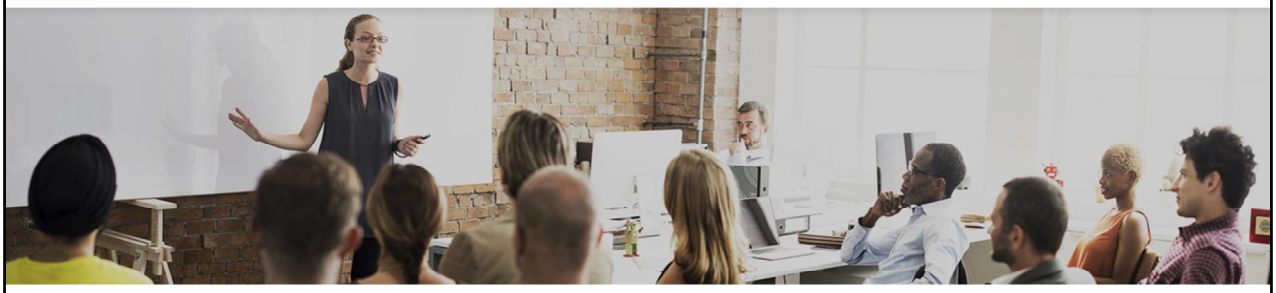
Investigations
Specialty Training



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

Day 4

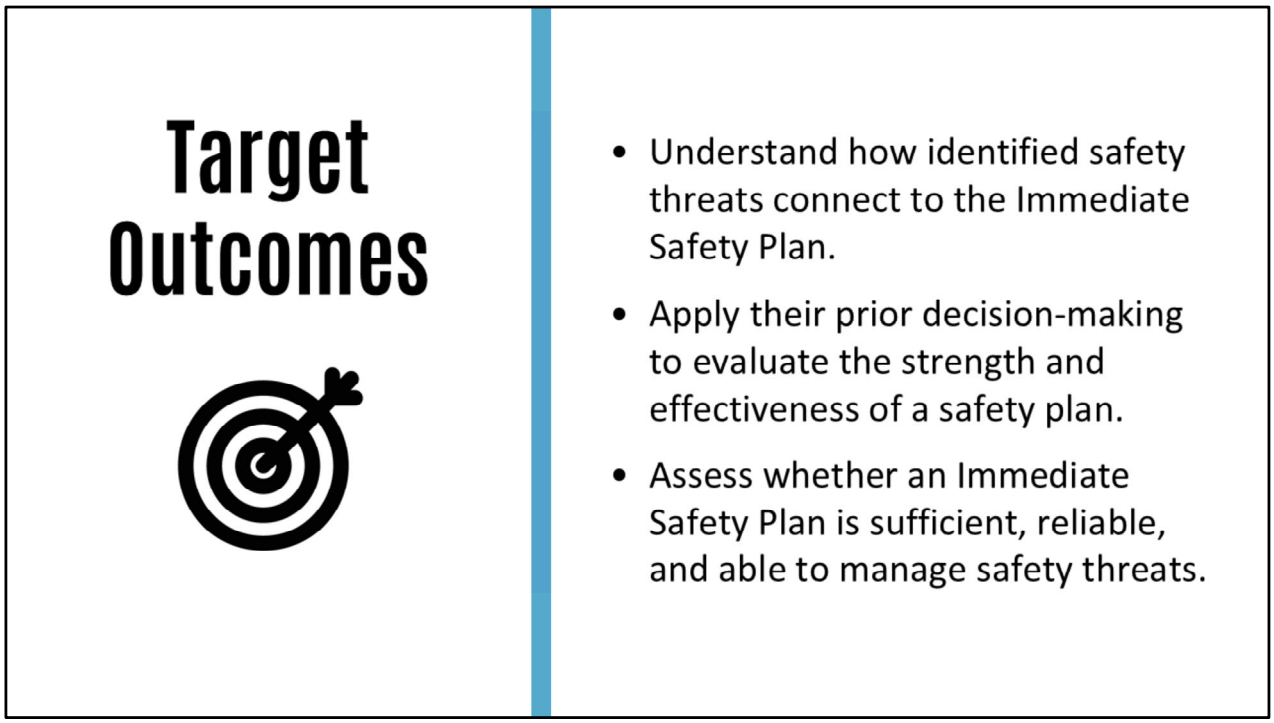
WEEK 7, DAY 4 - INVESTIGATIONS SPECIALTY TRAINING

CASE RECONNECTION

CASE RECONNECTION TO IMMEDIATE SAFETY PLANNING

Time: 1 minute
Purpose: To establish clear expectations for reviewing prior decision-making and evaluating the effectiveness of the Immediate Safety Plan

Say:
As we begin Day 4, we will take a closer look at the decisions made in your work from yesterday. You identified threats to safety, made a safety decision, and developed an Immediate Safety Plan to manage those conditions.



TARGET OUTCOMES

Time: 4 minutes
Purpose: To establish clear expectations on the section's learning objectives

Say:
In this section, you will begin evaluating how well the plan you developed addresses safety threats and whether it is realistic and sustainable. This will prepare you to continue the investigation and respond as new information becomes available.

By the end of this section, you will:
- ***Understand how identified threats to safety connect to the Immediate Safety Plan.***
- ***Apply their prior decision-making to evaluate the strength and effectiveness of a safety plan.***
- ***Assess whether an Immediate Safety Plan is sufficient, reliable, and able to manage safety threats.***

RE-ESTABLISHING THE CASE AND CURRENT IMMEDIATE SAFETY PLAN

Time: 10 minutes
Purpose: To re-establish the status of the case, ensuring specialists have a clear understanding of identified threats to safety, the safety decision, and the Immediate Safety Plan (ISP) developed on Day 3

Facilitator Notes:
- The goal of this slide is to re-establish the status of the case, ensuring that specialists have a clear understanding of the identified safety threats, the safety decision, and the Immediate Safety Plan developed on Day 3. Focus on re-grounding participants.
- Listen for: Gaps. Weak planning. Overconfidence.

Activity Set Up:
- Participants seated in table groups.
- Materials:
    - Day 3 notes.
    - Safety Assessment Tool (completed from Day 3).
    - Support Network Grid (completed from Day 3).

Activity Instructions:

- **Groups will review:**
    - Safety threats identified on Day 3.
    - Safety decision (Safe / Safe with a Plan / Unsafe).
    - Immediate Safety Plan (ISP).
- **Be prepared to share:**
    - What safety threats are present?
    - What decision was made?
    - How is the Immediate Safety Plan intended to manage those threats?

Say:
Before we move forward in this investigation, let's reconnect to where we left off. Yesterday, you gathered information from multiple sources, identified safety threats, and made a safety decision. You also developed an Immediate Safety Plan to manage those conditions.

At this point in the investigation, it is critical that you are clear on what is currently known, what decision was made, and how the safety plan is intended to function.
- ***In your groups, take a few minutes to review your work from yesterday.***
- ***Questions to focus on:***
    - ***What safety threats did you identify?***
    - ***What safety decision did you make?***
    - ***What actions are included in your Immediate Safety Plan?***

Key Points: (ensure the following are covered)
- Safety threats must be clearly identified.
- Safety decisions must be supported by information gathered from the investigation.
- Immediate Safety Plan: Must address safety threats directly. Must be specific and actionable.

EVALUATING THE STRENGTH OF THE IMMEDIATE SAFETY PLAN

Time: 10 minutes
Purpose: To align the group on a shared understanding of the case and critically examine the strength and reliability of the Immediate Safety Plan

Facilitator Notes:
- Do not correct everything; allow a chance for discovery among the class.

Activity Set Up:
- This is a whole group discussion.
- The facilitator should capture responses on a flip chart.

Activity Instructions:
- Groups share: Key threats to safety. Safety decision. ISP components.
- Facilitator guides discussion to examine: Strength. Gaps. Reliability.

Say:
Let's come back together as a full group. You've had a chance to review your work from yesterday. Now we're going to take a closer look at the safety plans that were developed.

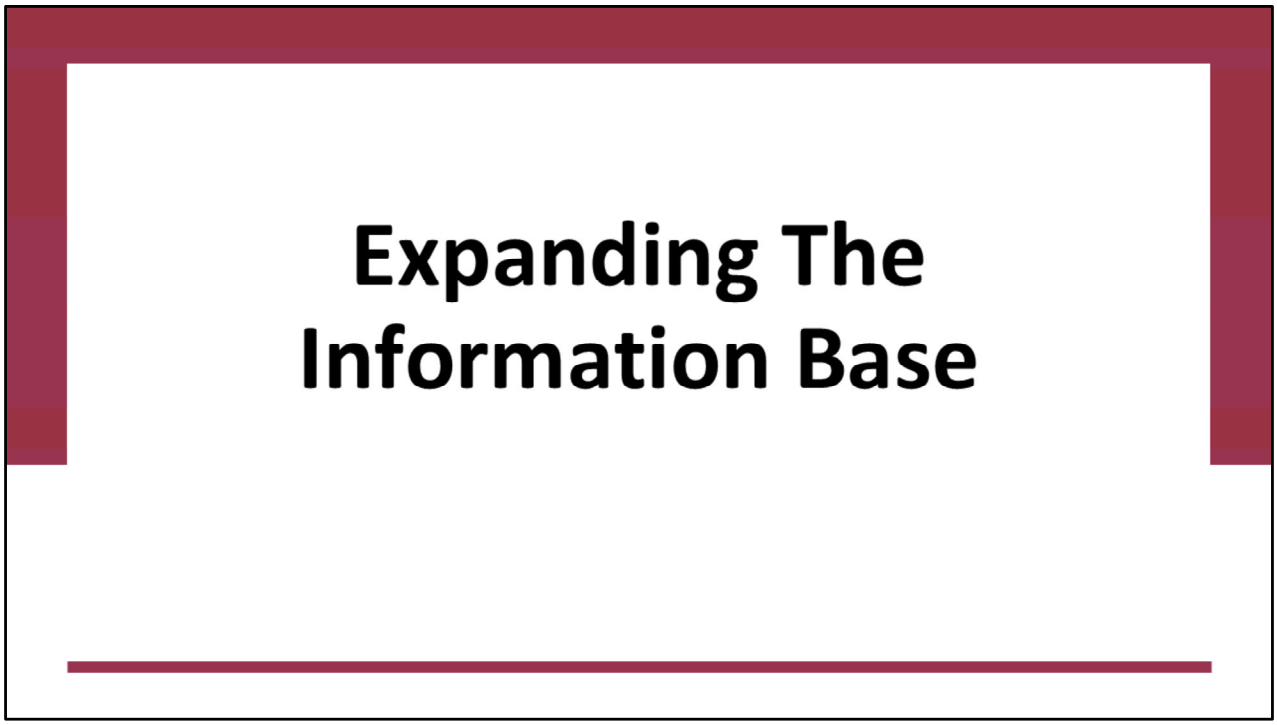
As we talk through these, we're going to focus not just on what the plan is, but also on how well it actually manages safety threats.

Facilitator Question: (ask the following questions and validate responses)

- **Strength of Plan:** How does your plan actively manage each threat to safety?
- **Reliability:** Who is this plan relying on the most?
- **Failure Thinking:** What would cause this plan to break down?

Key Points: (ensure the following are covered)

- Immediate safety plans must directly address safety threats.
- Plans depend on consistent follow-through from everyone involved in the immediate safety plan. Weaknesses in plans create future complicating factors.
- Plans are only effective if they are realistic and sustainable.



EXPANDING THE INFORMATION BASE

Time: 3 minutes
Purpose: To transition participants from reviewing prior decisions to continuing the investigation by identifying additional information needed and preparing for further interviews

Facilitator Notes:
- Keep this brief and forward-moving. Do not over-explain sequence differences.
- Transition quickly into simulation.

Say:
Before we continue, I want to ground us in how this would typically occur in practice. In a real investigation, you would gather information from all key individuals earlier in the process.

For the purposes of this training, you first developed your initial understanding and plan, and now you're gathering additional information. As you move into this next interaction, focus on how this information adds to or changes what you already know about the Flowers' family.

Facilitator Question: *(ask the following questions and validate responses)*

- Who have we not spoken to yet that is connected to this case?

Facilitator Answer:
- Participants should identify Brad.

Facilitator Question:
- What information do we still need?

Facilitator Answer:
- Brad's role in: Household dynamics. Domestic violence. Influence on caregiver decisions.

Say:
One of the key individuals connected to this case is Brad. You will soon have the opportunity to interview him and gather additional information.

Key Points: (ensure the following are covered)
- Investigations continue as new information is needed.
- Additional interviews strengthen understanding.
- Information may confirm or change decisions.
- Brad is a critical source of information for the Flowers' case.

BRAD'S INTERVIEW: SKILL-BASED SIMULATION

BRAD'S INTERVIEW: GATHERING ADDITIONAL INFORMATION

Time: 5 minutes
Purpose: To prepare specialists to conduct an interview with a key household member, gather additional information, and assess how new information impacts their understanding of the case

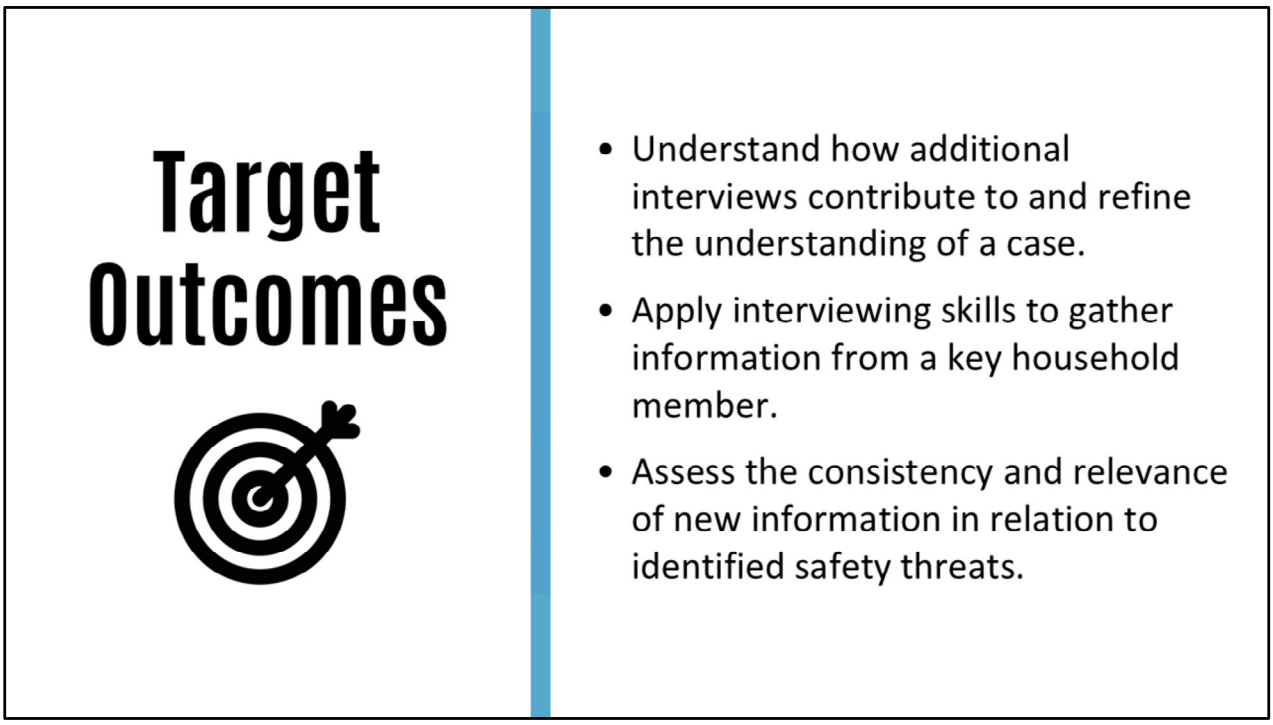
Say:
In this section, you will continue the investigation by interviewing Brad, a key figure in this case. This interaction is an opportunity to gather additional information, explore his role in the household, and assess how his statements align with what you have already learned.

As you conduct this interview, focus on asking purposeful questions, listening for consistency, and identifying information that may confirm, add to, or change your current understanding of the case.

This simulation will have less guidance than previous activities. You will need to rely on your skills to guide the interaction and gather the information you need.

Facilitator Notes:
- Reinforce that there will be less guidance in this simulation.

- Do not coach during the interview. Allow mistakes and learning processes to develop.



TARGET OUTCOMES

Time: 5 minutes
Purpose: To establish clear expectations for the section's learning objectives

Say:
By the end of this section, you will:

- ***Understand how additional interviews contribute to and refine the understanding of a case.***
- ***Apply interviewing skills to gather information from a key household member.***
- ***Assess the consistency and relevance of new information in relation to identified safety threats.***

SCENE 4 - PREPARING FOR AND BEGINNING THE BRAD SIMULATION

Characters: Brad Hill
Type of Interview: In-person
Location: Brad Hill's Home (Home Observation)
Time: 25–30 minutes

- 5 min prep
- 20–25 min simulation

Purpose: To prepare participants for the interview, clarify roles and expectations, and initiate the simulation.

Participant Manual: Completed Immediate Safety Plan (Flowers/Hill Case) & Observation Form

Facilitator Resource: Facilitation Reminders, Facilitator Coaching Guide**,** Brad Hill Interview Observation Form

Activity Set Up:

- Roles assigned:
    - Specialist (Lead)

    - Secondary Specialist
    - Brad - Midsouth Team Member
    - Observers
- Observation forms ready.
- Allow the person playing Brad to review their Information Guide and Role Card during the Pre-brief phase.
- Allow the observers to review their Information Guide and Role Card during the Pre-brief phase.

Facilitator Notes:
- **DO:** Advise the observing participants to observe closely and track:
    - Missed opportunities
    - Strong engagement
- **DO NOT:** Interrupt. Coach. Redirect.
- During the simulation, ensure participants have the opportunity to observe the home naturally before the interview begins.

The simulation environment should include observable conditions such as:
- Children sleeping on mattresses in the living room.
- Alcohol containers (empty and partially full) within children's reach.
- Brad's "man cave" is furnished as a personal living space, while the children lack an appropriate bedroom.
- Other environmental details consistent with the case scenario.

Do **not** prompt participants to identify these conditions. Allow them to recognize and explore them through observation and questioning.

If participants overlook significant environmental observations, address those missed opportunities during the debrief by discussing how home observations—including safe sleep practices and sleeping arrangements - inform ongoing safety assessment.

Activity Instructions:
1. Consider what you already know.
2. Identify what you need to learn.
3. Begin interview.

Say:
Before you begin, take a moment to think about what you already know about this case.
- ***You've gathered information from multiple sources and begun to develop an understanding of the family's circumstances.***

- *You've also practiced making objective observations before beginning an interview.*

As you enter Brad's home, continue using those same observation skills.

- *Pay attention to the overall home environment, the condition of the residence, caregiver interactions, and anything that may impact child safety or well-being.*
- *Remember to assess the environment with the same attention you gave during Jasmine's observation, including whether the home reflects appropriate safe sleep practices and whether children's basic needs are met.*
- *As you observe, remember that Brad's home is where Charlotte and the children normally live when they aren't staying with their grandmother, Georgia Weems, after their parents get into fights. What you see here, like the sleeping arrangements and accessible alcohol, reflects the day-to-day environment the children return to when they are not at their grandmother's.*

As you move into the interview, consider what you still need to understand about Brad's role, the children's daily living arrangements, supervision, and how his perspective may add to—or change—what you already know.

- *One person will take the lead as the Specialist and guide the interaction. A second person will support as needed.*
- *The rest of the group will observe the interaction and complete the observation form.*
- *Pay attention to how the specialists balance observing the environment, engaging the caregiver, gathering information, and following up on what they see.*

This is a full simulation. Use the knowledge and skills you've practiced throughout the week, and allow the conversation to develop naturally. Go ahead and begin.

FACILITATION REMINDERS FOR SIMULATION

- Remember, we are not trying to have those engaged on stage complete the behaviors and skills listed on the observation form. The experience is about them getting up there and accomplishing their goals. These are identified with the coach and are stated before each scene.

- Time has been identified for each scene in the documents that follow. Try to stick to these. Remember that this experience is about them getting on stage and the audience identifying the skills they see.

- As a facilitator, you can move a scene forward during and after it has ended. If, after the scene, critical information is not obtained, you should move the scene forward, simply stating 'I am going to set the scene' or 'To move the case forward, **X** has happened, or **X** information was obtained in this scene.

- Note that during a scene, we are guiding them towards their goals, not towards what is on the observation form.

- You set the tone with positive energy and clarity.

- If the audience is asking "what if" questions, give them a clear answer. You may want to ask them to 'Tell me more about what you are thinking," to get the full story.

- When a participant asks a question from the audience, direct the question back to the team, if possible. This encourages team discussion and interaction, helping team members discover their own answers together.

- Make sure to include the audience when engaging with those on stage.

- Avoid closed-ended questions.

- Try to use the SOP language and SDM® assessment skills we have learned in the practice model thus far to engage with participants in the audience and on stage. Solution-Focused Questions and Appreciative Inquiry Questions are provided in the participant manual as resources and examples for participants to draw on in their interviews.

- Do not immediately provide answers when participants do not promptly respond to your questions. Instead, give space for participant reflection, then try rewording, rephrasing, or restating the questions. This will encourage space for critical thinking and processing.

- Use active listening to indicate you hear what participants are saying and to encourage continued participation.

- Tie all practice into the importance of quality documentation.

- A good way to encourage change or offer suggestions
    - Let's think about a couple of things…
    - I'm going to push back a little bit…
    - I want to put a pin in a couple of things…
    - I'd like to offer another perspective…

FACILITATOR COACHING GUIDE

Facilitator – Before Scene

1. Participant Selection and Preparation

- **Identify Participants:** Two participants are chosen by the facilitator to conduct the simulation (e.g., the initial home visit or child interviews).
- **Pre-Briefing:** Have the selected participants step aside to review their strategy and specific goals before the simulation begins.
    - **Identify Who is Taking the Lead:** At the start of the coaching session, clearly designate who will be the "Lead" for the specific interaction. The other participant will act as the "Secondary."
    - **Help Signals:** Establish a discrete "Help Needed" signal between participants. This could be a specific phrase (e.g., "I'd like to build on that point") or a physical cue to indicate when one coach needs the other to step in or provide clarification.

2. Participant Goals

- Identify the two primary goals of the participants.

3. Goal Accomplishment Strategies

How will you accomplish these goals:

- **Using the Observation Form:** Reference the specific **skills and behaviors** listed on your observation form during the coaching session. Focus coaching on:
- Using **Behavior-based planning** rather than "laundry lists" of services.
- Applying the **Collaborative and Assessment Planning (CAP)** framework to sort and prioritize case information.
- **Policy Compliance:** Ensure coaching attends to critical **DCFS Policies**, specifically:
    - **SDM Safety Assessments:** These must be completed correctly to ensure decisions are consistent with research and organizational policy.
    - **Family Case Plan Reviews:** Ensure participants understand that plans must be reviewed at least every 90 days and must always begin with an **SDM Reunification Assessment**.
    - **Joint Investigations:** Remind participants that when DCFS and the Crimes Against Children Division (CACD) disagree, they must refer to their supervisor for the proper DCFS protocol.

4. Audience Engagement (The "Observation Learning Lab")

While the participants are prepping for the scene, engage the remaining audience members with the following questions to improve their observation skills:

- **Goal Setting:** Based on our case review, what do you specifically want to know or see the social services specialist accomplish in this next section?

- **Skill Application:** How would you ask those questions? What specific skills (e.g., open-ended questions, appreciative inquiry) could you use to gain that information from the Simmons family?
- **Field Connection:** Have you observed a similar situation in the field? What went well in that instance, and what specific skills did you see the specialist use?

5. Re-entry and Final Coordination

Once the participants return from their coaching session, the Lead Facilitator will confirm the following in front of the audience:

- **Specific Objectives:** What do you want to accomplish in this scene? (Limit to a **maximum of two goals** to ensure focus).
- **Lead Identification:** Who is taking the lead for this interaction?
- **Support Cues:** How will the other specialist know if you need help or want them to step in?

Facilitator – After Scene

1. Documentation & Reflection

- **Observation Forms:** Remind the audience to complete their Observation Forms based on what they just witnessed.
- **Quiet Time:** Allow 1–2 minutes of silence for thoughtful completion.
- **The "Phones Down" Rule:** Instruct all audience members to submit their digital forms and put their phones/devices down to signal they are ready to re-engage in the discussion.

2. Debriefing with Participants

- **Goal Review:** Reiterate the two specific goals identified before the scene began.
    - Self-Assessment: Ask the participants, Do you feel you accomplished your goals? Why or why not?
    - Facilitator's Feedback: Provide your professional assessment of whether the goals were met.
- **Kudos & Affirmation:** Give specific "Kudos" that align with the behaviors observed (e.g., "Excellent use of non-judgmental language during the safety planning").
- **Key Takeaways:** Provide a **maximum of three** key points to remember from this specific scene. (Ensure these align with the specific scene content, such as Child Vulnerability or SDM Safety Assessment).
- **Transition:** Thank the participants for their courage and allow them to return to their seats.

3. Audience Discussion

- **Observation Learning Lab:** Open the floor to the audience by asking: "What did you observe in terms of skills, policy application, or family engagement?"
- **Skill Identification:** Encourage the audience to point out specific behaviors from the observation form that were executed well.

Facilitator – Switch Out Participants

1. Transition & Preparation

- **Switching Roles:** Identify two new participants to take the lead for the upcoming scene.
- **Coaching Break:** Direct the new participants to step aside to prep their strategy.

2. Audience Engagement: "The Deep Dive"

While the new group is preparing, facilitate a discussion with the audience to process the case progression:

- **Information Synthesis:** Now that we've completed the previous scene, what **new information** do we have about the Simmons family that we didn't have before?
- **Future Objectives:** Looking ahead to this next interaction, what do you specifically want to **know or accomplish**? What are the immediate safety or assessment priorities?
- **Skill Identification:** How would you phrase those questions to the family? What specific **Social Work skill** (e.g., appreciative inquiry, miracle question, or circular questioning) could you use to gain that information effectively?
- **Field Application:** Have you observed a situation like this in the field?
    - What went well in that interaction?
    - What specific skills did you see the specialist use that helped move the case forward?

BRAD INFORMATION GUIDE

(For Actor Playing the Role)

What You Will Volunteer (Without Being Asked)

- You "don't really live there" → then say you stay half-time → then admit you're there all the time.
- The children and Charlotte live there; they go between the grandmother's house and your house when you and Charlotte are fighting. Charlotte leaves after fights, "but she always comes back home."
- You don't think Jasmine's bug bites were serious "at all".
- Childcare is Charlotte's responsibility.
- Charlotte is "a good mom when she takes her meds," as far you know she is on them now.
- Frankie stayed with Georgia for a while after you and Charlotte met because she was off her meds and went "pretty crazy". You believe Charlotte is "slow".
- Georgia is a "busy body" causing problems all the time.
- You and Charlotte have intense fights.

What You Will Say If Asked

Domestic Violence

- You admit fights get physical with Charlotte.
- Say Charlotte gets "a few small bruises" when you fight.
- You were arrested recently after neighbors called police.
- You minimize the fights as "not a big deal".
- Your last fight with Charlotte was because Georgia (the grandmother) was "trying to bitch about those bug bites."

Criminal History

- DUI that caused you to lose your job.
- Reluctantly admit prior battery charge with wife (Belinda) – you all are still married but only see each other "sometimes".
- You blame the system and the judge.

Children

- Jasmine is your daughter(not legally established), but “she looks just like me.”
- You don’t think Jasmine’s medical issues are serious.
- You disagreed with Georgia trying to make Charlotte take Jasmine to the ER.
- You rely on Charlotte to care for the children.

Home Environment

- When they are at your home the kids sleep on a mattress in the living room.
- You have your room for your “man cave”.
- The home tends to be dirty (with beer cans, food, and clutter).
- No diapers are available for Jasmine.
- Children’s clothing is piled on the floor.
- The mattress has what appears to be both dead and live ants on the sheets.

Key Inconsistencies (IMPORTANT)

- The living situation changes.
- Minimizing injuries vs admitting violence.
- Responsibility avoidance.

BRAD HILL – QUICK GLANCE ROLE CARD

Role: Brad Hill

- The live-in boyfriend of Charlotte.
- Putative father of Jasmine Hill.
- Unemployed, recently lost job due to a DUI.
- Involved in domestic violence.

Your Demeanor

- Defensive
- Minimizes concerns
- Confident but inconsistent
- Blames others (especially Georgia – the grandmother).
- Becomes slightly irritated if challenged.

Key Themes to Portray

- “I’m not the problem.”
- “Charlotte’s mom is the issue.”
- “The kids are fine.”
- “People are overreacting.”

Important Behavior

- Minimize everything that is mentioned.
- Gradually admit more when pushed.
- Contradict yourself naturally.
- Avoid full accountability.

FACILITATOR CHEAT SHEET

for Brad Hill Simulation

Purpose of This Simulation

Participants must:

- Identify **inconsistencies.**
- Explore **domestic violence.**
- Assess **caregiver functioning.**
- Connect Brad to **threats to safety.**

INFORMATION RELEASE GUIDANCE

If participants ask weak questions:

- Brad stays surface-level.
- Minimizes everything.

If participants ask good questions:

Gradually reveal:

- DV history.
- Arrest details.
- Living inconsistencies.
- Control dynamics.

CRITICAL POINTS THEY MUST GET

- Brad lives in the home.
- DV is ongoing in front of the children.
- Children exposed to violence.
- Home conditions are unsafe.
- The home has an ant infestation that has directly affected Jasmine's health.
- Caregiver functioning is compromised.

COMMON MISSES

- Not challenging inconsistencies.
- Ignoring DV.
- Accepting “Charlotte handles it”.
- Not asking about living arrangements.

CONTROL THE FLOW

- Ensure the participants do NOT give everything upfront.
- Make the Specialist work for information.
- Let discomfort happen.

CAREGIVER (CHARLOTTE) ROLE CARD

Your Role

You are Charlotte, caregiver to the children.

Your Demeanor

- Cooperative at first.
- Emotional/stressed.
- You want the children to stay home.
- Defensive when concerns increase throughout the meeting.

What You Believe

- You love your children.
- You are trying your best.
- Brad is “not as bad as people say”.
- You can manage things just fine.

What You Want

- No removal.
- Minimal interference from the agency and your mother.
- Support without judgment.

What You May Say

- “I can handle this.”
- “Things aren’t always like this.”
- “Brad said he’ll help more.”
- “I’ll follow the plan.”

FACILITATOR CHEAT SHEET

Mock Team Decision Making (TDM) Simulation

Purpose of the Simulation

Participants must:

- Use all gathered information
- Identify:
  - Threats to safety
- Evaluate:
  - Immediate Safety Plan (ISP)
- Determine:
  - Whether safety can be managed in-home
- Develop/refine next steps

TDM STRUCTURE (KEEP PARTICIPANTS MOVING THROUGH THIS)

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1. WHAT IS WORKING WELL

Participants should discuss:

- Grandmother involvement
- Existing support network
- Current cooperation
- Any protective actions

2. WHAT WE ARE WORRIED ABOUT

Participants should identify:

- Domestic violence
- Caregiver functioning
- Inadequate supervision
- Environmental concerns
- Medical concerns
- Brad's role/influence

3. REVIEW THE IMMEDIATE SAFETY PLAN

Participants should discuss:

- What is the current plan?
- Who is responsible for what is in the plan?
- Does the plan realistically manage threats to safety within the case?

4. CAN SAFETY BE MANAGED IN THE HOME

Push participants to determine:

- Is the Immediate Safety Plan enough?
- What risks remain?
- What could cause failure?

5. WHAT NEEDS TO HAPPEN NEXT

Participants should:

- Refine the Immediate Safety Plan.
- Add specific actions.
- Identify responsible individuals.
- Clarify monitoring.

FACILITATOR PUSH QUESTIONS (CRITICAL)

Use throughout:

- “What behavior supports that concern?”
- “How does this action manage the threat to safety?”
- “What risk still remains?”
- “What happens if this plan is not followed?”
- “Who is responsible for monitoring this?”
- “Is this realistic and sustainable?”

COMMON MISSES

Participants may:

- Over-rely on Charlotte.
- Ignore Brad’s impact on threats to safety.
- Create vague plans.
- Avoid difficult conversations.
- Focus on services instead of immediate safety.

IMPORTANT

Do NOT:

- Undermine the Immediate Safety Plan.
- Push toward removal.
- Reveal the upcoming failure of the Immediate Safety Plan.

Participants should leave believing that “This plan can work.”

INVESTIGATION OBSERVATION FORM

Brad Hill Interview/Home Visit

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

2._____

_____

Please start your observation form for this section

Open-Ended Questions • Used throughout the interview • Determine/Changes in Safety • Determine/Changes in Permanency • Determine/Changes in Well-Being	
Rapport Building • Introduced Themselves • Explained their role and purpose • Actively Listened • Showed respect and empathy	
Empathy, Genuineness & Respect • Tries to Understand • Sensitive • Direct • Sincere • No—Defensive • Interested • Committed • Suspended Judgment	
Practice Guidelines • Notified Parents of Children Interview/in 24 hrs. • Reviewed ALL allegations	

Assessment • Toured the entire home • Discussed threats to safety • Discussed Safe Sleep • Physically saw the child awake • Assessed the well-being of children • Explored Safety Planning • Explored Social Connections—PF • Explored Concrete Supports—PF • Explored Parental Resilience—PF • Explored Knowledge of Parenting—PF	
Family Voice • Hears them • Seeks to know wants/needs • Teach how to advocate • Encourages participation	
Follow-Up • Did you gather information that would prompt you to complete the SDM Safety Assessment?	

OBSERVATION FORM: BRAD HILL INTERVIEW

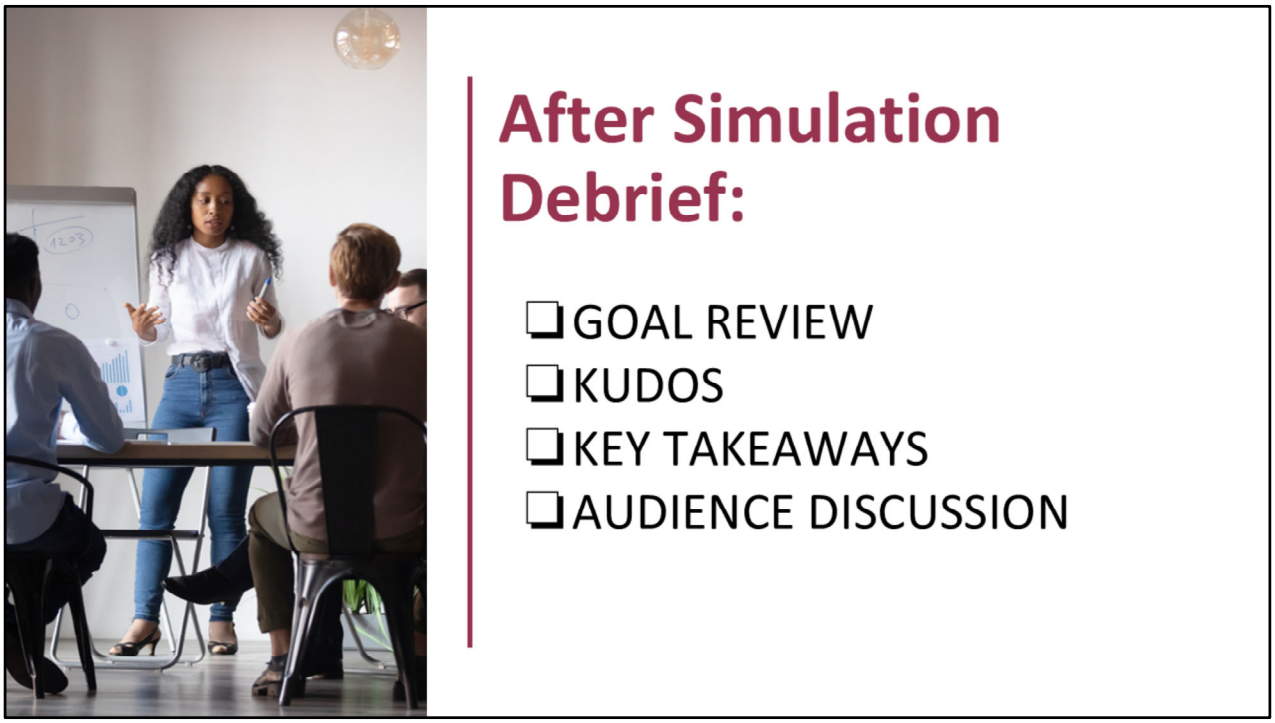
Time: 10 minutes

Participant Manual: Brad Hill Observation Form
Facilitator Resource: Brad Hill Observation Form

Activity Instructions:
Step 1: STOP THE SCENE
- Facilitator states: “We’re going to pause the scene here.”

Step 2: COMPLETE OBSERVATION FORM (5 MIN)
- Participants independently complete:
    - Engagement
    - Empathy / Respect
    - Family Voice

During this time, participants will complete their observation forms of the simulation. The facilitator will discuss the observations following completion of the activity.



AFTER SIMULATION DEBRIEF: REFLECTING ON THE BRAD HILL INTERVIEW

Time: 15 minutes
Purpose: Guide participants through a structured reflection on the simulation scene — reinforcing skill application, naming what went well, connecting observations to policy and documentation, and closing the learning loop before moving on

Step 3: DEBRIEF (15 MIN)

- The facilitator leads the discussion using guided questions.

Facilitator Notes:

- Push for evidence and specific behaviors. Ask the participants, "What supports that?"
- Bring it back to the identified safety threats.

Say:

We're going to pause the scene here. Take a few minutes to complete your observation forms based on what you saw during the interview. Focus on what you observed during the interaction, including how the Specialist engaged, what

information was gathered, and what opportunities may have been missed.

As we debrief, we will focus on what information was gathered, how the interaction was conducted, and how this impacts your understanding of the case. This is not about evaluating the person who played the Specialist. It is about analyzing the interaction and identifying what we can learn from it.

Once you've completed your form, we will come back together and talk through what you observed.

Discussion Questions: (ask the following questions and validate responses)

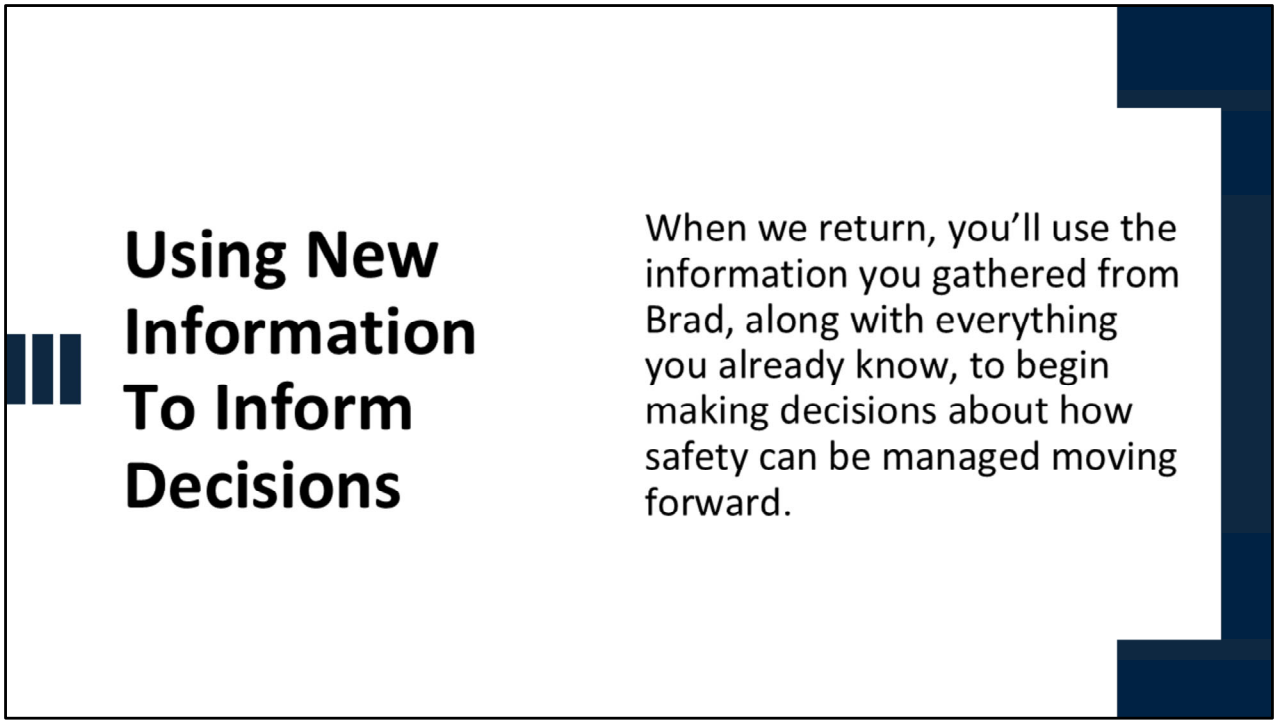
- **WHAT HAPPENED:** What information did we learn from Brad?
- **INFORMATION ANALYSIS:** What information (if any) raised concern?
- **DOMESTIC VIOLENCE:** What did we learn about Brad and Charlotte's relationship?
  IMPACT ON CHILD SAFETY: How does Brad's information impact your understanding of the children's safety?
- **MISSED OPPORTUNITIES:** Where could the Specialist have gone deeper?
- **CONNECTION TO PRIOR DECISIONS (KEY BRIDGE):** Based on what we heard, does this change your understanding of the case?

Say:

You now have additional information about this case, including Brad's role in the household and his perspective. In the next step, you will use all the information gathered to make decisions about how to manage safety moving forward.

Key Points: (ensure the following are covered)

- Brad minimizes the concerns and provides inconsistent information.
- The information gathered during the interview strengthens the understanding of the complicating factors.
- Interviews require follow-up and persistence.



USING NEW INFORMATION TO INFORM DECISIONS

Time: 5 minutes
Purpose: To reinforce key learning from the Brad interview and prepare participants to apply new information to decision-making in the next phase of the investigation

Facilitator Resource: Brad Simulation Observation Form

Activity Set Up:
- Participants remain seated.
- No materials required.

Activity Instructions:
- The facilitator delivers closing remarks.
- Transition to the next module.

Say:
In this section, you gathered additional information by interviewing Brad and explored his role in the household. You heard information that both added to and challenged what you already knew about this family. You also identified

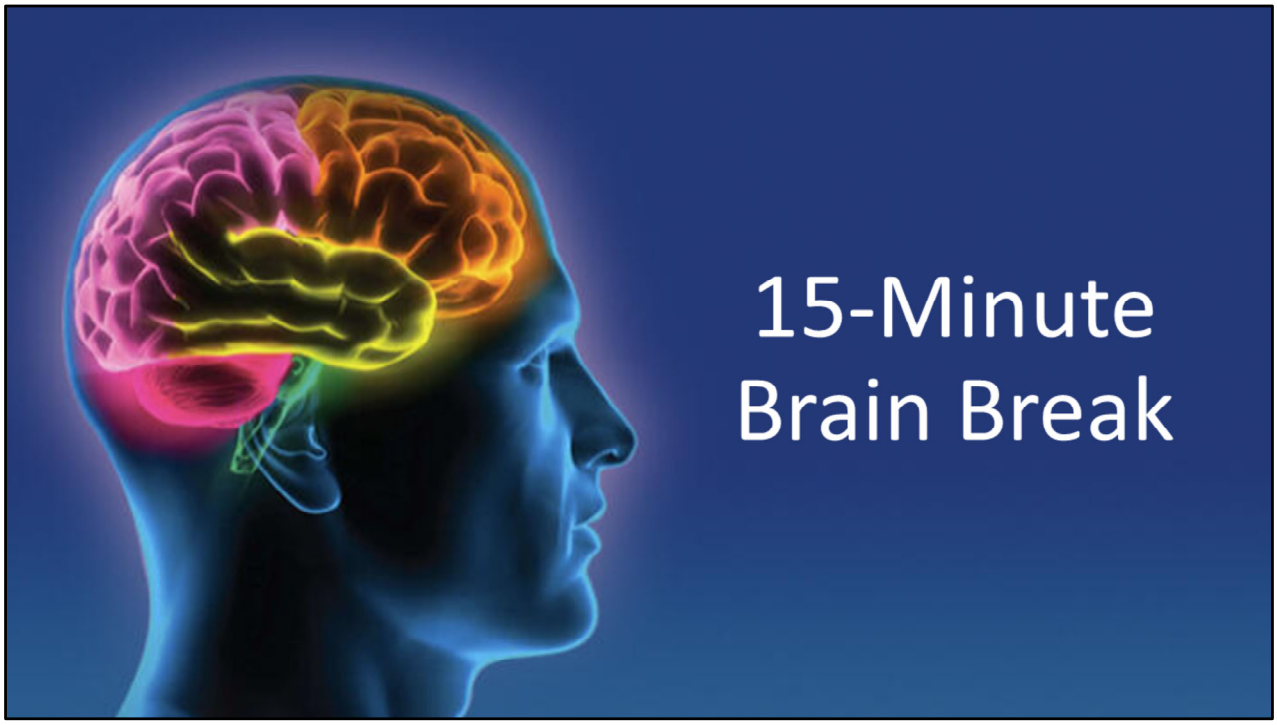
inconsistencies and gained a clearer understanding of the dynamics within the home.

This is how investigations develop. As new information becomes available, your understanding of the case becomes more complete. In the next step, you will take all of the information you have gathered and begin making decisions about how to manage safety moving forward.

Let's move on to the next step and begin making decisions based on the information you have now. First, we're going to take a break here. When we come back, you'll use the information you gathered from Brad, along with everything you already know, to begin making decisions about how to manage safety moving forward.

Key Points: (ensure the following are covered)

- New information strengthens the understanding of the case.
- Interviews may confirm or challenge prior information.
- Investigations evolve over time.
- Decisions must be based on all available information.



BRAIN BREAK

CAN SAFETY BE MANAGED IN THE HOME?

CAN SAFETY BE MANAGED IN THE HOME? AN INTRODUCTION

Time: 5 minutes
Purpose: To prepare specialists to participate in a Team Decision Making (TDM) meeting by applying all gathered information to evaluate safety, assess the effectiveness of the Immediate Safety Plan, and determine next steps

Facilitator Notes

- Reinforce to the participant that this is not a new step in the investigation; it is part of the process.
- Maintain Arkansas TDM language and structure.
- Prepare participants for active role-play simulation.

Say:
In this section, you will participate in a Team Decision Making (TDM) meeting using all of the information you have gathered throughout this case, including the information from Brad.

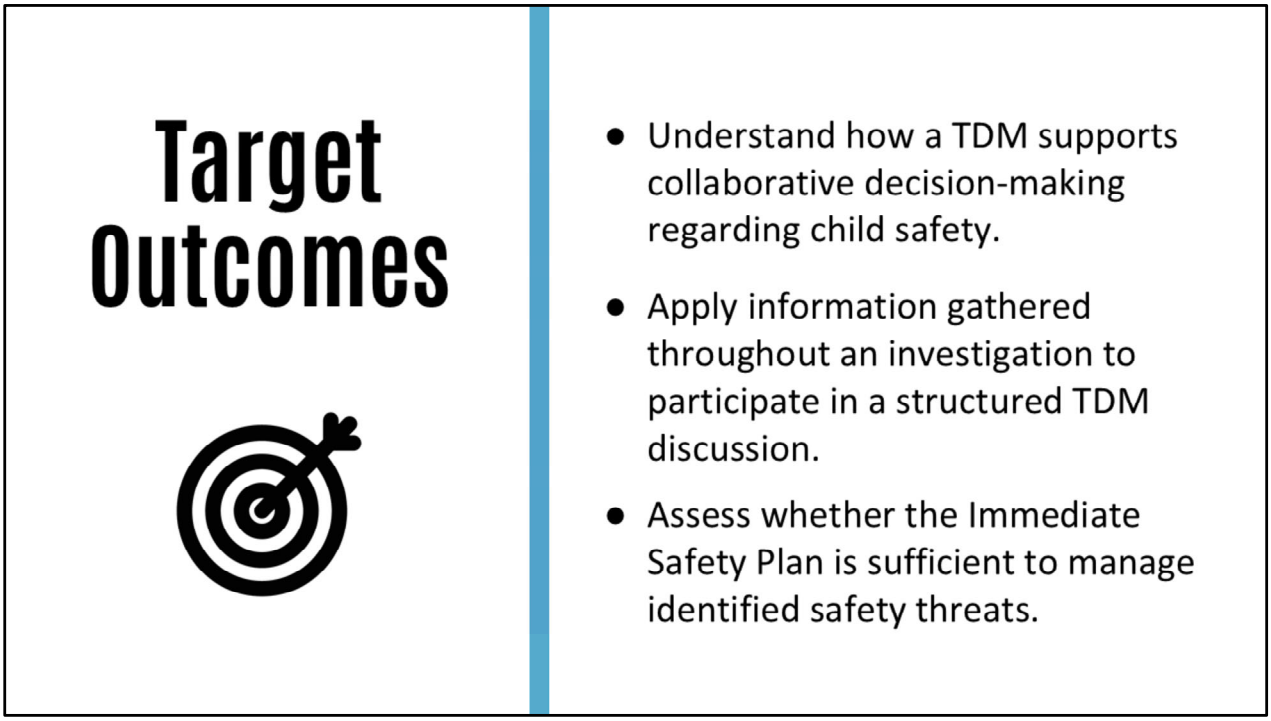
A TDM is a facilitated meeting that brings together the family, their supports, and DCFS to make decisions about child safety.

During this simulation, you will focus on what is working well, what you are concerned about, and whether the current Immediate Safety Plan is sufficient to manage the threats to safety. You will then determine what needs to happen next to ensure the children's safety.

Key Points: *(ensure the following are covered)*

- TDM's are facilitated, structured processes.
- During the TDM, the goal is to focus on: Safety. Strengths. Concerns.
- Decisions must be based on all available information.
- Immediate Safety Plans are reviewed and refined.

Source: *DCFS Internal Procedure 301: Team Decision Making*

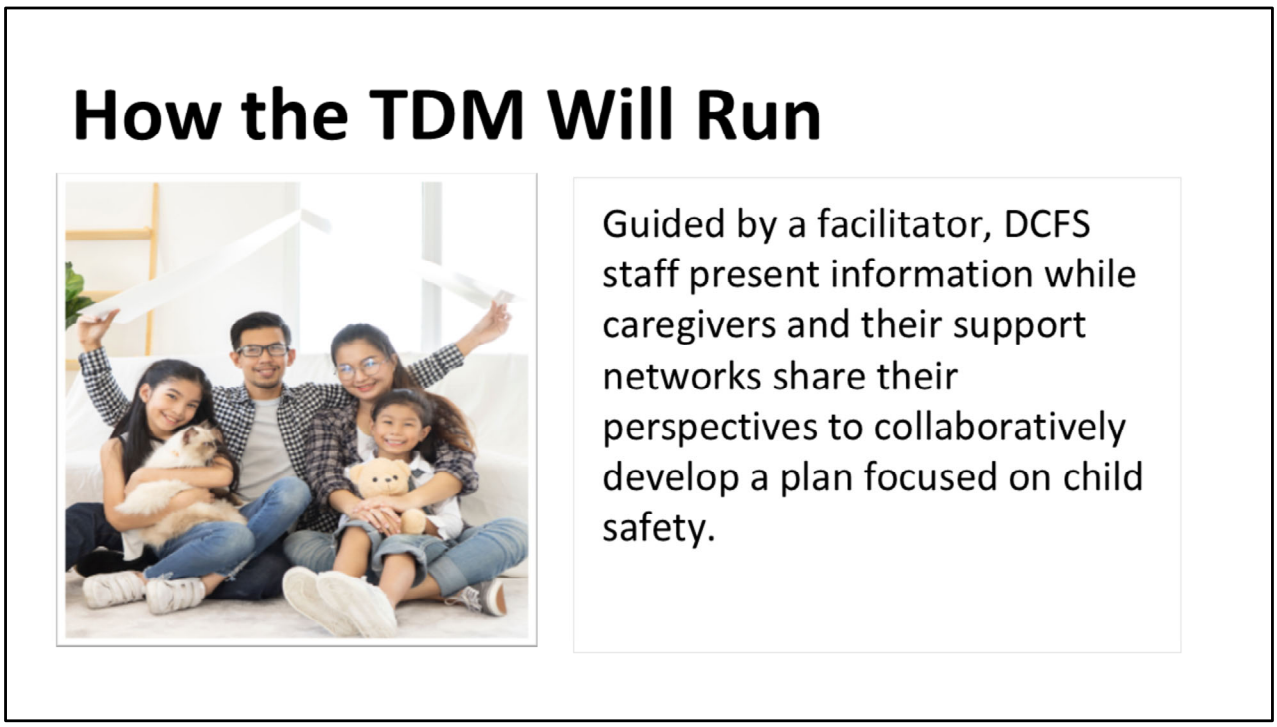


TARGET OUTCOMES

Time: 2 minutes
Purpose: To establish clear expectations for TDM processes, including understanding appropriate collaboration and decision-making related to child safety

Say:
By the end of this section, you will:

- ***Understand how a TDM supports collaborative decision-making regarding child safety.***
- ***Apply information gathered throughout an investigation to participate in a structured TDM discussion.***
- ***Assess whether the Immediate Safety Plan is sufficient to manage the identified safety threats.***



HOW THE TDM WILL RUN

Time: 5 minutes
Purpose: To outline the structure of a Team Decision Making (TDM) meeting and clarify participant roles and expectations

Participant Manual: Immediate Safety Plan, Support Network Grid, DCFS Internal Procedure 300: Ensuring Child Safety With Immediate Safety Planning, and DCFS Internal Procedure 301: Team Decision Making

Activity Set Up:
Assign roles:

- TDM Facilitator (Investigation Training Facilitator or, if applicable, experienced DCFS TDM facilitator)
- Specialist
- Supervisor
- Caregiver (Charlotte)
- Support(s) (Grandmother)

Activity Instructions:

1. Review roles.
2. Explain the structure of TDM.
3. Prepare to begin the simulation.

Say:

This activity will be structured as a Team Decision Making meeting. In a TDM, a facilitator guides the discussion and ensures the conversation stays focused on child safety. The family and their supports are active participants in the meeting, along with DCFS staff.

Each role in this simulation represents a part of that process. The facilitator will guide the discussion; the Specialist and Supervisor will present information and participate in decision-making; and the caregiver and supports will share their perspectives and be involved in developing the plan.

The goal is to work through the information together and determine what needs to happen to ensure the children's safety.

Facilitator Notes:

- **DO NOT:** Let participants skip the structure.
- **DO:** Keep them moving through the true steps of a TDM. Reinforce to participants that they are focusing on the child's safety. Encourage specific, behavior-based language.

Paraphrase:

TDM STRUCTURE

Participants will move through:

- What is working well?
    - Strengths
    - Protective actions
    - Supports
- What are we concerned about?
    - Identify: Safety threats
    - Use clear, behavioral language (remember C+B+I).

- Review the Immediate Safety Plan.
    - What is currently in place?
    - Who is responsible?
    - Is it working?
- Can safety be managed in the home?
    - Core decision: In-home OR Out-of-home
- What needs to happen next?
    - Refine the plan: Specific. Actionable. Immediate.

Say:

Now that you understand how the TDM will run, let's prepare to begin the meeting.

Key Points: (ensure the following are covered)

- The TDM is structured and facilitated.
- The family is part of the decision-making process.
- Focus on the child's safety and planning.
- The Immediate Safety Plan is reviewed and refined, not replaced.

PREPARING FOR THE TDM

Time: 5 minutes
Purpose: To prepare participants to enter the Team Decision Making (TDM) meeting by organizing their thoughts, identifying key information, and clarifying their role in the discussion

Activity Set Up:

- Participants remain in assigned roles.
- No new materials required.

Activity Instructions:

- Participants prepare for the TDM discussion.
- The facilitator prompts thinking and conversation.

Facilitator Notes:

- **DO NOT:** Give answers. Lead participants to conclusions.
- **DO:** Keep it brief. Reinforce thinking structure. Maintain realism.
- **Participants may:** Feel unsure. Have competing ideas.

- This is appropriate and necessary for the learning process.

Say:
Before we begin the TDM, take a moment to organize your thinking based on everything you now know about this case. You have information from multiple sources, including your most recent interaction with Brad.

As you enter this meeting, be prepared to clearly describe what is working well, what you are concerned about, and any identified safety threats. Think about the current Immediate Safety Plan: what it is, whether it is working, and whether it is sufficient to manage safety threats.

Focus on contributing to the discussion in a way that helps move the group toward a clear decision about what needs to happen next.

Facilitator Question: (ask the following and validate responses)
- What are the safety threats in this case?

Facilitator Answers:
- **Threats to safety:** Domestic violence. Inadequate supervision. Caregiver instability.

Facilitator Question:
- What is currently working well?

Facilitator Answers:
- **Strengths:** Presence of grandmother. Some support network.

Facilitator Question:
- What are your biggest concerns?

Facilitator Answers:
- **Concerns:** Brad's role. Plan reliability.

Facilitator Question:
- What might need to change with the current Immediate Safety Plan?

Facilitator Answers:

- Immediate Safety Plan may be weak or inconsistent.

Key Points: (ensure the following are covered)

- Enter the TDM with organized thinking.
- Focus on: Safety. Strengths. Concerns.
- The Immediate Safety Plan must be evaluated.
- Goal: clear next steps for the family and the division.

Say:

You're now ready to begin the TDM.

Source:*DCFS Internal Procedure 301: Team Decision Making*

CAREGIVER (CHARLOTTE) ROLE CARD

Your Role

You are Charlotte, caregiver to the children.

Your Demeanor

- Cooperative at first.
- Emotional/stressed.
- You want the children to stay home.
- Defensive when concerns increase throughout the meeting.

What You Believe

- You love your children.
- You are trying your best.
- Brad is “not as bad as people say”.
- You can manage things just fine.

What You Want

- No removal.
- Minimal interference from the agency and your mother.
- Support without judgment.

What You May Say

- “I can handle this.”
- “Things aren’t always like this.”
- “Brad said he’ll help more.”
- “I’ll follow the plan.”

FACILITATOR CHEAT SHEET

Mock Team Decision Making (TDM) Simulation

Purpose of the Simulation

Participants must:

- Use all gathered information
- Identify:
  - Threats to safety
- Evaluate:
  - Immediate Safety Plan (ISP)
- Determine:
  - Whether safety can be managed in-home
- Develop/refine next steps

TDM STRUCTURE (KEEP PARTICIPANTS MOVING THROUGH THIS)

---

1. WHAT IS WORKING WELL

Participants should discuss:

- Grandmother involvement
- Existing support network
- Current cooperation
- Any protective actions

2. WHAT WE ARE WORRIED ABOUT

Participants should identify:

- Domestic violence
- Caregiver functioning
- Inadequate supervision
- Environmental concerns
- Medical concerns
- Brad's role/influence

3. REVIEW THE IMMEDIATE SAFETY PLAN

Participants should discuss:

- What is the current plan?
- Who is responsible for what is in the plan?
- Does the plan realistically manage threats to safety within the case?

4. CAN SAFETY BE MANAGED IN THE HOME

Push participants to determine:

- Is the Immediate Safety Plan enough?
- What risks remain?
- What could cause failure?

5. WHAT NEEDS TO HAPPEN NEXT

Participants should:

- Refine the Immediate Safety Plan.
- Add specific actions.
- Identify responsible individuals.
- Clarify monitoring.

FACILITATOR PUSH QUESTIONS (CRITICAL)

Use throughout:

- “What behavior supports that concern?”
- “How does this action manage the threat to safety?”
- “What risk still remains?”
- “What happens if this plan is not followed?”
- “Who is responsible for monitoring this?”
- “Is this realistic and sustainable?”

COMMON MISSES

Participants may:

- Over-rely on Charlotte.
- Ignore Brad’s impact on threats to safety.
- Create vague plans.
- Avoid difficult conversations.
- Focus on services instead of immediate safety.

IMPORTANT

Do NOT:

- Undermine the Immediate Safety Plan.
- Push toward removal.
- Reveal the upcoming failure of the Immediate Safety Plan.

Participants should leave believing that “This plan can work.”

GEORGIA WEEMS (GRANDMOTHER)

ROLE CARD FOR TDM

Your Role

You are the children's grandmother and support person.

Your Demeanor

- Concerned about the children and Charlotte's ability to care for them.
- Protective of the children.
- Frustrated with Charlotte and Brad's situation.
- You want the children to be safe.

What You Believe

- Charlotte struggles to manage the children and her responsibilities.
- Brad makes things worse in their household.
- The children need stability.

What You Want

- The children to be safe.
- Stronger support system for the children.
- More accountability for the caregivers.

What You May Say

- "I'm trying to help."
- "This has been going on for a while."
- "The kids need consistency."
- "I can help if needed."

SPECIALIST ROLE CARD

FOR TDM

Your Role

You are the assigned DCFS Specialist for the Flowers' case.

Your Responsibilities

- Present the Flowers' case:
  - What is working well?
  - What are you concerned about?
  - What should happen next?
- Identify:
  - Threats to safety within the case.
- Explain the current Immediate Safety Plan.
- Participate in the decision-making for the case.

Focus Areas

- Child safety.
- Immediate Safety Plan effectiveness.
- Immediate actions that are needed to ensure safety.
- Family engagement during the TDM.

Your Goal

Help the group determine:

- Whether safety can be managed in-home.
- What needs to happen next.

SUPERVISOR ROLE CARD

FOR TDM

Your Role

You are the Specialist's Supervisor.

Your Responsibilities

- Support the Specialists' decision-making.
- Ask clarifying questions based on the case.
- Ensure that the:
    - Threats to safety are addressed.
    - Immediate Safety Plan is realistic.
- Challenge vague plans.

Focus Areas

- Sustainability of the Immediate Safety Plan.
- Remaining risks within the case.
- Accountability.
- Monitoring of the Immediate Safety Plan.

Your Goal

Help ensure the plan:

- Is realistic.
- Addresses the threats to safety.
- Can be implemented immediately.

Begin the Team Decision Making Meeting

BEGIN THE TEAM DECISION MAKING MEETING

Time: 30 minutes
Purpose: To initiate the TDM simulation, allowing participants to apply structured decision-making using all available case information

Participant Manual: Completed Immediate Safety Plan, Support Network Grid

Activity Set Up:

- **Roles assigned:**
    - TDM Facilitator
    - Specialist
    - Supervisor
    - Caregiver (Charlotte) - Curriculum Team Member
    - Support(s) (Grandmother) - Curriculum Team Member
    - Observers of the TDM
- Participants ready in roles to start the TDM process.
- Give the participants the role cards that they will need to participate in the TDM.

Facilitator Notes:

- **DO NOT:** Take over the TDM. This means no real-time correction.
- **DO:** Observe. Track: Decision-making. Weak planning. Missed concerns.
    - Let participants struggle. This is necessary for the learning process.
- **EXPECT:** Disagreement. Uncertainty. Weak initial plans.

Time Management:

- Allow full discussion to develop. Do not rush to a decision.
- Let participants reach a conclusion.

Activity Instructions:

1. Begin TDM meeting as a class.
2. The TDM Facilitator guides discussion through structure.
3. Participants contribute based on their role.
4. Move through: Strengths. Concerns. Safety. Plan.

Say:

We're going to begin the Team Decision Making meeting. The TDM Facilitator will guide the discussion. As participants, you will contribute based on your role and the information you have about this case.

- ***Work through the process by identifying what is working well, what you are concerned about, and how the current plan addresses safety threats.***
- ***Your goal is to determine whether safety can be managed in the home and what needs to happen next.***
- ***Go ahead and begin.*** (Allow participants up to 25 minutes to work.)
- (After 25 minutes) ***Let's pause the TDM here.***

TDM REFLECTION AND THE IMMEDIATE SAFETY PLAN

Time: 10 minutes
Purpose: To reflect on the Team Decision Making (TDM) process, evaluate the Immediate Safety Plan, and analyze how decisions were made using available information

Activity Set Up:

- Whole group discussion.
- Participants remain seated in groups.

Activity Instructions

- Reflect on the TDM process
- Discuss:
    - Safety concerns
    - Immediate Safety Plan effectiveness
    - Remaining risks

Say:

Let's reflect on the Team Decision Making meeting and the decisions reached.

- ***During this process, you reviewed the information gathered throughout the investigation, discussed the safety threats, evaluated the Immediate Safety Plan, and worked toward a decision on how to manage safety moving forward.***
- ***As we debrief, focus on how the decisions were made, what supported them, and how the plan was intended to manage the identified safety threats.***

Facilitator Questions (ask the following questions and validate responses):
- **TDM PROCESS:** What helped the group move toward a decision?
- **THREATS TO SAFETY:** What threats to safety were most significant?
    - What information supported those concerns?
- **IMMEDIATE SAFETY PLAN:** How was the plan intended to manage the threats to safety?
- **REMAINING RISK:** What concerns still remained, even with the plan in place?
- **DECISION-MAKING:** What information most influenced your decision?

Facilitator Answers:
Participants should discuss:
- Domestic violence concerns.
- Caregiver instability.
- Reliance on Charlotte.
- Grandmother as support.
- Weaknesses in follow-through reliability.

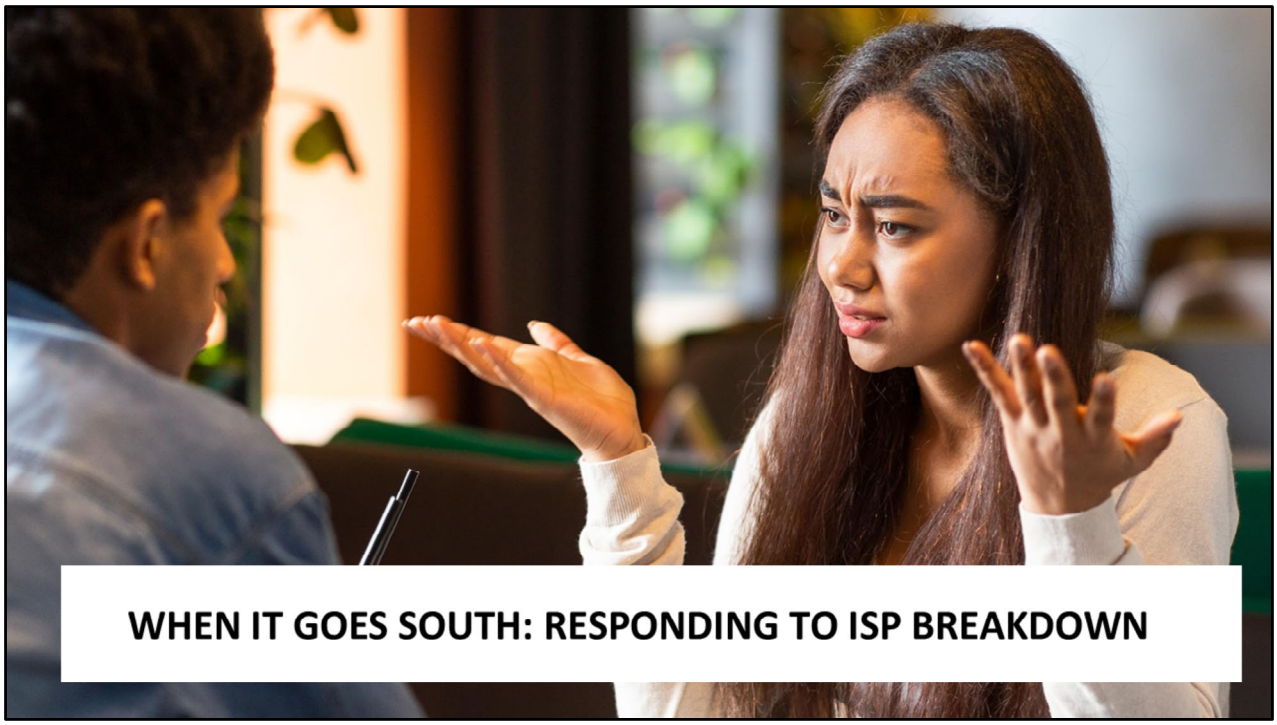
Facilitator Notes:
- **DO NOT:** Reveal upcoming Immediate Safety Plan failures.
- **DO:** Let participants feel that the plan is workable. Participants should leave this debrief believing: "This plan can work if everyone follows through." That emotional investment is critical for the next section.

Say:
At this point in the investigation, the team has developed a plan to address safety threats and keep the children safe at home. Next, we'll look at what happens when circumstances begin to change.

Key Points: (ensure the following are covered)

- The TDM uses collaborative decision-making.
- Immediate Safety Plans must directly address safety threats.
- Plans rely on consistent follow-through.

LUNCH BREAK



WHEN IT GOES SOUTH: RESPONDING TO ISP BREAKDOWN

Responding to ISP Breakdown

RESPONDING TO AN ISP BREAKDOWN: INTRODUCTION

Time: 5 minutes
Purpose: To prepare specialists to respond when an Immediate Safety Plan is no longer effectively managing safety threats and immediate action is required

Facilitator Notes:

- Reinforce that the Immediate Safety Plan was not necessarily "wrong."
- Focus on: Changing conditions. Escalation.
- Prepare participants for fast-paced decision-making.

Say:

In the previous section, you participated in a Team Decision Making meeting and developed a plan to manage safety threats and maintain the children's safety in the home.

It's important to understand that as circumstances change, you must reassess safety, respond quickly, and determine what immediate actions are necessary to

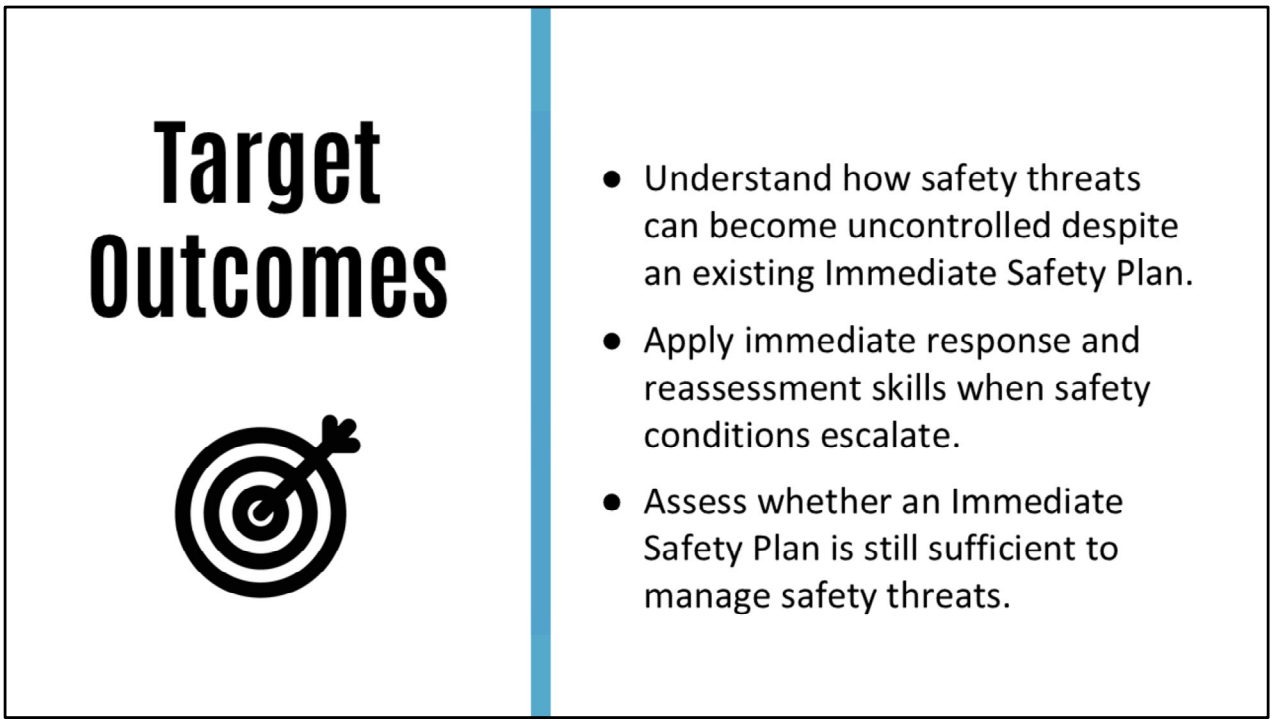
protect children. This section answers the question, "How do we respond to a situation where the Immediate Safety Plan is no longer working as intended?"

Throughout this activity, focus on how rapidly situations can escalate and how your decisions must adapt as new information and behaviors emerge.

Key Points: (ensure the following are covered)

- Safety situations can change quickly during investigations.
- Immediate Safety Plans require ongoing assessment.
- Specialists must reassess conditions in real time.
- Escalation may require immediate action.

Sources: *SDM Combined Assessment Procedure Manual*, *PUB 357 – Child Maltreatment Investigation Determination Guide*



TARGET OUTCOMES

Time: 5 minutes
Purpose: To establish clear expectations on the section's learning objectives

Say:
By the end of this section, you will:

- ***Understand how safety threats can become uncontrolled despite an existing Immediate Safety Plan.***
- ***Apply immediate response and reassessment skills when safety conditions escalate.***
- ***Assess whether an Immediate Safety Plan is still sufficient to manage safety threats.***

CASE UPDATE: THE CALL FROM GEORGIA WEEMS

Time: 10 minutes
Purpose: To introduce the escalation scenario and prompt participants to identify immediate response actions when an Immediate Safety Plan is no longer functioning effectively

Facilitator Resource: Case Update: The Call from Georgia Weems (Print out and laminate for participant)

Activity Set Up:
- This is a whole group activity.
- One participant volunteers to receive the call.

Activity Instructions:
- Select one participant to answer the call (as the Specialists).
- Have a participant read the scenario aloud as Georgia Weems.
- Participants listen and take notes.
- Group discusses:

- Immediate concerns.
- Immediate next steps.

Say:

We are now moving forward in the case.

- ***Please note the date is August 18, 2025. This is important for documentation purposes.***
- ***At this point, the Immediate Safety Plan is in place, and the children remain in the home under the plan solidified during the TDM.***
- ***You receive the following phone call from Georgia Weems, the maternal grandmother.***

Paraphrase:

The immediate safety plan is breaking down, and the grandmother is asking for help.

Facilitation Question: (ask the following question and validate responses)

- What are your immediate concerns?

Facilitation Answer:

- What do you need to do right now?
- Who needs to be involved?
- Do you need supervisor involvement?
- Would you consider requesting assistance from law enforcement?

Facilitation Answers:

- **Participants may identify:**
    - Immediate supervisor notification.
    - Need for immediate response.
    - Potential law enforcement coordination.
    - Increased flight risk.
    - Medication concerns.
    - Escalating threats to safety.

Key Points: (ensure the following are covered)

- The Immediate Safety Plan is beginning to fail

- Threats to safety are currently escalating.
- Specialists must respond immediately.
- Supervisor consultation is critical.

Facilitator Notes:

- **DO NOT:** Move immediately to the removal discussion.
- **DO:** Focus on: Immediate response. Reassessment. Safety planning.
    - Allow participants to process escalation naturally.
- **IMPORTANT:** Participants should still be thinking: “Can this situation be stabilized?”
    - That matters before removal becomes necessary.

Say:

You now need to determine how you will respond upon arrival at the home.

CASE UPDATE: THE CALL FROM GEORGIA WEEMS

(READ VERBATIM)

Hello, this is Georgia Weems. You know Frankie and Jasmine's grandmother?

I'm calling because Charlotte is threatening to take the kids and leave. She got a call from Brad yesterday. He was telling her she had to come home. He told her she'd lose her check if Welfare found out she was living with me. And he told her it was her fault that he might get charged for hitting her.

He was yelling so loudly that I could hear him clearly, even from across the room.

So this morning, Charlotte says she's going back. She says she has to fix it for him.
I tried to talk her out of going, and she started yelling to stay out of her business. I got a little loud back, trying to help her remember that staying here was keeping the kids from going into State custody.

When I asked if the children could at least stay here, she got really upset and started yelling that I was trying to steal her kids and that she was going to run off where nobody could find them.

I tried to get her to take Jasmine's medicine, and she kept throwing it back at me.

Now she's packing the car. I called the police, but I don't know if they'll do anything because she's their mama. Frankie is terrified! Can you come, please!?

IMMEDIATE RESPONSE PLANNING & DE-ESCALATION PREPARATION

Time: 10 minutes
Purpose: To prepare participants to respond to an escalating situation by identifying immediate action steps and planning trauma-informed de-escalation strategies

Participant Manual: After the Call

Activity Set Up:
- Participants work in table groups.
- Flip chart paper available as needed for participants.

Say:
At this point, you know the situation is escalating quickly. Charlotte is threatening to leave with the children, tensions in the home are high, and there are concerns regarding Jasmine's medication and the stability of the Immediate Safety Plan.

Before responding to the home, take a few minutes to consider your immediate

actions and how you might approach Charlotte upon arrival. Your goal is not to escalate the situation further. Ideally, you want to de-escalate the situation, re-engage Charlotte in the Immediate Safety Plan, and continue working toward child safety.

Using what you know about trauma-informed engagement, active listening, and strengths-based interviewing, work with your group to identify one or two things you might say to Charlotte when you arrive. Complete the 'After the Call' Participant Manual page as a group. Once completed, we will come back together to discuss it.

Facilitator Notes:

- **DO NOT:** Push participants immediately toward removal or turn this into a "right answer" activity.
- **DO:** Encourage realistic engagement strategies. Reinforce de-escalation first. Keep urgency present.
- **IMPORTANT:** Participants should still believe: "Maybe we can stabilize this."
- That emotional tension is critical for the next phase.

Activity Instructions:

1. In groups, discuss:
    - Immediate response actions.
    - Scene preparation.
    - De-escalation strategies.
2. Develop: 1–2 statements you might say to Charlotte upon arrival.
3. Writes responses on flip chart paper & on 'After the Call' Participant Manual Page.

Facilitator Questions: (ask the following questions and validate responses)

- What are your immediate action steps?

Facilitator Answers:

Participants may identify:

- Supervisor consultation (who to contact).
- Possible law enforcement coordination (safety considerations before arriving).

Facilitator Question:

- How can you approach Charlotte without escalating the situation further?

Facilitator Answers:

- Calm, non-threatening language.
- Reflective listening.
- Acknowledging stress/emotions.

Facilitator Question:

- What language might help re-engage her in the plan?

Facilitator Answers:

Examples:

- “I can see you’re overwhelmed right now.”
- “Let’s slow things down and talk about what’s happening.”
- “Our goal is to help keep the children safe.”

Key Points (ensure the following are covered):

- Specialists should prepare before arriving.
- De-escalation is the preferred first approach.
- Trauma-informed engagement matters during crisis situations.
- Specialists must continue assessing safety in real time.

THE SITUATION CONTINUES TO ESCALATE

Time: 15 minutes
Purpose: To immerse participants in an escalating field situation and require real-time reassessment of threats to safety, caregiver behavior, and the effectiveness of the Immediate Safety Plan

Participant Manual: After the Call
Facilitator Resource: The Situation Continues to Escalate (Print and Laminate for Participant)

Activity Set Up:
- This is a whole group facilitated scenario.
- The facilitator reads the scene aloud.
- Participants respond in real time.

Facilitator Notes:
- **DO NOT:** Push immediately to removal or skip reassessment discussion.
- **DO:** Let participants attempt ideas of: Engagement. Re-stabilization.
    - Reinforce to participants that this would require real-time decision-making from the Specialist.
- **IMPORTANT:** Participants should still briefly think: *"Can this be stabilized?"*

Before the next escalation removes that possibility.

Say:
You arrive at the home and quickly realize the situation has continued to escalate.

Activity Instructions
1. One participant will read the escalated scenario.
2. Other participants will listen to the escalation scenario with the Flowers' family.
3. Respond as the assigned Specialist/team.
4. Discuss:
    - Immediate observations.
    - Safety concerns.
    - Response actions.
    - Ongoing reassessment.

Activity Questions to explore:
- What are you observing?
- What safety threats are escalating?
- What concerns do you have right now?
- What are your immediate priorities?
- Does this change your assessment of the situation?

Participants may identify:
- Increased flight risk.
- Refusal of medical care.
- Emotional dysregulation.
- Breakdown of the Immediate Safety Plan cooperation.
- Escalating instability.
- Children exposed to chaos and conflict.

Key Points: (ensure the following are covered)
- Specialists must continuously reassess safety.
- Conditions have escalated significantly.
- The effectiveness of the Immediate Safety Plan is deteriorating.
- Child safety concerns are increasing rapidly.

THE SITUATION CONTINUES TO ESCALATE

(READ VERBATIM)

When you arrive at the home, Charlotte is throwing her belongings into the trunk of the car.

- The children are inside with their grandmother.
- There is a police officer on scene attempting to speak with Charlotte, but she is yelling at him to stay out of her 'stuff' and telling him that these are her children and she can do what she wants.
- During the confusion, you learn that Jasmine has not received her medication this morning because Charlotte refused to give it to her and would not allow Georgia to give it to him either.
- You also observe that Charlotte has packed her own belongings into the car, but there are no clothes or belongings packed for the children.

DIRECT ENGAGEMENT WITH CHARLOTTE

Time: 20 minutes
Purpose: To require participants to reassess whether threats to safety can still be managed after the caregiver refuses protective actions and the Immediate Safety Plan is no longer functioning

Participant Manual: After the Call
Facilitator Resource: Direct Engagement with Charlotte (Print and Laminate for Participant)

Activity Set Up
- This is a whole group facilitated scenario.
- The facilitator reads the escalation dialogue aloud.

Facilitator Notes:
- **DO NOT:** Rush participants through the emotional weight of the moment or skip reassessment discussion.
- **DO:** Let participants process: Escalation. Fear. Urgency.
- **IMPORTANT:** This is the moment participants should realize: *"The plan can no longer keep the children safe."*

Say:
You attempt to engage Charlotte and explore whether she is willing to continue participating in the Immediate Safety Plan and take protective actions for the children.

Activity Instructions
1. One participant will read the engagement with Charlotte.
2. The remaining participants will listen to the interaction.
3. Assess:
    - Caregiver behavior + Impact on Child.
    - Threats to safety.
    - Immediate Safety Plan status.
4. Determine whether safety can still be managed in the home.

Paraphrase:
- Charlotte is refusing the plan, refusing protective actions, and threatening to leave with the children.

Facilitator Question: (ask the following and validate responses)
- What has changed in this situation?

Facilitator Answers:
- Immediate Safety Plan refusal.
- Flight risk.

Facilitator Question:
- What safety threats are now uncontrolled?

Facilitator Answers:
- Refusal of medical care.
- Ongoing domestic violence concerns.
- Inadequate supervision concerns.

Facilitator Questions:
- What concerns are most immediate?

Facilitator Answers:
- Escalating caregiver instability.

Facilitator Question:

- What options do you have at this point?

Facilitator Answer:
- Participants should begin identifying considerations for protective custody/removal.

Key Points: (ensure the following are covered)
- The Immediate Safety Plan is no longer functioning.
- Charlotte is refusing protective actions.
- Specialists must reassess immediately.

DIRECT ENGAGEMENT WITH CHARLOTTE

(READ VERBATIM)

Charlotte finally turns toward you and says:

- 'I have thought about it. I ain't doing the things that you have on this paper. You can take this paper and shove it. I don't think DCFS should be involved, so you can just get out of here.
- I don't want my mother's help. I don't need her help. She is always up in my stuff.
- I'm not giving Jasmine that medicine. She doesn't need it. It's only bug bites.
- And so what if I left Frankie at home by herself? She's a big girl. She did okay overnight. She helps me a lot.
- I'm taking my kids and going to California. I'm sick of Brad, too. He blames me for everything, and he is the one who hits me.
- Yeah, he got convicted for hitting his wife, and yeah, he's still married to her.
- My best friend moved out there, and she'll let me stay. And NO, I won't tell you her name. None of y'all will ever be able to find me again, including Brad.
- Frankie, get your brother and get your asses in this car right now. Leave that damn medicine in the house. He does NOT need it.

WHEN SAFETY CAN NO LONGER BE MANAGED

Time: 5 minutes
Purpose: To close the escalation scenario, reinforce the significance of reassessing threats to safety in real time, and prepare participants for the next phase of decision-making following lunch

Facilitator Notes:
- Keep tone serious and reflective.
- Do not begin a full removal discussion yet.
- Allow participants to sit with: Uncertainty. Pressure. Escalation.

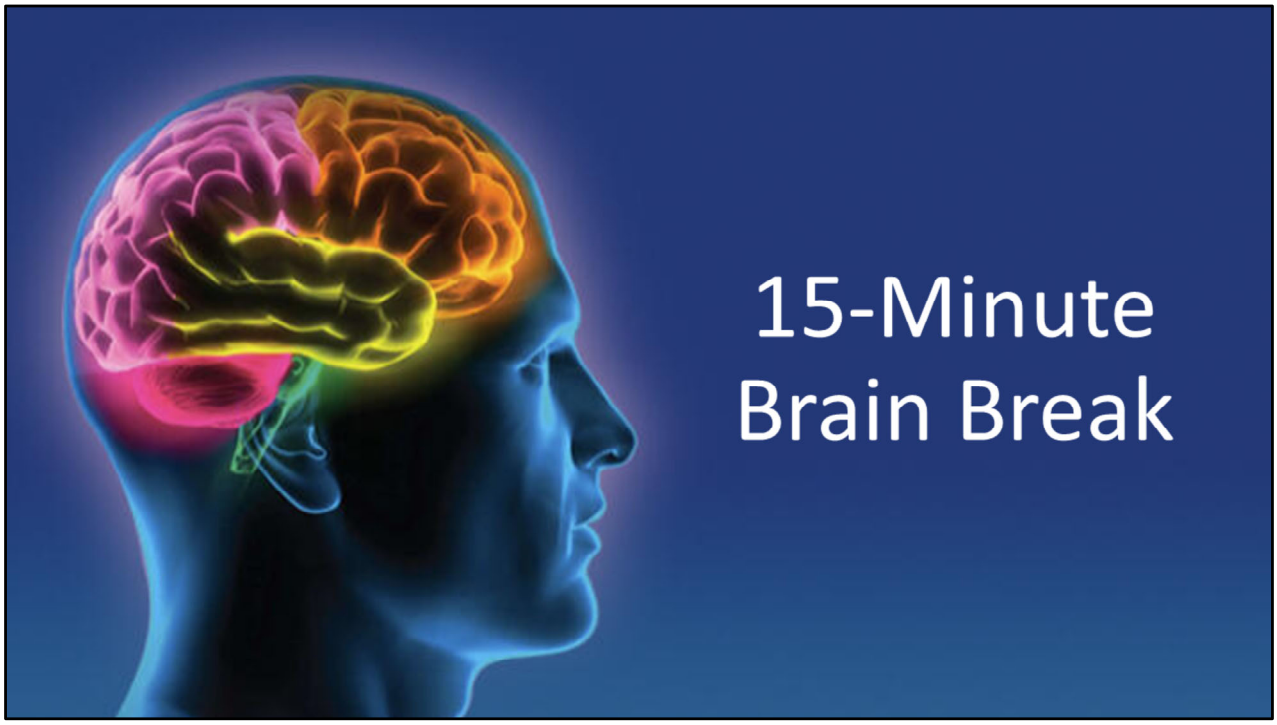
Say:
In this section, you responded to a rapidly escalating situation in which the Immediate Safety Plan was no longer effectively managing safety threats. As the situation developed, you were required to reassess conditions in real time, evaluate caregiver behavior, and determine whether the children could continue to remain safely in the home.

These situations can develop quickly and require specialists to make difficult decisions under pressure while continuing to focus on child safety.

We're going to pause here and take lunch. After lunch, we will continue the scenario and determine the immediate actions required to protect Frankie and Jasmine.

Key Points: (ensure the following are covered)

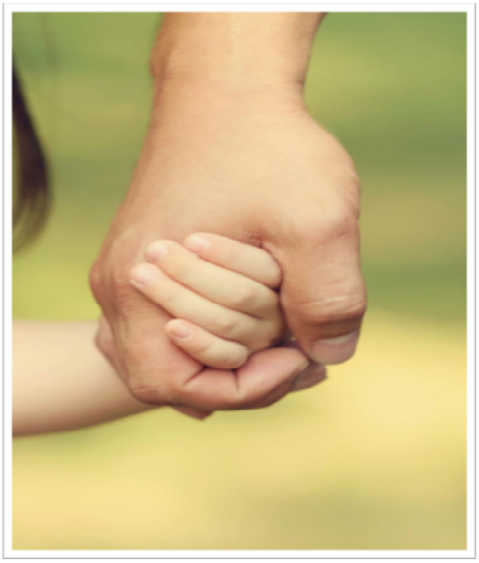
- Immediate Safety Plans require ongoing reassessment.
- Specialists must adapt decisions as conditions change.
- Child safety remains the priority throughout the escalation process.



BRAIN BREAK

PROTECTIVE CUSTODY

Protective Custody:
Ensuring Safety



PROTECTIVE CUSTODY: ENSURING SAFETY

Time: 5 Minutes
Purpose: To prepare specialists to determine when protective custody is necessary and identify immediate actions required to protect children when safety threats can no longer be managed in the home

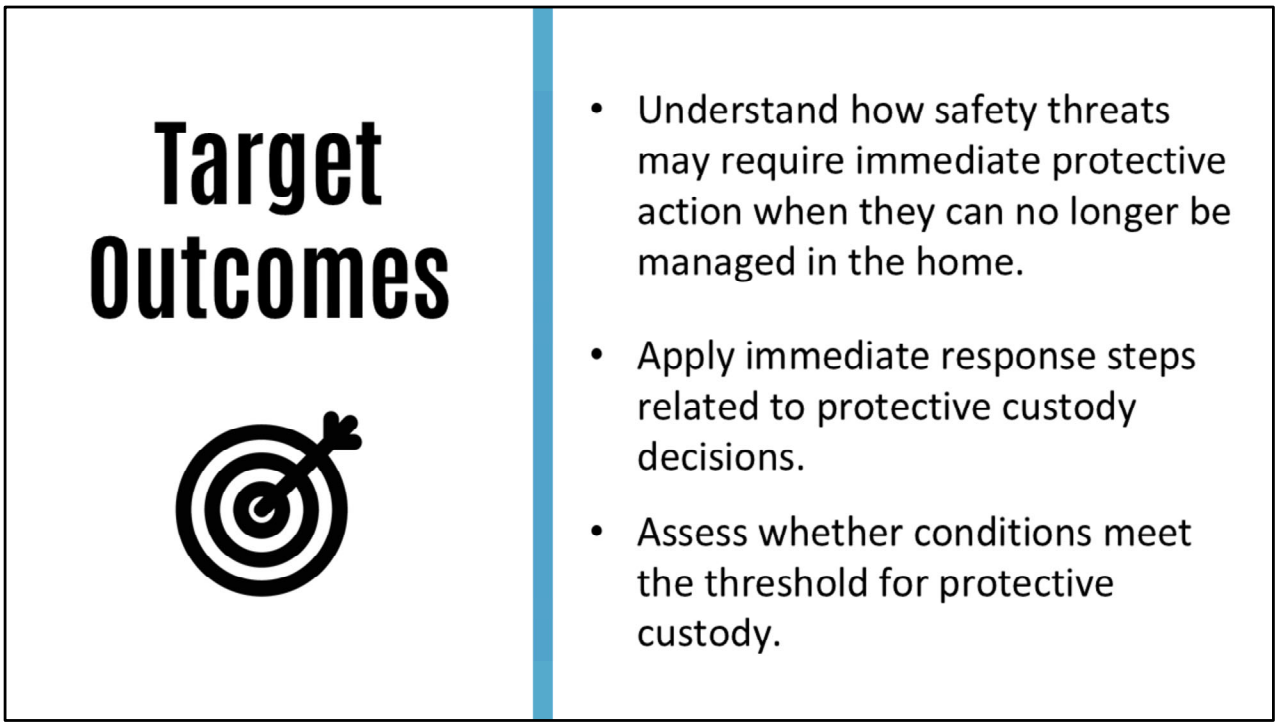
Say:
In the previous section, the Immediate Safety Plan broke down, and safety threats became uncontrolled. Charlotte refused protective actions, refused medical treatment for Jasmine, rejected support from Georgia, and threatened to leave with the children, where no one would be able to find them.

At this point, you must determine whether the children can continue to remain safely in the home or whether protective custody is necessary to ensure their safety. For now, we will focus on the immediate decisions and actions required when protective custody becomes necessary.

Facilitator Notes:
- Focus on: Immediate safety. Decision-making. Next actions.
- Maintain trauma-informed perspective.

Key Points: *(ensure the following are covered)*

- Protective custody occurs when safety threats cannot be managed.
- Specialists must continue reassessing conditions.
- Decisions must be based on observable conditions and behaviors.
- Child safety remains the priority.

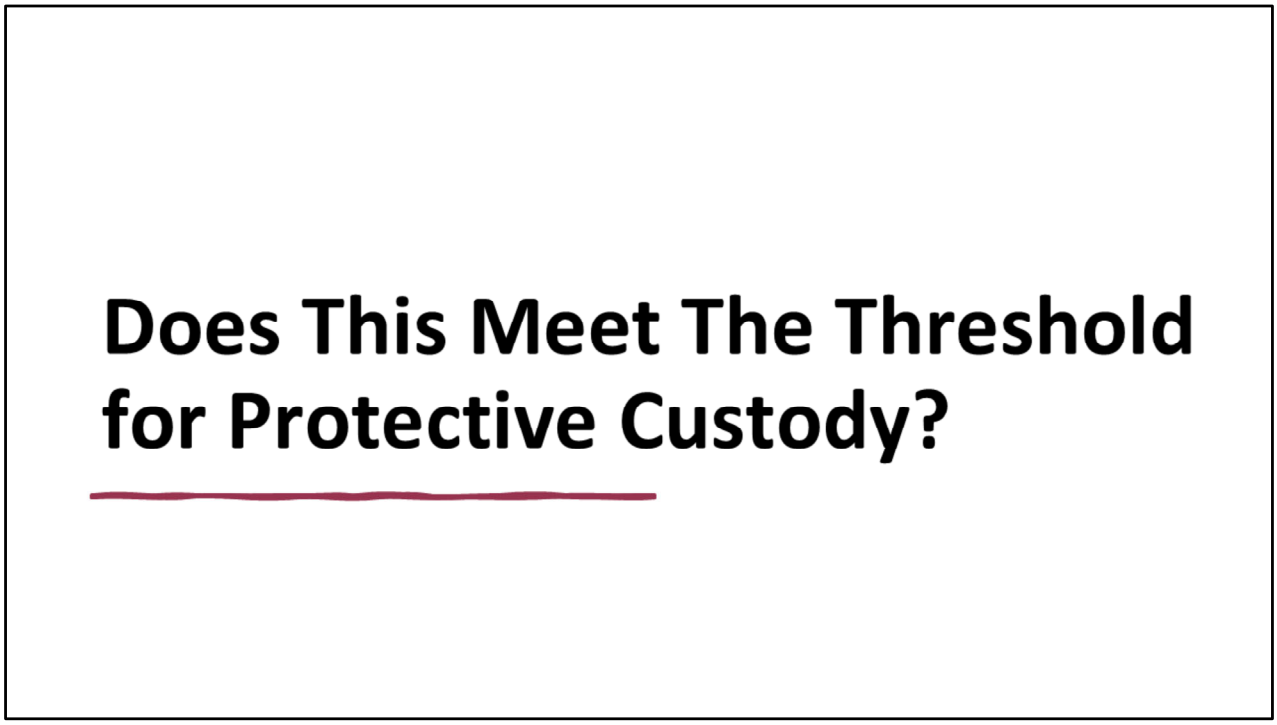


TARGET OUTCOMES

Time: 2 minutes
Purpose: To establish clear expectations on the section's learning objectives

Say:
By the end of this section, you will:

- ***Understand how safety threats may require immediate protective action when they can no longer be managed in the home.***
- ***Apply immediate response steps related to protective custody decisions.***
- ***Assess whether conditions meet the threshold for protective custody.***



DOES THIS MEET THE THRESHOLD FOR PROTECTIVE CUSTODY

Time: 10 minutes
Purpose: To guide participants in analyzing whether the current situation meets the threshold for protective custody based on uncontrolled and immediate threats to the safety of the children

Activity Set Up:
- This is a whole group discussion.

Facilitation Notes:
- **DO NOT:** Frame removal as punishment or focus on "bad parenting" language.
- **DO:** Keep focus on child safety and immediate, uncontrolled threats to safety.
- **IMPORTANT:** Participants should understand that protective custody is based on current safety conditions—not frustration, disagreement, or noncompliance alone.

Activity Instructions:
- Review the current situation.
- **Discuss:** Current safety threats. Available options.
- **Determine:** Whether protective custody is necessary for the Flowers' family.

Say:
At this point in the scenario, you must determine whether the children can continue to remain safely in the home or whether protective custody is necessary.

Protective custody occurs when circumstances or conditions present an immediate threat to the child's health or physical well-being, and safety can no longer be managed through protective actions in the home.

As you discuss this situation, focus on the current behaviors, conditions, and safety threats and how they affect the children. Also, consider whether those safety threats can still be controlled.

Paraphrase:
Participants identified:
- Refusal by the caregiver to participate in the Immediate Safety Plan.
- Flight risk.
- Refusal of medical care.
- Domestic violence concerns.
- Inadequate supervision concerns.
- Emotional instability/escalation.

Facilitator Question: (ask the following question and validate responses)
- What factors support or oppose protective custody?

Facilitator Answer:
- The protective custody threshold has been met.

Say:
Now that you have determined protective custody is necessary, let's discuss the immediate actions that must occur next.

Key Points: (ensure the following are covered)
- Protective custody decisions must be tied to immediate threats to safety.
- The Immediate Safety Plan is no longer functioning.
- Safety can no longer be managed in-home.
- Decisions must be based on observable behaviors and their impact on the children.

IMMEDIATE ACTIONS AFTER TAKING PROTECTIVE CUSTODY

Time: 15 minutes
Purpose: To identify the immediate procedural and safety actions required after determining protective custody is necessary

Activity Set Up:
- This is a whole group discussion.

Facilitator Notes:
- **DO NOT:** Turn this into a lecture on forms & process only.
- **DO:** Balance Procedure and Trauma-Informed Practice. Reinforce to the participants the importance of child-centered responses.

Say:
Once protective custody is determined to be necessary, Specialists must immediately begin taking steps to ensure the children's safety and to meet procedural requirements.
- ***These situations often move very quickly and can feel overwhelming for everyone involved, including the children, caregivers, and specialists.***
- ***As we discuss the next steps, focus not only on which actions are required but***

also on how to reduce trauma for the children throughout the process.

Activity Instructions:

1. Review the immediate next steps following protective custody.
2. Discuss: Required actions. Notifications. Safety considerations.
3. Identify trauma-informed considerations during removal.

Facilitator Question: (ask the following questions and validate responses)

- Who must be contacted immediately?

Facilitator Answers:

- Supervisor consultation/approval.
- Parent notification.
- Relative notification.

Facilitator Question:

- What approvals or notifications are required?

Facilitator Answers:

- OCC notification.
- Placement coordination.
- Documentation requirements.

Facilitator Question:

- What medical concerns must be addressed?

Facilitator Answers:

- Medical examination requirements.

Facilitator Question:

- How can specialists reduce trauma during removal?

Facilitator Answers:

Trauma reduction examples:

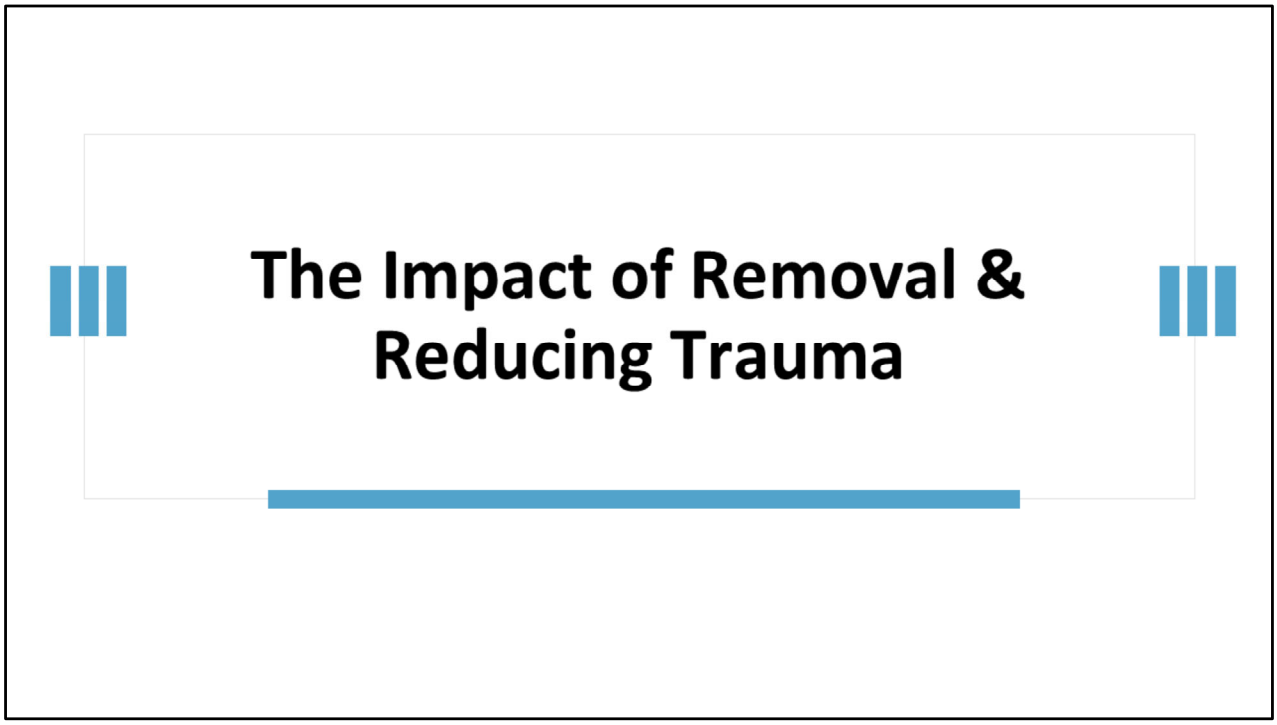
- Calm communication.
- Explaining what is happening appropriately.
- Allowing comfort items.
- Minimizing conflict exposure.
- Supporting sibling connection.

Discussion:

- What concerns do you have specifically for Frankie and Jasmine?

Key Points: (ensure the following are covered)

- Protective custody requires immediate coordination. Notifications and approvals must occur quickly.
- Children may experience significant trauma during removal. Specialists should reduce additional trauma whenever possible.



THE IMPACT OF REMOVAL & REDUCING TRAUMA

Time: 10 minutes
Purpose: To help participants recognize the emotional impact of removal on children and identify trauma-informed strategies that may reduce additional trauma during protective custody

Activity Set Up:
- Participants reflect individually and discuss in groups.

Facilitator Notes:
- **DO NOT:** Minimize the emotional impact of removal.
- **DO:** Balance safety-focused thinking and trauma-informed practice. Encourage empathy and reflection.
- **IMPORTANT:** Participants should understand that removal may be necessary and can still be emotionally difficult. Both realities can exist together.

Activity Instructions:
1. Reflect on the impact of removal on children, their caregivers, and specialists
2. Discuss ways to reduce additional trauma during removal.

Say:
Protective custody decisions are often emotionally difficult for everyone involved, including the children, caregivers, and Specialists. Even when removal is necessary to ensure safety, the experience itself can still be traumatic for children. As Specialists, part of your responsibility is not only to ensure safety but also to reduce additional trauma whenever possible.

Think about Frankie and Jasmine. Consider what they have already experienced:
- ***Domestic violence. Instability. Conflict. Fear. Chaos in the home.***

Now they are also experiencing removal from their caregiver during a highly emotional situation. Consider what actions may help reduce further trauma during this process.

Facilitator Question: (ask the following and validate responses)
- What might removal feel like from the child's perspective?

Facilitator Answers:
Participants may identify:
- Fear. Confusion. Guilt. Anxiety. Loyalty conflicts. Emotional dysregulation.

Facilitator Question:
- What could specialists do to reduce additional trauma?

Facilitator Answers:
- **Trauma-reduction strategies:**
    - Calm communication.
    - Honest and simple explanations.
    - Maintaining sibling connection.
    - Allowing comfort items.
    - Reducing exposure to conflict.
    - Avoiding shaming and blaming language.
    - Providing reassurance when appropriate.

Key Points: (ensure the following are covered)
- Specialists should reduce additional trauma whenever possible.
- Communication with the child(ren) should be calm, clear, and developmentally appropriate.
- Trauma-informed practice remains important during crisis situations.

FROM PROTECTIVE ACTION TO DOCUMENTATION AND DECISION SUPPORT

Time: 3 minutes
Purpose: To close the protective custody module and prepare participants to transition from immediate safety action into decision support, articulation, and documentation preparation

Facilitator Notes:
- Reinforce to the participants that safety-based decision-making must take place.
- Begin shifting participant thinking toward:
    - Documentation
    - Decision articulation
    - Case support

Say:
In this section, you worked through the difficult process of determining that protective custody was necessary to ensure Frankie and Jasmine's safety. You also explored the immediate actions that follow a removal decision and discussed ways specialists can reduce additional trauma for children during the process.

Protective custody decisions must be supported by observable behaviors, conditions, and threats to safety. Specialists must also be prepared to clearly

explain the decisions they make and document the events and circumstances that led to those decisions.

We're going to pause here and take a break. When we return, we'll shift from the immediate response and removal decision to how Specialists support, explain, and document the decisions made throughout the investigation.

Key Points: (ensure the following are covered)

- Protective custody must be tied to safety concerns.
- Decisions must be explainable and supportable.
- Specialists must document observable conditions and behaviors.

SUPPORTING DECISIONS THROUGH DOCUMENTATION

SUPPORTING DECISIONS THROUGH DOCUMENTATION: INTRODUCTION

Time: 5 Minutes
Purpose: To prepare Specialists to support investigative decisions through clear articulation, documentation planning, and reflection on the events and safety decisions made throughout the investigation

Say:
Throughout this investigation, you gathered information, reassessed threats to safety, participated in decision-making, developed an Immediate Safety Plan, responded to escalating conditions, and ultimately determined that protective custody was necessary.

- ***Now, specialists must be able to clearly explain and support the decisions that were made throughout the investigation process.***
- ***In this module, you will focus on identifying the information, observations, and safety concerns that support your decisions, and begin preparing to document those decisions.***

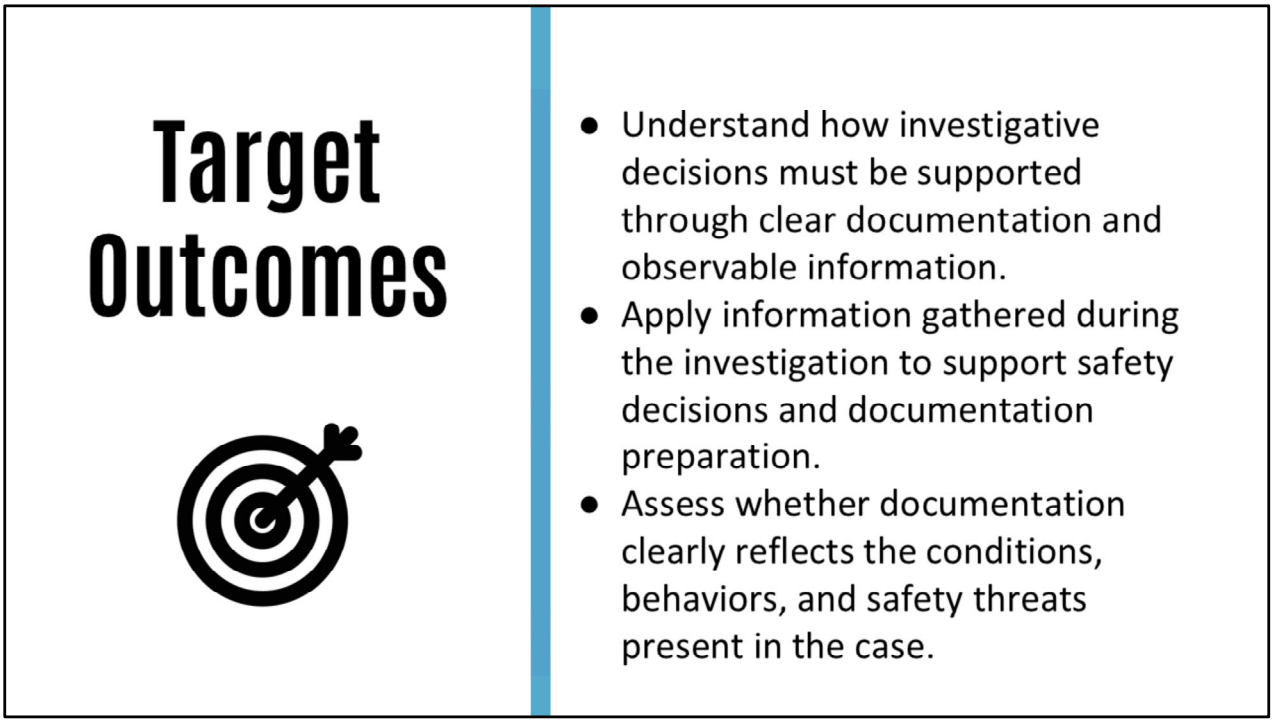
Facilitator Notes:

- Reinforce to the participants that documentation supports decision-making.
- Maintain focus on: Observable facts. Behaviors. Conditions.

Say:
As we work through today's content, begin thinking about how you will document the information you gather. On Day 5, you'll build on today's learning by practicing investigative narrative writing and documenting your work in CHRIS.

Key Points: (ensure the following are covered)

- Documentation must support decisions made during the investigation.
- Safety decisions must be tied to observable behaviors and conditions that impact the child. Specialists should clearly articulate threats to safety.
- Documentation begins throughout the investigation process, not after it ends.

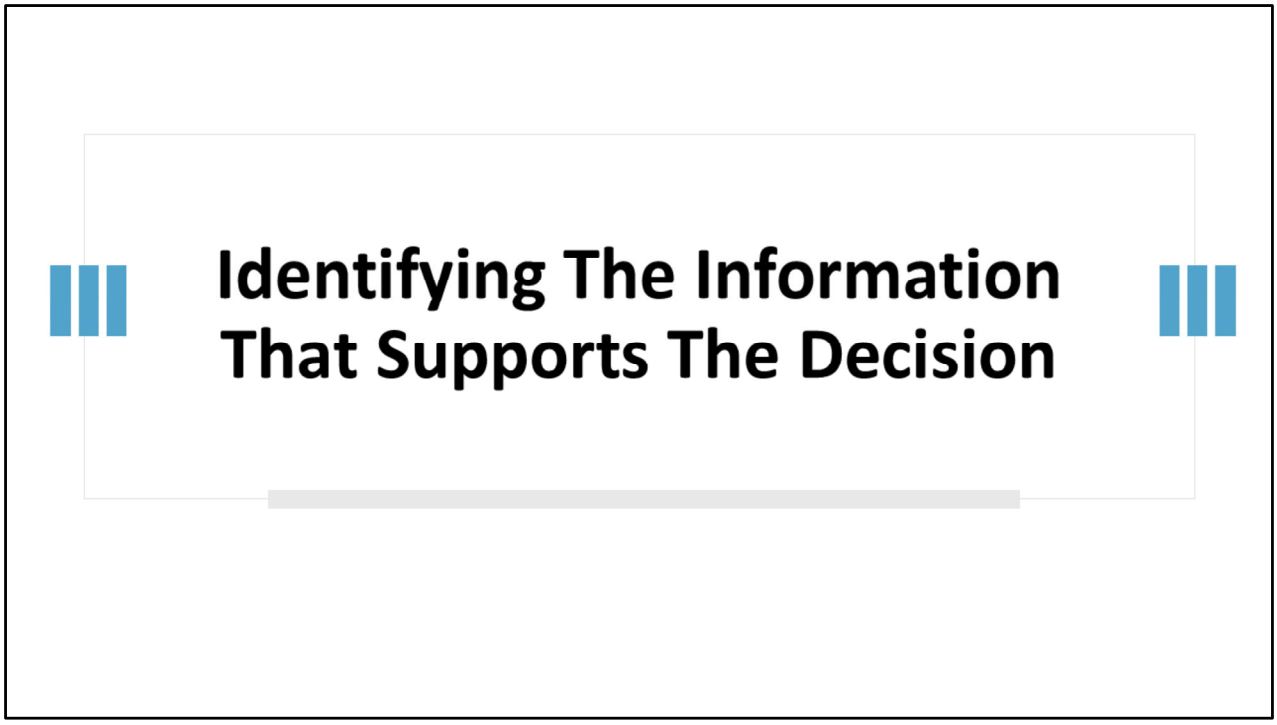


TARGET OUTCOMES

Time: 5 minutes
Purpose: To establish clear expectations on the section's learning objectives

Say:
By the end of this section, you will:

- ***Understand how investigative decisions must be supported through clear documentation and observable information.***
- ***Apply information gathered during the investigation to support safety decisions and documentation preparation.***
- ***Assess whether documentation clearly reflects the conditions, behaviors, and safety threats present in the case.***



IDENTIFYING THE INFORMATION THAT SUPPORTS THE DECISION

Time: 20 minutes
Purpose: To help participants identify and articulate the specific observations, behaviors, and threats to safety that supported the decision to take protective custody

Participant Manual: Flowers CFS-411 with Space to Write

Activity Set Up
- Participants work in groups at their tables.

Facilitator Notes:
- **DO NOT:** Allow participants to rely on assumptions or opinions.
- **DO:** Push for: Specific behaviors that impact the child. Specific observations. Specific threats to safety.
- **IMPORTANT:** Participants should begin shifting from "What happened" to "How do I clearly document and support what happened?"

Say:
When Specialists make significant safety decisions, they must be able to clearly

explain what information supported those decisions. This means identifying the observable behaviors, conditions, caregiver actions, and safety threats that led to the determination that the children could no longer remain safely in the home.

As a group, review the information gathered throughout this investigation and begin identifying the specific facts and observations that support the decision to take protective custody.

Activity Instructions:

- Review the case information gathered throughout the investigation.
- Identify: Observable behaviors. Conditions. Threats to safety.
- Discuss: What information supported the decision to take protective custody?

Facilitation Question: (ask the following and validate responses)

- What specific behaviors or conditions supported the removal decision?

Facilitation Answers:

Participants may identify:

- Refusal of ISP participation.
- Refusal of medical care.
- Threats to flee with children.
- Domestic violence concerns.
- Inadequate supervision.
- Emotional instability and escalation.
- Statements minimizing child safety concerns.
- Failure to follow protective actions.

Say:

Now that you've identified the information supporting the decision, let's look at how those observations connect to documentation and affidavit preparation.

Key Points: (ensure the following are covered)

- Documentation must connect directly to safety concerns.
- Decisions must be supported by observable information.
- Specialists should avoid vague language.
- Threats to safety should be clearly articulated and identified.

CONNECTING OBSERVATIONS TO DOCUMENTATION

Time: 25 minutes
Purpose: To provide participants with hands-on practice identifying and documenting the observable information, behaviors, and threats to safety that support investigative decisions.

Participant Manual: CFS-411: Affidavit (Blank)
Facilitator Resource: PUB 357 – Child Maltreatment Investigation Determination Guide

Focus Sections:

- Section 9 – Department History With the Family
- Section 10 – Basic Factual Grounds
- Section 11D – Removal / Safety Threats / Reasonable Efforts

Activity Set Up:

- Participants work in groups at their tables.
- Flip chart paper optional.

Activity Instructions

Using the Flowers case information gathered throughout the investigation:

1. Review:
    - Section 9: Department History With the Family
    - Section 10: Basic Factual Grounds
    - Section 11D: Removal / Safety Threats / Reasonable Efforts
2. Identify:
    - Observable behaviors that impacted the children.
    - Conditions.
    - Threats to safety.
3. Document information using:
    - Objective.
    - Factual.
    - Behavioral language.
4. Be prepared to discuss:
    - What information supported the decision to take protective custody.
    - How documentation supports investigative decisions.

Say:

One of the most important parts of the investigation process is clearly documenting the information that supports your safety decisions.

In this activity, you will use the Flowers case information gathered throughout the investigation to begin organizing and documenting the observations, behaviors, conditions, and safety threats that supported the decision to take protective custody.

You will focus specifically on portions of the CFS-411 affidavit related to:

- ***Department history with the family.***
- ***The factual grounds supporting the petition.***
- ***The safety threats and reasonable efforts connected to removal.***

As you complete the activity, focus on using objective, factual language. Your documentation should clearly describe what was observed, what was said, and how those conditions impacted child safety.

Avoid assumptions, labels, or vague statements. Instead, focus on documenting the specific information that supports your decision-making.

Facilitator Questions: (ask the following questions and validate responses)

- What observable behavior supports that concern?
- How would you document that objectively?
- What specific condition created immediate threats to safety?

- Does your documentation clearly connect to the threats to safety?
- What information is factual versus assumed?

Facilitator Answers:
Participants should document:
- Specific statements made by Charlotte.
- Refusal of medical care.
- Threats to flee.
- Domestic violence concerns.
- Inadequate supervision concerns.
- Observable emotional escalation.
- Breakdown of the Immediate Safety Plan participation by the caregiver.

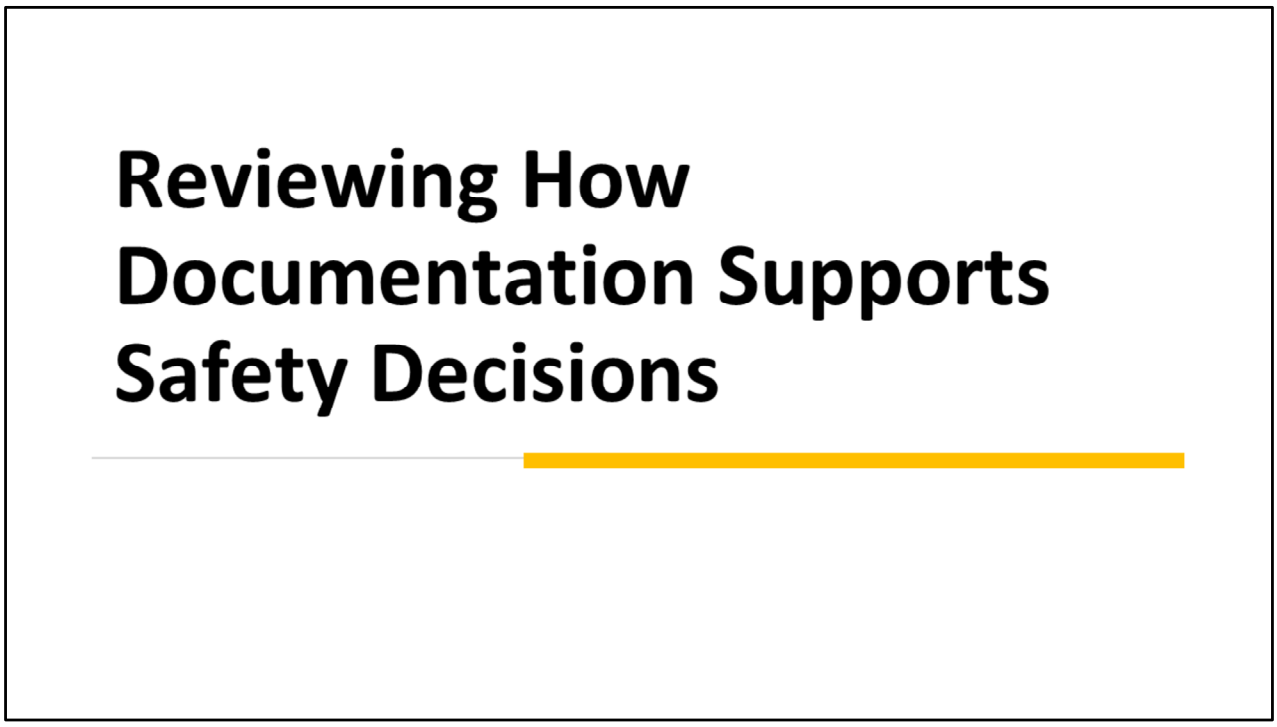
Objective examples:
- "Charlotte stated…"
- "Jasmine had not received medication…"
- "Charlotte refused…"

Key Points: (ensure the following are covered)
- Documentation must be factual and objective.
- Safety decisions must be supported by observable information.
- Threats to safety should be clearly articulated.
- Specialists should avoid vague or emotionally driven language.

Facilitator Notes:
DO NOT: Allow participants to document opinions as facts. Don't accept vague wording like: "Unsafe home," "Bad parenting," or "Crazy behavior."
DO: Push for: Specificity. Behavioral descriptions. Objective observations.

This activity is intentionally preparing participants for Day 5:
- Documentation fundamentals.
- Narrative writing.
- CHRIS documentation.
- Court-related documentation thinking.

Say:
Let's review the documentation approaches you used and discuss how documentation supports investigative decision-making.



REVIEWING HOW DOCUMENTATION SUPPORTS SAFETY DECISIONS

Time: 15 minutes
Purpose: To help participants reflect on how investigative decisions are supported through objective documentation, clear articulation of threats to safety, and accurate description of observable behaviors and conditions.

Participant Manual: CFS-411: Affidavit
Facilitator Resource: PUB 357: Child Maltreatment Investigation Determination Guide

Activity Set Up:
- Whole group discussion.
- Participants keep CFS-411 available.

Activity Instructions:
1. Discuss documentation approaches used during the activity.
2. Reflect on:
    - Strengths
    - Challenges
    - Areas needing clarification

3. Connect documentation to investigative decision-making.

Say:
Documentation plays a critical role in supporting investigative decisions and explaining why certain actions were necessary to protect children.

Throughout this investigation, you gathered information from multiple sources, reassessed safety threats, developed and revised safety plans, responded to escalating conditions, and ultimately determined that protective custody was necessary.

The information gathered throughout that process must now be documented clearly and objectively so that others reviewing the case can understand:

- ***What occurred.***
- ***What threats to safety were identified.***
- ***What actions were taken.***
- ***Why were those actions necessary.***

As we debrief this activity, focus on how documentation either strengthened or weakened the ability to support the decisions that were made.

Facilitator Questions: (ask the following questions and validate responses)

- What information was most important to document?
- What documentation challenges did your group experience?
- What examples of objective documentation worked well?
- What wording became too vague or opinion-based?
- How did the documentation connect back to the threats to safety?

Facilitator Answers:
Participants may identify:

- Difficulty separating facts from assumptions.
- Need for behavioral descriptions.
- Importance of chronological organization.
- Importance of documenting direct statements.
- Clear connection between behaviors and safety threats.

Strong examples may include:

- Direct caregiver statements.
- Observable conditions.
- Specific actions and refusals.
- Concrete safety concerns.

Key Points: (ensure the following are covered)

- Documentation must support investigative decisions.
- Observable information is stronger than conclusions or labels.
- Threats to safety must be clearly described.
- Documentation should be objective, factual, and behavior-focused.

Facilitator Notes:

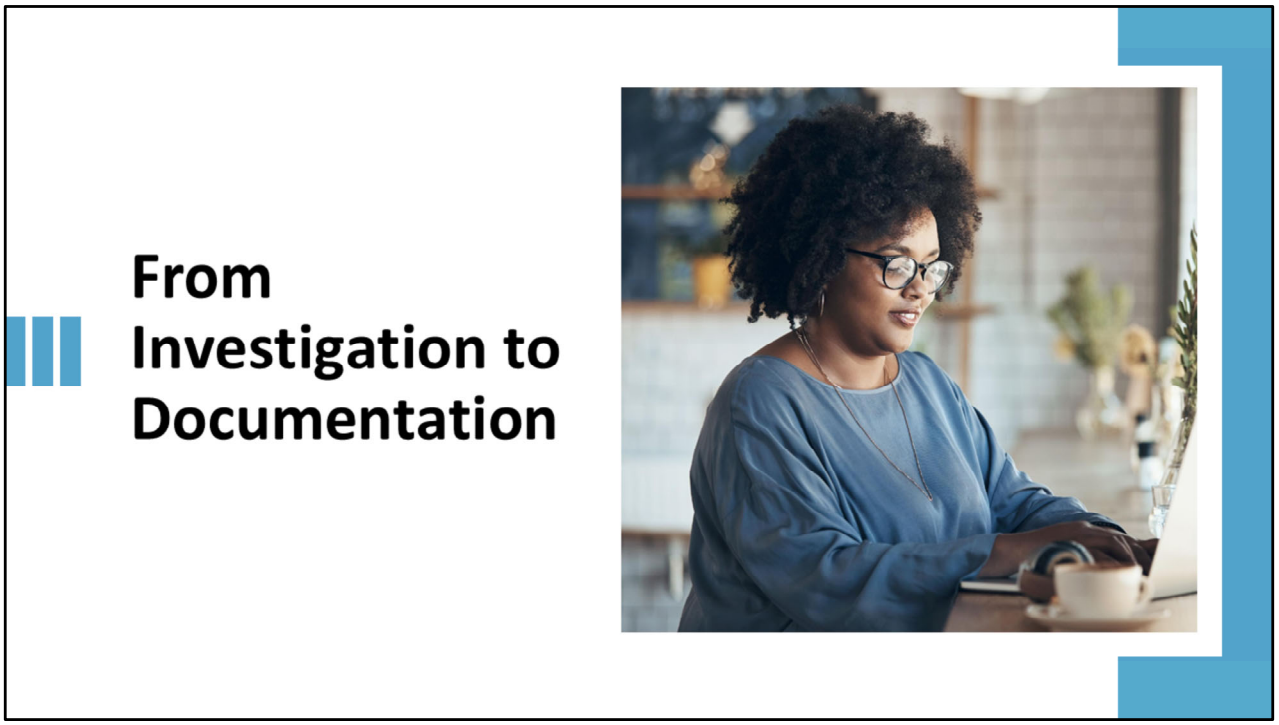
- **DO NOT:** Turn this into a grammar correction. The focus is not on "perfect writing".
- **DO:** Focus on: Clarity. Objectivity. Decision support. Reinforce to the participants that documentation tells the story of the investigation.

IMPORTANT:

Participants should leave understanding that documentation is what supports and explains investigative decisions after the field response ends.

Say:

As we close Day 4, take a moment to reflect on how investigative decisions evolved throughout the case.



FROM INVESTIGATION TO DOCUMENTATION

Time: 10 minutes
Purpose: To close Day 4 by reflecting on how investigative decisions evolved throughout the case and prepare participants for Day 5's focus on documentation, narrative writing, and CHRIS documentation practices.

Activity Set Up:

- Whole group reflection discussion.
- Participants remain seated at their tables.

Activity Instructions:

1. Reflect on:
    - How the investigation evolved.
    - How decisions changed over time.
    - What information impacted decision-making?
2. Discuss:
    - Lessons learned.
    - Challenges experienced.
    - Documentation connections.

Say:
Today's investigation scenario required you to gather information, reassess safety

threats, evaluate safety plans, respond to escalating conditions, and ultimately make difficult decisions to protect children. Throughout the day, the situation continued to evolve as new information became available and circumstances changed. This reflects the reality of investigations, where specialists must continually reassess conditions and adapt their decisions based on the information available at the time.

You also began documenting those field decisions by identifying the observations, behaviors, and safety concerns that supported your actions throughout the case. Tomorrow, we will continue building on this work by focusing more deeply on documentation fundamentals, objective narrative writing, and the documentation of investigations within CHRIS.

Facilitator Questions: (ask the following questions and validate responses)

- How did your decision-making change throughout the investigation?
- What information most influenced your decisions?
- What parts of the investigation felt most challenging?
- How did documentation connect to the decisions you made?
- What lessons from today will help you move forward?

Facilitator Answers:
Participants may identify:

- The importance of reassessment.
- The impact of escalating caregiver behavior.
- Difficulty balancing safety and engagement.
- Importance of objective documentation.
- The need to clearly connect facts to decisions.

Key Points: (ensure the following are covered)

- Investigations evolve over time.
- Safety decisions must adapt as conditions change.
- Documentation supports and explains decisions.
- Objective documentation is critical to investigative practice.

Facilitator Notes:

- End the day with: Reflection. Validation. Forward focus.
- Reinforce to the participants their growth in investigative thinking.
- Begin building anticipation for:
  → Day 5 documentation work.
  → Narrative writing.
  → CHRIS Lab.

Say:

This concludes Day 4. Thank you for your participation and engagement throughout today's activities. Tomorrow we will focus on documentation and narrative writing.

TARGET OUTCOMES EVALUATION

Time: 2 minutes
Purpose: To assess the learning outcomes for this training day

Facilitator Note: Before ending the day, direct participants to the QR code on the slide. Participants will need to use their phones to scan the code to complete the section target outcomes evaluation in Qualtrics.