Module 3: Commencement of the Investigation: Initial Contact and Present Danger
Module 3: Commencement of the Investigation: Initial Contact and Present Danger

Display Slide 3.0.1

Time: 18 hours

Module Purpose: The purpose of this module is to define the purpose, process and procedures that occur during the commencement phase of an investigation as it relates to present danger. At the end of this training, you will be able to:

1. Identify any safety issues for the protective investigator, and, if you are not safe, what you should do about it.
2. Determine the extent to which you are “in” or “not in” control and, when not in control, explain how to get control again.
3. Demonstrate the steps toward cultural competence.
4. Describe and demonstrate an understanding of the areas for observation of the child and family.
5. Role-play interviews with a child, alleged maltreating caregiver, and non-maltreating caregiver to determine if present danger exists.
6. Identify which present danger threats were identified during your interviewing and observation efforts.
7. Explain why the danger threats met criteria for present danger.
Display Slide 3.0.2

Agenda:

Unit 3.1: Purpose of Commencement and Planning for Initial Contact
Unit 3.2: Present Danger
Unit 3.3: Conducting the Initial Assessment

Materials:

- Trainer’s Guide (TG)
- Participant’s Guide (PG) (Participants should bring their own.)
- PowerPoint slide deck
- Markers
- Flip chart paper

Activities:

Unit 3.1:

Activity: Case Scenario Role-Play “Knock-Knock...who’s there?” – 9
Activity: Safety Considerations – 15
Activity: Be Aware of Your Surroundings – 17

Unit 3.2:

Activity: Family-Centered Practice Values – 26
Activity: Present Danger – 34

Unit 3.3:

Activity: Role-Play - 52
Activity: Non-verbal and Verbal Communication and Interpretation - 62
Activity: Guided Discussion and Reflection - 68
Unit 3.1: Purpose of Commencement and Planning for Initial Contact

Display Slide 3.1.1

Time: 6 hours

Unit Overview: The purpose of this unit is to set the framework for the initial investigation commencement activities.

Display Slide 3.1.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Define the term and demonstrate the purpose of commencement.
2. Explain the interview protocol for determining the order of interviewing individuals within the report.
3. Identify and describe the personal safety considerations that should be made by you, based upon the information obtained through pre-commencement, for initial contact.
4. Identify if there are safety issues for the protective investigator, and, if you are not safe, what you should do about it.
5. Identify strategies for family engagement upon initial contact.
Before we begin, are there any questions about the Practice Model or Family-Centered Practice?

Let’s start with looking at the Child Welfare Practice Model Flow Chart in your practice guidelines.

We are now at a point where a case was “screened-in,” and you have completed your pre-commencement activities.

Can anyone tell me which pre-commencement activities we should have completed by this time if this were a model case?

Trainer Note: Allow participants to freely respond until there are no more responses. Be sure to ask for rationale and clarification if needed.

As an investigator, you are ultimately tasked with determining if a child is unsafe and in need of protection. Your first order of business is to complete a Present Danger Assessment, or PDA. The most important step in completing this crucial assessment is to ensure that you have sufficient information to fully inform this Present Danger decision.

*Display Slide 3.1.3 (PG: 4-5)*

Investigative activities during the initial phase of the investigation relate primarily to:

- Gathering sufficient information to assess immediate and on-going child safety
- Evidence collection to support the determination of a finding(s).
A few examples of evidence collection include:

- The taking or obtaining of photographs of injuries
- Arranging for medical examination and/or forensic interviews
- Arranging for professional consultations/assessment with law enforcement, the Child Protection Team, domestic violence victim advocates, and substance abuse and mental health professionals to obtain professional input and recommendations.

We are going to focus on the information-gathering aspect of the investigations through interviews and observations.

When you commence the investigation, you must remember that there is a “best-practice” strategy to collect information through interviews.

If the child is in the home, you must first make introductions to the parents/caregivers before you start the interviews, and you must explain the child protective investigation assessment process and the rights of the parent and legal guardian. We will talk in more detail about this in the next unit.

Best practice tells us that, if at all possible, household members should be interviewed separately in a specific order, depending on whether or not commencement begins in the home. When the child is in the home and the parent/caregiver is present, the child should be interviewed outside of the parent’s immediate presence.

**Why do you think we want to interview the child outside of the parent’s immediate presence?**

**Endorse:**
The interview sequence is as follows:

1. Introduction with parents
2. Interview with identified victim child
3. Interview with siblings or other children residing in the home
4. Interview with non-maltreating parents, including all adult household members
5. Interview with other parent (as a collateral when the parent no longer lives in the same household)
6. Interview with alleged maltreating parent /caregiver

If the victim child is not in the home, the order begins with the identified child, wherever that child is, then proceeds as above without introduction with parents. When a child has been removed by law enforcement, interview/see the child first before meeting with the parents.

These are some interviewing general guidelines that you will need to adhere to:

• Parents must be notified of the investigation and the intent to interview a child, unless notification could compromise the child’s safety.

• Interviews should be conducted in a manner that ensures privacy for the child (this includes a setting where the child can speak without being heard or seen by others during the interview).

• When the alleged maltreatment involves sexual abuse or severe physical abuse, do not interview the child in the room where the abuse is alleged to, or likely to have occurred. To the degree possible, interview the child out of the home altogether, in a more neutral, safer setting.

• If the parent refuses to speak with you and access to the child is denied outright, you should immediately consult with your supervisor and determine the most appropriate response.

• Lastly, conduct interviews in the home where the maltreatment is alleged to have occurred whenever possible because it provides you with the opportunity to observe family interactions and the physical environment in which the child(ren) live.
Questions/Comments/Concerns?

You may, during the course of gathering information, find a need to make a referral to CPT for a forensic interview or exam. Remember that s. 39.303, F.S., specifies that you are mandated to refer to CPT in cases that involve:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child 5 years of age or under.
- Any intake alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition of a child and failure of a child to thrive.
- Reported medical neglect of a child.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

It is important for you to know that you are not limited referring to CPT only to these types of cases. Once the investigation has commenced, you may refer investigations containing other allegations to CPT to assist in the evaluation.
Activity: Case Scenario Role-Play “Knock-Knock...who’s there?”

Display Slide 3.1.3

Materials:
- PG: 6-9, Croft Case Hotline Report

Trainer Instructions:
- Instruct participants to refer back to the Croft case.
- Assign roles of CPI and parent(s).
- Have participants practice how they would introduce themselves; how they would initiate the conversation about the allegations; and how they would engage the parents/caregivers.
- Use a round-robin approach so that everyone gets the opportunity to practice the CPI role.
- Debrief as needed.

Trainer Note: You can also use the cases/scenarios in the Trainer Guide.
A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

**INTAKE REPORT WITH REPORTER NARRATIVE**

<table>
<thead>
<tr>
<th>Intake Name:</th>
<th>Intake Number:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croft, Amy</td>
<td>2012-11122233</td>
<td>Lake</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Program Type</th>
<th>Investigative Sub-Type</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/xx at 3:30pm</td>
<td>Child Intake-Initial</td>
<td>In-Home</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker Safety Concerns</th>
<th>Prior Involvement</th>
<th>Law Enforcement Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒ No ☐</td>
<td>Yes ☒ No ☐</td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response Time</th>
<th>Name-Worker</th>
<th>Name Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hours</td>
<td>Mason, April</td>
<td>Clawson, Clayton</td>
</tr>
</tbody>
</table>

### I. Family Information

<table>
<thead>
<tr>
<th>Name-Family:</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croft, Amy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address-Street</th>
<th>Unit Designator</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>215 NW South Street</td>
<td></td>
<td>Orlando</td>
<td>FL</td>
<td>32801</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language:</th>
<th>Interpreter Needed: Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directions to House</th>
</tr>
</thead>
<tbody>
<tr>
<td>215 NW South Street</td>
</tr>
</tbody>
</table>

#### Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croft, Amy</td>
<td>789822985</td>
<td>AP-PC</td>
<td>Female</td>
<td>3/8/xx</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td>White</td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Blake</td>
<td>394225006</td>
<td>AP-PC</td>
<td>Male</td>
<td>2/9/xx</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Other</td>
<td>White</td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Micah</td>
<td>865850767</td>
<td>V</td>
<td>Male</td>
<td>4/30/xx</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>2 ½ yrs</td>
<td>Other</td>
<td>White</td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Makenzie</td>
<td>866765477</td>
<td>V</td>
<td>F</td>
<td>7/11/xx</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td>White</td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

AP=Alleged Perpetrator   PC=Parent/Caregiver   CH=Child in Home   RN=Report Name
HM=Household Member   SO=Significant Other   NM=Non-Household Member   V=Victim
### Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croft, Amy</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
<tr>
<td>Thomas, Blake</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
<tr>
<td>Thomas, Micah</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
<tr>
<td>Thomas, Makenzie</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
</tbody>
</table>

### Relationships

<table>
<thead>
<tr>
<th>Subject</th>
<th>Relationship</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croft, Amy</td>
<td>Mother-Birth</td>
<td>Thomas, Micah</td>
</tr>
<tr>
<td>Thomas, Blake</td>
<td>Father-Birth</td>
<td>Thomas, Makenzie</td>
</tr>
</tbody>
</table>

### Alleged Maltreatment

<table>
<thead>
<tr>
<th>Alleged Victim</th>
<th>Maltreatment Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Micah</td>
<td>Environmental Hazards</td>
</tr>
<tr>
<td>Thomas, Makenzie</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Thomas, Micah</td>
<td>Family Violence Threatens Child</td>
</tr>
<tr>
<td>Thomas, Makenzie</td>
<td>Inadequate Supervision</td>
</tr>
</tbody>
</table>

### Location of Incident

<table>
<thead>
<tr>
<th>Address-Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>215 NW South Street</td>
<td></td>
<td>Orlando</td>
<td>FL</td>
<td>32801</td>
</tr>
</tbody>
</table>

### I. Narratives

#### Allegation Narrative

1/6/xx the mother of the children, along with a friend, were arrested for cooking crystal methamphetamine and trafficking drugs in the 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, her address is 1512 North West Terrace Orlando FL.

Donna Hamilton is on probation for methamphetamine manufacturing and trafficking. The father of the children, Blake Thomas is currently incarcerated due to family violence between Amy and Blake. No report was received by the department at that time, however it was noted in the police records that Micah and Makenzie were present when Blake assaulted Amy.

There is a long history of DCF involvement with the family. Currently one child is residing with the maternal grandparents and another child has been adopted through DCF due to Amy's substance misuse.
Surrounding Circumstances
The mother was released from drug treatment approximately one year ago.

Child Functioning
The reporter did not have any information regarding the child functioning due to having no contact with children.

Adult Functioning
The reporter did not have any information regarding the adult functioning due to having no contact with the parents.

Review of case history, includes concerns for substance misuse by both parents and domestic violence, with the father as the aggressor.

Parenting Practices – General
The reporter did not have any information regarding the parenting general practices for either parent.

Parenting Practices – Discipline
The reporter did not have any information regarding the parenting discipline practices for either parent.

**Narrative for Worker Safety Concerns**
Both parents are incarcerated, so there are no concerns regarding contact with the parents.

<table>
<thead>
<tr>
<th>I.</th>
<th>Agency Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Probationary Worker Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>Decision</td>
<td>Date/Time Decision Made</td>
</tr>
<tr>
<td>Pending</td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker/Supervisor Decision</th>
<th>Date/Time Decision Made</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen In</td>
<td>1/6/xx</td>
<td>Screen In-Accepted for Services/Investigation</td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| I. CI Unit Documentation    |                          |                                             |
| First Call Attempted Date/Time | Completed Call Date/Time |                                             |

**Call Log**

**Called Out By**

**Called To**

**Reporter Narrative**

<table>
<thead>
<tr>
<th>Name-Worker</th>
<th>Wilson, Valerie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name-Reporter</td>
<td>Elmore, Lynda</td>
</tr>
<tr>
<td>Reporter ID</td>
<td>(505) 543-8987</td>
</tr>
<tr>
<td>Reporter Requests Contact</td>
<td>Yes x  No</td>
</tr>
<tr>
<td>Reporter Type</td>
<td>Probation Officer for Donna Hamilton</td>
</tr>
<tr>
<td>Report Method</td>
<td>Phone</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
**Reporter Narrative**

Caller is the probation officer for Donna Hamilton, who was contacted today by police when Ms. Croft was arrested. The probation officer did not have specific information regarding the children in the home. The restriction for Ms. Hamilton is that she may not have any other criminals or criminal activity residing in her home. She is currently in violation of her probation due to having Ms. Croft residing in the home. Ms. Elmore does not support Ms. Hamilton being a placement option for the children.

Review of FSFN by CI, confirmed history with family, to include termination of parental rights for one child and multiple reports regarding domestic violence and substance misuse.

**Source Information**

**Activity STOP**

*Display Slide 3.1.5 (PG: 10)*

---

**How many of you have conducted home visits before. Would anyone like to share your experience?**

**Trainer Note:** Ask where and under what circumstances? What are the benefits of going into the home? What are the concerns with going into the home?

**How many of you have concerns about your own safety?**

**Trainer Note:** Allow participants to share their concerns, and share your thoughts or any of your experiences with the class, being sure to share how you addressed safety issues.
Safety concerns are a universal concern in child welfare practice. Unfortunately, there is a possibility that you may be verbally threatened or even assaulted because of the circumstances in which you meet parents/caregivers.

Imagine for a moment that you think you are a good parent, you love your children, and they love you. Someone representing DCF (which will now be you) comes into your home and says that your children are not safe with you and need to be removed.

If you do not have children, imagine the person you love the most and who loves you the most being removed from your relationship because someone has determined that person is not safe with you.

**How would you feel?**

**Trainer Note:** This can be a rhetorical question, or you can allow for responses.

Most of us would feel angry, threatened and confused. That is why it is important that the first step in ensuring your safety is to evaluate the situation before the initial contact. Prevention is much easier than intervention.

You need to be aware that in every investigation there is the potential for problematic interactions with parents because many individuals feel threatened simply by you showing up at their front door.

Imagine how it would feel to be a parent who needs an involuntary safety intervention that includes removing your children. The parent(s) may take it out on you because you were the one who initiated the protective action.
Activity: Safety Considerations

Display Slide 3.1.6

Materials:
- PG: 6-9, Croft Case Hotline Intake
- PG: 10, Evaluating Personal Safety
- PG: 11, Safety Checklist

Trainer Instructions:
- Have the participants work in small groups to identify the safety considerations they should consider before making contact in the Croft case. Prompt them to think about the issues that were discussed in Core (i.e., DV, Substance Abuse, Mental illness as well as Caregiver Protective Capacities). If needed, prompt with “Is there a history of assaultive behavior by anyone in the family (i.e., aggravated assault, aggravated battery, battery on a law enforcement officer or other person of authority, or use of a weapon in the commission of a crime, etc.)?”
- Give no more than 15-minutes for responding.
- Participants will need to identify what additional information they would need.
- Once groups are finished, discuss the responses and be sure to stress that situational awareness and prevention are key to worker safety.

Trainer Note: You can read the following questions or ask the class what considerations should be made prior to home visits.

In order to effectively evaluate personal safety prior to the initial contact and in subsequent home visits, you should consider the following questions:
- Is there a history of assaultive behavior by anyone in the family (i.e., aggravated assault, aggravated battery, battery on a law enforcement officer or other person of authority, or use of a
• Is there a history of domestic violence?
• Does the report indicate the possibility of a family member with an unmanaged mental illness who is exhibiting violent or unpredictable behavior?
• Are there firearms or other weapons noted in the report?
• Is someone in the home abusing alcohol or drugs, likely to be currently under the influence of any substance, or selling drugs?
• Is the family’s geographic location extremely isolated or dangerous?
• Has the family reacted aggressively during prior investigations?
• Is the home visit scheduled after normal working hours?
• Does the report describe the subjects as potentially violent or hostile?
• Are the injuries to the child reportedly life-threatening or severe?
• Is it likely the child will be removed from the family situation on this visit?
• Does the housing situation or neighborhood increase concerns for an investigator’s personal safety?
• Are individuals in the household known gang members?
• Does the family have pets that are potentially dangerous?

**What personal safety precautions can you take?**

**Trainer Note:** Be sure to cover these responses if the class does not come up with them. They are on **PG: 13**.

- Place all personal items in the car trunk prior to leaving for the home visit.
- Have access by telephone to a supervisor or designated staff person for consultation.
- Always inform the supervisor or other Department personnel of your interview / visitation schedule and approximate return time when there is contact with the family.
- Memorize the address and the home’s location.
- Drive by the home and observe the house and neighborhood.
- Observe each person in and around the area closely and watch for signs that may indicate any potential for personal violence.
- Learn the safest route to and from the family’s home.
- Be sure the car is in good working order, and park it in a way that allows a quick exit, such as backing the vehicle in for a quick departure.
- Carry a cell phone with a charged battery.
- Whenever possible and feasible, plan to make initial contacts with another staff person or law enforcement when appropriate.
Follow your instincts. Anytime you feel frightened or unsafe, you should assess the immediate situation and take whatever action is necessary to obtain protection.

When inside the home, take note of: Who else is currently home or expected to return soon? Which rooms have closed doors (and possibly contain individuals? How many exit points are there in the home?

Be aware of the best location within the home for the interview to be conducted.

Avoid sitting with your back to a door or window.

Avoid having to walk past someone to leave the home.

The bottom line is that you should be attuned to information, family behavior, circumstances or situations that could pose a danger to your personal safety.

Activity STOP

Activity: Be Aware of Your Surroundings

Display Slide 3.1.7

Materials:

- PG: 12-14, Case Scenarios

Trainer Instructions:

- Have participants review the case scenarios in their Participant Guide. Ask them to identify if the PI is in a “safe” situation based on the descriptions provided, and, if not safe, what they should do about the situation.

- Reiterate that they should ALWAYS consider their own safety, and there are situations that require a higher vigilance on their part.
Activity: Be Aware of Your Surroundings

Directions:
- Read each of the scenarios provided below.
- Determine if you are in a “safe” situation based on the descriptions.
- If you determine you are not in a safe situation, identify what safety precautions you should take.

Activity Notes:

Case Scenario #1:
A concerned neighbor alleges that a mother left her 2-year-old daughter and 15-year-old son home alone. She alleges that the mother has a long history with the Department and her older son is living with his grandmother now. The caller also states that the mother is “crazy” and that she may be in the woods behind the house. The caller has not seen the mother for days and has not heard the baby cry for at least two nights. The 15-year-old has had several friends coming and going all hours of the night.

Upon arriving at the home, you see numerous cars at the home and eight males in the front yard ranging in age from what appears to be 12-years-old to early 20’s.

Safe? □ Yes □ No

Safety Precautions:

Case Scenario #2:
An anonymous call to the hotline alleges that there are two children under the age of 4 who are living in a “house from hell.” The caller alleges that the stench from the house is so awful that she can’t go outside. She also alleges there are always a lot of people in and out of the house. The caller reported that the children are outside sometimes until 9:00 or 10:00 p.m., without shoes on, and sometimes, the little one only has a diaper on. The caller believes the mother may be pregnant.

When you are walking up to the door, you smell a very strong odor but do not know what the odor is. The house has all of the blinds closed, and there is one vehicle in the driveway. The neighborhood is a low-income neighborhood known as a high drug and crime area.

Safe? □ Yes □ No
Case Scenario #3:
A pediatrician reports that a 5-year-old female came to the clinic this morning with a large red mark on her face. When asked by the pediatrician what happened to her face, the child responded that she fell and hit the table. The pediatrician reported that the mark did not look like it could have come from a fall, and the pediatrician observed the mother looking sternly at the child while she answered the questions. The child appeared fearful and became teary-eyed while the pediatrician was talking to her. This is the first time the pediatrician has seen the child.

Upon arriving at the home, the mother greets you at the door and immediately lets you in. You observe that the child is playing with Barbie dolls in the den area of the home, which is in a middle-class neighborhood.

Safe? [ ] Yes [ ] No

Case Scenario #4:
An elementary school counselor reports that a 10-year-old female student from her fourth-grade class reported that her father is sexually abusing her. The abuse allegedly started at age 8. The last incident involved sexual intercourse and occurred two days ago. The child is fearful of telling her mother and is worried about her family.

Upon arriving at the home, you realize that you know the father because you went to high school with his son. You remember that he was very active in school activities and ran the concession stand at the soccer games.

Safe? [ ] Yes [ ] No

Case Scenario #5:
A neighbor alleges that the house next door is “running a prostitute ring” with young girls trading sex for drugs. The parents have a long history of criminal activity and reportedly own “a lot of guns.” The neighbor reports that the only known child is the parent’s 14-year-old daughter.

When you arrive at the home, you find that it is in a middle class neighborhood on a quiet cul-de-sac and the yard is meticulously maintained. When you reviewed the criminal history, there was not any history of any criminal activity.
Gathering sufficient safety-related information is dependent upon many factors. You are the first person from the Department that the parent/caregiver and the child will meet. As we said earlier, you are “setting the stage” for engagement.

The way you introduce yourself, explain your role and the agency’s mission and purpose can be just as critical, if not more, than all of the pre-planning you have done to this point.

**When you first meet a professional, such as a new doctor, or even a non-professional, what are some of the qualities you are looking for?**

**Trainer Note:** You are looking for answers that include such responses as respect, dignity, sincerity, etc. Reiterate that in child welfare, we want our professionals to have the same positive qualities as any other professional.

**Who is the client in child welfare?**

**Endorse:**
The answer is the child and the parent. The primary point of communication, involvement, and decision-making is the parent/caregiver. In order to be successful, the parents have to want to engage with you. Parents/Caregivers have to sense that you respect them and you are attending to them in a manner that makes them want to engage and change their behavioral patterns.

What are some things you can do or actions you can take to enhance engagement and the assessment process?

**Trainer Note:** Some examples you can use include (be sure to ask “why” we want to do these things):

- You should identify with their feelings and the situation from their point of view. What do things mean to them?
- Give parents information. To do so empowers them.
- Use an approach that reduces your power and authority. Seek assistance from the parent(s) in completing the Family Functioning Assessment process.

During the course of the investigative process, there may be times that you have to control your emotions and control your focus or concentration.

As a CPI, there will be a time, if not many, when you will feel overwhelmed with work demands and heavy case activity. You have to find a way to balance your demands of the work while providing full attention to the family.

Controlling yourself includes self-awareness and management of your values and intentions. You must remain open as you proceed to understand the situation. Controlling yourself demands that you recognize clients in positive, open terms. Avoid stereotypes!

Self-control also includes depersonalizing any negative verbal interactions from the parent/caregiver. Parent/caregiver negative emotion against the agency or you should be expected.
This should not be held against the parent/caregiver but rather accepted as typical or understandable and processed.

Engagement through empowerment means that you give parents information, use an approach that reduces your power and authority, and seek assistance from parents throughout the investigative process.

Are there any questions?
Unit 3.2: Present Danger

Display Slide 3.2.1

Time: 6 hours

Unit Overview: The purpose of this module is to discuss the requirements for assessing present danger at initial contact.

Display Slide 3.2.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Identify the purpose of the initial contact in the assessment of present danger.
2. Define present danger, using the present danger qualifiers, and explain each of the 11 danger threats.
3. Given scenarios, identify the present danger threat.
The purpose of the initial contact is to immediately assess any indication of present danger and, when present danger is identified, implement a present danger plan. Initial contact is the first face-to-face contact and the beginning of the Family Functioning Assessment- Investigations. Remember, you are “setting the stage.”

As you recall from Core, Family-Centered practice is at the center of Florida’s Child Welfare Practice Model. Family-Centered Practice is a way of working with families, both formally and informally, across service systems to enhance the capacity of a family to care for and protect their children.

The family-centered philosophy is an easy one to grasp and understand, but as a CPI, there will be times that you will need to restrain yourself from demonstrating personal biases. As a CPI you will hear and see things in some families that will be at odds with some of your values and beliefs. You will need to embrace the family-centered approach, even when it is difficult, because it is evidence-based and because the practice model requires it. Most importantly, family-centered practice and adherence to the practice model will help you stay focused on keeping children safe and helping families.

Let’s talk a few minutes about Family-Centered Practice. As I am talking to you about the key concepts, I want you to think about some of the cases you have been exposed to in either your educational experience or in Core.
Historically, child welfare systems took more of a child-focused approach, which was intended to protect, care for and plan for children who were victims of abuse and neglect. Typically, this meant that the child was removed from the home with limited, supervised visitation between a parent and his/her child.

Parents were viewed as incompetent or “bad,” and the focus was on treating the child and teaching the parent new parenting skills. Parents were given a laundry list of things to do, such as getting a job, cleaning up their homes, taking parenting classes, or going to counseling. If they did not follow the plan, they were thought to be “unmotivated” or “resistant.” What this meant is that we had a lot of children out of their homes and, unwittingly, the system was traumatizing them even further.

**Thinking back on Core, what impact does separation from parents have on children and the family unit? What does the ACE study tell us?**

We now know that some children could have stayed in their own homes with appropriate supports and services. Research tells us that there are generally poor outcomes in terms of mental health, education and life-long well-being for children in the foster care system. The system’s primary role is safety, but there can be unintended consequences if we do not utilize an approach that focuses on the family unit.

Let me be very clear: Family-centered practice does not say, “Do not remove children.” Safety is always paramount. Our practice model embraces a family-centered philosophy that first asks, “What can we do to support this child and family first to ensure safety while at the same time keep this family intact?”

There will be times when a child should be removed from his/her family, and we have the same obligation to find that child a safe, stable and permanent home where their well-being needs are met, either with family, or an other option.
Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes for children and families, whether the child is in the home or out of the home.

**Activity: Family-Centered Practice Values**

Display Slide 3.2.4

**Materials:**
- *PG: 17-18, Family-Centered Values Scale*

**Trainer Instructions:**
- *Ask participants* to turn to *PG: 19-20*.
- *Explain that* as you read the core values, you want them to score them for themselves from a personal standpoint, not a professional standpoint. They should score each statement with a “1” for “Strongly Disagree,” “2” for “Disagree,” “3” for “Agree,” and “4” for “Strongly Agree.”

1. Children should, first and foremost, be protected from abuse and neglect. 1 2 3 4

2. Every child and family has intrinsic worth and value. 1 2 3 4

3. Every parent has intrinsic worth and value. 1 2 3 4

4. A child’s home should be safe, stable and permanent. 1 2 3 4

5. Children should live with their families, and when that cannot be safely achieved through supports and services, children should live near their home, maintaining family connections, and in particular, sibling relationships, while also preserving their cultural heritage. 1 2 3 4
6. A child should achieve success in school, and his/her medical, emotional, behavioral, developmental and educational needs should be met. 1 2 3 4

7. Families, and their individual members, are more likely to resolve issues of concern when child welfare professionals involve them in the change process and build on their strengths. 1 2 3 4

8. Child safety must always be promoted, while the child welfare professional actively assists the preservation of families and family connections. 1 2 3 4

9. The first and greatest investment of resources should be made in the care and support of children in their own homes. 1 2 3 4

10. Every child deserves to live in a family that provides basic safety, nurturing and a commitment to permanent caregiving. 1 2 3 4

11. The cultural and ethnic roots of the child and family are a valuable part of their identity that must be understood and embraced in service delivery. 1 2 3 4

12. Children’s need for safe and permanent family can be met by providing appropriate and adequate resources in a timely and effective manner. 1 2 3 4

13. Services should be identified and developed with the family. 1 2 3 4

14. Services and supports should be delivered in an individualized plan and should be provided in a timely, effective and well-coordinated manner. 1 2 3 4

15. Interventions into the life of a child and family should offer as much support as necessary to achieve goals, and no more. 1 2 3 4

16. Parents and families as a whole are to be respected. 1 2 3 4

17. Life stories should be valued. 1 2 3 4

Now let’s look at that same list of questions and introduce you to Patty.

Patty is 24-years-old and has four children from three different men. Their ages are 5, 4, 2 and 6 months. She has been involved with the system three times and her 5-year-old was placed in permanent guardianship with her mother. The second time she was involved with DCF, she opted to place the 4-year-old with the child’s father rather than work her case plan. Patty has a
long history of substance abuse issues, including IV heroin use. The third time Patty was involved with the system she agreed to participate in services. The Department placed the 2-year-old with the maternal grandmother and Patty was open to going to rehab. She completed an in-patient drug rehab and was able to secure a job. While she was still under services, Patty delivered her fourth child. The Department reunified her with the two younger children when the baby was 3-months-old, and the case was closed successfully. You just received the Hotline Intake. Patty has been on drug binge. She left the children in the care of her boyfriend and he “beat” the 2-year-old because she would not listen to him. The child had head trauma, as well as bruises across her back and buttocks.

I want you to go back through the family-centered value statements and see if any of your answers would change if you applied the value statements to Patty’s case history.

**Trainer Note:** Try to prompt participants to engage in a frank conversation about the difficulty of weighing personal emotions and bias with practice model requirements to utilize a family-centered approach.

Let’s take some time to review the family-centered practice skills you will need to be effective in the field.

As a CPI you will be required to utilize family-centered practice skills. You gain these skills through education and training that stress skills related to:

1. DCF’s Mission and Values statement
2. Core Competencies
3. Ethics
4. Values

**Trainer Note:** You may want to ask the participants to name the tenets of family-centered practice or go through each one of the following, asking for response or input about how to apply them.
At the core of the practice model and utilizing family-centered practice, there is an expectation that you will be able to apply the following skills, practice behaviors or beliefs:

1. Demonstrate respect and courtesy when engaging with the family.
2. Demonstrate empathy and encouragement because the Child Welfare system is intrusive, therefore providing support and encouragement says to the family that you can be empathetic and understanding.
3. Demonstrate professionalism, meaning that you are constantly exploring how you conduct your investigations, how you present to families and how you maintain your professional objectivity. Professionalism relies on the ability to have compassion and empathy for the family.
4. Respond promptly to show the family that you want to be attentive to their needs and you want to engage with the family. Prompt response helps the family feel connected and respected.
5. Continually seek to engage the family because you recognize that information-gathering and decision-making will be insufficient without them. The family is your client and is critical to the investigative process.
6. Enable participation and involvement because you serve families. You have to have their involvement and participation. Required decisions regarding safety cannot occur, nor can change happen, without them.
7. Family expertise recognizes that the family is the expert on what works and does not work for them, and they should be the primary source of information.
8. Provide necessary information to the families to keep them informed. “Knowledge is power.”

Activity STOP
Display Slide 3.2.5 (PG: 19)

Present danger refers to an immediate, significant and clearly observable harm or threat of severe harm occurring to a child in the present time that requires immediate protective actions by the CPI or case manager (CM).

**Trainer Note:** You can ask participants to give you the definition of the qualifiers or you can give them yourself. You can also ask for field examples when there was a present danger threat.

Refer trainees to the Safety Methodology Practice Guidelines-All Staff to follow along with the criteria for assessing Present Danger.

**PG: 20-22**

**Assess Present Danger**

**Purpose:** Present danger is active and clearly in the process of happening now. Present danger is most often identified at the onset of an investigation, but it can occur at any point in time. Present danger refers to immediate, significant and clearly observable harm or threat of harm occurring to a child in the present time, requiring **immediate protective actions** on the part of the investigator or case manager. Assessing for present danger is an on-going process as family and individual circumstances are dynamic and not static in nature. Even when there is a safety plan in place, a new danger threat may be occurring at any point during an investigation or an on-going services case. Examples of present danger include but are not limited to:

- **Inflicted or unexplained injuries to the face and/or head**
- **Allegations of sexual abuse in combination with a parent who is unwilling/unable to protect**
- **Premeditated maltreatments**
- **Hazardous living conditions**
- **Bizarre cruelty toward a child**
• Children requiring immediate adult supervision
• Child needing immediate medical care
• Parent or legal guardian unable to provide basic care
• Caregiver out of control or under the influence of substances posing an immediate threat to the child.


Guidelines:
1. The CPI or CM will assess present danger in accordance with Safety Methodology Practice Guidelines for Investigations, “Assess Present Danger and Take Immediate Actions.”

2. Present danger threats are usually identified at initial contact by a CPI, but may also occur during the course of an investigation or while the family is receiving case management services. Present danger that occurs during on-going services may involve a parent in an in-home case, a relative caregiver or a foster parent. Serious harm will result to the child without prompt response and interventions.

3. The CPI will identify present danger using the following criteria:
   a. “Immediate” for present danger means that danger in the family is happening during the time that the CPI or case manager is in the home. The dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, and is actively in the process of placing a child in peril.

   b. “Significant” for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out-of-control or extreme. The danger is recognizable because what is happening is onerous, vivid, impressive and notable. “Significant “is anticipated harm that can result in severe pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death. What the CPI or case manager encounters becomes the dominant matter that must be addressed immediately.

   c. Present danger is “clearly observable,” as what is happening or
in the process of happening is totally transparent. The CPI or case manager will see and experience it in obvious ways. There is no guesswork; if the worker has to interpret what is going on to be present danger it is not present danger. Usually, when present danger, exists because of extreme family conditions, a child’s condition, individual behavior or acts, or family circumstances, the investigator or case manager will know even without conducting interviews. There are clearly observable actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described and which directly harm the child or are highly likely to result in immediate harm to the child.

4. A CPI or case manager will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately.

5. When the case manager determines that a child is in present danger, there must be immediate actions to protect the child.
   a. A report to the Hotline will only be made when there are new incidents of harm. An insufficient safety plan does not constitute a new incident of harm.
   b. If modifications to an in-home safety plan will not be sufficient to manage a newly identified present danger threat, the case manager will develop the next least intrusive actions.
   c. A CPI must be called to the home to assist the case manager when a child needs to be sheltered.

6. The present danger plan shall not be in effect for more than 14 days without a staffing being held to assess the safety plan’s ongoing effectiveness to protect the child.

**Supervisor:**
1. Will consult with the CPI to review the determination of present danger within five days of present danger identification, and again subsequently as needed. Things to consider during this consultation include:
   a. Can the CPI clearly describe the home, child, and caregiver(s) condition(s) that he/she believes currently protect or endanger the child?
   b. If there is a danger threat identified, does the danger seem active, reasonable and vivid?
   c. Does the CPI feel compelled to take action immediately to assure the protection of the child, and if so, what is the basis?
2. All present danger plans will be reviewed by the supervisor within 24 hours of their creation.

3. For all Present Danger Safety plans in which the child either remains in the home or a family arrangement is used, the following will apply:
   a. CPI supervisors are required to request a 2nd Tier Consultation.
   b. Case manager supervisors are required to consult with a manager, manager designee or consultative team.

**Trainer Note:** The third guideline, related to the timeliness of the information collection, does not mean that you cannot gather some information related to all six information domains when assessing and responding to present danger. However, it is very unlikely that the information collected at that point in time is going to be sufficient enough to accurately assess for impending danger without further interviews being conducted.

Are there any questions?

**Trainer Note:** Have participants go to their reference guide-Present Danger.

Danger threats manifest in two ways, either Present or Impending. As a CPI or CM, you need to understand how the danger threats are manifested in the family.

The ability to recognize, define and apply the danger threats is critical to accurately assessing for child safety. Therefore, we will be taking the next few minutes to review the danger threats and allow time for you to familiarize yourself with the threats.

**Trainer Note:** It is recommended that the danger threats are read aloud. You can do a rotation so participants do not have anxiety about being picked.

*Once the group has completed reading through the guide, discuss application of the threat at present danger, and share case examples that would equate to present danger. They can be examples, directly pulled from*
the ones in the reference guide. Ideally, you want the participants to give you examples because this was covered in Core.

Activity: Present Danger

Display Slide 3.2.6

Materials:
- PG: 6-9, Croft Case Intake Report
- PG: 23-25, Case Notes
- PG: 26, Present Danger worksheet

Trainer Instructions:
- Have participants read the Croft case intake and chronological notes to determine if there is present danger based only on the information that is presented. Have participants justify their response.
- They will also need to identify if there is any additional information they would need to make the determination.

Croft Case Note Chronology

Wednesday 1/6/xx

Call to Hotline with allegations made that:
- Makenzie and Micah Thomas are currently residing with Donna Hamilton who is not related to the children. Ms. Hamilton is on probation for the distribution and manufacturing of methamphetamine. The mother of the children, Amy Croft, was arrested today for manufacturing and distribution of methamphetamine. The father of the children is also incarcerated on unrelated charges. Requesting assistance, as children cannot stay at Ms. Hamilton’s home, per the probation officer for Ms. Hamilton.

1/6/xx
- Report assigned to CPI Allison Martin. (tracked in FSFN)
March 2015

1/6/xx
PCT Probation Officer by CPI.

- Probation officer did not have any contact with Ms. Croft, and was not aware that she and her children were staying with Ms. Hamilton, which is a violation of Ms. Hamilton’s probation.
- Children cannot remain in the home, and it may be that Ms. Hamilton will be remained to jail due to a probation violation.

1/6/xx
PCT County Jail

- Confirmed that Ms. Croft and Mr. Thomas are both incarcerated at this time.
- Ms. Croft is in processing and not able to have visitors until later this day or tomorrow, however can arrange for a call later in the day by CPI.
- Mr. Thomas has been processed, and has been incarcerated for approximately 30 days. He may have professional visitors, as arranged with the jail.

1/6/xx
Supervisory Consult with Supervisor Tank

- Review of past history, to include criminal history for both parents.
- Prior CP history with placement and adoption of one child approximately 8 years prior.
- Neither parent is able to provide care for the children today, as they are both incarcerated.
- The current caregiver is not an approved caregiver.
- Concern that child may have been exposed to toxic chemicals due to the manufacturing of methamphetamine. Will want to consult with CPT regarding how to proceed.
- Coordinate with probation officer for response to the home of Ms. Hamilton.

1/6/XX
Call by CPI Martin to CPT regarding report and examination appointment.

- Schedule appointment for tomorrow morning at 10:00am for possible methamphetamine exposure of children.

1/6/xx
Commencement of Report to Home of Donna Hamilton, accompanied by PI Post.

- Upon present at the home were Donna Hamilton, Micah Thomas, and Makenzie Thomas.
- CPI conducted interviews with Donna Hamilton, Micah Thomas, and Makenzie Thomas. All interviews were separate and private.
Based interviews and observation of the children confirmed present danger no available caregiver of parent/legal guardians/caregiver are not meeting the 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.

1/6/xx
Supervisory consult.

• Their mother, Amy Croft, left Makenzie age 9 and Micah age 33 months with Ms. Hamilton. Ms. Hamilton is on probation for methamphetamine manufacturing and distribution.
• Ms. Croft was arrested today for manufacturing and distribution of methamphetamine.
• The father of the children, Blake Thomas, is also incarcerated.
• There are no available caregivers for the children at this time.
Unit 3.3: Conducting the Initial Contact

Display Slide 3.3.1

Time: 6 hours

Unit Overview: The purpose of this module is to provide participants with an understanding of the documentation and notification requirements, as well as an understanding of the importance of observations in the investigative process.

Display Slide 5.3.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Evaluate your behaviors and actions at first contact.
2. Demonstrate a CPI/family member first contact scenario.
3. Identify the documentation requirements for interviews (i.e., who, when, where, and what information was verbally obtained or observed during the interview) and the statutorily required notifications about the process (e.g., client’s rights).
4. Explain the importance of minimizing the impact of further trauma
to a child during protective interventions.

5. Describe and demonstrate essential areas for observation of the child and family.

6. Identify how/what a CPI personally observes (e.g., non-verbal communication and patterns of family interactions) can be just as valid and informative (if not more so) than verbal statements solicited from family members and collateral contacts.

7. Demonstrate interviews with a child, alleged maltreating parent/caregiver, and non-maltreating parent/caregiver to determine if present danger exists.

8. Explain and apply which present danger threat was identified during your interviewing and observation efforts.

**PG: 27**

When conducting the initial contact, it is important that you keep two things in mind. First, you will need to gather relevant information and facts necessary to assess, analyze, and determine if there is a need to develop immediate protective actions to manage present danger threats. You must gather information through interview and observation in the six domains.

The second thing you need to keep at the forefront of your mind is that the primary point of communication, involvement, and decision-making is the parent/caregiver. In order to be effective, the parents have to engage with you and have to want to work with you.

**Trainer Note:** You can ask questions about the following engagement and assessing strategies.

Engaging and assessing the parents/caregivers can be enhanced through a number of actions:

- You should identify with their feelings and the situation from their point of view. What do things mean to them?
- Give parents/caregivers information. To do so empowers them.
- Use an approach that reduces your power and authority.
- Seek assistance from the parent(s)/caregiver(s) in
completing the Family Functioning Assessment process.

As we go through the initial contact requirements and considerations, they may sound overwhelming, but you will have requirements in your practice manual to refer to after class, and you will have your supervisor to guide you through the investigative process. We are going through them today so that you can ask any questions or express concerns that you have about understanding the procedure or how to apply the procedure. Remember, as we talk about making the initial contact, you will be encountering parents/caregivers and children who typically do not “know” or even think that there is anything wrong going on in the family. You are coming in questioning their capacity to parent and keep their children safe.

**PG: 27-28**
The ideal sequencing of the interviews for individuals residing in the home where the alleged abuse is to have occurred is:

- Child/victim
- Siblings or other children residing in the home
- Non-maltreating parent/caregiver
- Adult household members or any potential eyewitness to the alleged incident
- The identified maltreater.

**Trainer Note:** Refer participants to Safety Methodology Practice Guidelines-Investigations “Protocol for Initial Contact and Interviews with Household Members” to follow along as you go through these sections. You can ask why the sequence is ordered this way or you can tell the participants the following.

The interviews are purposefully ordered this way so you can gain as much information as possible to inform the line of questioning for each subsequent interview.

This means you will have the most information available when questioning the identified maltreater about the specific
maltreatment incident, circumstances accompanying it, and any out-of-control individual or family conditions that you need to assess relative to making a safety determination.

At the point when you determine that the alleged maltreatment occurred and is serious or severe enough to warrant consideration as “criminal conduct,” you should contact law enforcement prior to conducting the interview with the identified maltreater. You should inform law enforcement personnel of the necessity for and timing of any protective actions you will need to take to ensure child safety. If it is not possible to interview the identified maltreater at the initial contact due to a criminal investigation, you will request to be notified by law enforcement personnel at the earliest possible date when the individual is cleared to be interviewed. To facilitate notification, you should check with law enforcement on at least a weekly basis to confirm there is still a “hold” on the interview.

Are there any questions? Why do we want law enforcement to have access to the alleged maltreater/perpetrator before we meet with them?

**Trainer Note:** Correct response should include that we need to let the criminal investigation take precedence in terms of evidence-gathering. We do not want to interfere with the criminal investigation.

**PG: 28-29**

We will look at the initial contact process for the victim and other children, the parents/caregivers and the maltreater.

At initial contact, you must do the following:

- Present identification to the family at the beginning of the interview, and provide a business card or other document to the parents and caregivers containing your name and your supervisor’s name and work telephone numbers.
- Provide the “Child Protection: Your Rights and
Responsibilities” pamphlet to the parent or legal guardian.

- Explain the child protective investigation assessment process, and the rights of the parent and legal guardian.
- Inform the parents/caregivers and alleged maltreater of the purpose of the investigation and the ways the information may be used by you.
- You will also need to include a description of possible case determinations or outcomes, and the services that may be offered as a result of the investigation.
- Encourage the parents/caregivers to work in partnership with you to determine what happened and what parental or caregiver protective capacities need to be developed to prevent further maltreatment in the home.
- Inform the parents/caregivers of their right to obtain an attorney and their opportunity to audio or video record any interviews between you and the parents or children.
- Inform the parents/caregivers of their duty to report a change in address or location of the child until the investigation is closed.
- Obtain names of persons from the parents or legal guardians and caregivers who can provide additional information about the family.
- Ask the parents/caregivers to sign an authorization to release information to enable the Department to obtain confidential information from physicians, mental health providers, school employees, or other service or treatment providers.

You should not provide a copy of the allegation narrative, nor read the allegation verbatim during the initial contact; however, the parent/caregiver and alleged perpetrator are authorized to obtain all records of the Department concerning the investigation.

Why don’t you provide a verbatim narrative of the allegations?
Trainer Note: Emphasize that if the CPI provides the written allegation narrative, he/she would be reinforcing the misconception that the maltreatment and circumstances surrounding it are the only pieces of information the CPI is interested in obtaining, when in fact the subsequent line of questioning will be much more expansive and broader in scope to assess child safety. In addition, the CPI could also inadvertently identify the reporter.

Instead of giving a copy of or reading a verbatim narrative, you will need to:

- Address the alleged incidents in the report. Remember you never release the reporter’s name and need to guard against releasing the name and/or any identifiers/clues as to their identity.
- Identify present and impending danger, child vulnerability, and caregiver protective capacities which are not incident-specific and require the use of open-ended questions during the interview process.

The overarching purpose of the face-to-face contact and interview with the alleged victim, his or her siblings, and other children living in the household is to gather information regarding the alleged maltreatment incident and to determine whether the children are vulnerable to any present or impending danger threats.

What do you do if you can’t make face-to-face contact with the child, siblings or other children living in the home during the initial contact?

Trainer Note: Allow for free responses and ensure that the response includes the following key point (you can read if needed): If it is not possible during the initial attempt for you to make a face-to-face contact with and interview the victim, siblings or other children living in the household, you must continue to make daily attempts at a minimum, during varying hours to locate the alleged victim and other children.

Remind participants that they must also document why contact was not made and the diligent efforts to make face-to-face contact.
You must make diligent efforts to contact the child at home, school, day care, or any other location where the child is likely to be found.

Are there any questions? This is really important so please ask any questions that you have.

You also have to notify parents of the investigation and the intent to interview a child, unless notification could compromise the child’s safety or law enforcement personnel have specifically requested a delay in parental notification due to a criminal investigation.

If you contact the child at home and the parent or legal guardian is present the child should be interviewed outside the parent’s immediate presence.

Why would we want to interview the child out of the parent’s presence?

**Trainer Note:** Correct response should include discussion of fear, guilt, shame, etc. You want to conduct interviews in a manner that ensures privacy for the child (this includes a setting where the child can speak without being heard or seen by others during the interview. Reiterate that you want to keep the child(ren) safe.

For, example, if the alleged maltreatment involves sexual abuse or severe physical abuse you shouldn’t interview the child in the room where the abuse is alleged to, or likely to have occurred. Whenever possible, you should interview the child out of the home altogether, at a more neutral, safer setting.

Let’s talk about what to do if a parent/caregiver says “no way— you are not interviewing my child without me being there.” If the parent insists on viewing the interview in order to allow it to occur, you should try to address the parents’ immediate concerns by reiterating how the information may be used and how the parent will be appropriately informed regarding what is discussed during the interview. If the parent refuses to allow
the child to be interviewed outside his or her immediate presence you have the following options:

- Inform the parent that the child’s interview may be audio or video recorded to document the interview in its entirety.
- Seek an appropriate court order to interview the child outside the immediate presence of the parent.
- Determine if the non-maltreating parent would likely maintain the integrity of the interview by agreeing to remain silent while listening to the interview from another room or sitting behind the child unobserved.

How might you minimize the possibility of this happening?

**Trainer Note:** Guide the conversation around engagement skills, attitudes and perceptions.

If the parent explicitly tells you that the child is not to be interviewed by you outside of their presence, you cannot contact that child at a secondary setting (ex., school, daycare, etc.) in order to circumvent the parent’s instructions.

When the parent refuses to speak to you and access to the child is denied outright, you should immediately consult with your supervisor and determine the most appropriate response. Persist with attempts to gain cooperation from the family or caregivers by addressing, to the degree practical, the parents’ issues and specific concerns.

Are there any questions about gaining access to children?

**PG: 30**

Okay, now let’s talk about what you should do if you go to the home and the child is there but there is not a parent/guardian. You have several considerations that you need to think through and if need be contact your supervisor for guidance.
1. If the intake indicates there may be immediate danger to the child’s health or safety, or if there is reasonable cause to believe the child’s health or safety is endangered by the conditions of the dwelling, or the child is inadequately supervised and there is an immediate need to evaluate the child’s health and safety. You should immediately consult with your supervisor regarding the need to contact law enforcement and enter the home to assess the child’s safety.

2. If the intake does not indicate any immediate danger to the child’s health or safety, or if there is not reasonable cause to believe the child’s health or safety is endangered by the conditions of the dwelling, and the child is mature enough to be home without adult supervision, you should attempt to notify the parent by phone prior to interviewing the child.

3. If the parent cannot be reached and you have no grounds to believe that parental notification will compromise the child’s safety and there are no signs of present danger you should wait until the parent can be contacted prior to interviewing the child.

4. If the child appears mature enough to be home without adult supervision but you have already determined that parental notification will likely compromise child safety you may interview the child from the front porch or outside the home (even if the child is willing to allow you inside the home).

5. If you decide to interview the child prior to informing the parents that an investigation is underway, you should notify the parents or legal guardians as timely as possible (ex., the same day a child has been interviewed). If the same-day notification could make a child victim unsafe, a supervisor may authorize an extension for one day so notification is less likely to compromise safety. Remember that supervisory approval and justification for the approval must be documented.

Are there any questions about the interviewing a child in the home?
Now let’s talk about the considerations for interviewing a child at school.
1. For any school-aged child, if the interview takes place at school, you should ask the child if she or he would be more comfortable having an adult who has an established relationship with the child (ex., teacher, guidance counselor, etc.) sit in on the interview.
2. Per statutory direction (s. 39.301 (18), F.S.) the child must request or consent to the presence of the adult and you must determine that the adult’s presence would contribute to the success of the interview. You make this decision, not school personnel.
3. When an adult does participate in the interview at the request of the child: Have the individual sign a “confidentiality form” which states that the individual will keep any information heard during the interview confidential. Inform the individual that by participating in the interview he or she may have to testify in court depending upon what the child discloses during the interview.

Are there any questions about interviews at school?

Now we are going to turn our attention to the adults. Let’s start with the non-maltreating parent/caregiver. There are three objectives that to think about when interviewing the non-maltreating parent/caregiver in the home. 1) The purpose of the face-to-face contact and interview is to find out what the non-maltreating parent or legal guardian and other adults living in the household know about the alleged child abuse or neglect. 2) You will need to gather information related to the six information domains., 3) You will need to gather information to determine whether the non-maltreating parent or legal guardian can or cannot and will or will not protect the child.
You must document the diligent efforts made to contact the non-maltreating adults in the home and continue to make daily attempts to complete the interviews. If you can’t make face-to-face for contact for the initial contact.

Whenever possible, you want to interview parents/caregivers with the following guidelines in mind:

- Interview each person separately.
- Briefly explain your role in the child protection process outlining the interviewing and information collection requirements and confidentiality protections for the family and reporter.
- Provide the parent or legal guardian with the “Child Protection: Your Rights and Responsibilities” pamphlet, which includes written information regarding the child protective investigation assessment process, including the court process, and the rights of the parent and legal guardian.
- Ask open-ended questions related to all six information domains and try to avoid immediately preceding to the nature and extent of the maltreatment and circumstances accompanying it.

Why do you want to avoid Maltreatment Domains initially?

Endorse:
You do not want the focus to be on the maltreatment. You want to gather information about family situation.

Let’s say you received a report with domestic violence allegations. Based on what you remember from or about domestic violence, why would you want to do the interview separate?

Trainer Notes: Prompt with questions related to the cycle of violence, questions related to concerns about domestic violence, power and control dynamics, out-of-control individual behavior or family conditions, etc.)
With domestic violence cases you should consider an off-site contact such as a place of work when the abuser’s presence in the home during the interview is likely to keep the non-maltreating parent from disclosing essential information or when the information contained in the intake describes the abuser’s behaviors as so “out-of-control” as to create an unsafe environment for the non-maltreating parent, investigator, or both.

**Are there any questions?**

**PG: 32**

Now let’s move to children whose parents/caregivers two different households. When a child’s parents have separate households (i.e., partial or shared custody of child) only the parent that resides in the home in which the alleged maltreatment reportedly occurred is subject to criminal history checks and is assessed in the family functioning assessment.

Prior to notifying the other parent that his or her child is involved in an investigation you will need to determine if the other parent retains shared or partial custody and is entitled to notification regarding the on-going investigation and that there are no domestic violence injunctions are in place.

The other parent should be notified and interviewed as a collateral source unless there is justification not to do so. You do not complete the FFA on the parent, however, if during the course of an investigation a child discloses maltreatment by a parent residing in a different household from the household which was the focus of the original investigation, you must initiate a second, separate investigation by reporting the new allegations to the Abuse Hotline and complete a second, independent family functioning assessment on the second household.

**Are there any questions?**
Now let’s turn our attention to the maltreater. Generally speaking, the identified maltreater should be the last household member interviewed.

Prior to meeting with the identified maltreater, you should consult with your supervisor if the individual has a history of assaultive behavior or violence. You should also give consideration to having law enforcement accompany you or conducting the interview in a safer setting (i.e., office or public site).

When meeting with the identified maltreater you must:

- Coordinate the interview with local law enforcement when law enforcement is conducting an investigation.
- Present agency credentials and contact information of both you and your supervisor.
- Inform the individual of their specific rights as outline in s. 39.301(5), F.S.:
  1. Purpose of the investigation.
  2. Right to obtain counsel and how you may use the information provided.
  3. The possible outcomes and interventions resulting from the investigation.
  4. If a parent or legal guardian, the right to be fully informed and engaged throughout the investigative process.
  5. The right to use audio or video recordings during interviews.
  6. The requirement to report any change in address to the investigator up until the investigation is completed.

You will also need to make sure the maltreater is not employed in any capacity with the Department, Sheriff Office conducting child protective investigations, community-based care agency or a subcontracted provider that enables the identified maltreater access to FSFN. If they are, contact your supervisor.
You will need to continue to try to make contact with the maltreater and document your attempts just as you would do with the child, siblings and non-maltreating parent/caregiver.

**Are there any questions?**

If anyone refuses to be interviewed whether based on the legal advice of counsel (regardless of the setting) or their individual discretion should be documented accordingly. The refusal may not be a smooth conversation. You will engage parents/families that will push your buttons. They will say things that are hurtful and/or threatening.

I think it is only fair to say that there will be many times where you will engage families that are afraid and upset versus angry. The point here is that regardless of the interaction, you have to keep your cool and have to try to engage and reassure the families as best you can that you ultimately are there to help their family.

*Display Slide 3.3.3 (PG: 33)*

You are finally ready to go knock on the door! We have spent so much time talking about all of the pre-commencement procedures and considerations that we haven’t yet talked about what you actually take with you. We call this your “Field Kit.” I am going to tell you the minimum standards for a field kit:

- The face sheet providing essential contact information -
names and address, etc.

- Business cards
- The Child Protection: Your Rights and Responsibilities pamphlet that includes written information regarding the child protective investigation assessment process, including the court process, and the rights of the parent and legal guardian
- Domestic violence resource information.
- Substance abuse and mental health referral information
- 211 (general community resource) information
- Local homeless shelter referral information
- ACCESS brochures
- Temporary Assistance for Needy Families (TANF) Eligibility form
- HIPAA
- ICWA
- Release of Information forms
- Water Safety Brochure
- Safe Sleep Brochure
- Drug screen kits
- Car seats that meet federal standards per the National Highway Traffic Safety Administration (NHTSA) if necessary
- Camera
- Cell phone
- Laptop (for off-site use; not in family’s home)

**PG: 33-34**

There are special considerations that should be made based on the hotline report and information gathered pertaining to the following:

a) The intake specifically mentions that the child victim is afraid to disclose information because of fear of retaliation.

b) A joint investigation is being conducted with Law enforcement, which has the lead in determining the order and settings for the interviews.
c) You have credible information that the family is likely to flee to avoid the investigation.

d) You have reasonable grounds to believe that mere presence of the maltreater in the home during the child’s interview is likely to interfere with the child feeling safe enough to talk openly with you.

These situations are typically cases where the maltreatments involve: sexual abuse, bizarre punishment, any maltreatment that is alleged to have resulted in serious or severe injuries.

**PG: 34**

Remember, regardless of the allegation(s), you must make diligent efforts to contact all parents, legal guardians, caregivers, and identified maltreaters. Diligent efforts means that you may have to as visit the home during different times of the day or night or on weekends. You have to keep trying until daily visits until contact is made. Either way you have to document that you were “diligent” in looking for and making contact with all of the parties.

### Activity: Role-play

*Display Slide 3.3.4*

**Materials:**
- *PG: 12-14, Be Aware of Your Surroundings Scenarios*

**Trainer Instructions:**
- Assign teams of four and a case scenario from the previous case
scenario activity. Each team will have a CPI, a non-maltreating parent/caregiver, the maltreater and the victim.

- The CPI will role-play their first contact with each of the other assigned roles. The other team members will critique and give feedback as to how to improve the contact.
- Discuss lessons learned through this activity, including what to improve upon before a ‘live’ first contact.

**Activity STOP**

*Display Slide 3.3.5 (PG: 34-35)*

What types of observations will you need to make as a CPI?

As a CPI, you will make observations that are related to family functioning in terms of behaviors and emotions, bonding and attachment, interactions, roles within the family, communication styles, affection and parenting styles.

When making observations, you need to think about three specific areas:

- The maltreatment itself, that is the injuries or signs of neglect
- Physical Environments, specifically the home
- Family Interactions
What would be a benefit of doing observations in the home versus observations at school?

Endorse:
Home is the natural environment and where the entire family will be. Ready access to multiple observations of interactions and domains. Conducting interviews in the home where the maltreatment is alleged to have occurred provides you the opportunity to personally observe the child, the physical environment and family interactions in which the children are routinely exposed.

You will use both direct observation (what you see) and interviewing (what you hear) to assess child safety and to collect information related to child and adult functioning, general parenting practices, and disciplinary and behavior management practices.

Let’s start with the observations regarding the actual injury or signs of neglect.

Just as a reminder, you will need to facilitate that examination with a medical professional must the alleged abuse or neglect involves injury to the genitalia.

If the parent or legal guardian is not present, you should request the presence of another CPI or other support person who is the same gender as the child when you are assessing injuries to any part of a child’s body requiring observation of what typically would be considered a “private” body part (i.e., would be covered by a bathing suit).

You will also need to assess each individual child’s sensitivity to disrobing in front you prior to observing alleged injuries.
Why is this important?

**Trainer Note:** Be sure there is a response related to minimizing further trauma and developmentally appropriate.

If the child appears to be hesitant or displays any obvious discomfort to the examination request or verbally reports being uncomfortable, you will need to take the child to a medical professional for the required observation. A sexual abuse allegation child may feel more comfortable with a CPI of the same sex.

If this should happen, be sure to reassure the child that he or she is not in any trouble and answer any questions the child may have about the interview/observation process.

You will be looking for physical or non-verbal responses as well as verbal responses to the interview process. You will want to note if there are signs that the child is upset or worried about talking about what happened and/or expresses fear of retaliation for talking with you. You will need to be able to separate fear of the interview and observation vs fear related to the maltreatment itself.

If you need to take pictures of any injuries to the child, you should place a ruler or measuring tape next to the observed injury to provide a contextual framework for the size and shape of any injuries photographed.

What is most important about these observations is that you explain in developmentally appropriate language why you are doing what you are doing. You want to ease the child’s fear as much as possible.

If the situation is calm enough to allow a younger child to hold a toy or something of their choice for comfort, let them. If you sense that a verbal child is fearful because of the examination,
ask them what would help ease their fear.

Are there any questions?

Trainer Note: You will need to gauge the participant’s comfort level with talking to children about the need to observe their injuries.

What apprehension do you have about making these observations?

PG: 35
The second area of observation is the physical environment or the home. You must carefully assess the home environment for all cases, not just when the initial allegations involve a child being seriously ill or injured due to the physical living conditions.

You are the first eyes in the home and will need to use your observation skills to determine if there is a “hazardous condition” that is observable, happening now and caused or will likely result in serious or severe injury to the child.

Trainer Note: Ask for examples in each of the following areas. Ensure that you cover each area covered below. Be sure that participants provide a rationale for why they want to observe each area.

You must observe and assess the following:

- Condition of the child’s living space including:
  a. Where the child eats
  b. Where the child sleeps
  c. Where the child attends to personal hygiene activities

- Physical status of the home or yard, such as:
  a. Sanitation (e.g., feces, rotting food, and insect infestations)
  b. Hazards or dangerous living conditions such as:
     1. Inadequate heat in the winter
2. Faulty wiring
3. Serious structural defects in ceilings, walls, floors, and porches
4. Lack of barriers on stairs or porches
5. Broken windows
6. Unsecured swimming pools or standing water that poses danger of drowning
7. Scalding water

- Exposure to dangerous chemicals, materials or objects:
  a. Solvents, bleaches, cleaning supplies, or pesticides, etc.
  b. Gasoline or other flammable liquids/material
  c. Illicit drugs or precursor chemicals used in manufacturing process (i.e., home meth labs)
  d. Unsecured prescription or over the counter medications
  e. Unsecured firearms or dangerous weapons
  f. Dangerous animals (i.e., aggressive dogs, exotic pets or snakes, etc.)

Are there any questions?

Thinking back on what you learned in Core, how do you differentiate between observations due to poverty and those due to neglect? For example, what if the allegation is neglect and the home has numerous structural issues i.e., cracked windows, holes in walls, etc. The parents tell you that they know these issues exist but they do not have the money to pay for correcting them.

**Trainer Note:** Allow for free flowing discussion and ensure that the discussion focuses on safety determination. Give examples if necessary to assist participants with thinking through the scenario.

**PG: 36-37**
The last area that we want to talk about is family interactions. Family interaction patterns will be most natural or authentic in the home because family members are most comfortable
and/or relaxed in their own environment and they are more likely to display the most authentic behaviors, actions and attitudes toward each other in your presence.

Although you may do observations in other environments such as schools, your best observations will be made in the home. It will allow you to observe of family interactions and gain essential information related to the protective capacities of family members as well as child and adult functioning.

The most important interaction pattern you should focus on is the nature of the parent – child relationship. This can help you understand essentials of child and adult functioning, as well as provide insights into general parenting and parental disciplinary practices and behavior management.

**How is this information tied to the practice model?**

**Endorse:**

Correct response should include reference to the PDA, FFA, six domains and safety determinations.

The most beneficial reason for observing parent-child dynamics is that is the best platform for you to make a determination about the parents’ overall protective capacity. You will be able to personally observe the sufficiency of the parent’s protective capacities to manage identified threats of danger in relation to a child’s vulnerability.

**Trainer Note:** As you go through the list below ask the participants what they would most likely observe if the answer is yes or no.

You will want to observe parent-child interactions to determine the following:

- Does the child display behaviors that seem to provoke strong reactions from parent? These can be positive or negative behaviors.
• Does the parent ignore inconsequential behavior or appropriately responding to child’s “acting out?”
• Does the child have difficulty verbalizing or communicating needs to parent?
• Does the parent easily recognize the child’s needs and respond accordingly?
• Does the child demonstrate little self-control and repeatedly have to be re-directed by the parent?
• Does the child appropriately play by himself or with siblings/friends?
• Does the child respond much more favorably to one family member?
• Do family members appropriately express affection for each other?
• Does the parent demonstrate appropriate communication or social skills?
• Is the parent attentive to the child’s expressed or observable needs?
• Does the parent consistently apply discipline or guidance for the child?
• Does the parent react impulsively to situations or circumstances in the home?
• Does the parent demonstrate adequate coping skills in handling unexpected challenges?

Obviously these are close ended or yes no questions. Your job is to answer the question with a yes/no and provide the rationale or the “as evidenced by.” You want to provide the rationale or a description of what you saw or heard as a means for you to document how you reached your conclusion about the parent-child interaction and determining if it is one in which the child is safe and protected physically, mentally and emotionally.
The second category of interactions you should closely observe while in the home related to protective vigilance is how the identified maltreater and non-maltreating parent relate to each other. You will want to make this observation because you need to assess the non-maltreating parent’s protective role or capacity.

You should observe the following dynamics to assist you in determining whether or not an adult caregiver has sufficient protective capacity to manage out-of-control behaviors, actions or conditions identified in the home. As I read each dynamic, I want you to tell me what you might observe or hear to reach that conclusion.

- One individual appears much more dominant or controlling in the relationship. (i.e., interrupts conversations, exhibits dismissive “non-verbal’s” in response to other person’s comments - rolling of eyes, smirks, etc.)
- The two individuals appear equally self-confident and assured.
- The adult relationship appears volatile and “all consuming” leaving inadequate time or energy for non-maltreating parent to address child’s needs.
- Only one individual appears to be effective in disciplining and managing child behavior.
- A high/low functioning dynamic appears to exist between the parents with the identified maltreater in the role of the higher functioning, more capable adult.
What cultural considerations should you make when assessing maltreater/non-maltreater interactions?

Are there any questions?

PG: 37

Observations in the home are critical to gathering information and making good safety decisions. We talked just about home observations but you should, if at all possible, make observations in multiple environmental settings. You want to look for consistency in behaviors, interactions, and emotions across setting. The consistency should be for both positive and negative attributes. For example, if you observe a child to be aggressive at home, you would want to observe if there is aggression at school as well.

The other reason that you want to do multiple interactions is because there are factors that can impact what you observe and your interpretation of what you see and hear.

What can impact observations: setting, time of day, culture, health status, developmental stage of child and parent, culture, assessor/observer bias?

Trainer Note: Use different age groups when going through the list. For example, ask “How would the setting make a difference in what you observe if the child is a newborn? A 4-year-old? 8-year-old?...” The idea is to get participants think about development, family dynamics and culture.

How would the setting (home, school, daycare) make a difference in what you observe if the child is... years old?

How would the time of day make a difference in what you observe if the child is... years old?

How would culture make a difference in what you observe if the child is... years old?

How would the child or parents health status (chronically ill,
running a cold) make a difference in what you observe if the child is... years old?

How would the child’s developmental stage make a difference in what you observe if the child is... years old?

How would the parent’s developmental stage (parents developmentally delayed) make a difference in what you observe if the child is... years old?

How would your own biases make a difference in what you observe if the child is... years old?

**Trainer Note:** Spend as much time as needed on this section to ensure that participants understand that what they see and hear may not be accurate if they do not account for some of these factors. If it would help, put it in adult terms. Ask them how would behaviors be different if they were tired, sick, stressed?

Your job is also to make sure that there is congruence between what is verbalized and what is observed. You have to look at verbal communication as well as non-verbal communication. They should be congruent. For example, there is not congruence if someone says everything is “ok” with tears in their eyes or you go to the home and the child is totally “out of control” and you go to the school and the child is well-mannered and totally in control. You need to ask the questions and make the observations to figure out why there is incongruence.

Lastly, don’t forget that you are coming into the home under stressful circumstances. Your observations and interviews may be a reflection of the situation. You want to keep children safe but you also want to have an accurate assessment of what is really happening in the family.
FSFN Documentation requires inputting all case related information related to:

- Face-to-face contacts with the alleged victim
- Face-to-face contact attempts
- Notifications to parents and/or law enforcement
- FFA data.

You must ensure that all documentation should be accurate, reflects provided services, and is sufficient and timely. Your documentation should be reviewed with your supervisor.

http://centervideo.forest.usf.edu/fsnenduser/caselifeinvest/start.html

Are there any questions?

Before we close out this module, I want to talk a couple of minutes about Trauma Informed Care. You carry the burden of
being the first person that the child has contact with. As we said earlier, you “set the stage” for the case. You really have to safeguard against re-traumatizing the child. As CPIs you really need to understand what trauma-informed care is and why a key component to the practice model.

Who can tell me what trauma informed care is?

Trauma-informed care is an approach to engaging individuals with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma informed care moves away from a “what is wrong with you” to a “what happened to you” and MOST IMPORTANTLY, how can I help you?

In child welfare, we do this by promoting healing environments through embracing "key" trauma-informed principles of safety, trust, collaboration, choice and empowerment.

In simple terms, Trauma Informed Care focuses on the life experiences that brought the person to the point that they are at. That is the “what happened to you” question.

Trauma-informed practice includes all of the following 8 key elements that are aligned with family-centered practice:

1. A child-focused, family-centered, gender-specific and culturally sensitive, strengths-based approach.
2. Highly individualized assessment and care that identifies and acts on the child/caregiver/family and social/environmental risk and protective factors.
3. A relationship that is characterized by respect, dignity, compassion, listening and being present in the moment, and validation
4. A relationship that is based on a partnership with families, supports families, and promotes empowerment.
5. A recognition and appreciation of the high prevalence of
traumatic experiences by those children, youth and families served.
6. An understanding of the profound neurological, biological, psychological, cognitive and social effects of trauma and violence on the child and family.
7. Planned, purposeful, anticipatory and proactive actions that reduce or eliminate the potential for harm or re-traumatizing.
8. An inclusive, collaborative approach with community partners that are involved in the child and caregiver's lives.

This means that we want to maximize the sense of physical and psychological safety. Children need to be and feel physically and psychologically safe. It is important that we identify and understand both potential and perceived threats to safety, including trauma triggers that a child OR parent may experience and to assure that the caregivers have tools to manage triggers and help children feel safe. We have to think about the parent in a trauma informed approach because the relationship that they have with their children is directly impacted by the level of trauma they have had in their lives.

This means that we make referrals for trauma screens and utilize this information to determine what services a child and family needs. In other words what we do in terms of prevention and intervention is “informed” by knowing what the level of trauma is in the family beyond the alleged maltreatment.

Go to PG: 39-40, The Guiding Principles for Trauma-Informed Practice. Let’s go through them together:
1. Assume that every child and family who receives services has been impacted by trauma in some way.
2. Utilize a trauma-informed approach in every job function with a focus on decreasing the impact of previous trauma and preventing any future harm.
3. Establish and nurture a supportive, collaborative
relationship that minimizes power imbalances by being respectful, empathetic, genuine, consistent, predictable, non-shaming and non-blaming.

4. Screen for trauma exposure and child traumatic stress symptoms (using a standardized process and tool) for all children involved with the system at the earliest point of contact and re-assess/re-screen every six months thereafter.

5. For those children with positive trauma screens who are involved with the child welfare system, refer and assist families in gaining access to evidence-based trauma-specific assessment and/or treatment, as appropriate.

6. Inquire about birth parents own trauma history and the impact on their parenting on a routine basis. Refer and assist families in gaining access to trauma-specific assessment and/or treatment, as appropriate.

7. Ensure that the child's case record includes information regarding the child's and family's trauma exposure history, its impact on the child's functioning and the birth parent's ability to care for their child.

8. Ensure that the case plan addresses the trauma-related needs of both the child and the family and monitor the progress on a consistent basis, modifying goals, objectives, and recommended services as needed.

9. Act in collaboration and partnership with all those involved with the child, using the best available science and clinical experience to facilitate and support the recovery of the child and family.

10. Promote family involvement that is consistent, supportive and effective to restore safety, physical and emotional well-being, optimal functioning and permanency for the child.

11. Promote stable, positive relationships in the lives of children.

12. Provide assistance to caregivers and other involved parties such as school staff in order to identify potential trauma triggers/reminders and promote techniques to
respond effectively to the child.

13. Provide assistance to caregivers and other involved parties such as school staff to help them understand that negative or maladaptive behaviors developed in response to traumatic experiences may now serve as survival strategies to manage overwhelming feelings and situations.

14. Develop a personal plan to maintain wellness and resolve any job-related stress.

15. Participate in pre-service and in-service trauma education and training offered by the Department.

16. Participate in regular case-specific supervision that incorporates a trauma lens.

17. Participate in department-sponsored services and supports to reduce the potentially negative impact of secondary traumatic stress and vicarious trauma.

18. Aside from the trauma that the children and families, we have to mindful of the trauma that you will experience working in the field. Child welfare work is hard work emotionally and psychologically.

Who can tell me what we mean when we say secondary traumatic stress, compassion fatigue and vicarious trauma?

PG: 40

**Trainer Note:** Secondary Traumatic Stress (STS) is the distress that results from hearing about and seeing the firsthand trauma experiences of others. Symptoms may include: cynicism; anger or irritability; anxiety; fearfulness; emotional detachment or numbing; sadness, depression; nightmares and sleep disturbances; social withdrawal; increased physical complaints and illness; and/or use of alcohol/drugs to "forget work."

Compassion Fatigue (CF) refers to the profound emotional and physical exhaustion that professionals can experience from working in the capacity of helping others. It is a gradual erosion of our empathy, our hope, and of course our compassion for others and ourselves. (Mathieu, F. (2012). The Compassion fatigue Workbook. P.8)

Vicarious Trauma (VT) refers to internal changes in worldview and
perception of self and others due to chronic exposure to traumatic material. VT is cumulative and the effects are pervasive and can affect all areas of a DCF employee's life.

Who can tell me how adherence to the Child Welfare Practice Model protocol and Family-Centered Practice skills can or will guard against the system traumatizing the child? Secondary or vicarious trauma for you?

Activity: Guided Discussion and Reflection

Display Slide 3.3.8

Trainer Instructions:
- Make sure activity is voluntary and allows participants to "pass."
- Have participants recall an event or time that was traumatic for them or someone they knew and identify their feelings associated with the event and whether or not they have "triggers." (Example: Car accident, public event like September 11th or other generalized time in their life.
- Ask participants if they would like to share what happens to them when they are “triggered” in terms of how they feel, what happens to their relationships etc.
- The idea is to have participants understand the role of trauma and not re-traumatizing the victim.

Trainer Note: Trainer must maintain safe learning environment and not allow for it to become a "therapy" session.

Activity STOP