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## **Safety-Related Information Standards**

What Every CPS Caseworker Needs to Know to Make Good Safety Decisions

*Information is the Foundation of Safety Decision Making.*

### *Introduction*

What information do Child Protective Services (CPS) caseworkers gather and analyze in order to determine if a child is unsafe? Do caseworkers have a clear sense about what information is necessary in order to draw conclusions about a child's safety? What information do CPS supervisors consider from their caseworkers and from documentation in order to evaluate safety decision making?

Safety decision making includes screening judgments when a child maltreatment referral is received; a decision about how soon a case should be seen after receiving a CPS report; a judgment about whether present danger exists; a safety assessment to determine whether impending danger exists; judgments about necessary actions, intrusion and level of effort to control threats to safety; and conclusions about safety concerns that must be addressed in case plans and how those safety concerns will be addressed. Among all these decisions, there are two conceptual areas that are fundamental, requiring a full understanding of how a family is functioning: safety threats (impending danger) and caregiver protective capacities. These two concepts form the definition for safety: *a child is safe when there is an absence of safety threats or caregiver protective capacities are sufficient to assure protection.* Safety-related information standards provide a framework for information collection that provides a basis for identifying, analyzing and understanding the presence of safety threats and the nature and effectiveness of caregiver protective capacities.

## *The Need to Know in Order to Assess Safety Threats*

There are 10 universal safety threats common to all safety intervention models.

The universal safety threats are:

- ✚ Violent Caregivers or Others in the Household
- ✚ Caregiver Makes Child Inaccessible
- ✚ Caregiver Lack of Self-Control
- ✚ Caregiver Has Distorted Perception of a Child
- ✚ Caregiver Fails to Supervise/Protect
- ✚ Caregiver Threatened/Caused Serious Physical Harm to a Child
- ✚ Caregiver Will Not/Cannot Explain a Child's Injuries
- ✚ Child Provokes Maltreatment
- ✚ Fearful Child
- ✚ Caregiver Is Unwilling/Unable to Meet Immediate Needs of Child

Within safety assessment, safety threats represent a caseworker's conclusion about child safety. That conclusion is based on a caseworker's understanding of a family gained from the information he or she collected. The effectiveness of a caseworker's safety assessments is totally dependent on:

1. Whether information a caseworker collected is pertinent to understanding threats to child safety.
2. Whether a caseworker has enough information to have confidence about child safety.

When a child is in present danger, it is obvious to the eye. When a child is in impending danger, it is *not* obvious. The child exists in a state of danger that is active in a sort of "off and on" manner. It is only through understanding how a family operates, how individual family members behave, and what family relationships and interaction are like that the state of danger can really be understood. Safety threats (impending danger) can be elusive. To uncover and understand impending danger, a caseworker must develop a deeper familiarity with a family. To effectively assess safety threats, a caseworker must inquire into pertinent areas of family life and do so in an abundant fashion with due respect for the constraints and realities of CPS work. For supervisors to effectively evaluate safety decisions and provide guidance to caseworkers, it is crucial that expectations about sufficient safety-related information are met by what caseworkers collect, what they know, and what they document.

## *The Need to Know in Order to Assess Caregiver Protective Capacities*

The concept of caregiver protective capacities is less developed and apparent among safety intervention models. However, it is concept-critical to safety decision making and, like safety threats, understanding caregiver protective capacities requires collecting safety-related information that reveals the family in fuller, more vivid ways. Caregiver protective capacities are personal and parenting *behavioral, cognitive* and *emotional* characteristics that specifically and directly can be associated with being protective of one's young. Caregiver protective capacities are apparent in three areas of individual functioning:

1. *Behavior* protective capacities that include specific action, activity and performance that are consistent with and result in parenting and protective vigilance.
2. *Cognitive* protective capacities that include specific intellect, knowledge, understanding, problem solving and perception that result in parenting and protective vigilance.
3. *Emotional* protective capacities that include specific feelings, attitudes, identification with a child, motivation and personal need-meeting satisfaction that result in parenting and protective vigilance.

## *The Need to Have Safety-Related Information Standards*

The most important contributor to effective safety decision making is pertinent, relevant, and sufficient information.

1. *Pertinent* means that the information collected has relationship to that which influences or is associated with a child's safety.
2. *Relevant* means that the information collected has significance with respect to revealing situations and behavior related to child safety.
3. *Sufficiency* means the information collected is abundant, in-depth and complete as related to making a decision about child safety.

What is obvious about safety-related information standards is the implied necessary opportunity and exhaustive level of effort required to comply with acceptable information collection. Additionally, it becomes apparent that effective decision making which relies on pertinent, relevant and sufficient safety-related information occurs as a result of serious, intentional and focused involvement with family members during the information collection process. This means that while it may be possible to collect sufficient information in a single family contact given acceptable circumstances, often greater effort is required.

The question of what that information must be should never be left to caseworkers or supervisors. Every safety intervention model, agency policies and procedures and agency training should contain and promote a safety-related information standard. The standard sets forth exactly what information should be collected as a minimum for safety decision making. The standard provides clarity about what information should be collected and provides an expectation of what a caseworker and supervisor should know about a family and its members in order to reach safety decisions and conclusions.

The Safety-Related Information Standard is organized into five areas. These five areas of family life can provide pertinent, relevant and sufficient information to complete an effective assessment of threats to child safety and the nature of caregiver protective capacities. Years of field experience related to safety decision making demonstrate that these five areas can effectively provide sufficient information for completing safety assessments and evaluating caregiver protective capacities. These five areas can be posed as five assessment questions:

1. What is the extent of the maltreatment?
2. What surrounding circumstances accompany the maltreatment?
3. How does the child function on a daily basis?
4. What are the overall, pervasive parenting practices used by the caregiver including disciplinary approaches and discipline context?

5. How does the caregiver function with respect to daily life management and general adaptation including substance use and mental health functioning?

These five questions are not for the family to answer but are for caseworkers. These questions provide the boundaries for what a caseworker seeks to understand about a family. The answers to these five questions provide the information foundation from which a caseworker identifies the presence of threats to child safety and evaluates caregiver protective capacities. It is the same information foundation that a supervisor uses to evaluate casework performance, to judge the quality of caseworker decision making, and to provide consultation and guidance to caseworkers related to their safety intervention.

*What is the extent of the maltreatment?*

This question is concerned with the maltreating behavior and the immediate physical effects on a child. It considers what is occurring or has occurred and what the results are (e.g. hitting, injuries). The answer to this question also results in a finding of maltreatment (as in a substantiation of the alleged maltreatment). This question is typically the focus of most 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 the maltreatment
- History of the maltreatment
- Description of specific events
- Description of emotional and physical symptoms
- Identification of the child and maltreating caregiver

*What surrounding circumstances accompany the maltreatment?*

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 nature of the maltreatment. Information that answers this question includes:

- The duration of the maltreatment
- Caregiver intent concerning the maltreatment
- Caregiver explanation for the maltreatment and family conditions
- Caregiver acknowledgement and attitude about the maltreatment
- Other problems occurring in association with the maltreatment (like substance use or mental disturbance)

*How does the child function on a daily basis?*

This question is concerned with a child's general behavior, emotions, temperament and physical capacity. It addresses how a child is from day-to-day rather than focusing on points in time (i.e., CPS contact, time of the maltreatment event). A developmentally appropriate standard is applied in this area of inquiry. Information that answers this question includes:

- Capacity for attachment
- 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

*What are the overall, pervasive parenting practices used by the caregiver including disciplinary approaches and typical discipline context used by the caregiver?*

This question explores the general nature and approach to parenting which forms a basis for understanding caregiver-child interaction in more substantive ways. This question also is concerned with the manner in which caregivers approach discipline and child guidance. Discipline is considered in the broader context of socialization—teaching and guiding the child. Information that answers this question includes:

- Reasons for being a caregiver
- Satisfaction in being a caregiver
- Caregiver knowledge and skill in parenting and child development
- Caregiver expectations and empathy for a child
- Decision making in parenting practices
- Parenting style
- History of parenting behavior
- Protectiveness
- Disciplinary methods
- Concept and purpose of discipline
- Context in which discipline occurs
- Cultural practices

*How does the caregiver function with respect to daily life management and general adaptation including substance use and mental health functioning?*

This question is concerned with how the adults/caregivers in the family feel, think and act on a daily basis. The question here focuses on adult functioning separate from parenting. For instance, here we are concerned with how these adults in the family behave regardless of whether they are parents or not. 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
- Employment
- Citizenship and community involvement
- Rationality
- Self-care and self-preservation
- Substance use
- Mental health
- Physical health and capacity
- Functioning within cultural norms

Experience has confirmed repeatedly that the information related to these five questions can be effectively gathered by CPS caseworkers using acceptable interviewing approaches during initial assessment/investigation. Certainly the ease in getting information from families varies, but, typically, well intentioned, prepared caseworkers can gather pertinent, relevant and sufficient information related to these five questions within a few family contacts.

### *The Need to Know How to Collect Safety-Related Information*

The purpose of this learning opportunity is associated with safety-related information standards. However, a brief consideration of information collection methods might be useful.

First, attempts to collect safety-related information using the five assessment questions as the framework should not be slanted toward seeking only negative information about a family. The intention should always be to gain a picture of the family and how it operates. That means that information collection will be balanced so that consideration is given to what is positive and working in a family that may or may not have to do with CPS-related concerns; what is negative and challenges a family which may not have specifically to do with CPS-related concerns; and what is specifically negative such as risk influences, problematic behavior or situations and

actual threatening behavior or circumstances which certainly are related to CPS concerns. The idea is that safety-related information collection attempts to “take the family as it is” in order to understand what is happening and how it may or may not be associated with child safety.

Experience has shown that collecting sufficient safety-related information using the five assessment questions during initial assessment is fully and reasonably possible through conducting normal conversations with clients; using a range of direct, open and closed questions; showing empathy and an interest to know and understand; and demonstrating support and reflecting understanding and acceptance. However, the greater the proficiency a caseworker has with interpersonal skills and interviewing techniques the more able he or she will be in collecting the desired information and in managing information collection efforts. Skills and techniques that are important to master include the following:

### Attending Behavior

The caseworker focuses her attention on the client rather than her agenda or her line of questioning. Attending behavior involves “matching” a client’s nonverbal behavior by consciously manipulating and controlling your own non-verbal skills and responses. Primary attending behaviors include: eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities—tone and pace.

### Open Questions

Typically caseworkers should attempt to begin each new line of questioning and/or transition in topic with an open-ended question. Open questions help to remove a caseworker from responsibility for “carrying” the interview by establishing a conversational quality to the interaction. Open questions are questions that cannot be answered *yes* or *no* or in just a few words. Open questions require the client to elaborate with a wider range of responses.

### Closed Questions

Closed questioning should be used to restrict or narrow the focus of a client’s response. Closed questions should be used purposefully when precise detail and

great clarity is needed from the client. As an exception, closed questions may be used more frequently when there are time constraints or when you are interviewing a client who is very concrete or is not very verbal.

### Paraphrasing

The primary intent of paraphrasing, as used during a CPS investigation/assessment, is to facilitate the clarification of statements, issues and concerns. Paraphrasing may involve a caseworker selecting and using a client's own key words. This enables the caseworker to better judge whether what he heard from a client was in fact accurate. Beyond a caseworker's reuse of a client's key words, it is important to note that paraphrasing is not simply stating back a client's comments verbatim. Paraphrasing involves a caseworker formulating the essential message that the client is conveying and then stating that message back to the client in your own words. When using this technique, a caseworker wants to make sure that he always checks out the accuracy of his statement by concluding the paraphrase with a simple question such as, "Is that correct?" "Does that sound accurate?"

### Encouraging

This technique serves to keep people talking about a particular topic, issue or concern. Encouraging may be as simple as using a slight verbal prompt such as "uh-huh," "I see," "go on," "then what," etc. Encouraging may also involve a caseworker using precisely chosen key words or key phrases stated by the client in order to get a client to elaborate further. (i.e., "Angry?" "Not the first time?" "Always happens?" "You screwed up?")

### Conversational Looping

Conversational looping is a skill for gathering information that first involves a caseworker identifying some key general topic or area for discussion with a client (i.e., relationships, education, employment history). Once a caseworker has identified a topic of discussion, she begins the conversation with a broad non-threatening open question. As the conversation progresses related to an identified topic, the caseworker continues with a line of questioning (primarily open-ended) based on previous client responses that progressively moves the discussion toward a

more specific and intimate inquiry. A key to effective conversational looping is the ability of the caseworker to maintain a client's focus on a particular topic which will then enable the interviewer to gather more detailed information from the client about the issue, concern or topic of inquiry.

### Reflective Listening Statements

Reflective listening statements involve a caseworker interpreting what a client believes, thinks, feels, etc. and then stating her interpretation back to the client. A caseworker interpretation of what the client is communicating is based on both verbal responses and non-verbal cues from the client. As a technique and mental process, reflective listening statements begin with a caseworker listening to what is being communicated by the client. She processes the information and speculates as to the meaning of what the client is saying and then "reflects" the meaning back to the client in the form of a statement. A statement is used rather than a question because a statement is less likely to produce client resistance, and, further, a statement triggers the client to re-examine the accuracy of their perceptions and thoughts.

*Core Techniques for Deliberate Information Gathering* [Sources: Ivey, A. (1994), Holder, W. (1997), Holder, T. (2000), Miller and Rollnick, (1991)]

This begins the applied learning portion of this program. Following will be a series of experiences to bring to life the Safety-Related Information Standards. Regarding each of the five assessment questions, an information collection demonstration will be provided followed by an exercise. The demonstrations should not be thought of as exemplars of highly effective interviewing skill. However, the demonstrations do exemplify the depth and breadth of information collection that is possible in a limited time as a result of using an intentional conversation style that is directed by the five assessment questions.

This learning opportunity can be completed by an individual caseworker. Supervisors may find the videos and exercises useful as learning resources for their units. Staff development staff may find ways to include aspects of this applied learning resource within larger safety intervention curricula.

# How Does the Child Function?

## A Demonstration of Information Collection During a Child Interview

The purposes of the demonstration are:

1. to emphasize the importance of information collection related to child functioning;
2. to identify content related to child functioning;
3. to evaluate style and technique and consider challenges in interviewing children; and
4. to consider the importance of observation as a part of collecting child functioning information.

Be prepared to observe and evaluate the interview as an example of information collection related to child functioning. Here are your task assignments as you observe the interview.

**Task 1** = Consider and evaluate the technique, style, strengths and weaknesses of the interviewer.

**Task 2** = Consider and evaluate the actual content that is generated during the interview as it is related to helping form conclusions about child functioning

**Task 3** = Focus primarily on what conclusions you can make strictly from observing the child, how she thinks and communicates, what emotions she emits.

**Task 4** = Notice what information comes from the child that is revealing of other information collection areas like adult functioning, maltreatment or parenting.

Before watching the video, read the *Chavez Intake*.

## Chavez Family Intake

MOTHER: Laura Chavez - age 28  
FATHER: James "Jimmy" Chavez (deceased)  
CHILD: Jennae Chavez- age 8

### Referral Information

DSS received a report from the Sheriff's Department today regarding this family. According to the referral, Laura overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was taken to the hospital by the Sheriff's Department staff after her sister came to the apartment and found Laura nearly incoherent. The daughter, Jennae, age 8, was transported to the hospital along with her mother by law enforcement. At this time, law enforcement is requesting immediate assistance with the placement of the child. Law enforcement indicated that there are maternal grandparents available (per Laura and maternal sister) who may be able to take the child.

In addition to this incident, Laura's sister expressed safety concerns for the child. These concerns included: (1) Laura's use of alcohol, which results in her neglect of the child and (2) her limited parenting skills.

# Jennae Chavez Interview

(Double-Click on the Image to Play the Video, then Right-Click for more options)



Now that you've observed the interview with Jennae, you may wish to complete the following worksheet and then discuss your observations and answers with your supervisor or others who have participated in this learning program.



3. Summarize specifically what you learned about Jennae by simply observing her.

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4. Provide your overall evaluation of the interview based on the amount of information collected.

Poor\_\_\_\_\_ Fair\_\_\_\_\_ Average\_\_\_\_\_ Good\_\_\_\_\_ Excellent\_\_\_\_\_

5. Check among the following whether there is sufficient information to draw conclusions about Jennae.

Vulnerability\_\_\_\_\_ Developmental Status\_\_\_\_\_ Physically Healthy\_\_\_\_\_  
Emotional State\_\_\_\_\_ Ability to Communicate\_\_\_\_\_ Intellectual Capacity\_\_\_\_\_

6. Identify any of the following information areas that Jennae revealed beyond her functioning.

Maltreatment\_\_\_\_\_ Parenting \_\_\_\_\_ Disciplinary Practices\_\_\_\_\_  
Father's Functioning as an Adult\_\_\_\_\_ Mother's Functioning as an Adult\_\_\_\_\_

## What are the General Parenting and Disciplinary Practices?

The purposes of this demonstration and applied experience are

1. to emphasize the importance of information collection related to parenting and discipline well beyond what might be normally collected primarily associated with alleged child abuse or neglect events and circumstances;
2. to identify content related to general parenting and discipline;
3. to evaluate contrasting styles and technique.

This practice experience compares two styles of information collection with the same client. One interviewing style is very direct and focused; the other interviewing style is less direct, more reflective, and more exploratory. The intention for demonstrating contrasting styles is to provide the opportunity to evaluate different information collection approaches, to consider caregiver corresponding responses, and to observe the kind and quantity of information collected.

Read the *Gloria Martinez Intake* before viewing the interview demonstrations.

### Gloria Martinez Intake

Mother: Gloria Martinez 24 years old  
Child: Mia Martinez 8 years old  
Father: Carlos Sandoval (whereabouts are unknown)

#### Referral

Local law enforcement picked Mia up over the weekend wandering the street looking for her mother. It was 1:00 a.m. Gloria had left Mia with a neighbor while she went out to a bar. The neighbor left Mia during the evening with other children in the neighbor's house. Mia began wandering the streets looking for her mother sometime between 10:00 p.m. and midnight. Mia reported to the police that she became worried for her mother and was scared when the neighbor left all the children alone. There have been two other reports of lack of supervision involving Gloria leaving Mia with unreliable people.

# Gloria Martinez

Nothing is as effective in developing your ability to collect safety-related information as the practice of doing it. The two information collection styles presented in the demonstrations provided can perhaps both influence you and also provide a contrast to your own preferred approach. To really get the fullest value out of this portion of the learning program, it is recommended that you join with others to practice information collection concerned with general parenting and disciplinary practices. Directions for conducting simulated practice are available. After you have completed the practice experience, it can be very helpful and provide additional learning to debrief the experience with others including your supervisor.

(Double-Click on the Image to Play the Video, then Right-Click for more options)



# **Collecting Information about General Parenting and Disciplinary Practices:**

## **An Interview Simulation Experience**

This learning opportunity involves structured simulations in which you practice collecting information about a caregiver's general parenting and disciplinary practices. While it is true that simulated or role play experiences possess a certain amount of artificiality, they represent the closest one can get to behaving as a professional whose purpose is to collect pertinent, relevant, sufficient safety-related information and to do so under the pressure of "thinking on your feet." When done repeatedly and with accompanying feedback, there is no question that this sort of applied learning is the single best way to gain proficiency and confidence in information collection. Additionally, simulations provide the opportunity for learning within a safe context. There are three essential requirements for simulated learning/role playing to be successful:

1. the willingness on the part of the learner to seriously risk him/herself;
2. a keen and serious interest on the part of the learner to fully take advantage of the experience; and
3. specific, detailed and immediate feedback to the learner about what he or she did well, what was not done so well, what else might be attempted, and what resulted from the effort.

Videotaping the simulated interviews can greatly enhance the learning experience.

The purpose of this exercise is to provide participants experience in interviewing in order to collect information about general parenting and disciplinary practices.

This exercise requires three participants who form a team. Each participant is expected to conduct a 10 minute interview/conversation gathering information about parenting general and disciplinary practices from another group member.

Before beginning, participants should review the material within this learning program that specifies content related to general parenting and disciplinary practices. It can be helpful for team members to discuss among themselves prior to beginning, "what do we want to know most about how caregivers are parenting and what their approach

to discipline is?” The General Parenting & Discipline Observation Worksheet is used during this exercise and is based on the content concerned with the general parenting and discipline resource. The General Parenting & Discipline Observation Worksheet can provide a benchmark for topical areas participants might consider during the 10 minute information collection interviews.

Each interview will occur with one person interviewing, one person responding as a parent, and one person observing in order to provide feedback to the interviewer. The order for assignments is:

Participant 1 = Interviewer A/Observer B/Parent C

Participant 2 = Observer A/Parent B/Interviewer C

Participant 3 = Parent A/Interviewer B/Observer C

Here is the order for each simulation:

1. To begin the learning experience, Parent A reads the Parent Profile A to prepare before beginning interview. Interviewers should not read Parent Profiles prior to beginning the exercise.
2. The participant acting as the Observer A should review the General Parenting & Discipline Observation Worksheet prior to the beginning of the interview.
3. Begin Interview A. (10 minutes) The interview can be stopped and resumed at any time in order to allow the interviewer to ponder his/her approach, get immediate feedback and suggestions from the observer, or redirect the line of information collection. The expectation for a 10 minute interview is only general. Going longer or shorter is subject to the team’s discretion and should be decided based on maximizing learning and allowing the process to influence the timing.
4. The observer should keep track of time.
5. At the conclusion of the interview, the observer facilitates a discussion between interviewer and parent regarding content generated. (5 minutes)

Repeat the sequence for Interview B by distributing Parent Profile B and an observation sheet.

Repeat the sequence again for Interview C by distributing Parent Profile C and an observation sheet.

Conducting a more general discussion and debriefing following this experience is highly recommended to make the most of the learning opportunity. Such a discussion might include others who've just completed the same experience. The participants' supervisor(s) could also be effectively included in such a debriefing. The discussion might be prompted by some of the following questions:

1. What was this experience like?
2. Was the volume, sufficiency, depth, breadth of information collected across the various interviews?
3. How challenging was it to converse with a person about parenting for 10 minutes?
4. Are there observations about style, specific techniques or information collection issues?
5. What are the feelings of participants concerning the understanding they gained about the parenting and disciplinary practices among those participating in the interviews?
6. How conversational was the style of participants? Were engaging styles of information collection evident? Do participants normally interview the way they did during this simulation?
7. What did participants learn from this experience? Can they apply what they learned during "real" information collection efforts?

# General Parenting & Discipline Observation Worksheet

The observer's role is not to evaluate the interviewer. The responsibility is to track topical areas related to general coverage (i.e., how many areas or topics concerned with general parenting or disciplinary practices were addressed during the interview) and related to specific coverage (i.e., how deep is the consideration given to areas or topics)?

Topics	Addressed
Parenting History	_____
Parenting Style/Influence	_____
Parenting Satisfaction	_____
Parenting Self-Awareness	_____
Acceptance of Parenting Responsibilities	_____
Knowledge of How to Parent	_____
Knowledge of Child Development	_____
Awareness of Parenting Skills	_____
Approach to Communicating with Child	_____
Sensitivity to Child's Needs	_____
Expectations for Child	_____
Feelings toward Child	_____
Tolerance and Patience	_____
Perspective about Discipline	_____
Reasons for Discipline	_____
Approaches to Discipline	_____
Effects of Discipline	_____

**Notes**

*As the interview is proceeding, the observer may wish to check topics that are explored and, during the debriefing with the parent and interviewer, offer an opinion about whether topics were examined (probed) in depth.*

## Parent Profile A

*Instructions: The following profile provides some specific facts about this parent; however, please plan to extemporaneously add to and improvise as the interview proceeds. This profile serves to stimulate your general sense of this parent and prompts you to creatively elaborate according to what feels comfortable. You may use any kind of personality or communication style you wish such as agreeable, avoiding, passive, etc. You can use your name or whatever name you choose and can tell the interviewer before the interview begins or wait for the interviewer to ask.*

Your child's name is Sean. He is 8 years old. Having a child was never so much a dream or specific plan you had for your life. It happened, and you sort of take it in stride as one of many responsibilities that are part of living. Many people (family members, teachers, etc.) believe Sean is minimally developmentally disabled. He is in special education. You believe that Sean is unfairly labeled as "slow." You expect him to be able to perform educationally, athletically, socially as well as any other 8-year-old. You are demanding toward Sean. You have strict expectations regarding routine, chores, obedience and follow through for Sean. You believe that children should be seen and not heard. You expect Sean to keep his belongings, toys picked up and in his room. You are more likely to give directions than to show Sean how to do things. You do not have much patience for things not being done promptly and correctly. You are a stern task master. You are a very busy person and fit parenting into your life as one among many important responsibilities. You are generally humorless about life and therefore about parenting. You do not take joy in parenting but view it as simply a necessary part of your life. Your objective as a parent is to get Sean ready for life and to launch him on his own into independence. You are not harsh or physical with Sean and seldom lose your composure or yell at him. Your style is much more business like. Parenting is a matter of regimenting daily life from Sean waking up to going to bed. There is very little flexibility to the regimen either which you believe is good for Sean and necessary in order for you keep your life organized.

Your father was a military officer and was very strict and structured as a parent. He accepted only success from his children. Your mother was detached, unaffectionate and passive as a parent. You see yourself as a better parent for a child Sean's age than for babies and younger children largely because you don't have patience for dependence. You suppress your own needs and are not able to really understand or be sensitive to Sean's needs. Discipline is about regulation and harmony. You believe that isolating (staying in his room) or depriving (taking things away from) Sean is the best way to emphasize to him when he has done something wrong, disobeyed, failed to complete assigned responsibilities or acted childishly. Your concern for Sean's understanding and learning is less than your concern for him complying, following orders and staying with the daily expectations and routine.

You believe you are a good parent because you do not mistreat Sean; you expect the most from him; and your goals are for him to be an independent, self-sufficient adult. You accept that it is your job as a parent to prepare Sean for the school of hard knocks and the real world he'll face as an adult. You do not base what you do on child development ideas or a well worked-out approach to parenting. It just fits for you given your life experience, the way you were parented, and what you see as best for Sean. While you see Sean as happy as any child, you do not see that as a primary concern for yourself as a parent. Happiness to you is something that you believe is false and an unrealistic hope that leads to misery. Especially on weekends, you allot play time to Sean. You do not spend time with him yourself in recreation or fun activities which you view as too frivolous.

## Parent Profile B

*Instructions: The following profile provides some specific facts about this parent; however, please plan to extemporaneously add to and improvise as the interview proceeds. This profile serves to stimulate your general sense of this parent and prompts you to creatively elaborate according to what feels comfortable. You may use any kind of personality or communication style you wish such as agreeable, avoiding, passive, etc. You can use your name or whatever name you choose and can tell the interviewer before the interview begins or wait for the interviewer to ask.*

You have three children. Abraham is 13; Sarah is 7; and Mary and Magdalene are 8-month-old twins. You came from a large family and always wanted and expected to have children and a large family of your own. You see yourself as very family oriented and child oriented. Being a parent is the most important thing in your life even though you have a full time career in state government. You are highly religious and believe that being a parent is as much a calling from God as being a minister. You see your primary objective as a parent is raising them to walk in the admonition of the Lord. You began teaching all of them (actually) from birth Bible stories and spiritual concepts. You are very careful about who they spend time with and what activities they are involved with. Generally speaking, you only allow the older children to participate in church-related activities. Also the older children are home schooled. You believe that one of your responsibilities is to protect your children from what has become a morally corrupt society.

Abraham is beginning to act out, and you see it as a challenge related to a sinful world rather than the growing pains and tension of adolescence. Abraham is struggling to have more peer relations, participate with kids from the public school and be more involved in public school types of activities such as sports and extracurricular activities. You see these as the temptations of the world. You express your authority and unwavering parenting beliefs so that Abraham feels defeated, is depressed and feels hopeless. You see Abraham's response as a passing thing and that he'll be grateful to you in time. Your parenting is justified by your religious beliefs and you are inflexible based on principles such as spare the rod and spoil the child.

You see Sarah as a gift from God. She fits exactly with your view of a perfect child: obedient, compliant, respectful, humble, full of grace. You describe her as motivated to please you, to seek to meet all your expectations, and to behave as a good religious girl should. You speak proudly of Sarah as being more mature than most 7-year-olds by behaving in more adult ways, being more concerned about serious matters such as her relationship to God, and by avoiding silly immature girl endeavors such as playing with dolls. You are proud because Sarah is critical of her friends who play with Barbies since such a doll is a perfect example of how this immoral world influences children at an early age. Your self-respect as a parent is evidenced in how well cared for the children are, how well dressed they appear, and their constant good manners. You believe that structure frees children up through a highly regulated daily routine scheduled hourly including learning experiences, household chores, Bible study and play time. TV time includes only Bible story DVDs.

You don't have a lot to say about the twins other than that they are a joy to you and your family. Your intentions are to raise them exactly like you have Abraham and Sarah. Among the things you believe about the twins is they can learn piety from being participants in family worship and the family religious experiences. You were raised by strict religious parents who maintained the same expectations for you that you hold for your children. You revere your parents and feel somewhat guilty that you have disappointed them by not pursuing some kind of religious service vocation. That motivates you even more concerning their seeing what a successful parent you have dedicated yourself to be.

## Parent Profile C

*Instructions: The following profile provides some specific facts about this parent; however, please plan to extemporaneously add to and improvise as the interview proceeds. This profile serves to stimulate your general sense of this parent and prompts you to creatively elaborate according to what feels comfortable. You may use any kind of personality or communication style you wish such as agreeable, avoiding, passive, etc. You can use your name or whatever name you choose and can tell the interviewer before the interview begins or wait for the interviewer to ask.*

You were raised in foster care. Your mother deserted you and your two brothers when you were three. You do not remember her. You were placed with your brothers for a few years and eventually ended up separated from them. They are not part of your life now. Your history is one of disappointment, failure and conflict with others and the law. You had some foster parents who seemed loving and provided good care for you; however, they eventually gave up on you and deserted you like your mother. You had foster parents who were strict; some were mean and even abusive. You never felt as good as the foster parents' kids or even other foster kids you were placed with.

You are a young, immature parent. You had an unplanned child named Brianna who is 3 years old. You are doubtful you are a good parent. You acknowledge that you never wanted kids; don't think you are at a place where you can take care of a child; and were never prepared for the responsibility of parenting. You cannot explain what a 3-year-old is like, what a 3-year-old needs, or how to deal with a 3-year-old. You generally respond to Brianna by giving her whatever she wants or ignoring her. Brianna is out of control. You can describe her behavior, (e.g. throwing things, tearing up things, screaming, throwing tantrums, etc.), but you do not express or understand whether her behavior is normal or acceptable. You don't know what to do about her behavior, how to control it, or what it means. In fact, you don't really accept any responsibility to do anything about it. You figure this must just be normal behavior and that she'll grow out of it. You believe that she wants to take care of herself and so you allow her to dress herself, get her own food, clean herself up, go to bed whenever she wants wherever she wants. You do not discipline Brianna; you never hit her; never yell at her. You are generally passive with Brianna. You do not make judgments about whether behavior is acceptable, unacceptable, destructive, dangerous for her, etc. So you really see no need for discipline which you really believe is only related to punishing a child. You equate discipline with spanking. You do not have any sense about guiding or directing a child and do not make attempts to do so. You realize that it is your responsibility to provide for Brianna in terms of clothes, food and shelter. You believe that it is your role as a parent to love her and say that you do. But you cannot explain what that means nor can you provide examples of how you express your love to Brianna.

Your measure of a good parent is one who does not mistreat a child and who will never leave a child. You believe you are satisfied with being a parent and the way you parent but cannot explain why or give examples of what is satisfying about being a parent except for very superficial ones such as that you like to see Brianna laugh. You are not able to discuss child development and know nothing about what is normal or expected for 3-year-olds or any other age. The idea of parent skills or a parenting style is confusing to you, makes no sense. You are very present minded as a parent in terms of you get up each day and try to do whatever you can for Brianna. You'd agree that you are very tolerant and patient with Brianna, but the truth is you are so passive that you simply do not consider anything Brianna does as right or wrong, safe or dangerous, normal or abnormal.

## **What Is the Extent of Maltreatment and Circumstances Surrounding Maltreatment?**

In addition to providing an information collection example, the purpose of this demonstration is to analyze the sufficiency of the information collected and reach a finding.

This information collection demonstration shows three interviews concerned with collecting information about the extent of maltreatment and circumstances surrounding maltreatment. The interviews are with the child, the absent father and the mother. Additionally, the examples emphasize that information collection for all the (five) safety-related information areas (five assessment questions) can involve interviews with different sources.

Following the interviews, participants will reach a maltreatment finding: Has or is maltreatment occurring?

Before viewing the video, participants should

1. Read the *Russell Intake*.
2. Review *Reaching a Maltreatment Finding in the Russell Case*. This worksheet is to be completed following viewing and evaluating the Russell interviews.

After viewing the video, the worksheet should be completed. This can be done by individuals or as a group. The learning experience is likely to be most productive if an opportunity to discuss the video and the results of the *Reaching a Maltreatment Finding in the Russell Case* occurs with a supervisor or others.

## Angela Russell Intake

Mother:	Angela Russell	24 yrs.
Child:	Angel Russell	7 yrs.
Boyfriend:	Phil Felding	21 yrs.
Bio Father:	Brian Russell	23 yrs.

### Referral

On Tuesday morning, Brian Russell called CPS to report that his wife, Angela, from whom he has been separated for 6 months, is out of control and unable to care for their daughter Angel. Angela and Brian agreed at the time of their separation for Brian to keep Angel every other weekend which he wants to do and has done. This last weekend, however, Angela never showed up. On Sunday evening, Brian took Angel home to find Angela there by herself and out of control. Angela was acting very strange and out of character: she was acting irritable, talking non stop but making no sense; tried to force Brian into bed acting totally inappropriately in front of Angel; was talking extremely fast and non stop. She was jumping from one subject to another and was unable to give any reason for not having come for Angel the day before. Angela was breathing rapidly and sweating. Brian concluded she was using drugs and tried to get her to agree to allow him to take her to the hospital. She refused, and an argument ensued. He decided to take Angel home. He does not know what is going on with Angela but is convinced that she cannot take care of Angel. He is sure she was high on drugs Sunday night. He called CPS because he cannot take care of Angel full time, and he is certain that she is not safe with Angela given the way she was on Sunday night which he believes is related to how she has been changing during the past weeks.

## Reaching a Maltreatment Finding in the Russell Case

Instructions: Review with each other through discussion what your perceptions are about the quality and amount of information collected during these three interviews. Following the general discussion, complete the worksheet and be prepared to report on your group consensus about the following information analysis.

1. Identify the type of maltreatment that is in question:  
\_\_\_\_\_
2. Describe exactly what is happening that represents maltreatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How long has the maltreatment been occurring?  
\_\_\_\_\_
4. How consistently or frequently is the maltreatment occurring?  
\_\_\_\_\_
5. What are the circumstances surrounding the maltreatment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How do you rate the quality of the information collected?  
Poor \_\_\_\_ Acceptable \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_
7. How do you rate the quantity or amount of the information collected?  
Poor \_\_\_\_ Acceptable \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_
8. What other information do you need in order to reach a finding of maltreatment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What is the consensus of your group?  
Maltreatment occurred \_\_\_\_  
Maltreatment is in the process of occurring \_\_\_\_  
Maltreatment did not occur \_\_\_\_

# The Angela Russell Case

(Double-Click on the Image to Play the Video, then Right-Click for more options)



**Interview with Angel**



**Interview with Bryan**



## Interview with Angela

## How Do Adults Function?

The major purpose of this demonstration is to provide an example of information collection directed at understanding how an adult functions. A secondary purpose is to identify what areas of adult functioning are revealed as a result of information collection.

This interview covers the topics of parenting, maltreatment and adult functioning. However, the caregiver, Crystal, reveals how she functions as an adult as she discusses these various aspects of her life. Participants should be on guard “to observe” Crystal as she reveals herself: participants should consider how she communicates, thinks, perceives, emotes, etc. To the extent participants can get fully invested in the learning through observation, it may be possible to actually experience who Crystal is.

Before viewing the video, participants should read *The Smith Intake*. Following the video demonstration, participants can consider who this woman is by looking at various aspects of adult functioning in application with Crystal. So also before viewing the video demonstration, participants will want to review the five scaling worksheets concerned with Crystal’s functioning: behavior, emotion, cognitive, communication and social.

This exercise emphasizes that information collection about adult functioning should take into account the complexity of the subject. The analysis of Crystal’s functioning can be conducted using the analysis worksheets by individuals or as a small work group. Following completion of the various analysis worksheets for Crystal, it is recommended that a discussion occur in order to fully benefit from observing the interview and conducting the analysis. Participants are encouraged to accept that information collection about adult functioning is less about asking adults directly how they function and more about what can be observed and understood about adult functioning through the activity of collecting information on various important topics covered as part of the five safety-related information areas. The follow-up discussion should result in forming a picture of who Crystal is as an adult by putting the analysis of

each group together. Participants should share by describing their analysis. The discussion might consider:

1. What are the individual conclusions about Crystal's functioning?
2. Where are Crystal's strengths and limitations?
3. What does knowing about Crystal's adult functioning tell about threats to safety and her capacity to protect?
4. How does Crystal reveal her functioning (i.e., how she thinks, what's important to her; her perceptions; etc.) by how she presents herself during the interview?

## Smith Intake

Mother:	Crystal Smith	30 years old
Boyfriend:	Colin Levitt	30 years old
Child:	Carley Smith	10 years old
Child:	Christian Smith	4 years old

### Referral

Maternal grandmother, Sheila Smith, reported that her grandchildren, Carley and Christian, were left alone all last night. The mother, Crystal, apparently is a substance abuser and frequently leaves the children alone at night. Carley is expected to care for her brother. Carley called her grandmother last night because she was afraid. There have been two previous reports in this case with no substantiations. Crystal has never been provided services by CPS. Crystal has a history of substance abuse.

# Crystal Smith

(Double-Click on the Image to Play the Video, then Right-Click for more options)













*The Need to Know about the Relationship of the Five Assessment Questions to Threats to Safety*

The following table shows the relationship of the five questions to informing about specific threats to child safety. The table uses the 10 universal safety threats that are contained (in some language) within every safety intervention model. The table matches five assessment questions (safety-related information areas) to the different safety threats.

As you look at the table, you notice that different assessment questions can relate to a single safety threat. For instance, notice that you can learn about a caregiver's lack of control by considering how the person functions as an adult generally and how the person functions specifically with respect to disciplinary practices.

**Table 1**

**Safety-Related Information  
Assessment Questions**

**Related Safety Threat**

1. What is the extent of maltreatment?	<ul style="list-style-type: none"><li>○ Caregiver threatened/caused serious physical harm to a child.</li></ul>
2. What circumstances surround the maltreatment?	<ul style="list-style-type: none"><li>○ Caregiver cannot/will not explain a child's injuries.</li><li>○ Child provokes maltreatment.</li></ul>
3. How does the child function on a daily basis?	<ul style="list-style-type: none"><li>○ Child is fearful.</li><li>○ Child provokes maltreatment.</li></ul>
4. What are the general parenting practices including disciplinary practices?	<ul style="list-style-type: none"><li>○ Caregiver makes child inaccessible.</li><li>○ Caregiver has distorted perception of a child.</li><li>○ Caregiver fails to protect/supervise.</li><li>○ Caregiver is unwilling/unable to meet immediate needs of child.</li><li>○ Violent caregivers or others in the household</li><li>○ Caregiver lack of self-control</li></ul>
5. How do the adults/caregivers function with respect to daily life management and general adaptation?	<ul style="list-style-type: none"><li>○ Violent caregivers or others in the household</li><li>○ Caregiver lack of self-control</li><li>○ Caregiver is unwilling/unable to meet immediate needs of child.</li></ul>

## *The Need to Know about the Relationship of the Five Assessment Questions to Caregiver Protective Capacities*

The following table shows the relationship of the five questions to informing about caregiver protective capacities. The table considers all three caregiver protective capacity domains and identifies specific caregiver protective capacities. The table matches the five assessment questions (safety-related information areas) to caregiver protective capacities.

As you look at the table, you notice that different assessment questions can provide meaningful information about the same caregiver protective capacities. Additionally, it should be self-evident that understanding caregiver protective capacities requires examination of each assessment area and consideration of relationship among the assessment areas. For instance, notice that in understanding the caregiver protective capacity concerned with bonding it is important to look at parenting in concert with child functioning.

**Table 2****Safety-Related Information  
Assessment Questions****Related Caregiver Protective Capacity**

1. What is the extent of maltreatment?	<ul style="list-style-type: none"> <li>○ Understands protective role</li> <li>○ Understands and recognizes threats</li> <li>○ Emotional control</li> <li>○ Takes action</li> <li>○ Impulse control</li> <li>○ Physical capacity and energy</li> </ul>
2. What circumstances surround the maltreatment?	<ul style="list-style-type: none"> <li>○ Ability to accurately process and interpret various stimuli</li> <li>○ Recognition of the child's needs</li> <li>○ Reality oriented</li> <li>○ History of being protective</li> <li>○ Assertive and responsive</li> </ul>
3. How does the child function on a daily basis?	<ul style="list-style-type: none"> <li>○ Accurate perception of a child</li> <li>○ Recognition of a child's needs</li> <li>○ Understanding protective role</li> <li>○ Understands and recognizes threats</li> <li>○ Emotional bond with the child</li> <li>○ Positive attachment with the child</li> <li>○ Love, sensitivity and empathy with the child</li> </ul>
4. What are the general parenting practices including disciplinary practices?	<ul style="list-style-type: none"> <li>○ History of being protective</li> <li>○ Impulse control</li> <li>○ Takes action</li> <li>○ Assertive and responsive</li> <li>○ Ability to set aside own needs</li> <li>○ Adaptive</li> <li>○ Love, sensitivity and empathy for the child</li> <li>○ Emotional bond with the child</li> <li>○ Positive attachment with the child</li> <li>○ Resiliency</li> <li>○ Stability</li> <li>○ Effectively meets own needs</li> <li>○ Accurate perception of the child</li> <li>○ Recognition of child's needs</li> <li>○ Understanding protective role</li> <li>○ Understands and recognizes threats</li> </ul>
5. How do the adults/caregivers function with respect to daily life management and general adaptation?	<ul style="list-style-type: none"> <li>○ Reality oriented</li> <li>○ Ability to accurately process and interpret various stimuli</li> <li>○ Intellectually able</li> <li>○ Resiliency</li> <li>○ Stability</li> <li>○ Effectively meets own needs</li> <li>○ Emotional control</li> <li>○ Physical capacity and energy</li> <li>○ Adaptive</li> <li>○ Assertive and responsive</li> <li>○ Takes action</li> <li>○ Impulse control</li> </ul>

## **Closing**

On behalf of the Administration on Children, Youth and Families and the Children's Bureau, the National Resource Center for Child Protective Services (NRCCPS) is pleased to have been able to bring this professional development program to you.

Based on many years of field experience, case evaluation and consultation in nearly every state in the country, NRCCPS has come to believe that the most crucial part of effective safety intervention and safety decision making is sufficient information collection. To be confident about the judgments that are reached concerning child safety, there should be a high dependence on safety-related information. The quality and quantity for information collection should be established in safety-related information standards which direct caseworkers about what they should know about a family and support supervisors who oversee safety intervention and decision making.

Safety-related information standards should be emphasized in policy with respect to what information should be routinely gathered as part of safety intervention and decision making, how the information should be collected, and how it should be analyzed. Training curricula should provide ample coverage and applied learning concerned with safety-related information standards, information collection, and information analysis. Quality assurance should be predicated on evaluating the quality of decision making as justified by pertinent, relevant and sufficient safety-related information.

Finally, the question of whether safety-related information collection will make a difference in safety intervention and decision making comes back to the caseworker who is responsible for intervention. Safety intervention, no matter how well conceived or designed, is only as good as the person who implements it. The quality and sufficiency of information that contributes to safety decision making is dependent on how rigorous and proficient the caseworker is who seeks to understand. It has been the intention of NRCCPS to provide this professional development program to enhance safety-related information collection and therefore safety intervention generally. But, it has been our specific hope that this learning opportunity could particularly influence caseworkers' interest and development even if it is simply one caseworker at a time...even if it is simply a motivated caseworker seeking to improve on his or her own.