

## **Module 3: Commencement of the Investigation: Initial Contact and Present Danger**



# Table of Contents

## **Unit 3.1: Purpose of Commencement and Planning for Initial Contact**

Commencement

Commencement: Interviewing Protocol and Order

Activity: Case Scenario Role-Play

Croft Intake

Ensuring Your Safety

Evaluating Personal Safety

Safety Checklist

Activity: Be Aware of Your Surroundings

Initial Contact and Engagement

## **Unit 3.2: Present Danger**

Present Danger Initial Contact

Activity: Family-Centered Practice Values

Patty Scenario

Family Centered Practice Model Skills, Practice Behaviors and Beliefs

Present Danger

Safety Methodology Practice Guidelines

Activity: Present Danger

Croft Intake

Croft Case Note Chronology

Activity Worksheet

## **Unit 3.3: Conducting the Initial Assessment**

Conducting the Initial Contact

Ideal Sequencing of Interviews

Initial Contact

Child Home with No Parent/Caregiver

Interviewing a Child at School

Interviewing the Non-Maltreating Parent/Caregiver

Interviewing Parents/Caregivers Living in Different Households

Interviewing the Maltreater

“Field Kits”

Special Considerations

Diligent Efforts

Making Relevant Observations

Observations Regarding Actual Injury or Signs of Neglect

Observations Regarding the Physical Environment

Observations Regarding Family Interactions

Observations Regarding Relationship between Identified Maltreater and Non-Maltreating Parent

Observations in Multiple Settings

Initial Contact Documentation

Trauma – Informed Care

The Guiding Principles for Trauma – Informed Practice

Secondary Stress, Compassion Fatigue and Vicarious Trauma

# Unit 3.1: Purpose of Commencement and Planning for Initial Contact

## Commencement

- Investigative activities during the initial phase of the investigation relate primarily to:
  - Gathering sufficient information to assess immediate and on-going child safety
  - Evidence collection to support the determination of a finding(s).
- A few examples of evidence collection includes:
  - The taking or obtaining of photographs of injuries,
  - Arranging for medical examination and/or forensic interviews.
  - Arranging for professional consultations/assessment with law enforcement, the child protection team, domestic violence advocates and substance abuse and mental health professionals to obtain professional input and recommendations.
- The initial contract with a child and/or family who are the subjects of an investigation must be completed within the timeframes and involve all mandated actions.
- Pre-commencement activities are an important part of the investigative process because the “commencement clock” begins when Hotline assigns the report to the local receiving unit or to the on-call investigator.
- Commencement activities require skillfully conducted face-to-face interviews with the alleged victim, all siblings, and children in the household, the parents and/or caregivers, the alleged perpetrator and other collateral contacts who may have credible and relevant information about the child and family.
- Best practice tells us that if at all possible, household members should be interviewed separately in a specific order depending on whether or not commencement begins in the home.
- When the child is in the home and the parent/caregiver is present, the child should be interviewed outside the parent’s immediate presence.

## Commencement: Interview Protocol and Order

- The investigator must make an initial contact with the assigned response timeframe.
- If there is commencement with child in the home, if possible, household members should be interviewed separately in the following order:
  - Introduction with parents
  - Interview with identified child (outside parent's immediate presence)
  - Interview with siblings
  - Interview with other household members, as relevant
  - Interview with non-alleged maltreating parent
  - Interview with alleged maltreating parent
- If there is commencement and the child is not in the home:
- In situations where the child is not at home at the beginning of the Family Functioning Assessment-Investigation, the order begins with the identified child, wherever that child is, and then proceeds as above without introduction with parents.
- When a child has been removed by law enforcement, interview/see the child first before meeting with the parents. When the investigator contacts the child at home and the parent or legal guardian is present, the child should be interviewed outside the parent's immediate presence.
- General Guidelines
  - Parents must be notified of the investigation and the intent to interview a child, unless notification could compromise the child's safety.
  - Conduct interviews in a manner that ensures privacy for the child (this includes a setting where the child can speak without being heard or seen by others during the interview.
  - When the alleged maltreatment involves sexual abuse or severe physical abuse do not interview the child in the room where the abuse is alleged to, or likely to have occurred. To the degree possible, interview the child out of the home altogether, in a more neutral, safer setting.
  - If the parent parents refuse to speak with you and access to the child is denied, you must consult with your supervisor and determine the most appropriate response.
- Conducting interviews in the home where the maltreatment is alleged to have occurred provides the investigator with the opportunity to personally observe family interactions and the physical environment to which the children are routinely exposed.
- The investigator may necessitate the need to make a referral to CPT for further interview with a forensic interviewer or exam.

## Activity: Case Scenario Role-Play

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

### INTAKE REPORT WITH REPORTER NARRATIVE

<b>Intake Name:</b> Croft, Amy	<b>Intake Number:</b> 2012-11122233	<b>County:</b> Lake	
<b>Date/Time Intake Received</b> 1/6/xx at 3:30pm	<b>Program Type</b> Child Intake-Initial	<b>Investigative Sub-Type</b> In-Home	<b>Provider Name</b> NA
<b>Worker Safety Concerns</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Prior Involvement</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Law Enforcement Notified</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Response Time</b> 24 Hours	<b>Name-Worker</b> Mason, April	<b>Name Supervisor</b> Clawson, Clayton	

#### I. Family Information

<b>Name-Family:</b> Croft, Amy		<b>Telephone Number</b>		
<b>Address-Street</b> 215 NW South Street	<b>Unit Designator</b>	<b>City</b> Orlando	<b>State</b> FL	<b>Zip</b> 32801
<b>Primary Language:</b>	<b>Interpreter Needed:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>Directions to House</b>	215 NW South Street			

#### Participants

Name	ID Number	Role	Gender	DOB
Croft, Amy	789822985	AP-PC	Female	3/8/xx
<b>Est. Age</b>	<b>Ethnicity</b>	<b>Race</b>	<b>Disability</b>	
27	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Name</b>	<b>ID Number</b>	<b>Role</b>	<b>Gender</b>	<b>DOB</b>
Thomas, Blake	394225006	AP-PC	Male	2/9/xx
<b>Est. Age</b>	<b>Ethnicity</b>	<b>Race</b>	<b>Disability</b>	
42	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Name</b>	<b>ID Number</b>	<b>Role</b>	<b>Gender</b>	<b>DOB</b>
Thomas, Micah	865850767	V	Male	4/30/xx
<b>Est. Age</b>	<b>Ethnicity</b>	<b>Race</b>	<b>Disability</b>	
2 ½ yrs	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Name</b>	<b>ID Number</b>	<b>Role</b>	<b>Gender</b>	<b>DOB</b>
Thomas, Makenzie	866765477	V	F	7/11/xx
<b>Est. Age</b>	<b>Ethnicity</b>	<b>Race</b>	<b>Disability</b>	
9	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

AP=Alleged Perpetrator PC=Parent/Caregiver CH=Child in Home RN=Report Name HM=Household Member SO=Significant Other NM=Non-Household Member V=Victim				
<b>Address and Phone Information</b>				
<b>Name</b>	<b>Type</b>	<b>Address</b>	<b>Telephone Number</b>	
Croft, Amy	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Thomas, Blake	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Thomas, Micah	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Thomas, Makenzie	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
<b>Relationships</b>				
<b>Subject</b>	<b>Relationship</b>	<b>Subject</b>		
Croft, Amy	Mother-Birth	Thomas, Micah Thomas, Mackenzie		
Thomas, Blake	Father-Birth	Thomas, Micah Thomas, Mackenzie		
<b>Alleged Maltreatment</b>				
<b>Alleged Victim</b>	<b>Maltreatment Code</b>			
Thomas, Micah Thomas, Makenzie	Environmental Hazards			
Thomas, Micah Thomas, Makenzie	Substance Misuse			
Thomas, Micah Thomas, Makenzie	Family Violence Threatens Child			
Thomas, Micah Thomas, Makenzie	Inadequate Supervision			
<b>Location of Incident</b>				
<b>Address-Street</b>	<b>Apt.</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
215 NW South Street		Orlando	FL	32801
<b>Telephone Number-Home</b>	<b>Telephone Number-Work</b>		<b>Telephone Number-Cell</b>	
<b>I. Narratives</b>				
<b>Allegation Narrative</b>				
Extent of Maltreatment				
<p>1/6/xx the mother of the children, along with a friend, were arrested for cooking crystal methamphetamine and trafficking drugs in the 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, her address is 1512 North West Terrace Orlando FL.</p> <p>Donna Hamilton is on probation for methamphetamine manufacturing and trafficking. The father of the children, Blake Thomas is currently incarcerated due to family violence between Amy and Blake. No report was received by the department at that time, however it was noted in the police records that Micah and Makenzie were present when Blake assaulted Amy.</p>				

There is a long history of DCF involvement with the family. Currently one child is residing with the maternal grandparents and another child has been adopted through DCF due to Amy's substance misuse.

**Surrounding Circumstances**

The mother was released from drug treatment approximately one year ago.

**Child Functioning**

The reporter did not have any information regarding the child functioning due to having no contact with children.

**Adult Functioning**

The reported did not have any information regarding the adult functioning due to having no contact with the parents.

Review of case history, includes concerns for substance misuse by both parents and domestic violence, with the father as the aggressor.

**Parenting Practices – General**

The reporter did not have any information regarding the parenting general practices for either parent.

**Parenting Practices – Discipline**

The reporter did not have any information regarding the parenting discipline practices for either parent.

**Narrative for Worker Safety Concerns**

Both parents are incarcerated, so there are no concerns regarding contact with the parents.

**I. Agency Response**

**Probationary Worker Recommendation**

Decision	Date/Time Decision Made	Reason
Pending		Criteria met

**Explain**

**Worker/Supervisor Decision**

Decision	Date/Time Decision Made	Reason
Screen In	1/6/xx 3:30PM	Screen In-Accepted for Services/Investigation

**Explain**

**I. CI Unit Documentation**

First Call Attempted Date/Time	Completed Call Date/Time

**Call Log**

Called Out By	Called To

**Reporter Narrative**

<b>Name-Worker</b>	Wilson, Valerie		
<b>Name-Reporter</b>	Elmore, Lynda	<b>Reporter Type</b>	Probation Officer for Donna Hamilton

<b>Reporter ID</b>	(505) 543-8987	<b>Reporter Requests Contact</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Report Method</b>	Phone
<b>Home Phone</b>		<b>Work Phone</b>		<b>Other</b>
<b>Reporter Narrative</b>				
<p>Caller is the probation officer for Donna Hamilton, who was contacted today by police when Ms. Croft was arrested. The probation officer did not have specific information regarding the children in the home. The restriction for Ms. Hamilton is that she may not have any other criminals or criminal activity residing in her home. She is currently in violation of her probation due to having Ms. Croft residing in the home. Ms. Elmore does not support Ms. Hamilton being a placement option for the children.</p> <p>Review of FSFN by CI, confirmed history with family, to include termination of parental rights for one child and multiple reports regarding domestic violence and substance misuse.</p>				
<b>Source Information</b>				
<b>Source Information</b>				

## Ensuring Your Safety

- The safety of child welfare professionals in the field is important, document reviews are a mechanism for identifying safety issues for child welfare professionals.
- Be attuned to information and family behavior, circumstances or situation that could pose a danger to investigators.

## Evaluating Personal Safety

- In order to effectively evaluate personal safety prior to the initial contact and in subsequent home visits, you should consider the following questions:
  - Is there a history of assaultive behavior by anyone in the family (i.e., aggravated assault, aggravated battery, battery on a law enforcement officer or other person of authority, or use of a weapon in the commission of a crime, etc.)?
  - Is there a history of domestic violence?
  - Does the report indicate the possibility of a family member with an unmanaged a mental illness who is exhibiting violent or unpredictable behavior?
  - Are there firearms or other weapons noted in the report?
  - Is someone in the home abusing alcohol or drugs, likely to be currently under the influence of any substance, or selling drugs?
  - Is the family's geographic location extremely isolated or dangerous?
  - Has the family reacted aggressively during prior investigations?
  - Is the home visit scheduled after normal working hours?
  - Does the report describe the subjects as potentially violent or hostile?
  - Are the injuries to the child reportedly life-threatening or severe?
  - Is it likely the child will be removed from the family situation on this visit?
  - Does the housing situation or neighborhood increase concerns for an investigator's personal safety?
  - Are individuals in the household known gang members?
  - Does the family have pets that are potentially dangerous?

## Safety Checklist

- Place all personal items in the car trunk prior to leaving for the home visit.
- Have access by telephone to a supervisor or designated staff person for consultation.
- Always inform the supervisor or other Department personnel of your interview / visitation schedule and approximate return time when there is contact with the family.
- Memorize the address and the home's location.
- Drive by the home and observe the house and neighborhood.
- Observe each person in and around the area closely and watch for signs that may indicate any potential for personal violence.
- Avoid dangerous or unfamiliar areas at night.
- Learn the safest route to and from the family's home.
- Be sure the car is in good working order, and park it in a way that allows a quick exit, such as backing the vehicle in for a quick departure.
- Carry a cell phone and a charged battery.
- Whenever possible and feasible, plan to make initial contacts with another staff person or law enforcement when appropriate.
- Follow your instincts. Anytime you feel frightened or unsafe, you should assess the immediate situation and take whatever action is necessary to obtain protection.
- When inside the home, take note of: Who else is currently home or expected to return soon; which rooms have closed doors (and possibly contain individuals); how many exit points are there in the home?
- Be aware of the best location within the home for the interview to be conducted.
- Avoid sitting with your back to a door or window.
- Avoid having to walk past someone to leave the home.

## Activity: Be Aware of Your Surroundings

### Directions:

- Read each of the scenarios provided below.
- Determine if you are in a “safe” situation based on the descriptions.
- If you determine you are not in a safe situation, identify what safety precautions you should take.

### Activity Notes:

#### Case Scenario #1:

A concerned neighbor alleges that a mother left her 2-year-old daughter and 15-year-old son home alone. She alleges that the mother has a long history with the Department and her older son is living with his grandmother now. The caller also states that the mother is “crazy” and that she may be in the woods behind the house. The caller has not seen the mother for days and has not heard the baby cry for at least two nights. The 15-year-old has had several friends coming and going all hours of the night.

Upon arriving at the home, you see numerous cars at the home and eight males in the front yard ranging in age from what appears to be 12-years-old to early 20’s.

Safe?  Yes  No

Safety Precautions:

#### Case Scenario #2:

An anonymous call to the hotline alleges that there are two children under the age of 4 who are living in a “house from hell.” The caller alleges that the stench from the house is so awful that she can’t go outside. She also alleges there are always a lot of people in and out of the house. The caller reported that the children are outside sometimes until 9:00 or 10:00 pm without shoes on, and sometimes, the little one only has a diaper on. The caller believes the mother may be pregnant.

When you are walking up to the door, you smell a very strong odor but do not know what the odor is. The house has all of the blinds closed, and there is one vehicle in the driveway. The neighborhood is a low-income neighborhood known as a high drug and crime area.

Safe?  Yes  No

Safety Precautions:

**Case Scenario #3:**

A pediatrician reports that a 5-year-old female came to the clinic this morning with a large red mark on her face. When asked by the pediatrician what happened to her face, the child responded that she fell and hit the table. The pediatrician reported that the mark did not look like it could have come from a fall, and the pediatrician observed the mother looking sternly at the child while she answered the questions. The child appeared fearful and became teary-eyed while the pediatrician was talking to her. This is the first time the pediatrician has seen the child.

Upon arriving at the home, the mother greets you at the door and immediately lets you in. You observe that the child is playing with Barbie dolls in the den area of the home which is in a middle class neighborhood.

Safe?  Yes  No

Safety Precautions:

**Case Scenario #4:**

An elementary school counselor reports that a 10-year-old female student from her fourth-grade class reported that her father is sexually abusing her. The abuse allegedly started at

age 8. The last incident involved sexual intercourse and occurred two days ago. The child is fearful of telling her mother and is worried about her family.

Upon arriving at the home, you realize that you know the father because you went to high school with his son. You remember that he was very active in school activities and ran the concession stand at the soccer games.

Safe?  Yes  No

Safety Precautions:

**Case Scenario #5:**

A neighbor alleges that the house next door is “running a prostitute ring” with young girls trading sex for drugs. The parents have a long history of criminal activity and reportedly own “a lot of guns.” The neighbor reports that the only known child is the parent’s 14-year-old daughter.

When you arrive at the home, you find that it is in a middle class neighborhood on a quiet cul-de-sac and the yard is meticulously maintained. When you reviewed the criminal history, there was not any history of any criminal activity.

Safe?  Yes  No

Safety Precautions:

## Initial Contact and Engagement

- The way you introduce yourself, explain your role and the agency's mission and purpose can be just as critical, if not more, than all of the pre-planning that you have done to this point.
- The client is the child and family; however, the primary point of communication, involvement, and decision-making is the parent(s).
- Engagement through empowerment means that CPIs give parents information and use an approach that reduces power and authority and seeks assistance from parents in completing the FFA.
- It is important for Investigators to remain aware of and in control of their emotions during this process so that they can work with parents and remain focused.
  - Controlling yourself includes self-awareness and management of your values and intentions.
  - You must remain open as you proceed to understand the situation.
  - Controlling yourself demands that you recognize clients in positive, open terms. Avoid stereotypes!

# Unit 3.2: Present Danger

## Present Danger Initial Contact

- The purpose of the initial contact is to immediately assess any indication of present danger and when present danger is identified, implement a present danger plan.
- Initial contact is the first face-to-face contact and the beginning of the Family Functioning Assessment- Investigations.
- Family-Centered practice is at the center of Florida’s Child Welfare Practice model. Family-Centered Practice is a way of working with families, both formally and informally, across service systems to enhance the capacity of a family to care for and protect their children.
- As a CPI, there will be times that you will need to keep yourself “in check.” You will hear and see things as a CPI in the file that will be at odds with some of your values and beliefs.
- You must embrace the family centered approach, even when it is difficult, because it is evidence based and because the practice model requires it.
- Most importantly, family-centered practice and adherence to the practice model will help you stay focused on keeping children safe and helping families.
- Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes for children and families regardless if the child is in the home or out of the home.

## Activity: Family-Centered Practice Values

### Directions:

Score the following statements from a personal standpoint, not a professional standpoint. Score each statement with a “1” for “Strongly Disagree,” “2” for “Disagree,” “3” for “Agree,” and “4” for “Strongly Agree.”

1. Children should, first and foremost, be protected from abuse and neglect. 1  2  3  4
2. Every child and family has intrinsic worth and value. 1  2  3  4
3. Every parent has intrinsic worth and value. 1  2  3  4
4. A child’s home should be safe, stable and permanent. 1  2  3  4
5. Children should live with their families, and when that cannot be safely achieved through supports and services, children should live near their home, maintaining family connections, and in particular, sibling relationships, while also preserving their cultural heritage. 1  2  3  4
6. A child should achieve success in school, and their medical, emotional, behavioral, developmental and educational needs should be met. 1  2  3  4
7. Families, and their individual members, are more likely to resolve issues of concern by involving them in the change process and building on their strengths. 1  2  3  4
8. Child safety must always be promoted, while also actively assisting the preservation of families and family connections. 1  2  3  4
9. The first and greatest investment of resources should be made in the care and support of children in their own homes. 1  2  3  4
10. Every child deserves to live in a family that provides basic safety, nurturing and a commitment to permanent care giving. 1  2  3  4

11. The cultural and ethnic roots of the child and family are a valuable part of their identity that must be understood and embraced in service delivery. 1  2  3  4
12. Children’s need for safe and permanent family can be met by providing appropriate and adequate resources in a timely and effective manner. 1  2  3  4
13. Services should be identified and developed with the family. 1  2  3  4
14. Services and supports should be delivered in an individualized plan and should be provided in a timely, effective and well-coordinated manner. 1  2  3  4
15. Interventions into the life of a child and family should offer as much support as necessary to achieve goals, and no more. 1  2  3  4
16. Parents and families as a whole are to be respected. 1  2  3  4
17. Life stories should be valued. 1  2  3  4

### **Patty Scenario**

Patty is 24-years-old and has four children from three different men. Their ages are 5, 4, 2 and 6 months. She has been involved with the system three times and her 5-year-old was placed in permanent guardianship with her mother. The second time she was involved with DCF, she opted to place the 4-year-old with the child’s father rather than work her case plan. Patty has a long history of substance abuse issues, including IV heroin use. The third time Patty was involved with the system she agreed to participate in services. The Department placed the 2-year-old with the maternal grandmother and Patty was open to going to rehab. She completed an in-patient drug rehab and was able to secure a job. While she was still under services, Patty delivered her fourth child. The Department reunified her with the two younger children when the baby was 3-months-old, and the case was closed successfully. You just received the Hotline Intake. Patty has been on drug binge. She left the children in the care of her boyfriend and he “beat” the 2-year-old because she would not listen to him. The child had head trauma, as well as bruises across her back and buttocks.

## **Family-Centered Practice Model Skills, Practice Behaviors and Beliefs**

1. Demonstrate respect and courtesy when engaging with the family.
2. Demonstrate empathy and encouragement because the Child Welfare system is intrusive, therefore providing support and encouragement says to the family that you can be empathetic and understanding.
3. Demonstrate professionalism, meaning that you are constantly exploring how you conduct your investigations, how you present to families and how you maintain your professional objectivity. Professionalism relies on the ability to have compassion and empathy for the family.
4. Respond promptly to show the family that you want to be attentive to their needs and you want to engage with the family. Prompt response helps the family feel connected and respected.
5. Continually seek to engage the family because you recognize that information-gathering and decision-making will be insufficient without them. The family is your client and is critical to the investigative process.
6. Enable participation and involvement because you serve families. You have to have their involvement and participation. Required decisions regarding safety cannot occur, nor can change happen, without them.
7. Family expertise recognizes that the family is the expert on what works and does not work for them, and they should be the primary source of information. Provide necessary information to the families to keep them informed. "Knowledge is power."

### **Present Danger**

- An immediate, significant, and clearly observable harm or threat of severe harm occurring to a child in the present time that requires immediate protective actions by the CPI or CM.

## Safety Methodology Practice Guidelines

### Assess Present Danger

**Purpose:** Present danger is active and clearly in the process of happening now. Present danger is most often identified at the onset of an investigation, but can occur at any point in time. Present danger refers to immediate, significant and clearly observable harm or threat of harm occurring to a child in the present time, requiring **immediate protective actions** on the part of the investigator or case manager. Assessing for present danger is an on-going process as family and individual circumstances are dynamic and not static in nature. Even when there is a safety plan in place, a new danger threat may be occurring at any point during an investigation or an on-going services case. Examples of present danger include but are not limited to:

- *Inflicted or unexplained injuries to the face and/or head*
- *Allegations of sexual abuse in combination with a parent who is unwilling/unable to protect*
- *Premeditated maltreatments*
- *Hazardous living conditions*
- *Bizarre cruelty toward a child*
- *Children requiring immediate adult supervision*
- *Child needing immediate medical care*
- *Parent or legal guardian unable to provide basic care*
- *Caregiver out of control or under the influence of substances posing an immediate threat to the child.*

**Definitions:** Refer to Desk Reference Guide, Danger Threats and Present Danger Examples.

### Guidelines:

1. The CPI or CM will assess present danger in accordance with Safety Methodology Practice Guidelines for Investigations, “Assess Present Danger and Take Immediate Actions.”
2. Present danger threats are usually identified at initial contact by a CPI, but may also occur during the course of an investigation or while the family is receiving case management services. Present danger that occurs during on-going services may involve a parent in an in-home case, a relative caregiver or a foster parent. Serious harm will result to the child without prompt response and interventions.
3. The CPI will identify present danger using the following criteria:
  - a. “Immediate” for present danger means that danger in the family is happening during the time that the CPI or case manager is in the home. The dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or could occur at any moment. What is endangering

the child is happening in the present, and is actively in the process of placing a child in peril.

- b. “Significant” for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out-of-control or extreme. The danger is recognizable because what is happening is onerous, vivid, impressive and notable. “Significant” is anticipated harm that can result in severe pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death. What the CPI or case manager encounters becomes the dominant matter that must be addressed immediately.
  - c. Present danger is “clearly observable,” as what is happening or in the process of happening is totally transparent. The CPI or case manager will see and experience it in obvious ways. There is no guesswork; if the worker has to interpret what is going on to be present danger it is not present danger. Usually, when present danger, exists because of extreme family conditions, a child’s condition, individual behavior or acts, or family circumstances, the investigator or case manager will know even without conducting interviews. There are clearly observable actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described and which directly harm the child or are highly likely to result in immediate harm to the child.
4. A CPI or case manager will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately.
  5. When the case manager determines that a child is in present danger, there must be immediate actions to protect the child.
    - a. A report to the Hotline will only be made when there are new incidents of harm. An insufficient safety plan does not constitute a new incident of harm.
    - b. If modifications to an in-home safety plan will not be sufficient to manage a newly identified present danger threat, the case manager will develop the next least intrusive actions.
    - c. A CPI must be called to the home to assist the case manager when a child needs to be sheltered.
  6. The present danger plan shall not be in effect for more than 14 days without a staffing being held to assess the safety plan’s ongoing effectiveness to protect the child.

**Supervisor:**

1. Will consult with the CPI to review the determination of present danger within five days of present danger identification, and again subsequently as needed. Things to consider during this consultation include:
  - a. Can the CPI clearly describe the home, child and caregiver(s) condition(s) that he/she believes currently protect or endanger the child?
  - b. If there is a danger threat identified, does the danger seem active, reasonable and vivid?

- c. Does the CPI feel compelled to take action immediately to assure the protection of the child, and if so, what is the basis?
2. All present danger plans will be reviewed by the supervisor within 24 hours of their creation.
3. For all Present Danger Safety plans in which the child either remains in the home or a family arrangement is used, the following will apply:
  - a. CPI supervisors are required to request a 2nd Tier Consultation.
  - b. Case manager supervisors are required to consult with a manager, manager designee or consultative team.

## Activity: Present Danger

### Directions:

- Read the Croft case intake and chronological notes to determine if there is present danger based only on the information that is presented. Justify your response.
- Identify if there is any information you would need to make the determination.

### Croft Case Note Chronology

---

Wednesday 1/6/xx

Call to Hotline with allegations made that:

- Makenzie and Micah Thomas are currently residing with Donna Hamilton who is not related to the children. Ms. Hamilton is on probation for the distribution and manufacturing of methamphetamine. The mother of the children, Amy Croft, was arrested today for manufacturing and distribution of methamphetamine. The father of the children is also incarcerated on unrelated charges. Requesting assistance, as children cannot stay at Ms. Hamilton's home, per the probation officer for Ms. Hamilton.

1/6/xx

- Report assigned to CPI Allison Martin. (tracked in FSFN)

1/6/xx

PCT Probation Officer by CPI.

- Probation officer did not have any contact with Ms. Croft, and was not aware that she and her children were staying with Ms. Hamilton, which is a violation of Ms. Hamilton's probation.
- Children cannot remain in the home, and it may be that Ms. Hamilton will be remained to jail due to a probation violation.

1/6/xx

PCT County Jail

- Confirmed that Ms. Croft and Mr. Thomas are both incarcerated at this time.
- Ms. Croft is in processing and not able to have visitors until later this day or tomorrow, however can arrange for a call later in the day by CPI.
- Mr. Thomas has been processed, and has been incarcerated for approximately 30 days. He may have professional visitors, as arranged with the jail.

1/6/xx

#### Supervisory Consult with Supervisor Tank

- Review of past history, to include criminal history for both parents.
- Prior CP history with placement and adoption of one child approximately 8 years prior.
- Neither parent is able to provide care for the children today, as they are both incarcerated.
- The current caregiver is not an approved caregiver.
- Concern that child may have been exposed to toxic chemicals due to the manufacturing of methamphetamine. Will want to consult with CPT regarding how to proceed.
- Coordinate with probation officer for response to the home of Ms. Hamilton.

1/6/XX

Call by CPI Martin to CPT regarding report and examination appointment.

- Schedule appointment for tomorrow morning at 10:00am for possible methamphetamine exposure of children.

1/6/xx

Commencement of Report to Home of Donna Hamilton, accompanied by PI Post.

- upon Present at the home were Donna Hamilton, Micah Thomas, and Makenzie Thomas.
- CPI conducted interviews with Donna Hamilton, Micah Thomas, and Makenzie Thomas. All interviews were separate and private.
- Based interviews and observation of the children confirmed present danger no available caregiver of parent/legal guardians/caregiver are not meeting the child's basic and essential needs for food, clothing, and/or supervision and the child is/has already been seriously harmed or will likely be seriously harmed.

1/6/xx

Supervisory consult.

- Their mother, Amy Croft, left Makenzie age 9 and Micah age 33 months with Ms. Hamilton. Ms. Hamilton is on probation for methamphetamine manufacturing and distribution.

- Ms. Croft was arrested today for manufacturing and distribution of methamphetamine.
- The father of the children, Blake Thomas, is also incarcerated.
- There are no available caregivers for the children at this time.

## Activity Worksheet

**Danger Threat Identified**

**Qualifiers Met (Immediate,  
Significant Observable)**

**Present Danger  
Yes or No**

**Additional Information Needed:**

# Unit 3.3: Conducting the Initial Contact

## Conducting the Initial Contact

- You must gather relevant information and facts necessary to assess, analyze, and determine if there is a need to develop immediate protective actions to manage present danger threats.
  - Gather information through interviews and observations in the six domains.
- The primary point of communication, involvement, and decision-making is the parent/caregiver.
  - To be effective, the parents have to engage with you and have to want to work with you.
- Engaging and assessing the parent/caregiver can be enhanced through a number of actions:
  - You should identify with their feelings and the situation from their point of view. What do things mean to them?
  - Give parents/caregivers information. To do so empowers them.
  - Use an approach that reduces your power and authority.
  - Seek assistance from the parent(s)/caregiver(s) in completing the Family Functioning Assessment process.
- Control yourself in terms of controlling your emotions and controlling your focus or concentration.
  - Includes self-awareness and management of your values and intentions.
  - Recognize clients in positive, open terms.
  - Includes depersonalizing any negative verbal interactions from the parent/caregiver.

## Ideal Sequencing of Interviews

- Child/victim
- Siblings or other children residing in the home.
- Non-maltreating parent/caregiver
- Adult household members or any potential eyewitness to the alleged incident.
- The identified maltreater.
- Allows you to gain the most information available when questioning the identified maltreater about the specific maltreatment incident, circumstances accompanying it, and any out-of-control or family conditions that you need to assess relative to making a safety determination.

- At the point when you determine that the alleged maltreatment occurred and is serious or severe enough to warrant consideration as “criminal conduct” you should contact law enforcement prior to conducting the interview with the identified maltreater.
- If it is not possible to interview the identified maltreater at the initial contact due to a criminal investigation you must request to be notified by law enforcement personnel at the earliest possible date when the individual is cleared to be interviewed.
- Check with law enforcement on at least weekly to confirm there is still a “hold” on the interview.

### **Initial Contact**

- At initial contact you must:
  - Present identification to the family at the beginning of the interview, and provide a business card or other document to the parents and caregivers containing your name and your supervisor’s name and work telephone numbers.
  - Provide the “Child Protection: Your Rights and Responsibilities” pamphlet to the parent or legal guardian.
  - Explain the child protective investigation assessment process, and the rights of the parent and legal guardian.
  - Inform the parents/caregivers and alleged maltreater of the purpose of the investigation and the ways the information may be used by you.
  - You will also need to include a description possible case determination or outcomes and the services that be offered as a result of the investigation.
  - Encourage the parents/caregivers to work in partnership with you to determine what happened and what parental or caregiver protective capacities need to be developed to prevent further maltreatment in the home.
  - Inform the parents/caregivers of their right to obtain an attorney or opportunity to audio or video record any interviews between you and parents or children.
  - Inform the parents /caregivers of their duty to report a change in address or location of the child until the investigation is closed.
  - Obtain names of persons from the parents or legal guardians and caregivers who can provide additional information about the family.
  - Ask the parents/caregivers to sign an authorization to release information to enable the Department to obtain confidential information from physicians, mental health providers, school employees, or other service or treatment providers.
- Do not provide a copy of the allegation narrative, or read the allegation verbatim during the initial contact.
- The parent/caregiver and alleged perpetrator are authorized to obtain all records of the Department concerning the investigation.

- Instead of giving a copy of or reading the narrative verbatim:
  - Address the alleged incidents in the report. Remember to never release the reporter's name and guard against releasing the name and/or any identifiers/clues as to their identity.
  - Identify present and impending danger, child vulnerability and caregiver protective capacities which are not incident specific and require the use of open-ended questions during the interview process.
- If you do not make face-to-face contact with the child, siblings or other children living in the home during the initial contact, you must make diligent efforts to contact the child at home, school, day care or any other location where the child is likely to be found.
- The parents must be notified of the investigation and the intent to interview a child, unless notification could compromise the child's safety or law enforcement has specifically requested a delay in parental notification due to a criminal investigation.
- The child should be interviewed outside the parent's immediate presence.
- Whenever possible, the child should be interviewed out of the home altogether, at a more neutral, safer setting.
- If the parent insists on viewing the interview in order to allow it to occur, try to address the parent's immediate concerns by reiterating how the information may be used and how the parent will be appropriately informed regarding what is discussed during the interview.
- If they still refuse:
  - Inform the parent that the child's interview may be audio or video recorded to document the interview in its entirety.
  - Seek an appropriate court order to interview the child outside the immediate presence of the parent.
  - Determine if the non-maltreating parent would likely maintain the integrity of the interview by agreeing to remain silent while listening to the interview from another room or sitting behind the child unobserved.
  - Do not contact the child at a secondary setting in order to circumvent the parent's instructions.
  - Consult with your supervisor.
  - Persist with attempts to gain cooperation by addressing, to the degree practical, the parents' issues and specific concerns.

## **Child Home with No Parent/Caregiver**

- If the intake indicates there may be immediate danger to the child’s health or safety, or if there is reasonable cause to believe the child’s health or safety is endangered by the conditions of the dwelling, or the child is inadequately supervised and there is an immediate need to evaluate the child’s health and safety. You should immediately consult with your supervisor regarding the need to contact law enforcement and enter the home to assess the child’s safety.
- If the intake does not indicate any immediate danger to the child’s health or safety, or if there is not reasonable cause to believe the child’s health or safety is endangered by the conditions of the dwelling, and the child is mature enough to be home without adult supervision, you should attempt to notify the parent by phone prior to interviewing the child.
- If the parent cannot be reached and you have no grounds to believe that parental notification will compromise the child’s safety and there are no signs of present danger you should wait until the parent can be contacted prior to interviewing the child.
- If the child appears mature enough to be home without adult supervision but you have already determined that parental notification will likely compromise child safety you may interview the child from the front porch or outside the home (even if the child is willing to allow you inside the home).
- If you decide to interview the child prior to informing the parents that an investigation is underway, you should notify the parents or legal guardians as timely as possible (i.e., the same day a child has been interviewed). If the same-day notification could make a child victim unsafe, a supervisor may authorize an extension for one day so notification is less likely to compromise safety. Remember that supervisory approval and justification for the approval must be documented.

## **Interviewing a Child at School**

- For any school-aged child, if the interview takes place at school, you should ask the child if she or he would be more comfortable having an adult who has an established relationship with the child (i.e., teacher, guidance counselor, etc.) sit in on the interview.
- Per statutory direction (s. 39.301 (18) F.S.) the child must request or consent to the presence of the adult and you must determine that the adult’s presence would contribute to the success of the interview. You make this decision, not school personnel.
- When an adult does participate in the interview at the request of the child: Have the individual sign a “confidentiality form” which states that the individual will keep any information heard during the interview confidential.

- Inform the individual that by participating in the interview he or she may have to testify in court depending upon what the child discloses during the interview.

## **Interviewing the Non-Maltreating Parent/Caregiver**

- Three objectives:
  - The purpose is to find out what the non-maltreating parent or legal guardian and other adults living in the household know about the alleged child abuse or neglect.
  - You must gather information related to the six information domains.
  - You must gather information to determine if the non-maltreating parent or legal guardian can or cannot and will or will not protect the child.
- All diligent efforts made to contact the non-maltreating adults in the home must be documented and must continue on a daily basis if you can't make face-to-face contact initially.
- Guidelines:
  - Interview each person separately.
  - Briefly explain your role in the child protection process outlining the interviewing and information collection requirements and confidentiality protections for the family and reporter.
  - Provide the parent or legal guardian with the "Child Protection: Your Rights and Responsibilities" pamphlet, which includes written information regarding the child protective investigation assessment process, including the court process, and the rights of the parent and legal guardian.
  - Ask open-ended questions related to all six information domains and try to avoid immediately proceeding to the nature and extent of the maltreatment and circumstances accompanying it.

## **Interviewing Parents/Caregivers Living in Different Households**

- Only the parent that resides in the home in which the alleged maltreatment reportedly occurred is subject to criminal history checks and is assessed in the Family Functioning Assessment.
- Prior to notifying the other parents that his or her child is involved in an investigation you must determine if the other parent retains shared or partial custody and is entitled to notification regarding the on-going investigation and that there are no domestic violence injunctions in place.
- The other parent should be notified and interviewed as a collateral source unless there is justification not to do so.
- You do not complete the FFA on the parent, however if during the course of an investigation a child discloses maltreatment by a parent residing in a different household you must initiate a second, separate investigation by reporting the new allegations to the Hotline and complete a second, independent FFA.

## **Interviewing the Maltreater**

- The identified maltreater should be the last household member interviewed.
- Prior to contact, consult with your supervisor if the individual has a history of assaultive behavior or violence.
  - Also consider having law enforcement accompany you or conduct the interview in a safer setting.
- When meeting the identified maltreater, you must:
  - Coordinate the interview with local law enforcement when law enforcement is conducting an investigation.
  - Present agency credentials and contact information of both you and your supervisor.
  - Inform the individual of their specific rights as outline in s. 39.301(5), F.S.:
    1. Purpose of the investigation.
    2. Right to obtain counsel and how you may use the information provided.
    3. The possible outcomes and interventions resulting from the investigation.
    4. If a parent or legal guardian, the right to be fully informed and engaged throughout the investigative process.
    5. The right to use audio or video recordings during interviews.
    6. The requirement to report any change in address to the investigator up until the investigation is completed.
- Make sure the maltreater is not employed in any capacity that enables him/her access to FSFN. If they are, contact your supervisor immediately.
- All efforts to contact the maltreater must be documented and attempted daily.

## **“Field Kits”**

- The face sheet providing essential contact information - names and address, etc.
- Business cards
- The Child Protection: Your Rights and Responsibilities pamphlet that includes written information regarding the child protective investigation assessment process, including the court process, and the rights of the parent and legal guardian
- Domestic violence resource information.
- Substance abuse and mental health referral information
- 211 (general community resource) information
- Local homeless shelter referral information
- ACCESS brochures
- Temporary Assistance for Needy Families (TANF) Eligibility form
- HIPAA
- ICWA
- Release of Information forms
- Water Safety Brochure
- Safe Sleep Brochure
- Drug screen kits
- Car seats that meet federal standards per the National Highway Traffic Safety Administration (NHTSA) if necessary
- Camera
- Cell phone
- Laptop (for off-site use; not in family’s home)

## **Special Considerations**

- There are special considerations that should be made based on the hotline report and information gathered pertaining to the following:
  - The intake specifically mentions that the child victim is afraid to disclose information because of fear of retaliation.
  - A joint investigation is being conducted with Law enforcement, which has the lead in determining the order and settings for the interviews.
  - You have credible information that the family is likely to flee to avoid the investigation.
  - You have reasonable grounds to believe that mere presence of the maltreater in the home during the child’s interview is likely to interfere with the child feeling safe enough to talk openly with you.

- These situations are typically cases where the maltreatments involve: sexual abuse, bizarre punishment, any maltreatment that is alleged to have resulted in serious or severe injuries.

### **Diligent Efforts**

- Diligent efforts must be made to contact all parents, legal guardians, caregivers and identified maltreaters.
- Visiting the home daily during different times of the day or night or on weekends.
- Must keep trying until contact is made.
  - Document all attempts to make contact with all parties.

### **Making Relevant Observations**

- As a CPI, you will make observations that are related to family functioning in terms of behaviors and emotions, bonding and attachment, interactions, roles within the family, communication styles, and affection and parenting styles.
- When making observations, you need to think about three specific areas:
  - The maltreatment itself, that is the injuries or signs of neglect
  - Physical Environments, specifically the home
  - Family Interactions
- You will use both direct observation (what you see) and interviewing (what you hear) to assess child safety and to collect information related to child and adult functioning, general parenting practices, and disciplinary and behavior management practices.

### **Observations Regarding Actual Injury or Signs of Neglect**

- If injury involves genitalia, facilitate the examination with a medical professional.
- If the parent or legal guardian is not present, request the presence of other CPI or support person who is the same gender as the child when assessing injuries to any area covered by a bathing suit.
- Assess the child's sensitivity to disrobing in front of you prior to observing alleged injuries.

- If the child appears to be hesitant or displays any obvious discomfort to the examination request or verbally reports being uncomfortable, you must take the child to a medical professional for the required observation.
- A sexual abuse allegation child may feel more comfortable with a CPI of the same sex.
- You will be looking for physical or non-verbal responses as well as verbal responses to the interview process.
- You will want to note if there are signs that the child is upset or worried about talking about what happened and/or expresses fear of retaliation for talking with you.
- You will need to be able to separate fear of the interview and observation vs fear related to the maltreatment itself.
- If you need to take pictures of any injuries to the child, you should place a ruler or measuring tape next to the observed injury to provide a contextual framework for the size and shape of any injuries photographed.
- What is most important about these observations is that you explain in developmentally appropriate language why you are doing what you are doing. You want to ease the child's fear as much as possible.
- If the situation is calm enough to allow a younger child to hold a toy or something of their choice for comfort, let them.
- If you sense that a verbal child is fearful because of the examination, ask them what would help ease their fear.

### **Observations Regarding the Physical Environment**

- You must carefully assess the home environment for all cases, regardless of type of allegations.
- Must determine if there is a "hazardous condition" that is observable, happening now and caused or will likely result in serious or severe injury to the child.
- You must observe and assess:
  - Condition of the child's living space including:
    - Where the child eats
    - Where the child sleeps
    - Where the child attends to personal hygiene activities
  - Physical status of the home or yard:
    - Sanitation (e.g., feces, rotting food, and insect infestations)
    - Hazards or dangerous living conditions:
      - Inadequate heat in the winter
      - Faulty wiring
      - Serious structural defects in ceilings, walls, floors, and porches

- Lack of barriers on stairs or porches
- Broken windows
- Unsecured swimming pools or standing water that poses danger of drowning
- Scalding water
- Exposure to dangerous chemicals, materials or objects:
  - Solvents, bleaches, cleaning supplies, or pesticides, etc.
  - Gasoline or other flammable liquids/material
  - Illicit drugs or precursor chemicals used in manufacturing process (i.e., home meth labs)
  - Unsecured prescription or over the counter medications
  - Unsecured firearms or dangerous weapons
  - Dangerous animals (i.e., aggressive dogs, exotic pets or snakes, etc.)

### **Observations Regarding Family Interactions**

- Family interactions patterns are most natural or authentic in the home as the family members are most comfortable and/or relaxed in their own environment.
- More likely to display the most authentic behaviors, actions and attitudes toward each other in your presence.
- Observations in the home allow you to gain essential information relate to the protective capacities of family members as well as child and adult functioning.
- Most important interaction pattern is the nature of the parent-child relationship.
  - Allows for you to make a determination about the parent’s overall protective capacity, general parenting and parental disciplinary practices and behavior management.
- Observing parent-child interactions also help determine:
  - Does the child display behaviors that seem to provoke strong reactions from parent? These can be positive or negative behaviors.
  - Does the parent ignore inconsequential behavior or appropriately responding to child’s “acting out?”
  - Does the child have difficulty verbalizing or communicating needs to parent?
  - Does the parent easily recognize the child’s needs and respond accordingly?
  - Does the child demonstrate little self-control and repeatedly have to be re-directed by the parent?
  - Does the child appropriately play by himself or with siblings/friends?
  - Does the child respond much more favorably to one family member?
  - Do family members appropriately express affection for each other?
  - Does the parent demonstrate appropriate communication or social skills?
  - Is the parent attentive to the child’s expressed or observable needs?
  - Does the parent consistently apply discipline or guidance for the child?

- Does the parent react impulsively to situations or circumstances in the home?
- Does the parent demonstrate adequate coping skills in handling unexpected challenges?
- You must provide the rationale or the “as evidenced by” rather than simply responding yes/no.

### **Observations Regarding Relationship between Identified Maltreater and Non-Maltreating Parent**

- Must observe in order to assess the non-maltreating parent’s protective role or capacity.
- Observe the following dynamics:
  - One individual appears much more dominant or controlling in the relationship (i.e., interrupts conversations, exhibits dismissive “non-verbal’s” in response to other person’s comments – rolling of eyes, smirks, etc.)
  - The two individuals appear equally self-confident and assured.
  - The adult relationship appears volatile and “all consuming” leaving inadequate time or energy for non-maltreating parent to address child’s needs.
  - Only one individual appears to be effective in disciplining and managing child behavior.
  - A high/low functioning dynamic appears to exist between the parents with e identified maltreater in the role of the higher functioning, more capable adult.

### **Observations in Multiple Settings**

- You want to look for consistency in behaviors, interactions, and emotions across settings.
- Consistency should be for both positive and negative attributes.
- There are factors that can impact what you observe and your interpretation o what you see and hear.
- Your job is to make sure there is congruence between what is verbalized and what is observed.
- Verbal communication and non-verbal communication should be congruent.
- Your observations and interviews may be a reflection of the fact that you are in the home under stressful circumstances

## Initial Contact Documentation

- FSFN documentation requires inputting all case related information related to: face-to-face contacts with the alleged victim, face-to-face contact attempts, notifications to parents and/or law enforcement, and FFA data.
- All FSFN documentation should be accurate, reflect provided services, and be complete and timely.
- The family's privacy should be protected as much as possible by including only information that is directly relevant to interviews about family conditions, the Six Domains of Information Collection, and other relevant information that will contribute to key decision points.
- CPIs should provide the parent or legal guardian with the "Child Protection: Your Rights and Responsibilities" pamphlet, which includes written information regarding the child protective investigation assessment process, including the court process and the rights of the parent/legal guardian.
- FSFN documentation should be reviewed with a supervisor.

## Trauma - Informed Care

- Trauma-informed care is an approach to engaging individuals with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed care moves away from a "what is wrong with you" to a "what happened to you" and MOST IMPORTANTLY, how can I help you?
- Adhere to the tenets of trauma-informed care and focus on the importance of not re-traumatizing the child or adding unnecessary trauma to the experience.
- Adherence to the Child Welfare Practice Model protocol and Family Centered Practice guards against the system traumatizing the child.
- Trauma-informed practice includes all of the following 8 key elements that re aligned with family-centered practice"
- Adherence to the Child Welfare Practice Model protocol and Family Centered Practice guards against the system traumatizing the child.
  - A child-focused, family-centered, gender-specific and culturally sensitive, strength- based approach.
  - Highly individualized assessment and care that identifies and acts on the child/caregiver/family and social/environmental risk and protective factors.
  - A relationship that is characterized by respect, dignity, compassion, listening and being present in the moment, and validation
  - A relationship that is based on a partnership with families, supports families, and promotes empowerment.

- A recognition and appreciation of the high prevalence of traumatic experiences by those children, youth and families served.
- An understanding of the profound neurological, biological, psychological, cognitive and social effects of trauma and violence on the child and family.
- Planned, purposeful, anticipatory and proactive actions that reduce or eliminate the potential for harm or re-traumatizing.
- An inclusive, collaborative approach with community partners that are involved in the child and caregiver's lives.

### **The Guiding Principles for Trauma - Informed Practice**

1. Assume that every child and family who receives services has been impacted by trauma in some way.
2. Utilize a trauma-informed approach in every job function with a focus on decreasing the impact of previous trauma and preventing any future harm.
3. Establish and nurture a supportive, collaborative relationship that minimizes power imbalances by being respectful, empathetic, genuine, consistent, predictable, non-shaming and non-blaming.
4. Screen for trauma exposure and child traumatic stress symptoms (using a standardized process and tool) for all children involved with the system at the earliest point of contact and re-assess/re-screen every six months thereafter.
5. For those children with positive trauma screens who are involved with the child welfare system, refer and assist families in gaining access to evidence-based trauma-specific assessment and/or treatment, as appropriate.
6. Inquire about birth parents own trauma history and the impact on their parenting on a routine basis. Refer and assist families in gaining access to trauma-specific assessment and/or treatment, as appropriate.
7. Assure that the child's case record includes information regarding the child and family's trauma exposure history, its impact on the child's functioning and the birth parent's ability to care for their child.
8. Assure that the case plan addresses the trauma-related needs of both the child and the family and monitor the progress on a consistent basis, modifying goals, objectives, and recommended services as needed.
9. Act in collaboration and partnership with all those involved with the child, using the best available science and clinical experience to facilitate and support the recovery of the child and family.
10. Promote family involvement that is consistent, supportive and effective to restore safety, physical and emotional well-being, optimal functioning and permanency for the child.
11. Promote stable, positive relationships in the lives of children.
12. Provide assistance to caregivers and other involved parties such as school staff in order to identify potential trauma triggers/reminders and promote techniques to respond effectively to the child.

13. Provide assistance to caregivers and other involved parties such as school staff to help them understand that negative or maladaptive behaviors developed in response to traumatic experiences may now serve as survival strategies to manage overwhelming feelings and situations.
14. Develop a personal plan to maintain wellness and resolve any job-related stress.
15. Participate in pre-service and in-service trauma education and training offered by the Department.
16. Participate in regular case-specific supervision that incorporates a trauma lens.
17. Participate in department-sponsored services and supports to reduce the potentially negative impact of secondary traumatic stress and vicarious trauma.
18. Aside from the trauma that the children and families, we have to be mindful of the trauma that you will experience working in the field. Child welfare work is hard work emotionally and psychologically.

### **Secondary Stress, Compassion Fatigue and Vicarious Trauma**

- Secondary Traumatic Stress (STS) is the distress that results from hearing about and seeing the firsthand trauma experiences of others. Symptoms may include: cynicism; anger or irritability; anxiety; fearfulness; emotional detachment or numbing; sadness, depression; nightmares and sleep disturbances; social withdrawal; increased physical complaints and illness; and/or use of alcohol/drugs to "forget work."
- Compassion Fatigue (CF) refers to the profound emotional and physical exhaustion that professionals can experience from working in the capacity of helping others. It is a gradual erosion of our empathy, our hope, and of course our compassion for others and ourselves. (Mathieu, F. (2012). The Compassion fatigue Workbook. P.8)
- Vicarious Trauma (VT) refers to internal changes in worldview and perception of self and others due to chronic exposure to traumatic material. VT is cumulative and the effects are pervasive and can affect all areas of a DCF employee's life.