

# **Assessing Present Danger**



### Assessing Present Danger

Estimated Time 6 Hours
Order/Overview

Introduction (40 Minutes)

Agenda

Objectives

Pre-Test

Session 1 (30 Minutes)

Review of Methodology Case Flow

Review Case Flow and Objectives of Flow

Session 2 (45 Minutes)

Present Danger

What is Present Danger?

Danger Threats-Present Danger Application

Session 3 (1.5 Hours)

Assessing for Present Danger

What it Takes?

Worker Skills and Competencies when Assessing Present Danger

What an Assessment Is and Is Not

Practice Assessment Skills and Competencies

Session 4 (2 Hours)

Applying Concepts to Case Practice Case Scenarios

Clarifying Points and Directing Practice

Wrap Up and Review (30 Minutes)

Post Test Training Evaluation

### Logistics

- Flip chart/markers
- LCD projector and screen
- Computer and Audio for Video
- Internet Connection for Video

## 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 Introduction** 

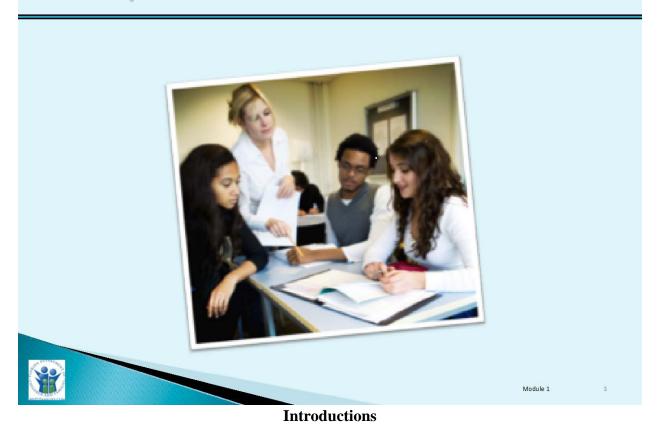
### **Slide Purpose:**

- 1. This slide is intended to provide the background as well as the context for this training session.
- 2. The introduction should provide an explanation for this training within the larger context of what is happening with respect to supporting the implementation of a systematic safety assessment practice that engages families.

- 1. The "Safety Methodology" emphasizes:
  - a. A common language for safety assessment;
  - b. A common set of constructs for identifying children who are unsafe;
  - c. A standardized risk assessment;

- d. A common set of constructs that guide non-negotiable safety interventions and remediation for unsafe children;
- e. A common set of constructs that guide development of case plan outcomes that are focused on change.
- Safety Methodology practice, information collection and decision making provides the essential foundation of all intervention that occurs as part of the Safety Methodology, and continues throughout our engagement with families.
- 3. This training is one activity within a larger strategy plan to assure that the Safety Methodology is implemented with fidelity.
  - a. (Fidelity refers to standardized practice and decisionmaking that is performed and occurs in the field as originally designed and intended.)

## **Participant Introductions**



### **Slide Purpose:**

1. The trainer should introduce himself or herself.

### **Trainer Narrative:**

- 1. Begin by the trainer providing his or her own introduction.
- 2. Introduce yourself; indicate experience in child welfare and in training.
- 3. Mention personal experience, interest and preparation related to Safety Methodology and leading this workshop.

### **Activity/Exercise:**

- 1. Participant Introductions.
  - a. The trainer may choose to develop a warm-up approach to introductions or simply conduct the introductions straight out.

- b. Participants should indicate who they are, their agency, their position, and their experience.
- c. Inquire of participants what aspects of assessing present danger do you hope to have a better understanding of after this training as part of their introduction.

## **Workshop Training Objectives**

As a result of this training, participants will be able to:

- Recall the difference between impending and present danger;
- Identify the the intention of immediate, significant, and clearly observable in justifying present danger;
- Identify and practice assessment skills utilized when assessing for present danger;
- Practice assessing present danger using case scenarios.



### **Workshop Training Objectives**

### **Slide Purpose:**

1. To introduce workshop-training objectives.

### **Trainer Narrative:**

1. The purpose for the workshop is to review the intervention approach for assessing present danger.

### **Exercise/Activity:**

- Review objectives with participants, reinforcing the concepts that were acquired in the previous trainings as a foundation for the training.
- 2. Concepts such as danger threats, present danger and impending danger, and safety planning.

## Workshop Agenda



Agenda

3 Minutes

### **Trainer Handout:**

1. **Agenda**. Located in the participant guide.

### **Activity/Exercise:**

- 1. Review the agenda.
- 2. Address any facility or workshop logistics concerned with the daily schedule, room or building instructions, etc.

### **Assessing Present Danger**

### Office of Child Welfare In-Service Training

### Agenda

### 9:00-4:30

Introduction

Objectives

Agenda

Pre-Test

Session 1

Review of Methodology Case Flow

Review Case Flow and Objectives of Flow

Session 2

Present Danger

What is Present Danger?

Danger Threats-Present Danger Application

Session 3

Assessing for Present Danger

What it Takes?

Worker Skills and Competencies when Assessing Present Danger

What an Assessment Is and Is Not

Practice Assessment Skills and Competencies

### Lunch 11:30-1:00

Session 4

Applying Concepts to Case Practice

Case Scenarios

Clarifying Points and Directing Practice

Wrap Up and Review

Post Test

**Training Evaluation** 

# **Baseline Knowledge Assessment**

- Inform training and development;
- Provide feedback to trainer;
- Measure change.





### **Baseline Knowledge Assessment**

### 15 Minutes

### **Slide Purpose:**

1. Information to participants to inform assessment.

- 1. What is provided during this training depends on other knowledge and other skill which each of you bring to the process.
- 2. Training focuses on individual knowledge of essential concepts that underpin safety intervention practice and decision-making.
- The curriculum objectives are to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding assessing for present danger.
- 4. Inform participants that this is not a test but, rather, a gauge of their knowledge base.

- 5. The assessment will be used to inform further assistance and staff development activities, at a global and individual level for participants.
- 6. In addition, we will reflect back upon their answers at the conclusion of the training.

### **Activity/Exercise:**

- 1. Hand out the competency pre-test assessment for participants.
  - a. Loose Handout.
- 2. Allow participants 15 minutes to complete the worksheet.
- 3. Have participant's hand in their worksheets to the facilitator.

### TRAINER VERSION PRE TEST AND ANSWER KEY

1.	The focus of the Family Functioning Assessment is?
	<ul> <li>A) To determine if children are in present danger.</li> <li>B) To identify the parents caregiver protective capacities.</li> <li>C) To identify families where children are unsafe and are in need of ongoing services.</li> <li>D) To develop case plan outcomes.</li> </ul>
	E) To identify the risk level of families.
2.	The focus of the family functioning assessment is ?
	<ul> <li>A) The household where alleged maltreatment has occurred.</li> <li>B) The biological parents.</li> <li>C) Wherever the child is at the time of the hotline report.</li> <li>D) The residence of the parents.</li> <li>E) There is no focus for the family functioning assessment.</li> </ul>
3.	The initial risk assessment is completed?
	<ul> <li>A) When the hotline is received by the CPI.</li> <li>B) For each parent, regardless of their household.</li> <li>C) Only when children are safe.</li> <li>D) At the conclusion of the family functioning assessment.</li> <li>E) At any time during the assessment.</li> </ul>
4.	There are Danger Threats:
	A) 8. B) 12. C) 5. D) 20. E) 11
5.	This danger threat requires that you obtain supervisory approval prior to identifying:
	<ul> <li>A) Parent is violent, impulsive, or acting dangerously.</li> <li>B) Household conditions are hazardous.</li> <li>C) Parent intentionally and willfully acted to cause injuries to the child.</li> <li>D) Other.</li> <li>E) None of the above.</li> </ul>

6.	considered for impending danger:	
	A) Child has serious illness or injury (indicative of child abuse) that is unexplained, or explanations are inconsistent with the illness or injury.	
	B) Other.	
	C) Parent/Legal Guardian/Caregiver is not meeting the child's essential medical needs and the child is /has already been seriously harmed or will likely be seriously harmed	
	D) Parent/Legal Guardian/Caregiver is threatening to seriously harm the child; Parent/Legal Guardian/Caregiver is fearful he/she will seriously harm the child.	
	E) All danger threats are both present and impending danger threats.	
7.	Assessing is:	
	A) Timely.	
	B) A one-time occurrence to complete the Family Functioning Assessment.	
	C) Continual and dynamic.	
	E) Completed without the family.	
	Getting information about objects, events, moves, attitudes and phenomena using one or nore senses is:	
	A) Being alert.	
	B) Asking a lot of questions.	
	<ul><li>B) Asking a lot of questions.</li><li>C) An essential skill for all workers.</li></ul>	
	D) Observation.	
	E) C and D	
9.	Critical Thinking:	
	A) Occurs when we use our knowledge of one thing, process to determine if another	
	thing, process is true.	
	B) Discriminating and/or separating information	
	C) Rules for deriving valid conclusions; when reasoning does not follow the	
	rules=illogical	
	D)Taking into account relevant evidence or argument to revise a current understanding.	
	Critically open to alternatives, willing to think about other possibilities.  E) All of the above.	
	E) An of the above.	
10.	Present Danger can be assessed at any time.	
	True	
	False	



## Session 1

Foundational Knowledge: Review of Methodology



### Foundational Knowledge: Review of Methodology

Session 1: 30 Minutes

### **Slide Purpose:**

1. To provide an overview of Session 1.

- 1. Provide a brief overview of Session 1
- 2. Inform participants that prior to beginning Session 1 that we will be challenging our knowledge base and recall from previous training and application of methodology.

## Family Functioning Assessment (FFA)

### **Purpose Practice Objectives** Identify families in which Determine children who are unsafe children are unsafe and in Protect children who are unsafe need of ongoing protective Establish and manage safety plans supervision (whether non-Verify the occurrence of judicial or judicial in-home maltreatment or out of home) Identify problems associated with impending danger threats and caregiver protective capacities Refer families for communitybased supports based upon risk assessment determination Family Functioning Assessment (FFA)

### **Slide Purpose:**

1. To provide the review of the purpose of the family functioning assessment.

- Reinforce with participants that the family functioning assessment is a process that focuses on determining what families are in need of ongoing case management based upon a determination of unsafe.
- 2. Review the practice objectives with participants.
- The Safety Methodology is focused on ensuring that the "right" families are being served through case management services.
   Meaning unsafe children.

4. Therefore there must be precision in the decision making for children and families.

### **Trainer Note:**

- 1. Participants may raise the question regarding the application of the risk assessment.
- Should this occur, reinforce that the decisions that are outlined in Family Functioning Assessment are safety decisions that must be made to determine which families are unsafe and who must be served through ongoing case management.
- 3. The assessment conducted with the family will also inform the risk assessment and based upon the household risk assessment and engagement with families, families may be referred to community based service providers.

## "Focus" of the Family Functioning Assessment

### ▶ Focus

- Whom are we assessing
- What Household are we focusing on?





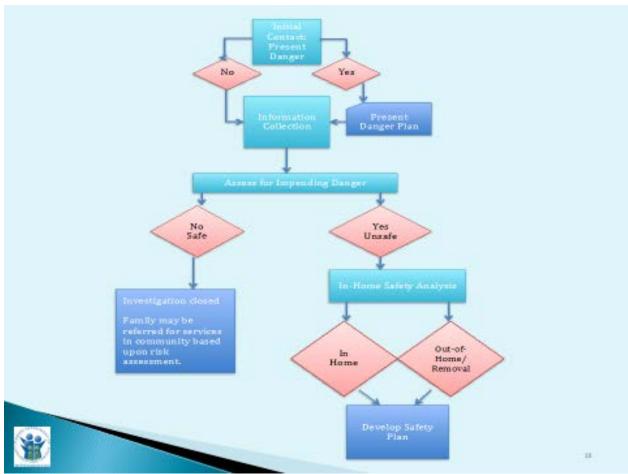
### **Focus of the Family Functioning Assessment**

### **Slide Purpose:**

1. To articulate the focus of the family functioning assessment through clearly identifying the household of focus.

- 1. The focus of our assessments, and purpose of our interventions remains constant-the household where the alleged maltreatment has occurred and where we must determine if children are or are not safe.
- 2. Our assessments are focused on parents/legal guardians who have the primary, significant caregiver responsibility for caring for children in their own households.
- 3. This focus begins at hotline and continues through the course of

- our work with families.
- 4. For the CPI, part of their assessment is determining who is responsible for the child in regards to safety, permanency, and well-being within the household.
- 5. At times this determination is clear and other times, such as with blended families, we may see various household members that are responsible for the child's safety, permanence, and well-being.
- 6. In particular this begins with the present danger assessment that is conducted first by the CPI.



Safety Decision Making Case Flow Chart: CPI

### **Slide Purpose:**

1. To provide the visual for the safety decision making case flow process for CPI in assessing present danger.

- 1. Remind participants that the decision making case flow begins with the assessment of present danger.
- 2. Inquire of participants why the focus of the present danger assessment is first and foremost conducted:
  - a. Seek responses such as if children are in present danger we must take action;
  - b. When there is present danger we cannot continue with other interventions until we understand the danger.

- 3. It is important that we as practitioners recognize when present danger is occurring so that we can take the necessary action to ensure child safety.
- 4. This requires that as practioners that we utilize our skills and competencies.

## Essential Skills for CPI/CM

- Engagement
- Teaming
- Assessment/Understanding
- Planning
  - Present Danger Plan
  - Safety Plan





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### **Essential Skills for the CPI/CM**

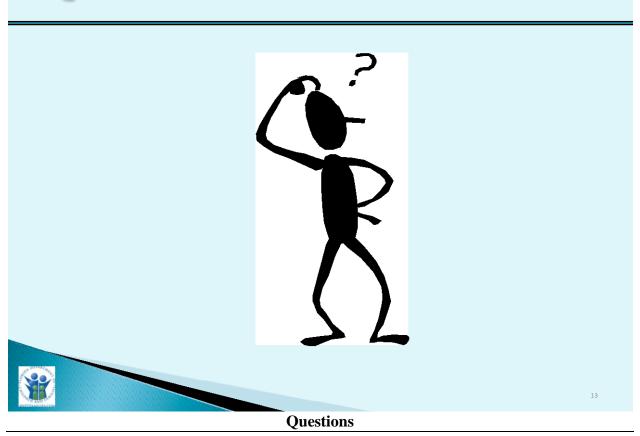
### **Slide Purpose:**

1. These slides are intended to remind the participants of the essential skills we deploy in our work.

### **Exercise/Activity:**

- 1. Review each of the skills with participants.
- 2. Inform participants that we will be focusing during this training on the core skills of assessing and understanding.

# Questions?



### **Slide Purpose:**

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

- 1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
- 2. Answer any questions and/or provide any clarification as needed.
- 3. Inform participants that in the following sessions will expand upon the foundational knowledge received at training and provide an opportunity for practicing assessing present danger through utilization our skills.
- 4. Transition to next slide.



Session 2 Time: 45 Minutes

### **Slide Purpose:**

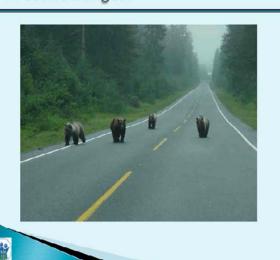
1. Introduction slide for Session 2.

## **Present Danger**

- Evaluating child safety at initial contact.
- 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.



## **Present Danger?**





**Present Danger** 

### **Slide Purpose:**

- 1. To provide the visual for the definition of present danger (Slide 1)
- 2. To provide a visual for discussion points of present danger (Slide 2).

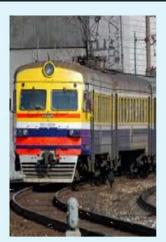
- 1. Review present danger definition with participants.
- 2. Emphasize the key words in this definition are:
  - a. <u>Immediate</u> This means that what is happening in the family is happening right before your eyes. You are in the midst of the danger the child is subject to. The threatening family condition is in operation.
  - b. <u>Significant</u> Referring to a family condition, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. Can you get the feeling for what we are saying here about significant? The family condition exists as a dominant matter that must be dealt with. As we look at

- examples of present danger threats, the idea of significant will come through to you.
- c. <u>Clearly Observable</u> Present danger family conditions are totally transparent. You see and experience them. There is no guesswork.
- 3. Present danger, the dangerous situation is in the process of occurring, which means it might have just happened (e.g., child presents at the emergency room with a serious unexplained injury); is happening (e.g., an infant is left unattended in a parked car with outside temperatures of 105F); or happens all the time and is reasonably expected to happen again immediately or in very near future (e.g., young children (7, 5, 3) were left home alone every night from 10p 7a for the past 2 weeks while mom goes to work, were left home last night and will be left again tonight), domestic violence that has been occurring frequently in the home with no level of predictability.)
- 4. In present danger, the danger threat is active—it exists or is occurring.
- 5. When children are in present danger, the fact of danger itself is sufficient for you to act—intervene.
- 6. When we consider the fact of danger, we mean, that danger is real, it is in action and therefore we must take action.
- 7. Danger is not determined based independently on the location of the child.
- 8. For example a young child who is hospitalized due to severe, unexplained trauma is not necessarily not in present danger because of the location of the hospital.
- 9. The injury is real, observable, severe, and is occurring in the present tense. The focus of the concerns rests with the parents/caregivers who are not able to explain or provide a reasonable explanation of the injury. This equates to present

- danger and an action must be taken. The action could include the continued stay of the child in the hospital with a present danger plan that ensures that the child's safety is being maintained in the hospital.
- 10. Intervention must be immediate—the very day it is encounteredan immediate, same-day DCF (investigator during investigations or case manager during ongoing services) protective action.
- 11. Ask participants to identify situations or behavior examples of present danger.
  - a. Examples such as: Young child (ages 0-2) who is currently unsupervised and no parent/caregiver are present; child who has a skull fracture and parents/caregivers are not able to provide an explanation that is reasonable.
- 12. Transition to next slide.
- 13. Ask participants to consider themselves the person taking this photo-facing four bears on the road in front of them.
- 14. Inquire if they believe that they were in present danger at that time? Ask them to qualify their decision using the key words of the present danger definition: Immediate, significant, and clearly observable.
- 15. Confirm with participants that in fact you are in present danger.
- 16. Three bears, you on the road, bears tend to not be warm and fuzzy and seeking to just give you a hug.
- 17. Most of us would take some sort of action—we don't need to know anymore about the bears or the situation to take action.
- 18. This is not to say that all present danger will be as transparent of the bears on the road.
- 19. We will talk more about the assessing of present danger in this session, but first let's explore the difference between present danger and impending danger.
- 20. Transition to next slide.

## **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.



## The Train was Coming--





**Impending Danger** 

### **Slide Purpose:**

- 1. The purpose of the slide is to provide the definition of impending danger (Slide 1).
- 2. The purpose of the slide is to provide a visual for discussion of impending danger (Slide 2).

- 1. Review definition of impending danger with participants.
- 2. Ask participants what they notice about the manner in which impending danger is described in the slide.
- 3. How does impending danger differ from present danger?
- 4. Why the distinction between present and impending danger:
  - a. Present and Impending Danger manifest within a family differently. Present danger is active and in the process of happening. A child that is in danger constantly, versus a child that is always subject to danger, impending danger.
- 5. Impending danger and the determination of impending danger as based upon gathering information to understand how danger

- manifests within the household.
- 6. Information along the six domains informs the danger threats based upon what we know about how the family functions, how as adult's parents may or may not be acting, and as parents how their parenting may result in children being in danger.
- 7. Whether or not the train is on the danger tracks
- 8. Transition to next slide.
- Unlike at present danger, we know more about the family dynamics, the underlying family conditions and ultimately how danger is manifested.
- 10. The information we gather during the family functioning assessment informs us regarding the danger—so that we can take action that is focused and will ensure child safety—avoiding the train crash or the bear mauling.
- 11. We emphasize this distinction here, as present danger and impending danger are different.
- 12. A family may have been in present danger and not be unsafe at the conclusion of the FFA and vice versa.
- 13. In addition, how we respond to children that are in danger is dependent upon the danger we have identified.
- 14. This training will only be focusing on present danger-we will encourage you to stay within the present danger assessment process throughout today and in your practice.
- 15. Present is qualified using a set of standardized danger threats to assist us in understanding the danger that is occurring.
- 16. Transition to next slide.

## Danger Threats: Qualifying Present Danger

- Danger Threats:
  - 11 Danger Threats;
  - Used to qualify/identify present danger;
  - Descriptions of family conditions that are immediate, significant, clearly observable.





**Danger Threats: Qualifying the Danger** 

### **Slide Purpose:**

1. This slide is providing the overview for danger threats.

### **Handout:**

 Safety Methodology Reference Guide: Danger Threats-Participants should have their reference guides with them at training.

- 1. Proceed to review slide points with participants.
- 2. Emphasize that the threats consist of 11 standardized danger threats that are applied during the present danger assessment.

- 3. In addition staff should be constantly aware of the threats and alert during the course of their work with families should they encounter family conditions that are indicative of danger.
- 4. Reinforce with participants that the danger threats are not a new concept to this training; therefore they should be familiar with the threats.
- 5. To ensure our confidence in what the threats are, we will be doing a brief group exercise.
- 6. Transition to next slide.

## **Practice: Danger Threats**

Working in small groups, each group will complete the matching worksheet for identifying the danger threatsat present danger.





**Practice: Danger Threat** 

### **Slide Purpose:**

1. To provide the instructions for the small group exercise.

### **Exercise/Activity:**

- 1. Groups of 4-5 participants will complete the exercise.
- 2. Handout for exercise is located on page 14 in the Participant Guide.

### **Trainer Narrative:**

1. Inform participants that this is a group activity, where they will be reviewing 10 present danger threat descriptions and they are to identify which present danger threat they believe is being articulated.

- 2. Emphasize that we are looking for recognition, knowing that in practice we would have more information from the scenario, as well as the ability to ask additional questions.
- 3. Review the worksheet with participants prior to breaking into groups.
- 4. Inform participants that they will have 20 minutes to complete the worksheet.

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### TRAINER VERSION

### **Instructions for Matching Present Danger Threats**

### **Purpose:**

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying present danger threats based upon case information.

### **Materials Needed:**

• Safety Methodology Reference Guide: Danger Threats

### **Instructions:**

- 1. Working within your small groups, each participant is to review the present danger matching worksheet.
- 2. When reviewing the scenario, each participant should be considering:
  - a. Information that supports a specific danger threat;
  - b. Justification of the danger threat.
- 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.

### TRAINER VERSION

### **Matching Present Danger Threats Worksheet**

### 1. Scenario:

The father assaulted the mother last night. The father arrived home last night intoxicated and proceeded to punch, kick, and attempted to choke the mother. The 3-month-old infant was in the bed with the mother when the violence occurred. The father was arrested last night, however is out of jail and back in the home today upon arrival to the home. The mother does not wish to press charges against the father. There are no other caregivers in the home and one child, 3 months old. This is the third call police response to the home in the last month for domestic violence. The mother was observed to have bruises on her face and hands.

### **Present Danger Threat Identified:**

Parent is violent, impulsive, and/or acting dangerously. While some may say that the incident occurred last night, the current condition in the home is that violence is in action.

### 2. Scenario:

Children, ages 2 and 4, were found wandering the neighborhood in the early hours of the morning. Neighbors took the children into their home due to not being able to locate anyone at the residence. The neighbors currently have the children in their home and cannot care for the children. There was no response at the residence when CPI arrived to the home.

### **Present Danger Threat Identified:**

No providing for basic needs, to include supervision. Children found wandering, no available caregiver at the point of contact.

### 3. Scenario:

Child, age 3, has a fracture to his left leg. The father of the child pushed the child while the child was jumping on the couch. The father of the child felt that the child had not learned his lesson regarding not climbing on the furniture, as the child has a habit of jumping on the couch. The father reported that he felt that the child needed to be taught a lesson and if the child's legs were broken then maybe he would learn to not jump on the couch, therefore he pushed him off the couch, resulting in the child's injury. The father shows no remorse or concern regarding the child's injury.

**Present Danger Threat Identified:** 

Parents intentional and willful act resulted in serious harm to the child.

Parent intended to break the child's leg, shows no remorse.

### 4. Scenario:

Child, age 12, recently was released from a local psychiatric hospital and was recommended to follow up with local mental health counseling. The parents have felt that the child was doing well and that there was not need for continued care. The child reported to school officials that she wanted to kill herself and that she felt that no one at home cared about her. Parents plan of action was to take child home, as they felt that she was attention seeking.

### **Present Danger Threat Identified:**

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

### 5. Scenario:

Child, age 4, was admitted to the local hospital due to inorganic failure to thrive. The child at age 4 weighs approximately 30lbs, is anemic, dark circles under her eyes, and limited verbal skills. Both parents report that they feed the child and that there is no way that the child was failure to thrive. There are no other children in the home and there have been three prior reports concerning neglect with the family. Medical personnel confirm that the cause of failure to thrive is not a result of a medical condition, but rather neglect.

### **Present Danger Threat Identified:**

Child has serious illness or injury (indicative of child abuse) that is unexplained, or the parent's/legal guardians or caregivers explanation are inconsistent with the illness or injury.

### 6. Scenario:

Child, age 17, was diagnosed at a young age with cystic fibrosis. The child is unable to manage the condition without assistance. Both the parents

work full-time and feel that the child should be able to hand his medical care on his own. The child was admitted for the fourth time in three months due to passing out in school due to not being able to breath. Medically the child cannot care for his medical condition with out support and the parents are not engaged in his treatment, nor were receptive to the medical interventions/support. The child is ready for discharge when the CPI arrives to the hospital.

### **Present Danger Threat Identified:**

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

### 7. Scenario:

Report is received that family, who has significant history with the Department to include an infant fatality due to neglect, is reported to have given birth to a new child. The family fled the hospital shortly after giving birth to the child. The mother left AMA with the child. The infant fatality was due to chronic neglect and failure to thrive. The infant died at 4 months of age.

### **Present Danger Threat Identified:**

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

### 8. Scenario:

Father is deployed to Iraq and mother to three small children, all under the age of 4, reports feeling overwhelmed, exhausted, and unable to handle her children. The family is new to the area and has no supports. The mother feels that if she cannot get a break from the children that she may do something to them or herself, mother has contemplated suicide and homicide.

### **Present Danger Threat Identified:**

Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.

#### 9. Scenario:

Upon entry to the home there is no visible floor space that is not inhabited by garbage and/or feces. The children are contained to the back of the home, in a small room with little to no ventilation. The children are ages 3, 5, and 7. The children are filthy-matted hair, crusted clothing, and have a foul smell to them. The parents appear unaffected by the condition of the home. The home has no running water, which has resulted in the bathroom being unusable. There is minimal food in the home and several areas within the home that the children cannot navigate without concern for their safety.

## **Present Danger Threat Identified:**

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

#### 10. Scenario:

In meeting with the family, the mother refuses to look at the child, acknowledge the child, or mention the child. The child, age 10, has no communication with his mother and often times spends the day in his own room or out in the neighborhood. There is no curfew or concern for the child by the mother. The mother states that she hates her son and could care less if he did not ever come home.

## **Present Danger Threat Identified:**

Parent/legal guardian or caregiver views the child and/or acts toward the child in extremely negative ways and such behaviors has or will result in serious harm to the child.

# **Activity Report Out**



## **Slide Purpose:**

1. This slide is intended to provide a visual for the activity report out.

#### **Trainer Note:**

1. Use the trainer worksheet located in the Trainer Guide to guide the report out with groups.

#### **Trainer Narrative:**

1. Begin the exercise report out with the first scenario, review briefly the scenario and then seek the large group response, through engaging each group reporter in what they identified as the present danger threat and their justification of the danger threat.

- 2. Validate answers that are accurate, based upon the trainer guide and proceed to the next scenario, repeating the process.
- 3. At the conclusion of all 10 scenarios, inquire of participants their perceptions/experience with the exercise.
- 4. Did they find the exercise challenging or easy? What were some things that they found useful?
- 5. Inform participants that we will be transitioning now to exploring the assessment of present danger, focusing on the skills and the application of the assessment of present danger.
- 6. Transition to next slide.



## Session 3

## **Assessing for Present Danger**



## **Assessing for Present Danger**

**Session 3 Time: 1.5 Hours** 

## **Slide Purpose:**

1. To provide a visual for the introduction of Session 3.

- 1. As we discussed in Session 2, the assessment of present danger is a critical component of the work we do daily with families.
- 2. Often times when present danger exists the family is in a state of crisis and therefore we have to take action.
- 3. In this session we will explore the assessment of present danger and the skills that we utilize as workers to assess for present danger.

## How Do We Assess Present Danger?



Why Do We Assess Present Danger

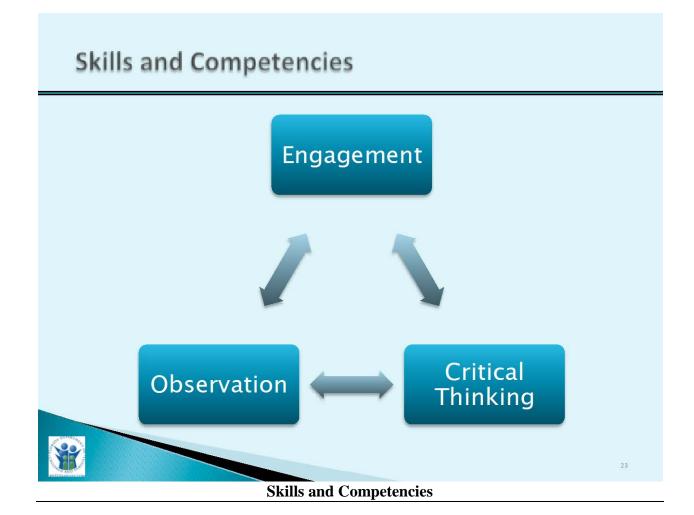
### **Slide Purpose:**

1. This slide is to provide a visual for an individual exercise that is part of centering the participant in their skills of assessing.

- 1. Confirm with participants: Everyone in this training has assessed present danger at one point in time or another-is that a fair statement? (Note only participants that have practiced should be in the training, so confirmation should be achieved)
- 2. Instruct participants that you want them to think about the skills/process that you utilized during your assessment of present danger—take a minute or 2 and write down those skills/process.
- 3. Inform participants that this does not have to be an exhaustive list,

just a few bullet points.

- a. Allow participants 2-3 minutes to complete their notes.
- 4. Inquire of participants what they wrote down as the skills and process.
- 5. Validate with participants regarding skills such as engagement, observation, interviewing, and process items such as talking to the child, engaging with partner agencies when needed.
- 6. Confirm with participants that the skills they mentioned, as well as the process are all part of the assessment of present danger and that as we move through the next session that we will be exploring further those skills as applied at present danger and challenge our thinking in how we utilize our skills.
- 7. Transition to next slide.



#### **Slide Purpose:**

1. The purpose of this slide is to provide the visual for the discussion regarding the skills and competencies utilized by staff during the assessment of present danger.

- 1. Review the three core competencies/skills with participants.
- 2. Inquire of participants what each one means to them:
  - a. Engagement
    - i. What does engagement mean in practice?
    - ii. Validate examples of engagement in practice such as remaining respectful, keeping biases in balance, making eye contact, etc.

#### b. Observation

- i. Inquire what observation means in practice.
- ii. Validate examples of observation in practice such as what we see, hear, smell (dirty houses), and also what we read.

## c. Critical Thinking:

- iii. What does it mean to critically think in practice?
- iv. Validate examples of critical thinking in practice this one may be harder for participants to grasp than
  others-critical thinking examples could include the
  ability to see both sides of the situation, exploring
  all options, etc.
- 3. Summarize for participants that they may notice that the arrows in the diagram are double sided.
  - a. This is to provide the visual that each of these competencies is related and that without utilizing all three, our assessment would be incomplete.
- 4. Inform participants that we will be exploring each competency and also will be practicing the competency.
- 5. Transition to next slide.

## **Engagement: Utilization of Skills**

- Probing;
- Going beyond what is said;
- Seeking clarification;
- Reflecting content;
- Reflecting feeling and meaning;
- Active Listening;
- Self-Aware.





**Engagement** 

### **Slide Purpose:**

1. To provide a visual for engagement as a skill for assessing.

- 1. The competency of engagement is critical when working with families.
- 2. There are various skills; techniques that as workers we often have to deploy based upon the family we are working with.
- 3. Some core skills associated with engagement are:
  - a. Begin with Probing.
    - i. What we mean by probing is that we often have to seek information from our families that at times

- may require that we find ways to ask different questions.
- ii. Probing is often associated to going beyond what is said, which may require that we clarify information.
- iii. Clarifying information seeks to identify the meaning or explanation of information.
- iv. This often requires that we have to reflect content, feeling and at times the meaning of the information back to the person we are assessing, such as what I hear you saying.... is this right?
- v. Key to our ability to probe, clarify, and reflect is our ability to be engaged and active in our listening.
- vi. Remaining focused on the person or situation we are assessing-being present.
- vii. Which requires that we are self-aware in our actions and responses. Being mindful of being present, being respectful, being open minded.
- 4. Another consideration in our engagement is also the ability to defuse parents that may be resistant.
- It is a natural reaction to be resistant when DCF is knocking on our doors. Most of us would be concerned, a bit scared, and more likely than not a bit defensive.
- 6. During present danger it is also a time where there is often a crisis occurring in the home, which increases the parents/caregivers feelings and potential resistance to us.
- 7. How should we hand the resistance?
- 8. Inquire of participants some strategies that they might deploy?
- Look for examples such as: remaining calm, allowing some healthy ventilation, not getting defensive with the family, remaining focused.

- 10. Inquire if there are any questions regarding the skill of engagement.
- 11. Inform participants that engagement is not new to us, but rather here we take the time to reflect on the critical nature of the application of engagement skills to the assessment of present danger.
- 12. Transition to next slide.

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# **Practice: Engagement**

- Working in pairs, each group will be working on practicing their engagement skills.
- The goal of the exercise is to try to get the other person to share with you something about themselves - it does not have to be overly personal, just something.





**Practice: Engagement Skills** 

### **Slide Purpose:**

1. This slide is intended to provide a visual for the engagement practice exercise.

### **Exercise/Activity:**

- 1. The activity is intended to be conducted in pairs.
- 2. Ideally the partners should not know each other very well.

#### **Trainer Narrative:**

1. This is your opportunity to engage with each other with the focus of trying to garner commitment from your partner.

- 2. As the worker, your goal is to get your other person to share something about them. For the worker to have an understanding of who the person is.
- The worker will be working on utilizing their listening skills, establishing rapport, and gaining commitment to continue the conversation.
- 4. Some of you may choose to be a bit resistant during this exercise and this is ok and will allow your partners to work on their engagement skills.
- 5. Inquire if there are any questions prior to beginning the exercise.
- 6. Inform participants that each person will be practicing the exercise for approximately 5 minutes. After 5 minutes, groups will switch.
- 7. We will plan to debrief the exercise as a large group following each practice opportunity.
- 8. Transition to next slide.

## **Activity Report Out**



- Worker: Share one thing you did well.
- As the Interviewee: Share one thing the worker did/said that worked well.
- Worker: Share one thing you will do differently next time.
- As the Interviewee: Share one thing you suggest the worker consider doing differently next time.

**Activity Report Out** 

### **Slide Purpose:**

1. This slide is intended to provide a visual for the activity report out.

- 1. Begin the activity report out with soliciting feedback from the noninterviewer participants:
  - a. What did they observe the interviewers doing well?
- 2. What were some things that they would recommend doing differently?
- 3. Conclude the exercise with validating feedback provided by the participants.
- 4. Transition to next slide, focusing on the skill of observation.

## Observation: Utilization of Skills

 Observation is getting information about objects, events, moves, attitudes and phenomena using one or more senses.





Observation: Utilization of Skills

### **Slide Purpose:**

1. To provide a visual for the skill of observation in assessing present danger.

- 1. Review slides points with participants.
- 2. Emphasize the skill of observation encompasses the utilization of a combination of our senses:
  - a. Sight: What we see.
  - b. Hearing: What we hear..
  - c. Smell: What we smell—sometime what we don't want to smell.

- 3. As we observe our families we take information in—we analyze that information and we use our observations to inform our assessment.
- 4. Remind participants that each skill is interrelated when assessing families.
- 5. Inform participants that during our last exercise we utilized our observation skills, in particular our listening as a form of observation.
- 6. Inquire if there are any questions regarding observation.
- 7. Address any questions or comments.
- 8. Inform participants that we will be practicing our observation skills.
- 9. Transition to the next slide.

## Practice: Observation

- As a large group we are going to review some pictures and hear an audio over the next couple of minutes.
- As we review the pictures, we are going to be aware to what we see in the pictures.
- We will then hear an audio, that we also will be paying attention to what is occuring.
- Take notes as you need.





**Practice: Observation** 

### **Slide Purpose:**

1. To provide a visual for the practice exercise of observational skills.

#### **Exercise/Activity:**

- 1. Audio and Video:
  - a. Ensure that Internet is loaded and that video is sequenced.
  - b. Website is located on the PPT under the note section for access.
  - c. https://www.youtube.com/watch?v=IpjinRTSGNQ

#### **Trainer Narrative:**

1. Every day we use our observation skills to draw conclusions about not only the families we work with but also our own environment.

- 2. For example, how many of you have found yourself waiting either in a waiting room or at an airport and you spend the time observing others around you?
  - a. Do you also find that you start to ask yourself questions about what or who the people are? Why are they at the doctor or if they are at an airport, where they are going?
- 3. Observation is a critical skill that most of us are highly aware of.
- 4. The part that we often miss is drawing conclusions regarding our observation and what our observations mean.
- 5. Here we are going to take a look at some photos, as well as watch a police video.
- 6. Proceed to show the first photo slide.
- 7. Transition to next slide.

## **Practice: Observation Skills**



**Practice: Observation Skills** 

## **Slide Purpose:**

1. To provide a visual for the photo for observational skills.

- 1. Show participants the photo of the disorganized room.
- 2. Ask participants to look at the picture.
- 3. Inquire of participants what they observe/notice about the photo:
  - a. Allow participants to share their examples and validate examples observations:
  - b. Observations such as: Cluttered room; a child's room based upon the wall paper and toys noticed; clean walls, nothing noticeable as hazardous, older child's room based upon the items.

- 4. After participants have shared their observations, what conclusions have they drawn about the condition of the room? Seek answers/conclusions regarding the room is not immediately threatening-definitely cluttered, but not to the degree that it would be considered a present danger.
- 5. Transition to next slide.

## **Practice: Observation Skills**



**Practice: Observation Skills** 

## **Slide Purpose:**

1. To provide a visual for the second photo for observational skills.

- 1. Show participants the photo of the room.
- 2. Ask participants to look at the picture.
- 3. Inquire of participants what they observe/notice about the photo:
  - a. Allow participants to share their examples and validate examples observations:
  - b. Observations such as: Cluttered room; a small child's room-notice the child standing on the dresser on the left side of the picture, walls are unclean, space heater in the middle of the room, surrounded by material, bed on the

- floor, no clear pathway for the child to navigate, more than one person in the room-two beds.
- 4. After participants have shared their observations, what conclusions have they drawn about the condition of the room? Seek answers/conclusions regarding the room is immediately life threatening for this child-who is on the dresser right now-space heater in the center of the room with clothes next to it and the bed.
- 5. Our observation skills are essential to our assessment and how we proceed in drawing conclusions.
- 6. Another part of observation is also listening to what is being said by people and seeing how they interact.
- 7. Next we are going to take a look at a video of a police encounter.
- 8. Transition to next slide.

## **Practice: Observation Skills**



**Practice: Observation Skills** 

## **Slide Purpose:**

1. To provide a visual for the photo for observational skills.

### Video Link:

- 1. https://www.youtube.com/watch?v=IpjinRTSGNQ
- 2. You will need to load the video via Internet connection.

- 1. Inform participants that we will be watching a video, approximately 6 minutes long.
- 2. The video is based upon a police call out for domestic violence.

- 3. Request that participants take notes, or jot down some thoughts as they watch the video.
- 4. Show participants the video.
- 5. Inquire of participants what they observe/notice about the video:
  - a. Allow participants to share their examples and validate examples observations:
  - b. Observations such as: Woman with multiple injuries, there are at least two children that we know about (based upon each being the father to a child), prior arrests for DV by the one guy, injuries sustained by the guy-appear to be as a result of her struggling back.
- 6. After participants have shared their observations, what conclusions have they drawn about the people in the video? Seek answers/conclusions such as: Convoluted relationships, past violence between the mother and father.
- 7. Observation is a critical skill; however, we also must be aware that there are limitations to our observation.
- 8. That may be why we are struggling to go beyond just the surface what conclusions we can draw on any of the examples we just went through.
- 9. Transition to next slide.

## 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.



### **Observation: Advantages and Disadvantages**

#### **Slide Purpose:**

1. To provide a visual for observations, advantages and disadvantages.

- 1. During our assessment we have to be mindful of how our observations are influencing our assessment.
- 2. Review slides points with participants.
- 3. Relate the disadvantage of artificial settings as a common barrier in child welfare.
  - a. What are some strategies that we can consider in addressing this barrier?
    - i. Seek Responses such as:

- 1. Utilization of others for observation-such as family and friends.
- 2. Creating a natural setting for contact-such as in the home.
- 4. We also have to be self-aware in regards to the bias we may have in regards to the family and situation.
  - a. Are we remaining open to change or are we focusing on the potential that the parent may be "faking"?
- 5. Lastly, we have to be clear on what the observation means.
- 6. In the police arrest video we heard and saw a lot of emotions as well as heard a lot of allegations.
- 7. What those allegations mean and what the emotions mean at this point in time is not realistic based upon our observations, we need to know more. Not concluding one way or the other is key in interpreting our observations--we have to seek to clarify with the people their reactions/allegations.
- 8. Would that day be appropriate to try to "clarify" with either parent?
- 9. Most probably not that day due to the family being in crisis.
- 10. The same can be said for the household where the toddler is standing on the dresser—we don't know really why their home looks the way it does—and today we are not going to be able to fix that home—because the family is in a state of present danger.
- 11. Inquire if there are any questions regarding observation before we transition to our last skill of critical thinking.
- 12. Clarify any questions or comments
- 13. Transition to next slide.

## 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.

> A statement by Michael Scriven & Richard Paul presented at the 8th Annual International Conference on Critical Thinking and Education Reform, Summer 1987

**Critical Thinking: Utilization of Skills** 

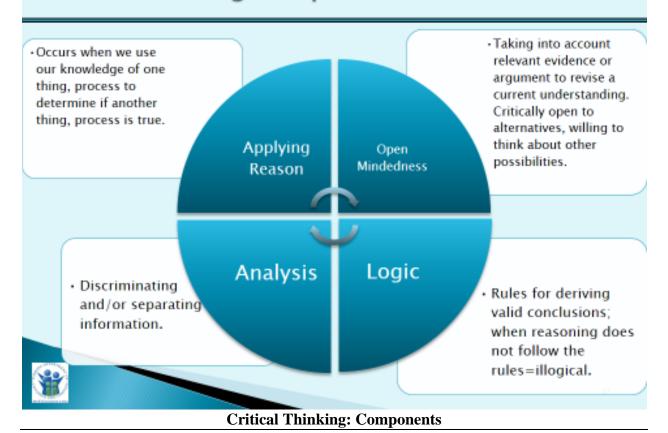
### **Slide Purpose:**

1. To provide a visual for critical thinking: utilization of skills.

- 1. We have heard the term critical thinking consistently throughout the implementation of the methodology.
- 2. You may have even heard that the methodology is a "thinking" model.
  - a. And yes it is a thinking model.
- 3. Critical thinking is defined by Scriven and Paul (1987) as:
  - a. 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.
- 4. So what does that mean...Let's take a look at the four components of critical thinking to assist in our understanding of what critical think is as a skill.
- 5. Transition to next slide.

## **Critical Thinking: Components**



### **Slide Purpose:**

1. To provide an overview of the critical thinking components.

- 1. There are four components to critical thinking:
- 2. Open Mindedness:
  - a. First takes into consideration our approach to engaging with families.
  - b. What are our biases that may affect our open mindedness?
  - c. What information we may have that form preconceived notions.

- d. Being open-minded means that we are open to all possibilities based upon information.
- e. That we can conceive that there may be more than one meaning to either observations that we encounter and/or information we receive.
- f. Think of it as the book or a movie; we begin to contemplate the various endings to the story as we read/watch.

#### 3. Logic:

- a. In considering logic, we take the information we receive and contemplate the logical sequence or explanations based upon what the information tells us.
- b. We often apply rules of logic when we do this.
- c. For example, watching a movie that is described as a comedy often does not equate to death and sadness but rather is intended, logically, to leave the viewer in a state of being happy.

#### 4. Analysis:

- a. When we analyze information we are differentiating information along the lines of relevance.
- We are concluding what information is pertinent and what information is not pertinent in regards to our assessment.
- c. Think of this in regards to our Present Danger Assessments, what is relevant and what is not relevant to conclude that a child is or is not in present danger.

## 5. Applying Reason:

 As Child Welfare Experts, we have a plethora of knowledge regarding child development, family conditions, societal norms, law, policy, procedure, etc.

- b. All of our knowledge and expertise informs our ability to reason.
- c. We take into account what we know across a variety of topics/areas to conclude the meaning of information.
- d. For example, a mother who has blood shot eyes, slurred speech, and drug paraphernalia in her possession, and has a history of substance abuse is most likely not suffering from an allergy attack.
- e. Here we have taken our knowledge of substance use, what we know of the physical symptoms of a person under the influence, what we know of the person and applied both logic and reason to draw our conclusion regarding the current status of the parent.
- 6. All four components of critical thinking are engaged when we use this skill.
- 7. We logically link questions to information collection based upon responses from parents; we analyze information to determine what is relevant to support our conclusion regarding the presence or absence of present danger.
- 8. We also must logically think about what our own knowledge and expertise is in regards to understanding when we need to engage with other professionals to assist us as we move towards determining if impending danger exists.
- A good example of this is often around present dangers that deal with severe mental health, domestic violence, and unexplained injuries.
- 10. We at times may need to deploy our partners in LE, CPT, and DV to assist us in informing our assessment-to include the danger and the CPC's of our parents/caregivers.

- 11. How we engage with families, the focus of our observations, the questions we ask are all derived from the deployment of our critical thinking.
- 12. We logically link questions to information collection based upon responses from parents; we analyze information to determine what is relevant to support our conclusion regarding the presence or absence of present danger.
- 13. We also use this information to formulate how we will engage with parents—parents that are closed or resistant; we have to critically think about what we know about engaging the closed/resident parent and what we know about the parents (such as trauma experienced) to logically engage with parents for present danger planning.
- 14. Inquire of participants if they have any questions or comments regarding critical thinking.
- 15. Clarify any questions or comments and then inform participants that as we have done with the past two skills, we will spend some time practicing critical thinking, however we will practice this skill during our case application.
- 16. Transition to next slide.



Session 4 Time: 1.45 Hours (Including a break)

### **Slide Purpose:**

- 1. To provide a visual for Session 4.
- 2. Show the first slide briefly, and the show the second slide while providing the trainer narrative.

- 1. Inform participants that Session 4 is all about the practice.
- This is the opportunity to practice their assessment skills as well as to apply the present danger threats to practice during their assessment.
- 3. We will be utilizing several case examples during the next two exercises.
- 4. We will be pulling together all of the skills that we just reviewed, as well as further developing our critical thinking skills.

# Practice: Applying Concepts to Our Practice

- In small groups of 4:
  - Review written case information: Hotline and Present Danger Assessments;
  - Determine if present danger assessment is justified or not justified;
  - Provide justification for decision.





**Practice: Apply Concepts to Our Practice** 

### **Slide Purpose:**

1. To provide a visual for the photo for observational skills.

### **Activity Handout:**

1. Present Danger Case Scenarios: Worksheet

- Review instructions located on the worksheet with participants.
   The worksheet is on page 33 of the Participant Guide.
- 2. Inquire if there are any questions regarding the exercise; clarifying any questions or comments.
- 3. Allow participants 45 minutes to complete the activity.

#### TRAINER VERSION

## **Instructions for Present Danger Case Scenarios**

## **Purpose:**

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying present danger threats based upon case information.

## Materials Needed:

Safety Methodology Reference Guide: Danger Threats

#### **Instructions:**

- 1. Working within your small groups, each participant is to review each case scenario: hotline and present danger assessment.
- 2. When reviewing the scenario, each participant should be considering:
  - a. Information that supports a specific danger threat or information that supports the absence of present danger;
  - b. Justification of the danger threat or absence of present danger.
- 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.

# TRAINER VERSION Present Danger Case Scenarios

#### **Hotline Scenario #1:**

There is concern about the mother's ability to function and care for the newborn due to her history of IV drug use and mental illness. There is concern about the father's ability to care for the newborn due to his history of drug abuse and recent state of presenting impaired due to a substance. At the time of the child's birth on 1/1/XX and in the past, the mother was rude and not acknowledging she has issues. In November the mother was in and out of labor and delivery due to problems with her pregnancy. The mother's mood changed from one instance to the next. The mother is very labile. While in the hospital, the mother wouldn't follow instruction. The mother stated she could do whatever she wanted though it was unsafe for her and the unborn child. The mother refused to follow medical advice. The mother has a history of depression and mental disorder. In the past, the mother was hospitalized in the psychiatric unit at Tallahassee Regional Hospital. The last admission was 2 years ago. The mother is under the father's control and she will do what he wants her to do. The mother has a history of IV drug use prior to her pregnancy. She used cocaine and opiates. The mother had multiple hospital admissions because she was sick and suffering from a condition that is secondary to her cocaine and opiate use. The mother was residing with the grandmother prior to delivery. The Grandmother has all the supplies needed to care for the child. The father wasn't involved with the mother for a period of time and unknown reason. Now the mother is going to reside in the father's home with the child. There is concern about the child living at the father's home due to it being unsanitary and filthy and all the household members smoke. During delivery the father disappeared at times and then returned presenting under the influence of a substance. The father presents disheveled with extremely large blood shot eyes, hyper. He was speaking and walking quickly and abruptly. The father wouldn't allow the mother to speak. He answered questions for her and the mother referred to the father when spoken to. The father has cuts all over his face for an unknown reason. The father has a history of drug use; the substance is unknown. The father was instructed to remove his shirt before making contact with the child due to the smell of cigarette smoke.

#### **Present Danger Assessment Scenario #1:**

Baby is one month old and not of an age or cognitive ability to care for herself. The mother suffers from untreated and unresolved depression and has been baker acted in the past. Friends and relatives have expressed concerns for the mother's ability to parent the child due to the mother's immaturity, unresolved mental health issues and lack of impulse control. Friends and relatives also reported concerns that the mother is uninterested in caring for the child. The mother's mood is erratic, from one extreme to the next. Mother has admitted to a history of substance use, including purchasing drugs with the father and using IV drugs. The father was observed to have fresh track marks on his arms. The mother is aware of the father's substance use. Friends and relatives have observed parents under the influence. The mother is immature and does not have the ability to make good decisions regarding her own safety or the safety of the child.

# **Present Danger Identified:**

Yes No

## **Present Danger Threat Identified:**

Parents are violent, impulsive, or acting dangerously, however based upon the information and justification, this threat is not supported.

#### **Justification:**

Immediate: Child is one month old, residing in the home with mother and father-where there are concerns regarding the substance use and ability to care.

Significant: The information presented is significant in regards to the caretaking of the child and the parents current drug usage.

Observable: There are a lot of buzz words-but what do they mean? What is meant by mom's behavior or her mental health? How are either manifesting right now? The observable regarding the father's track marks.

During debrief emphasize with participants that while the information is very concerning, the narrative the worker provides could be more descriptive in regards to the child, the household, and the current behaviors that are occurring in the home.

#### Hotline Scenario #2:

Reporter indicated that Ms. Masters has a severe crack cocaine addiction. She is constantly in debt to the drug dealers in the area and has had the children exposed to the dealers threatening to harm her due to debts. In addition the children, ages 2 and 8, can articulate to family and friends how their mother uses the crack cocaine, as well as how she has used powder cocaine in front of them. The older child has threatened to stab the drug dealers if they continue to come around to the home. The fathers to the children are involved, however Ms. Masters will often keep the children from them in order to get money from them for drugs.

#### **Present Danger Assessment Scenario #2:**

# 1/18 5:30 pm Initial Contact

Home Visit w/Desiree Masters, Johnny Billings, and children

The worker interviewed Ms. Desiree Masters at 217 Blossom Court, Lot #22, Lakeland FL on 1/18. Ms. Masters was informed of the allegation of threatened harm due to her alleged drug use. Ms. Masters stated that Mr. Billings told her that he had called DCF. Ms. Masters stated that she lives in the mobile home with her children, and that Mr. Billings is the father to her youngest child. Ms. Masters agreed to a rapid urine drug screen and tested positive for cocaine and marijuana. Ms. Masters stated that she did have a cocaine problem and that it has recently gotten much worse because she got an income tax refund check and spent it on cocaine. Ms. Masters stated that she had last used powder cocaine yesterday and that she had smoked marijuana that same day. Ms. Masters denied using in front of her children and stated that she does use at home, but it's when the children are with their babysitter, "Wendy."

Ms. Masters stated that she has had drug problems in the past, and that she was at Fremont Treatment Center for three months when she was about 16 or 17 years old. Ms. Masters stated that she went there because of marijuana use, but that she did not stop using it. Ms. Masters stated that she first began using cocaine around that same time, and it got so bad that Jalon had to stay with her mother for 2 years. Ms. Masters stated that she thinks she may be pregnant again.

Ms. Masters stated that she works at Popeye's Chicken and that she makes approximately \$250/week. Ms. Masters stated that Mr. Billings works part-time and that he makes about \$85/week. Ms. Masters stated that she did not renew her food stamps like she was supposed to and that they have lapsed. Ms. Masters stated that she does not have any medical insurance for herself or Shannia because she has not applied for Medicaid. Ms. Masters stated that Jalon has BC/BS insurance through Mr. and Mrs. Bernstein. Ms. Masters stated that she had been trying to control her cocaine habit by working a lot but that it was not successful.

Mr. Billings stated that he told Ms. Masters that he did not know what else to do to help her. Mr. Billings stated that Ms. Masters is addicted to cocaine—both powder and crack. Mr. Billings stated that she has just received an income tax refund check, and that she spent the entire amount on cocaine. Mr. Billings stated that Ms. Masters gets the cocaine from people who live there in the same mobile home park. Mr. Billings stated that Ms. Masters works at Popeye's Fried Chicken and that she works long hours

trying to stay away from the cocaine dealers. Mr. Billings stated that Ms. Masters does not hide her drug use from her children and that she has used in front of her children.

Mr. Billings stated that Jalon found her "crack pipe" the other day, went outside, and tried to throw the pipe on the roof to keep her from getting to it. Mr. Billings stated that Jalon gets very upset about his mother's drug use and threatened to stab her one time in an attempt to get her to stop using. Mr. Billings stated that Ms. Masters's mother's name is Catherine Bernstein and that he has been reporting to her how Ms. Masters's drug problem has gotten worse lately. Mr. Billings stated that he knows Ms. Masters has had drug problems in the past because Jalon lived with Mrs. Bernstein for about 2 years. Mr. Billings stated that he has to come to the home every day because Ms. Masters is not taking care of the children or the home. Mr. Billings stated that he works for Craftsman Warehousing and Rental. Mr. Billings stated that if both he and Ms. Masters have to work he takes the children to a babysitter by the name of "Wendy."

# **Present Danger Identified:**

Yes No

# **Present Danger Threat Identified:**

Parent/Legal Guardian/caregiver is violent, impulsive, or acting dangerously that seriously harms the child or will likely seriously harm the child.

#### Justification:

Immediate: Currently occurring, as mom tested positive for cocaine. Child confirming use in the home and awareness. Use is not isolated or predictable in regards to the mother. Children are 2 and 8 years old, relying on care by their mother. Non-household member has been checking on home due to severity of the usage and neglect to the children.

Observable: Positive UA, child report, mother report, father to youngest report, relative confirmation.

Significant: Usage has left the older child in a situation where he is threatening to harm others. Young child who also has a concern for supervision and safety.

#### Hotline Scenario #3:

The stepfather has been touching Sara inappropriately in a sexual manner. It cannot be determined how long this has been going on. The mother has not been made aware of what the stepfather has been doing. The stepfather's actions have been upsetting to Sara.

# **Present Danger Assessment Scenario #3:**

Sara was interviewed by CPI and LE. Sara provided detailed accounts of sexual abuse by her Stepfather William. William has sexually molesting Sara for the past several months, approximately 1-2 times a week. The molestation includes penetration. Sara reported to her friend about the abuse, which resulted in the current investigation. Sara had not disclosed the abuse to any other persons, including her mother. Sara is an only child and there are no other children in the home. The abuse is reported to have occurred after school when her mother was at work and her stepfather was home. The stepfather is unemployed and stays at home. The mother was made aware of the allegations and has responded promptly and appropriately. The mother has made alternate arrangements for both herself and Sara to stay with the MGM until LE can execute a warrant for William's arrest. The mother presented as caring, supportive, and aligned with her daughter throughout the entire course of the interview and subsequent disclosures.

# **Present Danger Identified:**

Yes No.

# **Present Danger Threat Identified:**

Participants may try to identify the violent and impulsive danger threat, however based upon the information to justify the decision, it would not be supported.

#### **Justification:**

While the stepfather's actions are dangerous, the actions and response by the mother create conditions that are not indicative of present danger. The mother's action mitigates the immediacy, as she has and is taking actions to provide for safety of her daughter.

#### Hotline Scenario #4:

Mother is a severe alcoholic and drinks until intoxication daily. The mother was sober for eight days. There was a 911 hang up call, which prompted police to go to the home. Upon arrival the mother was crying in the back room and the boyfriend was cleaning the kitchen. The mother had an old bruise under her left eye, reported to be as a result of falling off the bed and hitting her eye on a glass on the floor. The boyfriend confirmed the incident. The mother was upset and was arguing with the boyfriend and called 911 by mistake. The mother and the boyfriend were arguing and she had thrown a tray of cupcakes at his foot that caused him to bleed. The mother throws things at the boyfriend and the child when she has been drinking. It was believed that the mother was drinking that day. The child, Michael age 6, is aware of his mom's drinking and thinks that she needs help. The mother has been arrested in the past for child abuse, neglect, and battery because of her drinking problems. The boyfriend is not the biological father to Michael.

#### **Present Danger Assessment Scenario #4:**

Mother was arrested five nights ago for family violence against the boyfriend, due to her being intoxicated and throwing a pan of cupcakes at the boyfriend. The mother was released back to the home with a no violent contact order in place for the boyfriend. The mother picked Michael up from school the day of her release and has not been heard from in the past four days. Michael has not returned to school and the boyfriend has not heard from the mother or the child. The boyfriend is concerned that something might happen to Michael if he is left with the mother alone due to her excessive drinking and violence towards him and Michael. The mother consumes alcohol daily and was only sober for the 8 days because she was hospitalized due to alcohol related medical complications. The mother has no family or friends in the area that the boyfriend is aware of and family out of state have also not heard from the mother. The mother does have a history of depression and has been Baker Acted in the past due to thoughts of harming herself.

# **Present Danger Identified:**

Yes No

#### **Present Danger Threat Identified:**

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

#### **Justification:**

Immediate: Yes, location of child unknown.

Significant: Yes, mother has lengthy history of alcohol abuse; to include recent hospitalization due to alcohol related medical complications. Mother recently assaulted boyfriend and was arrested. Daily alcohol use and the mother having disappeared with the child. History of depression. Child is 6 and can recognize mom needs help, but cannot care for himself. Observable: Based upon reports of others, police reports, and lack of ability to contact child and mother.

#### Hotline Scenario #5:

On 1/1/xx, Sunday, the mother called the grandmother crying stating that the child got her arm caught under the bumper guard on the bed where it was stuck. The mother and grandmother met at childcare for the grandmother to keep the child while the mother went back to school for the week. The grandmother notices the child's arm to be swollen and a bruise on her wrist, but she was not acting like she was in pain. The next day the arm was still swollen. At the pediatrician appointment the child was referred for an x-ray that confirmed that the child's arm was broken across both bones in the forearm. The child was referred to an orthopedic specialist due to the break. The orthopedic doctor saw the child today, 1/4/xx and did not feel that the break was from this past weekend but rather indicated the break was two weeks old.

#### **Present Danger Assessment Scenario #5:**

Child, age 18 months, is slow in her developmental milestones. She recently, within the past 2 months started to walk. She has limited verbal skills, and her vocabulary consists of approximately 4 words. The child is cared for during the week by the MGM and on the weekends by her mother. Both the mother and MGM do not feel that the break was from two weeks ago and are unable to offer any explanation regarding the break in the child's arm. The child does not attend daycare and is limited in her mobility. The orthopedic doctors have confirmed calcification of the break and the arm had to be re-set due to the break being lateral and slightly off centered. The orthopedic doctor believes that the injury could have been exasperated by the arm being stuck under the soft crib bumper, however does not believe that that could have caused the break of both bones.

# **Present Danger Identified:**

Yes No

#### **Present Danger Threat Identified:**

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

#### **Justification:**

Immediate: 18-month-old child with unexplained broken arm that is close to two weeks old. Parents/caregivers offer no explanation that is linked to a break.

Significant: Two broken bones in arm, unnoticed for approximately 2 weeks.

Observable: Reports of mother and caregiver are not able to explain the confirmed break by doctors and the timeframe for the injury cannot be explained. Child is observed to be limited in mobility.

# **Activity Report Out**



# **Slide Purpose:**

1. To provide a visual for the activity report out.

## **Handout:**

1. Trainer Version of Present Danger Scenarios

## **Trainer Narrative:**

- 1. Utilize the Trainer Version of the Worksheet to facilitate the activity report out.
- 2. Proceed through each of the present danger scenarios, starting with the first scenario and progressing through to #5.
- 3. Allow each group to share their answers/responses, prior to providing the feedback to the large group.

- 4. Look for themes from the groups of areas that they did well in supporting decision making and areas where further clarification is needed to either support or refute that present danger was present.
- 5. Utilize the Trainer Version for the guidance in the assessment of present danger.
- 6. Following each scenario, inquire if there are examples that the participants have that are similar to the case scenarios provided?
- 7. Allow participants to share their experiences in assessing for present danger as a way to correlate the learning experience in the classroom with those that occur in the field.
- 8. Following the report out for all five scenarios, inquire if there are any questions, comments, or concerns that need to be addressed before we move to concluding the training.
- 9. Clarify any questions, comments, and/or concerns and transition to next slide.



**Baseline Knowledge Assessment and Training Evaluation** 

30 Minutes

# **Slide Purpose:**

1. Information to participants to inform assessment and evaluation.

#### **Trainer Note:**

- 1. Provide both the evaluation and post-test at the same time, to allow for participants to complete both, before dismissing the class.
- 2. Do not dismiss the class until after the post test and the evaluation are completed.

#### **Trainer Narrative:**

- The curriculum objectives were to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding assessing and scaling caregiver protective capacities.
- 2. Inform participants that this is not a test but, rather, a gauge of their knowledge base, post-training delivery.

3. The assessment will be used to inform further assistance and staff development activities, at a global and individual level for participants.

# **Activity/Exercise:**

- 1. Hand out the competency post-test assessment for participants.
  - a. Loose Handout.
- 2. Handout the training evaluation.
  - a. Loose Handout
- 3. Allow participants 25 minutes to complete the worksheet and evaluation.
- 4. Have participant's hand in their worksheets to the facilitator.
- 5. Transition to closing slide.
- 6. Thank participants for their time and attention over the last two days and dismiss the participants.

#### **Trainer Note:**

- 1. Per the contract requirements, the following will need to be completed:
  - a. All sign in sheets need to be scanned and emailed to the Region Contact and OCW Contract Managers;
  - b. All training evaluations need to be scanned and emailed to the Region Contact and OCW Contract Managers.

# TRAINER VERSION POST TEST AND ANSWER KEY

1. Th	e focus of the Family Functioning Assessment is?
	A) To determine if children are in present danger.
	B) To identify the parents caregiver protective capacities.
	services.
2.	The focus of the family functioning assessment is ?
	A) The household where alleged maltreatment has occurred.
	B) The biological parents.
	C) Wherever the child is at the time of the hotline report.
	D) The residence of the parents.
	E) There is no focus for the family functioning assessment.
3.	The initial risk assessment is completed?
	A) When the hotline is received by the CPI.
	B) For each parent, regardless of their household.
	C) Only when children are safe.
	E) At anytime during the assessment.
4.	There are Danger Threats:
	A) 8.
	B) 12.
	C) 5.
	D) 20.
	E) 11
5.	This danger threat requires that you obtain supervisory approval prior to identifying:
	A) Parent is violent, impulsive, or acting dangerously.
	B) Household conditions are hazardous.
	C) Parent intentionally and willfully acted to cause injuries to the child.
	D) Other.
	E) None of the above.

6.	This danger threat is primarily only used at present danger and rarely should be considered for impending danger:
	A) Child has serious illness or injury (indicative of child abuse) that is unexplained or explanations are inconsistent with the illness or injury.
	B) Other.
	C) Parent/Legal Guardian/Caregiver is not meeting the child's essential medical needs and the child is /has already been seriously harmed or will likely be seriously harmed
	D) Parent/Legal Guardian/Caregiver is threatening to seriously harm the child; Parent/Legal Guardian/Caregiver is fearful he/she will seriously harm the child. E) All danger threats are both present and impending danger threats.
7.	Assessing is:
	A) Timely.
	C) Continual and dynamic.
	D) Record based information collection.
-	E) Completed without the family.
8.	Getting information about objects, events, moves, attitudes and phenomena using one or more senses is:
	A) Being alert.
	B) Asking a lot of questions.
	C) An essential skill for all workers.
	D) Observation.
	E) C and D
9.	Critical Thinking:
	A) Occurs when we use our knowledge of one thing, process to determine if another
	thing, process is true.
	B) Discriminating and/or separating information
	C) Rules for deriving valid conclusions; when reasoning does not follow the
	rules=illogical
	D) Taking into account relevant evidence or argument to revise a current understanding.
	Critically open to alternatives, willing to think about other possibilities.
-	E) All of the above.
10.	Present Danger can be assessed at anytime.
	True
	False

# Florida Safety Methodology Training Workshops Evaluation Survey Contract #LJ 949

	INING DATE: _		REGION	N/CIRCUIT:	
	INER'S NAME:				
WOF	RKSHOP TITLE	E: Assessing Present	Danger		
Plane	sa respond to eac	h question using the	a following scale:		
	gly Disagree	2 = Disagree	3 = Unsure/Neutral	4 = Agree	5 = Strongly Agree
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	1	2	3	4	5
2.	Particination v	was encouraged.			
	1	2	3	4	5
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3.	The trainer us	ed various tools to m	atch various learning styles (	exercises, PowerP	oint, lecture, multimedi
	etc.).		T		
	1	2	3	4	5
1	The trainer w	as knowledgooble ob	out both the Florida Safety M	lethodology and al	aild walfara systems
4.	1 ne trainer wa	as knowledgeable abo	3		5
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5.	Overall, I was	s satisfied with the tra	niner's performance.		
				4	5
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