Safety Planning Power Point Slides

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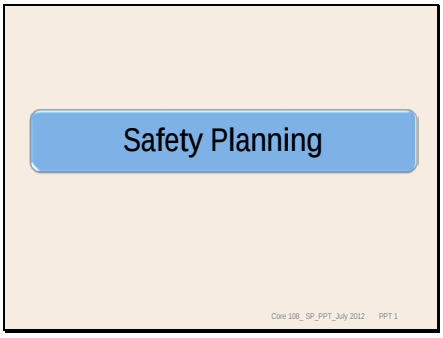

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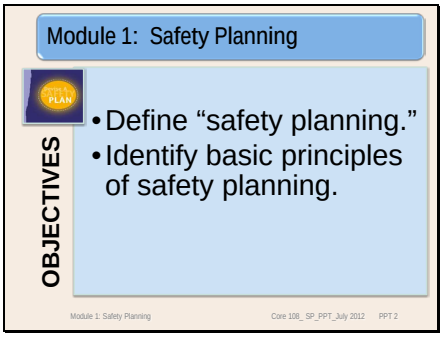

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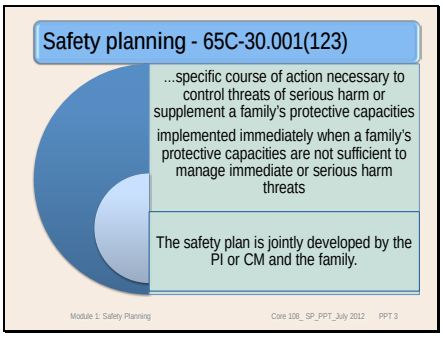

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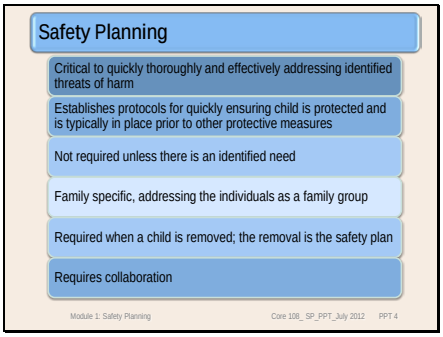

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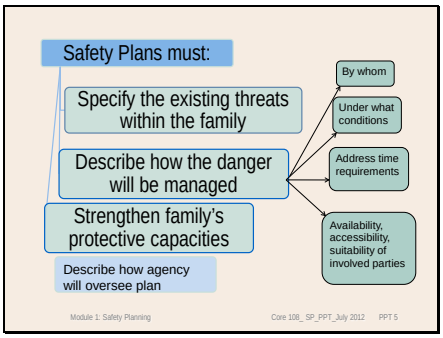

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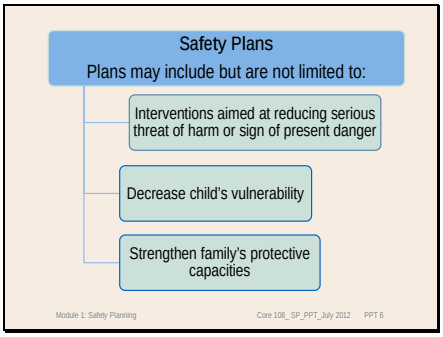

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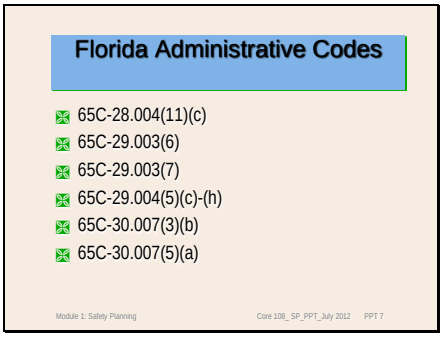

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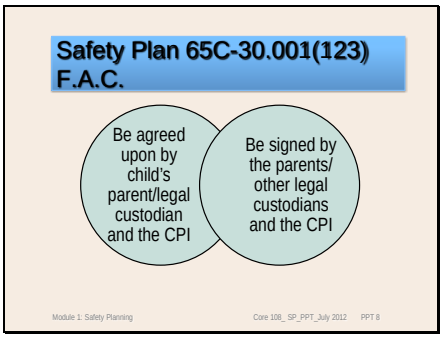

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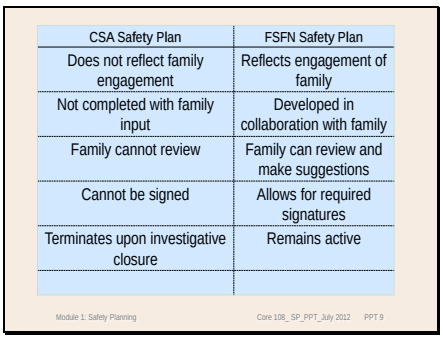

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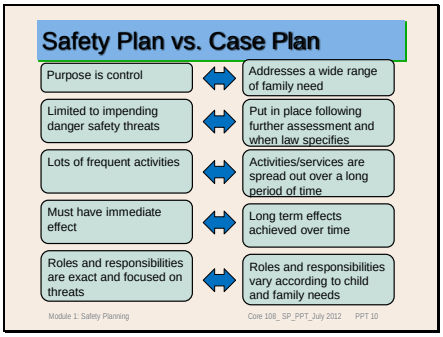

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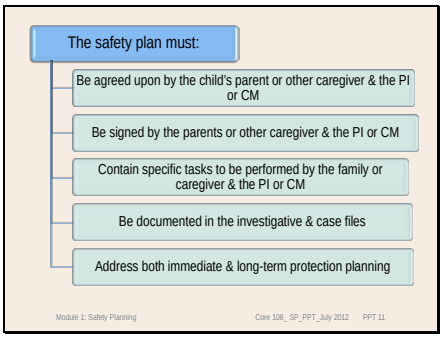

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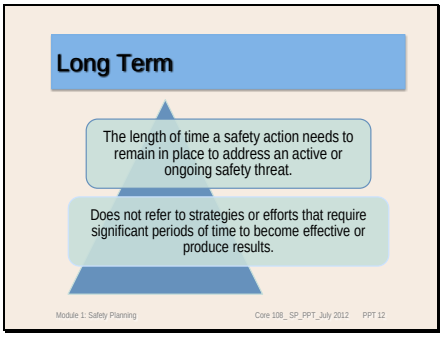

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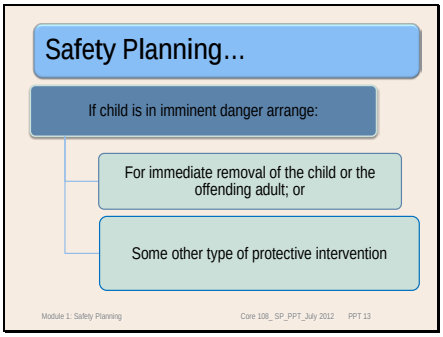

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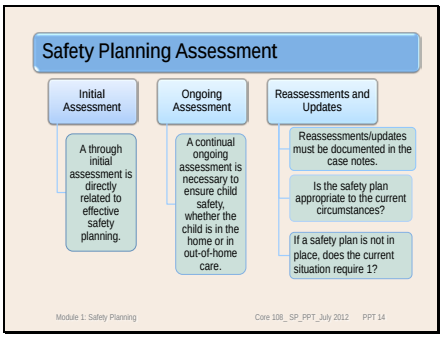

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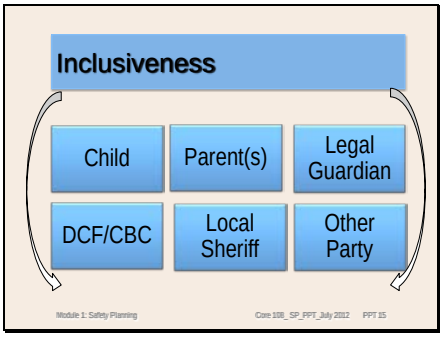

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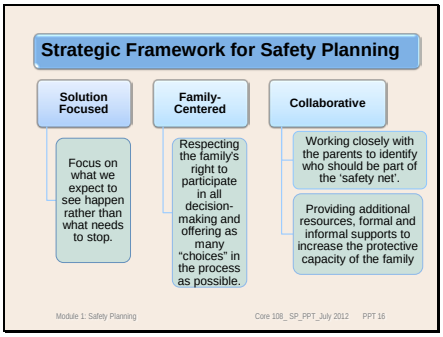

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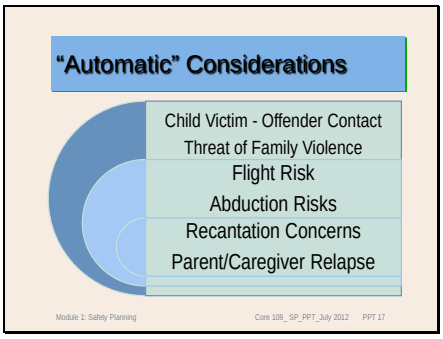

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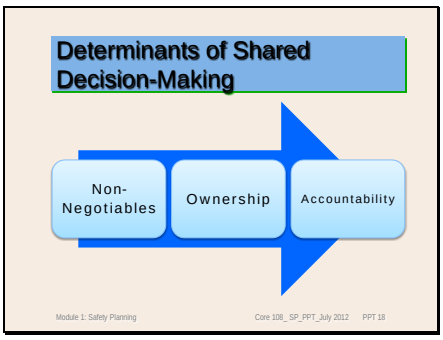

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Non-Negotiables

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

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Ownership

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

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Accountability

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

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Example: Signs of Present Danger

Implication for Child Safety

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

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

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Example: Protective Capacity

Implication for Child Safety

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

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

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Example: Child Vulnerability

Implication for Child Safety

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

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

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Example: Overall Safety Assessment

Safety Factors

Overall Safety Assessment: Unsafe

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

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

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Module 2: Safety Plan Development

OBJECTIVES

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

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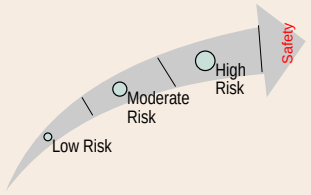
Risk-Safety Continuum



Not every child at risk is unsafe.

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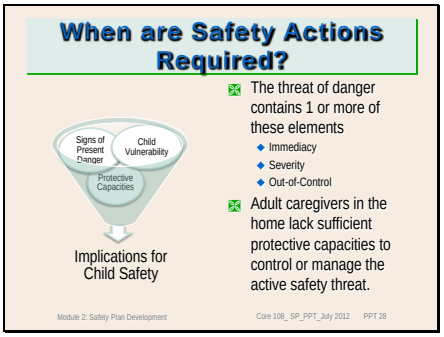

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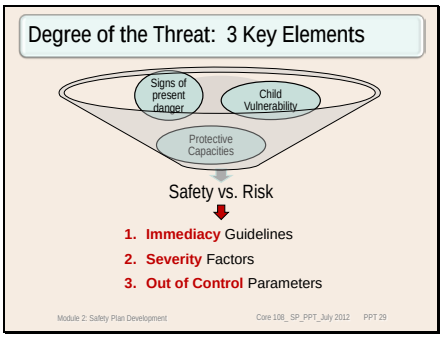

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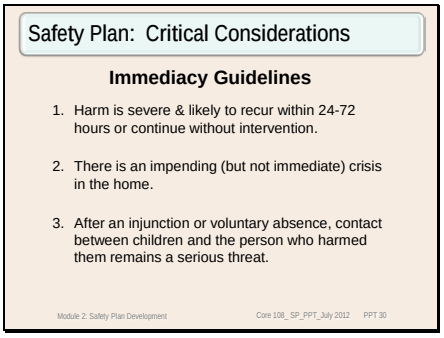

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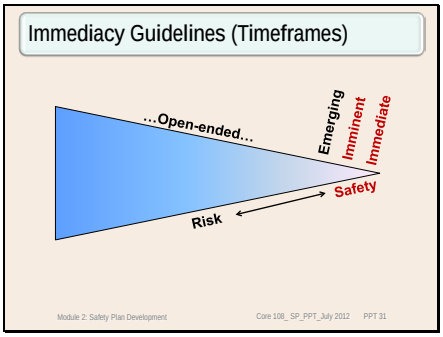

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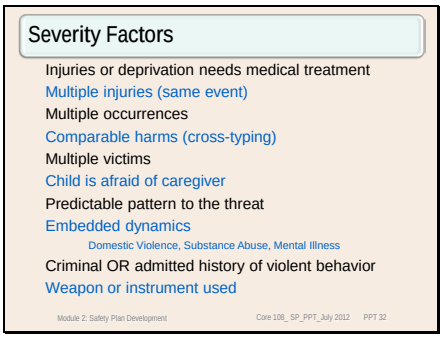

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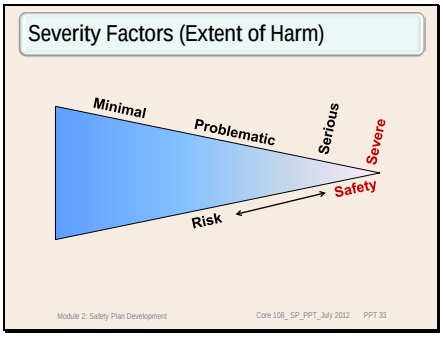

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Out-of-Control Parameters

Impulsivity vs. Intentionality
- Event triggers

Substance Abuse Disorder
- Current use
- Relapse

Mental Health Disorders
- Depression and suicide

Situational Crises

History of Trauma & PTSD

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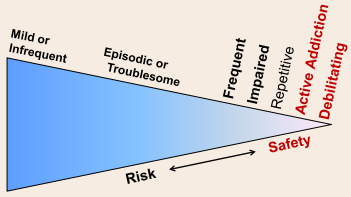
Out-of-Control Parameters



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When is a safety plan needed?

Overall Safety Assessment

Safety Considerations

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

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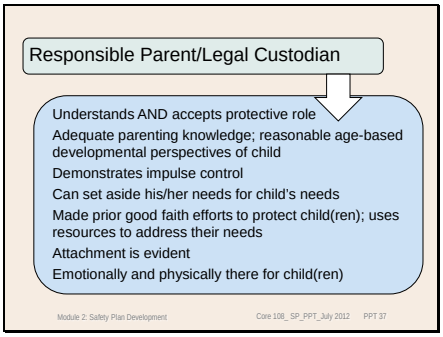

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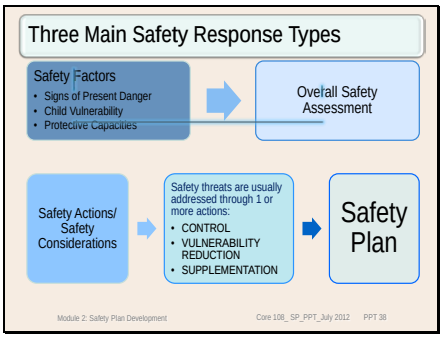

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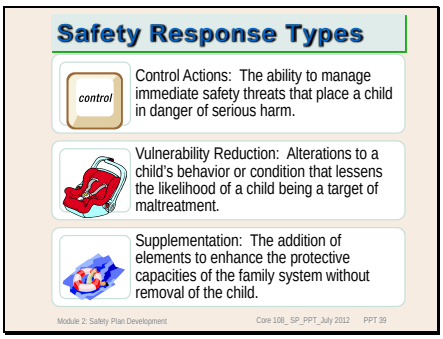

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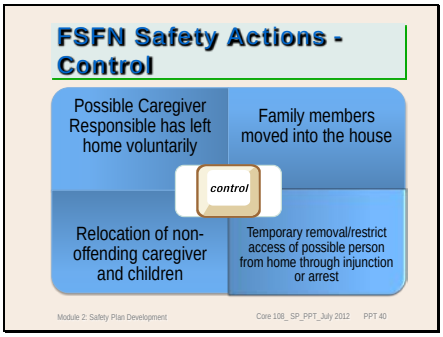

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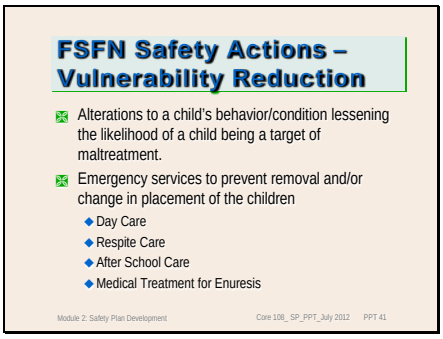

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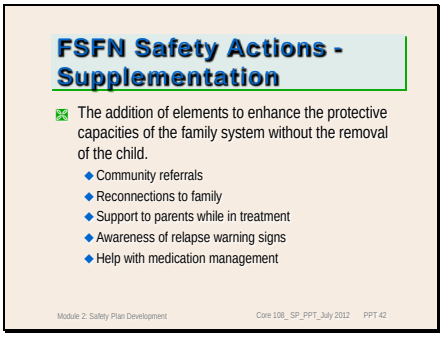

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Embedded Harms

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Example: Signs of Present Danger

Safety Factors

Implication for Child Safety

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Safety Considerations

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

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

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

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

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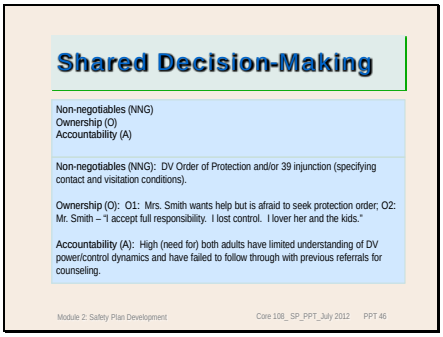

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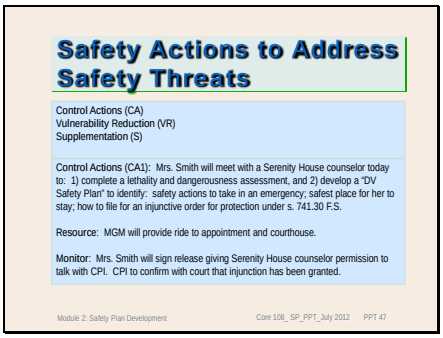

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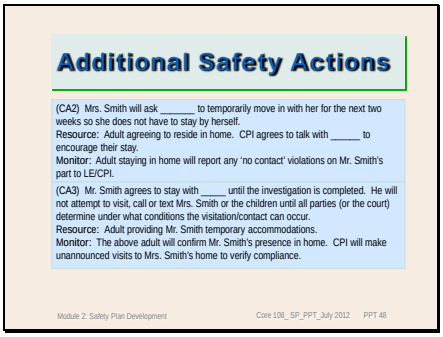

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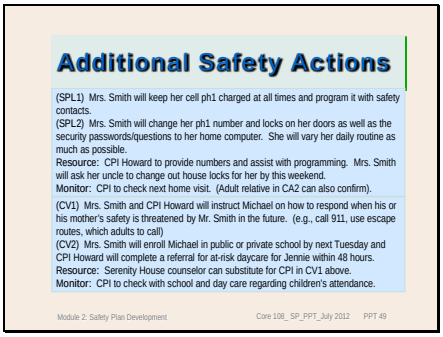

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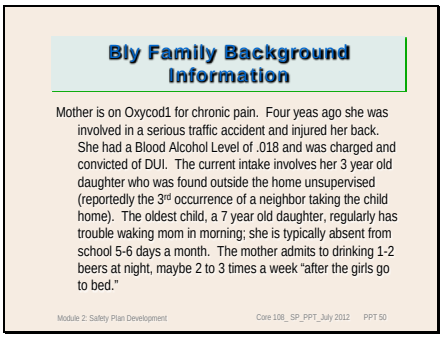

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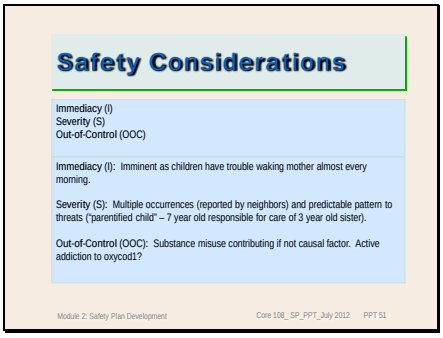

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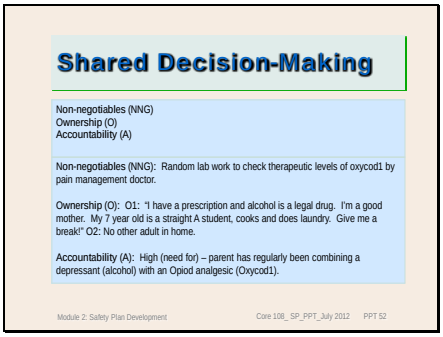

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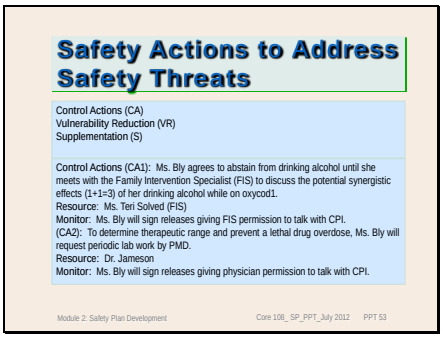

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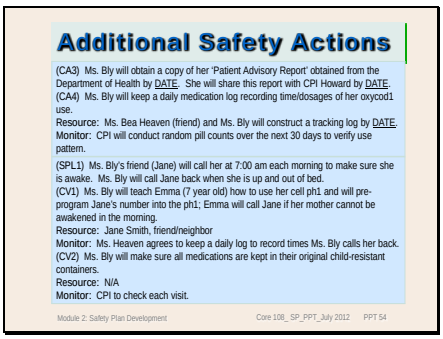

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Wright Family Background Information

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

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Safety Considerations

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

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

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

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

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Shared Decision-Making

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

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

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

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

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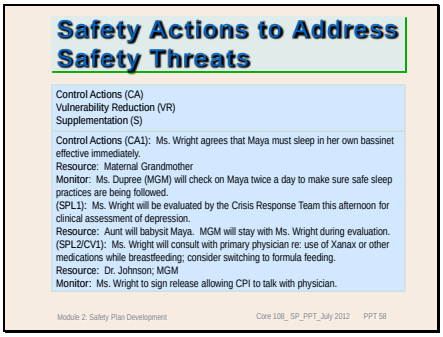

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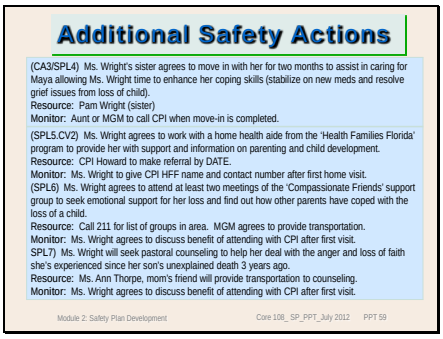

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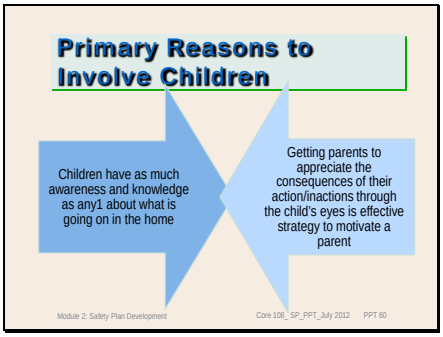

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Safety Planning with Children

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

Slide 62

The Safety House

- Method for including children's voice in Safety Planning

- This is your house in the future when you always feel safe.
  - Who lives with you in the house?
  - Who can visit?
  - Who don't I feel safe with?
  - What rules would help me feel safe?

Slide 63

The Three Houses

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