Child Welfare Pre-Service Training

Assessment of Impending Danger and Caregiver Protective Capacities

Trainer Guide

July 2013
The materials for the Child Welfare Pre-Service Training curriculum were produced by Florida International University for the State of Florida, Department of Children and Families, Office of Family Safety.

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The materials for the Child Welfare Pre-Service Training curriculum were formatted and edited by the Child Welfare Training Consortium at the University of South Florida.

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Safety Protection Expert

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Video
To The Trainer

Core Course Description

Assessing Impending Danger and Caregiver Protective Capacities focuses on two critical practice concepts that are important to know: “danger threats” and “caregiver protective capacities.” Both danger and caregiver protective capacities must be assessed to determine child safety.

Course Time

Assessment of Impending Danger and Caregiver Protective Capacities is designed to be taught in 6 hours or one training day. A training day consists of 6 hours of instruction, a one hour lunch break, and two fifteen minute breaks.

Pre-requisite Skills and Case Flow

All courses are sequenced to accommodate pre-requisite skills and case flow; therefore, the courses must be scheduled using the course numbers 100-125.

Course Goals

The goal of Assessment of Impending Danger and Caregiver Protective Capacities is to provide learners with information about how to analyze information in the Family Functioning Assessment using the Danger Threshold Criteria to identify impending danger threats and justify safety decision-making utilizing the concept of caregiver protective capacities.

Knowledge Base Competencies

The following Case Management (CM) Knowledge Base Competencies (organized by domain) are addressed in Assessment of Impending Danger and Caregiver Protective Capacities:

Professional and Legal Responsibilities, Documentation Requirements:

K8. The importance of adhering to the provisions of federal and state statutes in child welfare casework.
K10. Legal requirements and case manager’s role for the removal and placement of children.
K11. A child’s statutory right to participate in case planning and attend court proceedings.
K13. Caseworker’s responsibilities in locating and contacting absent biological parents and putative fathers for court actions.
K15. Organizational risk management issues.
K25. Multiple types, purposes, and uses of case documentation.

Family and Community Engagement:

K27. Family centered practice.

**Assessment:**

K32. Definitions of abuse, neglect and abandonment with maltreatment as specified in Florida Statute, and administrative code.
K34. Knowledge of family dynamics and family systems.
K35. Knowledge of age appropriate sexual behavior and age appropriate sexual knowledge on part of child.

♦ **Safety Management, Service Planning and Delivery:**

K36. The values that underlie a family-centered approach to child welfare, in providing services to improve individual and family functioning within the context of the family’s culture and community.
K37. Principles of family-centered practice are implemented in all phases of child welfare practice.

♦ The following **Protective Investigations (PI) Knowledge Base Competencies** (organized by domain) are addressed in **Safety Planning**:

♦ **Child Protection Foundations:**

K5. Knowledge of Chapter 39 definitions of abuse, neglect, abandonment and harm.
K6. Knowledge of statutory requirements for procedures and timelines for conducting protective investigations.
K11. Knowledge of general child welfare policy and legislation including the Adoption and Safe Families Act (ASFA), the Child Abuse Prevention and Treatment Act (CAPTA), the Indian Child Welfare Act (ICWA), the Fostering Connections Act, the Multi-ethnic Placement Act (MEPA), the Interstate Compact for the Placement of Children (ICPC), and Florida Administrative Code.
K16. Knowledge of specific maltreatment indicators (i.e., types and likely etiology).
K17. Knowledge of ‘embedded’ harms (e.g., domestic violence; adult and adolescent substance abuse; child, adolescent and adult mental health issues.)

♦ **Interviewing:**

K34. Knowledge of what types of behavioral observations and relational interactions should be observed and documented to inform the decision-making process.
♦ **Initial Assessment and Problem Identification:**

K37. Knowledge of child vulnerability and caregiver/family protective capacities.
K38. Knowledge of family dynamics and family systems.
K39. Knowledge of the definition and concepts of immediate and imminent safety threats, impending danger, and risk.
K40. Knowledge of age appropriate sexual behavior and age appropriate sexual knowledge on part of child.

♦ **Safety Management:**

K42. Knowledge of safety planning.
K43. Knowledge of reasonable efforts to prevent removal.

♦ **Planning and Teaming:**

K49. Knowledge of the role and responsibilities of legal counsel, judge, and Guardian Ad Litem in court proceedings.
K50. Knowledge of roles and responsibilities of law enforcement, Child Protection Team, and external partners (i.e., DV, mental health, etc.).

**Course Objectives**

**Module 1: Assessment of Impending Danger**

♦ Defend and compare the concepts of safe and unsafe.
♦ Illustrate and justify the application of the danger threshold.
♦ Evaluate family conditions as danger threats utilizing the danger threshold.
♦ Assess and justify the identification of danger threats at impending danger through case application

**Module 2: Caregiver Protective Capacities**

♦ Discuss caregiver protective capacities.
♦ Interpret the significance of caregiver protective capacities to inform safety decision making.
♦ Illustrate the application of the concept of caregiver protective capacities.
♦ Analyze safety decision making utilizing the concepts of danger threats and caregiver protective capacities.
Module 1: Assessment of Impending Danger

By the end of this session participants should understand how to analyze information in the Family Functioning Assessment using the Danger Threshold Criteria to identify impending danger threats and justify safety decision-making utilizing the concept of caregiver protective capacities.

♦ PPT 1 Title
♦ PPT 2 Objectives
♦ PPT 3 Definition of Safety
♦ PPT 4 Definition of Impending Danger
♦ PPT 5 Qualifying the Danger Threshold Criteria
♦ PPT 6 Safety Threshold Criteria
♦ PPT 7 Danger Threshold
♦ PPT 8 Qualifying the Danger Threshold
♦ PPT 9- Identifying Family Conditions Exercise
♦ PPT 10 Impending Danger Threats
♦ PPT 11 Dutton McAdams: An Exercise
♦ PG 1-3 Describing Family Conditions that Meet the Safety Threshold
♦ PG 4 Key Definitions
♦ PG 5 Danger Threshold Criteria and Definitions
♦ PG 4-19 Child Safety Assessment and Family Functioning Assessment Danger Threat Guide
♦ PG 20-32 Information Collection & Family Functioning Assessment for Dutton-McAdams

♦ Display PPT 1 & 2 - Title & Module 1 Objectives

♦ Review the topics that will be covered during this module:
  o Impending Danger Criteria
  o Danger Threshold
  o Qualifying the Danger Threshold Criteria
  o Identifying Family Conditions that meet the Danger Threshold
  o Impending Danger Threats
Topic ~ Definition of Safety Impending Danger

♦ Display PPT 3 Definition of Safety

This is a review of prior information from Assessment, therefore, provide the participants with a brief reminder/overview of the definition.

- These definitions clearly are concerned with specific danger that could have severe effects on a vulnerable child.
- Being unsafe is an immediate state of existence. It is not something that might happen in the future but exists now related to the potential of a severe effect on a child in the near future.
- These definitions are not concerned with child development or well-being.
- These definitions are far more focused with respect to specific threats and caregiver protective behavior (rather than parenting or family conditions in general).

♦ There are two critical practice concepts in these definitions that are important to know: “danger threats” and “caregiver protective capacities.”

♦ Both danger and caregiver protective capacities must be assessed to determine child safety.

♦ If there is impending danger and a single caregiver in the home, then a child is unsafe.

♦ If there is impending danger and the conclusion is that a non-maltreating caregiver does not have sufficient caregiver protective capacities to manage the danger or is unwilling to assure the protection, then a child is unsafe.

♦ If there is impending danger but the conclusion is that there is a non-maltreating caregiver in the home who possesses sufficient caregiver protective capacity to manage impending danger and is willing to do so,
then a child is determined to be safe.

♦ The assessment and conclusion of caregiver protective capacities to manage impending danger (can and will protect) is documented as part of the Family Functioning Assessment.

♦ A consideration of caregiver protective capacities is associated with the functioning assessment areas in the FFA and confirmed as part of the Child Safety Determination.

♦ Display PPT4 Definition of Impending Danger

Provide the definition of impending danger for application and understanding.

♦ This session will concentrate on the first part of the safety decision: Impending Danger.

♦ The next session will tie in caregiver protective capacities and consider how the concept informs the safety decision, the decision to provide protective interventions. The safety threshold applies to negative family conditions, behaviors and situations that can be judged to represent impending danger.

♦ At the conclusion of the Family Functioning Assessment, the safety threshold is used to evaluate child safety where case circumstances involving negative family conditions, behaviors and situations are not as obvious as might be experienced with present danger.

♦ Ask participants what they notice about the manner in which impending danger is described in the slide. How does impending danger differ
from present danger?

**Topic ~ Criteria for Impending Danger: Danger Threshold**

- Display PPT 5 Qualifying the Danger Threshold Criteria

This slide introduces the section of the danger threshold.

- Display PPT6 Safety Threshold Criteria

*Make sure that participants are clear about the terms and language being used.*

Review Definition on **PG 4 (TG 16)**

- Are participants familiar with the term “family conditions”?
- Evaluating safety at the conclusion of the Family Functioning Assessment involves going beyond information related to incidence of maltreatment in order to consider conditions that exist (both positive and negative) that are illustrative of child and caregiver functioning.
- To effectively evaluate impending danger it is necessary to have sufficient information related to the functioning assessment areas: discipline,
Emphasize again that the Family Functioning Assessment is an objective and neutral assessment that seeks to understand the condition of families both positive and negative.

Family conditions are situations and circumstance associated with family dynamics that affect a child (for better or worse).

Family conditions are influenced by child and/or caregiver behaviors, emotions, perceptions, attitudes, etc. that can have an effect on child vulnerability and safety.

Ask participants if they know what a threshold is.

Participants may say things like:

- A measurable point.
- A line drawn in the sand.
- A threshold is a cut-off point when something ceases to be one thing and crosses over into something else that is categorically different and has different implications in terms of how it is experienced.

The same correlation may be made when considering negative family conditions that, as they are becoming worse, eventually cross over or change from something that is generally negative to a condition, circumstance or behavior that is specifically dangerous and unsafe to a child.

When gathering and analyzing information during the Family Functioning Assessment, it is in necessary to differentiate between family conditions, circumstances, and behaviors that have a negative quality but don’t threaten child safety, with conditions in a family that have crossed the safety threshold and are imminently dangerous.

It is critical to have a strong determination about the threshold for safety, because it defines and prompts DCF intervention related to safety management as well as the focus for ongoing/safety service involvement or change with families.
♦ CPI/Case Managers must control negative conditions that meet the safety threshold - impending danger (safety plans) and focus treatment to enhance diminished capacities (treatment plans).

**Topic ~ Danger Threshold**

Display PPT 7 Danger Threshold

*This slide introduces the five danger threshold criteria.*

Refer to **PG 5 Danger Threshold Criteria and Definitions** (*TG 17*)

♦ There are five criteria for determining when a negative family condition meets the safety threshold for impending danger: observable, out of control, vulnerable, severity, and imminence.

♦ All five criteria must be met in order for a family condition, circumstance, behavior, and emotion, circumstance to pose an impending danger to a child.

Review the safety threshold criteria.

**Observable:**

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

**Out of Control:**

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

**Vulnerable:**
Dependence on others for protection

**Severity:**

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

**Imminence:**

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

**Topic ~ Qualifying the Danger Threshold Criteria**

*Display PPT 8 Qualifying the Danger Threshold*

The slide is intended to help participants qualify the safety threshold criteria.

These qualifiers are used in guiding staff to clearly understand and describe negative conditions and to help discern when a child is vulnerable and negative conditions are out of control, likely to have a severe effect, and the danger is imminent – making a child unsafe.

- Applying safety threshold criteria requires that staff know a sufficient amount of information and in sufficient detail in order to judge whether family conditions meet the five criteria.
♦ As staff are gathering information and identifying negative conditions in families, they should begin considering the qualifiers for the safety threshold to frame what it is they must know to determine if a negative condition represents impending danger.

♦ FFA documentation should describe and reflect in detail how conditions are consistent with the safety threshold (qualify).

♦ When staff identify a negative condition, they should seek to understand the following:
  
  - How long the condition has been concerning or problematic?
  - How often is the negative condition actively a problem or affecting caregiver performance?
  - The extent or intensity of the problem and how consuming it is to caregiver functioning and overall family functioning?
  - What stimulates or causes the threat to child safety to become active?
  - What affect does the negative condition have specifically on the ability of a caregiver to provide for the care and protection of children?
  - How likely is the negative condition to continue or get worse without DCF intervention?

♦ Display PPT 9- Identifying Family Conditions Exercise
This exercise involves participants analyzing four descriptions of negative family conditions using the safety threshold criteria.

**After reviewing the descriptions of family conditions, participants are asked to determine if the family conditions meet all the criteria for the safety threshold or to identify whether they need more information to make a determination. Participants must justify the rationale for their analysis.**

*In preparation for the session and the exercise, carefully review the case descriptions and make about whether the family conditions meet the danger threshold.*

**Refer participants to PG 1-3 (TG 11-13)**

Proceed to review the instructions for the exercise to the participants.

- Below are a series of negative family conditions that were identified during a Family Functioning Assessment.

- Determine whether the negative conditions described meet the criteria for the danger threshold for impending danger.

- Review each family condition and identify “yes” or “no” as to whether the description meets the danger threshold or state whether more information is needed to rule in or rule out impending danger. Provide justification for your analysis.

- Allow participants 20 minutes to complete the exercise.

- Reconvene the large group for the debrief. Trainer hints on the following page.
Exercise Debrief:

Case 1: It is observable and could have a severe effect at any point in the near future, but there is not enough information to know whether the condition is out of control.

Case 2: It is observable and if it is true that the child has informed the mother about the frequent absence of the care provider, this would seem to be a pervasive and consistent problem. More information is needed about where exactly the babysitter is when she tells the boy to stay in the house. Further information would be helpful regarding the vulnerability of the child (self-protection) to qualify the potential for severe effects.

Case 3: The condition is observable and is questionably out of control, but without further clarification of how the father’s behavior is influenced by not taking his meds, severe harm cannot be discerned. As currently described, it does not appear that there would be severe harm as a result of the condition.

Case 4: Meets all five criteria. The viewpoint is extreme and appears out of control and could likely result in severe harm at any point in the near future.
Describing Family Conditions that Meet the Safety Threshold: An Exercise

Instructions:
Below are a series of negative family conditions that were identified during a Family Functioning Assessment.

☐ Determine whether the negative conditions described meet the criteria for the danger threshold for impending danger.

☐ Review each family condition and identify “yes” or “no” as to whether the description meets the danger threshold or state whether more information is needed to rule in or rule out impending danger.

☐ Provide justification for your analysis.

Danger Threshold Criteria:
The family condition that is dangerous is observable and can be clearly described and articulated.
The family condition is out of control.
The family condition is likely to result in severe harm.
The family condition could reasonably become threatening and dangerous at any proximate time.
There is a vulnerable child.

1. Parent locks 5-year-old in his bedroom at night because he sometimes wakes and wanders the house. There is no deprivation of food or bathroom privileges.

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<tr>
<th>Safety Threshold Criteria Analysis</th>
<th>Yes; No; or More Information Needed</th>
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<tbody>
<tr>
<td>Observable family condition</td>
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<tr>
<td>Out of control</td>
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<tr>
<td>Could have a severe effect</td>
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<td>Imminence</td>
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<td>Vulnerable Child:</td>
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Justification:
2. Joann repeatedly leaves John (age 6) with a teenage neighbor. On several occasions, the child reports that he has told his mother the neighbor will leave him alone for long periods of time and tells him to "stay inside." He does not know where the sitter goes when she leaves and he is afraid. The mother denies that it has been a problem before and blames both the child for exaggerating and the "sitter" for being irresponsible.

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<td>Vulnerable Child</td>
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Justification:

3. Dad is depressed. He is reluctant about taking his medication because it makes him feel "out of it." He can't stand his job; doesn't see how things will be different; never has energy to spend time with the children. Dad is inconsistent with some meals but the children are fed. Children go to school dirty and tired because the Dad is inconsistent about cleaning their clothes and getting them to bed.

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Justification:
4. The father refers constantly to Tommy, age 3, as “the kid” or “that kid.” He states that he cannot stand to be around him and that there is “something wrong with his wiring.” Says he “lies” all the time and acts like a baby. The father appears unaware of Tommy’s abilities/limitations. Void of affection.

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Justification:
Topic ~ Florida Safety Decision Making Methodology

Danger Threats: Impending Danger

Display PPT 10

♦ Refer participants to **PG 4-19 Child Safety Assessment and Family Functioning Assessment Danger Threat Guide (TG 16-31)**

♦ The Florida Safety Management Framework uses 11 standardized Impending Danger Threats that are used to assess and justify the safety decision at the conclusion of the Family Functioning Assessment.

♦ Each impending danger threat includes an operational definition and some examples that apply to each.

♦ Acknowledge that these threats as the same threats applied at present danger.

♦ The lens from which CPI/Case Managers are evaluating danger threats at impending danger is directly related to the definition of impending danger and reconciling the information gathered through the information collection with the family.

♦ Orient participants to the layout of the information collection on the danger threats guide—highlighting how each of the six domains is related to key danger threats and caregiver protective capacities.

♦ Information in each domain should inform the identification of the safety threats associated and the caregiver protective capacities.

♦ Inform participants that we will be conducting a large group exercise to demonstrate the application of the danger threats in relationship to sufficient information collection.
Reinforce the concept of having sufficient information for identifying danger threats and caregiver protective capacities.

Note the use of the threshold criteria in each definition and note the examples are meant to guide, and are not all-inclusive family conditions.

Offer time for questions and comment from the participants about the guide and exploration of the danger threats.
FLORIDA SAFETY DECISION-MAKING METHODOLOGY:
Child Safety Assessment and Family Functioning Assessment Danger Threat Guide

**IMPENDING DANGER ORDER OF THREATS**

There are 11 Standardized danger threats that are used to assess child safety. The identification of any one of the 11 danger threats equates to a child that is in a state of danger, present or impending danger.

**KEY DEFINITIONS:**

**Present Danger:**
Threats are identified when the threat(s) are immediate, significant, clearly observable and actively occurring at the point of contact—usually at initial contact, however can occur during the course of an investigation or while the family is receiving case management services. Serious harm will result without prompt CPS (investigation and/or case manager) response.

**Impending Danger** refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child.

Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/caregiver functioning to sufficiently assess and understand how family conditions occur.

**Danger Threshold Criteria**

The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threat is based on a specific description of how negative family conditions meet the danger threshold criteria.

The Danger Threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety. Negative family conditions that rise to the level of the Danger Threshold and become Impending Danger Threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.
**Danger Threshold Criteria and Definitions**

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

- **Severity** Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death.
## Extent of Maltreatment and Surrounding Circumstances

### 2. Parent/legal guardian or caregiver’s intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.

#### PRESENT DANGER EXAMPLES

Bone breaks, deep lacerations, burns, in-organic malnutrition, etc characterize serious injury. Children that are unable to protect themselves has sustained as a result of the parent/legal guardian or caregiver. Serious injury locations for present danger should be considered when located on the face/head. Parent/legal guardian or caregivers actions were directed at the child to inflict injury; parent/legal guardian or caregiver shows no remorse for the injuries. Initial information support the injuries/child’s condition is a result of the deliberate preconceived planning or thinking which the parent/legal guardian or caregiver is responsible. Child’s injuries may or may not require medical attention. Examples could include parent/legal guardian or caregiver who used objects to inflict pain.

#### IMPENDING DANGER THRESHOLD CRITERIA APPLICATION AND EXAMPLES

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. “Intended,” suggests that before or during the time the child was mistreated, the parents’/primary caregivers’ conscious purpose was willfully to act in a manner in which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt.

Application of the Danger Threshold Criteria

This safety threat seems to contradict the criterion “out of control.” People who “plan” to hurt someone apparently are very much under control. However, it is important to remember that “out of control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that (1) the acts were intentional; (2) the objective was to cause pain and suffering; and (3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time—soon.

This threat includes both behaviors and emotions as illustrated in the following examples:

- The incident was planned or had an element of premeditation, and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns), and there is no remorse.
- Parent’s/caregiver’s motivation to teach or discipline seems secondary to inflicting pain and/or injury, and there is no remorse.

### CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED

Parent/legal guardian or caregiver demonstrates impulse control.
- Parent/legal guardian or caregiver takes action.
- Parent/legal guardian or caregiver sets aside own needs in favor of child.
- Parent/legal guardian or caregiver demonstrates adequate skill to fulfill caregiving responsibilities.
- Parent/legal guardian or caregiver is adaptive as a caregiver.
- Parent/legal guardian or caregiver is self-aware as a caregiver.
- Parent/legal guardian or caregiver recognizes and understands threats to the child.
- Parent/legal guardian or caregiver understands their protective role.
- Parent/legal guardian or caregiver is tolerant as a caregiver.
- Parent/legal guardian or caregiver expresses love, empathy, and sensitivity toward the child.
- Parent/legal guardian or caregiver is positively attached to the child.
- Parent/legal guardian is supportive and aligned with the child.

### MALTREATMENT ASSOCIATED

Asphyxiation
- Bone Fractures
- Burns
- Death
- Internal Injuries
- Physical Injury
- Sexual Abuse

7. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/caregiver explanations are inconsistent with the illness or injury.

#### PRESENT DANGER EXAMPLES

This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family condition or what is happening is bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained.

Child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot explain the injuries and the child is non-verbal.

### MALTREATMENT ASSOCIATED

Asphyxiation
- Bone Fractures
- Burns
- Death
- Failure to Thrive
- Internal Injury
- Physical Injury
- Sexual Abuse

8. The child’s physical living conditions are hazardous and a child has already been
seriously injured or will likely be seriously injured. The living conditions seriously endanger a child’s physical health.

### PRESENT DANGER EXAMPLES

Information for housing is specific to the child’s living condition that is an immediate threat to the child’s safety. This would include the most serious health conditions, such as living condition in the home has caused the child to be injured, such as digesting toxic chemicals and/or material and the child requires immediate medical attention.

Home has no egress and child is vulnerable, unable to access an exit and dependent on parent/legal guardian or caretaker who has not or will not act.

### IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD

This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child’s physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).

**Application of the Danger Threshold Criteria**

To be out of control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child’s safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house’s physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.

### CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED

The parent/legal guardian or caregiver takes action.

The parent/legal guardian or caregiver demonstrates adequate skill to fulfill caregiving responsibilities.

The parent/legal guardian or caregiver recognizes and understands threats to the child.

The parent/legal guardian or caregiver is resilient as a caregiver

### MALTREATMENT ASSOCIATED

Environmental Hazards

Inadequate Supervision

9. There are reports of serious harm and the child’s whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid
agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.

**PRESENT DANGER EXAMPLES**

This threat refers to situations the location of the family cannot be determined, despite diligence by the agency to locate the family. The Threat also refers to situations where a parent/legal guardian or caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward welfare staff, totally avoiding, refusing access to the home, hides child, or refuses access to the child. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information, which describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with the child, can be considered.

The threat is qualified by the allegation of maltreatment and information contained from history and current reports regarding the child. The concern for present or impending danger is active based upon information provided to the agency that would result in serious harm to the child.

This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat should be qualified through identification of an additional danger threat.

This threat cannot be used as an impending danger threat.

**MALTREATMENT ASSOCIATED**

**Threatened Harm**

10. Parent/Care giver is not meeting the child’s essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.

**PRESENT DANGER EXAMPLES**

This refers to medical care that is required, acute, and significant that the absence of such care will seriously affect the child’s health. There is an emergent quality about the required care.

Child has Type 1 diabetes and is unable to self-administer their medication and the parent/legal guardian or caregiver has not been administering medication to ensure child safety.

**IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

“Essential” refers to specific child conditions (e.g., retardation, blindness, physical disability), which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s essential needs, will not or cannot meet the child’s basic needs.

**Application of the Danger Threshold Criteria**

The caregiver’s ability and/or attitude are what are out of control. If you can’t do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child’s needs. This refers to specific deficiencies in parenting that must occur for the child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “essential” includes physical and mental characteristics that result in a child being...
highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate too soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/legal guardian or caregiver does not recognize the condition.
- Parent/legal guardian or caregiver views the condition as less serious than it is.
- Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons.

- Parent/legal guardian or caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition.
- Parent/legal guardian or caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.

CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED

The parent/legal guardian or caregiver takes action.
The parent/legal guardian or caregiver sets aside his or her own needs in favor of a child.
The parent/legal guardian or caregiver demonstrates adequate skill to fulfilling caregiving responsibilities.
The parent/legal guardian or caregiver is adaptive as a caregiver.
The parent/legal guardian or caregiver has a history of protecting.
The parent/legal guardian or caregiver is self-aware as a caregiver.
The parent/legal guardian or caregiver is intellectually able and/or capable.
The parent/legal guardian or caregiver recognizes and understands threats to the child.
The parent/legal guardian or caregiver recognizes the child’s needs.
The parent/legal guardian or caregiver understands their protective role.
The parent/legal guardian or caregiver is resilient as a caregiver.
The parent/legal guardian or caregiver is tolerant as a caregiver.
The parent/legal guardian or caregiver is positively attached to the child.
The parent/legal guardian or caregiver is supportive and aligned with the child.

MALTREATMENT ASSOCIATED

Failure to Thrive
Medical Neglect

11. Other
## CHILD FUNCTIONING

### 6. Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent/Care giver is unwilling or unable to manage.

#### PRESENT DANGER EXAMPLES

Present danger considerations are focused both on the child’s emotional needs and the parent/legal guardian or caregivers ability to meet those needs. Child’s emotional symptoms are serious in that they pose a danger to others or themselves, this could include self harming, fire setting, sexual acting out on others. Parent/legal guardian or caregivers response places the child in present danger. Child that requires acute psychiatric care due to self-harming that the parent/legal guardian or caregiver will not or cannot meet despite the resources and ability to attend to the child’s needs.

#### IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD

**Application of the Danger Threshold Criteria**

The caregiver’s ability and/or attitude are out of control. If you can’t do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child’s needs. This refers to specific deficiencies in parenting that must occur for the “exceptional” child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/legal guardian or caregiver does not recognize the condition.
- Parent/legal guardian or caregiver views the condition as less serious than it is.
- Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons.
- Parent/legal guardian or caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition.

## CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED

### MALTREATMENT ASSOCIATED

- Mental Injury
ADULT FUNCTIONING

3. Parent/legal guardian or caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.

PRESENT DANGER EXAMPLES

Dangerous parents maybe behaving in violent ways; however this is intended to capture a more specific type of behavior. Present danger here would be considered when parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways.

Careful consideration when determining present danger should be made when assessing domestic violence and family violence. Parent/legal guardian or caregiver may not be “actively” violent in the presence of the worker, however the domestic violence dynamics within the household could be active. In addition consideration of information that indicates that a child and spouse are being mistreated. Concerns are heightened for both abuses presented as occurring.

IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD

This threat is concerned with self-control. It is concerned with a person’s ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. To identify this impending danger threat there must be specific information to suggest that a caregiver’s impulsive behaviors, addictive behaviors, bizarre behaviors, the individual cannot control compulsive behaviors, depressive behaviors, etc. The out-of-control behaviors result in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active.

Application of the Danger Threshold Criteria Related to Impulse Control:

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, and loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person’s capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.
A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

Application of the Danger Threshold in Relation to Violence.
To be out of control, the violence must be active. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person’s state of mind and is likely pervasive in terms of the way they feel and act. To identify this impending danger threat there must be specific information to suggest that a caregiver's volatile emotions and tendency toward violence is a defining characteristic of how he or she often behaves and/or reacts toward others. The caregiver exhibits violence that is unmanaged, unpredictable, and/or highly consistent. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders; vulnerable children who cannot self-protect—who cannot get out of the way and who have no one to protect them—could experience severe physical or emotional effects from the violence. This includes situations involving domestic violence whereby the circumstance could result in severe effects including physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person’s character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

When violence includes the perpetrator dynamics of power and control it is considered “domestic violence.” Physical aggression in response to acts of violence may be a reaction to or self-defense against violence. For purposes of child protection interventions, it is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations is narrower in scope.

Examples:
- Parent/legal guardian or caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/legal guardian or caregiver is chemically dependent and unable to control the dependency’s effects.
- Parent/legal guardian or caregiver makes impulsive decisions and plans, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Family violence involves physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even
though the child may not be the actual target of the violence.

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**PARENTING GENERAL AND PARENTING DISCIPLINE**

1. Parent/Care giver is not meeting child’s basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.

### Present Danger Examples

For present danger, consideration of the parent/legal guardian or caregivers who are unable or unwilling to provide for food, clothing, and/or supervision. The parent/legal guardian or caregiver may be currently intoxicated and/or unavailable, thus leaving the child without supervision and the child is children are unable to protect themselves. Child is found unsupervised in a dangerous condition—such as being left wandering the streets. There is no parent/legal guardian or caregiver that is currently providing for supervision of the child.

Lack of essential food, clothing, and/or supervision that results in child needing acute medical care due to the severity of the present danger.

Hospitalized child due to non-organic failure to thrive.

### Impending Danger Examples and Application of Danger Threshold

“Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

#### Application of the Danger Threshold Criteria

There could be two things out of control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family’s reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver’s lack of control related to either impulses about use of resources or problem solving concerning use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has no food, clothing, or shelter and there is a threat to child safety. Indigence, homelessness, etc. in and of itself is not a safety threat.
- Family finances are insufficient to support child critical care needs (e.g. necessary medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.
Non-offending parent/legal guardian or caregiver may not have access or any control of household finances in situations involving coercive economic control.

CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED

- Parent/legal guardian or caregiver demonstrates impulse control.
- Parent/legal guardian or caregiver takes action.
- Parent/legal guardian or caregiver sets aside his or her own needs in favor of a child.
- Parent/legal guardian demonstrates adequate skill to fulfill caregiving responsibilities.
- Parent/legal guardian or caregiver is adaptive as a caregiver.
- Parent/legal guardian or caregiver has a history of protecting.
- Parent/legal guardian or caregiver is self-aware as a caregiver.
- Parent/legal guardian or caregiver is intellectually able and/or capable.
- Parent/legal guardian or caregiver recognizes and understands threats to the child.
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- Parent/legal guardian or caregiver understands their protective role.
- Parent/legal guardian or caregiver plans and is able to articulate a plan to protect children.
- Parent/legal guardian or caregiver is able to meet his or her own emotional needs.
- Parent/legal guardian or caregiver is resilient as a caregiver.
- Parent/legal guardian or caregiver is stable and able to intervene to protect children.

MALTREATMENT ASSOCIATED

- Abandonment
- Failure to Thrive
- Inadequate Supervision
- Malnutrition/Dehydration

4. Parent/Care giver is threatening to seriously harm the child; Parent/legal guardian or caregiver is fearful he/she will seriously harm the child.

PRESENT DANGER EXAMPLES

At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child. Parent/legal guardian or caregiver may have a history of harming children in the past and has identified a need for intervention due to their fear of harming their child. Intent should be considered for present danger, in addition to access and ability to harm child.

IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”

Application of the Danger Threshold Criteria

Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is admitting to this extreme concern recognizes that his...
or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and it could be in the near future.

This threat is illustrated in the following examples.

- Parents/caregivers state they will maltreat.
- Parent/legal guardian or caregiver describes conditions and situations, which stimulate them to think about maltreating.
- Parent/legal guardian or caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/legal guardian or caregiver identifies things that the child does that aggravate or annoy the parent/legal guardian or caregiver in ways that make the parent want to attack the child.

CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED

Parent/legal guardian or caregiver demonstrates impulse control
Parent/legal guardian or caregiver takes action.
Parent/legal guardian or caregiver sets aside his or her own needs in favor of a child.
Parent/legal guardian or caregiver is adaptive as a caregiver.
Parent/legal guardian or caregiver has a history of protecting.
Parent/legal guardian or caregiver is self-aware as a caregiver.
Parent/legal guardian or caregiver recognizes and understands threats to the child.
Parent/legal guardian or caregiver recognizes the child’s needs.
Parent/legal guardian or caregiver understands their protective role.
Parent/legal guardian or caregiver plans and is able to articulate a plan to protect children.
Parent/legal guardian or caregiver is able to meet his or her own emotional needs.
Parent/legal guardian or caregiver is resilient as a caregiver.
Parent/legal guardian or caregiver is tolerant as a caregiver.
Parent/legal guardian or caregiver expresses love, empathy, and sensitivity toward the child.
Parent/legal guardian or caregiver is stable and able to intervene to protect children.
Parent/legal guardian or caregiver is positively attached to the child.
Parent/legal guardian or caregiver is supportive and aligned with the child.

MALTREATMENT ASSOCIATED

Threatened Harm
5. Parent/Care giver views child and/or acts toward the child in extremely negative ways AND Parent/legal guardian or caregiver behavior is indicative of the child being seriously harmed emotionally and/or physically or the child has been seriously harmed emotionally and/or physically or the child has been seriously harmed.

**PRESENT DANGER EXAMPLES**

This is the extreme, not just a negative attitude towards the child. It is consistent with seeing the child, as demon possessed, evil, responsible for the conditions within the home. Consideration of parent/legal guardian or caregivers viewpoint of the child as being in action for present danger.

**IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

“Extremely” is meant to suggest a perception, which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate. The caregivers’ negative perceptions toward the child are apparent and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.

**Application of the Danger Threshold Criteria**

This refers to exaggerated perceptions. It is out of control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or explaining it away to the caregiver. It is out of control.

The extreme negative perception fuels the caregiver’s emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place not in the process of development. It is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard, or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/legal guardian or caregiver hates and is fearful of or hostile towards, and the parent/legal guardian or caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/legal guardian or caregiver.
- One parent/legal guardian or caregiver is jealous of the child and believes the child is a detriment or threat to the parents’/primary caregivers’ relationship and stands in the way of their best interests.
- **Parent/legal guardian or caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing**

### CAREGIVER PROTECTIVE CAPACITIES ASSOCIATED
- Parent/legal guardian or caregiver is self-aware as a caregiver.
- Parent/legal guardian or caregiver recognizes and understands threats to the child.
- Parent/legal guardian or caregiver recognizes the child’s needs.
- Parent/legal guardian or caregiver understands their protective role.
- Parent/legal guardian or caregiver is resilient as a caregiver.
- Parent/legal guardian or caregiver is tolerant as a caregiver.
- Parent/legal guardian or caregiver expresses love, empathy, and sensitivity toward the child.
- Parent/legal guardian or caregiver is stable and able to intervene to protect children.
- Parent/legal guardian or caregiver is positively attached to the child.
- Parent/legal guardian or caregiver is supportive and aligned with the child.

### MALTREATMENT ASSOCIATED
- Bizarre Punishment
- Malnutrition/Dehydration
- Threatened Harm
This slide introduces the exercise of identifying impending danger threats.

- This exercise asks participants to identify Impending Danger Threats in the Dutton-McAdams Case.
- Reference the completed Information Collection & Family Functioning Assessment for Dutton-McAdams handed out to participants during Information Collection. PG20-32 (TG34-47)

- Remind participants that we have been working with the Dutton McAdams case in the previous modules, through initial contact and we analyzed the information collection for sufficiency.

- As a group, have participants review and analyze the information in the six assessment areas (Family Functioning Assessment) applying the danger threshold criteria.
  - Facilitate analysis and review as a large group activity, walking participants through each assessment area and associated safety threat.
  - Seek information from the group to support their analysis, use the safety threshold criteria to structure the discussion.

- Use a flip chart to document the group analysis and conclusions.
  - Ask the group to identify information within each assessment for safety decision-making analysis.
o Lead the group in identifying safety threats associated with each assessment area and through the safety threshold analysis.

o Document the group’s conclusions on the flip chart.

o Refer participants through this exercise to their impending danger threat guide.

Allow 30 minutes to complete the evaluation of impending danger on the Dutton-McAdams case.

o Inform participants to keep the Dutton-McAdams FFA readily available for use in the next session.

o Mention again that the next session will consider how the concept of caregiver protective capacities relates to impending danger and informs decision-making.
SECTION A: FAMILY ASSESSMENT AREAS AND DANGER THREATS

What is the extent of the maltreatment?
What surrounding circumstances accompany the alleged maltreatment, precipitating events, history?

Lindsey, 3 years old, was physically injured while trying to intervene between her parents who were arguing. Bill Dutton reports that he was placing Lindsey in her room during the course of the argument, which resulted in Lindsey being hurt. Lindsey sustained a deep scratch approximately an inch and a half long under her left eye, a swollen lip, and bruising to her neck. Lindsey has bruising on both sides of her neck, please note attached photographs. Lindsey’s injuries did not need medical attention. Lindsey did not report that her injuries were causing her pain or discomfort.

Physical abuse and family violence threatens child of Lindsey by her father, Bill Dutton, is verified.

Separate interviews with Bill Dutton and Mary McAdams
Interview and Observation of Lindsey

Mr. Dutton reports that he stopped at the bar on the way home from work the evening that Lindsey was hurt. He reported that he had stayed for a couple of beers and then proceeded home. Upon his arrival home, he reported finding the home in disarray and was upset with the way that Mary had left the home. Mr. Dutton reported that Ms. McAdams said something that made him mad and this is when Mr. Dutton and Mrs. McAdams began arguing with each other.

Ms. McAdams reports that she must have said something to Mr. Dutton that started the fight between the two of them. Neither parent could remember what it was that she said. Ms. McAdams reported that she thought that Lindsey had come to her aid, trying to protect her, and that Mr. Dutton had either “put or pushed” Lindsey to her bed. Lindsey reports that “daddy was trying to hurt mommy” when asked about her injuries and the fight. Lindsey did appear to be frightened and guarded when being interviewed regarding her injuries and fighting in the home. This is evidenced by her change in demeanor and reluctance to talk about the situation. However she did say she was trying to keep her mother from being hurt. Ms. McAdams reported that normally she is able to keep Lindsey away from the fighting by sending her to another room; however that evening she was not able to protect her from the
fighting. Ms. McAdams reports that Mr. Dutton and she fight a couple a times a week, often resulting in Mr. Dutton physically hurting her. Ms. McAdams during the interview had a black eye and a cut lip, both she reported were from physical assaults by Mr. Dutton. Ms. McAdams sustained the black eye during the altercation the previous night; the injury to her lip was during an argument last week. Ms. McAdams reports that the fighting has been occurring for approximately the past 4 ½ years. Ms. McAdams reports that due to an increase in the frequency of the fighting Lindsey has been more difficult to keep away from the fighting and has begun to attempt to intervene in an apparent effort to protect her mother.

Both Mr. Dutton and Ms. McAdams are not clear how Lindsey sustained her injuries. Both Mr. Dutton and Ms. McAdams report that this is the first time that Lindsey has ever been injured during an altercation. Mr. Dutton reports that the injuries to Lindsey were an accident and it appeared through his interview that he tended to blame Lindsey for the injuries, stating that “None of this would have happened if Lindsey would just have done what she was told”. Mr. Dutton reports that Lindsey is a difficult child and that she tends to get out of control. Mr. Dutton did appear to show some remorse regarding the injuries, stating that he was “sorry this whole thing happened.” It is unclear if the remorse is related to DCF involvement or the injuries incurred by Lindsey. Both parents appear to minimize the significance of the injuries.

Alcohol was a contributing factor in this incident. It also appears to be directly related to other instances where Mr. Dutton has assaulted Ms. McAdams. Both parents readily admit that most incidents of violence happen after Mr. Dutton has stopped off at the bar for a few drinks on the way home from work.

Analysis: Lindsey appears to have been injured after attempting to intervene in a family violence situation where Mr. Dutton assaulted Ms. McAdams. Lindsey describes herself as trying to protect her mommy. Lindsey has been attempting to intervene now that she has grown older. The family violence is occurring regularly in the home, two or three times a week, with increasing frequency and intensity. Alcohol is a contributing factor to the assaults by Mr. Dutton.

Interviews/Observations: Bill Dutton, Mary McAdams, Lindsey

**Related Extent of Maltreatment and Circumstances Surrounding Maltreatment Impending Danger Threats:**

Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Parent’s/Legal Guardian’s or Caregiver’s intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.
○ × Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.

○ × The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child’s physical health.

There are reports of serious harm and the child’s whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.

Parent/Legal Guardian or Caregiver is not meeting the child’s essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.

Other: Explain.

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

Child 1: Lindsey

Lindsey is a three year old only child of Mary McAdams and Bill Dutton. Lindsey primarily stays at home during the day with her mother; however her mother does report that she and Lindsey do interact with children while at the park. Ms. McAdams reports that those interactions appear to be good for Lindsey and she interacts well with the other children. During the interview with Lindsey she appeared to have some trouble communicating, and it was at times hard to understand her. Ms. McAdams confirmed that Lindsey does have a speech delay and that she and Lindsey’s doctor were aware of the delay and were considering a referral to a specialist if needed. Lindsey is very talkative despite her delay, and she presented as a friendly and interactive child. Ms. McAdams reports that Lindsey is overall physically healthy and, other than the speech delay, is developmentally appropriate.

Both Mr. Dutton and Ms. McAdams reported concerns regarding Lindsey’s current rise in temper tantrums, and Ms. McAdams reports Lindsey being overly clingy to her during their time together. Both report these behaviors as increasing over the past three months. Ms. McAdams in particular noted that she is having more and more difficulty controlling Lindsey during her tantrums. Typically Lindsey’s tantrums consist of uncontrollable screaming, throwing herself on the floor, kicking the floor, and not responding to parental requests. These tantrums have lasted up to 45 minutes in duration.
Lindsey's pediatrician, Dr. Yance confirms that Lindsey has been regularly seen in his office. She has received all of her required immunizations and well child check-ups. His only reported concerns are related to her speech which appears delayed. He did communicate his concern related to Lindsey's speech to her mother but is unaware of any follow up by either parent. Dr. Yance has not observed any indication of non-accidental injuries to Lindsey.

Analysis: Lindsey appears to be functioning at an age appropriate level with the exception of a possible speech delay. Based on interview and observation by social worker, Lindsey may be experiencing some reactions to the increasing arguing and violence in her home as evidenced by her increased clingy behavior and tantrums. These two things appear to be in direct correlation, and there is no other plausible explanation at this point.

Interviews: Bill Dutton, Mary McAdams, Lindsey, Dr. Yance.
Observation: Lindsey

---

## Child 2

### Related Child Functioning Impending Danger Threats:

Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

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Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe.

### Parent/Adult Functioning --

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

#### Parent/Caregiver 1: Mary McAdams

Ms. McAdams and Mr. Dutton have been in a relationship for the past five years. Ms. McAdams describes herself as a homemaker. The couple is not married; however they consider themselves husband and wife.

Ms. McAdams speaks highly of her relationship with Mr. Dutton. In particular when questioned regarding their initial relationship, Ms. McAdams describes Mr. Dutton as a nice man. Ms. McAdams reports feeling overwhelmed with her role in the home as the person primarily responsible. Ms. McAdams does not feel that she is able to manage her responsibilities because she is unorganized, both in how her home is physically organized.
as well as her ability to manage her time. She describes herself as often losing track of
time and finding that it is time for Mr. Dutton to return home before she is “ready.” She
reports that she isn’t sure where the time goes.

Ms. McAdams does not identify as having any close friendships or relationships with other
people and appears to lack a support network outside of Mr. Dutton. Ms. McAdams
reports that she did not know her father and that her mother passed away when she was
13. She spent her remaining childhood years with her maternal aunt, but that they do not
remain in communication today.

Ms. McAdams reports that her relationship with Mr. Dutton has been chronically
tumultuous. She describes them as having regular arguments for the past 4.5 years, up to
2-3 arguments a week. Ms. McAdams states that many of these arguments may be her
fault because she should just “keep her mouth shut.” Ms. McAdams reports that it is not
uncommon for the arguments to become physical, with Mr. Dutton being the aggressor, but
she could not report a regular frequency. The last time an argument became physical was
last week. Ms. McAdams reports that on that occasion her lip was split when Mr. Dutton
slapped her.

Ms. McAdams reports that she has not ever told anyone about the family violence. She is
not sure who she would tell as Mr. Dutton is the only adult she speaks to on a regular
basis. Ms. McAdams reports that she is vaguely aware that there are community
resources that can assist spouses who are battered but she is not certain she would “meet”
this criterion and is very unclear about how one would access these services.

Ms. McAdams reports that she is not involved in any outside groups or activities. She
briefly discussed attending a neighborhood church but Mr. Dutton told her he was too tired
to go to Sunday morning services. Ms. McAdams reports that she did not consider the
possibility of her and Lindsey attending services by themselves. Ms. McAdams reports her
social isolation is a result of Mr. Dutton thinking she should spend more time at home,
“cleaning and cooking”.

Mr. Dutton describes Ms. McAdams as “slipping in her responsibilities.” And as a
justification of this description waves his hand around the apartment to indicate that it is in
disarray. He expresses frustration that all Ms. McAdams has to do is manage the
household and that she, in his opinion, is unable to do so. Worker’s observation of the
apartment revealed a state of limited clutter but not a household that was clearly uncared
for on a regular basis.

Lindsey describes her mom as “nice.” She knows her mom is happy when she smiles and
that she is unhappy or afraid when she cries. Lindsey reports her mom is usually unhappy.

Mary is observed during home contacts to dress casually with basic hygiene skills intact.
Ms. McAdams reports only the occasional use of alcohol, only when she and Mr. Dutton are able to go out for a night by themselves. She cannot remember the last time they were able to go out as a couple or the last time she had a drink.

Ms. McAdams describes her mood as “OK.” She describes herself as neither very happy nor very sad, just that “this is my life and that is that.”

Analysis: From interviews and observations Ms. McAdams presents as fairly isolated and lonely. She has no outside contacts, supports, or friends. She presents as unaware of any kind of resources in the community that might be of assistance to her or her family. Her isolation is caused, at least in part, by Mr. Dutton wanting her to stay home. Ms. McAdams is a victim of physical and verbal assaults by Mr. Dutton. She is literally unaware of how to improve any aspect of her life.

Interviews: Mary McAdams, Bill Dutton, Lindsey
Observation: Mary McAdams

Parent/Caregiver 2: Bill Dutton

Mr. Dutton works five days a week as a cable TV installation specialist. He describes his job as stressful as orders can back up or come in at the end of the day. Mr. Dutton expresses some frustration at his inability to control the flow of work he is responsible to complete on any given work day. Mr. Dutton does indicate there can be “side benefits” to the job, describing this is how he met Mary. He offered her additional free movie channels and she then agreed to go on a date with him.

Mr. Dutton states that in order to deal with the stress of his job he will on occasion, 2-3 times a week, stop at the local bar. When asked about the pattern or length of time he might spend at the bar, he states he just has a beer or two, but he can’t be hanging out at the bar because he has a family.

Mr. Dutton views taking care of his family as a primary responsibility, however he notes that he at times feels dissatisfied with the condition of the home. He does not view any of the household responsibilities as his. Mr. Dutton expects Ms. McAdams to stay home to cook and clean. His overall demeanor presents as though he wants her to stay home and not be out with friends or family.

Mr. Dutton reports that basically he is either at work or at home with brief visits to the neighborhood bar. He describes his time at home as mostly watching sports, sleeping, or having meals. He states that he and Ms. McAdams really don’t do much as a couple because they have a child and need to be home with her. Mr. Dutton reports that he has some friends through work and that he uses his time at the bar as his way of “relaxing.” There does appear to be a pattern to the use of alcohol and the family violence that occurs
in the home. Ms. McAdams does report that often when they fight it is on the same nights that Mr. Dutton has had a bad day and has stopped at the bar on the way home to try to “unwind.”

Mr. Dutton is not close with his family and does not see them as a support to him. He reports that although his father was around he didn’t really “know him.” He describes his mother as a weak person who exhibited poor judgment. He was not willing to discuss what poor decisions she made in her life.

Mr. Dutton was generally defensive in regards to his relationship with Ms. McAdams, in particular regarding the “fighting” in the home. Mr. Dutton does not view the fighting as a concern in the home or in his relationship with Ms. McAdams. He stated that the injuries that Ms. McAdams sustained during the most recent incident were accidental and that their arguments are not typically physical. Mr. Dutton says he isn’t one of “those guys that beat up on women.”

Ms. McAdams reports that Mr. Dutton is a good guy who can be nice, however she is hard pressed to provide examples of how he is a good guy or nice, apart from when he offered her free movie channels when they met.

Ms. McAdams reports that Mr. Dutton has a stressful job and that he is doing the best he can.

Lindsey showed hesitancy when discussing her father. She said he is happy when he is watching the Packers and that when he is mad he is loud.

Mr. Dutton was observed to be articulate. He was seen while leaving work and was attired in his uniform. Mr. Dutton does smoke, however reports that he does not smoke in the house and that he views smoking as a way to calm himself down.

Worker Analysis: Mr. Dutton presents as the head of his household and views his role within the family as one of providing monetarily for his family. Mr. Dutton was not able to identify coping mechanisms, other than smoking, that did not contain violence or escalatory behavior. Mr. Dutton was disengaged in the conversation regarding his violence and does not present as having self-awareness in regards to his actions and the affects of his actions on his family. Mr. Dutton regularly engages in drinking, which contributes to his assaults on Ms. McAdams. Mr. Dutton limits Ms. McAdams’ ability to engage socially by expecting her to always be at home.

Interviews: Mary McAdams, Bill Dutton, Lindsey

Observation: Bill Dutton
Related Adult Functioning Impending Danger Threats:
Based on case information specific to the Adult Functioning domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

Yes  No  
×  O  
Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.

Parenting –
General – What are the overall, typical, parenting practices used by the parents/legal guardians? Upbringing and influence on parenting.
6. Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians and under what circumstances?

Parent/Legal Guardian 1: Mary McAdams

Ms. McAdams is the primary caregiver within the household. Lindsey is the only child for both Mr. Dutton and Ms. McAdams.

Ms. McAdams speaks fondly of Lindsey, however at times reports being frustrated with Lindsey and her tantrums. Her frustration typically plays out in her simply ignoring the tantrums rather than dealing with them directly.

Ms. McAdams enjoys the time she spends with Lindsey, however she was not able to articulate what those times look like or what she enjoys about her time with Lindsey. She describes the biggest challenges of parenting Lindsey as the recent issues with Lindsey’s behavior. Overall Ms. McAdams reports she enjoys being a mom, however lately Lindsey’s tantrums have caused her to be upset because she does not understand the meaning or cause of Lindsey’s behaviors. Ms. McAdams feels that at times she has difficulty being emotionally available for Lindsey; however she does state that she is able to meet Lindsey’s basic needs. Ms. McAdams reports that parenting Lindsey is not what she thought parenting might be like. She had expected that parenting would be more rewarding and that the parenting experience would be one that she shared with another person more that she has with Mr. Dutton.

Ms. McAdams stated that she is “emotionally drained” because of the assaults and constant arguments with Mr. Dutton. This lack of emotion is affecting Ms. McAdams’ ability to appropriately parent Lindsey and keep her safe. She isn’t able to give her the time and attention she needs because she is too preoccupied with the violence perpetrated by Mr. Dutton.

Ms. McAdams reports that she is aware there are services that could assist in assessing and possibly helping Lindsey’s apparent speech delay, but she is not sure how to go about accessing those services and is unclear of the next step in finding assistance for Lindsey beyond basic medical care.
Mr. Dutton describes Ms. McAdams as a “good mother” but then goes on to describe how he generally believes that if Ms. McAdams was more effective as a parent that Lindsey would be a “better” child. When asked for further examples, Mr. Dutton merely stated that if Ms. McAdams was doing her job as a mother it would not be necessary for him to “step in.”

Lindsey reports that she loves her mom and her mom “takes care of her.” She describes activities they do together as going to the park and watching movies.

Worker observed Lindsey to regularly approach Ms. McAdams to express needs such as food, water, help with a button, etc. while in the home. Lindsey showed no hesitation in approaching her mother.

Analysis: Based on interviews and observations it appears that Ms. McAdams finds some satisfaction in the parenting role, but she realizes that her emotional state may be impacting her effectiveness as a parent. Ms. McAdams is quick to meet Lindsey’s physical needs but does not appear as able to interpret her emotional, developmental, and safety needs.

**Interviews:** Mary McAdams, Bill Dutton, Lindsey

**Observation:** Mary McAdams and Lindsey

**Parent/Legal Guardian 2: Bill Dutton**

Mr. Dutton is the primary provider concerning monetary means in the household. His only child is Lindsey. Mr. Dutton doesn’t see his position in the family as one of a caretaker. He expects Ms. McAdams to do the direct caretaking of Lindsey whenever possible. However, Mr. Dutton does realize that Lindsey cannot care for herself, so he does not leave her unattended. Mr. Dutton does not partake in any sort of domestic duties. The cooking, cleaning, and parenting of Lindsey are completed by Ms. McAdams.

Mr. Dutton reports being happy about being a father, but he isn’t able to describe Lindsey in any detail, simply stating that, “Linds is Linds.” His time with Lindsey is confined to joint time as a whole family. Mr. Dutton does not seek out alone time with Lindsey.

Lindsey reports that she loves her father, but she is not able to articulate anything fun that they do together.

Mr. Dutton perpetrates physical and verbal violence towards Ms. McAdams on a regular basis, up to three times per week. Lindsey is occasionally involved in these situations, ultimately risking her safety.
Mr. Dutton often times stops at the bar on the way home from work instead of coming home to assist Ms. McAdams with parenting Lindsey. Mr. Dutton’s alcohol use contributes to his violence in the home and affects Lindsey in a negative and harmful way.

Analysis: Based on interviews and observations it is clear that Mr. Dutton is not involved in the daily parenting of Lindsey. He is a parent in name only. His violent behavior and drinking of alcohol has a negative effect on Lindsey, to the extent that she is in danger around him.

**Interviews:** Mary McAdams, Bill Dutton, Lindsey

**Observation:** Bill Dutton.

**Parent/Legal Guardian 1: Mary McAdams**

Both Mr. and Ms. McAdams identify that Ms. McAdams is the primary caregiver to Lindsey. Ms. McAdams reports that she primarily uses yelling to get compliance from Lindsey. Physical discipline is not used by Ms. McAdams as a form of discipline. Ms. McAdams states that she feels overwhelmed with disciplining Lindsey which often leads to her being inconsistent and yelling. Ms. McAdams appears at a loss when asked about her reasoning or goal in disciplining Lindsey. Mr. Dutton views Ms. McAdams’ discipline as too lenient.

Social worker did observe Ms. McAdams to send Lindsey to her room on one occasion; however this appeared to be more about having privacy to discuss assessment with worker. When Lindsey began to get loud and demanding in worker’s presence, Ms. McAdams tried to ignore her and eventually turned on a movie for Lindsey to watch.

Lindsey did not provide much detail about discipline. She did describe her mother sending her to her room, but it seemed that the time she spends in her room is inconsistent. Lindsey described being yelled at when she does something that bothers her mother.

Analysis: Based on interviews and observations it appears that Mr. McAdams does not approach discipline in a thoughtful or planful manner. Her approach to discipline is primarily based on stopping a behavior once she can no longer personally endure. Ms. McAdams does not describe discipline with any intention of teaching or development.

**Interviews:** Mary McAdams, Bill Dutton, Lindsey

**Observation:** Mary McAdams and Lindsey

6. **Parent/Legal Guardian 2: Bill Dutton**

Both Mr. and Ms. McAdams identify that Ms. McAdams is the primary caregiver to Lindsey. Mr. Dutton describes himself as primarily avoiding disciplining Lindsey, however when he does discipline her, it is to teach her “right from wrong.” However Mr. Dutton is unable to
describe how this teaching occurs outside the use of threats, intimidation, and at times physical action.

Ms. McAdams views Mr. Dutton’s discipline as too harsh. Ms. McAdams was not able to give descriptions of Mr. Dutton’s discipline when asked.

Lindsey did not appear comfortable in discussing discipline she receives from her father. She said she is “afraid” when she gets in trouble and her father is home.

Analysis: Based on interviews and observations it is evident that Mr. Dutton avoids discipline, much as he does his other parenting duties. When he does discipline it is self-serving rather than in a meaningful and productive way.

Interviews: Mary McAdams, Bill Dutton, Lindsey

**Related Parenting-General and Parenting-Discipline/Behavior Management Danger Threats:**

Based upon case information specific to the Parenting General and Parent Discipline Assessment Area, indicate Yes, impending Danger exists or No, Impending Danger does not exist.

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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>☒ × Parent/Legal Guardian or Caregiver is not meeting child’s basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.</td>
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<tr>
<td>☒ × Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.</td>
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<tr>
<td>☒ × Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND parent/legal guardian or caregiver behavior is indicative of the child being seriously harmed emotionally and/or the child has been seriously harmed or will likely be seriously harmed.</td>
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</table>
## SECTION B: PARENT/LEGAL GUARDIAN CAREGIVER PROTECTIVE CAPACITIES ANALYSIS

<table>
<thead>
<tr>
<th>Parent/Legal Guardian Protective Capacity</th>
<th>Parent/Legal Guardian #1: Mary</th>
<th>Parent/Legal Guardian #2: Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Controls impulses</td>
<td>×</td>
<td>0</td>
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<tr>
<td>Takes action</td>
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<tr>
<td>Sets aside own needs for child</td>
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<td>Demonstrates adequate skills</td>
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<td>Adaptive as a parent/legal guardian</td>
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<td>0</td>
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<tr>
<td>History of protecting</td>
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<tr>
<td>Is self-aware</td>
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<tr>
<td>Is intellectually able</td>
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<td>Recognizes threats</td>
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<tr>
<td>Recognizes child’s needs</td>
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<td>0</td>
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<tr>
<td>Understands protective role</td>
<td>0</td>
<td>×</td>
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<tr>
<td>Plans and articulates plans for protection</td>
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<tr>
<td>Meets own emotional needs</td>
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<td>Is resilient</td>
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<td>Is tolerant</td>
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<tr>
<td>Expresses love, empathy, sensitivity to the child</td>
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<tr>
<td>Is stable</td>
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<tr>
<td>Is positively attached with child</td>
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<tr>
<td>Is aligned and supports the child</td>
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**Parent/Legal Guardian Protective Capacity Determination Summary:**

- Protective capacities are sufficient to manage identified threats of danger in relation to child’s vulnerability.
- × Protective capacities are not sufficient to manage identified threats of danger in relation to the child’s vulnerability.
SECTION C: CHILD SAFETY DETERMINATION AND SUMMARY

At the completion of the investigation and assessment, based upon the information currently available, reviewed, collected, assessed and analyzed:

<table>
<thead>
<tr>
<th>Child 1:</th>
<th>Safe – No impending danger safety threats that meet the safety threshold. Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.</th>
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<tbody>
<tr>
<td>× Unsafe</td>
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<table>
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<tr>
<th>Child 2:</th>
<th>Safe – No impending danger safety threats that meet the safety threshold. Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.</th>
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<td>☐ Unsafe</td>
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Child Safety Analysis Summary:

Mr. Dutton's violence is out of control and poses danger to Lindsey's safety. Lindsey is a three year old vulnerable child. She is unable to protect herself. The violence that Mr. Dutton perpetrates against Ms. McAdams occurs in the home, where Lindsey resides. Lindsey is often present and has recently attempted to intervene to protect her mother. The violence has been increasing in intensity and frequency, and there is no reason to believe that it will get better without immediate intervention. Ms. McAdams does not possess the protective capacities necessary to keep Lindsey safe.

IF CHILD(REN) ARE ASSESSED AS UNSAFE, PROCEED TO SECTION D TO DETERMINE IF CHILD MAY REMAIN IN THE HOME WITH AN IN-HOME SAFETY PLAN. This may be non-judicial or judicial.
### SECTION D: SAFETY ANALYSIS AND PLANNING

<table>
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<th>Yes</th>
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If “Yes” to all of SECTION F above – Child will remain in the home with an In-Home Safety Plan

X The child(ren) is/are “Conditionally Safe” (Unsafe, but a Safety Plan is executed which allows a child to remain in the home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.)

A safety plan must be implemented, monitored, and actively managed by the department. The case will be opened for safety management and case management services.

If “No” to any of SECTION F above – out of home placement is the only protective intervention possible for one or more children.

**Out-of-home safety plan**

The case will be open for safety management, case management, and reunification services.

If an Out-of-home Placement is necessary, summarize reason for removal and conditions for return. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated over time to sufficiently address the impending danger and allow for the child to safely return home.
Module 2 ~ Caregiver Protective Capacities

Display PPT 12 Title

This slide is intended to orient participants to the next session

Background Knowledge/Experience

Prior to beginning instruction for this module, relate the module goal to the learners’ job, emphasizing the importance and “need to know.”

Materials

♦ PG1-6 Caregiver Protective Capacities Reference
♦ Chapter 39, Florida Statutes
♦ PPT 12 Title Definition of Caregiver Protective Capacities
♦ PPT 13 Objectives
♦ PPT 14 Definition of Caregiver Protective Capacities
♦ PPT 15 Reference Handout
♦ PPT 16 Behavioral Caregiver Protective Capacities
♦ PPT 18 Emotional Caregiver Protective Capacities
♦ PPT 17 Cognitive Caregiver Protective Capacities
♦ PPT 19 Caregiver Protective Capacities- Discussion
♦ PPT 20 The Child Safety Determination
♦ PPT 21 Justifying Safety Decision Making
♦ PPT 22 Conclusion
The concept of caregiver protective capacities is fundamental to the safety decision and the basis for treatment interventions in ongoing and foster care. Caregiver protective capacities is applied in practice:

- To give better clarification about the meaning of the concept as it relates to the Child Safety Definition. (A matter of importance)
- To give better clarification about the meaning of the concept as it relates to the assessment of the caregivers’ capacity to act as a protective parent: “Can and Will Protect” in the safety analysis and plan.
- To inform what ongoing case plan interventions must target for change
- CPI investigators are responsible for determining whom to serve based on safety. CPI investigators collect the information that will be used to determine child safety.

This is the same information that will be used to inform the case manager’s development of the FFA Ongoing.

- Investigators are responsible for identifying the specific impending danger threats in families that must be controlled and managed.
- Investigators are responsible for assessing existing and diminished caregiver protective capacities.

The impending danger and existing and diminished caregiver protective capacities identified during the FFA will directly be used/referenced in conversation during the Family Functioning Assessment/ Ongoing Family Functioning Assessment and will inform what must change.
This slide provides the definition of caregiver protective capacities.

Notice that caregiver characteristics are identified that are very specific with respect to how they contribute to being protective. For those of you who are parents, consider yourself for a moment:

- What characteristics, qualities, “strengths” do you possess that enable you to keep your children safe?
- What differentiates you from the caregivers DCF serves?
- What keeps your children from coming into the system?

Protective capacities are finite. There are not an infinite number of personal or parenting characteristics that apply to being protective. We can observe and know about these, can single them out so that we can work with caregivers to address them. Protective capacities as a concept provide specific direction and approaches for what must be addressed in a treatment plan.

**Read the definition of caregiver protective capacities to the participants.**

**Ask:**

- What do participants notice about this definition?
- Why is it important that the slide emphasizes “specifically and directly” related to protectiveness?
- What are the implications for the safety decision and case planning?

Refer back to participants to **PG 1 The Caregiver Protective Capacity Definition**

- Inform participants that there are three dimensions of caregiver protective
Capacities: cognitive protective capacities, emotional protective capacities and behavioral protective capacities.

- Inform participants that the handout identifies protective capacities, defines each and provides examples.
- It is not known whether this can be considered an all-inclusive list. Our current continuing research concerned with protective capacities has found no others that can be clearly qualified.

Criteria for Determining Caregiver Protective Capacities

- The characteristic prepares the person to be protective.
- The characteristic enables or empowers the person to be protective.
- The characteristic is necessary or fundamental to being protective.
- The characteristic must exist prior to being protective.
- The characteristic can be related to acting or being able to act on behalf of a child.

- Display PPT 15 Reference Handout

- Refer back to PG 1

- Provide participants a few minutes to review each of the three categories of the protective capacities as you display the slide.
- Read each slide out loud.
- Review some of the examples and provide time for the participants to make comments, observations and ask questions.
Display PPT 16 Behavioral Protective Capacity

Refer participants to the behavioral section PG 1-2 (TG 8-9)

Here we see specific activities being accomplished. These characteristics are readily observable. This includes an established history of behavior that is protective. Even though we focus on what is going on now, we remain interested in past performance.

What does it take action? It takes energy and health, robustness, spontaneity, execution. Behavior that is linked to planning and initiative is a behavioral protective capacity.

Emphasize: This may be related to a caregiver’s ability to control their impulses - set his/her own needs aside in favor of the child’s needs.

Display PPT 17 Cognitive Protective Capacity

Refer participants to the cognitive section PG 3-4 (TG 10-11)

The ability to think clearly, problem solve and have specific knowledge of parenting is part of the cognitive protective capacity.
♦ Cognitive protective capacity should be observation and easy to describe.
♦ This is about mental capacity that empower a person to take responsibility and action.
♦ While values and beliefs likely have an emotional component, we place them within the cognitive domain since they represent more of strength to the extent a person is aware of them and makes decisions about their importance.
♦ You can see from the handout that the cognitive protective capacity has to do with someone’s thinking capacity, his or her perceptions and reality orientation. In other words, a caregiver’s thought process.

  ? Can you think of more cognitive capacities that apply to protectiveness? Remember this is the capacity that includes “being alert” to danger.

♦ Display PPT 18 Emotional Protective Capacity

![Emotional Protective Capacity]

Refer participants to the emotional section PG 5-6 (TG 12-13)

  ? What difference is most apparent in this capacity compared to the other two?
♦ Emotional protective capacities seem more personal as if it applies to the very nature of who the person is; this might be the instinctual side of protectiveness. This capacity is linked to the sense that a parent holds special values of the importance and meaning the child has for them and the extent to what they are willing to do for the child.
♦ Emotional protective capacities have to do with the emotional bond and attachment that inherently motivates a caregiver to be protective.
♦ Most parents we work with express a love for their children, but we need to
understand the nature of this attachment.

♦ Certainly coping can be influenced by and displayed within the cognitive and behavioral domains, but we place it here because the motivation and energy behind coping is mostly influenced by emotion.
Caregiver Protective Capacity Reference
Assessing & Enhancing Caregiver Protective Capacities

Adapted for Florida Safety Decision Making Methodology

### Behavioral Protective Capacity

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

#### Adult Functioning

<table>
<thead>
<tr>
<th>The caregiver takes action.</th>
<th>Takes Action- This refers to a person who is action oriented as a human being, not just a caregiver.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- People who perform when necessary.</td>
</tr>
<tr>
<td></td>
<td>- People who proceed with a course of action.</td>
</tr>
<tr>
<td></td>
<td>- People who take necessary steps.</td>
</tr>
<tr>
<td></td>
<td>- People who are expedient and timely in doing things.</td>
</tr>
<tr>
<td></td>
<td>- People who discharge their duties.</td>
</tr>
</tbody>
</table>

**Physically Able-** This refers to people who are sufficiently healthy, mobile and strong.

- People who can chase down children.
- People who can lift children.
- People who are able to restrain children.
- People with physical abilities to effectively deal with dangers like fires or physical threats.
- People who are rested or able to overcome being tired.

**Assertive and Responsive-** This refers to being positive and persistent.

- People who are firm and convicted.
- People who are self-confident and self-assured.
- People who are secure with themselves and their ways.
- People who are poised and certain of themselves.
- People who are forceful and forward.

<table>
<thead>
<tr>
<th>The caregiver demonstrates impulse control.</th>
<th>This refers to a person who is deliberate and careful, who acts in managed and self-controlled ways.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- People who do not act on their urges or desires.</td>
</tr>
<tr>
<td></td>
<td>- People that do not behave as a result of outside stimulation.</td>
</tr>
<tr>
<td></td>
<td>- People who avoid whimsical responses.</td>
</tr>
<tr>
<td></td>
<td>- People who think before they act.</td>
</tr>
<tr>
<td></td>
<td>- People who are planful.</td>
</tr>
</tbody>
</table>

### General Parenting and Discipline

<table>
<thead>
<tr>
<th>History of Protecting.</th>
<th>This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- People who’ve raised children (now older) with no evidence of maltreatment or exposure to danger.</td>
</tr>
<tr>
<td>The caregiver sets aside her/his needs in favor of a child.</td>
<td>This refers to people who can delay gratifying their own needs, who accept their children’s needs as a priority over their own.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>• People who’ve protected his or her children in demonstrative ways by separating them from danger, seeking assistance from others or similar clear evidence.</td>
<td>• People who do for themselves after they’ve done for their children.</td>
</tr>
<tr>
<td>• Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.</td>
<td>• People who sacrifice for their children.</td>
</tr>
<tr>
<td>• People who can wait to be satisfied.</td>
<td>• People who seek ways to satisfy their children’s needs as the priority.</td>
</tr>
<tr>
<td>• People who do for themselves after they’ve done for their children.</td>
<td></td>
</tr>
<tr>
<td>• People who can feed, care for, supervise children according to their basic needs.</td>
<td></td>
</tr>
<tr>
<td>• People who can handle, manage, oversee as related to protectiveness.</td>
<td></td>
</tr>
<tr>
<td>• People who can cook, clean, maintain, guide, shelter as related to protectiveness.</td>
<td></td>
</tr>
<tr>
<td>The caregiver has/ demonstrates adequate skill to fulfill caregiving responsibilities</td>
<td>This refers to the possession and use of skills that are related to being protective.</td>
</tr>
<tr>
<td>The caregiver is adaptive as a caregiver.</td>
<td>This refers to people who adjust and make the best of whatever caregiving situation occurs.</td>
</tr>
<tr>
<td>• People who sacrifice for their children.</td>
<td>• People who are flexible and adjustable.</td>
</tr>
<tr>
<td>• People who can wait to be satisfied.</td>
<td>• People who accept things and can move with them.</td>
</tr>
<tr>
<td>• People who seek ways to satisfy their children’s needs as the priority.</td>
<td>• People who are creative about caregiving.</td>
</tr>
<tr>
<td>• People who can feed, care for, supervise children according to their basic needs.</td>
<td>• People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.</td>
</tr>
</tbody>
</table>
### Cognitive Protective Capacity

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

<table>
<thead>
<tr>
<th>Adult Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The person is self-aware as a caregiver.</strong></td>
</tr>
<tr>
<td><strong>The caregiver is intellectually able/capable.</strong></td>
</tr>
<tr>
<td><strong>The caregiver recognizes and understands threats to the child.</strong></td>
</tr>
<tr>
<td><strong>General Parenting and Discipline</strong></td>
</tr>
</tbody>
</table>

#### Self-aware
- People who understand the cause – effect relationship between their own actions and results for their children.
- People who are open to who they are, to what they do and to the effects of what they do.
- People who think about themselves and judge the quality of their thoughts, emotions and behavior.
- People who see that the part of them that is a caregiver is unique and requires different things from them.

#### Adequate Knowledge to Fulfill Caregiving Duties
- People who know enough about child development to keep kids safe.
- People who have information related to what is needed to keep a child safe.
- People who know how to provide basic care which assures that children are safe.

#### Recognizes Threats
- People who describe life circumstances accurately.
- People who recognize threatening situations and people.
- People who do not deny reality or operate in unrealistic ways.
- People who are alert to danger within persons and the environment.
- People who are able to distinguish threats to child safety.

#### Accurate Perceptions of the Child
- People who know what children of a certain age or with particular characteristics are capable of.
- People who respect uniqueness in others.
- People who see a child exactly as the child is and as others see the child.
- People who recognize the child’s needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why.
- People who see and value the capabilities of a child and are sensitive to difficulties a child experiences.
- People who appreciate uniqueness and difference.
- People who are accepting and understanding.
<table>
<thead>
<tr>
<th>The caregiver understands his/her protective role.</th>
<th>This refers to awareness...knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People who possess an internal sense and appreciation for their protective role.</td>
<td></td>
</tr>
<tr>
<td>• People who can explain what the “protective role” means and involves and why it is so important.</td>
<td></td>
</tr>
<tr>
<td>• People who recognize the accountability and stakes associated with the role.</td>
<td></td>
</tr>
<tr>
<td>• People who value and believe it is his/her primary responsibility to protect the child.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The caregiver plans and articulates a plan to protect the child.</th>
<th>This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People who are realistic in their idea and arrangements about what is needed to protect a child.</td>
<td></td>
</tr>
<tr>
<td>• People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child.</td>
<td></td>
</tr>
<tr>
<td>• People who are aware and show a conscious focused process for thinking that results in an acceptable plan.</td>
<td></td>
</tr>
<tr>
<td>• People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.</td>
<td></td>
</tr>
<tr>
<td>Emotional Protective Capacity</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td><em>Specific feelings, attitudes, identification with a child and motivation that results in parenting and protective vigilance.</em></td>
<td></td>
</tr>
</tbody>
</table>

### Adult Functioning

<table>
<thead>
<tr>
<th>The caregiver is able to meet own emotional needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.</td>
</tr>
<tr>
<td>- People who use personal and social means for feeling well and happy that are acceptable, sensible and practical.</td>
</tr>
<tr>
<td>- People who employ mature, adult-like ways of satisfying their feelings and emotional needs.</td>
</tr>
<tr>
<td>- People who understand and accept that their feelings and gratification of those feelings are separate from their child.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The caregiver is resilient as a caregiver.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This refers to responsiveness and being able and ready to act promptly.</td>
</tr>
<tr>
<td>- People who recover quickly from setbacks or being upset.</td>
</tr>
<tr>
<td>- People who spring into action.</td>
</tr>
<tr>
<td>- People who can withstand.</td>
</tr>
<tr>
<td>- People who are effective at coping as a caregiver.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The caregiver is stable and able to intervene to protect the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable- This refers to mental health, emotional energy and emotional stability.</td>
</tr>
<tr>
<td>- People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately.</td>
</tr>
<tr>
<td>- People who are not consumed with their own feelings and anxieties.</td>
</tr>
<tr>
<td>- People who are mentally alert, in touch with reality.</td>
</tr>
<tr>
<td>- People who are motivated as a caregiver and with respect to protectiveness.</td>
</tr>
</tbody>
</table>

### General Parenting and Discipline

<table>
<thead>
<tr>
<th>The caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This refers to active affection, compassion, warmth and sympathy.</td>
</tr>
<tr>
<td>- People who fully relate to, can explain and feel what a child feels, thinks and goes through.</td>
</tr>
<tr>
<td>- People who relate to a child with expressed positive regard and feeling and physical touching.</td>
</tr>
<tr>
<td>- People who are understanding of children and their life situation.</td>
</tr>
</tbody>
</table>
| **The caregiver is tolerant as a caregiver.** | This refers to acceptance, allowing and understanding, and respect.  
- People who can let things pass.  
- People who have a big picture attitude, who don’t overreact to mistakes and accidents.  
- People who value how others feel and what they think. |
| --- | --- |
| **The caregiver is positively attached to the child.** | This refers to a strong attachment that places a child’s interest above all else.  
- People who act on behalf of a child because of the closeness and identity the person feels for the child.  
- People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.  
- People whose closeness with a child exceeds other relationships.  
- People who are properly attached to a child. |
| **The caregiver supports and is aligned with the child.** | **Supports** - This refers to actual, observable sustaining, encouraging and maintaining a child’s psychological, physical and social well-being.  
- People who spend considerable time with a child filled with positive regard.  
- People who take action to assure that children are encouraged and reassured.  
- People who take an obvious stand on behalf of a child.  
**Aligned** - This refers to a mental state or an identity with a child.  
- People who strongly think of themselves as closely related to or associated with a child.  
- People who think that they are highly connected to a child and therefore responsible for a child’s well-being and safety.  
- People who consider their relationship with a child as the highest priority.  
**Displays Concern for the child** - This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.  
- People who show compassion through sheltering and soothing a child.  
- People who calm, pacify and appease a child.  
- People who physically take action or provide physical responses that reassure a child, that generate security. |
♦ The least intrusive response to controlling and managing impending danger involves the decision regarding whether a non-maltreating caregiver can protect a child.

♦ If there is a non-maltreating caregiver who has sufficient caregiver protective capacities to manage impending danger, then the FFA decision is that children are safe.

♦ **Therefore the implication for the investigator is clear...the evaluation of a non-maltreating caregiver’s capacity and willingness to protect the child must be highly rigorous and thorough. The same rigor that goes into the identification of impending danger must also apply to the identification of existing or diminished caregiver protective capacities.**

♦ While this is a viable and most appropriate option in some cases, this response to safety management requires careful scrutiny.

♦ **A caregiver’s word is regarding their protective capacities is insufficient. Protective capacities must be observed and documented.**

♦ Consistent with fully accepting DCF responsibility for safety management, the analysis of this option must be such that it results in a high degree of confidence about the caregiver’s intention and capacity.

♦ The question here basically is concerned with the concept of Protective Capacities.

  ? Remember the definition for child safety is the absence of threats
or sufficient caregiver protective capacity to protect the child.

- Protective capacities related to whether the non-maltreating or some other adult who is living in the home can and will protect a child. Specifically: (1) capacity (2) willingness and (3) believability.
  - Does the person in question possess the physical and mental tools to assure that a child will be protected?
  - Will they commit to the task?
  - And...do you believe that they are able and will carry out the responsibility?

- This evaluation requires justification for the answers to the above questions. How can one be certain that a “yes” answer can be relied upon?

Topic ~ The Child Safety Determination

- Display PPT 20 Assessment for Dutton McAdams Case

- This next exercise involves evaluating caregiver protective capacities in the Dutton-McAdams case and making a child safety determination.

- For this exercise, participants will continue to use their Dutton-McAdams FFA and the Caregiver Protective Capacity Definitions.

- Remind participants that we had already identified a danger threat in the Dutton-McAdams case.

  Identify for the participants the correlation to the danger threat with applicable protective capacities on their Danger Threats Guide.
♦ Have participants review the FFA documentation and the identified impending danger threats.

♦ After reviewing the information on the case, participants will evaluate caregiver protective capacities for the father, Bill, and the mother, Mary.

♦ Inform participants that as they evaluate caregiver protective capacities for the mother, they will be considering her capacity and willingness to protect Lindsey.

♦ Guide participants through each of the caregiver protective capacities, start with Bill Dutton and then proceed to identifying CPC’s for Mary.

♦ Have participants identify which CPC they believe, based upon the information is present, absent or unknown. Have participants qualify their responses using the information provided.

♦ Encourage participants to reconcile the information to justify their identification of the caregiver protective capacity.

♦ Encourage participants to be behaviorally specific in their identification of CPC’s.

♦ After identifying the caregiver protective capacities for both Mary and Bill, ask the group what they believe the safety determination for Lindsey is, safe or unsafe?

  ? Ask participants if they view the mother as a non-maltreating caregiver.

    ▪ It is likely that some participants may not feel that Mary is a non-maltreating caregiver because of Lindsey’s continued exposure to the violence.

♦ Be prepared to challenge participants regarding the implications for Mary being a victim as well in relationship to the maltreatment.

  ? Do participants feel that Mary can and will be able to protect Lindsey from the impending danger? Rationale?

♦ Describe to the participants how Lindsey is unsafe, using the identified danger threat and the correlation to the diminished caregiver protective capacities.
End the debriefing with reconfirming that **the child is unsafe** and that the **diminished caregiver protective capacities** identified at the conclusion of the FFA will be the focus for **what must change**, and will be the basis for conservations that occur during the ongoing family functioning assessment.

**Topic ~ Conclusion**

Display PPT 21

- Inform participants that we will be, in the next Module focusing our attention on how to control impending danger through the use of a safety plan.
- Have participants consider how plans at impending danger might look different than those that they developed at present danger as we proceed to safety planning for impending danger.