7 The worker knows the necessity of regular and frequent visits to maintain family members’ relationships with the child in out-of-home placement, and can use casework strategies that empower families to participate in planning and attending visits, assessing the child’s developmental, medical, social, and emotional needs and determining appropriate services.

## ENGAGING CAREGIVERS WITH TRAUMA HISTORIES

Pair up with a fellow trainee to practice interview techniques. One person should play the role of the caregiver and the other person should play the role of the worker.

### Case Scenario –

Denise is a caregiver that you have been working with for several months. Family time with her 3-year-old son, Joey, is scheduled for one hour at the child welfare office on Mondays and Wednesdays. For the last five family times, Denise has either been a no-show or has come family time acting erratic and has tested positive for heroin. Denise hasn't seen Joey in more than two weeks despite your calls to her to check on her and to tell her how much Joey misses her and wants to see her. You are aware that Denise has experienced some trauma in her lifetime. You schedule a meeting to talk to Denise about the family time plan and try to understand what can be done to make the family time a good experience for her and her son. In the past, when you have met Denise, she has often gotten upset and raised her voice with you. She has stated on several occasions that the resource parent hates her, and that the system is rigged to keep her child away from her.

## SUGGESTIONS FOR TRAUMA-INFORMED PRACTICE WITH FAMILIES

Child welfare workers can:

- Understand that caregiver's anger, fear, or avoidance may be a reaction to their own past traumatic experiences, and not to the family service worker.
- Assess caregiver's history to understand how past trauma may interfere with current functioning and parenting.
- Motivate caregivers by approaching them in a non-judgmental, non-blaming, strength-oriented way.
- Build on caregiver's desire to keep their children safe and reduce children's challenging behaviors.
- Help caregivers understand the impact of past trauma on current functioning and parenting, while still holding them accountable for maltreatment.
- Pay attention to how trauma plays out during home visits, court hearings and family time with children who are experiencing foster care. Help caregivers anticipate their reactions and develop different ways to respond to stressors and trauma triggers.
- Refer caregivers to trauma-informed service providers whenever possible.
- Become knowledgeable trauma-informed interventions to better assist caregivers.

***Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff.* National Child Traumatic Stress Network, 2011.**



## “RED FLAGS” IDENTIFYING PHYSICAL ABUSE

Physical abuse is the easiest form of maltreatment to identify. The challenge for the Family Service Worker is to determine whether injuries on a child are accidental or due to abuse. The challenge for the FSW assigned to the family is to believe that abuse occurred after the injuries have healed and to be alert to the possibility that the child may be abused again (an on-going, continual assessment of risk).

There are certain physical “red flags” which alert professionals that an injury or injuries may be due to abuse. These include:

- Injuries that are clustered, especially on culturally accepted target sites for physical punishment or on areas of the body that do not routinely get bruised.
- Bruises on children that are too young to walk or pull up – those who do not cruise rarely bruise.
- Injuries that are patterned – the shape of the instrument used can be seen on the skin.
- Injuries that are of different ages.
- Injuries that do not fit the history given.
- Fractures in very young children.
- Multiple fractures, fractures of different ages, or specific types of fractures.

There are also words that alert professionals to the high likelihood of physical abuse. These diagnoses from a medical professional should raise a “red flag” for Family Service Workers assigned to work with the family. Some of these terms include:

- Abusive Head Trauma (formerly called Shaken Baby Syndrome) – subdural hematoma, shearing injuries to bridging veins, retinal hemorrhages.
- Closed-end double track marks – extension cords, ropes, doubled over belts.

- Open-end double track marks – ruler, board, or belt.
- Spiral or oblique fracture – twisting injury (although it can occur without a clear indication of twisting - and can happen accidentally).
- Metaphyseal fracture, sometimes called chip fracture or bucket handle fracture – jerking injury.
- Posterior rib fractures on very young children – possible squeezing.

INDICATORS OF ABUSE

Physical

PHYSICAL

Behaviors

Ideas Thoughts

Physical

NEGLECT

Behaviors

Ideas Thoughts

NOTES

NOTES

NOTES

Physical

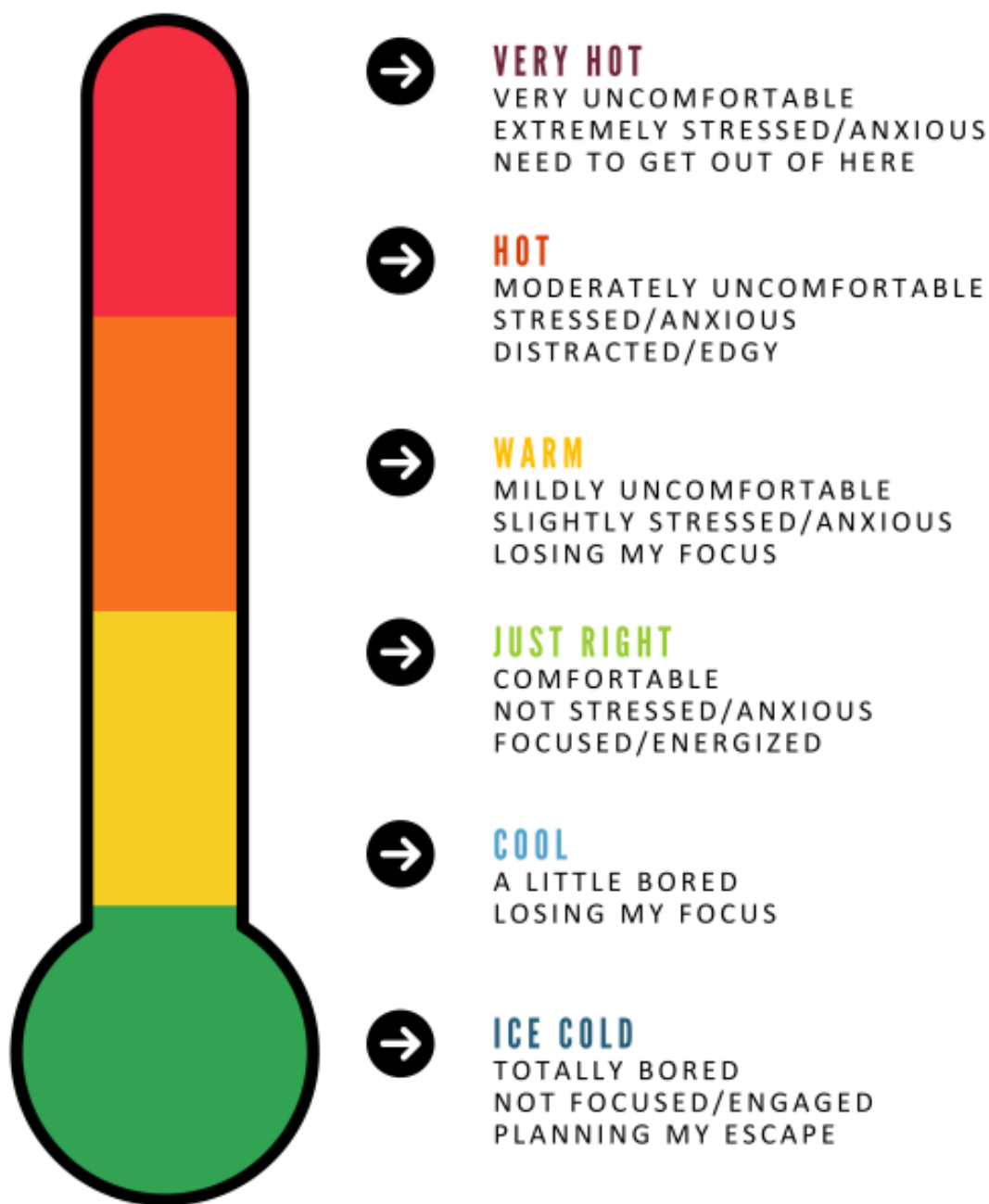
SEXUAL

Behaviors

Ideas Thoughts

## WHAT IS YOUR STRESS LEVEL?

## FEELINGS THERMOMETER



## DEPENDENCY-NEGLECT PROCEEDINGS

## PIVOTAL DATE = DATE CHILD ENTERED CARE

