Assessing Present Danger
Workshop Introduction

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

Notes

Workshop Training Objectives

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

- Recall the difference between impending and present danger;
- Identify the the intention of immediate, significant, and clearly observable in justifying present danger;
- Identify and practice assessment skills utilized when assessing for present danger;
- Practice assessing present danger using case scenarios;

Assessing Present Danger
Office of Child Welfare In-Service Training

Agenda

9:00-4:30

Introduction
  - Objectives
  - Agenda
  - Pre-Test

Session 1
  - Review of Methodology Case Flow
    - Review Case Flow and Objectives of Flow

Session 2
  - Present Danger
    - What is Present Danger?
    - Danger Threats-Present Danger Application

Session 3
  - Assessing for Present Danger
    - What it Takes?
      - Worker Skills and Competencies when Assessing Present Danger
      - What an Assessment Is and Is Not
      - Practice Assessment Skills and Competencies

Lunch 11:30-1:00

Session 4
  - Applying Concepts to Case Practice
    - Case Scenarios
      - Clarifying Points and Directing Practice

Wrap Up and Review
  - Post Test
  - Training Evaluation
Session 1

Foundational Knowledge: Review of Methodology
## Family Functioning Assessment (FFA)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Practice Objectives</th>
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<tbody>
<tr>
<td>• Identify families in which children are unsafe and in need of ongoing protective supervision (whether non-judicial or judicial in–home or out of home)</td>
<td>• Determine children who are unsafe</td>
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<td>• Protect children who are unsafe</td>
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<td>• Establish and manage safety plans</td>
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<td>• Verify the occurrence of maltreatment</td>
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<td>• Identify problems associated with impending danger threats and caregiver protective capacities</td>
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<td>• Refer families for community–based supports based upon risk assessment determination</td>
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“Focus” of the Family Functioning Assessment

- Focus
  - Whom are we assessing
  - What Household are we focusing on?
Essential Skills for CPI/CM

- Engagement
- Teaming
- **Assessment/Understanding**
- Planning
  - Present Danger Plan
  - Safety Plan
Session 2

Danger: Present vs. Impending Danger
Present Danger

- Evaluating child safety at initial contact.

- **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.
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.
Danger Threats: Qualifying Present Danger

- Danger Threats:
  - 11 Danger Threats;
  - Used to qualify/identify present danger;
  - Descriptions of family conditions that are immediate, significant, clearly observable.
Practice: Danger Threats

- Working in small groups, each group will complete the matching worksheet for identifying the danger threats at present danger.
**Instructions for Matching Present Danger Threats**

**Purpose:**

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying present danger threats based upon case information.

**Materials Needed:**

- Safety Methodology Reference Guide: Danger Threats

**Instructions:**

1. Working within your small groups, each participant is to review the present danger matching worksheet.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports a specific danger threat;
   b. Justification of the danger threat.
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.
Matching Present Danger Threats Worksheet

1. Scenario:
The father assaulted the mother last night. The father arrived home last night intoxicated and proceeded to punch, kick, and attempted to choke the mother. The 3 month old infant was in the bed with the mother when the violence occurred. The father was arrested last night, however is out of jail and back in the home today upon arrival to the home. The mother does not wish to press charges against the father. There are no other caregivers in the home and one child, 3 months old. This is the third call police response to the home in the last month for domestic violence. The mother was observed to have bruises on her face and hands.

Present Danger Threat Identified:

2. Scenario:
Children, ages 2 and 4, were found wandering the neighborhood in the early hours of the morning. Neighbors took the children into their home due to not being able to locate anyone at the residence. The neighbors currently have the children in their home and cannot care for the children. There was no response at the residence when CPI arrived to the home.

Present Danger Threat Identified:

3. Scenario:
Child, age 3, has a fracture to his left leg. The father of the child pushed the child while the child was jumping on the couch. The father of the child felt that the child had not learned his lesson regarding not climbing on the furniture, as the child has a habit of jumping on the couch. The father reported that he felt that the child needed to be taught a lesson and if the child’s legs were broken then maybe he would learn to not jump on the
couch, therefore he pushed him off the couch, resulting in the child’s injury. The father shows no remorse or concern regarding the child’s injury.

Present Danger Threat Identified:

4. Scenario:
Child, age 12, recently was released from a local psychiatric hospital and was recommended to follow up with local mental health counseling. The parents have felt that the child was doing good and that there was not need for continued care. The child reported to school officials that she wanted to kill herself and that she felt that no one at home cared about her. Parents plan of action was to take child home, as they felt that she was attention seeking.

Present Danger Threat Identified:

5. Scenario:
Child, age 4, was admitted to the local hospital due to inorganic failure to thrive. The child at age 4 weighs approximately 30lbs, is anemic, dark circles under her eyes, and limited verbal skills. Both parents report that they feed the child and that there is no way that the child was failure to thrive. There are no other children in the home and there have been three prior reports concerning neglect with the family. Medical personnel confirm that the cause of failure to thrive is not a result of a medical condition, but rather neglect.

Present Danger Threat Identified:
6. Scenario:
Child, age 17, was diagnosed at a young age with cystic fibrosis. The child is unable to manage the condition without assistance. Both the parents work full-time and feel that the child should be able to hand his medical care on his own. The child was admitted for the fourth time in three months due to passing out in school due to not being able to breath. Medically the child cannot care for his medical condition with out support and the parents are not engaged in his treatment, nor were receptive to the medical interventions/support. The child is ready for discharge when the CPI arrives to the hospital.

Present Danger Threat Identified:

7. Scenario:
Report is received that family, who has significant history with the Department to include an infant fatality due to neglect, is reported to have given birth to a new child. The family fled the hospital shortly after giving birth to the child. The mother left AMA with the child. The infant fatality was due to chronic neglect and failure to thrive. The infant died at 4 months of age.

Present Danger Threat Identified:

8. Scenario:
Father is deployed to Iraq and mother to three small children, all under the age of 4, reports feeling overwhelmed, exhausted, and unable to handle her children. The family is new to the area and has no supports. The mother feels that if she cannot get a break from the children that she may do something to them or herself; mother has contemplated suicide and homicide.

Present Danger Threat Identified:
9. Scenario:
Upon entry to the home there is no visible floor space that is not inhabited by garbage and/or feces. The children are contained to the back of the home, in a small room with little to no ventilation. The children are ages 3, 5, and 7. The children are filthy-matted hair, crusted clothing, and have a foul smell to them. The parents appear unaffected by the condition of the home. The home has no running water, which has resulted in the bathroom being unusable. There is minimal food in the home and several areas within the home that the children cannot navigate without concern for their safety.

Present Danger Threat Identified:

10. Scenario:
In meeting with the family, the mother refuses to look at the child, acknowledge the child, or mention the child. The child, age 10, has no communication with his mother and often times spends the day in his own room or out in the neighborhood. There is no curfew or concern for the child by the mother. The mother states that she hates her son and could care less if he did not ever come home.

Present Danger Threat Identified:
Session 3
Assessing for Present Danger
Engagement: Utilization of Skills

- Probing;
- Going beyond what is said;
- Seeking clarification;
- Reflecting content;
- Reflecting feeling and meaning;
- Active Listening;
- Self-Aware.
Practice: Engagement

- Working in pairs, each group will be working on practicing their engagement skills.
- The goal of the exercise is to try to get the other person to share with you something about themselves—it does not have to be overly personal, just something.
Activity Report Out

- **Worker**: Share one thing you did well.

- **As the Interviewee**: Share one thing the worker did/said that worked well.

- **Worker**: Share one thing you will do differently next time.

- **As the Interviewee**: Share one thing you suggest the worker consider doing differently next time.
Observation: Utilization of Skills

- Observation is getting information about objects, events, moves, attitudes and phenomena using one or more senses.
Practice: Observation Skills
Practice: Observation Skills
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.
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.

Notes
Critical Thinking: Components

- Occurs when we use our knowledge of one thing, process to determine if another thing, process is true

- Taking into account relevant evidence or argument to revise a current understanding. Critically open to alternatives, willing to think about other possibilities.

- Discriminating and/or separating information

- Rules for deriving valid conclusions; when reasoning does not follow the rules = illogical.

Notes
Session 4

Case Application Practice
Practice: Applying Concepts to Our Practice

- In small groups of 4:
  - Review written case information: Hotline and Present Danger Assessments;
  - Determine if present danger assessment is justified or not justified;
  - Provide justification for decision.
Instructions for Present Danger Case Scenarios

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying present danger threats based upon case information.

Materials Needed:

- Safety Methodology Reference Guide: Danger Threats

Instructions:

4. Working within your small groups, each participant is to review each case scenario: hotline and present danger assessment.

5. When reviewing the scenario, each participant should be considering:
   a. Information that supports a specific danger threat or information that supports the absence of present danger;
   b. Identify the present danger threat;
   c. Justification of the danger threat or absence of present danger.

6. Following each participants 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.
Present Danger Case Scenarios

Hotline Scenario #1:
There is concern about the mother’s ability to function and care for the newborn due to her history of IV drug use and mental illness. There is concern about the father’s ability to care for the newborn due to his history of drug abuse and recent state of presenting impaired due to a substance. At the time of the child’s birth on 1/1/XX and in the past, the mother was rude and not acknowledging she has issues. In November the mother was in and out of labor and delivery due to problems with her pregnancy. The mother’s mood changed from one instance to the next. The mother is very labile. While in the hospital, the mother wouldn’t follow instruction. The mother stated she could do whatever she wanted though it was unsafe for her and the unborn child. The mother refused to follow medical advice. The mother has a history of depression and mental disorder. In the past, the mother was hospitalized in the psychiatric unit at Tallahassee Regional Hospital. The last admission was 2 years ago. The mother is under the father’s control and she will do what he wants her to do. The mother has a history of IV drug use prior to her pregnancy. She used cocaine and opiates. The mother had multiple hospital admissions because she was sick and suffering from a condition that is secondary to her cocaine and opiate use. The mother was residing with the grandmother prior to delivery. The Grandmother has all the supplies needed opt care for the child. The father wasn’t involved with the mother for a period of time and unknown reason. Now the mother is going to reside in the father’s home with the child. There is concern about the child living at the father’s home due to it being unsanitary and filthy and all the household members smoke. During delivery the father disappeared at times and then returned presenting under the influence of a substance. The father presents disheveled with extremely large blood shot eyes, hyper. He was speaking and walking quickly and abruptly. The father wouldn’t allow the mother to speak. He answered questions for her and the mother referred to the father when spoken to. The father has cuts all over his face for an unknown reason. The father has a history of drug use; the substance is unknown. The father was instructed to remove his shirt before making contact with the child due to the smell of cigarette smoke.

Present Danger Assessment Scenario #1:
Baby is one month old and not of an age or cognitive ability to care for herself. The mother suffers from untreated and unresolved depression and has been baker acted in the past. Friends and relatives have expressed concerns for the mother’s ability to parent the child due to the mother’s immaturity, unresolved mental health issues and lack of impulse control. Friends and relatives also reported concerns that the mother is uninterested in caring for the child. The mother’s mood is erratic, from one extreme to the next. Mother has admitted to a history of substance use, including purchasing drugs with the father and using IV drugs. The father was observed to have fresh track marks on his arms. The mother is aware of the father’s substance use. Friends and relatives have observed parents under the influence. The mother is immature and does not have the ability to make good decisions regarding her own safety or the safety of the child.
Present Danger Identified:
Yes              No

Present Danger Threat Identified:

Justification:
Hotline Scenario #2:
Reported indicated that Ms. Masters has a severe crack cocaine addiction. She is constantly in debt to the drug dealers in the area and has had the children exposed to the dealers threatening to harm her due to debts. In addition the children, ages 2 and 8, can articulate to family and friends how their mother uses the crack cocaine, as well as how she has used powder cocaine in front of them. The older child has threatened to stab the drug dealers if they continue to come around to the home. The father’s to the children are involved, however Ms. Masters’ will often keep the children from them in order to get money from them for drugs.

Present Danger Assessment Scenario #2:

1/18 5:30 pm  Initial Contact
Home Visit w/Desiree Masters, Johnny Billings, and children

The worker interviewed Ms. Desiree Masters at 217 Blossom Court, Lot #22, Lakeland FL on 1/18. Ms. Masters was informed of the allegation of threatened harm due to her alleged drug use. Ms. Masters stated that Mr. Billings told her that he had called DCF. Ms. Masters stated that she lives in the mobile home with her children, and that Mr. Billings is the father to her youngest child. Ms. Masters agreed to a rapid urine drug screen and tested positive for cocaine and marijuana. Ms. Masters stated that she did have a cocaine problem and that it has recently gotten much worse because she got an income tax refund check and spent it on cocaine. Ms. Masters stated that she had last used powder cocaine yesterday and that she had smoked marijuana that same day. Ms. Masters denied using in front of her children and stated that she does use at home, but it’s when the children are with their babysitter, “Wendy.”

Ms. Masters stated that she has had drug problems in the past, and that she was at Fremont Treatment Center for three months when she was about 16 or 17 years old. Ms. Masters stated that she went there because of marijuana use, but that she did not stop using it. Ms. Masters stated that she first began using cocaine around that same time, and it got so bad that Jalon had to stay with her mother for 2 years. Ms. Masters stated that she thinks she may be pregnant again.

Ms. Masters stated that she works at Popeye’s Chicken and that she makes approximately $250/week. Ms. Masters stated that Mr. Billings works part-time and that he makes about $85/week. Ms. Masters stated that she did not renew her food stamps like she was supposed to and that they have lapsed. Ms. Masters stated that she does not have any medical insurance for herself or Shannia because she has not applied for Medicaid. Ms. Masters stated that Jalon has BC/BS insurance through Mr. and Mrs. Bernstein. Ms. Masters stated that she had been trying to control her cocaine habit by working a lot but that it was not successful.

Mr. Billings stated that he told Ms. Masters that he did not know what else to do to help her.
Mr. Billings stated that Ms. Masters is addicted to cocaine—both powder and crack. Mr. Billings stated that she has just received an income tax refund check, and that she spent the entire amount on cocaine. Mr. Billings stated that Ms. Masters gets the cocaine from people who live there in the same mobile home park. Mr. Billings stated that Ms. Masters
Masters works at Popeye’s Fried Chicken and that she works long hours trying to stay away from the cocaine dealers. Mr. Billings stated that Ms. Masters does not hide her drug use from her children and that she has used in front of her children.

Mr. Billings stated that Jalon found her “crack pipe” the other day, went outside, and tried to throw the pipe on the roof to keep her from getting to it. Mr. Billings stated that Jalon gets very upset about his mother’s drug use and threatened to stab her one time in an attempt to get her to stop using. Mr. Billings stated that Ms. Masters’ mother’s name is Catherine Bernstein and that he has been reporting to her how bad Ms. Masters’ drug problem has gotten worse lately. Mr. Billings stated that he knows Ms. Masters has had drug problems in the past because Jalon lived with Mrs. Bernstein for about 2 years. Mr. Billings stated that he has to come to the home every day because Ms. Masters is not taking care of the children or the home. Mr. Billings stated that he works for Craftsman Warehousing and Rental. Mr. Billings stated that if both he and Ms. Masters have to work he takes the children to a babysitter by the name of “Wendy.”

Present Danger Identified:
Yes
No

Present Danger Threat Identified:

Justification:
Hotline Scenario #3:
The stepfather has been touching Sara inappropriately in a sexual manner. It cannot be determined how long this has been going on. The mother has not been made aware of what the stepfather has been doing. The stepfather’s actions have been upsetting to Sara.

Present Danger Assessment Scenario #3:
Sara was interviewed by CPI and LE. Sara provided detailed accounts of sexual abuse by her Stepfather William. William has sexually molesting Sara for the past several months, approximately 1-2 times a week. The molestation includes penetration. Sara reported to her friend about the abuse, which resulted in the current investigation. Sara had not disclosed the abuse to any other persons, including her mother. Sara is an only child and there are no other children in the home. The abuse is reported to have occurred after school when her mother was at work and her stepfather was home. The stepfather is unemployed and stays at home. The mother was made aware of the allegations and has responded promptly and appropriately. The mother has made alternate arrangements for both herself and Sara to stay with the MGM until LE can execute a warrant for William’s arrest. The mother presented as caring, supportive, and aligned with her daughter throughout the entire course of the interview and subsequent disclosures.

Present Danger Identified:
Yes   No

Present Danger Threat Identified:

Justification:
Hotline Scenario #4:
Mother is a severe alcoholic and drinks until intoxication daily. The mother was sober for eight days. There was a 911 hang up call, which prompted police to go to the home. Upon arrival the mother was crying in the back room and the boyfriend was cleaning the kitchen. The mother had an old bruise under her left eye, reported to be as a result of falling off the bed and hitting her eye on a glass on the floor. The boyfriend confirmed the incident. The mother was upset and was arguing with the boyfriend and called 911 by mistake. The mother and the boyfriend were arguing and she had thrown a tray of cupcakes at his foot that caused him to bleed. The mother throws things at the boyfriend and the child when she has been drinking. It was believe that the mother was drinking that day. The child, Michael, is aware of his mom’s drinking and thinks that she needs help. The mother has been arrested in the past for child abuse, neglect, and battery because of her drinking problems. The boyfriend is not the biological father to Michael.

Present Danger Assessment Scenario #4:
Mother was arrested five nights ago for family violence against the boyfriend, due to her being intoxicated and throwing a pan of cupcakes at the boyfriend. The mother was released back to the home with a no violent contact order in place for the boyfriend. The mother picked Michael up from school the day of her release and has not been heard from in the past four days. Michael has not returned to school and the boyfriend has not heard from the mother or the child. The boyfriend is concerned that something might happen to Michael if he is left with the mother alone due to her excessive drinking and violence towards him and the Michael. The mother consumes alcohol daily and was only sober for the 8 days because she was hospitalized due to alcohol related medical complications. The mother has no family or friends in the area that the boyfriend is aware of and family out of state have also not heard from the mother. The mother does have a history of depression and has been Baker Acted in the past due to thoughts of harming herself.

Present Danger Identified:  
Yes  No

Present Danger Threat Identified:

Justification:
**Hotline Scenario #5:**

On 1/1/xx, Sunday, the mother called the grandmother crying stating that the child got her arm caught under the bumper guard on the bed where it was stuck. The mother and grandmother met a childcare for the grandmother to keep the child while the mother went back to school for the week. The grandmother notices the child’s arm to be swollen and a bruise on her wrist, but she was not acting like she was in pain. The next day the arm was still swollen. At the pediatrician appointment the child was referred for an x-ray that confirmed that the child’s arm was broken across both bones in the forearm. The child was referred to an orthopedic specialist due to the break. The orthopedic doctor saw the child today, 1/4/xx and doe not fee that the break was from this past weekend bur rather indicated the break was two weeks old.

**Present Danger Assessment Scenario #5:**

Child, age 18 months, is slow in her developmental milestones. She recently, within the past 2 months started to walk. She has limited verbal skills, and her vocabulary consists of approximately 4 words. The child is cared for during the week by the MGM and on the weekends by her mother. Both the mother and MGM do not feel that the break was from two weeks ago. The orthopedic doctors have confirmed calcification of the break and the arm had to be re-set due to the break being lateral and slightly off centered. The orthopedic doctor believes that the injury could have been exasperated by the arm being stuck under the soft crib bumper, however does not believe that that could have caused the break of both bones.

**Present Danger Identified:**

Yes  No

**Present Danger Threat Identified:**

**Justification:**