Assessing Impending Danger
Workshop Introduction

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

As a result of this training, participants will be able to:
- Differentiate between impending and present danger;
- Identify the five core competencies of information collection to inform the Family Functioning Assessment;
- Identify safety threshold criteria and significance in justifying impending danger;
- Identify and practice assessment skills utilized when assessing impending danger;
- Practice assessing impending danger using case scenarios.
Assessing Impending Danger

Office of Child Welfare In-Service Training

Agenda

9:00-4:30

Introduction-
Learning Objectives for Training

Session 1: Foundational Knowledge: Review of Methodology
Review Case Flow and Objectives of Flow

Session 2: Danger: Present vs. Impending Danger
Differentiating Present and Impending Danger

Break

Session 3: Information Collection: Information to Inform the FFA-Danger Threats and Caregiver Protective Capacities
Information Collection Domains Protocol

Lunch 11:45-1:00

Session 4: Danger Threats and Caregiver Protective Capacities
Danger Threats
Family Conditions and the Danger Threshold Criteria
Caregiver Protective Capacities

Break

Session 5: Assessing for Impending Danger: Assessment and Worker Competencies and Skills
What it Takes?
What an Assessment is and is not?
5 Worker Competencies for Information Collection Self-Assessment of Competencies Practice Assessment skills and competencies for assessing

End of Day Take Away and Plan for Day 2

Day 2: 9:00-4:00

Welcome Back
Thoughts or Questions from Yesterday
Review and overview of day.

Session 6: Sufficient Information Drives Decision Making

Break

Session 7: Case Application

Lunch 11:45-1:00

Session 8: Questions and Review
Wrap Up of Two Days
Post Test and Training Evaluation Complete
Session 1

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

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

- Focus
  - Whom are we assessing?
  - What Household are we focusing on?
Safety Management and Enhancing Caregivers Protective Capacities

1. Preparation
2. Introduction
3. Exploration
4. Case Planning

- Developing Strategy for Engagement
- Engagement
- Determine What Must Change Through Information Collection
- Develop Strategies for Change Case Plan Outcomes

- Caregiver Protective Capacity Assessment
  - Child Needs
  - Danger Statement
  - Family Goal
  - Motivation for Change
  - Complete FFA-Ongoing
  - Case Plan

Notes
Essential Skills for CPI/CM

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

Danger: Present vs. Impending Danger
Present Danger

- Evaluating child safety at initial contact and throughout engagement.

- An immediate, significant and clearly observable family condition occurring in the present tense, endangering or threatening to endanger a child and therefore requiring prompt CPS response.
Impending Danger

- Child living or being in a position of continual or pervasive danger.
- Threats are not immediate, obvious or active at the onset of investigation.
- Are identified and understood upon gathering sufficient family functioning information.
Session 3

Information Collection: Information to Inform the FFA-Danger Threats and Caregiver Protective Capacities
**The Foundation of Safety Assessment: Information Collection**

1. **MALTREATMENT**
   This question is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The answer to this question also results in a finding/identification of maltreatment (as in an allegation or substantiation of the alleged maltreatment). This question is typically the focus of most hotline reports and investigations. So, it is very important. However relying only on information from this question is inadequate for assessing safety.

   Information that answers this question includes:
   - Type of maltreatment;
   - Severity of maltreatment;
   - Description of specific events;
   - Description of emotional and physical symptoms;
   - Identification of the child and maltreating caregiver;
   - Condition of the child.

2. **NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES**
   This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment, or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in-and-of themselves and qualify how serious the maltreatment is.

   Information that answers this question includes:
   - The duration of the maltreatment;
   - History of maltreatment;
   - Patterns of functioning leading to or explaining the maltreatment;
   - Parent/legal guardian or caregiver intent concerning the maltreatment; (assessment of intent re: parenting/discipline vs. intent to harm)
   - Parent/legal guardian or caregiver explanation for the maltreatment and family conditions;
   - Unique aspects of the maltreatment, such as whether weapons were involved;
   - Caregiver acknowledgement and attitude about the maltreatment; and
   - Other problems occurring in association with the maltreatment.
3. CHILD FUNCTIONING
This question is concerned with the child’s general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day, rather than focusing on a point in time (i.e., CPI contact, time of maltreatment event). A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the “normalcy” standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

Information that answers this question includes:
- General mood and temperament;
- Intellectual functioning;
- Communication and social skills;
- Expressions of emotions/feelings;
- Behavior;
- Peer relations;
- School performance;
- Independence;
- Motor skills;
- Physical and mental health;
- Functioning within cultural norms.

4. ADULT FUNCTIONING
This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This question is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The question here focuses on adult functioning separate of parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history and what that tells us about the
adult’s behavior, impulse control, etc.; previous relationships and associated dynamics; and so on.

Information that answers this question includes:

- Communication and social skills;
- Coping and stress management;
- Self-control;
- Problem solving;
- Judgment and decision making;
- Independence;
- Home and financial management;
- Income/Employment;
- Citizenship and community involvement;
- Rationality;
- Self-care and self-preservation;
- Substance use;
- Mental health;
- Family and/or domestic violence;
- Physical health and capacity; and
- Functioning within cultural norms.

5. GENERAL PARENTING
This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction in more substantive ways. When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

Information that answers this question includes;

- Reasons for being a caregiver;
- Satisfaction in being a caregiver;
- Parent/legal guardian or caregiver knowledge and skill in parenting and child development;
- Parent/legal guardian or caregiver expectations and empathy for a child;
- Decision making in parenting practices;
6. DISCIPLINE OR BEHAVIOR MANAGEMENT

Discipline is considered in a broader context than socialization; teaching and guiding the child. Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question. Study here would include the parent’s methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

Information that answers this question includes:

- Disciplinary methods;
- Approaches to managing child behavior;
- Perception of effectiveness of utilized approaches;
- Concepts and purpose of discipline;
- Context in which discipline occurs; and
- Cultural practices.
Information Collection Protocol

- A uniform and systematic approach to information collection supported by agency policies, intervention standards and state of the art child welfare practice that describes how information will be collected and processed.
Activity: Information Collection Protocol

- In small groups of 4:
  - Working in your groups—each group will create the information collection protocol.
  - When Child is at the home upon commencement;
  - When Child is located somewhere else upon commencement (school).
Session 4

Danger Threats and Caregiver Protective Capacities
Danger Threats: Qualifying Impending Danger

- Danger Threats:
  - 11 Danger Threats;
  - Used to qualify/identify impending danger;
  - Descriptions of family conditions have crossed the safety threshold-from safe to unsafe.
Family Conditions: Impending Danger?

- **Unsafe Child:** Negative family conditions have crossed the danger threshold and are no longer able to be managed/controlled by the family.
- **Threshold Criteria:**
  - Observable
  - Out of Control
  - Severe
  - Imminent
  - Vulnerable Child
- **Safe Child:** Negative family conditions are able to be controlled/managed by the family.

Notes
Differentiating Family Conditions: Danger Threshold Criteria

- Observable
- Out of Control
- Severe
- Imminent
- Vulnerable Child
Practice: Negative Family Conditions

- Working in small groups:
  - Review each scenario;
  - Complete worksheet for identifying criteria of danger threshold for:
    - Observable;
    - Severe;
    - Imminence.
Instructions for Negative Family Conditions

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice analyzing information using the danger threshold criteria to determine if a negative family condition can be qualified using the danger threshold criteria. **This exercise is not intended to identify danger threats.** Groups should focus on the analysis of information to identify how specific pieces of information can be analyzed using the danger threshold criteria as guidance.

Instructions:

1. Working within your small groups, each participant is to review the negative family conditions scenarios.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports a family condition;
   b. Determination if the family condition is a negative family condition that can be qualified using the safety threshold criteria.
   c. Observable: What is the observable negative family condition?
   d. Severity: What is the potential for severe harm to the child(ren)?
   e. Imminence: What is the anticipated timeframe for when the negative family condition occurs?
3. Following each participant’s review of the worksheet, the group will complete the worksheet for the large group report out. Groups should be considering if there is more information that is needed to identify if the condition is observable, severe, and the imminence of the negative family condition.
4. If there is not enough information, consider the justification of why the information is not sufficient to draw a conclusion regarding the threshold criteria.
5. The first one has been completed for you as an example.
1. A parent who continually makes impulsive decisions and plans which leave the children, ages 4 and 5, in precarious situations such as unsupervised or supervised by an unreliable person. The children have been found wandering the street on several occasions during the night by neighbors.

   **Observable:** Children have been observed wandering streets by neighbors.
   **Severity:** Children are young, and could be abducted, wander off, get hit by a car.
   **Imminence:** Indication that this is not an isolated occurrence, but rather something that occurs frequently-weekly/monthly.

2. Child sustained a cigarette burn as a result of the parent intentionally burning the child to teach them a lesson about stealing. The child, age 12, had been caught stealing cigarettes from the local store. The mother often deploys bizarre forms of punishment for actions the children exhibit. One child was made to walk to school in his underwear for losing his coat and the other child was forced to wear his soiled pajamas for two days as punishment for wetting the bed.

3. Domestic abuse occurs in which a child is also assaulted.

4. The family has a history of homelessness due to non-payment of rent. The family has struggled financially in the past and the children have often had to stay with friends for long periods of time. The family has a new residence that was reported to be trashed. The home while cluttered due to the family recently moving into the home, has easily accessible open windows, balconies in upper stories. The children’s room, ages 12 and 13, are both clean and age appropriate.

5. Young teenage mother who struggles with how to care for her infant daughter.

6. The father on occasion has been inconsistent in providing insulin for his daughter’s diabetes.

7. The parents are fearful of government agencies. They have primarily lived off the grid for a number of years. The children are homeschooled and have little contact with family or other friends. The parents fear that due to the DCF call to the home that there will be criminal or civil charges filed and they want to avoid these complications.
8. The father was hospitalized for mental health reasons a number of years ago. He was prescribed medication, however he has never taken it and does not want to take medications. He does not believe in formal mental health treatment and relies upon his relationship with his wife and children to keep him mentally stable.

9. Mom has been an alcoholic for the past 5 years. The father of the children is deceased. The children, ages 7 and 9, have missed a significant amount of school, are often dirty and unkempt, and the mother has lost her job due to not being able to make it to work due to being drunk or sick from withdrawal from alcohol. The children are often left at the residence with mom, while she is passed out or in her room sick.

10. Both parents are developmentally delayed. They both are involved in services with local agencies to provide for vocational training. They are new parents, to a small infant. The parent's do well with the infant, however there is concern regarding their cognitive abilities.
Information Collection: Informing Danger

Danger threats $\pm$ Caregiver protective capacity $=$ Safe or Unsafe
Definition: Caregiver Protective Capacities

Caregiver protective capacities are personal and caregiving behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one’s young. Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection.
Behavioral Protective Capacity

- Specific action, activity, or performance that is consistent with, and results in, protective parenting and protective vigilance.
Cognitive Protective Capacity

- Specific intellect, knowledge, understanding and perception that results in protective parenting and protective vigilance.
Emotional Protective Capacity

Specific feelings, attitudes, identification with child and motivation that results in protective parenting and protective vigilance.
Session 5

Assessing for Impending Danger: Assessment and Worker Competencies and Skills
An Assessment:

- Is NOT:
  - A one time occurrence
  - Myopic
  - Deficit driven
  - Legally driven
  - One dimensional

- Is:
  - Process, not a destination
  - Multi-dimensional
  - Strength and child focused
  - Drives decision making for child safety
Assessment: Information Collection as Competency

✓ I know what I must learn about a family. I know what information I must collect on each case I am assigned.
✓ I understand the purposes or reason for needing to know this information.
✓ I demonstrate the ability to gather the information.
✓ I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.
✓ I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.
Information Collection as Competency: Self-Assessment

I know what I must learn about a family. I know what information I must collect on each case I am assigned.

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<th>Strongly Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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I feel my rating is _______ because:

I understand the purposes or reason for needing to know this information.

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I feel my rating is _______ because:

I demonstrate the ability to gather the information.

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I feel my rating is _______ because:

I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.

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I feel my rating is _______ because:

I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.

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I feel my rating is _______ because:
Information Collection: Drives Decision Making

- Observations
- Review of Information
- Family: Parents and Children
- Family and Friends

Information Collection

Notes
Engagement: Utilization of Skills

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

- Working in pairs, each group will be working on practicing their engagement skills.
- Using the adult functioning domain as a guide: each participant will practice interviewing along the adult functioning domain to gather information.
- Following the practice session, each participant will write a brief narrative about the information they obtained.

Adult Functioning Narrative:
Observation: Utilization of Skills

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

- As a large group we are going to both listen to and watch a video;
- As we review the video, first just listen to the audio;
- Write a brief summary of our observations based upon the audio;
- We will then watch the video.

Audio Narrative:
Observation:

**Advantages**
- Most direct measure of behavior
- Provides direct information
- Can be used in natural or experimental settings (such as family time)

**Disadvantages**
- Observer’s presence may create artificial situation
- Potential for bias
- Potential to overlook meaningful aspects
- Potential for misinterpretation
Critical Thinking: Utilization of Skills

- Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication.

Critical Thinking: Components

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

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

- Discriminating and/or separating information

- Rules for deriving valid conclusions; when reasoning does not follow the rules = illogical
Day 1: Take Away from the Day

- Take Away from today:
  - What did you find helpful?
  - Questions still needing to be answered?
  - More time on....
Assessing Impending Danger

Day 2
Day 2: Welcome Back

- Overnight Thoughts?
  - Questions from yesterday?
  - Feedback from yesterday?
  - Reflections from yesterday?
Agenda: Day 2

- Sufficient Information Drives Decision Making
- Small Group Exercise
  - Analyzing Case Information
  - Drawing conclusions.
- Small Group Exercise
  - Case analysis: own practice
  - Feedback and Conclusions
Session 6

Sufficient Information Drives Decision Making
Sufficient Information: How Much is Enough?

- Definition of Sufficient:
  - Enough to meet the needs of a situation or a proposed end.
    - What is our proposed end?
    - What are we trying to answer?
      - Safety;
      - Impending Danger;
      - Planning for Safety.
Practice: Applying Concepts to Our Practice

- In small groups of 4
  - Review written case information FFA
  - Determine if each domain is sufficient
  - Identify the danger threat that is indicated based upon the information
  - Provide justification for decision and if determined not sufficient-what information is needed
Instructions for Croft Family Functioning Assessment

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying sufficient information collection through case application.

Materials Needed:
- Safety Methodology Reference Guide: Information Collection Domains and Danger Threats

Instructions:
1. Working within your small groups, each participant is to review the Croft Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports each information domain as being sufficient or insufficient;
   b. Rationale for decision regarding sufficiency for each domain;
   c. Justification of the danger threat or absence of danger threat using the safety threshold criteria.
3. Following each participants review of the worksheet, the group will complete the worksheet for the large group report out.
   a. The group will need to identify a reporter for the large group report out.
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<th>Domain</th>
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<th>Justification</th>
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<td>Maltreatment</td>
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<td>Nature of Maltreatment</td>
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<td>Child Functioning</td>
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<td>Adult Functioning</td>
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<td>Parenting General</td>
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<td>Parenting Discipline</td>
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<td>Safety Threat(s) Identified: Yes or No</td>
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I. MALTREATMENT AND NATURE OF MALTREATMENT
What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Hotline Intake 2013-622805-01 was received on 1/6/13 alleging that Amy Croft, mother of Micah and Makenzie, along with mother's friend, were arrested for cooking crystal methamphetamine and trafficking drugs from the friend's home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton, a friend with whom the mother had been residing with the children. Hamilton was also on probation for manufacturing and distribution of methamphetamine. The reporter advised against the children remaining in Hamilton's home.

Micah, 2½ years and Makenzie, 9 years, were placed into emergency foster care on 1/7/13 after their mother, Ms. Croft, was arrested for manufacturing and distribution of methamphetamine. Micah had been frequenting the home where Ms. Croft was arrested and where methamphetamine was manufactured, resulting in his exposure to hazardous conditions. It was also determined during the investigation that mother had not been adequately providing for the basic needs of Micah or Makenzie, to include supervision. At the time of Ms. Croft's arrest, Blake Thomas, father to Micah and Makenzie, was not available to provide for care, as he is currently incarcerated for probation violations as a result of domestic violence towards the mother, Ms. Croft.

Ms. Croft's explanation for her arrest was inconsistent with her history. Ms. Croft reports that she was unaware of what was going on in the home and that she was helping a friend out to make some money to care for the children. Ms. Croft's history with DCF and arrests include prior history of manufacturing and distribution of methamphetamine, as well as methamphetamine abuse. In addition, Ms. Croft's history includes frequent periods of transient housing and exposing her children to hazardous living conditions, including manufacturing of methamphetamine and substantial drug usage by household members.

Ms. Croft completed substance abuse in-patient treatment for methamphetamine and was discharged 2/15/12. The drug treatment was court-ordered as part of her probation. During the time Ms. Croft was in treatment, Micah and Makenzie stayed with their father. Ms. Croft returned to the home with Micah, Makenzie and Mr. Thomas when she was discharged.

Mr. Thomas and Ms. Croft's relationship has been continually unstable for the past four years, with Ms. Croft leaving the family home for months at a time and then returning to the home. Mr. Croft reports that this is often the time that she is using, when she leaves. At times she takes Micah and other times she leaves him with Mr. Thomas. She has not ever taken Makenzie with her, until this last time that she left Mr. Thomas.

Approximately four months ago Ms. Croft left the family home. Ms. Croft alleges that she left due to being afraid of Mr. Thomas, so she left to keep her children safe. Mr. Thomas alleges that Ms. Croft left due to her relapsing on methamphetamine and that she had found out that he was aware of her use. Ms. Croft was afraid Mr. Thomas would leave with Micah and Makenzie.
Since leaving the family home, Ms. Croft has been relying on friends to assist her in taking care of Micah and Makenzie and providing her with a place to stay. She has been staying with Donna Hamilton the past couple of months.

Mr. Thomas is currently incarcerated for a probation violation. He is on probation for domestic violence as he assaulted Ms. Croft two years ago. Mr. Thomas has physically assaulted Ms. Croft, to include beating, kicking, and punching. Mr. Thomas violated his probation this fall when he was stopped for a DUI; drinking is a violation of his probation. The father acknowledges that he was aware of the mother's use of methamphetamine since her release from treatment and that he has been trying to see Micah and Makenzie since she left the residence, but has been unsuccessful. Mr. Thomas was unaware of Ms. Croft's manufacturing, but reports that this was not surprising to him, as he and Ms. Croft were both involved with manufacturing methamphetamine in the past.

Both Micah and Makenzie were seen for medical exams for possible exposure to methamphetamine manufacturing. Both children were medically cleared. Makenzie did not have any traces of methamphetamine, which is consistent with her report that she had not been to the home where methamphetamine was being manufactured with her mother. Makenzie believes that Ms. Croft would bring Micah there while she was at school.

Micah was medically cleared, and did not have any traces of methamphetamine. CPT recommended that it was still important that he be monitored over the course of the next several months for continued assessment of any effects that may be related to his exposure to methamphetamine.

Makenzie is aware of her mother's drug usage. She is able to articulate what methamphetamine is and how it is used. She has seen her mother use drugs in the past, however has not seen her use for the past couple of months. Makenzie thinks that her mother is using again, because of how she acts towards her and Micah.

Ms. Croft has been involved with DCF with prior children, to include losing custody of her oldest child due to substance misuse. That child was placed for adoption by the agency.

Maltreatment: Verified for Substance Misuse, Environmental Hazards and Family Violence Threatens Child

Analysis: Micah and Makenzie Thomas have been exposed to hazardous living arrangements and parents who have not provided for the basic care and supervision needs of their children. Mr. Thomas engaged in violence and destructive adult behavior which resulted in his incarceration and subsequent inability to provide for his children. Ms. Croft continues to abuse substances, in particular methamphetamine, and leaves her children with care providers that are not equipped to provide for their needs, nor are indicative of safe persons. Ms. Croft has been demonstrating a pattern of placing her needs above those of her children for the past four years, resulting in Micah and Makenzie being unsafe. Neither Mr. Thomas or Ms. Croft appear to have insight regarding the need for Micah and Makenzie to be safe, and neither parent acknowledges their actions as being contrary to Micah and Makenzie's safety.
Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collateral contact made with CPT for medical information for children.

II. 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.

MICAH THOMAS

Micah is a 33 month old Caucasian male, who has had little to no stability in his life. Micah is part of a sibling group of five - with two full biological siblings and two half-siblings. Micah has no current relationship with his half siblings. He did reside with his younger sibling for a short period of time when she was first born and has had sporadic contact with her since over the course of the past year.

Micah does not have a set routine, and has been dependent upon his care provider for the day, which is usually Makenzie. When Micah was with his father, the routine was dependent upon his father’s schedule. Often times, this resulted in Micah going to bed around midnight and waking around 10/11am. Ms. Croft could not provide a schedule for Micah, attributing the lack of schedule as her way of allowing “Micah to be Micah.”

Neither parent was able to provide information regarding the medical care that Micah has received. Both parents note that Micah was born full-term, with no medical concerns noted at the time. He is current on his vaccinations; however, he does not have a set medical provider. Ms. Croft relies on the emergency room as a means for medical care for Micah when needed, which both report is infrequent.

Micah’s interactions with others are primarily with adults and his sister, Makenzie. He is open to adults and freely goes to the adults in the room, regardless of his familiarity with them. Both parents describe Micah as a people person. Micah has never attended child care nor has he been in settings where he is exposed on a consistent basis to other children his age. When faced with other children his own age, Micah appears to experience some discomfort and retreats to the adults in the room.

Micah’s communication is adequate for a child his age. Micah is able to articulate through verbal communication with others. His vocabulary is consistent with a child that has been exposed to adults using profanity and child now also uses inappropriate language at times.

Ms. Croft describes Micah as "very smart, not a typical two year old." She describes him as loving and very sweet towards everyone. Ms. Croft does not believe that Micah has any developmental concerns. Ms. Croft believes that Micah will do well when he goes to school, but right now, does not see a need for Micah to have interaction with other children his age.

Makenzie describes Micah as a "handful" and that she feels that she has to look out for him. Makenzie feels that Micah does not listen to her when she tells him to not do things. Micah and Makenzie share a "bedroom." Makenzie states that Micah has trouble sleeping at times, so she often will try to read stories to him to get him to go to sleep. Makenzie has been working with Micah on potty training when she is home from school. Makenzie is concerned that Micah is not potty trained, as he is going to be
three soon and thinks that he needs to be potty trained. Makenzie is excited that Micah will be able to have some interaction with other children since they have been in the foster home.

Analysis: Micah is a 33 month old Caucasian male that lacks consistency and stability in his life. He has been exposed to areas where meth is being manufactured; he has been exposed to family violence which contributed to his mother's need to flee their home; and he has learned to depend on his 9 year old sister for meeting his basic needs. While pleasant and well-mannered, he has little to no social connections with other children, thus creating a lack in social skills needed for interaction with other children. Micah has no stranger fears and easily adapts to his caregivers further indicating the lack of consistency and routine when he was with his mother. Micah is in need of a consistent, safe caregiver who is able to place his needs for social connections and stability above their own needs.

MAKENZIE THOMAS

Makenzie is a 9 year old who has little stability in her life. She has had to transfer schools five times in the past four years due to the transience of her family. Makenzie is currently attending Walter Symons Elementary School, where she is in the third grade. Educationally Makenzie is not on target for a third grader. The school counselor believes that this is due to the instability of Makenzie's home life and having had attended so many different schools. Makenzie's reading is at Kindergarten level. Makenzie's math skills are also significantly lacking. Currently Makenzie is being evaluated for an IEP to assist her in achieving the appropriate educational level. Makenzie likes her current school and has been able to make some friends that are her age and share similar interests. Makenzie would like to stay at Walter Symons Elementary School and not change schools again.

Makenzie has not seen a medical provider "in a long time." Makenzie was not aware of anytime that she had seen a dentist, and does not report that she has any problems with her teeth. She has lost a few teeth and was disappointed that the tooth fairy did not come; she thinks the tooth fairy is not real.

Makenzie does not have a good relationship with either her mother or her father. Makenzie reports that she is very angry with both of them because they can't "stay out of trouble." Makenzie has a minimal relationship with her siblings, other than Micah. Her older sister was adopted and she has no recollection of her; she sees her younger sister sporadically. Her half-siblings on her father's side she does not know, as she has never met them, just know about them from her father.

Ms. Croft describes Makenzie as a "responsible" girl, who is very helpful to her as a parent. Ms. Croft views Makenzie as a good support to her and is grateful that Makenzie is so independent. Ms. Croft struggled to articulate the strengths of Makenzie, other than she is helpful and responsible. Ms. Croft is aware that Makenzie is struggling at school, however does not know how to assist her due to her own educational limitations. Ms. Croft knows that Makenzie has friends because she tells her about them but she could not name the friends or has never seen them at the house. Ms. Croft was not able to identify a medical provider for Makenzie; she relies on the Emergency Room.
if needed to treat the children should they become ill.

Mr. Thomas describes Makenzie as a good child that was helpful to him when he was taking care of both Micah and Makenzie alone. Mr. Thomas would like to see Makenzie involved in activities, such as sports and other activities at the school. Mr. Thomas knows that Makenzie is angry with him and wants Makenzie to be happy, so is willing to support her in any way possible. Mr. Thomas has not had frequent contact with Makenzie in the last several months and is not aware of how she is doing now.

Analysis: Makenzie is a 9 year old Caucasian female who has been residing primarily with her mother and younger sibling. Given continued family violence, Makenzie’s mother had to leave the family home and Makenzie has experienced multiple changes in living arrangements and schools. Makenzie is not on target with academic achievement. Makenzie had limited to no support within her mother’s home and has taken on the role of the primary caregiver to her younger brother. Makenzie presents as worried and angry both in regards to her parents and her sense of responsibility for her younger brother. Makenzie has a limited social network that primarily occurs while at school.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother’s friend), L. Fletcher (school counselor), Mrs. Wells (foster parent)

III. 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.

AMY CROFT
Ms. Croft, age 30, was born and raised in Orlando Florida. She has lived in other areas of Florida, but has primarily resided within Orlando the past ten years. Ms. Croft was raised in a household where alcohol was prevalent by both her mother and her father. Her parents separated when she was 12, with her mother becoming sober and her father continuing to drink. Ms.Croft's mother left her and her siblings with her father. Ms.Croft feels that this was due to her mother seeking treatment for her alcohol abuse.

At the age of 16, Ms.Croft left home due to reported abuse by her father. She reports that her father was verbally and emotionally abusive to her and her siblings growing up and that it increased in intensity when her parents separated. Ms.Croft resided primarily with her mother after leaving her father's home, however at times would choose to stay with friends. Ms.Croft's father died in 1997 of an alcohol related stroke.

Ms.Croft's mother, Lisa Clement, remarried and Ms.Croft does not have good relationship with her mother and stepfather, Ben Clement. Ms.Croft blames her mother for the death of her father, because she had left him and Ms.Croft believes that was the reason that her father's alcohol use increased. While Ms.Croft does not have a good relationship with her mother and step-father, Ms.Croft often asks them for assistance when she perceives that she does not have any other resources. Lisa and Ben Clement have chosen to distance themselves from Ms.Croft and Mr.Thomas, as they do not
agree with their lifestyle and have provided a significant amount of assistance over the past 10 years, with no changes by Ms. Croft. Mr. and Mrs. Clement have been caretaking one of the children, and have declined to provide additional assistance to Ms. Croft, as they feel that she has taken advantage of their assistance, including losing money, having cars stolen, and drugs being brought into their home.

Ms. Croft began experimenting with alcohol and drugs at the age of 14. She started using marijuana and progressed to using acid, ecstasy, cocaine, methamphetamines, and alcohol. Since she began using drugs at the age of 14, she can only recall being sober for a few months at a time, however reports that she does not use alcohol, as she relates the alcohol use to the death of her father. Ms. Croft did not complete high school, nor has she obtained her GED, primarily due to her substance use.

At the age of 16 Ms. Croft was diagnosed with depression after her mother forced her to see a therapist or she would be kicked out of her home, resulting in being homeless. Ms. Croft was placed on antidepressants, Paxil, however only took the medications for one year before she left home permanently at the age of 17.

When Ms. Croft left her mother's home, at 17, she primarily resided with various friends. She found employment, sporadically in the restaurant business, mostly fast food service. She met Jason Riddle while working at a fast food restaurant. Ms. Croft and Mr. Riddle lived together with various friends during the time they were together. Ms. Croft had her first child, Calvin, at the age of 18 with Mr. Riddle. Mr. Riddle and Ms. Croft were together for two years, from the time Ms. Croft was 17 to 19. Ms. Croft reports that she left the relationship with Mr. Riddle due to his violence towards her and his alcohol abuse.

Following her separation with Mr. Riddle, Ms. Croft began a period of transient living and increased drug use, which eventually resulted in Calvin being removed from her care and later adopted by his paternal grandparents. Ms. Croft met Blake Thomas while she was residing with some friends. Mr. Thomas was older than Ms. Croft and at the time provided Ms. Croft with support, such as money and food. Ms. Croft became pregnant with her second child, Makenzie, shortly after Mr. Thomas and she met. During the course of her pregnancy she continued to live a transient lifestyle, and upon arrival to the hospital to deliver Makenzie she had a black eye and flesh wound from being stabbed. These were attributed to a physical fight between Ms. Croft and Mr. Thomas's sister.

Ms. Croft became pregnant with Micah during a time that she and Mr. Thomas were "separated." Ms. Croft believes that Micah is Mr. Thomas's child and Mr. Thomas has never disputed the paternity of Micah. Ms. Croft had been involved in various drug related activity, including distribution of methamphetamine and was on probation when Micah was born. Micah and Amy both tested negative for substances at the time of Micah's birth.

Madison, Ms. Croft's third child, was born approximately one year later, and due to Ms. Croft's prior criminal convictions and Ms. Croft testing positive for methamphetamine at the birth, she was court-ordered to enter rehabilitation upon discharge from the hospital. Madison did not test positive for substances when she was born and was born full-term with no complications. Ms. Croft placed Madison with her maternal grandparents due to being arrested and Mr. Thomas cared for the other two children.
children. Madison has remained with her maternal grandparents since that time. Ms. Croft has little to no contact with Madison.

Amy successfully completed the inpatient portion of her treatment and upon discharge, resumed her transient lifestyle. She started living with Mr. Thomas again; however she left shortly after that time due to her reported fear of Mr. Thomas. Ms. Croft describes her relationship with Mr. Thomas as good, and reports that they have plans to marry in the future, but does not have a date set. Ms. Croft identifies periods of time where there has been violence towards her by Mr. Thomas, but that has been close to two years ago. Ms. Croft describes attending a domestic violence assessment after her relationship with Mr. Riddle ended, but does not feel that there is a need for continued domestic violence classes or assessments now, as things are fine with her and Mr. Thomas.

Analysis: Ms. Croft has led a transient lifestyle that has centered around drug usage and utilization of others to meet her basic needs. Ms. Croft has limited employment skills and her educational background is limited. In the past 14 years, there have been relative short periods of time where she was not abusing substances or engaged in an abusive relationship with others. Ms. Croft, despite the criminal consequences, has continued to abuse substances and align herself in relationships that are detrimental to her well-being. Ms. Croft, despite having an appropriate support network, does not reach out for assistance unless it is needed, such as for placing children. Ms. Croft lacks basic problem solving and coping skills, as well as impulse control.

BLAKE THOMAS:

Blake Thomas is a 41 year old Caucasian male, primarily raised in Orlando Florida. Mr. Thomas was primarily raised by his maternal grandparents, due to his parent’s alcoholism. Mr. Thomas reports that his mother lived across the street from them, and he was able to visit her often. Mr. Thomas had a limited relationship with his father and when Mr. Thomas was a teenager he found his father deceased in the family home. The death was alcohol-related. Mr. Thomas describes his parents as uninvolved with him, and neglectful as parents.

Mr. Thomas has a limited educational background, as he did not complete high school. He left high school shortly after finding his father deceased and has not pursued his GED, as he feels that it is not needed because he has always been able to find work. Mr. Thomas has worked a variety of jobs in the past 20 years—from construction to a car wash attendant. His last employment was at a car wash, where he had worked for approximately five months before his most recent incarceration.

Mr. Thomas has an extensive criminal history that includes multiple arrests for substance-related offenses and violence against others. Charges include cocaine possession, cocaine distribution, marijuana possession and distribution, aggravated assault with a deadly weapon, larceny, battery, and robbery. He is currently incarcerated at the county jail for violation of probation conditions, with an unknown release date. Mr. Thomas violated his probation when he was arrested for driving under the influence and driving on a suspended license.

Mr. Thomas has never been married, although would like to marry Ms. Croft. He has fathered five children with three different women in the last 15 years. Mr. Thomas
has contact with two of his children, Micah and Makenzie. He would like to have contact with all his children, however is not sure where one of his children is currently, and he does not know if he would be allowed to visit the older children or Madison.

Mr. Thomas self describes himself as a person with a "bad history" of substance use and criminal activity. Mr. Thomas reports that his criminal activity is behind him now and that upon release from jail that he plans to live with his grandmother to start fresh. Mr. Thomas does not identify as having a current substance abuse problem, but rather an anger problem due to his frustration with Ms. Croft relapsing.

Analysis: Mr. Thomas has led a lifestyle that is centered around criminal activity. Since the age of 18, Mr. Thomas has had multiple arrests and incarcerations for various criminal activities, both drug related and violent offenses. Mr. Thomas has little to no periods of stability outside of incarceration, and has relied on criminal activity to support his lifestyle. Mr. Thomas self-reports that he has made changes in his life, however his actions and current incarceration are not indicative of positive change. Mr. Thomas has not demonstrated his ability to place his own needs aside in favor of any of his children, and has not been able to refrain from violence or activities that would allow him to provide for his children.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with L. Clement (MGM), B. Wise (PGGM)

IV. PARENTING

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

AMY CROFT

Ms. Croft has four biological children. Ms. Croft's first child, Calvin, she cared for until he was thirteen months old when he was removed from her care due neglect as a result of substance abuse. Ms. Croft's second and third children Makenzie and Micah, have primarily resided with either Ms. Croft or Mr. Thomas. Ms. Croft's fourth child, Madison, Ms. Croft placed with her parents as she was not able to care for all three of the children, Makenzie, Micah, and Madison. Madison has remained in the care of her grandparents, and Ms. Croft would like for that placement to remain permanent.

Ms. Croft describes her parenting as "not good." Ms. Croft describes periods of time that she was neglectful of Calvin and recognizes why he is not in her care anymore. Ms. Croft believes that a strength she has as a parent is that she has never used drugs in front of her children, but does acknowledges that she has cared for her children while under the influence of drugs. Ms. Croft does not believe that her being under the influence impaired her ability to care for her children. Ms. Croft does not recognize that Makenzie has witnessed her drug usage and is aware of the effects of Ms. Croft's usage on her interactions with Makenzie and Micah.

Ms. Croft was not able to provide any details regarding her parenting beliefs or practices, she views her role as a parent as to “just be there for the children and see how things go.” Ms. Croft desires to be a good parent to Makenzie and Micah, however she does not identify any resources or role models for parenting, and did not appear open to learning new parenting practices to meet Makenzie's or Micah's needs. Ms.
Croft did complete a parenting class in the past, however was not able to recall information learned during the class, in particular knowledge regarding what a toddler and youth may need from a parent.

Donna Hamilton, the friend that Ms. Croft, Makenzie, and Micah stayed with for a period of time, describes Ms. Croft's parenting as absent. Ms. Hamilton reported that the majority of the time Ms. Croft, Makenzie, and Micah stayed with her, either Makenzie or herself were the primary caregivers for Micah, as Ms. Croft was frequently not at the home. When Ms. Croft was at the home, Ms. Hamilton observed Ms. Croft to be loving towards Micah, but not responsive to Micah unless Micah sought her out. Ms. Hamilton observed Ms. Croft to be distant from Makenzie and Makenzie to be distant towards Ms. Croft. Ms. Hamilton believes that Makenzie is very angry with Ms. Croft and had witnessed Makenzie yelling at Ms. Croft at times regarding her not doing anything to help her or Micah.

Ms. Croft's parents believe that Ms. Croft loves her children, however they do not believe that Ms. Croft has the ability to parent due to her substance abuse. Mr. Thomas describes Ms. Croft as a "fun parent" when she is sober. Mr. Thomas identifies Ms. Croft as the friend to Makenzie and Micah, rather than a parent. Mr. Thomas believes that Ms. Croft loves all of her children and that Makenzie and Micah are the children that she has really worked to be able to raise, while being sober.

Discipline/Behavior Management: Ms. Croft does not have a set discipline routine or expectation for either of the children. Ms. Croft reports that she believes she has spoiled her children. Micah throws tantrums where he throws himself to the ground, kicking and screaming, that result in Ms. Croft giving into his "demands." Micah, at times, has become violent with others when he has been told no. Ms. Croft does not believe that his tantrums are of concern and that this is normal toddler behavior. There have been times that Ms. Croft has attempted to use time out for Micah, but she acknowledges those were unsuccessful so she ended up spanking him instead. She could not recall what the reason for the time out was or why it resulted in a spanking.

Makenzie was not able to articulate any rules or consequences within her household. Makenzie has not ever been "disciplined." She believes this is because her mother has not really taken a "mother" role in the context of telling her no for things. Makenzie knows right and wrong and knows about consequences. She equates rules and consequences to the rules that have been set at school.

Analysis: Ms. Croft does not possess the parenting skills necessary to parent Micah or Makenzie. Ms. Croft does not identify herself as a parental figure, and does not provide for consistent care for Makenzie and Micah. Ms. Croft was not able to correlate her negative actions, such as being under the influence of substances, and the child's safety needs. Ms. Croft does not recognize the developmental and emotional needs of a child, and has not responded to meet Makenzie and Micah's basic parenting needs, to include discipline.

BLAKE THOMAS:

Mr. Thomas has never provided for the care of any of his five children. He often relies on the mothers of his children to provide the care. Mr. Thomas was the sole care provider for Micah and Makenzie for a period of three months, at which time he abdicated his role to his grandmother, as he was not able to handle caring for Micah
and Makenzie.

The relationships that Mr. Thomas has with his children are based upon his needs, rather than those of his children. He maintains infrequent contact with his children and their mothers, and provides no support to the children, either financially or emotionally. Mr. Thomas does not provide any details regarding his view on parenting or how he perceives his parenting. Mr. Thomas attributes his children to "they just happened." Mr. Thomas would like to provide for Micah and Makenzie in the future, however would like to do so with the assistance of his grandmother.

Ms. Croft believes that Mr. Thomas and the children are very well bonded and that he is a good dad to them, however when asked for specifics of what being a good dad looked like, Ms. Croft could not provide examples. Ms. Croft reported that Mr. Thomas was worried about Micah and Makenzie when she left with the children and she believes that is a good thing as a parent.

Discipline/Behavior Management: Mr. Thomas acknowledges that he does not discipline any of his children. He has had limited time in caring for his children and does not feel that punishing while he is caring for them is in their best interest, as he is afraid then they won't want to see him. Mr. Thomas knows that children need discipline, however relies on others to provide the discipline/behavior management for his children. In particular with Micah and Makenzie, Mr. Thomas would defer to his grandmother to provide the discipline for them. He was not clear on how his grandmother disciplined them. His grandmother is currently in a nursing home with congestive heart failure.

Analysis: Mr. Thomas has limited to no parenting experience. When tasked with a parenting role, he seeks out others to provide the parenting. He does not identify himself as a parent and has been frequently unable to provide for the care of his children due to his incarceration and transient lifestyle. Mr. Thomas cannot identify what the needs of a child are or how he would accomplish meeting those needs.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother’s friend), L. Clement (MGM), B. Wise (PGGM)
**Instructions for Smith Family Functioning Assessment**

**Purpose:**

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying sufficient information collection through case application.

**Materials Needed:**

- Safety Methodology Reference Guide: Information Collection Domains and Danger Threats

**Instructions:**

1. Working within your small groups, each participant is to review the Smith Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports each information domain as being sufficient or insufficient;
   b. Rationale for decision regarding sufficiency for each domain;
   c. Justification of the danger threat or absence of danger threat using the safety threshold criteria.
3. Following each participant’s review of the worksheet, the group will complete the worksheet for the large group report out.
   a. The group will need to identify a reporter for the large group report out.
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<td>Nature of Maltreatment</td>
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I. MALTREATMENT AND NATURE OF MALTREATMENT
What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Inadequate Supervision: There are allegations of inadequate supervision. The two youngest children were home with the father when they got out of the home, which is located on the corner of a very busy street. A passerby stopped and contacted LE, who arrive and tried to get the father's attention for an hour, without success. The father was inside the home asleep. The mother was eventually contacted at the local hospital, where she works, and came home. There were no injuries to the children. The father admits to smoking marijuana on a regular basis to help destress him. He is the main caregiver to the children during the daytime, which can pose a concern to whether he can properly supervise the children.

The father, Albert provided: I don't know how the boys got out. They have never got out before that I know of. Our oldest son does usually wake me up before he leave and puts the two youngest in the room with me. My son said he locked the door but he doesn't remember if he pulled the door shut all the way. I, glad that someone stopped because we do live on a very busy street and anything could have happened to the children.

Sibling Interviews Provided: They were all at school but heard when they got home that Sam and Jed had got out of the house. They have known the boys to get out of the house before on one occasion, at least. They all gave history that the father smokes "weed" all the time. They know where he keeps his "weed" and can describe how the father rolls his "blunts." The oldest child, Jason, indicated that the last time he saw his dad smoke was yesterday. Jason said that he left his brother's with his father yesterday morning, and that he is sure that he locked the door. Jason thinks that Sam was able to get the locks undone and that may be how they got out of the house.

II. 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.

Jed: Age 1, not in daycare and is only seen through the family. He is non-verbal, very active and appears to be on target developmentally. Jed has no medical concerns and does not take any medication.

Sam: Age 3, not in daycare and is only seen through the family. He is semi-verbal, very active, and appears to be on target developmentally. Sam has not medical concerns and does not take any medication. Sam was able to be interviewed during the assessment, however he provided little information.

Mark: Age 6, is in kindergarten at Lakeside Elementary School. He has good grades. He shares
a room with his older brothers. He gave history that the police have been to his home to take his dad to jail and also when his brothers get out of the house. He feels safe at his home and is not afraid of anyone. He is a very active child. He spoke openly with the CPI however had to be redirected several times to sit down. He was clean in appearance, properly clothed, and free of marks or bruises. He appeared healthy and happy and on target developmentally.

Sara: Age 8, is in the 3rd grade at Lakeside Elementary School. She is functioning at her grade level. She has no behavior or medical concerns. She feels safe in her home. She indicated she is only scared when her father spanks them with a belt. She spends time with her family when they eat dinner, go to the beach, or watch TV. She says that police have been to her home before and took her father to jail. Both of her parents work. She knows what drugs and alcohol are and gave information that her father smokes "weed" everyday. She was seen at school and was clean, properly clothed, and free of any marks or bruises. She spoke openly, however when asked about drugs, she changed her demeanor and became quiet.

Anthony: Age 9, is in the 4th grade at Lakeside Elementary School. He enjoys playing basketball however does not play on a formal team or league. His grades are good and he functions well in school. He says both his parents drink and that they act funny, sleepy when they drink. He knows what drugs are and that they are bad for you and says his father smokes "weed." He says his parents take Xanax to help them fall asleep. He says that he has been the caregiver to his siblings when his parents leave to go out. He appears to know what to do in case of an emergency, as he indicated he would call 911, go to the neighbors or get his grandmother who lives a few blocks away. As a family they play Xbox, play outside, and watch movies. He was very open with CPI and did not appear to hold anything back. He appears to be on target developmentally and he was observed to be clean, properly clothed and free of marks or bruises.

Jason: Age 11, is in the 5th grade at Lakeside Elementary. He indicates his struggling with school but that his parents help him with his homework. He feels safe at home and all of his needs are being met. Both of his parents work. He does not remember the police ever coming to his home. He knows what drugs and alcohol are and that they are bad. He says that his dad's friends use drugs and that his dad smokes "weed" in a "blunt." He has heard his parents argue. The child is well mannered and spoke openly with CPI. The child was clean, properly clothed, and free of marks and bruises.

The mother and father provided that Anthony has a lot of behavior issues. He has been taken to the doctor but the doctor did not diagnosis him with anything. He tears thing up and on one occasion he told her that he wanted to see her blood on a knife. This scared her. She is concerned about his behavior. He was referred to a neurologist but the doctor does not take Medicaid. The children all have a pediatrician.

III. 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.

There are prior reports with the family:
Two years ago there was a closed with no indicators for substance misuse regarding the children and verified for family violence threatens child.
Seven years ago closed no indicators for physical injury.
Ten years ago closed no indicators for beatings, physical injury and environmental hazards and family violence.
The father provided: He grew up in the area with a single parent. He was raised by his mother. He has one brother whom he does not see much. His father was never around. He denies being exposed to abuse, neglect, drugs, or DV as a child. He has been with Mary for 15 years. He describes their relationship as good and that they communicate well and never argue. They don’t see family that often because they choose not to. He would not say why. He has a history of smoking marijuana. He denies alcohol abuse history and mental health history. He does have an extensive criminal history in regards to substances. He was in prison before and had 5 years probation, which ended three years ago. He is employed as a dishwasher and makes around $200/week. The family receives food stamps. He did not graduate from high school as got in trouble with drugs and was kicked out of school. He has no ambition to get his GED. The father does not believe that he needs any services for his drug use.
The mother provided that she also grew up in the area. She was never exposed to abuse or neglect, however states her parents have had issues with drugs in the past and currently use drugs. She graduated from high school. She works full time at the hospital. She and the father have been together for 15 years, but never married. She describes their relationship as good. They have had issues in the past and the father has got counseling for it. She denies any DV with the father, however there is a verified reports from two years ago involving family violence. She denies being aware that the father uses marijuana on a regular basis, however she does know that he has smoked in the past and she does not condone him smoking. She does have a history of severe post-partum depression and anxiety. She is currently on Zoloft, Trazadone, and another medication that she can't recall. She sees the doctor at the hospital. She has support through her family in town. The mother has agreed to services.

IV. PARENTING
General – What are the overall, typical, parenting practices used by the parents/legal guardians?
Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

The children all give history that they are spanked or have things taken away when they are bad and they can't go outside. They have chores at home and have to help out.
The mother provided that she will give the children a warning and then if they continue the behavior, she will put them on restriction from outside, games, etc. If the behavior is really bad and continues, then they are spanked. She indicated that she has more patience with the children than the father does. He will spank the children either with his hand or a belt. She describes her children in a positive way. She loves going home to see her children and that they motivate her. She would not trade her children for anything. She describes her children as her number one priority over anything.

The father provided he spanks the children with his hand or with a belt. That is how he was raised and that is how he disciplines. As a family they go to the beach or the park. He doesn't enjoy being a parent. He is their parent so he will take care of them and provide for them but he does not enjoy it. He has the children sit and do their homework once they get home and they have to do their chores before they can play.
Session 7

Practice Assessing Impending Danger: Case Application
Practice: Application

- Working in pairs, you will review both FFA’s brought to training
  - Review information domains; determine if information is or is not sufficient
  - If sufficient information-Identify danger threats and related CPC’s using the danger threshold criteria
  - If information is insufficient- Review domains, identify what areas of information are missing and develop plan for gathering additional information
Instructions for Case Practice: Assessing for Impending Danger

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice assessing for impending danger, through analysis of case information and reconciliation of information collection.

Materials Needed:
- Safety Methodology Reference Guide: Information Collection Domains and Danger Threats;
- FFA Brought to Training by Participants.

Instructions:
1. Working within your small groups, each participant is to review the family functioning assessment brought to training by each participant.
2. When reviewing the cases, each participant should be considering:
   a. Information that supports each information domain as being sufficient or insufficient;
   b. Rationale for decision regarding sufficiency for each domain;
   c. Information that supports the identified caregiver protective capacities;
   d. Justification of the danger threat or absence of danger threat using the safety threshold criteria.
3. Following each case review, the pair will complete the worksheet for the large group report out.
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<tr>
<th>Domain</th>
<th>Sufficient: Yes or No</th>
<th>Justification</th>
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<tr>
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<td>Nature of Maltreatment</td>
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<td>Child Functioning</td>
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<td>Adult Functioning</td>
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<td>Parenting Discipline</td>
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