



Assessing Impending Danger



Assessing Impending Danger

Estimated Time 12 Hours

Order/Overview

DAY 1: Start Time 9:00

1. Introduction:
 - a. Pre-Test
 - b. Learning Objectives for Training
2. Session 1: Foundational Knowledge: Review of Methodology
 - a. Review Case Flow and Objectives of Flow
3. Session 2: Danger: Present vs. Impending Danger
 - a. Differentiating Present and Impending Danger
4. Session 3: Information Collection: Information to Inform the FFA-Danger Threats and Caregiver Protective Capacities
 - a. Information Collection
 - i. Domains
 - ii. Protocol
5. Session 4: Danger Threats and Caregiver Protective Capacities
 - a. Danger Threats
 - i. Family Conditions and the Danger Threshold Criteria
 - b. Caregiver Protective Capacities

6. Session 5: Assessing for Impending Danger: Assessment and Worker Competencies and Skills
 - a. What it Takes?
 - i. What an Assessment is and is not?
 - ii. 5 Worker Competencies for Information Collection
 - iii. Self Assessment of Competencies
 - iv. Practice Assessment skills and competencies for assessing
7. End of Day Take Away and Plan for Day 2:

DAY 2:

8. Welcome Back
 - a. Thoughts or questions from yesterday
 - b. Review and overview of day
9. Session 6: Sufficient Information Drives Decision Making
10. Session 7: Case Application
11. Session 8: Questions and Review
 - a. Wrap Up of Two Days
 - b. Post Test and Training Evaluation Completed

Logistics

- Flip chart/markers
- LCD projector and screen
- Computer and Audio for Video
- Internet Connection for Video

Workshop Introduction

- ▶ Context for the Training
- ▶ Training Related to Implementation of Safety Decision Making Methodology
- ▶ Fidelity of the Ongoing Family Functioning Assessment
 - Philosophy of practice
 - Intervention purpose and framework
 - Conceptual and criteria basis for practice and decision-making
 - Process, practice and outcomes



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Workshop Introduction

Slide Purpose:

1. This slide is intended to provide the background as well as the context for this training session.
2. The introduction should provide an explanation for this training within the larger context of what is happening with respect to supporting the implementation of a systematic safety assessment practice that engages families.

Trainer Narrative: SHARED LANGUAGE and MUTUAL UNDERSTANDING!!!

1. The “Safety Methodology” emphasizes:
 - a. A common language for safety assessment;
 - b. A common set of constructs for identifying children who are unsafe;

- c. A common set of constructs that guide non-negotiable safety interventions and remediation for unsafe children;
 - d. A common set of constructs that guide development of case plan outcomes that are focused on change.
- 2. Safety Methodology practice, information collection and decision-making provides the essential foundation of all intervention that occurs as part of the Safety Methodology and continues throughout our engagement with families.
- 3. This training is one activity within a larger strategy plan to assure that the Safety Methodology is implemented with fidelity.
 - a. (*Fidelity* refers to standardized practice and decision-making that is performed and occurs in the field as originally designed and intended.)

Participant Introductions



Module 1

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Introductions

Slide Purpose:

1. The trainer should introduce himself or herself.

Trainer Narrative:

1. Begin by the trainer providing his or her own introduction.
2. Introduce yourself; indicate experience in child welfare and in training.
3. Mention personal experience, interest and preparation related to Safety Methodology and leading this workshop.

Activity/Exercise:

1. Participant Introductions.
 - a. The trainer may choose to develop a warm-up approach to introductions or simply conduct the introductions straight out.
 - b. Participants should indicate who they are, their agency, their position, and their experience.
 - c. Sometimes it is useful to ask participants to also indicate expectations they have for the training.

Workshop Training Objectives

As a result of this training, participants will be able to:

- ▶ Differentiate between impending and present danger;
- ▶ Identify the five core competencies of information collection to inform the Family Functioning Assessment;
- ▶ Identify safety threshold criteria and significance in justifying impending danger;
- ▶ Identify and practice assessment skills utilized when assessing impending danger;
- ▶ Practice assessing impending danger using case scenarios.



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Workshop Training Objectives

Slide Purpose:

1. To introduce workshop-training objectives.

Trainer Narrative:

1. The purpose for the workshop is to review the intervention approach for ongoing case management (specifically related to the Ongoing Family Functioning Assessment and assessment of caregiver protective capacities).

Exercise/Activity:

1. Review objectives with participants, reinforcing the concepts that were acquired in the previous trainings as a foundation for the training.

Workshop Agenda



Agenda

Trainer Handout:

1. **Agenda. Located in the participant guide, page 4.**

Activity/Exercise:

1. Review the agenda.
2. Address any facility or workshop logistics concerned with the daily schedule, room or building instructions, etc.

Assessing Impending Danger

Office of Child Welfare In-Service Training

Agenda

Day 1: 9:00-4:30

Introduction-

Pre-Test

Learning Objectives for Training

Session 1: Foundational Knowledge: Review of Methodology

Review Case Flow and Objectives of Flow

Session 2: Danger: Present vs. Impending Danger

Differentiating Present and Impending Danger

Break

Session 3: Information Collection: Information to Inform the FFA-Danger Threats and Caregiver Protective Capacities

Information Collection

Domains

Protocol

Lunch 11:45-1:00

Session 4: Danger Threats and Caregiver Protective Capacities

Danger Threats

Family Conditions and the Danger Threshold Criteria

Caregiver Protective Capacities

Break

Session 5: Assessing for Impending Danger: Assessment and Worker Competencies and Skills

What it Takes?

What an Assessment is and is not?

5 Worker Competencies for Information Collection

Self-Assessment of Competencies

Practice Assessment skills and competencies for assessing

End of Day Take Away and Plan for Day 2

Day 2: 9:00-4:00

Welcome Back

Thoughts or Questions from Yesterday

Review and overview of day.

Session 6: Sufficient Information Drives Decision Making

Break

Session 7: Case Application

Lunch 11:45-1:00

Session 8: Questions and Review

Wrap Up of Two Days

Post Test and Training Evaluation Complete

Baseline Knowledge Assessment

- ▶ Inform training and development;
- ▶ Provide feedback to trainer;
- ▶ Measure change.



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Baseline Knowledge Assessment

Slide Purpose:

1. Information to participants to inform assessment.

Trainer Narrative:

1. What is provided during this training depends on other knowledge and other skill which each of you bring to the process.
2. Training focuses on individual knowledge of essential concepts that underpin safety intervention practice and decision-making.
3. The curriculum objectives are to enhance professional growth and development of child welfare staff, by increasing competence; confidence and expertise in crafting case plan outcomes.
4. Inform participants that this is not a test but, rather, a gauge of their knowledge base.

5. The assessment will be used to inform further staff development activities at a statewide and individual level for participants.
6. In addition, we will reflect back upon their answers at the conclusion of the training.

Activity/Exercise:

1. **Hand out the competency pre-test assessment for participants.**
 - a. **Loose Handout.**
2. Allow participants 15 minutes to complete the worksheet.
3. Have participant's hand in their worksheets to the facilitator.

TRAINER VERSION

1. Sufficient information is:
 - A) Information that gives us a full picture.
 - B) Relevant to the particular information domain.
 - C) Pertinent to the information domain.
 - D) Adequate and gives us confidence about conclusions.
 - E) **All of the above.**

2. The initial risk assessment is completed:
 - A) When the hotline is received by the CPI.
 - B) For each parent, regardless of their household.
 - C) Only when children are safe.
 - D) **At the conclusion of the family functioning assessment.**
 - E) At any time during the assessment.

3. Which of the following is not one of the safety threshold criteria?
 - A) Immediate
 - B) Potentially severe
 - C) Out of control
 - D) **Protective capacity**
 - E) Observable

4. A negative family condition is always a danger threat.
 - True
 - False**

5. Assessing for impending danger is contingent upon:
 - A) Sufficient Information collection.
 - B) Worker Competencies and Skills.
 - C) Having a present danger plan in place.
 - D) Whether or not we can file a dependency petition.
 - E) **A and B Only.**

6. Which of the following best defines impending danger?
 - A) **A child being in a state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child**
 - B) An immediate, significant, and clearly observable family condition that is actively occurring or in process of occurring at the point of contact with a family and will likely result in serious harm to a child, therefore requiring a prompt CPS response
 - C) Negative family conditions and/or circumstances that place a child at risk of maltreatment
 - D) The point at which a negative family condition gets worse
 - E) It is the same as present danger.

7. Assessing is:

- A) Timely.
- B) A one-time occurrence to complete the Ongoing Family Functioning Assessment.
- C) **Continual and dynamic.**
- D) Record based information collection.
- E) Completed without the family.

8. Getting information about objects, events, moves, attitudes and phenomena using one or more senses is:

- A) Being alert.
- B) Asking a lot of questions.
- C) **An essential skill of Case Managers.**
- D) **Observation.**
- E) C and D.

9. Which of the following statements best discriminates between Present Danger and Impending Danger?

- A) **Present Danger is immediate, significant, & observable; Impending Danger is imminent.**
- B) Present Danger is immediate but not observable; Impending Danger is a danger pending report.
- C) Present Danger is imminent but not observable; Impending Danger is immediate and significant.
- D) None of the above
- E) All of the above

10. The information collection protocol outlines that the first interview should be:

- A) The parents.
- B) The siblings.
- C) **The alleged victim(s).**
- D) The maltreating parent/caregiver.
- E) The non-maltreating parent/caregiver.



Session 1

Foundational Knowledge: Review of Methodology



Foundational Knowledge: Review of Methodology

Session 1:

Slide Purpose:

1. To provide an overview of Session 1.

Trainer Narrative:

1. Provide a brief overview of Session 1.
2. Inform participants that prior to beginning Session 1 that we will be challenging our knowledge base and recall from previous training and application of methodology.

Family Functioning Assessment (FFA)

Purpose	Practice Objectives
<ul style="list-style-type: none">Identify families in which <u>children are unsafe</u> and in need of ongoing protective supervision (whether non-judicial or judicial in-home or out of home)	<ul style="list-style-type: none">Determine children who are unsafeProtect children who are unsafeEstablish and manage safety plansConfirm the occurrence of maltreatmentIdentify problems associated with impending danger threats and caregiver protective capacitiesRefer families for community-based supports based upon risk assessment determination



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Purpose and Objective of the Family Functioning Assessment

10 Minutes

Slide Purpose:

- Provide the visual foundation for FFA.

Trainer Narrative:

- The purpose of the family functioning assessment:
 - To determine whether ongoing case management child protective intervention is required.
- Provide Narrative that reinforces the concept of ‘non-negotiable.’ Reinforce that as CPIs and as Case Managers we can’t walk away from situations where we have determined that a child is unsafe even if, during our work with the family, a family arrangement is determined to be effectively utilized.
- Provide the objective of the FFA to participants:

- a. The objective of the FFA is to determine if what is happening in the family meets the definition for “safe” or “unsafe.”
 - b. To rule in or out families where children are unsafe.
 - c. Ultimately, to determine Department of Children and Families MUST serve through full case management, distinct from prevention or diversion/family preservation/family support type services.
4. Provide contextual foundation for the Family Functioning Assessment:
 - a. Begin with the emphasis of the FFA being specialized with respect to purpose, authority, and the limits (focused primarily on safety) in what is done.
 - b. The Family Functioning Assessment design, structure, order of information presentation practice philosophy, practice concepts and criteria are intended to result in a common framework for safety assessment and decision making to consistently identify child, parent/caregiver, and/or family needs which require protective supervision or community-based supports.
5. Reinstate the definition of the family functioning assessment as being precise and focused, with the purpose of outcome of identifying unsafe children utilizing the same definitions and process to make that determination.
6. The Family Functioning Assessment is a process that is designed to assess the pervasiveness or on-going “state of danger” that characterizes the household that the child is living in.
7. In order to determine safety for children, we also must ensure we are focused on the right household.
8. Transition to next slide.

“Focus” of the Family Functioning Assessment

▶ Focus

- Whom are we assessing?
- What Household are we focusing on?



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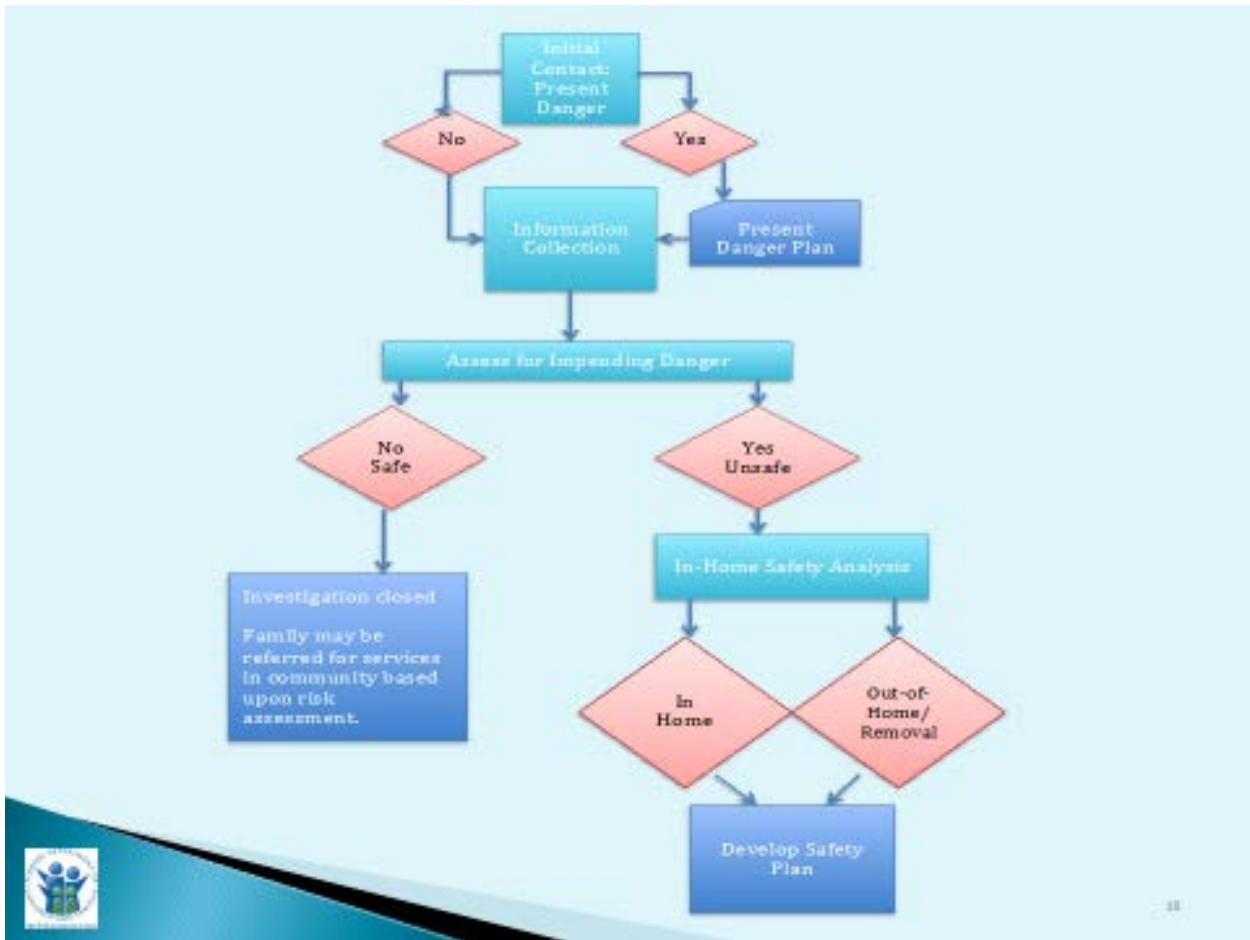
Focus of the Family Functioning Assessment

Slide Purpose:

1. To articulate the focus of the family functioning assessment through clearly identifying the household of focus.

Trainer Narrative:

3. The focus of our assessments, and purpose of our interventions remains constant-the household where the alleged maltreatment has occurred and where we must determine if children are or are not safe.
4. This focus begins at hotline and continues through the course of our work with families.



Safety Decision Making Flow Chart: CPI

Slide Purpose:

1. To provide the visual for the safety decision making case flow process for completing the family functioning assessment.

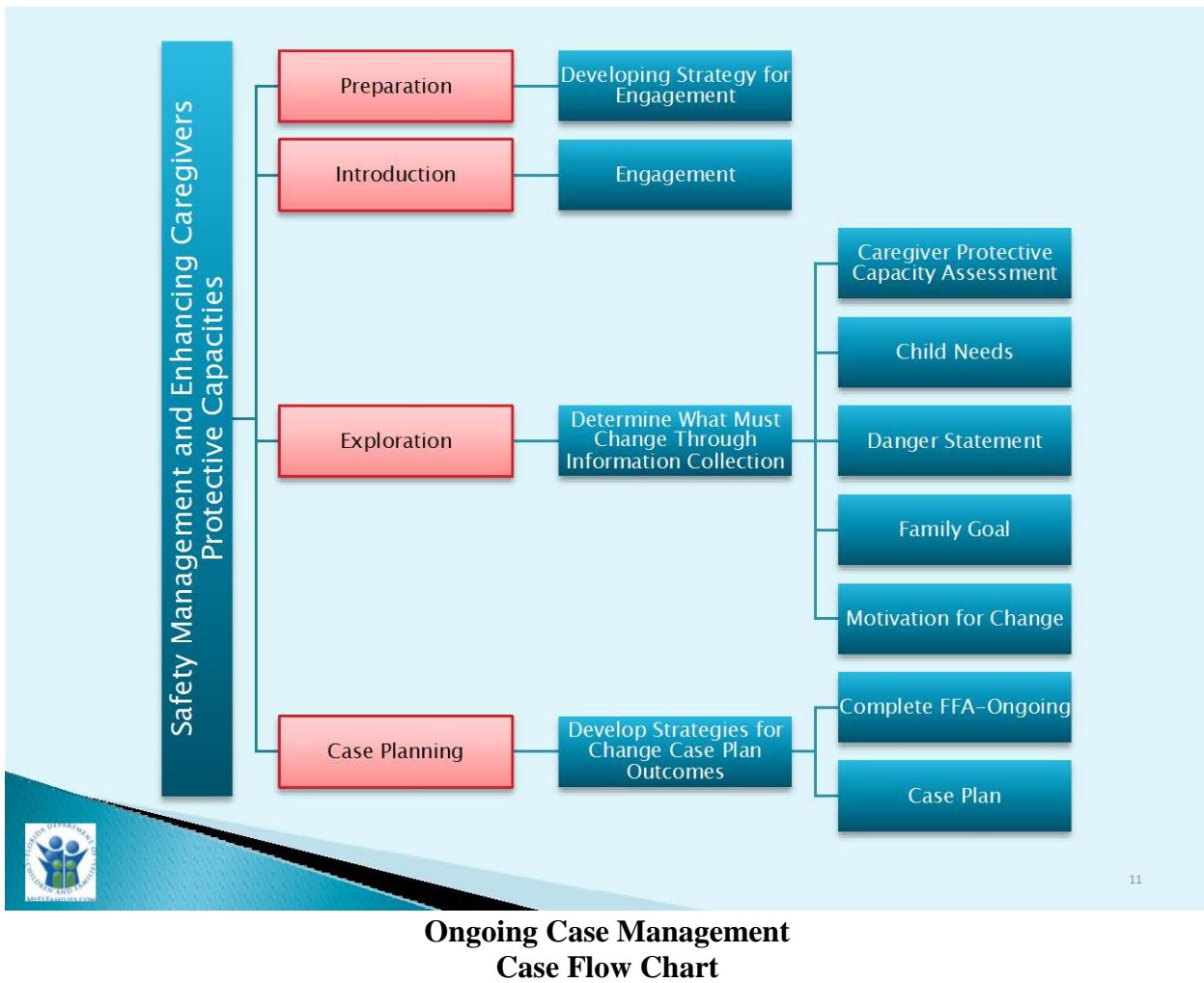
Trainer Narrative:

1. Reinforce with participants that the safety decision-making flow chart represents the essential safety decisions that must occur during the initial family functioning assessment conducted by the CPI.
2. Reinforce the need to remain “within the lines” for decision-making.

3. The Safety Methodology is focused on ensuring that the “right” families are being served through case management services.
Meaning unsafe children.
4. Therefore there must be precision in the decision-making for children and families.

Exercise/Activity:

1. Guide participants through a brief review of the case flow chart—decision by decision.



Slide Purpose:

1. Ongoing Case Management Initial Family Functioning Assessment Case Process.
2. The purpose of this slide is to provide an overview of the ongoing case management intervention stages and case flow process for the initial-ongoing family functioning assessment.
3. This is the assessment that is done after families are transferred to ongoing case management.

Trainer Narrative:

1. Inform participants that this flow chart provides a visual for the transition from CPI to Case Management through providing an overview of the initial ongoing family functioning assessment

process.

2. Remind participants that this process will be used for all new families who are receiving case management services.
 - a. This process informs the development of the case plan outcomes while maintaining safety for children.

Essential Skills for CPI/CM

- ▶ Engagement
- ▶ Teaming
- ▶ **Assessment/Understanding**
- ▶ Planning
 - Present Danger Plan
 - Safety Plan



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Essential Skills: CPI/CM

Slide Purpose:

1. To inform participants of the essential knowledge and skills for Child Protective Investigators and Case Managers in assessing for impending danger.

Trainer Narrative:

1. Regardless of whether we work as Child Protective Investigators or as Case Managers, we must be aware of the skills needed for assessing impending danger and working with families.
2. There are three core competencies in the understanding of the knowledge and skill necessary for the CPI and Case Manager.

(1) **Must** possess the knowledge and skill set to address the concepts that are fundamental to Safety Methodology, in particular:

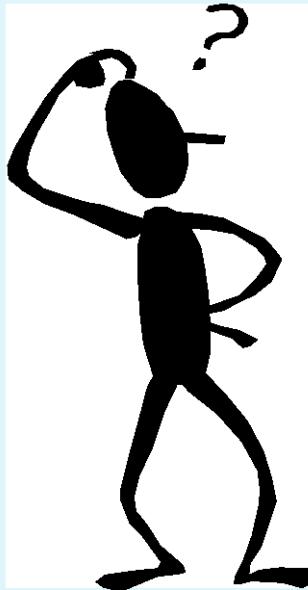
- a. Knowledge of present and impending danger;
- b. Knowledge of the purpose for present danger plans;
- c. Knowledge of the purpose for safety plans;
- d. The ability to develop and implement sufficient present danger plans and safety plans;
- e. The ability to engage caregivers in conversations and conduct interviews;
- f. Ability to collect sufficient information for decision making;
- g. Knowledge of the dynamics of child maltreatment;
- h. Knowledge of and ability to identify diminished and enhanced protective capacities to inform safety decision and ultimately case planning.

(2) Must possess the skills associated with engaging families regarding information collection.

(3) The CPI and Case Manager must know the standards for information collection, such as the information collection protocol and the intervention standards in case management.

3. Throughout the next day and ½ we will be discussing the process of engaging and assessing for impending danger. We will also be reviewing the information collection protocol and practicing our assessment and engagement skills through case applications.
4. Transition to next slide.

Questions?



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Questions?

Slide Purpose:

1. To provide a breaking point for participants to ask questions or to explore if further clarification is needed.

Trainer Narrative:

1. Inquire of participants if there are any questions that need clarification.
2. Proceed to answer any questions, providing clarification as needed.
3. Inform participants that during Session 2 we will be focusing on the review of what is present and impending danger.
4. Transition to next slide.



Session 2

Danger: Present vs. Impending Danger



Danger: Present vs. Impending Danger

Session 2 Time: 45 Minutes

Slide Purpose:

1. Introduction slide for Session 2.

Present Danger

- ▶ Evaluating child safety at initial contact and throughout engagement.
- ▶ An immediate, significant and clearly observable family condition occurring in the present tense, endangering or threatening to endanger a child and therefore requiring prompt CPS response.



Present Danger?



Present Danger

Slide Purpose:

1. To provide the visual for the definition of present danger (Slide 1)
2. To provide a visual for discussion points of present danger (Slide 2)

Trainer Narrative:

1. Review present danger definition with participants.
2. Emphasize the key words in this definition are:
 - a. **Immediate** - This means that what is happening in the family is affecting the child now. You are in the midst of the danger the child is subject to. The threatening family condition is in operation.
 - b. **Significant** - Referring to a family condition, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. Can you get the feeling for what we are saying here about significant? The family condition exists as a dominant matter that must be dealt with. As we look at examples of present danger threats, the idea of significant will come through to you.

c. **Clearly Observable** - Present danger family conditions are totally transparent. You see and experience them. There is no guesswork. A rule of thumb is: If you have to interpret what is going on, then it likely is not a present danger. If the Avon Lady can see it and know it---it is present danger.

3. Present danger, the dangerous situation is in the process of occurring, which means it might have just happened (e.g., child presents at the emergency room with a serious unexplained injury); is happening (e.g., an infant is left unattended in a parked car with outside temperatures of 105F); or happens all the time and is reasonably expected to happen again immediately or in very near future (e.g., young children (7, 5, 3) were left home alone every night from 10p – 7a) for the past 2 weeks while mom goes to work, were left home last night and will be left again tonight).
4. In present danger, the danger threat is active—it exists or is occurring.
5. When children are in present danger, the fact of danger itself is sufficient for you to act—intervene.
6. Intervention must be immediate—the very day it is encountered-- an immediate, same-day DCF (investigator during investigations or case manager during ongoing services) protective action.
7. Ask participants to identify situations or behavior examples of present danger.
 - a. Examples such as: Young child (ages 0-2) who is currently unsupervised and no parent/caregiver are present; child who has a skull fracture and parents/caregivers are not able to provide an explanation that is reasonable.
8. Transition to next slide.
9. Ask participants to consider themselves the person taking this photo-facing three bears on the road in front of them.

10. Inquire if they believe that they were in present danger at that time? Ask them to qualify their decision using the key words of the present danger definition: Immediate, significant, and clearly observable.
11. Confirm with participants that in fact you are in present danger.
12. Three bears, you on the road, bears tend to not be warm and fuzzy and seeking to just give you a hug.
13. Most of us would take some sort of action—we don't need to know any more about the bears or the situation to take action.
14. This is not to say that all present danger will be as transparent of the bears on the road.
15. We will talk more about the assessing of present danger in this session, but first let's explore the difference between present danger and impending danger.
16. Transition to next slide.

Impending Danger

- ▶ Child living or being in a position of continual or pervasive danger.
- ▶ Threats are not immediate, obvious or active at the onset of investigation.
- ▶ Are identified and understood upon gathering sufficient family functioning information.



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The Train was Coming--



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Impending Danger

Slide Purpose:

1. The purpose of the slide is to provide the definition of impending danger (Slide 1).
2. The purpose of the slide is to provide a visual for discussion of impending danger (Slide 2).

Trainer Narrative:

1. Review definition of impending danger with participants.
2. Ask participants what they notice about the manner in which impending danger is described in the slide.
3. How does impending danger differ from present danger?
4. Why the distinction between present and impending danger:
 - a. Present and Impending Danger manifest within a family differently. Present danger is active and in the process of happening. A child that is in danger constantly, versus a child that is always subject to danger, impending danger.
5. Impending danger and the determination of impending danger as based upon gathering information to understand how danger

manifests within the household.

6. Information along the six domains informs the danger threats based upon what we know about how the family functions, how as adult's parents may or may not be acting, and as parents how their parenting may result in children being in danger.
7. Whether or not the train is on the danger tracks
8. Transition to next slide.
9. Unlike at present danger, we know more about the family dynamics, the underlying family conditions and ultimately how danger is manifested.
10. The information we gather during the family functioning assessment informs us regarding the danger—so that we can take action that is focused and will ensure child safety—avoiding the train crash or the bear mauling.
11. We emphasize this distinction here, as present danger and impending danger are different.
12. A family may have been in present danger and not be unsafe at the conclusion of the FFA and vice versa.
13. In addition, how we respond to children that are in danger is dependent upon the danger we have identified.
14. This training will only be focusing on present danger—we will encourage you to stay within the present danger assessment process throughout today and in your practice.
15. Present is qualified using a set of standardized danger threats to assist us in understanding the danger that is occurring.
16. Transition to next slide.

How Do We Know When Danger Has Crossed the Danger Threshold?



How Do We Know When Danger Has Crossed the Danger Threshold?

Slide Purpose:

1. The purpose of this slide is to solicit the participant's recollection of the impending danger threshold, and to engage the participants in a discussion regarding information collection to inform the danger threshold criteria.

Trainer Narrative:

1. Inquire of participants "How do we know when danger has crossed the danger threshold?"
2. Seek responses such as:
 - a. Information Collection is sufficient and the information supports the danger threshold criteria.

- b. The danger threshold criteria of observable, imminent, vulnerable child, out of control, and severity have been met through the information collection.
3. Reinforce with participants the concept that the assessment of impending danger is based upon gathering sufficient information to clearly identify the threat and how the threat is manifested within the home-knowing what is out of control, how the child (ren) are vulnerable, knowing the anticipated times when danger presents, and identifying the propensity for harm that is severe to occur should no action be taken.
4. We do this through our information collection.
5. Inquire of participants if they have any questions or comments.
 - a. Clarify any questions or comments raised by the participants.
 - b. Inform participants that we will be transitioning to Session 3 where will be discussing information collection.
6. Provide participants, if time is appropriate, a 15-minute break before moving to Session 3.



Session 3

Information Collection: Information to Inform the FFA-Danger Threats and Caregiver Protective Capacities



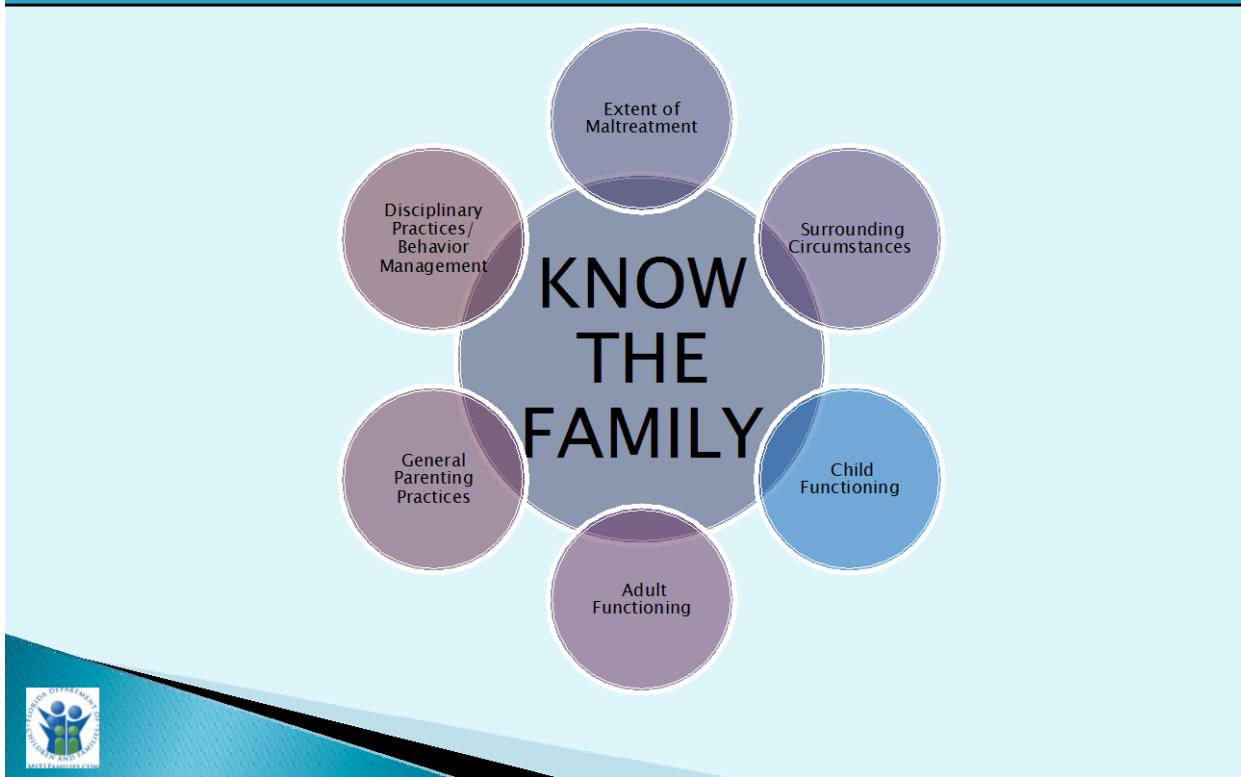
Danger: Present vs. Impending Danger

Session 3 Time: 1 Hour

Slide Purpose:

1. Introduction slide for Session 3.

Information Collection



Information Collection

Slide Purpose:

1. This slide represents the six domains of information collection.
2. This is a visual representation of the domains for participants.

Handout:

1. The Foundation of Safety Assessment: Domains of Information Collection, located in the participant guide on page 15.

Trainer Narrative:

1. It is crucial to emphasize that sufficient information collection is the **most essential ingredient for effective decision-making**.
2. There must be an appreciation that the ability to make effective decisions is directly dependent on the extent of information that is available for workers to analyze and determine significance.
3. Information collection among hotline assessment, CPI assessments, and case management assessment and decision-

making processes (nationally) are consistently found to be lacking and cursory in terms of scope and detail.

4. This contributes to rework, repeat investigations, poor resource management, lack of respect for the family to truly ‘help’ them achieve accountability and sustainability, etc.
 - a. Often information collection for determining whether a child is unsafe in child protective investigations tends to isolate on content related to incidences of maltreatment (did something happen, was it abuse/neglect by a caregiver responsible, who did it, when did they do it)?
 - b. Typically there is far less attention given to the day-to-day functioning of children and caregivers in a family, the ‘why’ of maltreatment, the underlying conditions contributing to maltreatment without which true and sustainable change is not possible.
5. Assessing for impending danger requires that we move beyond the maltreatment that is symptomatic of family problems and issues that may often be insidious and not so readily apparent and obtain sufficient information about child functioning, adult functioning, and caregiver performance in order to be able to understand what is occurring in the family day in and day out.
6. Inquire of participants (at random)-using their own words what the focus or purpose of each domain is. Begin with Maltreatment and proceed through to Parenting Discipline/Behavior Management.

TRAINER NOTE: Use handout to guide conversation as needed.

7. Seek responses for Maltreatment such as- the alleged and identifying maltreatment, the maltreater, injuries to child, other victims.
8. Seek responses for Nature of Maltreatment such as-this is the explanation of how there was or was not maltreatment; the explanation of the maltreater and non-maltreater; the reports from

others about the maltreatment; physical indicators and/or collaterals supporting information as to the presence or absence of maltreatment.

9. Seek responses for Child Function such as-who the child is; their interests; the limitations and things they excel at; what they do for fun; how they get along with their siblings; how they do in school.
10. Seek responses for Adult Functioning such as: relationship history- healthy or unhealthy; how the cope/handle when things are stressful; who do they rely on for support; how they have managed their household; educational background; employment stability; ability to identify strengths and areas of challenges for them.
11. Seek responses for Parenting General such as: how they feel about being a parent; how their children view them as a parent; what they expected in parenting; what they enjoy about being a parent; activities they do with their children.
12. Seek responses for Parenting Discipline/Behavior Management such as: what rules do they set for their children; what is the purpose of the house rules; what are the consequences for breaking rules or for not breaking the rules; how they view their role in discipline; what do the children say about how they are disciplined.
13. Reference participants to their handout located on page 15 in their participant guide.
14. Reinforce with participants their examples they provided as to the domains.
15. Inform participants that the awareness/knowledge as to the domain's intent is paramount in our ability to gather sufficient information.
16. In addition knowledge of the domains is our way to gather sufficient ability to identify and adhere to the information collection protocol.
17. Transition to next slide.

The Foundation of Safety Assessment: Information Collection

1. MALTREATMENT

This question is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The answer to this question also results in a finding/identification of maltreatment (as in an allegation or substantiation of the alleged maltreatment). This question is typically the focus of most hotline reports and investigations. So, it is very important. However relying only on information from this question is inadequate for assessing safety.

Information that answers this question includes:

- Type of maltreatment;
- Severity of maltreatment;
- Description of specific events;
- Description of emotional and physical symptoms;
- Identification of the child and maltreating caregiver;
- Condition of the child.

2. NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment, or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in-and-of themselves and qualify how serious the maltreatment is.

Information that answers this question includes:

- The duration of the maltreatment;
- History of maltreatment;
- Patterns of functioning leading to or explaining the maltreatment;
- Parent/legal guardian or caregiver intent concerning the maltreatment; (assessment of intent re: parenting/discipline vs. intent to harm)
- Parent/legal guardian or caregiver explanation for the maltreatment and family conditions;
- Unique aspects of the maltreatment, such as whether weapons were involved;
- Caregiver acknowledgement and attitude about the maltreatment; and
- Other problems occurring in association with the maltreatment.

3. CHILD FUNCTIONING

This question is concerned with the child's general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day, rather than focusing on a point in time (i.e., CPI contact, time of maltreatment event). A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

Information that answers this question includes:

- General mood and temperament;
- Intellectual functioning;
- Communication and social skills;
- Expressions of emotions/feelings;
- Behavior;
- Peer relations;
- School performance;
- Independence;
- Motor skills;
- Physical and mental health;
- Functioning within cultural norms.

4. ADULT FUNCTIONING

This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This question is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The question here focuses on adult functioning separate of parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history and what that tells us about the

adult's behavior, impulse control, etc.; previous relationships and associated dynamics; and so on.

Information that answers this question includes:

- Communication and social skills;
- Coping and stress management;
- Self-control;
- Problem solving;
- Judgment and decision making;
- Independence;
- Home and financial management;
- Income/Employment;
- Citizenship and community involvement;
- Rationality;
- Self-care and self-preservation;
- Substance use;
- Mental health;
- Family and/or domestic violence;
- Physical health and capacity; and
- Functioning within cultural norms.

5. GENERAL PARENTING

This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction in more substantive ways. When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

Information that answers this question includes:

- Reasons for being a caregiver;
- Satisfaction in being a caregiver;
- Parent/legal guardian or caregiver knowledge and skill in parenting and child development;
- Parent/legal guardian or caregiver expectations and empathy for a child;
- Decision making in parenting practices;

- Parenting style;
- History of parenting behavior;
- Cultural practices; and
- Protectiveness.

6. DISCIPLINE OR BEHAVIOR MANAGEMENT

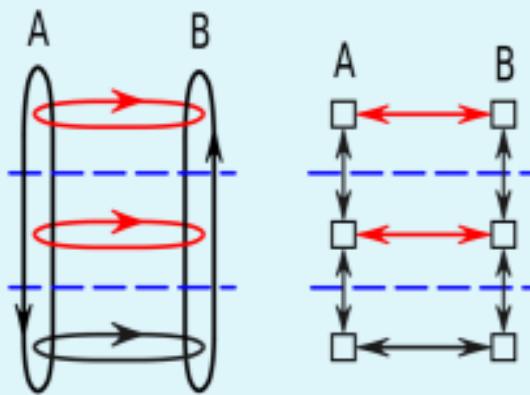
Discipline is considered in a broader context than socialization; teaching and guiding the child. Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

Information that answers this question includes;

- Disciplinary methods;
- Approaches to managing child behavior;
- Perception of effectiveness of utilized approaches;
- Concepts and purpose of discipline;
- Context in which discipline occurs; and
- Cultural practices.

Information Collection Protocol

- ▶ A uniform and systematic approach to information collection supported by agency policies, intervention standards and state of the art child welfare practice that describes how information will be collected and processed.



Information Collection Protocol

Slide Purpose:

1. To introduce information collection through the information collection protocol.

Trainer Narrative:

1. Review slide points with participants.
2. The information collection protocol serves a variety of purposes, and affords not only the worker, but the family several benefits.
3. Review points regarding Purpose and Benefits with participants:
 - a. Provides a systematic protocol that is applied consistently for all of the families that come in contact with the agency.
 - b. Establishes a process oriented information collection that builds and evolves as the interviews proceed. By the time

the maltreating parent is interviewed, a well-established understanding of the family has been gained.

- c. The involvement of all of family/household members creates a much broader understanding of family conditions as opposed to the maltreating/victim point of view.
(Family Centered)
- d. The worker is able to control the nature and direction of the assessment.
- e. Closely following the protocol results in a higher degree of accuracy for good decision-making. Description of case circumstances or inabilities for a worker to have fidelity with the protocol can explain decision-making challenges/errors.
- f. It creates an atmosphere conducive to info collection: elevating the client, controlling self, etc.
- g. Supplies worker with good suggestive/possible sample questions to use from the Information Standard (6 questions) in each of the interviews.

4. The use of the information collection protocol will assist in ensuring that workers are diligently working towards sufficient information collection in a methodical manner.

5. Transition to next slide.

Activity: Information Collection Protocol

- ▶ In small groups of 4:
 - Working in your groups- each group will create the information collection protocol.
 - When Child is at the home upon commencement;
 - When Child is located somewhere else upon commencement (school).



Activity: Information Collection Protocol

Slide Purpose:

1. This slide is to introduce the activity for information collection protocol.

Trainer Note:

1. **There are two options for completing this exercise. The trainer should determine which option is the most appropriate for the group based upon their knowledge and experience.**
2. **Option 1:** In preparation for this exercise the trainer will need to utilize the trainer handout to create packets for each small group to complete the exercise.
3. The handout is used during the information collection activity in Session 3. Participants will work in small groups to complete the

information collection protocol through organizing each of the points within the information collection protocol on a flip chart paper.

4. This is a template for printing additional points for each group.
5. **Option 2:** The trainer may also choose to not provide the prompts to the group and have them complete the exercise utilizing their own recall. The trainer would use flip chart paper for each group to record their responses.

Introduction with Parents	Interview with Identified Child
Interview with Identified Child	Interview with Siblings
Interview with Siblings	Introduction with Parents
Interview with non-alleged maltreating parent/caregiver	Interview with non-maltreating parent/caregiver
Interview with alleged maltreating parent/caregiver	Interview with alleged maltreating parent/caregiver
Closure with Parents	Closure with Parents

Instructions:

This handout is used during the information collection activity in Session 3. Participants will work in small groups to complete the information collection protocol through organizing each of the points within the information collection protocol on a flip chart paper.

This is a template for printing additional points for each group.

Trainer Narrative:

1. We discussed the significance of the information collection protocol, however we have not discussed what the information collection protocol is and the process of the protocol.
2. You may recall from your training that the protocol has two approaches-Inquire of participants what are the two approaches that are outlined in the protocol?
3. Responses sought are when child is in the home at the time of commencement meaning that the location of the child is at home, rather than at school or another location without the parents.
4. And the second approach is when the child is not at the home at the time of commencement-meaning child is at school, daycare, hospital etc.
5. Confirm accurate responses provided by the participants and provide clarification as needed.
6. Inform participants that we will be completing a short exercise to refresh our knowledge regarding the information collection protocol, through creating the protocol within small groups.
7. Proceed to break the groups into small groups and then provide them the instructions for the activity.

Activity Instructions Option 1:

1. Working within your small groups, using the flip chart paper and the points provided, each group will complete the information collection protocol for when the child is at home at commencement and when the child is not at home at the time of commencement.
2. Inform participants that we will have them post their flip chart paper once everyone has completed the activity.
3. Allow groups 15 minutes to complete the activity.

Activity Instructions Option 2:

1. Working within your small groups, using flip chart paper, each group will complete the information collection protocol for when the child is at home at commencement and when the child is not at home at the time of commencement.
2. Inform participants that we will have them post their flip chart paper once everyone has completed the activity.
3. Allow groups 15 minutes to complete the activity.

Activity Report Out



Information Collection Protocol

<ul style="list-style-type: none">▶ Child at Home<ul style="list-style-type: none">◦ Introduction with Parents;◦ Interview with identified child;◦ Interview with siblings;◦ Interview with non-alleged maltreating parent/ caregiver;◦ Interview with alleged maltreating parent/ caregiver;◦ Closure with parents.	<ul style="list-style-type: none">▶ Child not at Home<ul style="list-style-type: none">◦ Interview with identified child;◦ Interview with siblings;◦ Introduction with parents;◦ Interview with non-alleged maltreating parent/ caregiver;◦ Interview with alleged maltreating parent/ caregiver;◦ Closure with parents.
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Activity Report Out

Slide Purpose:

1. To provide a visual for the activity report out.

Trainer Narrative:

1. Ask participants to post their flip chart paper on the wall.
2. Inform participants that as a large group we are going to go over the information collection protocol-reviewing each component as we proceed.

Trainer Note:

1. The focus of this debrief is to ensure that everyone is able to recall the interview protocol for both when children are with their parents and not with their parents during commencement.
2. Additional focus is on the ability for information to be reconciled throughout the process when the protocol is followed.
3. As you provide the debrief of the activity, engage participants in their understanding of each point within the protocol.

Trainer Narrative:

1. Begin with the protocol for when children are at home.
2. Scan the groups responses posted throughout the room, reviewing for accurate protocol points.
3. Engage the participants in inquiring regarding their understanding and/or recall regarding the introduction with parents.
4. Introduction with Parents: The introduction with parents when the child is at the home or in another location where the parents are with the child is to provide the parent with enough information-including their rights-to proceed with the information collection protocol.
- 5. Repeat Process for each of the following points-first asking participants regarding their recall and then proceeding to solicit responses.**
6. Interview Alleged Child: The interview with the alleged child is essential as the first interview, as this is the alleged victim and ensuring first they are not in present danger and then proceeding to information collection along all six domains.
7. Interview with Siblings: The interview(s) with the siblings occurs following the victim interview, as a continuation of information collection. The siblings are also interviewed along all six domains, providing additional information as well as reconciling information obtained from the victim.
8. Interview with non-maltreating Parent/caregiver: This could include household members- in addition to the non-maltreating parent/caregiver. The non-maltreating parent/caregiver is interviewed prior to the maltreating parent/caregiver as a means to gather additional perspectives regarding the alleged maltreatment and to reconcile any information from the victim(s)/sibling(s). The non-maltreating parent/caregiver is also assessed along all six domains and their information is further reconciled with the

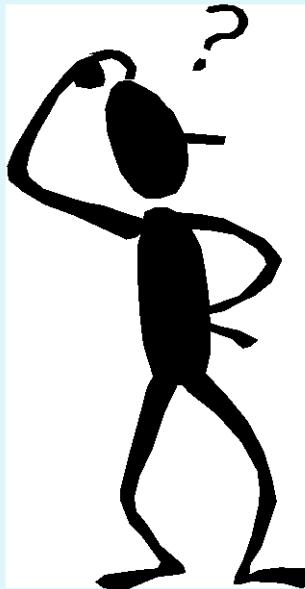
children/victims information for further exploration when interviewing the maltreating parent/caregiver.

9. Interview with maltreating parent/caregiver: The interview with the maltreating parent/caregiver is the “final” interview within the household. The interview with maltreating parent/caregiver utilizes all the information obtained through the previous interviews to reconcile information with the maltreating parent/caregiver, as well as explore all of the six domains.
10. Closure with parents: Closure with the parents provides an opportunity to reconcile any information that was obtained through your interviews as well as provide an opportunity for the parents/caregivers to explore any of their concerns or where they may have questions.

11. Transition to next slide. Slide 2

12. Following the review of the information collection protocol for when children are at home and/or with their parents during commencement, inquire of participants the difference between the two processes of with parents/at home versus the child being somewhere else?
13. Seek answers such as the introduction with parents.
14. Reinforce with participants that the introduction with parents is the difference between the two approaches. The introduction with parents when the child or children have been interviewed should also include the notification of the interview with the child to the parent.

Questions?



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Questions?

Slide Purpose:

1. To provide a breaking point for participants to ask questions or to explore if further clarification is needed.

Trainer Narrative:

1. Inquire of participants if there are any questions that need clarification.
2. Proceed to answer any questions, providing clarification as needed.
3. Inform participants that we will be focusing during Session 4 on danger threats and caregiver protective capacities as they relate to the assessment of impending danger.
4. Transition to next slide.



Session 4

Danger Threats and Caregiver Protective Capacities



Danger Threats and Caregiver Protective Capacities

Session 4 Time: 1.5 Hours

Slide Purpose:

1. Introduction slide for Session 4.

Danger Threats: Qualifying Impending Danger

- ▶ Danger Threats:
 - 11 Danger Threats;
 - Used to qualify/identify impending danger;
 - Descriptions of family conditions have crossed the safety threshold-from safe to unsafe.



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Danger Threats: Qualifying Impending Danger

Slide Purpose:

1. This slide is providing the overview for danger threats.

Handout:

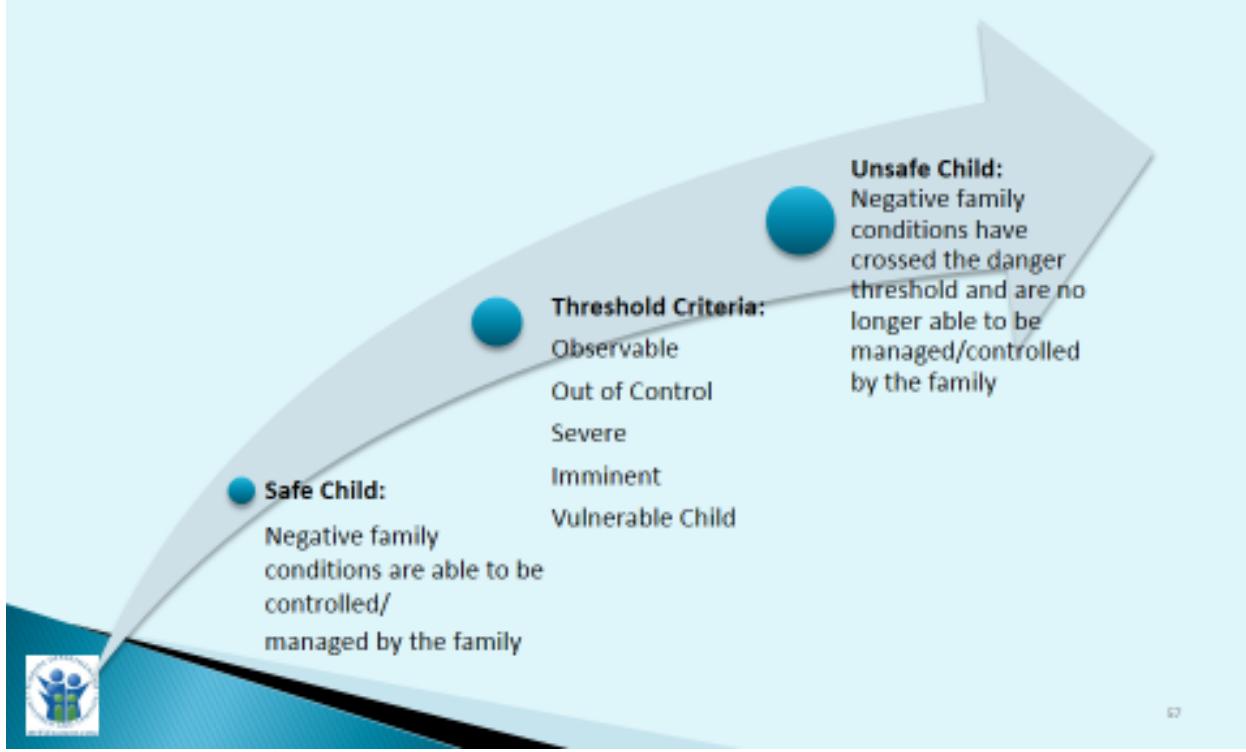
1. **Safety Methodology Reference Guide: Danger Threats-**
Participants should have their reference guides with them at training.

Trainer Narrative:

1. Proceed to review slide points with participants.
2. Emphasize that the threats consist of 11 standardized danger threats that are analyzed based upon the information obtained through the family functioning assessment.

3. The assessment of impending danger is to explore the family conditions that are known and how they manifest to danger for children.
4. We consider the family conditions, along the safety threshold to justify our decision regarding impending danger.
5. Transition to next slide.

Family Conditions: Impending Danger?



Slide Purpose:

1. This slide introduces the concept of family conditions in relationship to the danger threshold.

Trainer Narrative:

1. Participants should be familiar with the term “family conditions.”
2. Family conditions are inherent in all families.
3. Each of us has family conditions some that are more challenging than others.
4. Family conditions are situations and circumstance associated with family dynamics that affect a child (for better or worse).

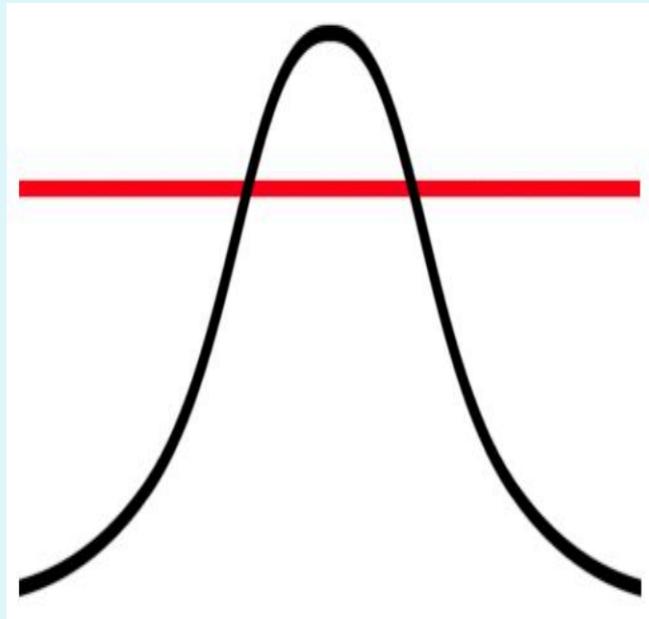
5. Family conditions are influenced by child and/or caregiver behaviors, emotions, perceptions, attitudes, etc. that can have an effect on child vulnerability and safety.
6. Evaluating safety at the conclusion of the Family Functioning Assessment involves going beyond information related to incidence of maltreatment in order to consider conditions that exist (both positive and negative) that are illustrative of child and caregiver functioning.
7. To effectively evaluate impending danger it is necessary to have sufficient information related to the functioning assessment areas: discipline, parenting, adult, and child. This information informs the family conditions that are occurring and allow us to determine if the family condition is dangerous.
8. Emphasize again that the Family Functioning Assessment is an objective and neutral assessment that seeks the condition of families both positive and negative.
9. When family conditions cross the threshold, we consider them to be a dangerous family condition.
10. Dangerous family conditions are associated with safety and absent intervention on the part of someone with protective capacities result in children being unsafe.
11. Ask participants if they know what a threshold is.
12. Participants may say things like:
 - a. A measurable point.
 - b. A line drawn in the sand.
13. Inform participants that a threshold is a cut-off point when something ceases to be one thing and crosses over into something else that is categorically different and has different implications in terms of how it is experienced.
14. The same symbolization is true when considering negative family conditions that, as they are becoming worse, eventually cross over

or change from something that is generally negative to a condition, circumstance, or behavior that is specifically dangerous and unsafe to a child.

15. When gathering and analyzing information during the Family Functioning Assessment, it is necessary to differentiate between family conditions, circumstances, and behaviors that have a negative quality but don't threaten child safety with conditions in a family that have crossed the safety threshold and are imminently dangerous.
16. It is critical to have precision about the threshold for safety, because it defines and prompts DCF intervention related to safety management as well as the focus for ongoing/safety service involvement or change with families.
17. Let's explore the threshold further.
18. Transition to next slide.

Differentiating Family Conditions: Danger Threshold Criteria

- ▶ Observable
- ▶ Out of Control
- ▶ Severe
- ▶ Imminent
- ▶ Vulnerable Child



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Danger Threshold

Slide Purpose:

1. This slide introduces the five danger threshold criteria.

Trainer Narrative:

1. There are five criteria for determining when a family condition meets the safety threshold for impending danger: observable, out of control, vulnerable, severity, and imminence.
2. It is important to understand that all five criteria **must be met** in order for a family condition, circumstance, behavior, and emotion to pose an impending danger to a child.
3. Review the safety threshold criteria.
4. Observable:

- a. Danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.

5. Out of Control:

- b. Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control.

6. Vulnerable:

- c. Dependence on others for protection.

7. Severity:

- d. Severity is consistent with harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment, death.

8. Imminence:

- e. A belief that threats to child safety are likely to become active without delay; a certainty about occurrence within the immediate to near future.

9. The safety threshold criterion is informed through our information collection.

10. All five of the criteria require that we have a good understanding of how the family functions.

11. Specifically identifying if we fully understand the family condition; do we have sufficient information to answer key questions about the family condition.

12. Transition to next slide.

Practice: Negative Family Conditions

- ▶ Working in small groups:
 - Review each scenario;
 - Complete worksheet for identifying criteria of danger threshold for:
 - Observable;
 - Severe;
 - Imminence.



Practice: Negative Family Conditions

Slide Purpose:

1. To provide the instructions for the small group exercise.

Exercise/Activity:

1. Groups of 4-5 participants will complete the exercise.
2. Handout for exercise is located in the participant guide on page 26.

Trainer Narrative:

1. Inform participants that this is a group activity, where they will be reviewing 10 family conditions.
2. The focus of the exercise is to begin to analyze information using the danger threshold criteria of observable, severe, and imminence

as a guide to determine if the scenario is indicative of a negative family condition and if so being able to justify the decision making.

3. Emphasize that we are looking for recognition, knowing that in practice we would have more information from the scenario, as well as the ability to ask additional questions.
4. Review the worksheet with participants prior to breaking into groups.
5. Clarify any questions for participants and review the practice example provided on the worksheet with participants.
6. Inform participants that they will have 30 minutes to complete the worksheet.

TRAINER VERSION

Instructions for Negative Family Conditions

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice analyzing information using the danger threshold criteria to determine if a negative family condition can be qualified using the danger threshold criteria. **This exercise is not intended to identify danger threats. Groups should focus on the analysis of information to identify how specific pieces of information can be analyzed using the danger threshold criteria as guidance.**

Instructions:

1. Working within your small groups, each participant is to review the negative family conditions scenarios.
2. When reviewing the scenario, each participant should be considering:
 - a. Information that supports a family condition;
 - b. Determination if the family condition is a negative family condition that can be qualified using the safety threshold criteria;
 - c. Observable: What is the observable negative family condition?
 - d. Severity: What is the potential for severe harm to the child(ren)?
 - e. Imminence: What is the anticipated timeframe for when the negative family condition occurs?
3. **Following each participant's review of the worksheet, the group will complete the worksheet for the large group report out. Groups should be considering if there is more information that is needed to identify if the condition is observable, severe, and the imminence of the negative family condition.**
4. **If there is not enough information, consider the justification of why the information is not sufficient to draw a conclusion regarding the threshold criteria.**
5. The first one has been completed for you as an example.

<p>1. A parent who continually makes impulsive decisions and plans which leave the children, ages 4 and 5, in precarious situations such as unsupervised or supervised by an unreliable person. The children have been found wandering the street on several occasions during the night by neighbors.</p>	<p>Observable: Children have been observed wandering streets by neighbors.</p> <p>Severity: Children are young, and could be abducted, wander off, get hit by a car.</p> <p>Imminence: Indication that this is not an isolated occurrence, but rather something that occurs frequently-weekly/monthly.</p>
<p>2. Child sustained a cigarette burn as a result of the parent intentionally burning the child to teach them a lesson about stealing. The child, age 12, had been caught stealing cigarettes from the local store. The mother often deploys bizarre forms of punishment for actions the children exhibit. One child was made to walk to school in his underwear for losing his coat and the other child was forced to wear his soiled pajamas for two days as punishment for wetting the bed.</p>	<p>Observable: Burn to child, children's report of actions by parent.</p> <p>Severity: Burn to child, as well as overall concerns regarding neglect and physical abuse that could result in more severe harm.</p> <p>Imminence: Indication that this is the primary form of "discipline" by parent. Employs techniques with all children, not isolated incidents.</p>
<p>3. Domestic abuse occurs in which a child is also assaulted.</p>	<p>Observable: What is meant by assaulted, not clear the incident or incidents. Unclear regarding the events.</p> <p>Severity: No indication of how old child was, what is meant by assault.</p> <p>Imminence: Not clear on what time frame, frequency of occurrences.</p>
<p>4. The family has a history of homelessness due to non-payment of rent. The family has struggled financially in the past and the children have often had to stay with friends for long periods of time. The family has a new residence that was reported to be trashed. The home while cluttered due to the family recently moving into the home, has easily accessible open windows, balconies in upper stories. The children's room, ages 12 and 13, are both clean and age appropriate.</p>	<p>Observable: Home condition was observable, but not to the degree that it justifies that the house is of a condition that is negative. While the family does have a pattern of instability, no clear conditions that are observable for child safety.</p> <p>Severity: No indications or information that supports that the children have been harmed or that they could be harmed by the negative family condition.</p> <p>Imminence: Not enough information to identify if this is a chronic negative family condition for the family or a circumstance of having limited financial resources.</p>
<p>5. Young teenage mother who struggles with how to care for her infant daughter.</p>	<p>Observable: Not clear based upon the information.</p> <p>Severity: No age range for child, however if parent is not feeding the child, that could result in severe harm.</p> <p>Imminence: Not clear on the timeframe or if this is a pervasive condition within the family.</p>

<p>6. The father on occasion has been inconsistent in providing insulin for his daughter's diabetes.</p>	<p>Observable: <i>Inconsistent medication provision, however not enough information to determine the specifics of what this means.</i></p> <p>Severity: <i>Child with medical needs that could result in death if not treated.</i></p> <p>Imminence: <i>Need more information as to the frequency and implications for actions by the father.</i></p>
<p>7. The parents are fearful of government agencies. They have primarily lived off the grid for a number of years. The children are homeschooled and have little contact with family or other friends. The parents fear that due to the DCF call to the home that there will be criminal or civil charges filed and they want to avoid these complications.</p>	<p>Observable: <i>Family is isolated, fearful in their actions and responses to government.</i></p> <p>Severity: <i>Need more information, as to how the parents living off the grid and children being isolated is a negative family condition.</i></p> <p>Imminence: <i>Need more information as to the history of the family, their overall family functioning and what the specific negative family condition would be for the family.</i></p>
<p>8. The father was hospitalized for mental health reasons a number of years ago. He was prescribed medication, however he has never taken it and does not want to take medications. He does not believe in formal mental health treatment and relies upon his relationship with his wife and children to keep him mentally stable.</p>	<p>Observable: <i>Father was hospitalized, does not take medications, and does not receive formal services. No indication of how his mental health is affecting the family.</i></p> <p>Severity: <i>Need more information as to how the father's mental health may impact the safety of the children.</i></p> <p>Imminence: <i>Unclear how his mental health manifests, frequency and outcome. Need more information.</i></p>
<p>9. Mom has been an alcoholic for the past 5 years. The father of the children is deceased. The children, ages 7 and 9, have missed a significant amount of school, are often dirty and unkempt, and the mother has lost her job due to not being able to make it to work due to being drunk or sick from withdrawal from alcohol. The children are often left at the residence with mom, while she is passed out or in her room sick.</p>	<p>Observable: <i>Children's report, observation of the mother. Mother admitted use to alcohol.</i></p> <p>Severity: <i>Lack of care for the children could result in them having negative effects, such as unhealthily household conditions, lack of food and supervision.</i></p> <p>Imminence: <i>Pattern of behavior that appears to be declining over the course, resulting in impacts to overall family and adult functioning.</i></p>
<p>10. Both parents are developmentally delayed. They both are involved in services with local agencies to provide for vocational training. They are new parents, to a small infant. The parent's do well with the infant, however there is concerns regarding their cognitive abilities.</p>	<p>Observable: <i>Parents observable via their actions, their involvement with services.</i></p> <p>Severity: <i>Need more information as to how their developmental delays affect the care and safety of the child.</i></p> <p>Imminence: <i>Developmentally they will be delayed indefinitely; therefore if they were not able to meet the child's needs, this would be pervasive.</i></p>

Activity Report Out



Activity Report Out

Slide Purpose:

1. This slide is intended to provide a visual for the activity report out.

Trainer Note:

1. Use the trainer worksheet located in the Trainer Guide to guide the report out with groups.

Trainer Narrative:

1. Begin the exercise report out with the first scenario, review briefly the scenario and then seek the large group response, through engaging each group reporter in their responses to the family condition.

2. Validate answers that are accurate, based upon the trainer guide and proceed to the next scenario, repeating the process.
3. At the conclusion of all 10 scenarios, inquire of participants their perceptions/experience with the exercise.
4. Did they find the exercise challenging or easy? What were some things that they found were useful?
5. Inform participants that we will be transitioning now to exploring the assessment of caregiver protective capacities, as they related to qualifying the danger threshold of out of control.
6. Transition to next slide.

Information Collection: Informing Danger

Danger threats +/ - *Caregiver protective capacity* = *Safe or Unsafe*



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Relationship: CPC's and Danger

Slide Purpose:

1. The purpose of this slide is to provide the visual for the discussion regarding the relationship of danger threats (danger threshold criteria) and caregiver protective capacities.

Trainer Narrative:

1. Let's consider what we know: Inquire of participants the definition of impending danger:
 - a. Participants should be able to identify that impending danger is:
 - i. Impending Danger refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or

situations posing a specific threat of severe harm to a child.

2. In considering the definition of safe/unsafe, the second aspect is the identified presence or absence of caregiver protective capacities.
3. Review the equation with participants.
4. Reminding participants that the definition of unsafe equals that we have identified a negative family condition that can be qualified using our danger threats and that the condition has met all five of the safety threshold criteria.
5. Earlier we spent time exploring three of the threshold criteria: observable, severity, and imminence.
6. When we consider the out of control criteria, we have to consider who within the household has the caregiver protective capacities to control for safety of the children and if those caregiver protective capacities are in operation.
7. Transition to next slide.

Definition: Caregiver Protective Capacities

Caregiver protective capacities are **personal and caregiving behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one's young.**

Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection.



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Definition: Caregiver Protective Capacities

Slide Purpose:

1. To provide participants with the definition of Caregiver Protective Capacities.

Trainer Narrative:

1. Provide participants the definition of caregiver protective capacities:
 - a. *Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's young.*
Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.
2. Inquire what participants notice about the similarity of the danger threat definition and caregiver protective capacity definition.

- a. Participants should be able to identify that:
 - i. Both definitions of CPC's and Impending danger identify **personal and family attributes that can be observed, identified, described.**
- 3. Inform participants that the definition for Impending Danger indicates that threats are family conditions that are *specific and observable*.
- 4. Both CPC's and Impending Danger Threats are things that you can see or learn about from credible sources.
- 5. Both impending Danger and CPC's can be described to you by others who know a family and often times, observed by you.
- 6. Impending Danger Threats are real; these dangerous family conditions can be observed and understood. **Here's a rule for you.**
If you cannot describe in detail a family condition that is a threat to a child's safety that you've seen or been told about, then that's an indication that either there is not sufficient information or the information does not support an Impending Danger Threat.
- 7. When considering the danger threats and CPC's and the necessary information to understand how danger is manifested and which CPC's are associated, we should be able to:
 - a. Identify the behavior, motive, attitude, emotion, perception, or family circumstance that is out of control. These are the threat of danger and the CPC's associated to the danger.
 - b. Describe the Impending Danger Threat in detail.
 - i. Indicate how the behavior, motive, attitude, emotion, perception, or family circumstance is dangerous to a child.
 - 1. This could be the feelings, emotions, thoughts that the parent has in regards to how they are or are not acting.

- ii. Determine the duration of the Impending Danger Threat.
 1. CPC's that may be associated in duration could be the history of protecting.
 2. Plan and articulate a plan for protection.
- iii. Describe how and when the Impending Danger Threat occurs.
- iv. Determine the frequency of the Impending Danger Threat.
- v. Describe the circumstances that prevail when the Impending Danger Threat is active.
- vi. Describe anything that stimulates or influences the Impending Danger Threat.
 1. In considering what stimulates or influences the danger, what specific CPC's are not operating?

8. There are three categories of caregiver protective capacities.
 - a. Inquire of the participants:
 - i. Participants should identify: Behavioral, Emotional, and Cognitive as the three categories.
 - ii. Inform participants that we will be reviewing the definitions of the CPC's in the next couple of slides.
 - iii. Inform participants that as we review the caregiver protective capacities that we will be looking for volunteers to share examples of caregiver protective capacities that they have observed/assessed in practice.
9. Transition to next slide.

Behavioral Protective Capacity



▶ Specific action, activity, or performance that is consistent with, and results in, protective parenting and protective vigilance.



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Behavioral Protective Capacity

Slide Purpose:

1. To provide a visual for the definition of behavioral protective capacity.

Trainer Narrative:

1. Review slide with participants: review the definition of behavioral caregiver protective capacity.
2. Inquire if any participants have an example of either an assessment or observation of a behavioral caregiver protective capacity.
(An example of Behavioral Protective Capacity could be the action of baby proofing the house-the parent is taking action to ensure that the home environment is safe to include baby gates, outlet plugs, etc.)
 - a. Allow time for participants to share their examples.

- b. Validate examples of behavioral caregiver protective capacities that are shared by the participants.
3. Conclude behavioral CPC's and transition to cognitive CPC.

Cognitive Protective Capacity



▶ Specific intellect, knowledge, understanding and perception that results in protective parenting and protective vigilance.



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Cognitive Protective Capacity

Slide Purpose:

1. To provide the visual for definition of cognitive protective capacity.

Trainer Narrative:

1. Review slide with participants for the definition of cognitive caregiver protective capacities.
2. Inquire of participants if they have an example of an observation or assessment that was demonstrative of a cognitive caregiver protective capacity.

(Continuing the example of the baby proofing—the cognitive aspect of this protective capacity would be the parent is able to recognize the threat of the home environment to their child—such as stairs or outlets.)

- a. Allow participants to share their examples and validate examples that are representative of a cognitive caregiver protective capacity.
3. Conclude cognitive caregiver protective capacity and transition to emotional CPC.

Emotional Protective Capacity

Specific feelings, attitudes, identification with child and motivation that results in protective parenting and protective vigilance.



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Emotional Protective Capacity

Slide Purpose:

1. To provide a visual for the definition of emotional protective capacity.

Trainer Narrative:

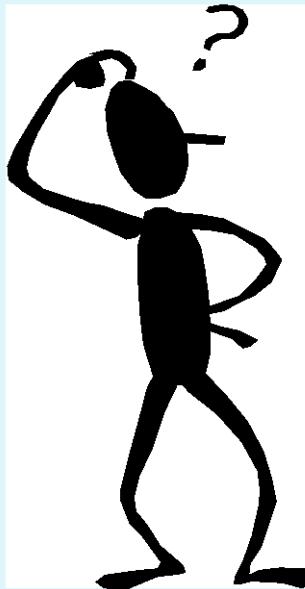
1. Review slide with participants for emotional caregiver protective capacity definition.
2. Inquire of participants if they have an example of an observation or assessment that was demonstrative of an emotional caregiver protective capacity.

(Again if we were to use the act of baby proofing the home, we would see the parent's concern, their attachment, and love for their child as a motivator to ensure that their home environment was

safe. The parent would be able to verbalize the rationale for their actions-both their thoughts and their emotional connection to their child as the reason for taking action to baby proof the home.)

- a. Allow participants to share their examples and validate examples that are representative of an emotional caregiver protective capacity.
3. Conclude the review of the definitions of CPC.
4. Transition to next slide.

Questions?



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Questions?

Slide Purpose:

1. To provide a breaking point for participants to ask questions or to explore if further clarification is needed.

Trainer Narrative:

1. Inquire of participants if there are any questions that need clarification.
2. Proceed to answer any questions, providing clarification as needed.
3. The assessment of impending danger depends on not only our knowledge of what impending danger is, but also how we assess for danger.

4. Thus far in the training we have covered a large portion of the knowledge basis for impending danger. In session 5 we will be focusing on the skills utilized to assess impending danger.
5. Transition to next slide.



Session 5

Assessing for Impending Danger: Assessment and Worker Competencies and Skills



Assessing for Impending Danger: Assessment and Worker Competencies and Skills

Session 5 Time: 2 Hours

Slide Purpose:

1. Introduction slide for Session 5.

An Assessment:

▶ Is NOT:

- A one time occurrence
- Myopic
- Deficit driven
- Legally driven
- One dimensional

▶ Is:

- Process, not a destination
- Multi-dimensional
- Strength and child focused
- Drives decision making for child safety



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An Assessment: Is and Is Not

Slide Purpose:

1. To provide a visual for focus of an assessment, what is and is not an assessment.

Trainer Narrative:

1. Often times in child welfare, the assessment process is viewed as a one-time occurrence with a limited scope of reference.
2. We know that is not true, but some of the common errors that we see in child welfare are:
 - a. Assessments of parents being completed in a single session;
 - b. Lack of home visits;
 - c. Using few sources of information other than the parent;
 - d. Failure to consider previous assessments;

- e. Over-reliance on previous assessments;
- f. Rarely using behavioral methods;
- g. Stating purposes in general rather than specific terms;
 - i. Such as “parent has a substance abuse issues”
- h. Emphasizing weaknesses over strengths;
- i. Neglecting to describe the parent’s care-giving qualities or child’s relationship with the parent.

3. Our assessment during case management should be:

- a. Process, not a destination:
 - i. Meaning that our engagement, our keeping an open mind are continual throughout our work with families;
 - ii. Ultimately informing our progress updates.
- b. Multi-dimensional:
 - i. Meaning that we are seeking to view the family through a variety of lenses and not just in the context of “child welfare.” Who the family is through other’s observations is an integral part of the assessment process.
- c. Strength focused:
 - i. Meaning that we are not just seeking the negative, but also identifying how the strengths of the family can assist in building caregiver protective capacities and allow the parent to parent where they are successful.
- d. Informs our decision-making:
 - i. Meaning that the information we gather with and about families is used to inform our interventions with families.

4. We emphasize the assessment here, as this is the basis for informing our decision-making and also the process that CM will

continually use throughout our interventions-and during the progress evaluations.

5. Having a clear understanding of the focus and purpose of an assessment is a core competency concept that we have to ensure.
6. Transition to next slide.

Assessment: Information Collection as Competency

- ✓ I know what I must learn about a family. I know what information I must collect on each case I am assigned.
- ✓ I understand the purposes or reason for needing to know this information.
- ✓ I demonstrate the ability to gather the information.
- ✓ I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.
- ✓ I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.



Information Collection as a Competency

Slide Purpose:

1. The purpose of this slide is to inform participants of the five competencies for workers.

Handout:

- 1. Information Collection as a Competency: Self-Assessment located in the participant guide on page 37.**

Trainer Narrative:

1. Information Collection is a professional behavior. It is a competency and perhaps the most critical competency of the Hotline Counselor, CPI, and Case Manager.

2. Self-awareness of where we perceive our competencies for information collection is essential.
3. We will begin our review of the five competencies with starting with our own self-assessment.
4. Inform participants that located within their participant guide, on page 37, they will see the five competencies listed-each with a rating next to the competency and an area for justification.
5. Review the instructions for the self-assessment. For each of the competencies, participants will need to identify specific practice examples to support their ratings.
6. Confirm with participants that the self-assessment will not be handed in/collected or shared with anyone.
7. Encourage participants to reflect on their practice and how they have demonstrated each competency.
8. Working individually, have participants take 10 minutes to complete their self-assessment regarding the five information collection competencies.

Information Collection as Competency: Self-Assessment

I know what I must learn about a family. I know what information I must collect on each case I am assigned.

Strongly Disagree **Agree** **Strongly Agree**
1 2 3 4 5

I feel my rating is _____ because:

I understand the purposes or reason for needing to know this information.

Strongly Disagree **Agree** **Strongly Agree**
1 2 3 4 5

I feel my rating is _____ because:

I demonstrate the ability to gather the information.

Strongly Disagree **Agree** **Strongly Agree**
1 2 3 4 5

I feel my rating is _____ because:

I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.

Strongly Disagree **Agree** **Strongly Agree**
1 2 3 4 5

I feel my rating is because:

I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.

Strongly Disagree **Agree** **Strongly Agree**
1 2 3 4 5

I feel my rating is _____ because:

1. Reconvene the large group.
2. Inform participants that we will be reviewing each of the five competencies. Inform participants that as we review each competency and the focus of each competency, they should be reflecting on their self-assessment-seeking either confirmation of their rating or if they need to adjust their rating based upon the further discussion of each competency.
3. Review each competency with participants. :
 - a. I know what I must learn about a family. I know what information I must collect on each CPI case I am assigned.
 - i. This is concerned with how the worker proceeds in gathering information and their awareness of the information collection standards and protocol. Consider that knowledge is different than action; therefore consideration when assessing a worker's competency regarding what they must learn may or may not be reflective of their application. This is covered under the third competency.
 - ii. Inquire of participants what indicators they identified in their practice that demonstrates the rating they assigned themselves on their self-assessment.
 - iii. These could be for any rating that was selected.
 - b. I understand the purposes or reason for needing to know this information.
 - i. This is concerned with the worker's understanding of the Florida Safety Decision Methodology and the significance of information collection in decision-making.
 - ii. Inquire of participants what indicators they identified in their practice that demonstrates the

rating they assigned themselves on their self-assessment.

iii. These could be for any rating that was selected.

c. I demonstrate the ability to gather the information.

i. This is concerned with the worker's ability to utilize the information collection protocol and information standards to gather sufficient information along all six of the domains. This competency is concerned with engagement of families in the assessment process and the diligence that the worker demonstrates to gather information.

ii. Inquire of participants what indicators they identified in their practice that demonstrates the rating they assigned themselves on their self-assessment.

iii. These could be for any rating that was selected.

d. I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.

i. This is concerned with the worker's self-awareness. How they conduct themselves before, during, and at the conclusion of information collection and the relationship between their actions or inactions on the effectiveness of information collection.

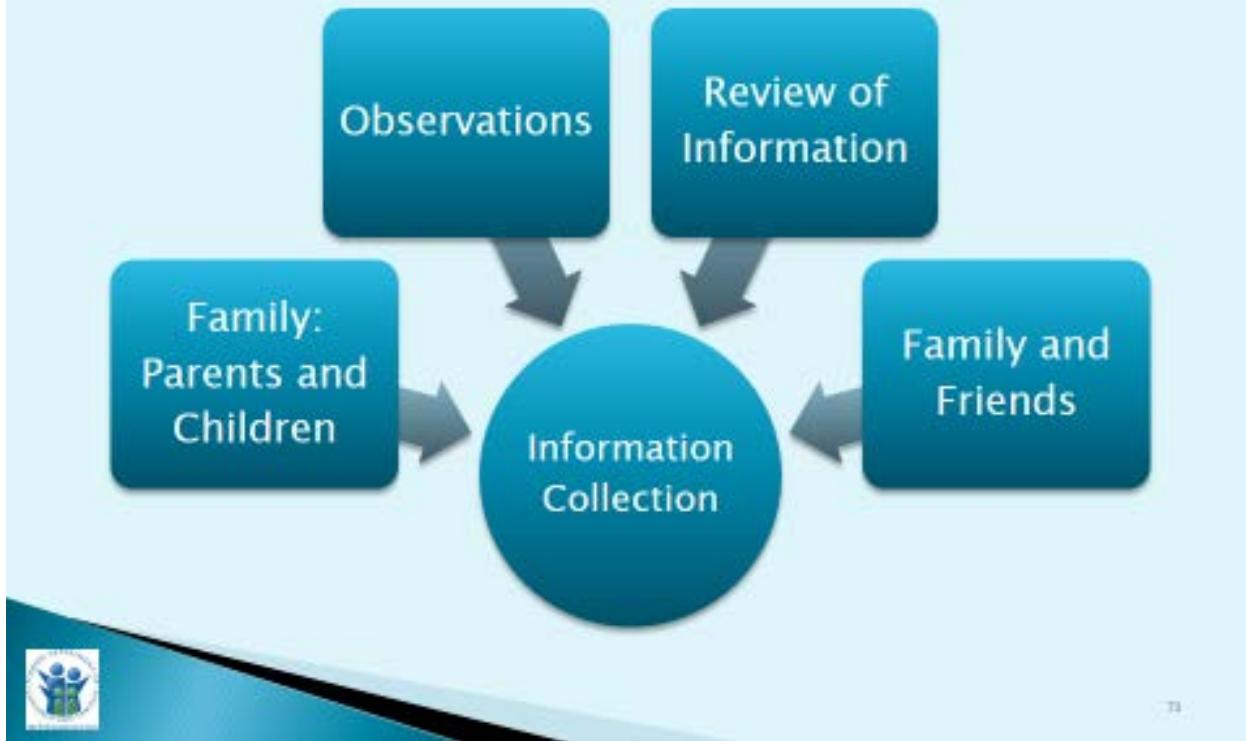
e. I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.

i. This is concerned with the worker's ability to illustrate their conclusions regarding information collection and safety decision-making. This is demonstrated through their ability to generate an

assessment that justifies their decision-making. In addition, they are able to explain their decision making, while justifying their decision making verbally. Skills associated with this competency include the worker's ability to analyze information and develop conclusions.

- ii. Inquire of participants what indicators they identified in their practice that demonstrates the rating they assigned themselves on their self-assessment.
- iii. These could be for any rating that was selected.

Information Collection: Drives Decision-Making



Information Collection: Drives Decision-Making.

Slide Purpose:

1. To provide a visual for information driving decision-making.

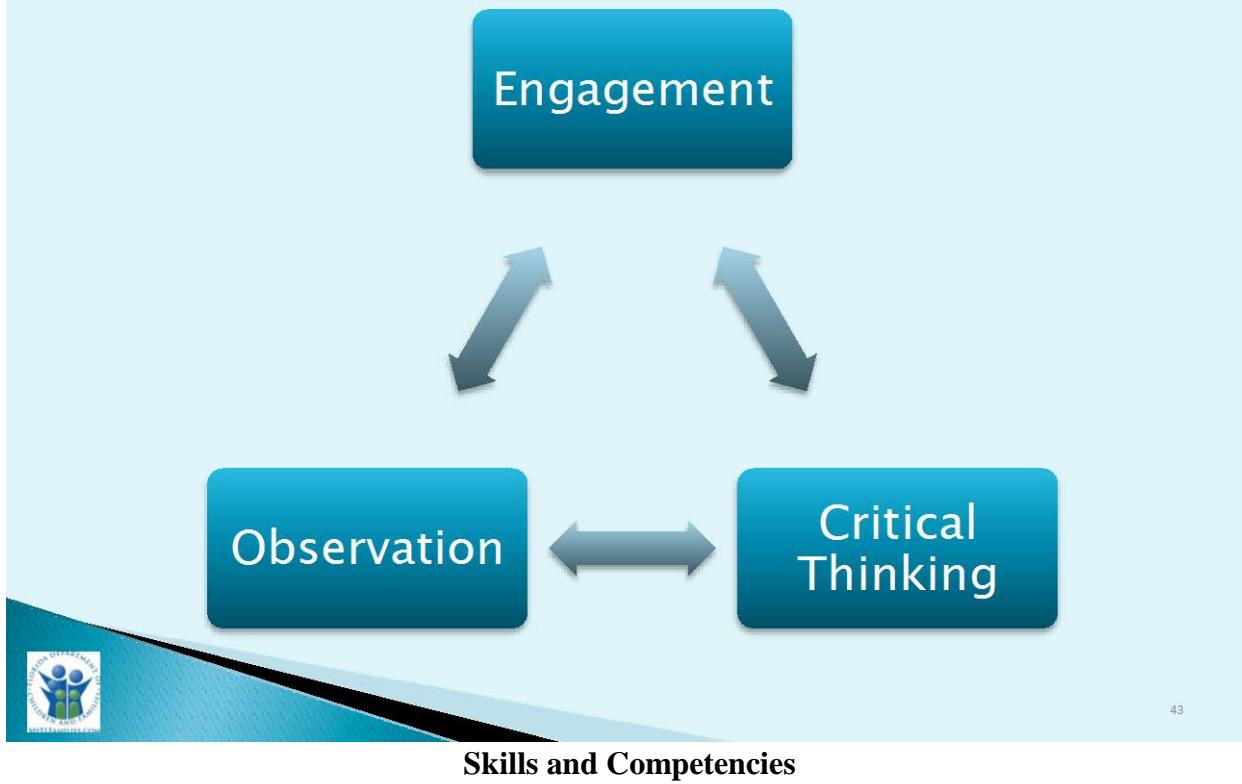
Trainer Narrative:

1. The six domains of information collection are obtained through our various interactions.
2. Review slides points with participants.
 - a. Family: Parents and the Children:
 - i. What information the family provides to us, based upon our critical thinking and engagement.

- b. Observations:
 - i. Our own and observations of others (e.g., professionals having regular contact with family members such as school teachers, child care, etc.).
- c. Review of Information:
 - i. What do we know about the family based upon prior reports, assessments, or even new assessments?
 - ii. How are we reconciling that information to inform our assessment?
- d. Family and Friends:
 - i. How do family and friends view the family?
 - ii. What observations do they have?
 - iii. What historical information about the family and current information is relevant to our assessment?

3. The assessment of caregiver protective capacities requires that as case managers we are continually utilizing strategies and our skills to gather information.
4. Transition to next slide.

Assessment Skills and Competencies



Slide Purpose:

1. To provide a visual for the worker strategies and skills for assessing impending danger.

Trainer Narrative:

1. Review statement on slide with participants.
2. Emphasize that everything we do as case managers influences our ability to gather information.
3. In considering our skills and strategies, there are three core skills that we will be exploring during this training.

Trainer Narrative:

1. Review the three core competencies/skills with participants.

2. Inquire of participants what each one means to them:
 - a. Engagement
 - i. What does engagement mean in practice?
 - ii. Validate examples of engagement in practice.
 - b. Observation
 - i. Inquire what observation means in practice.
 - ii. Validate examples of observation in practice.
 - c. Critical Thinking:
 - iii. What does it mean to critically think in practice?
 - iv. Validate examples of critical thinking in practice.
3. Summarize for participants that they may notice that the arrows in the diagram are double sided.
 - a. This is to provide the visual that each of these competencies is related and that without utilizing all three, information collection and our assessment would be incomplete.
4. Inform participants that we will be exploring each competency and also will be practicing the competency.
5. Transition to next slide.

Engagement: Utilization of Skills

- Probing
- Going beyond what is said
- Seeking clarification
- Reflecting content
- Reflecting feeling and meaning
- Active Listening
- Self-Aware



Engagement: Utilization of Skills

Slide Purpose:

1. To provide a visual for engagement as a skill for assessing.

Trainer Narrative:

1. The competency of engagement is critical when working with families.
2. There are various skills; techniques that as case managers we often have to deploy based upon the family we are working with.
3. Some core skills associated with engagement are:
 - a. Begin with Probing.
 - i. What we mean by probing is that we often have to seek information from our families that at times

may require that we find ways to ask different questions.

- ii. Probing is often associated to going beyond what is said, which may require that we clarify information.
- iii. Clarifying information seeks to identify the meaning or explanation of information.
- iv. This often requires that we have to reflect content, feeling and at times the meaning of the information back to the person we are assessing, such as what I hear you saying....is this right?
- v. Key to our ability to probe, clarify, and reflect is our ability to be engaged and active in our listening.
- vi. Remaining focused on the person or situation we are assessing-being present.
- vii. Which requires that we are self-aware in our actions and responses. Being mindful of being present, being respectful, being open minded.

- 4. Inquire if there are any questions regarding the competencies that we reviewed.
- 5. Inform participants that the competencies are not new to us, but rather here we take the time to reflect on the critical nature of the application of those skills to information collection.
- 6. Let's do some practice.
- 7. Transition to next slide.

Practice: Engagement

- ▶ Working in pairs, each group will be working on practicing their engagement skills.
- ▶ Using the adult functioning domain as a guide: each participant will practice interviewing along the adult functioning domain to gather information.
- ▶ Following the practice session, each participant will write a brief narrative about the information they obtained.



Practice: Engagement Skills

Slide Purpose:

1. This slide is intended to provide a visual for the engagement practice exercise.

Exercise/Activity:

1. Activity is conducted in pairs.
2. Encourage participants to partner with someone that they don't know well.

Trainer Narrative:

1. This is your opportunity not only practice your engagement skills, but also learn a bit more about some of your peers.

2. Participants will need to reference their information collection domain for adult functioning located in their Methodology Reference Guides.
3. Each pair will practice interviewing each other regarding the adult functioning domain.
4. Following each practice opportunity, we will be practicing the competency of writing logically.
5. Each participant will write a brief narrative for adult functioning and be prepared to share their narrative as they introduce their practice partner during the debrief.
6. Allow participants 30 minutes to complete the exercise: 10 each interview and 10 minutes to write the narratives.

Activity Report Out



Activity Report Out

Slide Purpose:

1. This slide is intended to provide a visual for the activity report out.

Trainer Narrative:

1. Begin the activity report out with soliciting feedback from each group.
2. What were some things that each interviewer did well?
3. What were some things that they would do differently?
4. Transition to the narratives that were written.
5. Solicit a volunteer who would like to share their narrative.
6. Solicit feedback from the participants for the volunteer following their presentation.
7. Provide validation and feedback as necessary.

8. Continue with debrief process until all groups have had an opportunity to share their narratives.
9. Conclude the exercise with validating feedback provided by the participants.
10. Transition to next slide, focusing on the skill of observation.

Observation: Utilization of Skills

- Observation is getting information about objects, events, motives, attitudes and phenomena using one or more senses.



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Observation: Utilization of Skills

Slide Purpose:

1. To provide a visual for the skill of observation in assessing caregiver protective capacities.

Trainer Narrative:

1. Review slides points with participants.
2. Emphasize the skill of observation encompasses the utilization of a combination of our senses:
 - a. Sight: What we see.
 - b. Hearing: What we hear.
 - c. Smell: What we smell—sometime what we don't want to smell.

3. As we observe our families we take information in—we analyze that information and we use our observations to inform our further engagement with families.
4. Remind participants that each skill is interrelated when assessing families.
5. Inform participants that during our last exercise we utilized our observation skills, in particular our listening as a form of observation.
6. Inquire if there are any questions regarding observation.
7. Address any questions or comments.
8. Inform participants that we will be practicing our observation skills.
9. Transition to the next slide.

Practice: Observation

- As a large group we are going to both listen to and watch a video;
- As we review the video, first just listen to the audio;
- Write a brief summary of our observations based upon the audio;
- We will then watch the video.



Activity Report Out



Practice: Observational Skills

Slide Purpose:

1. To provide a visual for the practice exercise of observational skills.

Exercise/Activity:

1. Video of interview with Parent:
 - a. Video is located on DVD with training material.

Trainer Narrative:

1. Every day we use our observation skills to draw conclusions about not only the families we work with but also our own environment.
2. For example, how many of you have found yourself waiting either in a waiting room or at an airport and you spend the time observing others around you?
 - a. Do you also find that you start to ask yourself questions about what or who the people are? Why are they at the doctor or if they are at an airport, where they are going?
3. Observation is a critical skill that most of us routinely use.
4. The part that we often miss is drawing conclusions regarding our observation and what our observations mean.
5. We are going to listen to a video of an interview with a parent.

6. As we are listening, we should be taking notes regarding what the parent is saying and what we hear from the interviewer.
7. Following the audio, we will take 5-7 minutes to write a brief narrative regarding our observations from hearing the audio.
8. Things to consider as you listen to the video:
 - a. How are the parents responding?
 - b. What are they saying?
 - c. How is their tone of voice, emotional level?
9. Proceed to play the audio (approximately 6 minutes).
10. Following the audio, allow participants 5-7 minutes to complete their narratives.
11. Encourage participants to write as if they were writing an FFA-completing one of the domains.
12. Once participants are completed writing their narratives, proceed to introduce the video to the participants.
13. Inform participants that we are now going to view the video of the interview with the parent.
14. Again, we want to consider: the response of the parent, the visual responses by the parent, voice tone.
15. Proceed to play the video (6 minutes).
16. Transition to next slide: Report Out.
17. Following the video, ask participants to review their narratives they completed after the audio.
18. Inquire of participants if there are parts of their narratives that they would change or update based upon their observations of the mother during her interview.
19. Were there aspects of their narratives that were missing between the audio and the visual?
20. Identify for participants that observation is not only about what we see, but also what we hear.

21. Often we may see or hear a response-independent of each other-and our conclusions may be wrong.
22. Transition to next slide.

Trainer Notes for Activity Debrief:

Points for Consideration During Audio:

Leaving child; gone for almost two days;

Thoughts and Feelings as a Mom: Kept her before, appears a bit defensive, and left other times with no problems. Done it before. Miss her, but good break, weird way. Just keeps crying, nice to get away. Relief-Freedom-sometimes.

Reliance on friend, Becky. Expectations for Becky to care take.

Being a parent: Not planned, not wanted to go have kids, just happened. My job. Pleasure of parenting: cute baby, fun to dress, she is always fun to dress up and play with. Does not cry all the time, can be a sweet baby.

Done things to prepare: Everyone told me what it was supposed to be like-don't really know what to do. Have not thought much about finding out on your own or learning for yourself-doing a pretty good job. Plans for moving out: scheduled for housing-plan to get out on own. Thought how to manage? Friends, someone to help. Grandparents will help out. Lives next door-*seems a bit unrealistic*.

Points for Consideration During Audio and Video:

Eye rolling; a lot of head nodding at the beginning; facial expression seems disengaged at initial contact; limited eye contact; arms crossed; shrugging shoulders; change in expressions when talking about the child.

Example of Written Summary:

Jennifer is a single parent, currently residing with others. Jennifer had not planned on being a parent at this stage in her life, however feels that this is her job to take care of her daughter. At times she feels that she may not know how to meet her daughter's needs and often relies on others to provide her with direction. Overall she feels that she is doing a good job in caring for Emily, but at times can be frustrated with her crying. Jennifer enjoys her time with Emily when she is dressing her up and seems to find pleasure in this aspect of her parenting. There are supports to assist in the caretaking of Emily, to include the grandparents and friends.

Observation:



Advantages

- Most direct measure of behavior
- Provides direct information
- Can be used in natural or experimental settings (such as family time)

Disadvantages

- Observer's presence may create artificial situation
- Potential for bias
- Potential to overlook meaningful aspects
- Potential for misinterpretation



Observation: Advantages and Disadvantages

Slide Purpose:

1. To provide a visual for observations, advantages and disadvantages.

Trainer Narrative:

1. Observation is a critical skill; however, we also must be aware that there are limitations to our observation.
2. Review slides points with participants.
3. Relate the disadvantage of artificial settings (e.g., asking parents to meet in office settings, etc.) as a common barrier in child welfare.
 - a. What are some strategies that we can consider in addressing this barrier?
 - i. Seek Responses such as:

1. Utilization of others for observation-such as family and friends.
2. Creating a natural setting for contact-such as in the home.
4. We also have to be self-aware in regards to the bias we may have in regards to the family and situation.
 - a. Are we remaining open to change or are we focusing on the potential that the parent may be “faking”?
5. Lastly, we have to be clear on what the observation means.
6. Inquire if there are any questions regarding observation before we transition to our last skill of critical thinking.
7. Clarify any questions or comments
8. Transition to next slide.

Critical Thinking: Utilization of Skills



► Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication.



A statement by Michael Scriven & Richard Paul presented at the 8th Annual International Conference on Critical Thinking and Education Reform, Summer 1987

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Critical Thinking: Utilization of Skills

Slide Purpose:

1. To provide a visual for critical thinking: utilization of skills.

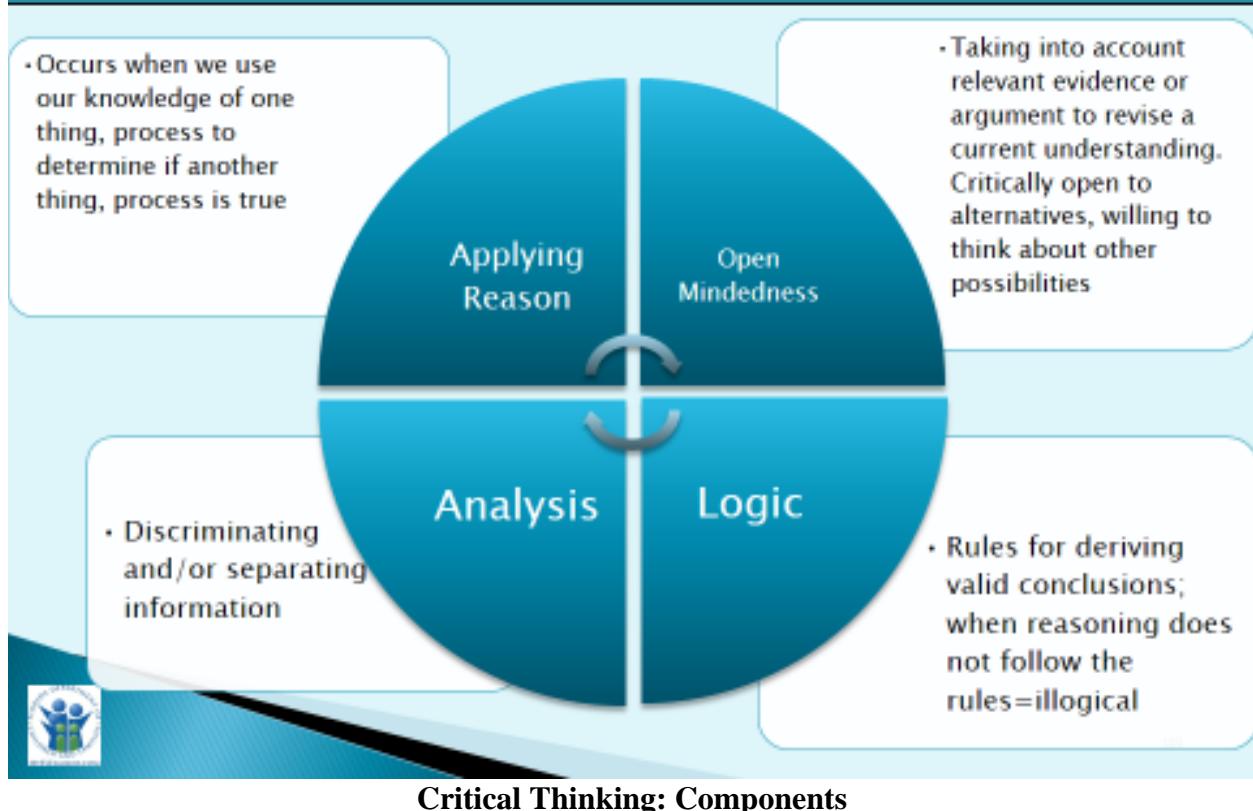
Trainer Narrative:

1. We have heard the term critical thinking consistently throughout the implementation of the methodology.
2. You may have even heard that the methodology is a “thinking” model.
 - a. And yes it is a thinking model.
3. Critical thinking is defined by Scriven and Paul (1987) as:
 - a. Is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information, gathered

from, or generated by, observation, experience, reflection, reasoning, or communication.

4. So what does that mean...Let's take a look at the four components of critical thinking to assist in our understanding of what critical thinking is as a skill.
5. Transition to next slide.

Critical Thinking: Components



Slide Purpose:

1. To provide an overview of the critical thinking components.

Trainer Narrative:

1. There are four components to critical thinking:
2. Open Mindedness:
 - a. First takes into consideration our approach to engaging with families.
 - b. What are our biases that may affect our open mindedness?
 - c. What information we may have that form preconceived notions.

- d. Being open-minded means that we are open to all possibilities based upon information.
- e. That we can conceive that there may be more than one meaning to either observations that we encounter and/or information we receive.
- f. Think of it as the book or a movie; we begin to contemplate the various endings to the story as we read/watch.

3. Logic:

- a. In considering logic, we take the information we receive and contemplate the logical sequence or explanations based upon what the information tells us.
- b. We often apply rules of logic when we do this.
- c. For example, watching a movie that is described as a comedy often does not equate to death and sadness but rather is intended, logically, to leave the viewer in a state of being happy.

4. Analysis:

- a. When we analyze information we are differentiating information along the lines of relevance.
- b. We are concluding what information is pertinent and what information is not pertinent in regards to our assessment.
- c. Think of this in regards to our Family Functioning Assessments, what is relevant and what is not relevant to conclude that a child is or is not safe.

5. Applying Reason:

- a. As Child Welfare Experts, we have a plethora of knowledge regarding child development, family conditions, societal norms, law, policy, procedure, etc.

- b. All of our knowledge and expertise informs our ability to reason.
 - c. We take into account what we know across a variety of topics/areas to conclude the meaning of information.
 - d. For example, a mother who has blood shot eyes, slurred speech, and drug paraphernalia in her possession, and has a history of substance abuse is most likely not suffering from an allergy attack.
 - e. Here we have taken our knowledge of substance use, what we know of the physical symptoms of a person under the influence, what we know of the person and applied both logic and reason to draw our conclusion regarding the current status of the parent.
6. All four components of critical thinking are engaged when we use this skill.
7. How we engage with families, the focus of our observations, the questions we ask are all derived from the deployment of our critical thinking.
8. We logically link questions to information collection based upon responses from parents; we analyze information to determine what is relevant to support our conclusion regarding the presence or absence of impending danger.
9. We also use this information to formulate how we will engage with parents—parents that are closed or resistant; we have to critically think about what we know about engaging the closed/resident parent and what we know about the parents (such as trauma experienced) to logically engage with parents for information collection.
10. Inquire of participants if they have any questions or comments regarding critical thinking.

11. Clarify any questions or comments.
12. Transition to next slide.

Day 1: Take Away from the Day



- ▶ Take Away from today:
 - What did you find helpful?
 - Questions still needing to be answered?
 - More time on....



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Day 1: Take Away from the Day

Slide Purpose:

1. To provide a breaking point for the Day 1.

Trainer Narrative:

1. Inform participants that prior to concluding for the day, we want to take a few minutes to reflect upon what we are taking away from today.
2. As they think about the day, is there one thing that stands out to them that was their “awe hah” moment, or a point of clarification that resonates with them today?
3. If they can take a minute to write it down or think about it, and if they would like we would love to have them share their reflection for the day.
4. Proceed to solicit volunteers to share their take away from the day.

5. After providing time for the take away, thank participants for their participation today and provide them with the brief overview for tomorrow:
 - a. We will begin at 9:00. The majority of the day will be spent in practice exercises, working both in the large and small groups.
 - b. Remind participants that they will need to have three copies of their ongoing family functioning assessment for tomorrow as well as bring their Desk Reference Guide to training with them (for Session 7 Activity).
 - c. Conclude the day with dismissing participants.



Assessing Impending Danger

Day 2



Day 2: Welcome Back



► Overnight Thoughts?

- Questions from yesterday?
- Feedback from yesterday?
- Reflections from yesterday?



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Day 2: Welcome Back

Slide Purpose:

1. To provide an introduction for Day 2.

Trainer Narrative:

1. Welcome participants back for Day 2.
2. Inquire if there are any reflections or comments that anyone would like to share that they had last night after Day 1 of training.
3. Proceed to solicit volunteers to share their comments/reflections.
4. Transition to next slide.

Agenda: Day 2

- ▶ Sufficient Information Drives Decision Making
- ▶ Small Group Exercise
 - Analyzing Case Information
 - Drawing conclusions.
- ▶ Small Group Exercise
 - Case analysis: own practice
 - Feedback and Conclusions



Module 8

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Agenda: Day 2

Slide Purpose:

1. To provide an overview of Day 2 Agenda

Trainer Narrative:

1. Provide overview of agenda for Day 2.
2. Inform participants that the majority of today will be conducted in practice groups, working through practice application and reviewing our own work for assessing impending danger.
3. Inquire if there are any questions regarding the agenda.
4. Transition to next slide.



Session 6

Sufficient Information Drives Decision Making



Sufficient Information Drives Decision Making Session 6: 2.5 Hours

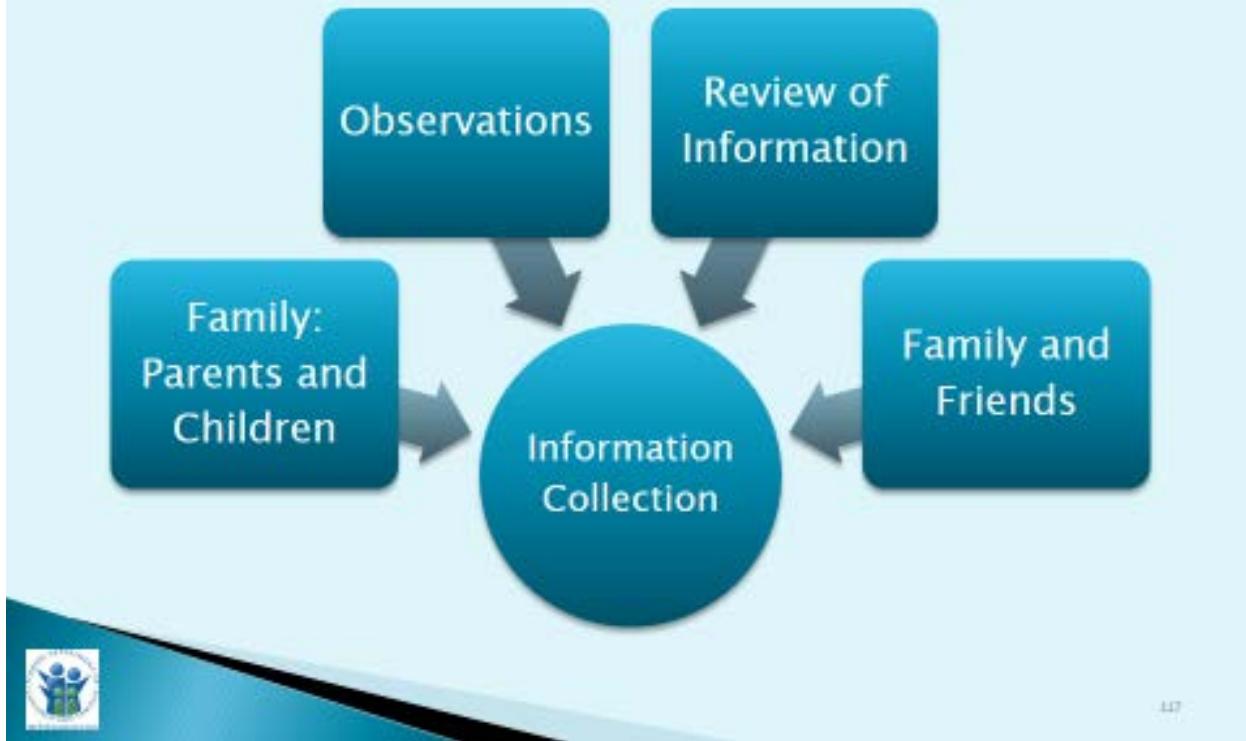
Slide Purpose:

1. This slide is to provide the introduction to Session 6.

Trainer Narrative:

1. Transition to next slide.

Information Collection: Drives Decision-Making



Information Collection: Drives Decision-Making

Slide Purpose:

1. To provide a visual for the implications for information collection in driving decision-making.

Trainer Narrative:

1. Remind participants that yesterday we discussed the assessment of impending danger is contingent upon the ability to gather information.
2. We engage not only the family, but also friends, external resources, review of information from others, and observations.
3. Remind participants that yesterday we reviewed information collection domains, information collection as a competency, danger threats, the danger threshold, and we also explored worker competencies and skills in assessing impending danger.

4. Today they will be building upon yesterday's training.
5. We will start off the day with discussion and practicing determining when information is sufficient.
6. Transition to next slide.

Sufficient Information: How Much is Enough?



► **Definition of Sufficient:**

- Enough to meet the needs of a situation or a proposed end.
 - What is our proposed end?
 - What are we trying to answer?
 - Safety;
 - Impending Danger;
 - Planning for Safety.

Sufficient Information: How Much is Enough?

Slide Purpose:

1. To provide the visual for the definition of sufficient.

Trainer Narrative:

1. Information drives safety decision-making.
2. In order to understand how decisions are made, we must first know what information we need—the six areas of assessment and secondly know if that information is the sufficient to inform the decisions. .
3. The six domains are the foundation of the assessment.
2. What is sufficiency?
 - a. **Enough information to meet the needs of a situation or**

proposed end;

- b.** Sufficiency refers to having the necessary amount of information contained in the correct areas of the assessment to inform the safety determination. It's not too much and it's not too little.
- 3. This requires that as professionals we are reconciling information between what is known about the family and what has been captured within the assessment narratives.
 - a. The family functioning assessment is the agency's record for decision-making.
 - b. The six domains of assessment live within the family functioning assessment.
 - c. The documentation of information is the agency's record of decision-making.
- 4. Sufficiency refers to whether the information is logical and does it support the decision making, or are there pieces of information that are missing that are essential to the safety decision.
- 5. The information associated with an information category can be judged to be sufficient to the extent that it:
 - i. Describes the domain (by definition) in full and acceptable ways so that a picture of what has or is happening can be understood;
 - ii. Is relevant to the domain only;
 - iii. Is pertinent to gaining/possessing a full/reasonable understanding of the domain;
 - iv. Is essential to understanding the domain in order to draw conclusions about the domain;
 - v. Is adequate which means enough information to have confidence about conclusions one can reach about the domain.
- 6. Sufficiency also covers the principal or core issues associated with

the domain (i.e., extent of maltreatment would include things listed in the definition such as kind of maltreatment, severity, symptoms.)

7. Judging sufficiency at times can be a difficult task because we have more information based upon our knowledge of the case so we might view the information as being more than what it really is.
8. The challenge is to write and review family functioning assessments as if you know nothing about the family or the case information.
9. Remind participants that one of the core competencies we reviewed yesterday was in regards to our ability to write logically and succinctly to inform the family functioning assessment.
10. Today, we are going to practice reviewing information collection to determine if information within a family functioning assessment is sufficient.
11. Transition to next slide.

Practice: Applying Concepts to Our Practice

- ▶ In small groups of 4
 - Review written case information FFA
 - Determine if each domain is sufficient
 - Identify the danger threat that is indicated based upon the information
 - Provide justification for decision and if determined not sufficient-what information is needed



Activity Report Out



Practice: Applying Concepts to Practice

Slide Purpose:

1. To provide a visual for the practice of applying concepts to practice.

Activity Handouts/References:

1. **Croft Family Functioning Assessment, page 62 in the participant guide.**
2. **Croft Practice Exercise Worksheet, page 58 in the participant guide.**

Exercise/Activity Debrief:

1. We are going to review two family functioning assessments within our small groups.
2. The first assessment is the Croft Family Functioning Assessment and the second assessment is the Smith Family Functioning Assessment.
3. Both assessments are based off of Florida cases and have been adapted for training purposes.
4. Both Family Functioning Assessments resulted in a determination that children were unsafe.

5. **Remind participants that the end product for the family functioning assessment is a clear determination of how children are unsafe-what the impending danger is, how it is manifested, and how the danger crosses the danger threshold.**
6. Review slides points for instructions for participants for activity.
7. Inform participants that we will start with the Croft Family Functioning Assessment.
8. Allow groups 30 minutes to complete the Croft Family Functioning Case Review.

TRAINER VERSION

Instructions for Croft Family Functioning Assessment

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying sufficient information collection through case application.

Materials Needed:

- Safety Methodology Reference Guide: Information Collection Domains and Danger Threats

Instructions:

1. Working within your small groups, each participant is to review the Croft Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
 - a. Information that supports each information domain as being sufficient or insufficient;
 - b. Rationale for decision regarding sufficiency for each domain;
 - c. Justification of the danger threat or absence of danger threat using the safety threshold criteria.
3. Following each participant's review of the worksheet, the group will complete the worksheet for the large group report out.
 - a. The group will need to identify a reporter for the large group report out.

Domain	Sufficient: Yes or No	Justification
Maltreatment	YES	
Nature of Maltreatment	YES	
Child Functioning	YES	
Adult Functioning	YES	
Parenting General	YES	
Parenting Discipline	YES	

Safety Threat(s) Identified: Yes or No	Threat(s):	Justification:
YES	1.) Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in way that seriously harmed the child or will likely seriously harm the child.	<p>1.) Out of control: both parents substance use results in their neglect of the children, including exposure to a methamphetamine lab. The parent's actions are to a level that both have been arrested and are not able to care for the children. There are no other caregivers within the home that can control for their actions.</p> <p>Imminence: Pattern of behavior that was occurring daily/weekly.</p> <p>Severity: One child tested positive for methamphetamine.</p> <p>Observable: Parents admit to substance misuse, child found in methamphetamine home, child and parent report.</p> <p>Vulnerable Children: While one child is older, the younger child is not able to protect himself, and the older child cannot care for the younger child.</p> <p>2.) Out of Control: Both parents are not able to provide for care of the children due to their incarceration due to their substance abuse.</p> <p>Imminence: Children are in need of</p>

	<p>2.) Parent/legal guardian/caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.</p>	<p>supervision now, daily and no parent is available.</p> <p>Severity: Both children rely on the parents to meet their basic needs and neither parent has been or can provide for those needs.</p> <p>Observable: Child's report as well as determination that there was no available caregiver based upon the parent's incarceration.</p> <p>Vulnerable Child: Both children need a parent/caregiver to provide for their basic needs and no parent is available.</p>
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Case Name: Croft, Amy
Worker Name: Martin, Allison
FSFN Case ID: 100555888

Initial Intake Received Date: 1/6/13
Date Completed: 1/19/13
Intake/Investigation ID: 2013-622805-01

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Hotline Intake 2013-622805-01 was received on 1/6/13 alleging that Amy Croft, mother of Micah and Makenzie, along with mother's friend, were arrested for cooking crystal methamphetamine and trafficking drugs from the friend's home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton, a friend with whom the mother had been residing with the children. Hamilton was also on probation for manufacturing and distribution of methamphetamine. The reporter advised against the children remaining in Hamilton's home.

Micah, 2½ years and Makenzie, 9 years, were placed into emergency foster care on 1/7/13 after their mother, Ms. Croft, was arrested for manufacturing and distribution of methamphetamine. Micah had been frequenting the home where Ms. Croft was arrested and where methamphetamine was manufactured, resulting in his exposure to hazardous conditions. It was also determined during the investigation that mother had not been adequately providing for the basic needs of Micah or Makenzie, to include supervision. At the time of Ms. Croft's arrest, Blake Thomas, father to Micah and Makenzie, was not available to provide for care, as he is currently incarcerated for probation violations as a result of domestic violence towards the mother, Ms. Croft.

Ms. Croft's explanation for her arrest was inconsistent with her history. Ms. Croft reports that she was unaware of what was going on in the home and that she was helping a friend out to make some money to care for the children. Ms. Croft's history with DCF and arrests include prior history of manufacturing and distribution of methamphetamine, as well as methamphetamine abuse. In addition, Ms. Croft's history includes frequent periods of transient housing and exposing her children to hazardous living conditions, including manufacturing of methamphetamine and substantial drug usage by household members.

Ms. Croft completed substance abuse in-patient treatment for methamphetamine and was discharged 2/15/12. The drug treatment was court-ordered as part of her probation. During the time Ms. Croft was in treatment, Micah and Makenzie stayed with their father. Ms. Croft returned to the home with Micah, Makenzie and Mr. Thomas when she was discharged.

Mr. Thomas and Ms. Croft's relationship has been continually unstable for the past four years, with Ms. Croft leaving the family home for months at a time and then returning to the home. Mr. Croft reports that this is often the time that she is using, when she leaves. At times she takes Micah and other times she leaves him with Mr. Thomas. She has not ever taken Makenzie with her, until this last time that she left Mr. Thomas.

Approximately four months ago Ms. Croft left the family home. Ms. Croft alleges that she left due to being afraid of Mr. Thomas, so she left to keep her children safe. Mr. Thomas alleges that Ms. Croft left due to her relapsing on methamphetamine and that

she had found out that he was aware of her use. Ms. Croft was afraid Mr. Thomas would leave with Micah and Makenzie.

Since leaving the family home, Ms. Croft has been relying on friends to assist her in taking care of Micah and Makenzie and providing her with a place to stay. She has been staying with Donna Hamilton the past couple of months.

Mr. Thomas is currently incarcerated for a probation violation. He is on probation for domestic violence as he assaulted Ms. Croft two years ago. Mr. Thomas has physically assaulted Ms. Croft, to include beating, kicking, and punching. Mr. Thomas violated his probation this fall when he was stopped for a DUI; drinking is a violation of his probation. The father acknowledges that he was aware of the mother's use of methamphetamine since her release from treatment and that he has been trying to see Micah and Makenzie since she left the residence, but has been unsuccessful. Mr. Thomas was unaware of Ms. Croft's manufacturing, but reports that this was not surprising to him, as he and Ms. Croft were both involved with manufacturing methamphetamine in the past.

Both Micah and Makenzie were seen for medical exams for possible exposure to methamphetamine manufacturing. Both children were medically cleared. Makenzie did not have any traces of methamphetamine, which is consistent with her report that she had not been to the home where methamphetamine was being manufactured with her mother. Makenzie believes that Ms. Croft would bring Micah there while she was at school.

Micah was medically cleared, and did not have any traces of methamphetamine. CPT recommended that it was still important that he be monitored over the course of the next several months for continued assessment of any effects that may be related to his exposure to methamphetamine.

Makenzie is aware of her mother's drug usage. She is able to articulate what methamphetamine is and how it is used. She has seen her mother use drugs in the past, however has not seen her use for the past couple of months. Makenzie thinks that her mother is using again, because of how she acts towards her and Micah.

Ms. Croft has been involved with DCF with prior children, to include losing custody of her oldest child due to substance misuse. That child was placed for adoption by the agency.

Maltreatment: Verified for Substance Misuse, Environmental Hazards and Family Violence Threatens Child

Analysis: Micah and Makenzie Thomas have been exposed to hazardous living arrangements and parents who have not provided for the basic care and supervision needs of their children. Mr. Thomas engaged in violence and destructive adult behavior which resulted in his incarceration and subsequent inability to provide for his children. Ms. Croft continues to abuse substances, in particular methamphetamine, and leaves her children with care providers that are not equipped to provide for their needs, nor are indicative of safe persons. Ms. Croft has been demonstrating a pattern of placing her needs above those of her children for the past four years, resulting in Micah and Makenzie being unsafe. Neither Mr. Thomas or Ms. Croft appear to have insight regarding the need for Micah and Makenzie to be safe, and neither parent

acknowledges their actions as being contrary to Micah and Makenzie's safety.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collateral contact made with CPT for medical information for children.

II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

MICAH THOMAS

Micah is a 33 month old Caucasian male, who has had little to no stability in his life. Micah is part of a sibling group of five - with two full biological siblings and two half-siblings. Micah has no current relationship with his half siblings. He did reside with his younger sibling for a short period of time when she was first born and has had sporadic contact with her since over the course of the past year.

Micah does not have a set routine, and has been dependent upon his care provider for the day, which is usually Makenzie. When Micah was with his father, the routine was dependent upon his father's schedule. Often times, this resulted in Micah going to bed around midnight and waking around 10/11am. Ms. Croft could not provide a schedule for Micah, attributing the lack of schedule as her way of allowing "Micah to be Micah."

Neither parent was able to provide information regarding the medical care that Micah has received. Both parents note that Micah was born full-term, with no medical concerns noted at the time. He is current on his vaccinations; however, he does not have a set medical provider. Ms. Croft relies on the emergency room as a means for medical care for Micah when needed, which both report is infrequent.

Micah's interactions with others are primarily with adults and his sister, Makenzie. He is open to adults and freely goes to the adults in the room, regardless of his familiarity with them. Both parents describe Micah as a people person. Micah has never attended child care nor has he been in settings where he is exposed on a consistent basis to other children his age. When faced with other children his own age, Micah appears to experience some discomfort and retreats to the adults in the room.

Micah's communication is adequate for a child his age. Micah is able to articulate through verbal communication with others. His vocabulary is consistent with a child that has been exposed to adults using profanity and child now also uses inappropriate language at times.

Ms. Croft describes Micah as "very smart, not a typical two year old." She describes him as loving and very sweet towards everyone. Ms. Croft does not believe that Micah has any developmental concerns. Ms. Croft believes that Micah will do well when he goes to school, but right now, does not see a need for Micah to have interaction with other children his age.

Makenzie describes Micah as a "handful" and that she feels that she has to look out for him. Makenzie feels that Micah does not listen to her when she tells him to not do things. Micah and Makenzie share a "bedroom." Makenzie states that Micah has trouble sleeping at times, so she often will try to read stories to him to get him to go to

sleep. Makenzie has been working with Micah on potty training when she is home from school. Makenzie is concerned that Micah is not potty trained, as he is going to be three soon and thinks that he needs to be potty trained. Makenzie is excited that Micah will be able to have some interaction with other children since they have been in the foster home.

Analysis: Micah is a 33 month old Caucasian male that lacks consistency and stability in his life. He has been exposed to areas where meth is being manufactured; he has been exposed to family violence which contributed to his mother's need to flee their home; and he has learned to depend on his 9 year old sister for meeting his basic needs. While pleasant and well-mannered, he has little to no social connections with other children, thus creating a lack in social skills needed for interaction with other children. Micah has no stranger fears and easily adapts to his caregivers further indicating the lack of consistency and routine when he was with his mother. Micah is in need of a consistent, safe caregiver who is able to place his needs for social connections and stability above their own needs.

MAKENZIE THOMAS

Makenzie is a 9 year old who has little stability in her life. She has had to transfer schools five times in the past four years due to the transience of her family. Makenzie is currently attending Walter Symons Elementary School, where she is in the third grade. Educationally Makenzie is not on target for a third grader. The school counselor believes that this is due to the instability of Makenzie's home life and having had attended so many different schools. Makenzie's reading is at Kindergarten level. Makenzie's math skills are also significantly lacking. Currently Makenzie is being evaluated for an IEP to assist her in achieving the appropriate educational level. Makenzie likes her current school and has been able to make some friends that are her age and share similar interests. Makenzie would like to stay at Walter Symons Elementary School and not change schools again.

Makenzie has not seen a medical provider "in a long time." Makenzie was not aware of anytime that she had seen a dentist, and does not report that she has any problems with her teeth. She has lost a few teeth and was disappointed that the tooth fairy did not come; she thinks the tooth fairy is not real.

Makenzie does not have a good relationship with either her mother or her father. Makenzie reports that she is very angry with both of them because they can't "stay out of trouble." Makenzie has a minimal relationship with her siblings, other than Micah. Her older sister was adopted and she has no recollection of her; she sees her younger sister sporadically. Her half-siblings on her father's side she does not know, as she has never met them, just know about them from her father.

Ms. Croft describes Makenzie as a "responsible" girl, who is very helpful to her as a parent. Ms. Croft views Makenzie as a good support to her and is grateful that Makenzie is so independent. Ms. Croft struggled to articulate the strengths of Makenzie, other than she is helpful and responsible. Ms. Croft is aware that Makenzie is struggling at school, however does not know how to assist her due to her own educational limitations. Ms. Croft knows that Makenzie has friends because she tells her about them

but she could not name the friends or has never seen them at the house. Ms. Croft was not able to identify a medical provider for Makenzie; she relies on the Emergency Room if needed to treat the children should they become ill.

Mr. Thomas describes Makenzie as a good child that was helpful to him when he was taking care of both Micah and Makenzie alone. Mr. Thomas would like to see Makenzie involved in activities, such as sports and other activities at the school. Mr. Thomas knows that Makenzie is angry with him and wants Makenzie to be happy, so is willing to support her in any way possible. Mr. Thomas has not had frequent contact with Makenzie in the last several months and is not aware of how she is doing now.

Analysis: Makenzie is a 9 year old Caucasian female who has been residing primarily with her mother and younger sibling. Given continued family violence, Makenzie's mother had to leave the family home and Makenzie has experienced multiple changes in living arrangements and schools. Makenzie is not on target with academic achievement. Makenzie had limited to no support within her mother's home and has taken on the role of the primary caregiver to her younger brother. Makenzie presents as worried and angry both in regards to her parents and her sense of responsibility for her younger brother. Makenzie has a limited social network that primarily occurs while at school.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother's friend), L. Fletcher (school counselor), Mrs. Wells (foster parent)

III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

AMY CROFT

Ms. Croft, age 30, was born and raised in Orlando Florida. She has lived in other areas of Florida, but has primarily resided within Orlando the past ten years. Ms. Croft was raised in a household where alcohol was prevalent by both her mother and her father. Her parents separated when she was 12, with her mother becoming sober and her father continuing to drink. Ms. Croft's mother left her and her siblings with her father. Ms. Croft feels that this was due to her mother seeking treatment for her alcohol abuse.

At the age of 16, Ms. Croft left home due to reported abuse by her father. She reports that her father was verbally and emotionally abusive to her and her siblings growing up and that it increased in intensity when her parents separated. Ms. Croft resided primarily with her mother after leaving her father's home, however at times would choose to stay with friends. Ms. Croft's father died in 1997 of an alcohol related stroke.

Ms. Croft's mother, Lisa Clement, remarried and Ms. Croft does not have good relationship with her mother and stepfather, Ben Clement. Ms. Croft blames her mother for the death of her father, because she had left him and Ms. Croft believes that was the reason that her father's alcohol use increased. While Ms. Croft does not have a good relationship with her mother and step-father, Ms. Croft often asks them for assistance when she perceives that she does not have any other resources. Lisa and Ben Clement have chosen to distance themselves from Ms. Croft and Mr. Thomas, as they do not agree with their lifestyle and have provided a significant amount of assistance over the past 10

years, with no changes by Ms.Croft. Mr. and Mrs. Clement have been caretaking one of the children, and have declined to provide additional assistance to Ms.Croft, as they feel that she has taken advantage of their assistance, including losing money, having cars stolen, and drugs being brought into their home.

Ms.Croft began experimenting with alcohol and drugs at the age of 14. She started using marijuana and progressed to using acid, ecstasy, cocaine, methamphetamines, and alcohol. Since she began using drugs at the age of 14, she can only recall being sober for a few months at a time, however reports that she does not use alcohol, as she relates the alcohol use to the death of her father. Ms.Croft did not complete high school, nor has she obtained her GED, primarily due to her substance use.

At the age of 16 Ms.Croft was diagnosed with depression after her mother forced her to see a therapist or she would be kicked out of her home, resulting in being homeless. Ms.Croft was placed on antidepressants, Paxil, however only took the medications for one year before she left home permanently at the age of 17.

When Ms.Croft left her mother's home, at 17, she primarily resided with various friends. She found employment, sporadically in the restaurant business, mostly fast food service. She met Jason Riddle while working at a fast food restaurant. Ms.Croft and Mr.Riddle lived together with various friends during the time they were together. Ms.Croft had her first child, Calvin, at the age of 18 with Mr. Riddle. Mr. Riddle and Ms.Croft were together for two years, from the time Ms.Croft was 17 to 19. Ms.Croft reports that she left the relationship with Mr. Riddle due to his violence towards her and his alcohol abuse.

Following her separation with Mr. Riddle, Ms.Croft began a period of transient living and increased drug use, which eventually resulted in Calvin being removed from her care and later adopted by his paternal grandparents. Ms.Croft met Blake Thomas while she was residing with some friends. Mr.Thomas was older than Ms.Croft and at the time provided Ms.Croft with support, such as money and food. Ms. Croft became pregnant with her second child, Makenzie, shortly after Mr. Thomas and she met. During the course of her pregnancy she continued to live a transient lifestyle, and upon arrival to the hospital to deliver Makenzie she had a black eye and flesh wound from being stabbed. These were attributed to a physical fight between Ms.Croft and Mr. Thomas's sister.

Ms.Croft became pregnant with Micah during a time that she and Mr. Thomas were "separated." Ms. Croft believes that Micah is Mr. Thomas's child and Mr. Thomas has never disputed the paternity of Micah. Ms.Croft had been involved in various drug related activity, including distribution of methamphetamine and was on probation when Micah was born. Micah and Amy both tested negative for substances at the time of Micah's birth.

Madison, Ms.Croft's third child, was born approximately one year later, and due to Ms.Croft's prior criminal convictions and Ms.Croft testing positive for methamphetamine at the birth, she was court-ordered to enter rehabilitation upon discharge from the hospital. Madison did not test positive for substances when she was born and was born full-term with no complications. Ms.Croft placed Madison with her maternal grandparents due to being arrested and Mr. Thomas cared for the other two children. Madison has remained with her maternal grandparents since that time. Ms.Croft has little to no contact with Madison.

Amy successfully completed the inpatient portion of her treatment and upon

discharge, resumed her transient lifestyle. She started living with Mr. Thomas again; however she left shortly after that time due to her reported fear of Mr. Thomas. Ms.Croft describes her relationship with Mr. Thomas as good, and reports that they have plans to marry in the future, but does not have a date set. Ms.Croft identifies periods of time where there has been violence towards her by Mr. Thomas, but that has been close to two years ago. Ms.Croft describes attending a domestic violence assessment after her relationship with Mr. Riddle ended, but does not feel that there is a need for continued domestic violence classes or assessments now, as things are fine with her and Mr. Thomas.

Analysis: Ms. Croft has led a transient lifestyle that has centered around drug usage and utilization of others to meet her basic needs. Ms. Croft has limited employment skills and her educational background is limited. In the past 14 years, there have been relative short periods of time where she was not abusing substances or engaged in an abusive relationship with others. Ms. Croft, despite the criminal consequences, has continued to abuse substances and align herself in relationships that are detrimental to her well-being. Ms. Croft, despite having an appropriate support network, does not reach out for assistance unless it is needed, such as for placing children. Ms. Croft lacks basic problem solving and coping skills, as well as impulse control.

BLAKE THOMAS:

Blake Thomas is a 41 year old Caucasian male, primarily raised in Orlando Florida. Mr. Thomas was primarily raised by his maternal grandparents, due to be his parent's alcoholism. Mr. Thomas reports that his mother lived across the street from them, and he was able to visit her often. Mr. Thomas had a limited relationship with his father and when Mr. Thomas was a teen-ager he found his father deceased in the family home. The death was alcohol-related. Mr. Thomas describes his parents as uninvolved with him, and neglectful as parents.

Mr. Thomas has a limited educational background, as he did not complete high school. He left high school shortly after finding his father deceased and has not pursued his GED, as he feels that it is not needed because he has always been able to find work. Mr. Thomas has worked a variety of jobs in the past 20 years--from construction to a car wash attendant. His last employment was at a car wash, where he had worked for approximately five months before his most recent incarceration.

Mr. Thomas has an extensive criminal history that includes multiple arrests for substance-related offenses and violence against others. Charges include cocaine possession, cocaine distribution, marijuana possession and distribution, aggravated assault with a deadly weapon, larceny, battery, and robbery. He is currently incarcerated at the county jail for violation of probation conditions, with an unknown release date. Mr. Thomas violated his probation when he was arrested for driving under the influence and driving on a suspended license.

Mr. Thomas has never been married, although would like to marry Ms. Croft. He has fathered five children with three different women in the last 15 years. Mr. Thomas has contact with two of his children, Micah and Makenzie. He would like to have contact with all his children, however is not sure where one of his children is currently, and he does not know if he would be allowed to visit the older children or Madison.

Mr. Thomas self describes himself as a person with a "bad history" of substance use and criminal activity. Mr. Thomas reports that his criminal activity is behind him now and that upon release from jail that he plans to live with his grandmother to start fresh. Mr. Thomas does not identify as having a current substance abuse problem, but rather an anger problem due to his frustration with Ms. Croft relapsing.

Analysis: Mr. Thomas has led a lifestyle that is centered around criminal activity. Since the age of 18, Mr. Thomas has had multiple arrests and incarcerations for various criminal activities, both drug related and violent offenses. Mr. Thomas has little to no periods of stability outside of incarceration, and has relied on criminal activity to support his lifestyle. Mr. Thomas self-reports that he has made changes in his life, however his actions and current incarceration are not indicative of positive change. Mr. Thomas has not demonstrated his ability to place his own needs aside in favor of any of his children, and has not been able to refrain from violence or activities that would allow him to provide for his children.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with L. Clement (MGM), B. Wise (PGGM)

IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? **Discipline/Behavior Management** – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

AMY CROFT

Ms. Croft has four biological children. Ms. Croft's first child, Calvin, she cared for until he was thirteen months old when he was removed from her care due neglect as a result of substance abuse. Ms. Croft's second and third children Makenzie and Micah, have primarily resided with either Ms. Croft or Mr. Thomas. Ms. Croft's fourth child, Madison, Ms. Croft placed with her parents as she was not able to care for all three of the children, Makenzie, Micah, and Madison. Madison has remained in the care of her grandparents, and Ms. Croft would like for that placement to remain permanent.

Ms. Croft describes her parenting as "not good." Ms. Croft describes periods of time that she was neglectful of Calvin and recognizes why he is not in her care anymore. Ms. Croft believes that a strength she has as a parent is that she has never used drugs in front of her children, but does acknowledges that she has cared for her children while under the influence of drugs. Ms. Croft does not believe that her being under the influence impaired her ability to care for her children. Ms. Croft does not recognize that Makenzie has witnessed her drug usage and is aware of the effects of Ms. Croft's usage on her interactions with Makenzie and Micah.

Ms. Croft was not able to provide any details regarding her parenting beliefs or practices, she views her role as a parent as to "just be there for the children and see how things go." Ms. Croft desires to be a good parent to Makenzie and Micah, however she does not identify any resources or role models for parenting, and did not appear open to learning new parenting practices to meet Makenzie's or Micah's needs. Ms. Croft did complete a parenting class in the past, however was not able to recall information learned during the class, in particular knowledge regarding what a toddler and youth may need from a parent.

Donna Hamilton, the friend that Ms. Croft, Makenzie, and Micah stayed with for a period of time, describes Ms. Croft's parenting as absent. Ms. Hamilton reported that the majority of the time Ms. Croft, Makenzie, and Micah stayed with her, either Makenzie or herself were the primary caregivers for Micah, as Ms. Croft was frequently not at the home. When Ms. Croft was at the home, Ms. Hamilton observed Ms. Croft to be loving towards Micah, but not responsive to Micah unless Micah sought her out. Ms. Hamilton observed Ms. Croft to be distant from Makenzie and Makenzie to be distant towards Ms. Croft. Ms. Hamilton believes that Makenzie is very angry with Ms. Croft and had witnessed Makenzie yelling at Ms. Croft at times regarding her not doing anything to help her or Micah.

Ms. Croft's parents believe that Ms. Croft loves her children, however they do not believe that Ms. Croft has the ability to parent due to her substance abuse. Mr. Thomas describes Ms. Croft as a "fun parent" when she is sober. Mr. Thomas identifies Ms. Croft as the friend to Makenzie and Micah, rather than a parent. Mr. Thomas believes that Ms. Croft loves all of her children and that Makenzie and Micah are the children that she has really worked to be able to raise, while being sober.

Discipline/Behavior Management: Ms. Croft does not have a set discipline routine or expectation for either of the children. Ms. Croft reports that she believes she has spoiled her children. Micah throws tantrums where he throws himself to the ground, kicking and screaming, that result in Ms. Croft giving into his "demands." Micah, at times, has become violent with others when he has been told no. Ms. Croft does not believe that his tantrums are of concern and that this is normal toddler behavior. There have been times that Ms. Croft has attempted to use time out for Micah, but she acknowledges those were unsuccessful so she ended up spanking him instead. She could not recall what the reason for the time out was or why it resulted in a spanking.

Makenzie was not able to articulate any rules or consequences within her household. Makenzie has not ever been "disciplined." She believes this is because her mother has not really taken a "mother" role in the context of telling her no for things. Makenzie knows right and wrong and knows about consequences. She equates rules and consequences to the rules that have been set at school.

Analysis: Ms. Croft does not possess the parenting skills necessary to parent Micah or Makenzie. Ms. Croft does not identify herself as a parental figure, and does not provide for consistent care for Makenzie and Micah. Ms. Croft was not able to correlate her negative actions, such as being under the influence of substances, and the child's safety needs. Ms. Croft does not recognize the developmental and emotional needs of a child, and has not responded to meet Makenzie and Micah's basic parenting needs, to include discipline.

BLAKE THOMAS:

Mr. Thomas has never provided for the care of any of his five children. He often relies on the mothers of his children to provide the care. Mr. Thomas was the sole care provider for Micah and Makenzie for a period of three months, at which time he abdicated his role to his grandmother, as he was not able to handle caring for Micah and Makenzie.

The relationships that Mr. Thomas has with his children are based upon his needs, rather than those of his children. He maintains infrequent contact with his children and their mothers, and provides no support to the children, either financially or

emotionally. Mr. Thomas does not provide any details regarding his view on parenting or how he perceives his parenting. Mr. Thomas attributes his children to "they just happened." Mr. Thomas would like to provide for Micah and Makenzie in the future, however would like to do so with the assistance of his grandmother.

Ms. Croft believes that Mr. Thomas and the children are very well bonded and that he is a good dad to them, however when asked for specifics of what being a good dad looked like, Ms. Croft could not provide examples. Ms. Croft reported that Mr. Thomas was worried about Micah and Makenzie when she left with the children and she believes that is a good thing as a parent.

Discipline/Behavior Management: Mr. Thomas acknowledges that he does not discipline any of his children. He has had limited time in caring for his children and does not feel that punishing while he is caring for them is in their best interest, as he is afraid then they won't want to see him. Mr. Thomas knows that children need discipline, however relies on others to provide the discipline/behavior management for his children. In particular with Micah and Makenzie, Mr. Thomas would defer to his grandmother to provide the discipline for them. He was not clear on how his grandmother disciplined them. His grandmother is currently in a nursing home with congestive heart failure.

Analysis: Mr. Thomas has limited to no parenting experience. When tasked with a parenting role, he seeks out others to provide the parenting. He does not identify himself as a parent and has been frequently unable to provide for the care of his children due to his incarceration and transient lifestyle. Mr. Thomas cannot identify what the needs of a child are or how he would accomplish meeting those needs.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother's friend), L. Clement (MGM), B. Wise (PGGM)

Practice: Applying Concepts to Our Practice

- ▶ In small groups of 4:
 - Review written case information: FFA;
 - Determine if each domain is sufficient;
 - Identify the danger threat that is indicated based upon the information;
 - Provide justification for decision and if determined not sufficient-what information is needed.



Activity Report Out



Activity Report Out

Slide Purpose:

1. To provide a visual for the Croft Practice activity report out.

Trainer Note:

1. All domains are sufficient for information collection. Guidance to the participants should occur during debrief to allow for ample discussion regarding the sufficiency of the information and to guide them to the conclusion that the information is sufficient.

Trainer Narrative:

1. Begin debrief with the Croft Family Sufficiency of Information conclusions first.
2. Inquire with participants, ensuring that each group presents their conclusions, what they determined to be the sufficiency of information for Maltreatment.
3. Reference the trainer's version of the worksheet for considerations during debrief.

4. Proceed through all six domains, validating the conclusions of the participants that the information was sufficient and clarifying any points that arise.
5. Proceed to transition to the discussion regarding the safety threats that were identified.
6. Inquire if there were groups that identified danger threats.
7. Inquire which danger threat was identified: record the danger threats on a flip chart.
8. Once all the groups have identified their danger threats, proceed to review the ones that are not accurate (if any were presented).
9. Inquire from the groups that identified the INACCURATE threats to present their danger threshold criteria for the justification.
10. Proceed to guide them through the exercise, clarifying information as needed with the goal of having the group identify for themselves that the threat is not supported by the danger threshold criteria.
11. Once complete with the inaccurate danger threats, proceed to the accurate danger threats.
12. Inquire from the groups that identified the accurate danger threats to present their danger threshold criteria-one to two groups present.
13. Validate accurate information regarding the danger threshold criteria and inquire from the other groups if they had any additional information to support the danger threshold criteria.
14. Conclude the Croft Family Functioning Assessment Exercise with allowing time for reflection of the activity and then inform we are going to repeat this process with the Smith Family.
15. Transition BACK to the activity slide.

Practice: Applying Concepts to Our Practice

- ▶ In small groups of 4:
 - Review written case information: FFA;
 - Determine if each domain is sufficient;
 - Identify the danger threat that is indicated based upon the information;
 - Provide justification for decision and if determined not sufficient-what information is needed.



Activity Report Out



Practice: Applying Concepts to Practice

Slide Purpose:

1. To provide a visual for the practice of applying concepts to practice.

Activity Handouts/References:

1. **Smith Family Functioning Assessment, page 76 of participant guide.**
2. **Smith Practice Exercise Worksheet, page 72 of participant guide.**

Exercise/Activity Debrief:

1. Inform participants that we will be repeating the exercise, this time with the Smith Family.
2. Remind participants that the end product for the family functioning assessment is a clear determination of how children are unsafe- what the impending danger is, how it is manifested, and how the danger crosses the danger threshold.
3. Review slide points for instructions for participants for activity.
4. Allow groups 30 minutes to complete the Smith Family Functioning Case Review.

Instructions for Smith Family Functioning Assessment

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying sufficient information collection through case application.

Materials Needed:

- Safety Methodology Reference Guide: Information Collection Domains and Danger Threats

Instructions:

1. Working within your small groups, each participant is to review the Smith Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
 - a. Information that supports each information domain as being sufficient or insufficient;
 - b. Rationale for decision regarding sufficiency for each domain;
 - c. Justification of the danger threat or absence of danger threat using the safety threshold criteria.
3. Following each participant's review of the worksheet, the group will complete the worksheet for the large group report out.
 - a. The group will need to identify a reporter for the large group report out.

Trainer Version

Domain	Sufficient: Yes or No	Justification
Maltreatment	No	<p>Conflicting information from the children and the parents.</p> <p>Unclear if the children have got out of the home on more than one occasion.</p> <p>Unreconciled information regarding the smoking of marijuana and how it affects the parenting.</p> <p>Unreconciled information regarding the use of Xanax.</p> <p>No collateral contacts made that can speak to the maltreatment other than the children in the home.</p>
Nature of Maltreatment	No	<p>Conflicting information from children and parents.</p> <p>Children's ages are missing to help qualify the severity (children are 1 and 3 found wandering).</p> <p>Duration of the time the children could have been gone from the home.</p> <p>Response of the mother and father.</p> <p>Explanation by mother and father regarding the use of marijuana and the effects on the ability to parent the 1 and 3 year old.</p>
Child Functioning	No	<p>Information about the children appears superficial.</p> <p>Missing information from collaterals regarding the children and their functioning.</p> <p>Missing information from the parents regarding the children and how they function. The parent talks about one child in one manner and the narrative about the child seems to contradict the information.</p>
Adult Functioning	No	<p>Limited information. Does not appear that the information about the parents came from anyone other than the parents. Not clear how the past history is related to the adult functioning. Unreconciled information regarding the substance use and history of violence in the family.</p>
Parenting General	No	<p>Again we see contradictory information and limited information. Seems to be more focused on discipline, rather than overall parenting. In addition there are concerning statements by the father-such as he does not enjoy being a parent-how has this affected his ability to provide for them, considering that the two were found wandering the streets.</p>

Parenting Discipline	No	Same feedback as above.
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Safety Threat(s) Identified: Yes or No	Threat(s):	Justification:
No	None	<p>There is not enough information to determine impending danger.</p> <p>Are there concerns regarding this family—absolutely! The limited information leads us to believe that there may be impending danger—but which one and what information is missing.</p> <p>We are unclear the mother's ability to manage or control—or even her awareness of the marijuana use—how can her children know so much and she not?</p>

Case Name: Smith, Mary
Worker Name: Wilson, Mitchell
FSFN Case ID: 123456

Initial Intake Received Date: 4/14/xx
Date Completed: 5/16/xx
Intake/Investigation ID: 456789

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Inadequate Supervision: There are allegations of inadequate supervision. The two youngest children were home with the father when they got out of the home, which is located on the corner of a very busy street. A passerby stopped and contacted LE, who arrived and tried to get the father's attention for an hour, without success. The father was inside the home asleep. The mother was eventually contacted at the local hospital, where she works, and came home. There were no injuries to the children. The father admits to smoking marijuana on a regular basis to help destress him. He is the main caregiver to the children during the daytime, which can pose a concern to whether he can properly supervise the children.

The father, Albert provided: I don't know how the boys got out. They have never got out before that I know of. Our oldest son does usually wake me up before he leave and puts the two youngest in the room with me. My son said he locked the door but he doesn't remember if he pulled the door shut all the way. I, glad that someone stopped because we do live on a very busy street and anything could have happened to the children.

Sibling Interviews Provided: They were all at school but heard when they got home that Sam and Jed had got out of the house. They have known the boys to get out of the house before on one occasion, at least. They all gave history that the father smokes "weed" all the time. They know where he keeps his "weed" and can describe how the father rolls his "blunts." The oldest child, Jason, indicated that the last time he saw his dad smoke was yesterday. Jason said that he left his brother's with his father yesterday morning, and that he is sure that he locked the door. Jason thinks that Sam was able to get the locks undone and that may be how they got out of the house.

II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

Jed: Age 1, not in daycare and is only seen through the family. He is non-verbal, very active and appears to be on target developmentally. Jed has no medical concerns and does not take any medication.

Sam: Age 3, not in daycare and is only seen through the family. He is semi-verbal, very active, and appears to be on target developmentally. Sam has not medical concerns and does not take any medication. Sam was able to be interviewed during the assessment, however he provided little information.

Mark: Age 6, is in kindergarten at Lakeside Elementary School. He has good grades. He shares

a room with his older brothers. He gave history that the police have been to his home to take his dad to jail and also when his brothers get out of the house. He feels safe at his home and is not afraid of anyone. He is a very active child. He spoke openly with the CPI however had to be redirected several times to sit down. He was clean in appearance, properly clothed, and free of marks or bruises. He appeared healthy and happy and on target developmentally.

Sara: Age 8, is in the 3rd grade at Lakeside Elementary School. She is functioning at her grade level. She has no behavior or medical concerns. She feels safe in her home. She indicated she is only scared when her father spanks them with a belt. She spends time with her family when they eat dinner, go to the beach, or watch TV. She says that police have been to her home before and took her father to jail. Both of her parents work. She knows what drugs and alcohol are and gave information that her father smokes "weed" everyday. She was seen at school and was clean, properly clothed, and free of any marks or bruises. She spoke openly, however when asked about drugs, she changed her demeanor and became quiet.

Anthony: Age 9, is in the 4th grade at Lakeside Elementary School. He enjoys playing basketball however does not play on a formal team or league. His grades are good and he functions well in school. He says both his parents drink and that they act funny, sleepy when they drink. He knows what drugs are and that they are bad for you and says his father smokes "weed." He says his parents take Xanax to help them fall asleep. He says that he has been the caregiver to his siblings when his parents leave to go out. He appears to know what to do in case of an emergency, as he indicated he would call 911, go to the neighbors or get his grandmother who lives a few blocks away. As a family they play Xbox, play outside, and watch movies. He was very open with CPI and did not appear to hold anything back. He appears to be on target developmentally and he was observed to be clean, properly clothed and free of marks or bruises.

Jason: Age 11, is in the 5th grade at Lakeside Elementary. He indicates his struggling with school but that his parents help him with his homework. He feels safe at home and all of his needs are being met. Both of his parents work. He does not remember the police ever coming to his home. He knows what drugs and alcohol are and that they are bad. He says that his dad's friends use drugs and that his dad smokes "weed" in a "blunt." He has heard his parents argue. The child is well mannered and spoke openly with CPI. The child was clean, properly clothed, and free of marks and bruises.

The mother and father provided that Anthony has a lot of behavior issues. He has been taken to the doctor but the doctor did not diagnosis him with anything. He tears things up and on one occasion he told her that he wanted to see her blood on a knife. This scared her. She is concerned about his behavior. He was referred to a neurologist but the doctor does not take Medicaid. The children all have a pediatrician.

III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

There are prior reports with the family:

Two years ago there was a closed with no indicators for substance misuse regarding the children and verified for family violence threatens child.

Seven years ago closed no indicators for physical injury.

Ten years ago closed no indicators for beatings, physical injury and environmental hazards and family violence.

The father Provided: He grew up in the area with a single parent. He was raised by his mother. He has one brother whom he does not see much. His father was never around. He denies being exposed to abuse, neglect, drugs, or DV as a child. He has been with Mary for 15 years. He describes their relationship as good and that they communicate well and never argue. The don't see family that often because they choose not to. He would not say why. He has a history of smoking marijuana. He denies alcohol abuse history and mental health history. He does have an extensive criminal history in regards to substances. He was in prison before and had 5 years probation, which ended three years ago. He is employed as a dishwasher and makes around \$200/week. The family receives food stamps. He did not graduate from high school as got in trouble with drugs and was kicked out of school. He has no ambition to get his GED. The father does not believe that he needs any services for his drug use.

The mother provided that she also grew up in the area. She was never exposed to abuse or neglect, however states her parents have had issues with drugs in the past and currently use drugs. She graduated from high school. She works full time at the hospital. She and the father have been together for 15 years, but never married. She describes their relationship as good. They have had issues in the past and the father has got counseling for it. She denies any DV with the father, however there is a verified reports from two years ago involving family violence. She denies being aware that the father uses marijuana on a regular basis, however she does know that he has smoked in the past and she does not condone him smoking. She does have a history of severe post partum depression and anxiety. She is currently on Zoloft, Trazadone, and another medication that she can't recall. She sees the doctor at the hospital. She has support through her family in town. The mother has agreed to services.

IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians?

Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

The children all give history that they are spanked or have things taken away when they are bad and they can't go outside. They have chores at home and have to help out.

The mother provided that she will give the children a warning and then if they continue the behavior, she will put them on restriction from outside, games, etc. If the behavior is really bad and continues, then they are spanked. She indicated that she has more patience with the children than the father does. He will spank the children either with his hand or a belt. She describes her children in a positive way. She loves going home to see her children and that they motivate her. She would not trade her children for anything. She describes her children as her number one priority over anything.

The father provided he spans the children with his hand or with a belt. That is how he was raised and that is how he disciplines. As a family they go to the beach or the park. He doesn't enjoy being a parent. He is their parent so he will take care of them and provide for them but he does not enjoy it. He has the children sit and do their homework once they get home and they have to do their chores before they can play.

Practice: Applying Concepts to Our Practice

- ▶ In small groups of 4:
 - Review written case information: FFA;
 - Determine if each domain is sufficient;
 - Identify the danger threat that is indicated based upon the information;
 - Provide justification for decision and if determined not sufficient-what information is needed.



Activity Report Out



Activity Report Out

Slide Purpose:

1. To provide a visual for the Smith Practice activity report out.

Trainer Narrative:

1. Begin debrief with the Smith Family Sufficiency of Information conclusions first, using the trainer version for guidance.
2. Inquire with participants, ensuring that each group presents their conclusions, what they determined to be the sufficiency of information for Maltreatment.
3. Reference the trainer's version of the worksheet for considerations during debrief.
4. Proceed through all six domains, validating the conclusions of the participants that the information where information was and was not sufficient and clarifying any points that arises.
5. Proceed to transition to the discussion regarding the safety threats that were identified.
6. Inquire if there were groups that identified danger threats.

7. Inquire which danger threat was identified: record the danger threats on a flip chart.
8. Once all the groups have identified their danger threats, proceed to review the ones that are not accurate (if any were presented).
9. Inquire from the groups that identified the IN accurate threats to present their danger threshold criteria for the justification.
10. Proceed to guide them through the exercise, clarifying information as needed with the goal of having the group identify for themselves that the threat is not supported by the danger threshold criteria.
11. Once complete with the inaccurate danger threats, proceed to the accurate danger threats.
12. Inquire from the groups that identified the accurate danger threats to present their danger threshold criteria-one to two groups present.
13. Validate accurate information regarding the danger threshold criteria and inquire from the other groups if they had any additional information to support the danger threshold criteria.
14. Conclude the Smith Family Functioning debrief with inquiring of participants their reflections regarding the two Family Functioning Assessments, in particular the difference in the sufficiency of information and the ability to make conclusions regarding safety when considering the Croft Family versus the Smith Family.
15. Seek insights such as: identifying the danger for the Croft Family was not as hard as in the Smith Family; the Smith family FFA was confusing and seemed to be missing some key pieces of information; the Croft FFA was more clear.
16. Reinforce with participants the significance of information collection in determining impending danger.
17. Information collection is the assessment of impending danger and without sufficient information; the determination of impending danger is difficult, as we saw in the Smith Family.

18. Inquire if there are any questions, additional reflections, or comments.
19. Inform participants that the next session will involve a practice exercise where we will be reviewing two additional cases, however this time, those cases are the cases that participants brought to training with them.
20. Transition to next slide.



Session 7

Practice Assessing Impending Danger: Case Application



Practice Assessing Impending Danger: Case Application

Session 7: 2.5 Hours

Slide Purpose:

1. This slide is to provide the introduction to Session 7.

Trainer Narrative:

1. Transition to next slide.

Practice! Practice! Practice!



Module 9

62

Practice Introduction

Slide Purpose:

1. To provide an introduction to the practice exercises.

Trainer Narrative:

1. In the following exercises we will be further practicing our skills in relation to the assessment of impending danger.
2. Transition to next slide.

Practice: Application

- ▶ Working in pairs, you will review both FFA's brought to training
 - Review information domains; determine if information is or is not sufficient
 - If sufficient information-Identify danger threats and related CPC's using the danger threshold criteria
 - If information is insufficient- Review domains, identify what areas of information are missing and develop plan for gathering additional information



Practice: Applying Concepts to Practice

Slide Purpose:

1. To provide a visual for the practice of applying concepts to practice.

Activity Handouts/References:

1. **Participants should have Florida Desk Reference with them.**

Exercise/Activity Debrief:

1. We are going to review two family functioning assessments in pairs.
2. Each participant should have an FFA that they brought to training for this exercise.
3. Remind participants that the end product for the family functioning assessment is a clear determination of how children are unsafe-

what the impending danger is, how it is manifested, and how the danger crosses the danger threshold.

4. Review slide points for instructions for participants for activity.
5. The activity will be completed with both cases.
6. Remind participants that this activity encompasses all of the competencies we have learned the past two days, as well as allows us an opportunity to practice giving feedback to our peers.
7. Remind participants that they should approach this practice exercise as if they were not the worker on the case and only use the information that is presented in the Family Functioning Assessment to base their decision-making.
8. Allow groups 1 hour to complete both cases.

Trainer Note:

1. Participants should have submitted their case examples to the trainer prior to the training for review and analysis.
2. The trainer should use the completed case review instruments completed prior to training to guide each group as they work through their case analysis.
3. In addition, the case review instrument should be presented to the worker post the training exercise for additional feedback regarding their Family Functioning Assessment.

Instructions for Case Practice: Assessing for Impending Danger

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice assessing for impending danger, through analysis of case information and reconciliation of information collection.

Materials Needed:

- Safety Methodology Reference Guide: Information Collection Domains and Danger Threats;
- FFA Brought to Training by Participants.

Instructions:

1. Working within your small groups, each participant is to review the family functioning assessment brought to training by each participant.
2. When reviewing the cases, each participant should be considering:
 - a. Information that supports each information domain as being sufficient or insufficient;
 - b. Rationale for decision regarding sufficiency for each domain;
 - c. Information that supports the identified caregiver protective capacities;
 - d. Justification of the danger threat or absence of danger threat using the safety threshold criteria.
3. Following each case review, the pair will complete the worksheet for the large group report out.

Domain	Sufficient: Yes or No	Justification
Maltreatment		
Nature of Maltreatment		
Child Functioning		
Adult Functioning		
Parenting General		
Parenting Discipline		

Safety Threat(s) Identified: Yes or No	Threat(s):	Justification:

Activity Report Out



Activity Report Out

Slide Purpose:

1. To provide a breaking point for exercise debrief and report out.

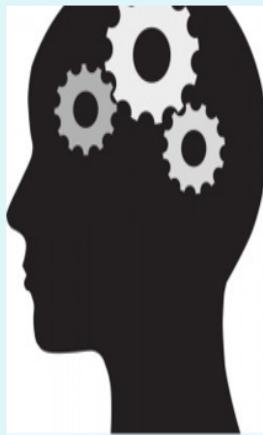
Exercise/Activity Debrief:

1. Conduct debrief through engaging the participants in reflection of the exercise.
 - a. What were some insights that the participants had regarding information collection and the identified impending danger?
 - i. Were there any examples of where people felt that they might need more information?
 - ii. If so, what did they find was missing in their information collection?

- iii. What is their plan for collecting additional information?
2. Conclude debrief with seeking feedback from the participants regarding the exercise and how they envision applying these concepts to assessing for impending danger in the future.
3. Allow for participants to share their feedback.
4. Inform participants that this concludes the training, but that before we end for the day, we will be completing our post-test assessment and that we are asking that participants complete the training evaluation.
5. Transition to next slide.

Post Training Knowledge Assessment

- ▶ Inform training and development
- ▶ Provide feedback to trainer
- ▶ Measure change



Training Evaluation

- ▶ Used for professional growth and development
- ▶ Updating/refining training material content and exercises
- ▶ Measure change ☺



Baseline Knowledge Assessment and Training Evaluation

Slide Purpose:

1. Information to participants to inform assessment and evaluation.

Trainer Note:

1. Provide both the evaluation and post-test at the same time to allow for participants to complete both before dismissing the class.
2. Do not dismiss the class until after the post-test and the evaluation are completed.

Trainer Narrative:

1. The curriculum objectives were to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding impending danger.
2. Inform participants that this is not a test but, rather, a gauge of their knowledge base, post-training delivery.
3. The assessment will be used to inform further staff development activities at a statewide and individual level for participants.

Activity/Exercise:

1. **Hand out the competency post-test assessment for participants.**
 - a. **Loose Handout.**
2. **Hand out the training evaluation.**
 - a. **Loose Handout**
3. Allow participants 20 minutes to complete the worksheet and evaluation.
4. Have participants hand in their worksheets to the facilitator.
5. Transition to closing slide.
6. Thank participants for their time and attention over the last two days and dismiss the participants.

Trainer Note:

1. Per the contract requirements, the following will need to be completed:
 - a. All sign in sheets need to be scanned and emailed to the Region Contact and OCW Contract Managers;
 - b. All training evaluations need to be scanned and emailed to the Region Contact and OCW Contract Managers.

Trainer Version

1. Sufficient information is:
 A) Information that gives us a full picture.
 B) Relevant to the particular information domain.
 C) Pertinent to the information domain.
 D) Adequate and gives us confidence about conclusions.
 E) **All of the above.**

2. The initial risk assessment is completed:
 A) When the hotline is received by the CPI.
 B) For each parent, regardless of their household.
 C) Only when children are safe.
 D) **At the conclusion of the family functioning assessment.**
 E) At any time during the assessment.

3. Which of the following is not one of the safety threshold criteria?
 A) Immediate
 B) Potentially severe
 C) Out of control
 D) **Protective capacity**
 E) Observable

4. A negative family condition is always a danger threat.
 True
 False

5. Assessing for impending danger is contingent upon:
 A) Sufficient Information collection.
 B) Worker Competencies and Skills.
 C) Having a present danger plan in place.
 D) Whether or not we can file a dependency petition.
 E) **A and B Only.**

6. Which of the following best defines impending danger?
 A) **A child being in a state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child**
 B) An immediate, significant, and clearly observable family condition that is actively occurring or in process of occurring at the point of contact with a family and will likely result in serious harm to a child, therefore requiring a prompt CPS response
 C) Negative family conditions and/or circumstances that place a child at risk of maltreatment
 D) The point at which a negative family condition gets worse
 E) It is the same as present danger.

7. Assessing is:

- A) Timely.
- B) A one-time occurrence to complete the Ongoing Family Functioning Assessment.
- C) **Continual and dynamic.**
- D) Record based information collection.
- E) Completed without the family.

8. Getting information about objects, events, motives, attitudes and phenomena using one or more senses is:

- A) Being alert.
- B) Asking a lot of questions.
- C) **An essential skill of Case Managers.**
- D) **Observation.**
- E) C and D.

9. Which of the following statements best discriminates between Present Danger and Impending Danger?

- A) **Present Danger is immediate, significant, & observable; Impending Danger is imminent.**
- B) Present Danger is immediate but not observable; Impending Danger is a danger pending report.
- C) Present Danger is imminent but not observable; Impending Danger is immediate and significant.
- D) None of the above
- E) All of the above

10. The information collection protocol outlines that the first interview should be:

- A) The parents.
- B) The siblings.
- C) **The alleged victim(s).**
- D) The maltreating parent/caregiver.
- E) The non-maltreating parent/caregiver.

Florida Safety Methodology Training Workshops Evaluation Survey
Contract #IJ 949

TRAINING DATE: _____

REGION/CIRCUIT: _____

TRAINER'S NAME: _____

WORKSHOP TITLE: Assessing Impending Danger

Please respond to each question using the following scale:

1 =Strongly Disagree	2 = Disagree	3 = Unsure/Neutral	4 = Agree	5 = Strongly Agree
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Please circle the number that most appropriately answers the following questions regarding the TRAINER'S presentation:

1. The quality of the presentation was good.

1	2	3	4	5
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2. Participation was encouraged.

1	2	3	4	5
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3. The trainer used various tools to match various learning styles (exercises, PowerPoint, lecture, multimedia, etc.).

1	2	3	4	5
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4. The trainer was knowledgeable about both the Florida Safety Methodology and child welfare systems.

1	2	3	4	5
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5. Overall, I was satisfied with the trainer's performance.

1	2	3	4	5
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Additional Comments: _____

Please circle the number that most appropriately answers the following questions regarding the evaluation of the TRAINING CONTENT:

1. I have a clear understanding of the information presented.

1	2	3	4	5
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2. The information presented was useful to my work.

1	2	3	4	5
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3. The information presented was well organized.

1	2	3	4	5
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4. I understand the components of this concept of the Florida Safety Methodology.

1	2	3	4	5
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5. I learned specific practice skills as a result of this training workshop.

1	2	3	4	5
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6. Overall, I was satisfied with the curriculum contents.

1	2	3	4	5
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Additional Comments: _____