

Child Welfare Pre-Service Training

Safety Planning

Participant Guide

July 2012



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Module 2: Safety Plan Development

Standard Protections for Domestic Violence

- How to get help in an emergency: Call 911, friend or family member
- Identify safety resources for relocation assistance: Number/address of local DV shelter, pre-arranged stay with friend/family member
- Develop list of people to contact and make part of the safety network
- Teach children emergency and escape actions (phone use/who to call)
- Use code word recognized by family/friends/co-workers to signify the need for help
- Keep charged cell phone on person at all time: Speed dial safety contacts
- Change locks, phone number, security passwords/questions, and check for technology surveillance
- Avoid staying alone and vary daily routines (routes to and from work, etc.)
- Make special arrangements to pick up children from school, meet abuser in public settings only
- Have immediate access to important documents on short notice
- Transfer of medical equipment/medication/pets to new location

Safety Considerations to Address with Survivors

- How do you recognize when your spouse may become violent?
- What do you do now to keep yourself and your kids safe?
- How do you get help if there is an emergency?
- Who would you contact to help keep you and the children safe?
- Who would you call to get help if you needed to leave?
- How likely is your spouse/partner to respect/follow the conditions of an injunction, court order, and safety plan?
- What would have to be different for you to feel safe?
- What could go wrong with this plan?

Ownership Issues to Address with Batterer

- Can you stop (hitting/showing/fighting/threatening) your partner and children?
- If yes, how will you do that...what has worked most successfully in the past?
- How do you think the children feel when they see/hear you arguing?
- What are three things you could do immediately to empower your partner to be on more equal footing with you in the relationship?
- What friends or family can help support your efforts to change?
- What would keep you from calling them for help when you need it?

Domestic Violence Risk/Danger Assessment

- If an intake is accepted containing DV allegations a Risk/Danger Assessment must be completed to assist in assessing the immediate and ongoing risk of danger to the child and adult.
- The purpose of performing a domestic violence risk/danger assessment with the family is to gather critical information regarding the:
 - nature and extent of the domestic violence;
 - impact of the domestic violence on adult and child victims;
 - risk to and the protective factors of the alleged victim and children;
 - help - seeking and survival strategies of the alleged victim;
 - alleged perpetrators level of dangerousness;
 - safety and service needs of the family members;
 - availability of practical community resources and services.
- Risk/Danger Assessments must be included and updated throughout the case at every phase of the child protection process.
- The greatest risk to the victim and child's safety is usually at the time of intervention or separation from the abuser.
- The following practice recommendations will assist during the assessment with the alleged victim, the child and the perpetrator:

Adult Victim

- Interview the alleged victim alone.
- Develop trust by creating a climate of safety.
- Provide safe alternatives and access to domestic violence resources.
- Avoid "victim-blaming" questions or statements.
 - "What did you do to make your partner so mad?"
 - "Why don't you just leave?"
- Conduct the assessment with sensitivity and in a non-threatening manner.
- Suggested questions to begin the assessment include:
 - Could you tell me about your relationship with your partner?
 - All couples argue. How do you and your partner argue?
 - Has there been a time when you felt afraid of your partner? If so, can you tell me what happened?

Child

- Create a safe, supportive age-appropriate atmosphere.
- Validate the child's feelings.
- Promote safe and healthy coping skills and responses to domestic violence.
- Begin direct inquiry regarding domestic violence with a general statement:
- Sometimes when moms and dads fight, they get angry. Sometimes too angry, and they may yell or even hit each other. I know fights can be scary. I want to ask you a few questions about when your parents fight. Would that be o.k.?

Alleged Perpetrator

- Plan for personal safety
- Perpetrators routinely deny, minimize, or blame the victim for their violent behaviors, so use third party reports
 - police/criminal records
 - civil protection records
 - hospital records
- Obtain information about the alleged abuser's behaviors and the degree to which he or she accepts responsibility.
- Engage the alleged abuser in an assessment that is respectful and structured.
- In a low key tone, "I need to speak with you about your family; everybody gets a chance to talk about what's going on."

Sample Safety Plans for Child & Adult Victim

Note: The following are only short samples of safety plan tasks for a child and an adult victim of domestic violence. List other tasks for safety planning in the spaces provided below.

Sample Child's Safety Plan

You and the adult victim have talked with the child. The child understands and agrees to do the following in the event of a domestic violence incident in the home:

- The child will leave the room when his father and mother fight.
- The child will call 911, if possible, if the father threatens or hits anyone in the house.
- The child will hide in the bedroom closet until his mother tells him it is safe to come out.
- The child states that he will not attempt to stop the fight because, if he is hurt, he will be unable to get help for his mother.

Sample Adult Victim's Safety Plan

The adult victim has decided that she will do the following in order to increase safety for her children and herself, in the event of a domestic violence incident:

- She will keep copies of all important documents in a safe place should she need to leave suddenly.
- She will keep clothes and money ready in case she must seek shelter suddenly.
- She will send the children to their pre-designated safe place (closet) or to the neighbors when she believes there is danger.
- She will avoid getting trapped in the kitchen, bathroom, or other areas in which the batterer might find dangerous weapons to use against her.
- If she has separated from the batterer, she will change the locks on her house and will install extra security measures.

Personalized Safety Plan

Name: _____ Date: _____

The following steps represent my plan for increasing my safety and preparing in advance for the possibility of further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety.

Step 1: Safety During a Violent Incident. Women cannot always avoid violent incidents. In order to increase safety, battered women may use a variety of strategies. I can use some or all of the following strategies:

- A. If I decide to leave, I will _____

_____ (Practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes would you use?)
- B. I can keep my purse and car keys ready and put them (place) _____ in order to leave quickly.
- C. I can tell _____ about the violence and request that they call the police if they hear suspicious noises coming from my house.
- D. I can teach my children how to use the telephone to contact the police and the fire department.
- E. I will use _____ as my code for my children or my friends so they can call for help.
- F. If I have to leave my home, I will go _____ (Decide this even if you don't think there will be a next time or more violence incidents).
- G. If I cannot go to the location above, then I can go to _____ or to _____.
- H. I can also teach some of these strategies to some/all of my children.
- I. When I expect that we are going to have an argument, I will try to move to a space that is lowest risk, such as _____ (try to avoid arguments in the bathroom, garage, kitchen, near weapons, or in rooms without access to an outside door).
- J. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety When Preparing to Leave. Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving the relationship. I can use some or all of the following strategies:

- A. I will leave money and an extras set of keys with _____ so that I can leave quickly.
- B. I will keep copies of important documents or keys at _____.
- C. I will open a savings account by _____ in order to increase my independence.
- D. Other things I can do to increase my independence include _____.
- E. The domestic violence program's Hotline number is _____, and I can seek shelter by calling this Hotline.
- F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either buy a prepaid calling card, use coins, or get a friend to permit me to use his/her telephone credit card for a limited time when I first leave.
- G. I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money.
- H. I can leave extra clothes with _____.
- I. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence.
_____ (domestic violence advocate or friend) has agreed to help me review this plan.
- J. I will rehearse my escape plan and, as appropriate, practice it with my children.

Step 3: Safety in My Own Residence. There are many things that a woman can do to increase her safety in her own residence. It may be impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install security systems such as additional locks, window bars, poles to wedge against doors, an electronic system.
- D. I can purchase rope ladders to be used for escape from second floor windows.
- E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.
- F. I can install an outside lighting system that lights up when a person is coming close to my house.
- G. I will teach my children how to use the telephone to make a collect call to me and to _____ (friend/minister/other) in the event that my partner takes the children.

H. I will tell people who take care of my children, which people have permission to pick up my children, and that my partner is not permitted to do so. The people I will inform about pickup per mission include:

- _____ (school)
- _____ (day care staff)
- _____ (babysitter)
- _____ (Sunday school teacher)
- _____ (teacher)
- _____ (others)
- _____ (others)

I. I can inform _____ (neighbors)
_____ (pastor)
_____ (friend)

that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with an Injunction for Protection. Many battered women obey protection orders, but one can never be sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the court to enforce my protection order. The following are some steps that I can take to help the enforcement of my protection order:

- A. I will keep my protection order _____ (location).
(Always keep it near you or on your person. If you change purses, that is the first thing that should go in.)
- B. I will give copies of my protection order to police departments in the communities where I usually visit family or friends and in the community where I live.
- C. There is a registry of protection orders that can be accessed through the FDLE Helpline. I can check to make sure that the injunction against my partner is listed. I can do this by calling _____ (number).
- D. For further safety, if I often visit other counties, I might file my protection order with the court in those counties. I will register my injunction with the following counties:
_____ and _____.
- E. I can call the local domestic violence program if I am not sure about B, C, or D, above or if I have some problem with my protection order.

- F. I will inform my employer, my minister, my closest friend, and _____ that I have an injunction in effect.
- G. If my partner destroys my copy of my injunction for protection, I can get another copy from _____.
- H. If my partner violates the injunction, I can call the police to report the violation, contact my attorney, call my advocate, and/or advise the court of the violation.
- I. If the police do not help, I will contact my advocate _____ or attorney _____ and will also file a complaint with the chief of police.
- J. I can also file a private criminal complaint with the district attorney charging my battering partner with a violation of the injunction and all of the crimes he committed while violating the order.

Step 5: Safety on the Job and in Public. Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family, and co-workers can help to protect victims. Each person should consider carefully which people to invite to help secure her safety. I might do any or all of the following:

- A. I can inform my boss, the security supervisor and _____ at work of my situation.
- B. I can ask _____ to help screen my calls at work.
- C. When leaving work I can _____.
- D. If problems occur when I am driving home, I can _____.
- E. If I use public transit I can _____.
- F. I will go to different grocery stores and shopping malls to conduct my business. I will shop at hours that are different than those I used when living with my battering partner.
- G. I can use a different bank _____ and take care of my banking at hours different than those I used when I lived with my battering partner.
- H. I can also _____.

Step 6: Safety and My Emotional Health. For the purposes of this exercise, this section will not be used.

Step 7: Items to Take When Leaving. When women leave partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly. Items in the list below are important to take.

- identification for myself
- children's birth certificate
- social security cards
- school and vaccination records
- money
- checkbook, ATM card
- credit cards
- keys for the house/car/office
- driver's license and registration
- medication
- welfare identification, work permits, green card
- passport(s), divorce papers
- medical records for all family members
- lease/rental agreement, house deed, mortgage payment book
- bank books, insurance papers
- small salable objects
- address book
- pictures, jewelry
- children's favorite toys, blankets
- items of special or sentimental value

Telephone numbers I need to know:

Police department (home): _____
911 _____
Domestic violence program: _____
Police department (school): _____
District Attorney's Office: _____
Injunction registry: _____
Work number: _____
Supervisor's home number: _____
Minister: _____
(Other): _____

I will keep this document in a safe place and out of the reach of my potential attacker.

Review date: _____

Standard Protections for Substance Abuse

- Petition court for an involuntary assessment/stabilization order (Marchman Act)
- Develop intervention strategy and consequences for continued use
- Identify recovery resources for treatment, drug and alcohol testing, and recovery support groups
- Develop list of non-using people to contact and make part of the safety network
- Develop “if/then” consequence contract for entering outpatient and/or inpatient treatment
- Make list of relapse signs and symptoms
- Break “secrecy” dynamic for children (i.e., you can talk about the problem) and reach out to appropriate adults
- Drug test randomly
- Monitor and manage feelings
- Deal with past trauma
- Develop new problem-solving strategies

Questions for Non-User

- What are some ways your partner’s use has adversely affected your children?
- How have you tried to minimize the harmful effects of your partner’s use on the children?
- How do you recognize when your partner is using and are there times when he/she is more likely/less likely to use?
- How does your partner react when you try to talk to him/her about the problem?
- Do you think your children are less safe while your partner is using/high or the time immediately following?
- What friends or family have experience dealing with drug/alcohol problems and might be willing to help you?

Questions for User

- Describe some ways in which your drug/alcohol use has harmed your children.
- What are some ways your children are going without as a result of your alcohol/drug use?
- What have you tried in the past to help you stop that was at least partially successful?
- What could your family/friends do that would be most helpful in your recovery efforts?
- What is the longest period of time you have not used? How did you manage to do that?

Standard Protections for Mental Illness

- Develop a crisis emergency plan: Call 911 or 24-hour crisis line
- Petition court or call law enforcement when threat to self or others is immediate danger (Baker Act)
- Develop list of family/friends to contact and make part of the safety network to provide more regular interaction or as an immediate resource when needed
- Restrict access to guns or other deadly weapons
- Daily medication management/monitoring
- Identify changes in behavior that serve as early warning signs or indicators of impending crisis
- Teach children to reach out to adult resources when parent is having difficulty coping

Questions to Enhance Safety Planning

- How have your family/friends helped you cope in the past with your situation?
- How would you say things are different for you when you are feeling a little less depressed/anxious/overwhelmed?
- What is one thing you could do to feel better and gain more control of your life?
- On a scale of 1-10, with 10 meaning you feel great and 1 meaning you are extremely depressed/anxious/overwhelmed, where would you be today? What would it take to move you up one point on the scale?
- What have you tried in the past that has helped reduce the stress in your life?
- How do your children react/cope when they see you struggling?

Safety Planning with Children

- The following issues must be explored with the adult victim and children, when appropriate:
- How the children can find a safe adult and ask for help whenever they experience violence at home.
- How the children can escape from the house if an assault is in progress. If they cannot escape, what room in the house is safest for them?
- How the children can avoid ending up in the middle of an assault.
- Where they can go in an emergency (ask the children to explain what they will do, step by step).
- How to call the police (practice what to say).
- How to call supportive family members, friends, or community agencies for help (practice what to say).

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FSFN Safety Plan

Safety Plan

Case Name

Case Number

Effective Date

Worker Name

A. SAFETY FACTOR DESCRIPTION

Describe safety concerns that would pose immediate or serious harm or threats of harm. Consider factors that pertain to child vulnerabilities, protective capacities, and signs of immediate or emerging danger.

B. CONSIDERATIONS

Can Judicial In-Home Services work for this family?

Yes No

The parent(s)/legal custodian(s) are willing for services to be provided and will cooperate with service providers.

The home environment is calm and stable enough for services to be provided and for the service providers to be in the home safely.

Safety actions that control all of the conditions affecting safety can be immediately put in place.

Parent(s)/Legal Custodian(s) resides in the home

C. SAFETY PLAN

1. Describe the specific safety actions to be taken. For each action include the person responsible for the action, when the action will occur, duration, frequency, and person responsible for monitoring the safety plan.
2. Describe how these specific actions provide protection from immediate danger of serious harm, for each child, thus decreasing child vulnerability and increasing protective capacities.
3. Can available resources keep the child(ren) safe in his/her home?

Yes No

All needed services exist.

Needed services/providers are currently available at the level/time required.

D. SAFETY RESOURCES

Indicate the safety resource(s), the frequency and the amount of time or time period the service is needed to control conditions affecting safety (e.g., 3 x wk./2hrs., or every afternoon from 3:00 to 5:00, one time only, etc.), and the person and/or agency who will provide the service.

SIGNATURE - Family Member

Date Signed

SIGNATURE - Family Member

Date Signed

SIGNATURE - Other

Date Signed

SIGNATURE - Worker

Date Signed

SIGNATURE - Supervisor

Date Signed

Practice Case - Sandra and Sam

A woman calls the hotline in December to report that her next door neighbor has had a new man (Sam) living with her in the duplex for the past eight weeks.

The neighbor reports that in the past three weeks the couple has been constantly fighting, and she has seen three young children running from the duplex during the fights.

The woman said last night she heard her neighbor screaming, "Please stop hurting me! Put that knife away!"

While this was happening, the woman noticed that the children were in the backyard, huddled in a steel drum.

The children did not have on outdoor clothing, despite 30 degree weather. About 40 minutes after the fight started, the police arrived and within 15 minutes, left with the man.

The children ran back to the house only when the police had left the area.

An additional report was received by another neighbor who alleged that Sam was beating the children.

You interview the mother, the children, the boyfriend, and check the system and police reports for additional information.

The mother is Sandra, a 28 year old woman with three children - ages 8, 7, and 6, who recently moved into the community and had lived in the complex for about one year.

She said that on the night of the reported incident, she was assaulted by her ex-boyfriend, Sam, as she had told him that he could no longer live with her.

Sam grabbed her and slammed her against a wall screaming, "No bitch is going to tell me what I can and can't do." He grabbed a knife and threatened to cut her face.

The police were called by neighbors complaining about the noise and her screams.

The police spoke briefly to her and to Sam and then arrested him when he became verbally and physically threatening to them. He was charged with misdemeanor domestic violence and resisting arrest.

The police took him into custody and left quickly, saying they had two other calls. They said they would contact her the next day to get a more complete report, but did not.

At Sandra's instruction the oldest child had taken his two siblings to the backyard when the fighting first began.

Sandra was afraid that the oldest child might be hurt if he tried to come to her aid, and she didn't want the children harmed.

Since it was December, the children had become cold waiting for the fight to end so they could come back into the house.

Sandra thought they had gone to the neighbor's, but they remained in the backyard. The two younger children became very sick, due to the cold.

Sandra was concerned that the 6 year old might have pneumonia and took her to the doctor yesterday.

Sandra reports she had been married previously for five years. Her ex-husband divorced her for another woman, saying she “spent too much time caring for the babies.”

Her ex-husband pays child support of \$150.00 for the three children. The children’s father no longer sees them since he married and moved to the other coast.

With the support of family and friends and a special state program for mothers, Sandra completed her training two years ago as a nursing assistant (she had started her nursing studies prior to her marriage). She received her home health care certificate six months ago.

Two years after her divorce Sandra met Sam at a club during a birthday party for her girlfriend.

He courted her intensely for three months, appeared to take an interest in the three children - taking them on outings, when she had to work and showering her with small gifts and love.

Sam talked her into letting him move in with the family saying that he would split the rent with her and help her with the children.

Within three months of his moving in, the relationship went bad. Sam’s intense love turned to intense jealousy, and he would go into rages, attacking property and Sandra.

He terrified the children but never struck them. She said, “He knew better than that.” Sandra reports that Sam ran up bills, ignored the children, and became more demanding of her time.

She asked him many times to leave. He refused, saying it was his house, and she couldn’t make it without him.

His tirades had driven away her friends. Her family has become absorbed in problems of their own with her father’s death from cancer and her mom’s severe depression.

After one assault in which Sam blackened Sandra’s eye, she called a domestic violence hotline and got the first of a series of protection orders.

Sam moves out when the order is served and then returns, laughing that the police wouldn’t enforce the order.

She called the police, he would disappear before they arrived, and then he would show up a week later, pushing his way back into the home.

In the past, Sandra had received a broken wrist when Sam twisted her arm.

She also has recurring lower back pain from the time Sam threw her against a wall 18 months ago. She gets migraine headaches that her doctor says are due to stress.

With the help of a victim’s advocate, she has relocated to this community, hoping Sam would not find her.

She has not seen him for almost a year when he suddenly appeared at the duplex eight weeks ago, pushing his way into the home again.

She has not seen him since his arrest this week, but she knows he will return. She does not know what to do.

At first, Sandra tells you that she still “loves” him and that maybe he has changed.

Then she admits that she knows he has not changed and that she is afraid. Sandra says she does not think she can get away from him, she is tired of going to the shelter, and she cannot move the children again.

She likes her job at the nursing home, has just finally found stable child care, and is now able to get some private, short term health aide work on weekends that allow her to bring her children with her.

Sandra said she does not know about domestic violence programs in town and that she misses her advocate from the last community.

Sandra is terrified of losing the children. She reluctantly admits that she had a drug problem as a teenager and that Sam always said that the state would take her kids from her because she could not care for them on her own.

She admits that, if anyone found out about the past drug history, she might lose her home health license.

Sandra says that she has not used drugs in 11 years, since before her marriage, but she might have occasional periods of drinking too much.

She feels isolated and still has not met friends because work and the children take all of her time.

She has not maintained contact with past friends because she did not want Sam bugging them for her whereabouts.

The children express a lot of fear over Sam and worry about their mom.

The 8 year old is very proud that he has learned to call 911, because he “can get the police to stop Sam.”

He is upset that his mom told him to leave with the other children that night. He said, “There is no phone in the backyard. We were so cold. Sherry just cried and cried.

When the police came, he said they stayed outside so they wouldn’t take us from Mom. That happened one time before.

Sometimes Mom drinks too much, but not as much as Mrs. Jones (one of the child care providers used by Sandra in her previous community).

The 7 year old said that Sam isn’t so bad, and he took them to ball games and “it was Mom’s fault for getting him mad.”

Sam says he loves Sandra very much and that he has been a father to those children since they were babies.

Sam says Sandra has a drinking problem and probably a drug problem as well.

He reports that, when he would come home, she would be gone and the children would be propped up in front of TV eating canned spaghetti.

“You don’t give kids cold spaghetti.” Sam says Sandra is not a “bad” mom, but she just needs help.

Sam reports that he went to an anger management class during the year Sandra was gone. He said he did not move here until he was ready to do better.

He said she was glad to see him. He says they have had no problems since he moved back with her and are talking marriage.

Sam said that the incident in December was exaggerated. He says that they had a fight, like all couples, and he got loud, and some nosy neighbor called.

He reports that Sandra has been drinking and has gone to work without feeding the kids, and was “expecting me to do it.”

I had gone out for a beer with friends after work - a man deserves a beer once in a while.

I did not do anything to her and these cops come in pushing me around and I pushed back. That is why I got arrested.

The children were at the neighbor’s. They weren’t even there. Sandra and I can work this out.”

The police report indicates the following: signs of abrasions observed on Sandra, furniture turned over in apartment, Sam had been drinking, Sandra was crying and saying she was afraid of him.

No evidence of alcohol use that night by Sandra, and Sam assaulted a police officer.

Criminal records check indicates no prior arrests in this state, but Sam has been in this state for only eight weeks.

The material for this activity was adapted from the Family Violence Prevention Fund’s publication, *Domestic Violence: A National Curriculum for Child Protective Services*, by Dr. Anne Ganley and Susan Schechter and was made possible by support from the Edna McConnel Clark Foundation. (Used with permission of the Family Violence Prevention Fund)

Safety Planning Scenarios

Physical Abuse

Amy is a 10 year old child with ADHD. She resides with her mother and father and a younger brother, Adam, who is 8 years old. An intake was received alleging that Amy's behavior issues have resulted in physical abuse by the father. The mother utilizes other means of discipline; however, the father ultimately results to using a belt, which has left extensive bruises on the child's legs, back and buttocks.

Sexual Abuse

9 year old Joshua has been fondled by the 13 year old neighbor child. The mother and Joshua reside alone in the apartment complex. Joshua is home alone for a half hour between the time that he gets home from school and the mother arrives home from work. There is concern that the child may be further victimized by the neighbor in the absence of the mother.

Mental Injury

Margaret is 11 years old and is not permitted to eat with the rest of the family, and is not included in family outings. She is not permitted to participate in any social activities outside of the home. The parents believe that she is a "problem child" and that she cannot be trusted and must be supervised at all times.

Substance Misuse

Three children, ages 2, 4 and 7 are left alone for short periods of time when the mother goes to the store, usually to purchase alcohol. There is also question as to her ability to supervise the children when she drinks.

Environmental Hazards

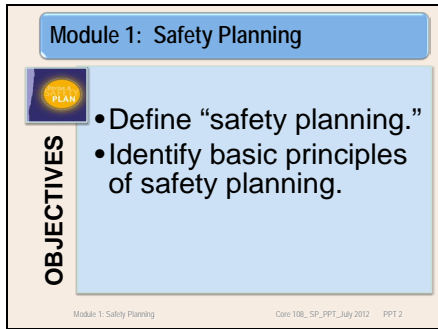
The Jones family resides in a rented house that has numerous hazardous conditions present. The window has a large piece of cardboard covering the broken pane of glass. This window is on the second floor of the home. There is exposed wiring in the home and a roach infestation. In addition, the water heater heats the water to an excessive temperature which has resulted in the 3 and 5 year old getting burned when washing their hands, etc. The mother has been trying to obtain assistance from the landlord; however, he ignores her requests for help.

Power-Point Slides

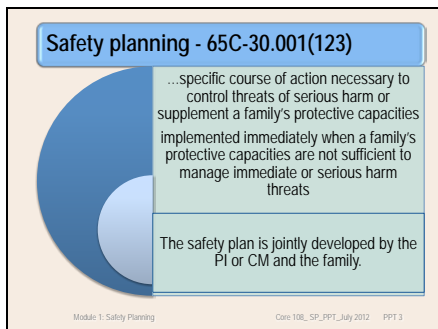
Slide 1



Slide 2



Slide 3



Slide 4

Safety Planning

- Critical to quickly thoroughly and effectively addressing identified threats of harm
- Establishes protocols for quickly ensuring child is protected and is typically in place prior to other protective measures
- Not required unless there is an identified need
- Family specific, addressing the individuals as a family group
- Required when a child is removed: the removal is the safety plan
- Requires collaboration

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Safety Plans must:

- Specify the existing threats within the family
- Describe how the danger will be managed
- Strengthen family's protective capacities
- Describe how agency will oversee plan

By whom

Under what conditions

Address time requirements

Availability, accessibility, suitability of involved parties

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Safety Plans

Plans may include but are not limited to:

- Interventions aimed at reducing serious threat of harm or sign of present danger
- Decrease child's vulnerability
- Strengthen family's protective capacities

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Florida Administrative Codes

- ☒ 65C-28.004(11)(c)
- ☒ 65C-29.003(6)
- ☒ 65C-29.003(7)
- ☒ 65C-29.004(5)(c)-(h)
- ☒ 65C-30.007(3)(b)
- ☒ 65C-30.007(5)(a)

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**Safety Plan 65C-30.001(123)
F.A.C.**

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| CSA Safety Plan | FSFN Safety Plan |
|---------------------------------------|--|
| Does not reflect family engagement | Reflects engagement of family |
| Not completed with family input | Developed in collaboration with family |
| Family cannot review | Family can review and make suggestions |
| Cannot be signed | Allows for required signatures |
| Terminates upon investigative closure | Remains active |

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Safety Plan vs. Case Plan

| | | |
|---|---|---|
| Purpose is control | ↔ | Addresses a wide range of family need |
| Limited to impending danger safety threats | ↔ | Put in place following further assessment and when law specifies |
| Lots of frequent activities | ↔ | Activities/services are spread out over a long period of time |
| Must have immediate effect | ↔ | Long term effects achieved over time |
| Roles and responsibilities are exact and focused on threats | ↔ | Roles and responsibilities vary according to child and family needs |

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The safety plan must:

- Be agreed upon by the child's parent or other caregiver & the PI or CM
- Be signed by the parents or other caregiver & the PI or CM
- Contain specific tasks to be performed by the family or caregiver & the PI or CM
- Be documented in the investigative & case files
- Address both immediate & long-term protection planning

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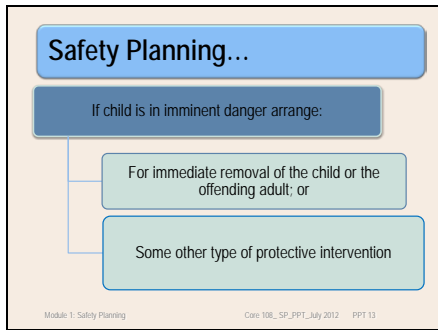
Long Term

The length of time a safety action needs to remain in place to address an active or ongoing safety threat.

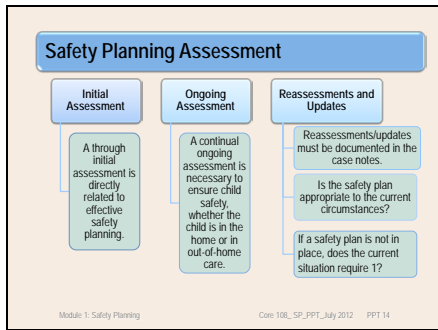
Does not refer to strategies or efforts that require significant periods of time to become effective or produce results.

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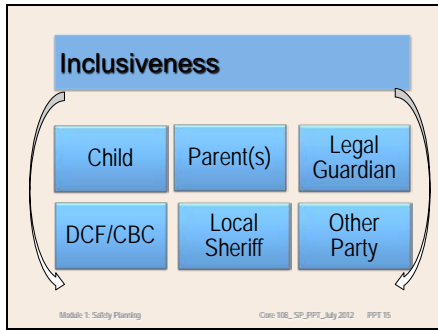
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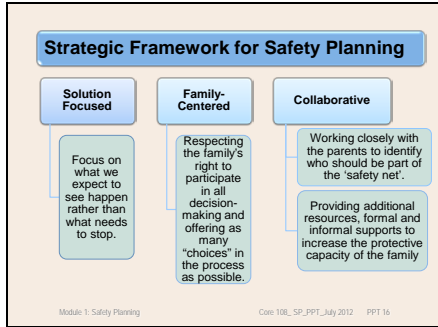
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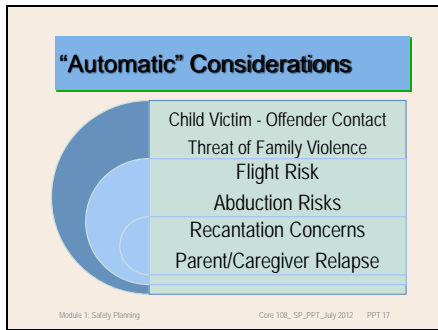
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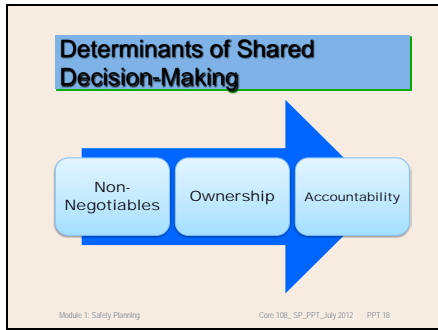
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Slide 17



Slide 18



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Non-Negotiables



- ☑ No contact with child
- ☑ No unsupervised visits
- ☑ Must purchase child-proof locks
- ☑ No use of Restraints
- ☑ No Over the Counter medications given to infants as sleep aids

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Ownership

- ☑ Appears engaged in process
- ☑ At least partially acknowledges role in maltreatment
- ☑ Able to identify child's strengths
- ☑ Can describe own/partner's protective capacities
- ☑ Agrees to potential actions or offers viable alternatives
- ☑ Verbalizes potential effect on child
- ☑ Willing to expand safety network
- ☑ Views accountability as helpful not "gotcha"

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Accountability

- Past successes
- Co-dependency or enmeshment
- Embedded harms
- Community visibility

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Example: Signs of Present Danger

Implication for Child Safety

Mrs. Smith stated to sheriff deputies that her husband tried to choke her when she tried to leave and go to her mother's house Friday night. When 12 yr. old Michael tried to break his stepfather's hold on his mother, Mr. Smith shoved him into the wall causing minor abrasions to his back.

Mr. Smith admitted to deputies he had been drinking before the incident. He is expected to post bond within 72 hours. The potential lethality of Mr. Smith's actions in the immediate presence of the children and Mrs. Smith's reluctance to seek an injunctive order because she is afraid of her husband's reaction indicates that Mr. Smith's re-entry or continued presence in the home would present an immediate and serious safety threat to both Mrs. Smith and the children.

Module 1: Safety Planning Case 108_SP_PPT_July 2012 PPT 22

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Example: Protective Capacity

Implication for Child Safety

Restricted movement and limited community visibility are consistent with isolation tactics representative of domestic violence power and control dynamics. Mrs. Smith was "forced" to quit her job four years ago when she married Mr. Smith. She has no access to the checkbook and Mr. Smith gives her cash for all purchases.

Mr. Smith handles all other financial matters. He only allows her to take the children and visit her mother once a month. Both parties have very little understanding of the power and control dynamics evidenced in the relationship. Mrs. Smith has demonstrated protective actions by sending the children outside or to their rooms during "arguments" but because of Michael's growing concern for her safety, he has begun to refuse to leave when she tells him.

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Example: Child Vulnerability

Implication for Child Safety

Four year-old Jennie does not attend day care and 12 year-old Michael is home schooled significantly increasing the chances they will be present during any future domestic disturbances between the parents. Michael's increasing concern for his mother's safety and his willingness to intervene to protect her also significantly increases his level of vulnerability.

Mrs. Smith is concerned because Michael has recently started to "talk back" to his stepfather, something he never used to do. Mrs. Smith thinks he is actually intentionally doing this to redirect Mr. Smith's anger from her towards him. This represents an emerging safety threat that needs to be addressed with Michael and Mrs. Smith.

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Example: Overall Safety Assessment

Overall Safety Assessment: Unsafe

Present and impending dangers include violent and potentially lethal acts by Mr. Smith directed toward both his wife and stepson which are escalating in both frequency and severity. While Mrs. Smith has tried to take protective actions she is currently unable, without adequate supports, to meet the children's immediate protection needs.

Critical safety action(s) needed include a protective injunction and restricting the step-father's access to the home. The family's low level of community visibility in general, and Mr. Smith's self-imposed isolating tactics significantly increase the need to expand the family's formal and informal safety resources and supports.

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Module 2: Safety Plan Development

OBJECTIVES

- Learn how to develop an effective safety plan.
- Learn how safety plans are documented.
- Apply safety planning to specific safety threats.
- Describe techniques used to create safety plans with children.
- Develop a safety plan using a case scenario.

Module 2: Safety Plan Development Core 108_SP_PPT_July 2012 PPT 26

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Risk-Safety Continuum

Low Risk Moderate Risk High Risk Safety

Not every child at risk is unsafe.

Module 2: Safety Plan Development Core 108_SP_PPT_July 2012 PPT 27

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When are Safety Actions Required?

- ✗ The threat of danger contains 1 or more of these elements
 - ◆ Immediacy
 - ◆ Severity
 - ◆ Out-of-Control
- ✗ Adult caregivers in the home lack sufficient protective capacities to control or manage the active safety threat.

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Degree of the Threat: 3 Key Elements

1. **Immediacy** Guidelines
2. **Severity** Factors
3. **Out of Control** Parameters

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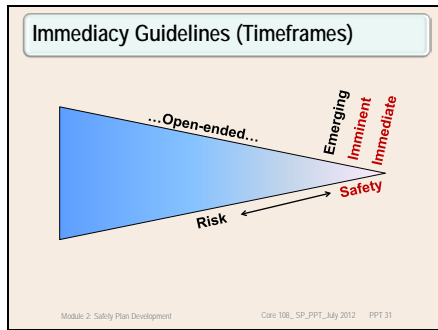
Safety Plan: Critical Considerations

Immediacy Guidelines

1. Harm is severe & likely to recur within 24-72 hours or continue without intervention.
2. There is an impending (but not immediate) crisis in the home.
3. After an injunction or voluntary absence, contact between children and the person who harmed them remains a serious threat.

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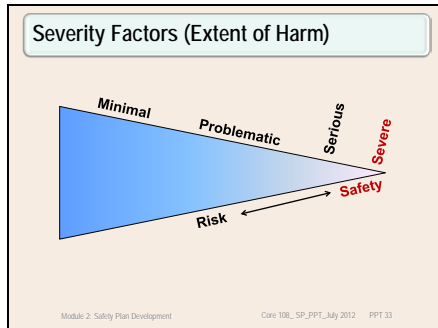
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-
- Severity Factors
- Injuries or deprivation needs medical treatment
 - Multiple injuries (same event)
 - Multiple occurrences
 - Comparable harms (cross-typing)
 - Multiple victims
 - Child is afraid of caregiver
 - Predictable pattern to the threat
 - Embedded dynamics
 - Domestic Violence, Substance Abuse, Mental Illness
 - Criminal OR admitted history of violent behavior
 - Weapon or instrument used
- Module 2: Safety Plan Development Core 108_SP_PPT_July 2012 PPT 32

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Out-of-Control Parameters

- Impulsivity vs. Intentionality**
 - Event triggers
- Substance Abuse Disorder**
 - Current use
 - Relapse
- Mental Health Disorders**
 - Depression and suicide
- Situational Crises**
- History of Trauma & PTSD**

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Out-of-Control Parameters

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When is a safety plan needed?

Overall Safety Assessment

Safety Considerations

1. Parent/legal custodian agrees to cooperate with safety actions & work closely with service providers.
2. Home environment is calm & stable enough to provide services, and service providers can be in the home safely.
3. Safety actions that control all conditions affecting safety can immediately be put in place.
4. A responsible parent /legal custodian lives in the home.

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Responsible Parent/Legal Custodian

Understands AND accepts protective role

- Adequate parenting knowledge; reasonable age-based developmental perspectives of child
- Demonstrates impulse control
- Can set aside his/her needs for child's needs
- Made prior good faith efforts to protect child(ren); uses resources to address their needs
- Attachment is evident
- Emotionally and physically there for child(ren)

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Three Main Safety Response Types

Safety Factors

- Signs of Present Danger
- Child Vulnerability
- Protective Capacities

→

Overall Safety Assessment

→

Safety Actions/ Safety Considerations

→

Safety threats are usually addressed through 1 or more actions:

- CONTROL
- VULNERABILITY REDUCTION
- SUPPLEMENTATION

→

Safety Plan

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Safety Response Types

control Control Actions: The ability to manage immediate safety threats that place a child in danger of serious harm.

Vulnerability Reduction: Alterations to a child's behavior or condition that lessens the likelihood of a child being a target of maltreatment.

Supplementation: The addition of elements to enhance the protective capacities of the family system without removal of the child.

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FSFN Safety Actions - Control

| | |
|--|---|
| Possible Caregiver Responsible has left home voluntarily | Family members moved into the house |
| Relocation of non-offending caregiver and children | Temporary removal/restrict access of possible person from home through injunction or arrest |

control

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FSFN Safety Actions - Vulnerability Reduction

- ☒ Alterations to a child's behavior/condition lessening the likelihood of a child being a target of maltreatment.
- ☒ Emergency services to prevent removal and/or change in placement of the children
 - ◆ Day Care
 - ◆ Respite Care
 - ◆ After School Care
 - ◆ Medical Treatment for Enuresis

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FSFN Safety Actions - Supplementation

- ☒ The addition of elements to enhance the protective capacities of the family system without the removal of the child.
 - ◆ Community referrals
 - ◆ Reconnections to family
 - ◆ Support to parents while in treatment
 - ◆ Awareness of relapse warning signs
 - ◆ Help with medication management

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Embedded Harms

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Example: Signs of Present Danger

Implication for Child Safety

Mrs. Smith stated to sheriff deputies that her husband tried to choke her when she tried to leave and go to her mother's house Friday night. When 12 yr. old Michael tried to break his stepfather's hold on his mother, Mr. Smith shoved him into the wall causing minor abrasions to his back.

Mr. Smith admitted to deputies he had been drinking before the incident. He is expected to post bond within 72 hours. The potential lethality of Mr. Smith's actions in the immediate presence of the children and Mrs. Smith's reluctance to seek an injunctive order because she is afraid of her husband's reaction indicates that Mr. Smith's re-entry or continued presence in the home would present an immediate and serious safety threat to both Mrs. Smith and the children.

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Safety Considerations

Immediacy (I)
Severity (S)
Out-of-Control (OOC)

Immediacy (I): Imminent as Mr. Smith is likely to post bond within 72 hours.

Severity (S): Present and Emerging Dangers: Lethality threat due to attempted strangulation; children present during incidents; Michael increasingly protective of mother.

Out-of-Control (OOC): History of frequent "call outs"; alcohol use prior/during incident.

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Shared Decision-Making

Non-negotiables (NNG)
Ownership (O)
Accountability (A)

Non-negotiables (NNG): DV Order of Protection and/or 39 injunction (specifying contact and visitation conditions).

Ownership (O): O1: Mrs. Smith wants help but is afraid to seek protection order. O2: Mr. Smith – “I accept full responsibility. I lost control. I love her and the kids.”

Accountability (A): High (need for) both adults have limited understanding of DV power/control dynamics and have failed to follow through with previous referrals for counseling.

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Safety Actions to Address Safety Threats

Control Actions (CA)
Vulnerability Reduction (VR)
Supplementation (S)

Control Actions (CA1): Mrs. Smith will meet with a Serenity House counselor today to: 1) complete a lethality and dangerousness assessment, and 2) develop a ‘DV Safety Plan’ to identify safety actions to take in an emergency, safest place for her to stay, how to file for an injunctive order for protection under s. 741.30 F.S.

Resource: MGM will provide ride to appointment and courthouse.

Monitor: Mrs. Smith will sign release giving Serenity House counselor permission to talk with CPI. CPI to confirm with court that injunction has been granted.

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Additional Safety Actions

(CA2) Mrs. Smith will ask _____ to temporarily move in with her for the next two weeks so she does not have to stay by herself.
Resource: Adult agreeing to reside in home. CPI agrees to talk with _____ to encourage their stay.
Monitor: Adult staying in home will report any ‘no contact’ violations on Mr. Smith’s part to LE/CPI.

(CA3) Mr. Smith agrees to stay with _____ until the investigation is completed. He will not attempt to visit, call or text Mrs. Smith or the children until all parties (or the court) determine under what conditions the visitation/contact can occur.
Resource: Adult providing Mr. Smith temporary accommodations.
Monitor: The above adult will confirm Mr. Smith’s presence in home. CPI will make unannounced visits to Mrs. Smith’s home to verify compliance.

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Additional Safety Actions

(SPL1) Mrs. Smith will keep her cell ph1 charged at all times and program it with safety contacts.

(SPL2) Mrs. Smith will change her ph1 number and locks on her doors as well as the security passwords/questions to her home computer. She will vary her daily routine as much as possible.

Resource: CPI Howard to provide numbers and assist with programming. Mrs. Smith will ask her uncle to change out house locks for her by this weekend.

Monitor: CPI to check next home visit. (Adult relative in CA2 can also confirm).

(CV1) Mrs. Smith and CPI Howard will instruct Michael on how to respond when his or his mother's safety is threatened by Mr. Smith in the future. (e.g., call 911, use escape routes, which adults to call)

(CV2) Mrs. Smith will enroll Michael in public or private school by next Tuesday and CPI Howard will complete a referral for at risk daycare for Jennie within 48 hours.

Resource: Serenity House counselor can substitute for CPI in CV1 above.

Monitor: CPI to check with school and day care regarding children's attendance.

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Bly Family Background Information

Mother is on Oxycod1 for chronic pain. Four years ago she was involved in a serious traffic accident and injured her back. She had a Blood Alcohol Level of .018 and was charged and convicted of DUI. The current intake involves her 3 year old daughter who was found outside the home unsupervised (reportedly the 3rd occurrence of a neighbor taking the child home). The oldest child, a 7 year old daughter, regularly has trouble waking mom in morning; she is typically absent from school 5-6 days a month. The mother admits to drinking 1-2 beers at night, maybe 2 to 3 times a week "after the girls go to bed."

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Safety Considerations

Immediacy (I)
Severity (S)
Out-of-Control (OOC)

Immediacy (I): Imminent as children have trouble waking mother almost every morning.

Severity (S): Multiple occurrences (reported by neighbors) and predictable pattern to threats ("parentified child" - 7 year old responsible for care of 3 year old sister).

Out-of-Control (OOC): Substance misuse contributing if not causal factor. Active addiction to oxycod1?

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Shared Decision-Making

Non-negotiables (NNG)
Ownership (O)
Accountability (A)

Non-negotiables (NNG): Random lab work to check therapeutic levels of oxycod1 by pain management doctor.

Ownership (O): O1: 'I have a prescription and alcohol is a legal drug. I'm a good mother. My 7 year old is a straight A student, cooks and does laundry. Give me a break' O2: No other adult in home.

Accountability (A): High (need for) – parent has regularly been combining a depressant (alcohol) with an Opiod analgesic (Oxycod1).

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Safety Actions to Address Safety Threats

Control Actions (CA)
Vulnerability Reduction (VR)
Supplementation (S)

Control Actions (CA1): Ms. Bly agrees to abstain from drinking alcohol until she meets with the Family Intervention Specialist (FIS) to discuss the potential synergistic effects (1+1=3) of her drinking alcohol while on oxycod1.

Resource: Ms. Teri Solved (FIS)

Monitor: Ms. Bly will sign releases giving FIS permission to talk with CPI.

(CA2): To determine therapeutic range and prevent a lethal drug overdose, Ms. Bly will request periodic lab work by PMD.

Resource: Dr. Jameson

Monitor: Ms. Bly will sign releases giving physician permission to talk with CPI.

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Additional Safety Actions

(CA3) Ms. Bly will obtain a copy of her 'Patient Advisory Report' obtained from the Department of Health by DATE. She will share this report with CPI Howard by DATE.

(CA4) Ms. Bly will keep a daily medication log recording timedosages of her oxycod1 use.

Resource: Ms. Bea Heaven (friend) and Ms. Bly will construct a tracking log by DATE.

Monitor: CPI will conduct random pill counts over the next 30 days to verify use pattern.

(SPL1) Ms. Bly's friend (Jane) will call her at 7:00 am each morning to make sure she is awake. Ms. Bly will call Jane back when she is up and out of bed.

(CV1) Ms. Bly will teach Emma (7 year old) how to use her cell ph1 and will pre-program Jane's number into the ph1. Emma will call Jane if her mother cannot be awakened in the morning.

Resource: Jane Smith, friend/neighbor

Monitor: Ms. Heaven agrees to keep a daily log to record times Ms. Bly calls her back.

(CV2) Ms. Bly will make sure all medications are kept in their original child-resistant containers.

Resource: N/A

Monitor: CPI to check each visit.

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Wright Family Background Information

Following the death of her 9 month old son from a congenital heart condition 3 years ago, Ms. Wright struggled with anxiety with associated depressive symptomatology. She began taking Xanax which helped significantly. Upon the recommendation of her physician, she discontinued the medication 10 months ago when she got pregnant and has remained off it due to breast feeding her 2 month old daughter. Ms. Wright has appeared noticeably despondent to her family and has been sleeping over 10 hours a day. She recently told her parents that "Maya would be better off without [her]". She has started allowing Maya to sleep in bed with her so she can fall back asleep after feeding her.

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Safety Considerations

Immediacy (I)
Severity (S)
Out-of-Control (OOC)

Immediacy (I): Imminent as mother regularly falls asleep with infant in her bed.

Severity (S): Mother self reports multiple occurrences and there is a predictable pattern of unsafe sleep.

Out-of-Control (OOC): Mother has a legitimately discontinued psychotropic medication but is increasingly experiencing depression and mild suicidal ideations.

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Shared Decision-Making

Non-negotiables (NNG)
Ownership (O)
Accountability (A)

Non-negotiables (NNG): Infant needs to have safe sleep environment.

Ownership (O): O1: "It's very comforting to have Maya in bed with me. That way, if anything goes wrong I would sense it immediately".

Accountability (A): High (need for) - 1) parent believes she is acting in infant's best interest and will likely continue behavior as a result, and: 2) mother's follow through with recommendations might be compromised by mental health issues - i.e. depression.

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Safety Actions to Address Safety Threats

Control Actions (CA)
Vulnerability Reduction (VR)
Supplementation (S)

Control Actions (CA1): Ms. Wright agrees that Maya must sleep in her own bassinet effective immediately.
Resource: Maternal Grandmother
Monitor: Ms. Dupres (MGM) will check on Maya twice a day to make sure safe sleep practices are being followed.
(SPL1): Ms. Wright will be evaluated by the Crisis Response Team this afternoon for clinical assessment of depression.
Resource: Aunt will babysit Maya. MGM will stay with Ms. Wright during evaluation.
(SPL2/CV1): Ms. Wright will consult with primary physician re: use of Xanax or other medications while breastfeeding; consider switching to formula feeding.
Resource: Dr. Johnson; MGM
Monitor: Ms. Wright to sign release allowing CPI to talk with physician.

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Additional Safety Actions

(CA3/SPL4) Ms. Wright's sister agrees to move in with her for two months to assist in caring for Maya allowing Ms. Wright time to enhance her coping skills (stabilize on new meds and resolve grief issues from loss of child).
Resource: Pam Wright (sister)
Monitor: Aunt or MGM to call CPI when move-in is completed.
(SPL5/CV2) Ms. Wright agrees to work with a home health aide from the 'Health Families Florida' program to provide her with support and information on parenting and child development.
Resource: CPI Howard to make referral by DATE.
Monitor: Ms. Wright to give CPI HFF name and contact number after first home visit.
(SPL6) Ms. Wright agrees to attend at least two meetings of the 'Compassionate Friends' support group to seek emotional support for her loss and find out how other parents have coped with the loss of a child.
Resource: Call 211 for list of groups in area. MGM agrees to provide transportation.
Monitor: Ms. Wright agrees to discuss benefit of attending with CPI after first visit.
SPL7) Ms. Wright will seek pastoral counseling to help her deal with the anger and loss of faith she's experienced since her son's unexplained death 3 years ago.
Resource: Ms. Ann Thorpe, mom's friend will provide transportation to counseling.
Monitor: Ms. Wright agrees to discuss benefit of attending with CPI after first visit.

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Primary Reasons to Involve Children

Children have as much awareness and knowledge as any1 about what is going on in the home

Getting parents to appreciate the consequences of their action/inactions through the child's eyes is effective strategy to motivate a parent

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Safety Planning with Children

- Include written & verbal instructions for children when age-appropriate.
- If the child doesn't know how to carry out their tasks, talk them through it & ask mom for help (unless this jeopardizes the child's safety).
- Reassure children that they are not responsible for the domestic violence or for what happens after the domestic violence is disclosed.
- Children must know how important it is for them to be safe when mother is assaulted, & that they cannot intervene during an assault.
- If children blame themselves (e.g., for the violence, not protecting mom) reassure them that these feelings are normal, but it is NOT their fault.
- Keep things simple.
- Have the children practice & explain what they are to do.

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The Safety House

- ☒ Method for including children's voice in Safety Planning
- ☒ This is your house in the future when you always feel safe.
 - ◆ Who lives with you in the house?
 - ◆ Who can visit?
 - ◆ Who don't I feel safe with?
 - ◆ What rules would help me feel safe?



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The Three Houses

- ☒ Nikki Weld and Sonja Parker
- ☒ First house – the things that you like in your life
 - ◆ Who lives in house? Who visits?
- ☒ Second house – write or draw your worries
- ☒ Third house – write or draw how things would be if they got better

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