MidSOUTH Training Academy

Foundations Unit 5

Participant Manual

UA LITTLE ROCK
MidSOUTH
College of Business, Health, and Human Services
University of Arkansas at Little Rock

AGENDA

Day 1

I. Section 1: Welcome, Agenda, Prepare for Learning, OJT Experience, and Online Review
- **A.** Welcome, Agenda Agreements
- **B.** On the Job Training Connection
- **C.** Review Online Unit 5

II. Section 2: Considerations when Engaging Children and Youth
- **A.** Children's Cognitive Development
- **B.** Children's Language Skills

III. Section 3: Involving Children in Safety Planning using the Safety House
- **A.** Safety House Overview
- **B.** Safety House Practice Jaree

IV. Section 4: Stages of the Interview
- **A.** Review of Stages

V. Section 5: Documentation
- **A.** Quality Documentation Review
- **B.** Documentation Reflection

Day 2

I. Section 1: Safety Organized Practice
- **A.** Review SOP Tools

II. Section 2: Introducing the Genogram
- **A.** Genogram Introduction
- **B.** Genogram Practice

III. Section 3: Three Questions and Three Column Map
- **A.** Jaree Morehouse Scenario

IV. Section 4: Practice Opportunity Using the Three Houses
- **A.** Introduction and SOP Review
- **B.** The Three Houses Practice

V. Section 5: Identifying Caretaker + Behavior + Impact on the Child
- **A.** C+B+I Formula Practice

VI. Section 6: Engaging Families using HARM, WORRY, and GOAL Statements
- **A.** #2 Purpose of SOP
- **B.** Practicing HWG Statements

Day 3

I. **Section 1: Circles of Safety and Support**
- **A.** Circles of Safety and Support Overview
- **B.** Ecomap Overview
- **C.** Family Safety Network: A Carver County Case Example

II. **Section 2: Upgrading to Safety Organized Practice using the CAP Framework**
- **A.** CAP Framework Overview
- **B.** Practice Opportunity with Jaree

III. **Section 3: On-Call Essentials and Strategies**
- **A.** Grab-Bag Checklist
- **B.** On-Call Survival Strategies

IV. **Section 4: Skillful Use of Authority, De-escalation Strategies, and Worker Safety**
- **A.** Factors that Influence How Families Perceive Child Welfare De-escalation Strategies
- **B.** Perceptions of Authority
- **C.** Reflect and Connect to Practice
- **D.** De-escalating Tips
- **E.** Staying Safe

V. **Section 5: Review**
- **A.** Jeopardy Review

Unit 5 Online Review

Work with your small group to answer the following questions (or your assigned questions) from the online training for Unit 5.

1. We used 3 terms online to describe the various forms of communication. What were those terms? Define them.

2. Name some of the factors that impact communication.

3. Identify three (3) behaviors that enhance effective communication.

4. Identify three (3) behaviors that inhibit effective communication.

5. Examples of verbal barriers to communication.

6. Empathic responding is a component of active listening. T or F

7. How do you formulate an active listening response?

8. List 3 phrases that are good “lead ins” to a reflective response.

9. When we refer to the “Multidimensional” nature of assessment, what does that mean?

10. Describe 2-3 ways that caseworkers can perform culturally competent assessments. Provide examples.

11. We outlined 3 different types of interviews in online training. Identify the types of interviews and list the purposes of those interviews.

12. What are the stages of an interview? Describe some of the tasks within each stage.

13. What is the FUNNEL approach to interviewing?

14. Name 4 common mistakes that less experienced interviewers sometimes make.

Special Considerations When Communicating with Children and Adolescents

Introductions/Engagement

Adults consider introductions to be adequate for the engagement stage of an interview, including maybe one or two sentences of "small talk" to connect. That strategy may work for adults but is less effective with children.

Greet the child, introduce yourself, and explain your role. Ask what the child's name is, what would s/he like to be called?

Explain your note taking. Do they want paper, pencil to write on during the interaction? After introductions, move into the engagement stage with children.

Goal is to help the child or adolescent to become more comfortable with the environment and with you.

Ask open-ended questions to engage the child in descriptive conversations about life situations and non-abuse related memorable events. Tell me about…

Engage the child in friendly conversation and convey interest in the child's responses by asking follow-up questions.

Establish agreements for child's response such as "I don't know" or "I don't remember" and emphasize that there are no right or wrong answers. When the child does know, encourage her to answer completely.

For investigations, consider conducting credibility assessment (understanding the difference between the truth and a lie).

Gathering Information

Initial questioning must not be abuse/neglect specific. Ask initial questions in an open-ended manner:

- "Do you know why we are talking?" or
- "Do you know why I came here to talk with you today?" For investigations:

If child denies the event, narrow the focus of the question:

- "Remember I told you that my job is to talk with kids? Well, sometimes I talk with kids who have a problem. Have you had a problem with someone?" or
- "Do you have any problems that we should talk about?"

When the child acknowledges abuse/neglect i.e. "the problem," move on to information gathering.

Questioning techniques should reflect the child's age and developmental level. Do not confuse chronological age with normal developmental stages.

Length and Timing of Child Interviews (GENERAL)

Age/General Timeframes

Young Preschool	30 minutes maximum
Preschool	30-40 minutes
School-Age	45-50 minutes
Adolescent	50 minutes

Interview Timing

Assess what you know first through thorough case review and then decide what specific information you need to get from a child.

Gather as much background information as possible before the interview. Avoid keeping a child waiting for an interview.

Keep the length of the interview appropriate for the child's age.

Keep the interview as short as possible but complete. Be efficient with questioning.

Interviews must not be rushed, and children must not feel pushed for information because of the interviewer's schedule.

Avoid interviewing a young child at certain times:

- at his or her regular nap time,
- late in the afternoon,

- after a distressing event such as a medical or dental appointment, or
- just before or during mealtime.

Children's Cognitive Development

Piaget's four stages of intellectual (or cognitive) development:
(https://www.webmd.com/children/piaget-stages-of- development)

- **Sensorimotor. Birth through ages 18-24 months**
  During the early stages, according to Piaget, infants are only aware of what is right in front of them. They focus on what they see, what they are doing, and physical interactions with their immediate environment.

  Between ages 7 and 9 months, infants begin to realize that an object exists even though they can no longer see it. This important milestone -- known as object permanence -- is a sign that memory is developing.

  After infants start crawling, standing, and walking, their increased physical mobility leads to more cognitive development. Near the end of the sensorimotor stage (18-24 months), infants reach another important milestone -- early language development, a sign that they are developing some symbolic abilities.

  Young children are able to think about things symbolically. Their language use becomes more mature. They also develop memory and imagination, which allows them to understand the difference between past and future, and engage in make-believe.

  Their thinking is based on intuition and still not completely logical. They cannot yet grasp more complex concepts such as cause and effect, time, and comparison.

- **Concrete operational. Ages 7 to 11**
  Elementary-age and preadolescent children show logical, concrete reasoning.

  Children's thinking becomes less focused on themselves. They're increasingly aware of external events. They begin to realize that their own thoughts and feelings are unique and may not be shared by others or may not even be part of reality.

- **Formal operational. Adolescence through adulthood**
  Adolescents are able to use symbols related to abstract concepts, such as algebra and science. They can think about things in systematic ways, come up with theories, and

consider possibilities. They also can ponder abstract relationships and concepts such as justice.

Children's Language Skills

The younger the child, the more limited the vocabulary. Younger children are not used to having conversations about past events.

Age 3-4 (On Average)

- vocabulary can range from about 500 to 3,000 words
- can identify more than five parts of their own bodies
- can usually talk well enough for strangers to understand, knows some basic rules of grammar
- can carry on conversations, tell stories

Age 5-6

Basic language structures of most children are established and they can:

- define some simple words
- accurately name three or four colors
- tell stories with sentences
    - Their language sounds (on the surface) like an adult's due to their larger vocabulary. This does not mean that these children have achieved mastery of their language, particularly concepts such as:
- abstractions (e.g., truth or misunderstanding),
- relation of age, time, speed, size and duration
    - How old is she? When did it happen? How fast was the car going? How big was the knife? How many times did it happen to you?
- may still struggle with certain family relationships expressed by kinship terms such as parents, aunts, grandfather, etc.
- may respond to recognized words or phrases without considering the entire question.

By age 10 or 11

Most children have acquired the ability to use language more skillfully. Can describe experiences and talk about their thoughts and feelings. Has a much greater attention span.

Can see the point of view of others.

By age 12-14

And by age 12-14, young teens have the ability to express complex thoughts and are usually able to express their feelings.

Special Considerations for Younger Children's Thinking/Cognition Numbers

Young children may not be able to count events. Even if a child can count from 1 to 10, he or she may be recalling numbers by rote without understanding number concepts.

Decide if the child understands number concepts:

- Ask the child to choose four blocks from a pile or to hand you six pennies from a display of a dozen pennies.
- Counting the number of times something happened is a more difficult task than counting blocks. Children who can count objects may not be able to count events accurately.
- Specific acts may be easier for the child to count. For example, if you ask a little boy how often his mom left him alone, he may count only the times she was gone, and he wasn't watching his favorite cartoon show.

Time

Children do not learn to tell time until about the second grade. Clock time and calendar time are confusing for young children.

To establish a time, ask questions relating to familiar routines:

- right before bedtime or after lunch
- nighttime or daytime

For clues to time frames, ask questions relating to people, places and events:

- "Who was your teacher when this happened?"
- "Where were you staying that day?"
- "Was it hot outside or cold?"

Personal Descriptions

Asking preschoolers about a person's age and physical characteristics may produce inaccurate information.

Young children cannot accurately respond to a question about a person's age, but may be able to respond to questions about life-stage.

For example, when trying to establish the age of an offender, ask if the person is old enough to:

- be a daddy,
- drive a car,
- be a grandmother, and so on.

Children are often unable to give a description of an unfamiliar person's appearance because of their limited ability to attend to multiple details.

They may concentrate only on one striking characteristic (scary face, bushy eyebrows, mustache, and beard). Ask many clarifying and probing questions when trying to establish personal descriptions.

Check out previous answers with differently worded questions.

Perspective

Preschoolers have great difficulty viewing the world from another's point of view. Children assume that adults see things just as they do.

They may even believe the adult is thinking the same thoughts about the event as they are or that adults are privy to knowledge only the child really knows.

It seldom occurs to children that adults can misinterpret what they have said.

If you have misinterpreted what a child has said, he or she will not tell you that you have misunderstood and may not even realize the misinterpretation exists.

Use focusing skills: clarify, summarize, paraphrase, reframe

Do not ask children to speculate about people's intentions, thinking, feelings and perceptions.

Causality and Magical Thinking

There is a brief developmental phase in which children think inanimate objects are endowed with animate attributes, such as thoughts, feelings, or willfulness:

- A child may think when a paper is cut, the paper feels pain, or
- A vacuum cleaner is purposefully trying to get them.

Children may misunderstand causality. A child may think the mom got upset because the child was a victim of sexual abuse and not realize that the mom is upset because of the abuser's actions. This, in part, explains why children feel blame for the abuse they have experienced.

Magical thinking is different from fantasies or lies.

Misunderstanding

Children aren't always aware of what they do not know.

They may try to answer confusing questions, thinking that they do in fact understand them or trying to "help" the adult.

They may respond to a small part of the question they did understand, ignoring other parts of the question that may be crucial to your getting complete information.

Anticipate the difficulties young children have in understanding some of the concepts. It is a mistake to wait for a preschooler to tell you she/he doesn't understand.

It is helpful to explain to a child that answering "I don't know" or "I don't remember" is okay. You can test willingness to do this by asking a question you are sure the child cannot answer.

When Questioning Children

Discuss with the child how he or she may answer questions.

Explain that some questions are hard to answer, even for adults. Say, "Sometimes we don't have an answer for a question. If I ask you a question and you don't know the answer you can say 'I don't know' or 'I don't remember'."

When necessary, use multiple choice questions - offer more than two choices and ask the question again with the choices reordered.

Use open-ended questions.

Use ridiculous questions to help elicit a clarifying response.

Avoid

- leading questions
- tag questions
- stacked or multiple questions
- garbled questions
- "why" questions
- repeating the same question; rephrase the question
    - The child may assume their first answer was incorrect.
- responding to every answer the child gives with another question

Children are literal and concrete.

- Be alert to the tendency of young children to be very literal and concrete in their language.
    - "Did you have your clothes on?" might elicit a "no" answer if the child had on pajamas or a swimsuit or even one item, such as a shirt or socks.

Do not tell a child to answer a question with "yes" or "no." May interpret that to mean they can't answer "I don't know," or "I don't remember."

Take care when using "Wh" questions (what, where, who, why, how, when). These words can be confusing, especially why, how, and when questions before the age of 10. Consider the child's language development when asking these questions.

Words To Avoid

Avoid legal jargon like, "We've ascertained that...," "What, if anything..." or "Did there come a time when "

Avoid using the words story, make-believe, or pretend that suggest fictional accounts to children.

Examples:

- "Tell me your story in your own words."
- "Pretend you are back at Uncle Robert's house."

- "Make believe that your daddy is here. What will he do?"

Avoid words that mean one thing in a child's world and another in an adult's world, because they produce inaccurate information.

Avoid overuse of phrases or remarks that suggest evaluation of the child's responses. These statements attach value to the child's answers, not to his or her effort and can pressure the child. The child may give answers that please the interviewer instead of describing what actually happened.

Examples:

- "That's good."
- "Good girl" or "Good boy"
- "Great!"
- "You're answering all my questions so nicely."

Interviewing Techniques

Children:

Praise the child's efforts with neutral language, not their responses.

- "You're really trying hard."
- "I know some of this is hard to talk about."
- "I see you're really trying."

Tell the child when you are moving from one subject to another or from past to present. This helps the child relate comments to an established context.

Assure the child that what has happened is not his or her fault. (This is especially important if the child discloses sexual abuse.)

Pretend you do not understand or know something to encourage a child to elaborate or clarify. Use feigned forgetfulness to invite a child to elaborate or clarify.

Use deliberate misstatements to see if a child feels comfortable enough to correct your errors. "Now, you're four years old, right?" or "Your last (or other) name is Jones, isn't it?"

Do not assume that the abused child has negative feelings about the abuser or that a sexually abused child has negative feelings about the abuse.

Use empathy, reflective listening, and attending skills.

Break eye contact during difficult points in the interview (look at your hands or elsewhere) to relieve pressure or a child's feelings of being scrutinized.

Use names rather than pronouns.

Ask the child to demonstrate understanding rather than asking, "Do you understand?" Choose easy words over hard ones.

Use show me or tell me rather than describe or identify. Use short sentences and short questions

Adolescents: (some say the hardest group of all)

Although teens may "look" more like adults, it is important to remember that their brains are still in development.

In terms of development, they are changing quickly. Their physical, social emotional, language, and cognitive areas are undergoing profound changes.

Use simple, informal language when conversing with teens. Use humor (not too much!)

Be shock-proof. Although teens are often easily embarrassed, they may seem to take delight in saying things to shock or impress you.

Model limit-setting, in terms of what is acceptable language and behavior.

Carefully use praise and compliments. Adolescents usually see through attempts to "win them over" through compliments.

Negotiate within limits to give a sense of power and control. Refuse to impose personal beliefs or give ultimatums.

Convey hope, energy, and enthusiasm.

Avoid labeling behavior, e.g., good, bad, problematic, normal, abnormal Avoid giving advice.

Avoid over-relating (trying to sound "cool" by using current slang.)

Ask adolescents to journal or blog about things they are concerned about and need to discuss with you in the future.

Use Sentence Completion to Encourage Verbalization – say the first part of the sentence and ask them to finish.

- What I really want most is …. If I could I would …
- What I like most about my life is… When I'm sad… My sister… My brother....

- What I hate most about my life is… When I'm angry… I like… When I'm afraid… My mom… One day…
- My friends… My dad… I hope…
- I worry about… My greatest fear is… What bothers me most is… I'm best at… My future… I would like to change…

Role-Play: Use role-playing to help adolescents work through difficult or unfamiliar upcoming interactions such as court appearances, reunification with a caregiver, or addressing/confronting a caregiver about an issue. Any scene can be played out several times, each with a different outcome.

Interviewing Tools

SOP uses the Three Houses and Safety House to help bring the voice of the child into the assessment and planning process.

Use the Three Houses with children to answer the Three Questions, i.e., information about danger, safety, and what needs to happen from the child's perspective.

The 3 Houses are:

- House of Good Things House of Worries Hopes and Dreams
- Go over the 3 Houses outside the presence of the caregiver. With children, start with Good Things.

All you need is a sheet of paper and something to write with. If the child is not old enough to write, but can draw, they can draw and you can write. Or they can just tell you and you can write.

Can use these descriptions:

- House of Good Things: things that make the child feel safe, happy, and secure House of Worries: things that make child feel sad, scared, or unsafe
- Hope and Dreams: if all your worries were gone, what is going on?

Closing the Interview

- Ask the child or adolescent if he or she has questions to ask you.
- Ask what the child or adolescent wants, hopes, or fears will happen next.
- Praise the child's or adolescent's efforts within the interview, not specific content or information. Don't make promises you cannot keep.

Below is a table to help learners keep in mind about the kind of information that children can reliably give based on age considerations that came from the National Child Advocacy Centers website.

Guidelines for Age-Appropriate Interview Questions

	C-O-N-C-R-E-T-E				**A-B-S-T-R-A-C-T**			
Age	Who	What	Where	1x / ›1x	How	Sequencing	When	# Times
3								
4								
5-6								
7-9								
10-12								
13+								

Dark shading indicates that a developmentally "typical" child may be able to answer these types of questions. Light shading indicates that some children at that age may have the capacity to answer these question types.

Remember: age and ability are enhancers; trauma affects how events are stored and recalled.
Allison M. Foster, Ph.D., Assessment & Resource Center, Columbia, SC, 2015

https://www.nationalcac.org/wp-content/uploads/2016/10/Questioning-Children-Graph.pdf

*** Concrete refers to things that can be experienced through the five senses. Abstract refers to ideas, concepts, and qualities.**

Additional Resources

Child Forensic Interviewing: Best Practices

https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248749.pdf

Prioritizing Youth Voice: The Importance of Authentic Youth Engagement in Case Planning

https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218769330007651

Interviewing Children & Child Development

https://cca-ct.org/interviewing%20child%20client.pdf

Engaging Children and Adolescents

Also refer to the Engaging Children and Adolescents Resource handout for more information.

Considerations For All Ages

- Notice the non-verbal cues the child is providing. Position yourself at the child's level.
- Children (and adults) prefer to talk to someone who likes them. Be appropriately warm and engaging. If you have talked to the child before, remember what you discussed last time.
- Use shorter sentences and simpler words than you would with adults. Use the child's words and phrases.
- Check periodically for understanding.
- Memory is flawed (even in adults) – expect inconsistencies in narrative, this is NORMAL. Memory is often the most reliable for a novel event and least reliable for very routine events.
- Only ask someone to recall a traumatic experience when it is absolutely necessary.
- Provide a chance for the young person to ask you questions every time you meet.

Children's Cognitive Development

Sensorimotor. Birth through ages 18-24 months

- During the early stages, according to Piaget, infants are only aware of what is right in front of them. They focus on what they see, what they are doing, and physical interactions with their immediate environment.
- Between ages 7 and 9 months, infants begin to realize that an object exists even though they can no longer see it. This important milestone -- known as object permanence -- is a sign that memory is developing.
- After infants start crawling, standing, and walking, their increased physical mobility leads to more cognitive development. Near the end of the sensorimotor stage (18-24 months), infants reach another important milestone -- early language development, a sign that they are developing some symbolic abilities.

Preoperational. Toddlerhood (18-24 months) through early childhood (age 7)

- Young children are able to think about things symbolically. Their language use becomes more mature. They also develop memory and imagination, which allows them to understand the difference between past and future, and engage in make-believe.
- Their thinking is based on intuition and still not completely logical. They cannot yet grasp more complex concepts such as cause and effect, time, and comparison.

Concrete operational. Ages 7 to 11

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The younger the child, the more limited the vocabulary. Younger children are not used to having conversations about past events. All of the statements below are based on the average child in these age groups.

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By age 10 or 11

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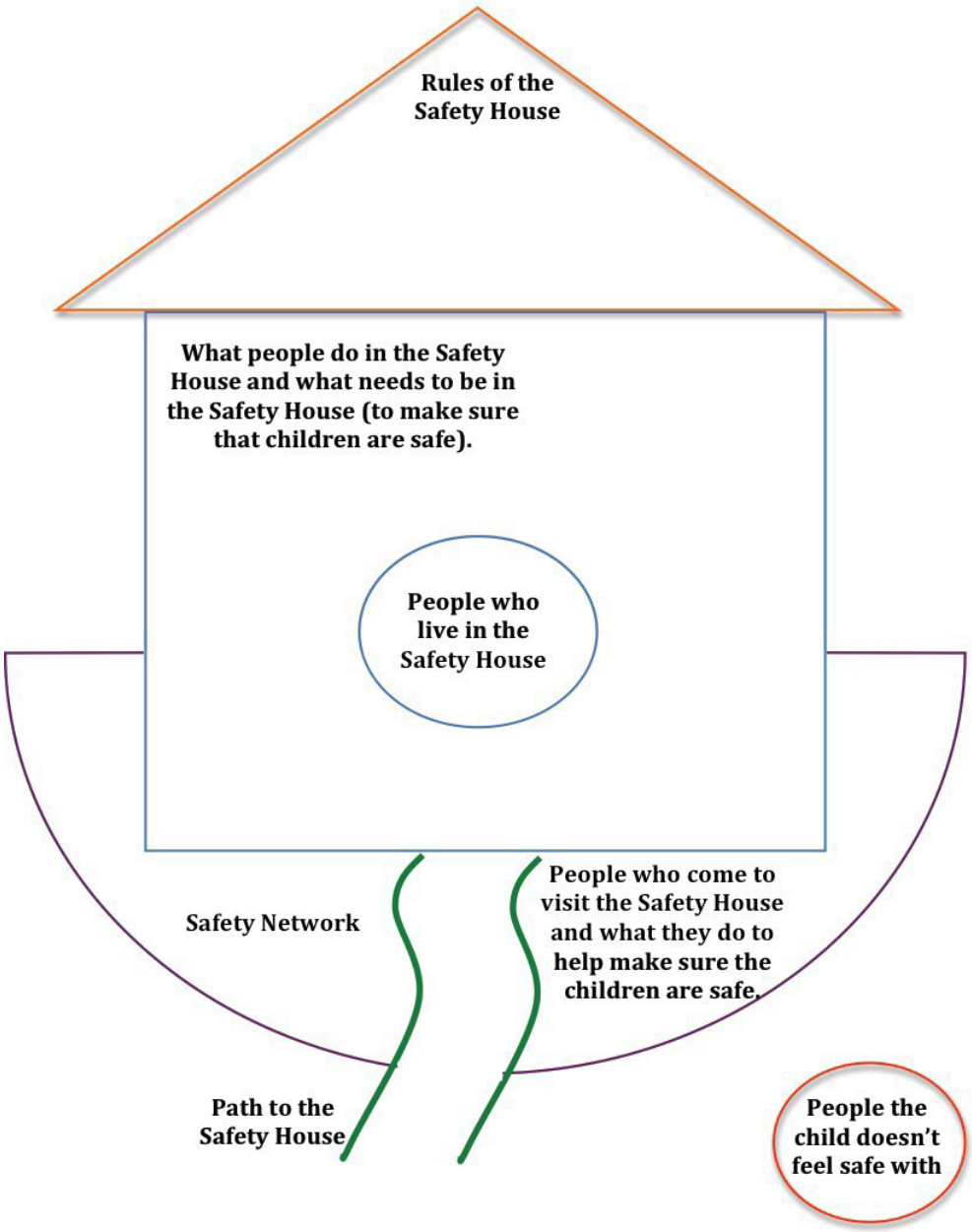
- Has a much greater attention span.
- Can see the point of view of others.

And by age 12-14, young teens have the ability to express complex thoughts and are usually able to express their feelings.

The Safety House

Used with permission from Sonja Parker.

A tool to involve children in the safety planning process.



Prompt sheet for using the Safety House

Used with permission from Sonja Parker.

1. Inside the Safety House: The inner circle and inside the four walls

Inner circle:

- Child draws her or himself in the inner circle (leaving space to draw others).
- Who else would live in your Safety House with you?

Inside the house:

- What are the important things that_____(eg Mummy and Daddy) would do in your Safety House to make sure that you are safe?
- Are there any important objects or things that need to be in your Safety House to make sure that you are always safe?

2. Visiting the Safety House: The outer circle

- Who would/will come to visit you in your Safety House to help make sure that you are safe?
- When_____(each of the safety people identified above) come to visit you in your Safety House, what are the important things that they need to do to help you be safe?

3. The red circle: Unsafe people

- When you go home to live with_____(eg. Mum and Dad), is there anyone who you don't want to have living in your safety house or coming to visit you?

4. The roof

- Remember we talked about how all those adults are talking together to make a special plan for when you go home? One of the things they are trying to decide is what the rules of the plan should be. What do you think? What would the rules of the house be so that you and everyone would know that nothing like (use specific worries) would ever happen again?
- Something you were worried about was_____. What rule do we need to have to make sure that doesn't happen when you go home to live with Mum and Dad?
- If your_____(sister/Nana etc) was here, what would they say needs to be in the rules?

5. The Safety Path

- If the beginning of the path is where everyone was very worried and you weren't able to live with Mum and Dad and you had to go and live with and the end of the path at the front door is where all of those worries have been sorted out and you will be completely safe living with Mum and Dad, where do you think things are right now?
- If the beginning of the path is that you feel very worried that if you go home to live with Mum (or have an overnight stay) that Mum will start using drugs again and then not be able to look after you properly and the end of the path at the door is that everything in your Safety House is happening and you're not worried at all that Mum will use drugs again, where are you right now?

Stages of the Interview		
Preparation		
Purpose of the interview	Case review	Cultural considerations
Logistics	Child/youth considerations	Collaterals, law, previous FSW
SOP tools	Supervisor consult	
Introduction and Engagement		
Identify yourself	Identify your agency	Clarify your role
Build trust, credibility	Be honest, direct	Avoid jargon, acronyms
Join with family in mutual problem solving effort	Acknowledge family's feelings	Acknowledge your own feelings
Information Gathering and Sharing		
What is working well?	What are we worried about?	What needs to happen next?
Who	What	When
Where	How	Take notes
Closure		
Wrap up	Move from personal to impersonal	Review the work you have done
Prepare for next steps	Who will do what, when, how	Ask for feedback, concerns
Thank them	Leave your contact information	
Documentation		
As soon as possible	Refer to your notes	Document SOP tools within contacts

Quality Documentation Reminders

- ❑ Child-specific facts related to reason for involvement. Specifically, the details about safety, risk, and what needs to happen to address the child's safety and mitigate risk. Safety, permanency, and well-being of the child are the reason for your interaction
- ❑ What is working well? What are we worried about? What needs to happen next?
- ❑ Focus on behavior. What the family members are doing or not doing that impacts the safety of the child. Caretaker + Behavior = Impact on the Child (CBI)
- ❑ What did you see/hear? Paint an accurate picture. Avoid boilerplate language (appropriate, clean, unstable, labels, conclusions about actions).
- ❑ Information about searching for kin; staff must search for all kin and document their circumstances, then revisit to see if circumstances have changed if they are seeking permanency for the child. There must be a complete record of all kin prior to seeking adoption outside kin, and this should be documented in court reports, family case plan concurrent efforts, and on CFS-305 or a thorough Genogram which must be provided to the adoption specialist as part of the adoption packet.
- ❑ Document Reasonable Efforts to Prevent Removal, to Reunify, and to Achieve Permanence
- ❑ ALWAYS check for correct spelling and grammar.
- ❑ What progress has been made in addressing the actionable items (or non-actionable items that need to be addressed) Identified Needs or Strengths from the CANS/FAST which are grouped together in the case plan?
- ❑ What is the progress or lack of progress toward accomplishing the Case Plan Goal?
- ❑ Document all services offered which were appropriate to address vulnerabilities in the family, who accepted (and any reason given for acceptance).
- ❑ If services were offered but refused, document who refused the service and the reason given for refusal.
- ❑ Document every activity or effort to reunify the family in cases of out-of-home placement.
- ❑ Document any changes in family time schedule, why it was changed, who was notified, and when notified.
- ❑ Document all family time and all telephone calls.
- ❑ Keep your documentation current. It is more difficult to attempt to recreate the event.
- ❑ Documentation is accurate, concise, professional, and truthful. It is complete and can be shown to anyone.
- ❑ Write in third person. (Worker went to the home…, FSW Smith contacted Ms. Jones…)
- ❑ Use quote and quotation marks when appropriate.
- ❑ Well-written documentation will stand up in court.

DIVISION INFORMATION MANAGEMENT SYSTEM (CHRIS) CONTACT PURPOSES

QUICK REMINDER – CONTACTS AND FAMILY TIME

- In the Division Information Management System, which is currently CHRIS, any interaction you (the worker) have with a client is called a 'contact" and is documented as a contact. So, even though people talk about going on a home visit, when you get back to your office that "family time" is documented as a contact.
- In the Division Information Management System, "family time" has a very narrow focus. It is a visit between a caregiver and a child in foster care or between siblings in foster care. These must be documented as family time.

CONTACT PURPOSES (from the Division Information Management System pick list)

One Challenge: These pick list terms are not defined. So there are times when it may be confusing about which one to use in which situation. You can pick more than one purpose.

3 Month Family Team Meeting	Foster Child – every other week	Psychological
Adoption Contact	Foster Child – monthly	Psychological
Approval Letter for Guard. Subsidy	Foster Child – weekly	Purchases
Assessment	Resource Parent Contact	Referral for Service
Case Consultation	FP Removal Request Staffing (48 Hour)	Relationship Support
Closure Family Team Meeting	Guardianship Subsidy Determin. Mtg	Special Staffing
Drug Screen	Homemaking	Subsequent Family Team Meeting
Education	ICPC Contact	Subsidized Guardianship Agreement Review (CFS-435_G)
Family Contact – every other month	Initial Family Team Meeting	Subsidized Guardianship Denial
Family Contact – every other week	Legal	Supervisory Guardianship Consultation

Family Contact – monthly	Medical/Dental	Teaching
Family Contact – weekly	Other	Transitional Services

Family Contact waiver requested	Other Family Team Meeting	Transitional Skills Class
Family Search	Parenting	Transportation of Family Member
FINS Petition	Permanency Planning Staffing	Treatment Plan Update
FINS Review	Personal Care	
Foster Child – every other month	Placement Assessment	

Document your observations and the details of what occurred at each contact in the Comments field for the specific contact.

Rules to remember when documenting contacts

- When – date and time
- What and where – type of contact and place it occurred
- Who – people involved
- Why – reason for the contact
- How – way to reconnect
- Be objective – just the facts, please.
- Summarize all related facts.
- Document as activities occur.
- Information relates to goal of the family case plan.
- Minimize personal opinions (indicate when using).
- Write in third person.
- Use quotes and quotation marks.
- Record only your own activities.
- Avoid emotionally-charged narrative.
- Be complete.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Children & Family Services

Statewide Family Time Requirements and Guidelines

Family time, also known as visitation, is a time for you to see and connect with your child. This may look like:

- Holding and snuggling infants and toddlers (older kids too sometimes!)
- Talking to older children about how they are doing in their placement and school and otherwise getting the latest news about their lives
- Playing games with your child
- Enjoying a snack or meal with your child
- Practicing what you are learning in parenting classes or therapy sessions, if applicable
- Engaging in other family activities and traditions.

The Division of Children and Family Services (DCFS or Division) wants you to have quality family time with your child. Frequent and quality family time is one of the best predictors of children returning home! Here is what DCFS expects from you so that family time is safe and appropriate for you, your child, and Division staff.

Family Time Scheduling, Start Times, and End Times

- If you need DCFS to give you a ride to family time, please let your worker know at least 48 hours ahead of time.
    - We know sometimes cars break down or the bus may run late. DCFS will try to help out if unexpected things like these happen. However, the Division cannot guarantee a ride if less than 48 hours' notice is given.
- Please arrive on time – your child is excited to see you and waiting is hard!
    - If you are running late, please call or text to let the worker know.
    - If you are more than 15 minutes late without calling or texting the worker to let them know, family time may be cancelled.
    - If you arrive more than 15 minutes late, staff may not be able to extend family time to make up for the late arrival. Staff will try to make sure you and your child get the most family time possible. However, it will depend on staff capacity, if other families have family time scheduled, if your child needs to get home for dinner and bedtime, etc.
    - If your child arrives more than 15 minutes late, DCFS will make sure that you get the full amount of family time scheduled that day or make up the missed time the next week.
    - We understand that sometimes unexpected things happen. The Division will try to work with you to reschedule visits that you miss because of things outside of your control if you let your worker know. However, the Division cannot guarantee rescheduled family time depending on factors such as how far apart you and the child live from each other. Family time may have to resume at the normal time the following week.
        - If there is a pattern of missed visits, this should be addressed in your family team meetings/staffings.
        - If for whatever reason you stop coming to family time or your worker otherwise loses contact with you, but you then want to start family time again, reach out to your caseworker or lawyer as soon as possible.

- If you have a pattern of missing scheduled family time, DCFS staff may ask you ahead of time to confirm if you will be at your family time. Be sure to follow instructions. If you do not confirm as requested, DCFS will assume you cannot make that family time session.
- If DCFS cancels family time, the Division will reschedule your family time for that week if there are still work days remaining in the week. Other times that rescheduled family time is guaranteed is if your court date conflicts with family time or if you are in the hospital (with appropriate documentation).
- If you are feeling sick and have symptoms of any kind, please call the worker ahead of time to determine the best plan.
    - Depending on your symptoms and other factors, family time may still occur, but certain precautions may be needed such as wearing masks or using an outdoor location.
- Want to see your child more often than your scheduled in-person family time or in other locations?
    - Talk to your worker about arranging additional time over FaceTime or similar apps.
    - Sometimes family time at the DHS office is necessary, but it is not always ideal. At your family team meetings/staffings, explore the idea of having family time outside of the DHS office to see what options may exist, to include having people other than DCFS staff potentially supervise family time, as applicable and appropriate.
    - Ask about attending school events, extracurricular activities, and medical appointments with your child and their resource parent. The decision will be different depending on things like the dynamics of each case and medical office rules regarding how many adults may accompany a child. However, it's always good to ask about it throughout your case. If you are able to attend medical appointments, parent-teacher conferences, etc., this should not take the place of your regularly scheduled family time.

<u>Upon Arrival</u>

- Please arrive clean and appropriately dressed.
    - This includes but is not limited to wearing shoes, not having an exposed belly or excessive cleavage, and no clothing with curse words or other inappropriate messages or images.
    - If your worker tells you there are concerns about your hygiene or clothes, family time may still occur at the worker and supervisor's discretion. However, it will be a chance to come to an understanding of what kind of clothes are ok so that it does not happen again.
- If drugs or alcohol were related to your case opening, a drug or alcohol screenings may happen prior to your visit.
    - **If you arrive and are visibly under the influence of drugs or alcohol or otherwise impaired, family time will be cancelled.** This is for your child's safety and well-being. When family time is cancelled for this reason, a make-up family time session cannot be guaranteed. Please see the drug and alcohol screening section below for more details regarding drug and alcohol screens.
- You are encouraged to bring a meal or snacks for your child depending on the time of day it is.
    - You may cook or buy something.
    - Try to make meals and snacks that are relatively healthy. Some desserts or other treats are fine but don't go overboard. We don't want your child to end up with a tummy ache.
    - If you have questions about meal planning, please ask your worker.
- You will never have to purchase meals or other items for the DCFS staff or volunteers who may be supervising your family time. If this happens, please ask to speak to a supervisor.
- Likewise, DCFS will not provide meals or snacks for you even if you are traveling long distances, so please plan ahead.

- If your child wears diapers or pull-ups, please bring diapers/pull-ups and wipes with you that may be needed during family time. The office may not have these supplies on hand. You don't want to spend your family time going to purchase these items.

Drug and Alcohol Screens

- Generally, DCFS will try to avoid conducting drug and alcohol screens as part of your family time. However, there are certain situations when this may be ok. If so, these guidelines apply:
  - If your worker asks you to arrive early for a drug screen, please do so. This is so your child does not have to be there when you are asked to give your sample for the screen.
  - DCFS staff should never ask you directly in front of your child, or otherwise in the middle of family time, to submit to a drug screen. If this happens, please let a supervisor know.
  - If you cannot produce a specimen right away, DCFS Policy III-E states that DCFS staff will give you 8 oz. of water to drink and allow you up to another two hours to provide a sample (the exception is if there is a court order with other requirements).
    - If you still cannot produce a sample after two hours or refuse to provide a sample, DCFS will document either the inability to provide a specimen or the refusal, as applicable. This information may be disclosed to the court. DCFS does not count the inability/refusal to provide a sample as a positive or negative result. However, a continued pattern of not providing a sample for screens is a cause for concern and should be discussed during your family team meetings/staffings.
  - If your screen comes back positive, DCFS will **not** cancel family time *unless* there is a court order to this effect, or you are actively under the influence or otherwise impaired at that time.
  - If your screen indicates there is no temperature or that the sample may have been altered, DCFS will **not** cancel family time *unless* there is a court order to this effect, or you are actively under the influence or otherwise impaired at that time.
  - No temperature or other alterations to the screen means the screen is invalid, which may be shared with the court. DCFS does not consider an invalid result the same as a positive result.
  - If you are already being randomly drug screened as part of a substance use disorder program, probation, or parole, and the other qualified agency conducting the drug screens provides DCFS with the written results of those drug screens within the timeframes needed, DCFS can use those results rather than conducting their own drug screens (unless there is a court order requiring DCFS to give the drug screens).

During Family Time Do

- Practice what you are learning in your parenting classes or therapy sessions, if applicable. Talk to your worker, parent educator, or therapist about how trying out these new skills went!
- Be aware of the time and attention you are giving to each child (if there are siblings). Try to divide your attention between siblings equitably.
- Use positive language free from curse words or other inappropriate words.
- Take pictures and videos of your children, but talk with your worker about if, when, and how any of your pictures or videos from family time are shared with others.
- Redirect your child as needed if his or her behavior is not appropriate. Depending on the age and development of your child this may look like:
  - Giving a clear and calm warning.
  - Provide the child with an appropriate alternative.

  - Distract the child with a new activity.
  - Praise the behavior you want from your child.
- If you are having a hard time managing your child's behavior, it is ok to ask the person supervising your visit for suggestions. Positive parenting includes asking for help when needed.
- If your family time is at the DHS office, please straighten up the room and wipe surfaces down with wipes provided by DCFS at the end. This way it's clean and ready for the next family.

During Family Time Do **Not**

- Talk negatively about your case, your caseworker, your child, other members of your family, or your child's resource parent or other placement provider to your child.
- Talk about any topics that obviously upset the child.
- Make promises about the child returning home soon. This is hard on the child especially if they do not go home as soon as promised and for a young child who does not have a grasp of time.
- Talk on your cell phone unless it is an emergency. We want you and your child to enjoy as much family time together as possible. Another exception is making a call so the child can spend part of family time speaking with other relatives or important people in his/her life who may not be able to come to family time. Please discuss this option with your caseworker before family time.
- Play on your phone throughout the visit. It is ok to spend a few minutes playing a game or watching a short video with your child, but screen time should be limited during family time.
- Talk about alcohol or drug use.

If you are observed talking about any of the items above, the person supervising family time will remind you not to do so two times. If you continue, the person supervising the visit will talk with his or her supervisor regarding next steps which may include ending family time.

Agreements

By my signature below, I acknowledge that a DCFS staff person has reviewed these family time requirements and guidelines with me and has given me the chance to ask any questions I may have. I understand DCFS will provide me with a copy for my records. I agree by my signature below to follow the requirements and guidelines outlined in this document. I also understand that if I ever lose this document, I am welcome to request a new copy from a DCFS staff person.

Parent 1 Name (please print):_____

Parent 1 Signature:_____ Date: _____

Parent 2 Name (please print): _____

Parent 2 Signature:_____ Date: _____

DCFS Staff Name:_____

DCFS Staff Signature:_____ Date: _____

Safety Organized Practice

Overarching Objectives of the Approach

- Develop good working relationships that lead to a shared focus among stakeholders.
- Use critical thinking and decision-support tools to enhance consistency, validity, and equity in key case decisions.
- Create detailed, collaborative plans for enhancing daily safety of children.

Developing Good Working Relationships

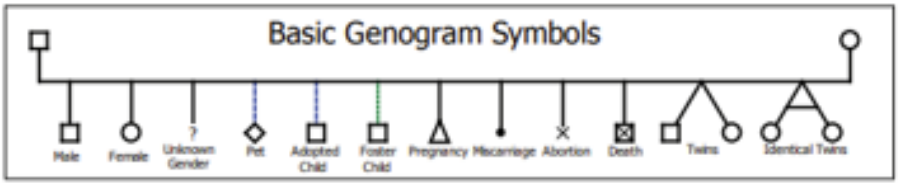
- Rigorous, balanced assessment
    - Three Questions and Three Column Map
        - What are we worried about?
          What is going well?
          What needs to happen next?
    - Use of Solution Focused Questions (Ask for examples of each type of question).
        - Exception
          Coping
          Scaling
          Position (hint: think “perspective”)
          Preferred future
- Strategies for meaningful child participation
    - Three Houses
    - Safety House

Using Critical Thinking and Decision-Support Tools

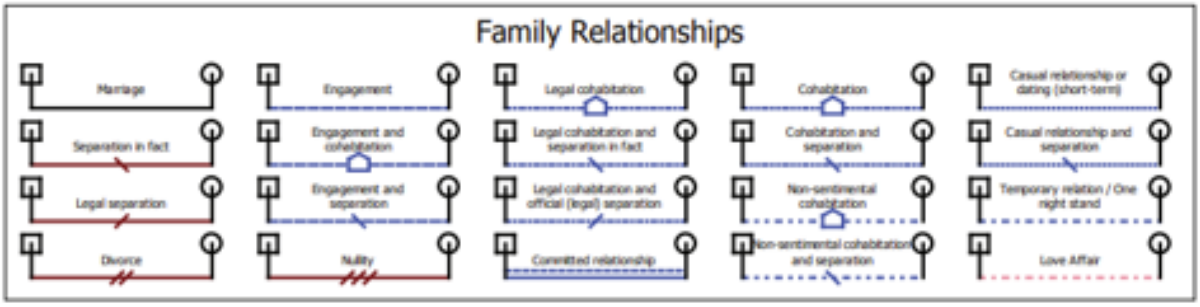
- Harm, Worry, and Goal Statements
    - Caregiver + Behavior + Impact on the Child
- SDM decision-support tools
- Collaborative Assessment and Planning (CAP) framework

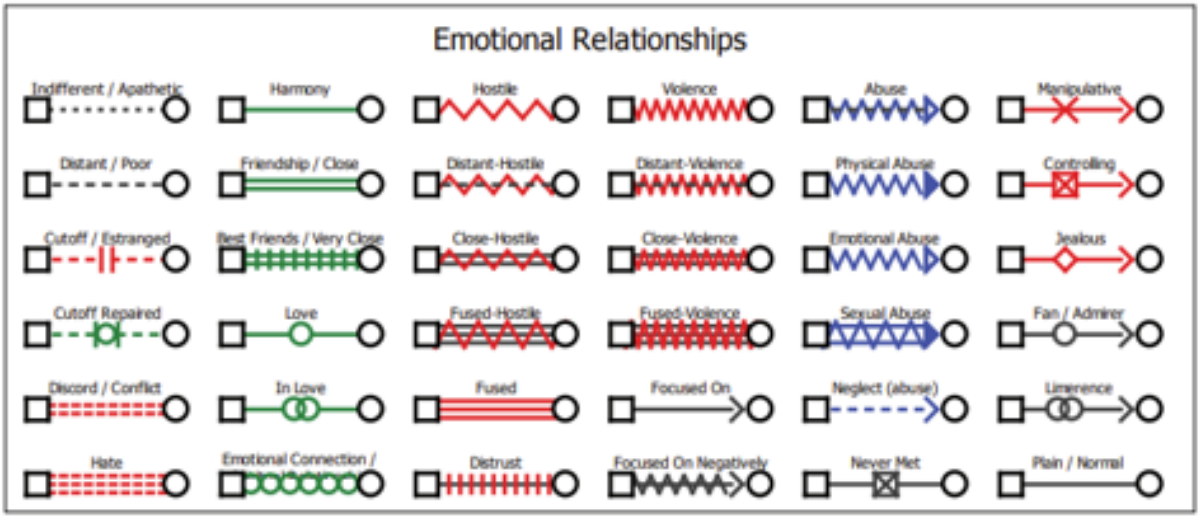
Creating Detailed, Collaborative Plans to Enhance Daily Safety of Children

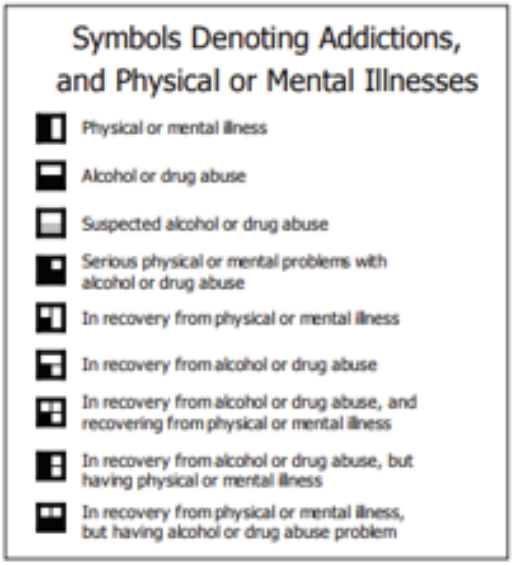
- Building safety networks
    - Circles of Safety and Support
- Behavior-based plans
    - Caretaker + Behavior+ Impact on the Child
    - What will the caretakers being doing differently that ensures the safety of the child?
    - Clear, plain language.

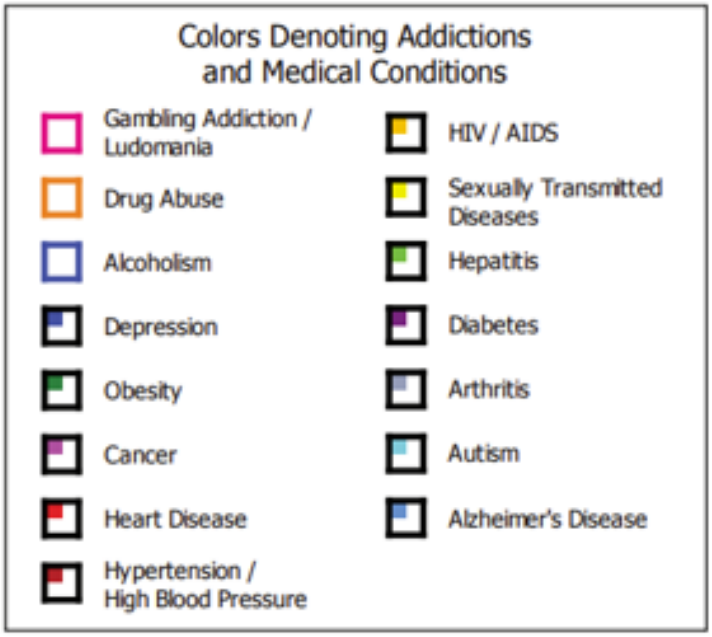


GenoPro
www.genopro.com









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Mary for Genogram

Mary (30) grew up in a rural town. She disclosed little about her childhood, claiming that it was "nothing special." At 18, she married her high-school sweetheart, Duke (31). Mary said she was anxious to get out of her parents' home to be on her own, and she thought marriage was the way to accomplish this. Her parents, Sam (59) and Cindy (55) were high school sweethearts and married the year Cindy graduated high school. She never felt close to her parents but denied abuse by them. Her dad considers himself the breadwinner, working as a mechanic, even though her mom works as a secretary. They are both still working. Mary is an only child. Before Mary was born, Sam and Cindy lost two other children through miscarriages.

Duke's parents, Brad (66) and Pat (64) divorced when he was 20. His father passed away last year at age 66. Duke has 3 brothers, Tim (40), John (36), and Joe (29). Duke's father was a OTR truck driver who was rarely home. Pat has started dating Mack (69), who was a friend of Brad's.

When Mary married Duke, she became a housewife. She gave birth to their three children: Kate (11), Denny (8), and Pam (5). She believed her marriage was as happy as most she knew of and was surprised when eventually her husband had an affair leading to their divorce four years ago.

Mary's ex-husband, Duke, has married a woman, Debra (40) who has a teenage son, Daniel (16) by Danny (43). Danny lives in Alaska and flies planes delivering supplies to remote areas. He hasn't seen Daniel in several years. Duke is raising Daniel but has very little to do with his own children. Kate, Denny, and Pam visit Duke, but not often. Mary reports the children do not "get along" with Daniel very well. Mary notes that Duke sometimes buys Pam, Denny, and Kate inexpensive things but nothing that is really needed. He does not pay child support. Mary insisted, however, that all three children have "grown up fine."

Mary and John met about one year ago while he was living at the hotel where she works as a maid. They began living together almost immediately. This is her first serious relationship since the divorce. John grew up in a large city, the middle child of five siblings. He revealed that he was molested by a stranger when he was seven years old. His sister, Janice, found out about the abuse and told their parents, Jack and Jill. The perpetrator was arrested and John attended counseling. John believes that Denny might have been molested by a stranger. John has a four-year-old daughter, Joellen, from a prior relationship with Mandy, but he is not allowed to visit Joellen unsupervised; he is vague about why. Also, he does not pay child support for his daughter. John graduated from high school and trained to be a chef.
Currently, he works sporadically in jobs such as roofing or painting. He admitted that he occasionally uses marijuana and drinks beer every day.

Mary, her children, and John reside in a mobile home park. The conditions of the two bedroom mobile home are acceptable. Mary and John occupy one bedroom, the two girls occupy another bedroom, and Denny sleeps on a couch.

John often watches the children at home while Mary works. He admits to drinking beer while he watches the children, but they usually play "around the trailer park". The children communicate no fear of John and sometimes refer to him as "Daddy". Kate indicates she thinks John is "cool" because he lets go her out with neighbor children at night. She states she likes to be out of the house at night because she hears John and her mother having sex through the walls.

Jaree Morehouse

Jaree Morehouse – 6	**Janice Morehouse – biological mother – 38**
Marcia Dunn – maternal aunt – 40	**Leila Dunn – cousin – 20**

- Jaree (age 6) lives with her aunt Marcia and cousin Leila.
- This is your first time meeting with this family.
- There is no prior history of this family being involved with child protective services.

Jaree was removed from her mother's care four (4) months ago after Jaree was found outside of her apartment around 10 pm at night, dirty and hungry, and told a neighbor she didn't know where her mama was.

The child came into protective custody. When the mother was located, she maintained that Jaree was asleep and she had just run to the store for cigarettes.

Initially, Jaree was placed in a non-relative resource placement but was moved to Ms. Dunn's home (relative placement). Her mother, Janice, was using methamphetamine on a regular basis and was unable to care for her. Janice has been using for the past year and a half. She was using at home, although she denies ever using when Jaree was present in the room. Before starting to use meth, Janice reported that she only drank and "smoked pot." She started using meth about 1.5 years ago after the breakup with her partner, Lucas. She and Lucas had lived together for 4 years and he "was my best friend and like a daddy to Jaree." After the breakup, she dated a man who used meth and she started using around him.

According to the case review, Jaree's mother became pregnant with her during a relationship with a man, Stan, who had also dated the aunt, Marcia Dunn, prior to getting involved with Jaree's mother. Marcia broke up with him and he moved on to Janice. Stan made it clear he was not interested in Janice or the child and moved out of state a few months later. Attempts to locate him have been made. He lives in California with his girlfriend who is 3 months pregnant. He is not interested in parenting Jaree. Stan has a mother and brother in Texas who have said they cannot commit to raising Jaree at this time due to health and economic issues.

Janice and Marcia's mother died two years ago after battling breast cancer. Their father died in a motorcycle accident when they were in their early teens. Their father met and married their mother when he was serving overseas. The mother was originally from the country of Georgia. Their father aged out of foster care, had little contact with his family of origin, and told Janice and Marcia that they were scattered all over.

Initially, Jaree's mother attended and completed a 21 day inpatient drug treatment program. In the first month she was out of treatment, she and Jaree were having regular, weekly family time. Janice was not using meth, she was attending aftercare, working full time, and able to stay in her apartment.

Last month, Janice missed two family time opportunities, had a positive drug screen for THC and methamphetamine, and showed some erratic behavior at the DHS office. Then, Janice disappeared for almost a week. Janice returned and initially tried to reengage with her daughter and her sister. She maintained contact for two weeks. She and Jaree had two family time

visits. Janice arrived at the last family time tired and hard to engage with. Jaree was upset

after the last family time and told Mama Marcia that her “mama is sick again. I think she needs some different medicine.”

Jaree is developmentally on track. She is in the first grade and doing well in school since moving to her aunt’s home. According to Marcia, Jaree has a best friend at school and plays well with another child in her neighborhood. She has not had significant behavior problems at school or home since coming to live with Marcia and Leila, her 20-year-old daughter. Marcia says that Jaree “worships” Leila and imitates her behavior.

Leila is living at home, going to school to become a Certified Nursing Assistant (CNA), and works part time as a server at a local restaurant. She is gone from home most of the time.

Marcia has reported that Janice has a history of dropping in and out of their lives depending on “whether she needs anything or who she is with.” This is a contact with a child receiving Out of Home Services in a relative placement for the purpose of meeting and engaging the family for the first time. The worker plans to use the Three Questions/Three Column Map with Marcia and begin the Three Houses with Jaree.

The goal continues to be reunification.

Janice Morehouse:

When you contacted Janice to set up a meeting with her, she answered her phone and sounding like she was asleep and was initially irritable. After you identified yourself and the reason for calling, her tone changed and she became quite accommodating.

The apartment is in a working class neighborhood with some home and duplexes. Most homes and yards are kept up and the area is generally safe.

Upon arrival, you notice the curtains are drawn, there are clothes on the couch, a couple of pizza boxes, lots of used glasses, and a full ashtray with cigarette butts on the coffee table.

Janice Morehouse appears older than her stated age. She is dressed in clean workout clothes, is wearing some makeup, and seems to have fixed her hair.

A man she introduces as her boyfriend, Mack, is on the couch watching TV. He appears to be some years older than Janice. Mack says hello and tells you they were just chilling. You ask Janice if you can speak to her alone. Janice tells Mack to run to the store for more cigarettes and hands him a $20 from her bag. She also hands him the keys and tells him to use what’s left and pick up a pizza.

You ask if you can sit at the counter so you can write and she clears clothes off the chair and moves some stuff and wipes the counter off.

When you are finally alone, you ask if Mack lives with Janice. She tells you that he stays there sometimes

but lives with his mother and helps take care of his dad, who has Alzheimer's. Mack stays over some. Mack is divorced from his 2nd wife, has two children, ages 20 and 17 by his first wife. He sees his children a couple of times a year around the holidays. They have been together for about six months.

You ask if Mack uses meth. Janice admits that he does and says that he can control it, he's been using since he was a teenager.

Janice asks you if you are going to help her "get my kid back." You tell her that you are new and trying to gather information about what is going on and get to know people. You tell her that you may be asking lots of questions, but really, everything boils down to these three main questions:

What is working well?

What is she worried about?

What needs to happen next?

You pull out your piece of paper and draw two lines to make three columns. What is working well?
She says she loves and cares about Jaree and says she want to have Jaree home, she says Jaree is a good girl and hardly ever gets in trouble and when she does, time out or taking away her tablet works great. Janice says she wasn't always like this and did a really good job when Jaree was little. Janice stated that her work hours have recently been cut back. This has caused her to be concerned that she may lose her job, which has created stress about bills and housing. She says she is going to NA meetings again. Her car is running good. She hopes that she can go back to school in computer networking. She has good support from Marcia and Aunt Lisa and Uncle David.

What is she worried about?

She tells you that she is worried that Jaree will not be able to live with her again, that she will lose her job, that if she loses her job, she will lose her apartment, and if she loses her apartment, she will become homeless. Janice is worried that her family and boyfriend will get tired of helping her and leave her all alone. Janice is worried that she could accidentally overdose and die.

What needs to happen next?

Janice says she needs to keep going to meetings and start back with aftercare. She says she needs to not get high before family time with Jaree. She knows that she should call to reschedule family time if she is high, instead of just not showing up. Janice said that she probably needs to talk to break up with Mack. She will keep looking for another job.
She wants to get Jaree something new to wear.

You ask where she is on a scale of 0-10, where 0 is Jaree can't come home and 10 is Jaree can come home and be safe. Janice tells you a 5.

You ask if there is one thing that would move her up the scale by one, to be closer to 10, and she says, "go to a meeting this week."

Marcia Dunn:

Ms. Dunn is a 40-year-old female who appears her stated age. She is dressed casually and presents a neat appearance. The inside of the home is neat and clean and comfortable. You are greeted with a smile, offered something to drink, and asked to sit down. She works as an administrative assistant at a large business for the last 8 years. She says it is a good job and her boss treats her well and she plans to stay there.

She tells the worker that her 20-year-old daughter, Leila, who lives with her and Jaree, is going to school to become a nurse's assistant. Ms. Dunn is proud of her daughter's efforts.

Ms. Dunn reports that she had cared for Jaree on a number of occasions prior to her removal from her mother's custody. When Jaree was removed from her mother's care, Marcia initially thought that it would be the "wake up call" that Janice needed and she would get her life together to get Jaree back. Now, Marcia believes that Janice may not be able to live consistently without abusing or depending on substances. Marcia says that she isn't sure if Jaree will ever return to live full time with her mother.

Ms. Dunn loves and genuinely cares for Jaree. Although Marcia loves her sister and wants Janice to get her life together, at this point, Marcia is more concerned that Jaree have a consistent and appropriate home and family life.

She tears up and says, "It's hard to watch your sister do this to herself and her kid. We used to be so close. She was my best friend." Marcia notes that even when Janice does keep the family time visits, it is very stressful for Jaree. She notes that she has quit telling her about upcoming family time until just before it's scheduled. The last time family time was scheduled, "she figured it out on the way to the office." Even if family time does occur, she gets upset and stays upset for a few days after, often wetting the bed and having night terrors for a few nights after the visit.

Ms. Dunn notes that Jaree can be challenging, she has so much energy, she talks all of the time, and she is always asking questions. Marcia says she is "just a busybody." According to Marcia, the relationship between Jaree and Leila is "very good."

When asked about her support system, Marcia notes that her parents are deceased but she has an aunt and uncle in the area that she can depend on. She notes that they are "getting older, so they can't really deal with Jaree except for a couple of hours at a time." She has a number of friends and seems to have some support within the community.

You ask Marcia the Three Questions:

What is working well?

Marcia says that Janice is doing better in the past few weeks. Marcia says she will do whatever it takes, for as long as it takes. Jaree is really doing well at her home and in school. Marcia is open to family time and family time coaching.

What are you worried about?

Marcia is worried that Janice will not be able to quit using drugs and that Janice will not be able to be involved in Jaree's life. She is really worried that Janice will die from drug use.

Marcia says that Janice needs to get back to her aftercare appointments and meetings and get rid of Mack. She says that Janice has to get serious about getting her life back.

You ask where she is on a scale of 0-10, where 0 is Jaree can't come home and 10 is Jaree can come home and be safe. Marcia tells you a 4.

You ask if there is one thing that would move her up the scale by one, to be closer to 10, and she says, if Janice would really make Mack leave instead of just talking about it.

Three Column Map		
What is working well?	**What are we worried about?**	**What needs to happen next?**
0 ← → **10**		
Unsafe (Child cannot remain at home)		**Very Safe** (Close case)

Five Solution-Focused Questions

Exception	Has there ever been a time when the problem could have happened, but it did not?
Scaling	On a scale from 0 to 10, where 10 is your child was totally sand 0 is real danger, where were things when ...
Position	If your child were here right now, what do you think your child would say they are worried about?
Coping	What you are going through is not easy. How have you survived?
Preferred Future	In six months, if all the things we are working on were taken care of, what would be different in your family?

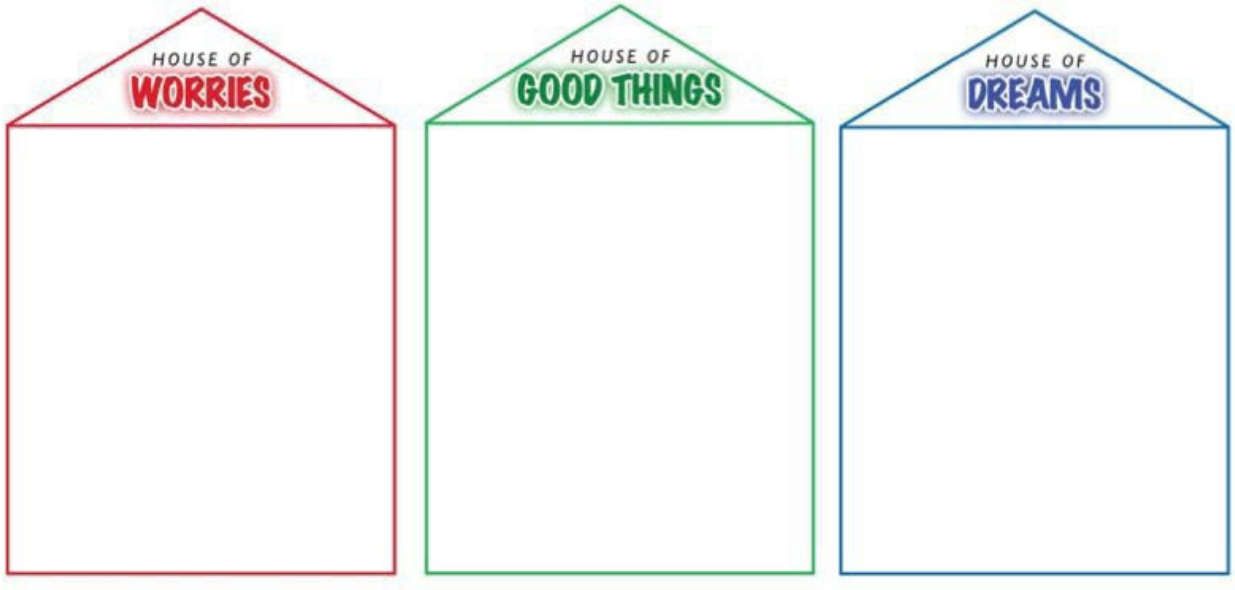
Linking the Three Questions and Solution-Focused Questions

What is working well?	What are we worried about?	What needs to happen?
Questions of genuine curiosity Behavioral detail Impact on the child Voice of the child Assumptions that good intentions are not always enough	Questions of genuine curiosity Behavioral detail Impact on the child Voice of the child Assumptions of good intentions	Questions of genuine curiosity Behavioral detail Impact on the child Voice of the child Assumptions that best-made plans do not always work out as they should
Exception questions • *Has there ever been a time when, before you got high, you were able to find a safe adult to watch your child?* • *Who, what, where, when?* • *How often? How much?* • *First, last, most recent?* **Coping** • *How have you made it this far?* • *How have you accomplished what you have?* **Position questions** • *Is it important to you that you have taken these steps?* • *Why? Relationship questions* • *Who would be most pleased that you have taken these steps?* **Network** • *Who helps?* **Scaling questions** • *Safety/danger, progress* • *What is keeping the number as high as it is?*	**Externalizing the problem** • *When did the violence first come into your life?* • *Who, what, where, when?* • *How often, how much?* • *First, last, most recent?* **Position questions** • *Is this how you want things to be? Why or why not?* **Relationship questions** • *Who else is worried?* **Networks** • *Who else knows?* **Scaling questions** • *Safety/danger, progress* • *What is keeping the number from being higher?* **Future unchanged** • *What will happen if things keep going the way they are going?*	**Preferred future questions** • *How would you like things to be instead?* • *If we meet up in a year and things are better, what will they look like?* **Position questions** • *What kind of difference would it make for you to take this step?* **Scaling questions** • *What does up by one look like? Up by two?* • *Willingness, confidence, capacity* **Relationship questions** • *What do other people hope will happen?* • *What can they do to help?* • *What kind of difference would it make to your children to take these steps?* **Monitoring questions** ○ *How will we know this is working?* ○ *Who will have to see what?*

The Three Houses

Used with permission from Nicki Weld.

A tool that engages children in child protection assessment and planning.



Interview Feedback

1. What did the interviewer do well? Try to list at least three things.

2. On a scale of one to ten, how *genuine* did the interviewer feel? Why?

3. Put a checkmark by each thing that you observed in the interview: (Some may not be relevant.)

   - ☐ Good first impression – they identified themselves and the agency.
   - ☐ Started with general open ended questions, then got more specific.
   - ☐ Reflected back to make sure they understood what the family member was saying.
   - ☐ Validated the family member's experiences and emotions.
   - ☐ Redirection if needed.
   - ☐ Gave options and advice.
   - ☐ Took into account the person's age.
   - ☐ Intentional silence.
   - ☐ Showed evidence of active listening/had positive body language.
   - ☐ Ended with a quick summary and discussion of when they will meet again. Left contact information.

4. What's something they could improve on?

5. What's at least one takeaway you have about how you will approach interviews like this in the field?

C+B+I Scenario

The hospital social worker and the doctor at the hospital told DCFS that Neveah (12 mos.) was brought in to the hospital yesterday by her paternal uncle, who told the receptionist that he thinks Neveah's parents, Jessica and Alex, are using meth and not feeding Neveah enough. Uncle said that when he went to their house yesterday, no one was home, the front door was open, and Neveah was on the floor crying. She appeared to not have been bathed for several days and had a dirty diaper with a severe rash. The doctor said that Neveah is extremely underweight and appears to be developmentally delayed.

Use the C + B + I formula regarding Neveah:

- Who is worried? What are they worried about? What is the impact on the child?

Circles of Safety and Support

Used with permission from Sonja Parker.

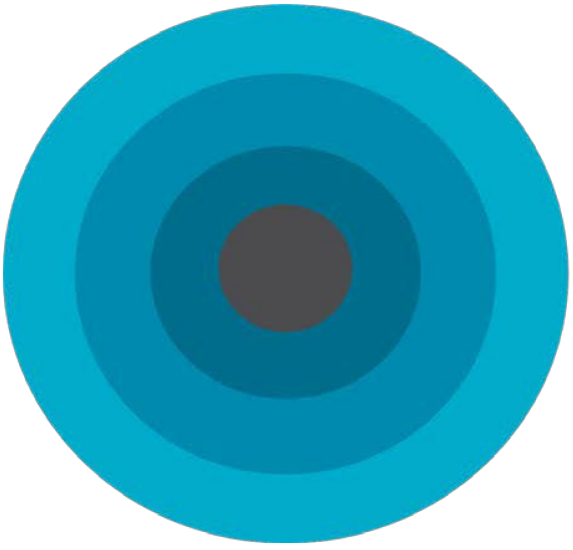
An important part of the family- and safety-centered practice approach is helping the family build and strengthen a network of people—made up of family, friends, and involved professionals—who will support the caregivers to develop and maintain a safety plan for the children. It is hoped these people will continue in this role long after professionals have stopped working with the family.

The safety and support network provides support to the caregivers and safety for the children (and in some situations, safety for an adult with worrisome behavior).

A strong and active safety and support network assures professionals that the caregivers have the support they need to use the safety plan for as long as the children remain vulnerable to the identified safety threats within the family. For cases with an identified safety threat to the children, establishing a safety and support network is non-negotiable when developing the safety plan.

Circles of Safety and Support is a visual tool to help identify people for the family's safety and support network and to help professionals and family members talk about the network's role and who can be part of it.

It is typical to use the tool on the first visit with a family, when the worker is talking about the importance of the network. People in the network will work together to help the caregivers build and follow a safety plan to ensure the children will always be safe.



1. Name/photo/picture of child/children
2. Who already knows everything that has happened?
3. Who knows a little about what has happened?
4. Who knows nothing about what has happened?

Prompt Sheet for Circles of Safety and Support

1. Explain the need for a safety and support network.

Speak with caregivers about the purpose of the safety and support network and its need to be in place for safety planning to progress and be effective. Pay attention to what caregivers have already done that will help to build future safety and acknowledge this with compliments whenever possible.

2. Address the center circle.

Ask caregivers to draw, put photos, or write names of family members in this circle.

3. Address the inner circle.

Who supports you the most?

With whom do the children feel most connected?

Who knows everything that happened (e.g., what led to the children being in care, what led to child protective services being involved with the family)?

4. Address the middle circle.

Who supports you a little?

With whom do the children

feel some connection? Who

knows a little about your

hardships?

5. Address the outer circle.

From whom do you avoid asking for support, but maybe

could ask in the future? Who does not support you,

making things harder for you and your family?

Who does not know anything about your hardships?

6. Ask if anyone from the middle and outer circles belongs in the inner circle.

Review the names in the middle and outer circles. Does anyone need to be part of the inner circle instead?

Have you thought about asking those in the middle and outer circles for support or talking with them about what happened?

Who would grandma [or pick anyone else in the inner circle] want to join her in the inner circle? Who would the children most want to have in the inner circle?

Even though I [the worker] do not know these people yet, which of them do you think I would

most want in the inner circle?

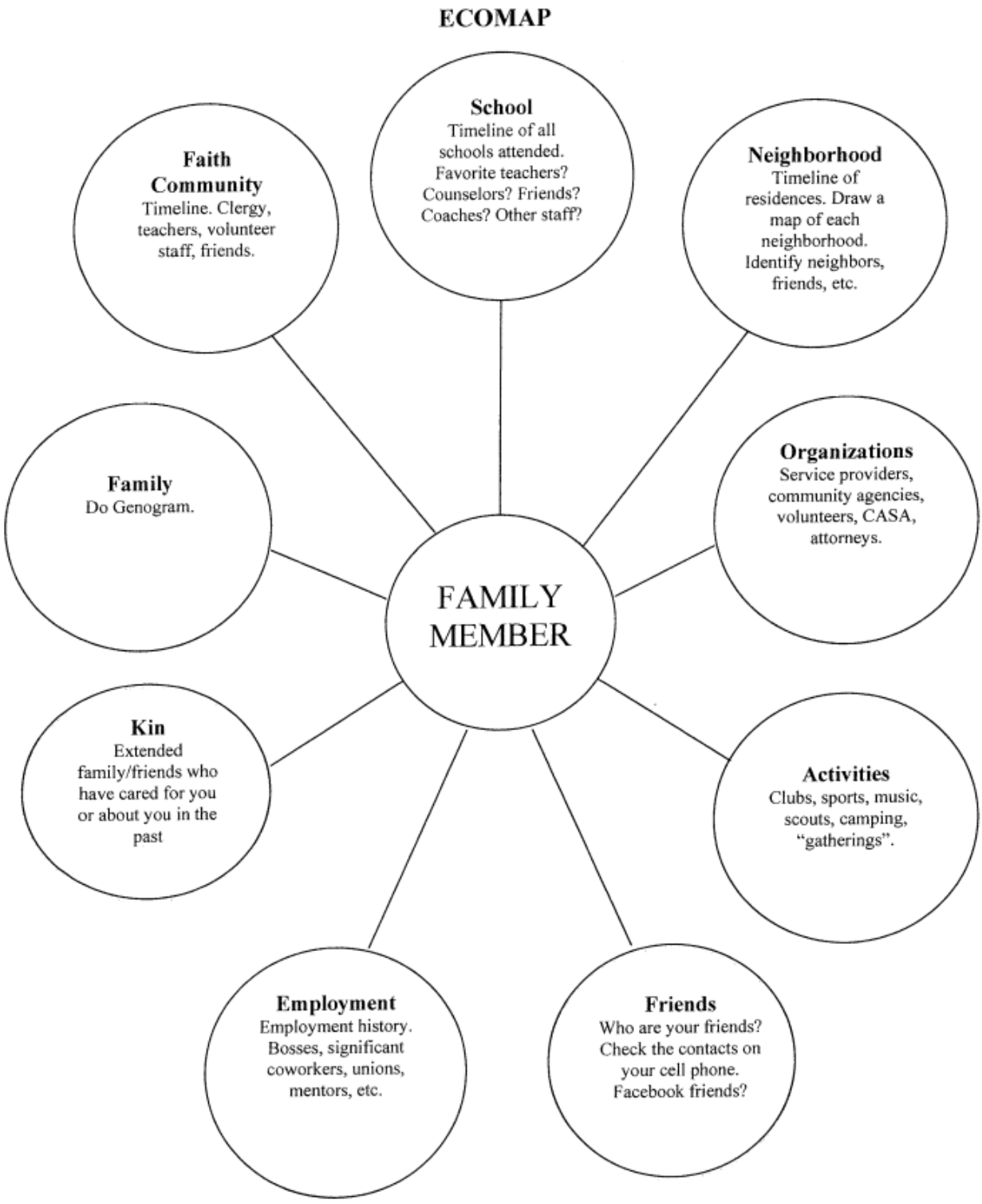
Of all these people, who makes you feel the most comfortable and most understood? Which of them do you think would be important to have in your safety and support network?

7. **Discuss the following:**

What is the role of the safety and support network? What is the difference between safety and support?
How many people are needed in the network?
Who can be a safety and/or support person?

What do people need to know to be part of the network?

How do we ensure that everyone is informed about the concerns?



(Create this map with each family member)

Family Safety Network in a Carver County Case: Video Reflection

1. How did Julie feel when she was first asked to find the network?

2. What excuses did she come up with?

3. What, if anything, changed over time?

4. What are some other things Julie says about the network?

Investigator's Survival Kit

On-Call Grab Bag

(Note: this sheet is for the initial work in an investigation)

General Forms

- **CFS-6052** - Referral Snapshot
  - ***Warning:*** *The reporter's name is on this form! Remember to redact the reporter's name before visiting the family.*
- **CFS-212-A** - Notice of Child Maltreatment Allegation to Alleged Offender
- **CFS-323** - Protective Custody/Parental Notifications
- **CFS-200** - Immediate Safety Plan
- **CFS-6003** - Report to PA
  - ***Warning:*** *The reporter's name is on this form and should be redacted or should not be kept in an investigative file or the case file.*
- **CFS-327-A** - Body Diagram
- **DHS-4000** - Authorization to Disclose Health Information
- **CFS-311** - Notice of Attempt to Make Contact
- **Blank Affidavit** as reminder of information, especially efforts to locate absent parents and kin.

Equipment

- Cell Phone for pictures
- Engagement toys - paper, crayons, markers, etc.
- Ink Pens, paperclips, business cards, badge
- Ruler with name of worker and DHS printed in red, used for reference in photos

Publications

- **PUB-052** - Child Protective Services: A Caregiver's Guide
- **PUB-010 - Guidebook for Families**
- Copy of investigation policy
- **PUB-357** - Investigative Protocol
- Maltreatment Act
- SDM Safety and Risk Assessment Manual

Medical Passport Forms

NOTE: These documents should be left with resource parents at the time of placement. The printable packet can be located on ***CHRIS Net*** *or at the following file path:*
SHARE/DCFS/CHRIS Net/Printable Packets/Medical Passport

- **CFS-351 -** Initial Dental Exam
- **CFS-352 -** Medical, Dental, Vision, Hearing, and Psychological Episodic Form
- **CFS-362 -** Medi-Alert (Completed with caregiver at time of removal)
- **CFS 365 -** Receipt for Medical Passport
- **CFS-366-A and B -** Initial Health Screening (completed by physician)
- **CFS 372 -** Weekly Medication Chart
- **CFS 374 -** Quarterly Fire/Tornado Drills
- **CFS 462-A -** Resource Home Agreement Addendum (complete with resource parent at time of placement)

Important Telephone Numbers

- Crimes Against Children Division (CACD)
- Child Abuse Hotline: 1-800-482-5964
- On Call Supervisor Number
- Your Supervisor's number
- Prosecuting Attorney
- Resource Numbers: Battered Women's Shelter, homeless shelters, food banks, churches, suicide hotline
- After hours directory
- Emergency numbers - OCC, law enforcement, on-call Resource Worker, DRT supervisor, TDM Facilitator,
- Resource home list with telephone numbers and addresses

ON-CALL WORK AID

Things To Know

Interview one of the people in your work unit and find out his/her strategies for surviving on-call.

Find out if your county has an on-call phone that is rotated among workers, or do you use your own phone?

How do you find the on-call supervisor?

How do you know who the on-call resource worker is?

Is there a phone for the on-call resource worker?

What is your OCC Attorney's number and does OCC have on-call or will you call your regular attorney?

Do you have access to the Division Information Management System on the weekends and if so, how?

What are your local law enforcement agencies' telephone numbers?

Where DCFS Will Always Respond If You're On-Call

- **Initiating Priority 1 reports in categories that are the responsibility of DCFS will be one of those things all DCFS on-call workers do in all counties.**
- **Responding as secondary worker on cases where CACD has identified a safety threat is something all DCFS on-call workers do in all counties/areas.**
- **Responding when local law enforcement has a potential placement issue is the third thing that all on-call workers for DCFS do in all counties.**

ON-CALL QUESTIONS FOR MY SUPERVISOR

1. Does our county have a protocol for on-call in general? (if yes, get a copy.)

2. Does our area/county have a protocol related to the interaction between the on-call worker and the on-call resource worker? If yes, get a copy of that protocol and attach it to your work aid for discussion in class.
    a. Does the on-call resource worker only do kinship placements, or will they also help you locate an appropriate placement?
    b. If the on-call worker does placements himself/herself, consider adding the CHRIS-work aid on Provider searches to your work aid.

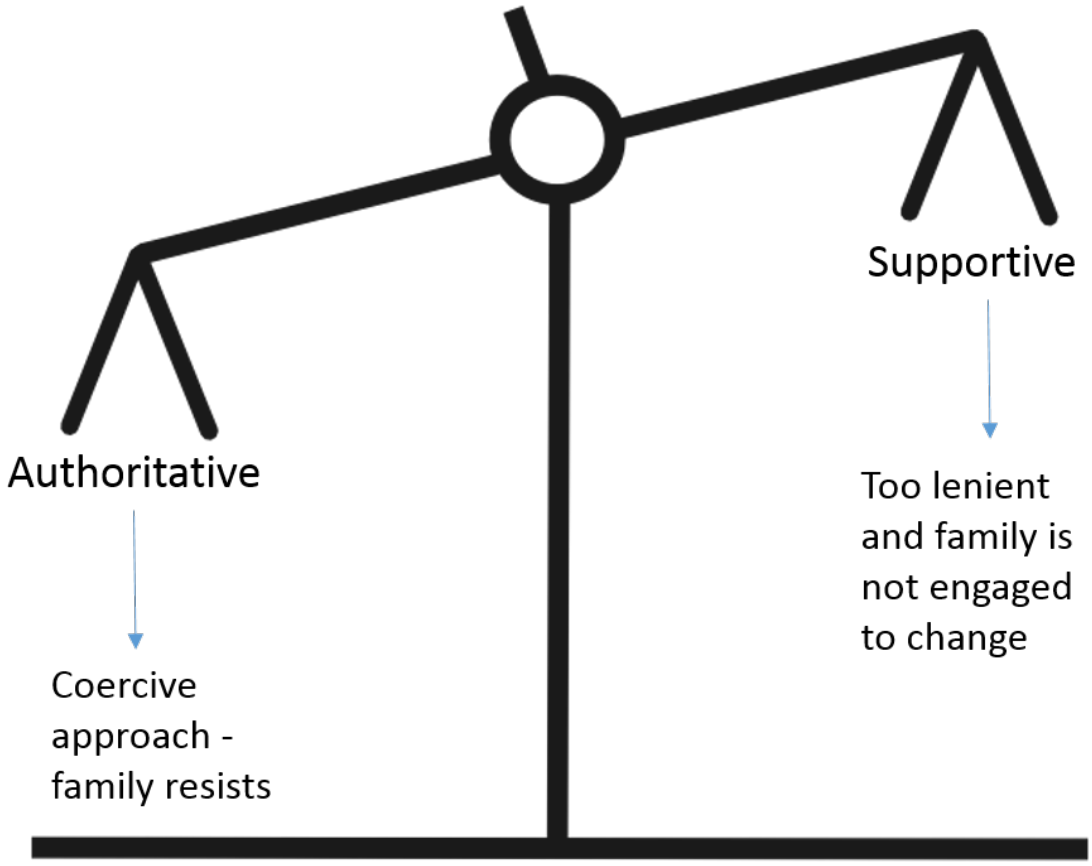
3. In our county/area is the on-call worker expected to initiate Differential Response referrals, or do the DR workers do that?

4. Does our judge have an affidavit format that he/she prefers over the official CFS-411? If so, attach a copy to your work aid and bring it to class with you.

5. Who handles resource home placement disruptions – the on-call worker, the on-call resource worker, or a special unit?

6. What are the expectations of the on-call worker concerning requests from other counties as secondary – transportation, supervising family time, and signing children into facilities?

Balance of Authority



Factors Influencing How Families View Child Welfare

Unclear Expectations:
Family members may not understand what is happening, what they can expect and/or what is expected of them.

Feelings of Disrespect:
Families may feel that they are disrespected and not being heard or understood. Language barriers may also add to a misperception of the worker's intent.

Past Trauma:
Families may (likely) have past trauma that has not been addressed.

Cultural Misunderstandings:
A difference in social and cultural backgrounds may lead to the perception that the worker's intent is an "invasion of their family." This may go along with feelings of disrespect.

Family Conflict:
There may not be agreement on what constitutes appropriate and effective intervention. Interactions between family members may be negative or counterproductive.

Mistrust of Authority:
Families having had a past experience with child welfare or other government agencies may have fear and mistrust of the agency's intent.

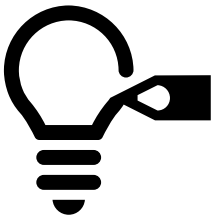
Other Issues:
Active substance use and/or mental health issues may impact a family's perception of the worker's intent to provide help.

PERSONAL SAFETY

PREPARATION	PERSONAL	ARRIVE AT HOME	AT THE HOME	LEAVING THE HOME	GENERAL
Learn about your office policy on personal safety	Leave valuables at home	Scope out the area, drive around. Note public places close by if you should need help.	Do not enter yard/home if: • Questionable (or too many) people are present • People are obviously intoxicated/high • Violence is in progress Vicious acting animals present	Have keys in hand	If you are in danger, LEAVE immediately and call 911. Trust your instincts. If anything concerns you, listen to your gut. Do NOT rationalize away fears for safety.
Review the Division Information Management System – history of safety concerns	Do not wear expensive jewelry or long necklaces	Park in the open, near light, not where you can get boxed in	Call when arrive, ask the family member to meet you at the door	Observe surroundings as you exit	Call law enforcement if children are in danger
History of violence or domestic violence	Put purse, wallet, laptop in trunk	Park your car in the direction you will leave	If unannounced visit, stand to the side of the door when knocking	Do not linger on porch or in yard	Call supervisor to advise of situation
Substance abuse history Criminal history Severe mental illness history	Always carry your phone	If visiting apartment building, find building/unit before leaving car	If unknown person answers, ask for the family member you need to come to door	Trust your instincts. If anything concerns you, listen to your gut. Do NOT rationalize away fears for safety.	Debrief with supervisor
Consider factors such as time of day, weather, etc.	Wear your badge	Lock car if you are sitting in it	If denied entrance, do not attempt to persuade your way in. Leave, call supervisor		Contact family to ensure their safety (as situation permits)
What is the purpose of your visit? Be sure you have what you need		Lock car as you leave	As enter, scan for safety threats, remain alert and observant		If you are on the phone with someone and believe they are in danger, get as much information as possible.

PREPARATION	PERSONAL	ARRIVE AT HOME	AT THE HOME	LEAVING THE HOME	GENERAL
Supervisor consult	Wear comfortable clothing and shoes	If approached by someone, be brief and move on.	Determine where exits are located		Stay in touch, follow up with family as safety permits
Sign out	Have emergency numbers easily accessible	Do not get drawn into a conversation with stranger	Ask who all is in the home at the moment		
Let others know your expected schedule - where, when, etc.	Consider entering local law enforcement numbers into phone so you do not have to rely only on 911.	If you are outside and someone keeps trying to engage you and you feel unsafe, loudly yell HELP or FIRE	When conducting walk through, clearly state reason and proceed with caution		
Buddy system – check in		Be aware of smells as you approach	Do not accept food or drink		
Call family to confirm visit			Limit personal information sharing		
Know exactly where you are going, map app			Choose seat so that you are not blocked from exit		
Personal Protective Equipment (masks, shields, gloves, & sanitizer)			Be aware of unusual sights, smells, weapons, drug paraphernalia		
Vehicle emergency kit jumper cables, •Can of Fix-A-Flat, flashlight •Cell phone charger •Plastic trash bags •First aid kit •wipes			Leave immediately if you feel unsafe, have an exit strategy that you can follow without thinking		
Vehicle serviced and plenty of gas			Do NOT second guess your instincts		

Worker Safety Video Reflection



1. What are some takeaways from the video(s) you have about worker safety?

2. Which safety practices have coworkers shared with you, or have you seen workers in your office use?

3. What kinds of concerns or anxieties have you experienced or seen, particularly when it comes to the environments of family homes?

4. Any other questions or thoughts about worker safety?

Crisis Prevention Institute's Top 10 De-escalation Tips

1. **Be empathic and nonjudgmental.**

    - Do not judge or be dismissive of the feelings of a person in distress. Remember that the person's feelings are real, whether or not you think those feelings are justified. Respect those feelings, keeping in mind that whatever the person is going through could be the most important event in their life at the moment.

2. **Respect personal space.**

    - Be aware of your position, posture, and proximity when interacting with a person in distress. Allowing personal space shows respect, keeps you safer, and tends to decrease a person's anxiety. If you must enter someone's personal space to provide care, explain what you are doing so the person feels less confused and frightened.

3. **Use nonthreatening nonverbal.**

    - The more a person is in distress, the less they hear your words – and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

4. **Avoid overreacting.**

    - Keep your emotional brain in check. Remain calm, rational, and professional. While you cannot control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" or "I know what to do" will help you maintain your own rationality and calm the person down.

5. **Focus on feelings.**

    - Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what's happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening – and you may get a positive response.

6. **Ignore challenging questions.**

    - Engaging with people who ask challenging questions is rarely productive. What a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, not the person. Bring their focus back to how you can work together to solve the problem.

7. **Set limits.**

    - As a person progresses through a crisis, give them respectful, simple, and reasonable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

8. **Choose wisely what you insist upon.**

    - It is important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person does not want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

9. **Allow silence for reflection.**

    - We have all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it is the best choice. It can give a person a chance to reflect on what is happening, and how they need to proceed. Silence can be a powerful communication too.

10. **Allow time for decisions.**

    - When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you have said. A person's stress rises when they feel rushed. Allowing time brings calm.

Taken from the Crisis Prevention Institute website:
(https://www.crisisprevention.com/Blog/CPI-s- Top-10-De-Escalation-Tips-Revisited)

WORKER SAFETY GUIDELINES

Home Visiting Safety

- Choose a parking space that is well lit, or that offers the safest walking route to the home.
- Do not park in a driveway to lessen the chance of being blocked in when you want to leave.
- Park in the direction you want to go when leaving the home.
- Wear shoes and clothing that make it easy to move quickly.
- Avoid carrying a purse while in the field.
- Do not go into a dark room, basement, or attic first. Let the client go first and turn on the light. Follow and never lead, even if you've been to the home before.
- Sit close to an entrance/exit or facing hallway to view other rooms. Plan safe physical proximity in the home by positioning yourself between the client and the door.

Reference: University of Wisconsin-Extension (n.d.) Personal Safety for Visiting Professionals.
http://www.uwex.edu/ces/flp/homevisit/program/pdfs/safety.pdf.

Defusing Anger in Clients:

Communicating respect- Demonstrating respect is a primary way to de-escalate hostility.

- Communicate respect with listening skills and non-aggressive body language.
- Show an interest in resolving the issue or meeting the other's needs.
- Acknowledge the importance of their concern.
- Refrain from judging his/her behavior.

Cooperating- Try to cooperate unless doing so can cause harm to you or others.

- Show that you understand he/she is upset and angry.
- Refrain from pointing out some reason why the person should not be angry.
- Do not disagree…rather focus on communicating some empathy for the person's feelings.
- Your objective is simply to avoid escalation.

Effective listening- In any attempt to defuse anger, the focus must shift from getting your point across to understanding the person and allying with them toward a common goal.

- People often become angry or aggressive only after a lengthy period of not feeling acknowledged.
- Do not interrupt or correct the angry person. Rational arguments may provoke their hostility.
- When people are under stress associated with conflict, the potential for misinterpretation is increased.
- Paraphrase, clarify, and gather information.
- Validate the person's experience. You do not have to agree with them, only that you have listened to them and understand how he or she might be feeling.
- Use 'open-ended' questions.
- Be aware of your reactions and attempt to change your 'judgement' into 'curiosity'. Watch nonverbal communication.
- Don't talk too much and use the person's name (if known).

Reframing- Redirect aggression into a non-threatening discussion of the person's possible needs.

- Reframing reflects understanding, but changes the emphasis from differences to commonality, from the negative to the positive. A reframe upon what the person obviously values can lead to common ground.

Asserting- There are times when you clearly need to assert your own needs and interests in order to effectively manage the situation.

- Set clear, firm boundaries, and expectations for appropriate behavior.
- Be 'hard' in the issues, but not on the person.
- Use "I" statements. For example, "I feel anxious when you pound on the desk…and it makes it hard for me to listen to you effectively."
- Assertive requests may not always be appropriate, especially with high threating situations.

Disengaging- Remove yourself from the threatening situation when listening and other methods are failing to reduce threat.

Harm / Worry / Goal Statement Review

- **Harm statement:** IT WAS REPORTED that CARETAKER BEHAVIOR IMPACT ON THE CHILD.
- **Worry Statements:** CHILD may be IMPACTED HOW if/when CONTEXT (There can be worry statements about Safety, Permanency, and Well- being)
- **Goal Statement:** CHILD's name, what will be DONE DIFFERENTLY, to ADDRESS THE DANGER now and in the future.

Scenario #1: April and May
May lives with her mother and 2-year-old sister, April, in a large apartment complex. Last Friday, about the time "Wheel" (Wheel of Fortune) came on, Mom (Ms. Bronson) left the apartment. She told May to "stay inside and watch the baby 'till I get home.' Don't you go out!" On Sunday, when it was getting dark, May went out to look for mother, because as she said, "I was scared someone had hurt her."

May found her mother in the neighborhood. Mother became very angry because May had disobeyed her instructions, left the house, and left April alone in the house. Mother grabbed May, marched her to the house, and once inside went to Mother's closet where she keeps the "whipping belt." "It's blue!" May said, "I tried to run! I crawled under the bed, but she pulled me out!" May also indicated that this type of punishment happens all the time. You ask if anything else happened and May gets tears in her eyes for the first time. She tells you after the "spanking" her Mother put her in the kitchen utility closet for the rest of the night and didn't let her eat dinner.

Harm:

Worry:

Goal:

Scenario #2: Ann and Michael
Two children, Ann (age 7) and Michael (age 5), were picked up by the police walking on a busy street at night. Police brought the children home and found the children's father, Tim Smith, drunk and passed out. They could not locate the children's mother, Diana. She returned home an hour later. Mrs. Smith reported that she initially left the house because of a marital dispute. She returned to find the children missing and had been out searching for them. She was relieved to see them safely at home and was cooperative with the police and the DCFS worker.

Harm:

Worry:

Goal:

Ask, "Who do you care about?" and "Who cares about you?"

What Are We Worried About?	Purpose of Consultation	What Is Going Well?
Harm and Danger • Caregiver behavior; impact on child • Youth behavior; impact on youth and others • Pattern/history	Hopes for this conversation **Genogram, Ecomap, Circles of Safety and Support** People in the family and network who care about the child/family **Cultural Considerations** How family identifies racially, ethnically, culturally **SDM® System Guidance** Most recent safety and risk assessment results; current recommended decision	**Safety and Permanency/Belonging** • Actions of protection, taken by the caregiver and network, that address the danger and are demonstrated over time • Actions of connection, taken by the caregiver and network and demonstrated over time, that promote enduring relationships to family, community, and culture
Complicating Factors • Conditions or behaviors that create greater barriers to safety, permanency, well-being • Research-based risk factors	**Gray Areas** Incomplete or speculative information	**Strengths and Resources** • Assets, resources, and capacities at the individual, family, and community levels • Presence of research-based protective factors

What Needs to Happen?	
Worry Statements What do key stakeholders worry will happen if nothing changes? Consider safety, permanency, and well-being.	**Goal Statements** 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? *(Bottom lines, not services)*

Action Steps

- Look at the next SDM decision point. What information is needed? What conversations with the family and network need to happen?
- What needs to happen next to work toward reaching goals?
- Who has agreed to do what, when?
- What kinds of plans are needed (safety plans, service plans, others)?

Refer to any recommended SDM assessment guidance.

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).

COLLABORATE ASSESSMENT AND PLANNING FRAMEWORK

Worker Name:
Family Name/ID:
Date:

What are we worried about?	Purpose of Consultation Genogram, Ecomap, Circles of Safety and Support Cultural Considerations SDM® System Guidance	What is working well?
Harm and Safety Threats		**Safety and Permanency/Belonging**
Complicating Factors	Gray Areas	**Strengths and Resources**

What needs to happen?

Worry Statements	Goal Statements
Action Steps	

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 Guiding Questions

When guiding the CAP Framework discussion, use these questions to help workers sort information they have and build the Framework:

Under the Purpose of the Consultation: self-explanatory

Genogram, Ecomap, Circles of Safety and Support:
Depending on which of these tools have been completed with the family, there could be a lot of information for this area or it could be lacking.

Ask, are there any other family members or other significant people in your lives who I need to know about?

Cultural considerations:
Are there other people within your circle who need to be involved to ensure the work with this family is based on the best possible cultural understanding?

SDM system guidance:
What are the current safety and risk levels? How long ago were the assessments completed? Look at the tools and see how they were scored.

From health and safety: Is the child safe? Safe with a plan? Unsafe? From the risk assessment is the risk level low? Moderate? High?

Harm and Danger:
Has there been other harm to the child that is not recorded in the CAP framework? Past harm?

What did the caregivers do (or not do) that led to the child being harmed in this way? When did this occur? How often has this happened? In what context/circumstances?

How did this impact the child?

Complicating Factors:
Are there other things happening to/within the family that make it harder for them to protect the child? Of all of 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?

Actions of Protection:
Have there been times when the caregivers stopped the harm from happening or kept their child safe in relation to the things we are worried about? It's really important to get the caregivers' and other family members' ideas about what they have done to keep the children safe.

Strengths and Resources:
Remember, it's rare that a caregiver abuses or neglects a child 100% of the time. What has been working well outside of this incident? It's really important to get the caregivers' and other family members' ideas about what is working well.

Are any other things happening with this family to help them care for the child? Could the caregivers 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?

Church? Child's friend's parents? Sports or teams (quiz bowl), etc? Neighborhood house/mom where kids hang out? Local store/hangout where everyone knows everyone?

Worry Statements:
Worries are tied to care and impact on the child; these are real things, not "what ifs".

Do you (worker or family) have other significant worries that are not captured (evident) in a worry statement? Must always include the caregiver's worries, cannot only capture the agency's worries.

What are you worried these caregivers might do in the future that could lead to the child being hurt or in danger? Is anyone else worried about this?

Who in the family (network) share these worries?

Goal statements:
Always begin with the CHILD.

If this is what you are worried might happen (worry statement), what would you need to see instead (in regard to their care of the child) to be satisfied that the child is safe enough to close the case?

Must include the views of the family.

How long would you want to see the caregivers demonstrate these goals to be confident that this safe behavior will continue once the case is closed?

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 ?

What do the caregivers or children say is the most important next step in working toward achieving the goals?