

Applying Critical Thinking Skills in Child Welfare (Foster Care Session)

Purpose To strengthen the ability of supervisors and senior workers to apply critical thinking skills to the major decision points in child welfare in order to support workers' ability to gather and synthesize the right information to make the right decisions as effectively as possible.

Rationale All workers and supervisors in child welfare must be able to gather and evaluate information throughout the casework process related to decisions about safety, risk, child abuse/maltreatment, and service planning. Supervisors must monitor performance and provide feedback to staff in making accurate safety and risk assessments, correctly identifying and responding to abuse and maltreatment, and creating service plans that will meet families' diverse needs. Senior workers also need to apply these skills to their own cases and those cases they assist more inexperienced workers on. In order to accomplish these tasks, supervisors and senior workers must apply critical thinking skills.

Learning objectives Participants will be able to:

Cognitive

- identify their needs related to technical assistance and support for ongoing application of learned skills

Affective

- value the professional strengths they bring to the decision-making process in child welfare services
- appreciate various decision-making styles

Operative

- communicate expectations about decision-making in relation to safety, risk, abuse/maltreatment, and service planning
- monitor staff performance related to expectations
- determine how to use critical thinking skills when planning with workers for their interviews with families

- apply critical thinking skills to an analysis of safety, risk, any indicators of abuse/maltreatment, as well as the Assessment Analysis, and the service plan

Materials

PowerPoint slides, APPLYING CRITICAL THINKING SKILLS TO ASSESSING CASEWORK PRACTICE, CASE TIMELINE, CASE TRANSFER, FAMILY SERVICES INTAKE, CPS CASE SUMMARY, JUDGMENTS, SAFETY AND RISK, ASSESSMENT ANALYSIS, SERVICE PLANNING, YOUR TASK IS ONGOING, PROGRESS NOTES I, CASE UPDATE, PROGRESS NOTES II, CASE UPDATE II, ROLE OF SUPERVISION, TECHNICAL ASSISTANCE NEEDS, SUMMARY; handouts, ALBERTI FAMILY: CASE TIMELINE, ALBERTI FAMILY SERVICES INTAKE REPORT, CRITICAL THINKING SKILLS IN CHILD WELFARE, ALBERTI FAMILY: CPS CASE SUMMARY, ALBERTI FAMILY: FINAL CPS SAFETY ASSESSMENT, ALBERTI FAMILY: INITIAL RAP, ALBERTI FAMILY: INITIAL SNR SCALES, COMMON ERRORS IN REASONING, EXPANDED SAFETY FACTORS, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, ALBERTI FAMILY: INITIAL ASSESSMENT ANALYSIS, ALBERTI FAMILY: INITIAL SERVICE PLAN, ALBERTI FAMILY: PROGRESS NOTES I, ALBERTI FAMILY: CASE UPDATE I, ALBERTI FAMILY: PROGRESS NOTES II, ALBERTI FAMILY: CASE UPDATE II, FIVE CONDITIONS FOR CHANGE, SUMMARY; worksheets, SUPERVISING SERVICE PLANNING, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: I, II, AND III (and TRAINER’S KEY), MY NEEDS FOR TECHNICAL ASSISTANCE; posters, CRITICAL THINKING SKILLS IN CHILD WELFARE, DECISION POINT QUESTIONS, SET PRINCIPLES AND CRITICAL THINKING.

Time

5 hours

Learning Process

Thinking critically about opening a case for services

Convene the small groups.

Instruct participants:

- We mentioned before the break that we're going to work with one, real-life case now.
 - Ancillary instruction:* Display the PowerPoint slide, APPLYING CRITICAL THINKING SKILLS TO ASSESSING CASEWORK PRACTICE.
- Our point in taking this one case and walking through it using the lens of critical thinking is certainly not to criticize any one worker or supervisor but rather to highlight that great intentions and hard work only get you so far.
- As senior caseworkers/supervisors, you need to consistently apply critical thinking skills, because even families where the problems seem fairly straightforward, can present hidden challenges that make achieving the child welfare outcomes an elusive goal.
- Your ability to apply these skills can be modeled for more inexperienced staff.
- When line staff become aware that senior workers and supervisors value critical thinking and can mentor them in the process of applying these skills, they are more likely to use them and you will see a shift in practice across the entire unit.
- This group is going to focus on this case at the point in time where it is opened for foster care services.

Instruct participants:

- As part of your preclassroom preparation for this training, you were sent materials about the Alberti family to read, as this is a large case over an eight month period of time.
- Let's begin by reviewing some basic information about the family to establish where they are in time when the case is opened for services.

Caution: Tell participants that the real names of all involved in the case as well as the dates in the case were redacted. Therefore, CDHS has had to speculate on some information in the case,

however, the case facts and actual documentation they will read in the assessments, progress notes, or summaries remains true to the original documentation.

Ancillary instruction: Display the PowerPoint slide, CASE TIMELINE.

- Review the handout, ALBERTI FAMILY: CASE TIMELINE, which was included in your preclassroom reading.

State:

- As you can see on the timeline, the family was involved with CPS for approximately two months before the first placement occurred.
- The family services case was opened at this time, however, the children only spent only a short time in care before being returned to their mother.
- CPS continued involvement with the case until August, when the three children were again removed. This time they were placed in a therapeutic foster home and the case was transferred for foster care services.
- Before we begin discussing the specifics of the case, let's talk more generally about the role of supervisors in support workers when a case is transferred for services from one unit to another.

Ancillary instruction: Display the PowerPoint slide, CASE TRANSFER.

Ask:

- How would this case be transferred from, e.g., CPS to the foster care unit in your county or agency?
- How could this transition affect a worker's ability to engage the family and build a professional casework relationship with them in order to achieve the child welfare outcomes?
- What role do supervisors play in transferring cases in your county?
- In general, how do families express their feelings and/or needs related to the transition from one worker or unit to the next in your agency?

Ancillary instruction: Display the PowerPoint slide, FAMILY SERVICES INTAKE.

Instruct participants: “Now, individually review the handout, ALBERTI FAMILY SERVICES INTAKE, which was completed by the CPS worker following the first placement of the children in May.”

Ancillary instruction: Refer to the handout and poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.

Discuss:

- Imagine you are either the senior worker or supervisor who will be supporting a caseworker from your unit who was just assigned to this case. Which of these critical thinking skills are relevant right now?

Ancillary instruction: Refer to the first item on the poster/handout related to organizing information.

- What information would you want to make sure you and the worker review from the case record?

Comment: The CPS investigation history, including the final safety assessment and the Initial RAP, should provide information about the family’s strengths and needs, the safety status of the children, risk of present or future harm, and either indicators of or a determination of abuse/maltreatment.

Instruct participants:

- Let’s look at a summary of the CPS history.

Ancillary instruction: Display the PowerPoint slide, CPS CASE SUMMARY.

- Individually review the handout, ALBERTI FAMILY: CPS CASE SUMMARY.

Ask: “What might be the worker’s pre-engagement anticipation of this family?”

Caution: Participants should easily recall the concept of pre-engagement anticipation from their Common Core and Supervisory Core training, but if not, provide them with a quick definition.

Explain:

- All workers will develop pre-engagement anticipation of the family. It’s a normal part of the professional casework relationship.

- Remember, the family will also have pre-engagement anticipation of working with your worker and agency, based on their experiences and perceptions.
- Furthermore, if you are involved in a coaching or supervisory capacity and have not yet met the family, you need to remember that your understanding of the family is based strictly on third-party information from the worker.

Ancillary instruction: Refer to the skill, “Temporarily suspend judgment” on the handout/poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.

- Even though the caseworker will have pre-engagement anticipation, you need to be careful not to let it him or her in making assumptions or judgments of the family that influences the assessment of them or the casework practice.
- Thinking critically about casework means thinking critically about ourselves and our workers. In order to temporarily suspend judgment, you need to first be aware of what your own as well as the worker’s judgments are and why you are both making them.”

Example: If you are making a judgment about the family based on your pre-engagement anticipation after reading the case record, you should realize you lack sufficient evidence to support your perception of them until you meet them and have engaged them yourself in the casework process.

Ancillary instruction: Display the PowerPoint slide, JUDGMENTS.

Discuss: “As you were reading the material, did you find yourself making any judgments about this family?”

Ancillary instruction:

- To help establish safety in the group with thinking critically about their work, provide an example of a judgment you made about the Alberti family when you first reviewed the case. Elicit examples from the group.
- Refer again to the poster/handout, CRITICAL THINKING SKILLS IN CHILD WELFARE.

State:

- The skill, ‘Recognize the likelihood of bias in your personal opinions, acknowledge the intensity of your feelings about them, and be aware of the danger of weighting case evidence in the decision-making process according to your

personal standards,” also relates to your pre-engagement anticipation at the start of a case.

Ancillary instruction: Remind participants of a judgment you or one of them made about the Alberti family. Elicit what they think a worker’s response would be if he or she shadowing you and you verbalized or acted on your judgments.

Comment: It is anticipated that participants will identify their ability to bias a new worker who might not have enough experience to support open-mindedness in a case, particularly if there are many factors of difference between themselves and the family, or if there are a number of contributing factors, such as domestic violence or substance abuse.

- We mentioned earlier that one important task you have is to help workers identify any bias they bring to a case. This needs to start at the outset of a case and continue throughout the casework process.

Example: If a worker recognizes he has bias towards working with domestic violence survivors because his mother was also a survivor, his supervisor can assist him in planning for how to best engage this mother about her experience of domestic violence and her efforts to leave her abusive partner to make sure the assessment is not influenced by the worker’s own underlying conditions related to this contributing factor.

Instruct participants:

- Speaking with the past workers or supervisors in the case to gather information that was missing or insufficient can help fill in any gaps in the record that were leading to judgments.
- Before we identify whether there is any insufficient, inconsistent, or missing information in the CPS record as a whole, let’s review the most recent safety assessment and RAP, completed by the CPS worker who opened the case for services. These were both done just prior to case transfer in August.

Ancillary instruction:

- Tell participants that we will spend some time reviewing the various protocols documented by the CPS worker who opened the family services case because the foster care worker has not yet had formal protocols due for reassessment yet.
- Point out that they would apply these skills in exactly the same way to the notes and protocols documented by the workers they are responsible for.

- Display the PowerPoint slide, SAFETY AND RISK.
- Individually read the handouts, ALBERTI FAMILY: FINAL CPS SAFETY ASSESSMENT, ALBERTI FAMILY: INITIAL RAP, AND ALBERTI FAMILY: INITIAL SNR SCALES.
- As you review these assessment protocols, be sure to keep the items on the handout, COMMON ERRORS IN REASONING IN CHILD WELFARE, in mind. Additionally, we've provided the handouts, EXPANDED SAFETY FACTORS, and RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, for support with the upcoming discussion.

Discuss:

- What strengths have you noted in these assessments?
- Based on the information you have just read, can you identify any missing or inconsistent information from the CPS record, including these assessment protocols that you would want the foster care worker to further explore?

Comment: There is missing and insufficient information throughout the CPS record.

Example:

- There are gaps in information related to the identity of the children's fathers and their relationship with them. Is Ramon the father of Davina and Jaslene? Does he pay Louisa support? Is he engaged in the children's daily care? Who is Henri's father and where is he now? Was he notified of child welfare involvement? Does he currently have a relationship with his son?
- There was no assessment of the mother's underlying conditions or contributing factors that will continue to impact her parenting:
 - ✓ The CPS worker did not thoroughly assess the mother's experience of the violence in her relationships with both of the fathers of her children, let alone how it impacted her children, outside of contributing to Henri being injured.
 - ✓ There was no assessment done (or at least it wasn't documented) of Louisa's perceptions, beliefs, and values related to parenting, including discipline and supervision, which were concerns in this case.
- Louisa was reported to be sleeping while the injuries to Henri occurred. Was she sleeping frequently during the day or was she unable to be awakened if Henri cried out at night when injured by Ramon because she has a health

condition, or because she was depressed. Or because she was using drugs or alcohol?

- There was information in the CPS history about Henri reportedly lacking appropriate clothing at school. What is the family's financial situation?
- Where else has the family lived besides Puerto Rico and New York? Have they been involved with child welfare before? Does Louisa fully understand why the children were removed?
- The SNR scales for the children listed them all as in good or excellent health. Nowhere is it documented that the worker ever contacted appropriate medical collaterals such as a nurse or doctor to determine what the children's health status actually is.

Caution: If participants note that the casework practice and both the safety assessment and risk assessments were flawed, commend them on this and ask them what they would do if they or their worker in the foster care unit noticed this. Ask whether they would address it with the CPS supervisor and elicit how they would do this. Tell them that even though CPS has transferred services, the missing information could still influence the children's safety during visits or if they were reunified. Additionally, if they notice poor supervision or problematic casework practice, even on a case that is transferred, they should consider discussing their concerns with their colleague in the other unit so as to promote better practice and reduce errors on future practice. Remind participants that every child welfare worker, regardless of their role, is responsible for children's safety.

- What expectations would you set for your worker related how to gather this information from the mother, Louisa?

Comment: Be sure to underscore the importance of promoting the worker's ability to develop a professional casework relationship with the mother and utilize the interpersonal skills and core conditions to gather information and facilitate change in the case from here on out.

- On a scale of 1 to 5 (1 = your unit misunderstands the elements in the comprehensive RAP and the SNR scales and fails to assess or document important criteria, and 5 = your unit completes accurate assessments that are supported by documentation), how would you rate your unit?

Ancillary instruction: Refer again to the poster/handout, CRITICAL THINKING SKILLS IN CHILD WELFARE.

State: "Another relevant critical thinking skill you can assist your line workers in developing is to 'Look for patterns that

appear during the case, rather than only examining the singular facts.”

Discuss: “Are there any patterns in the family that became apparent during the CPS record review?”

Example:

- Louisa has reported violent relationships with both of the fathers of her children. Henri has witnessed incidents in both of these relationships.
- Henri being observed with ongoing injuries.
- There appears to also be a pattern around lack of supervision of the children, even though this was never adequately addressed by the CPS worker.
- There is also a strengths-based pattern of Louisa seeking support from family and neighbors when she is in need of support.

Explain:

- Apparent patterns in the family may be documented and analyzed as part of the Assessment Analysis, which asks workers to synthesize all the gathered information about a family’s strengths and needs, including a focus on the family’s their underlying conditions, contributing factors, and change readiness.
- You’ll remember that the Assessment Analysis is the last step in the assessment process and the first step in the service planning process. It answers the question, “What needs to change?”
- Let’s look at the Initial Assessment Analysis now. It was also completed by the CPS worker.

Ancillary instruction:

- Display the PowerPoint slide, ASSESSMENT ANALYSIS.
- Tell participants to individually review the handout, ALBERTI FAMILY: INITIAL ASSESSMENT ANALYSIS, now.
- Refer again to the handout/poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.

Ask:

- Is there any inconsistent information or missing information that we have not yet identified before this that you need to set an expectation for the foster care worker to gather?

- Did you notice any implicit or explicit judgments or bias in this CPS worker’s documentation that you would want to monitor for in the foster care worker, to be sure he or she is not making the same error(s)?

Example: In the analysis of behaviors and factors, the worker states, “Louisa enjoys companionship and assistance from paramours. Louisa does not know how to break off relationships when they reach an unhealthy point.” Both of these statements seem to making judgments about Louisa’s motivation for engaging in relationships and why she stays in unhealthy relationships. There was nothing in the case record that revealed any assessment of Louisa’s experience of being in relationships with paramours that spoke to her enjoying companionship or assistance from her paramours. Also, it could be that Louisa stays in relationships that are unhealthy because she is financially dependent on these paramours, or because she doesn’t want to separate her children from their fathers. It may not just be about her capability.

State: “Let’s turn attention to the initial service plan now.”

Display the PowerPoint slide, SERVICE PLANNING.

Instruct participants:

- Individually review the handout, ALBERTI FAMILY: INITIAL SERVICE PLAN.
- At your tables, discuss the questions on the worksheet, SUPERVISING SERVICE PLANNING.

Ancillary instruction:

- Elicit responses from a different small group for each of the questions. Invite the large group to add any additional comments after each question is reviewed.
- Display the PowerPoint slide, YOUR TASK IS ONGOING.

Explain:

- While it may seem time consuming to so carefully and critically review all the protocols and notes done by past workers, having your workers do so and discussing the record with them will provide both of you with invaluable information about the strengths and needs of the family, alongside the strengths and needs of the past casework practice that informed the assessment information that was gathered.

- We've identified some strengths in the CPS investigation but also some errors. The errors undermine not only that worker's ability to complete assessments in a timely, comprehensive, and objective manner but because that assessment feeds into the assessment made by future workers, it impacts everyone's ability.
- This, in turn, impedes our progress toward realizing the child welfare outcomes of safety, permanency, and well-being.
- We are legally and ethically mandated to conduct our work in a manner that will achieve these outcomes.
- In order to accomplish this, all workers and supervisors must be committed to apply critical thinking skills in order to make informed decisions.
- The safety and well-being of families and our own security, growth, and self-esteem needs all get a boost when we reduce errors and realize the positive impact of improved decision-making on all assessments. Think of recognizing errors as a measure of our vision, our values, and our continuous development, not our failure.
- Your role as supervisors is to implement the supervisory functions, SET behaviors, and leadership styles you learned about in earlier training to bring about the preferred alternative future of informed decision-making.

Instruct participants: "With the assessments and service plans the workers in your unit develop in mind, raise your hand if you are satisfied with them:

- Less than 25% of the time?
- About half the time?
- About 75% of the time?
- Almost all the time?"

Discuss:

- For those of you who are generally satisfied with the assessments and service plans developed by your workers, what supervisory techniques have you used to communicate

expectations and coach your workers in learning to develop effective family assessments and service plans?

Ancillary instruction: List these on a flipchart.

- For those of you who are frequently dissatisfied with the assessments and service plans of your workers, try to anchor your **feeling** of dissatisfaction to some **facts**: *where* and *how* do the assessments and service plans of your workers fail?

Ancillary instruction: Refer to the skill related to questioning your own assessment on the handout/poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.

- Do you think that routinely applying the critical thinking skills we’ve just discussed to your analysis of your worker’s assessments and service plans will assist them in developing stronger assessments and plans?

Explain:

- We did an exhaustive review of the investigation record and the assessments and service plan created by the CPS worker.
- Remember, even though we examined the protocols documented by a worker you would not likely supervise in your role, you would apply these skills in exactly the same way to the notes and protocols documented by the workers you are responsible for.

Discuss: “Are there other tools/strategies (besides what we’ve already identified) that you currently use to set expectations for and monitor the performance of the casework practice in your unit as a whole?”

Ancillary instruction: Tell participants that we will focus more on the SET behaviors of feedback and coaching later in the program.

Example:

- Regularly review case records and meet the workers individually on a weekly basis, as well as monthly as a team, to address trends in decision-making and documentation, and to clarify expectations.
- Regularly observe workers in the field to assess their strengths and areas that need development.
- Utilize strengths within the unit to support workers who need assistance.

State: “Keep these in mind as we move through the rest of the case record. Look for evidence as to whether the foster care worker was being supported in these ways by her supervisor.”

Applying critical thinking skills to supervising caseworker practice

State:

- We’ve established that the foster care worker has her work cut out, given the lack of a comprehensive assessment that was previously conducted during the investigation of this case.
- Let’s see what happens in the case notes when the case was actually transferred in real life.

Display the PowerPoint slide, PROGRESS NOTES I.

Instruct participants: “Individually read the handout, ALBERTI FAMILY: PROGRESS NOTES I.”

Explain:

- We expect you were confused while reading these notes as there is an apparent two month lapse in the family services case notes.

Ancillary instruction: Explain to participants that the first six notes were written as family services progress notes by the CPS worker in the case in May-June 20xx following the first removal of the children. The seventh note was written by the foster specialist more than two months later, when the children were placed in care for a second time. Tell them that the missing information is actually documented in the investigation notes for that two month time period.

- You are also likely confused about the fact that Henri is visiting his father, as there is no documentation that Henri’s father was ever even notified of the report or of the family’s current whereabouts. He was believed to be in Puerto Rico.

Ancillary instruction:

- Participants may note how poorly written the CPS worker’s notes are. Remind participants that poor documentation can be a liability to the agency in family court. Underscore the role the supervisor could have taken in supporting the worker in learning how to better document his practice.

- Elicit their thoughts about the first note documented by the foster care worker.
- If not already mentioned, point out that it would have been useful for the foster care worker to summarize how the case was transferred to her and any discussions that occurred with her supervisor about the family and their needs.
- Remind participants that if the unidentified father visiting Henri is the partner that Louisa noted was abusive to her in Puerto Rico, there should be concerns noted somewhere as to this. Louisa had alleged that Henri's reports of abuse by her more recent partner, Ramon, were actually based on his recalling of incidents with his own father back in Puerto Rico. It is possible that Henri's father was not abusive to Louisa or Henri, and that he was scapegoated for Ramon's current abuse of Louisa by Louisa, however, it is not documented anywhere by either the foster care worker or in the CPS worker's notes that this father was notified let alone was in New York and interested in visits. The safety of the child during these visits should also have been assessed and documented as to whether it would be in Henri's best interest to visit his father and whether the visits with his father are to be strictly supervised. There is no documentation of this having occurred. Remind participants that it is important to involve located birth parents and their relatives in visitation, and it may be especially helpful for Henri to have visits with his father. But better assessment needed to be done (and documented) as to the relationship between Henri and his father as well as Louisa and this man, given the reported past domestic violence.
- Display the PowerPoint slide, CASE UPDATE.

Instruct participants:

- Let's see what happens as the case progress in foster care. Now please read the handout, ALBERTI FAMILY: CASE UPDATE I.
- As you review this summary of the progress notes, be sure to keep the items on the handout, COMMON ERRORS IN REASONING IN CHILD WELFARE, in mind.

Ancillary instruction: Mention that some case information may be confusing or lacking in detail. Tell them this is okay and that this is the information that was available in the actual case record for the point in the case they are receiving.

- After your review, complete the worksheet, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: I, with your table group.

Ancillary instruction:

- Refer participants to the handouts, COMMON ERRORS IN REASONING, EXPANDED SAFETY FACTORS, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, FIVE CONDITIONS FOR CREATING CHANGE, and CRITICAL THINKING SKILLS IN CHILD WELFARE, for support.
 - Elicit one or two groups' responses to all the questions on the worksheet. Ask the large group if anyone has any additional comments to add or concerns to raise.
 - Tell the other groups that as we move through processing the rest of the case, they will have a turn to share similar responses.
 - Utilize the related TRAINER'S KEY as a guide for the discussion.
 - Create four flipcharts with the labels, *Expectations*, *Monitoring*, *Feedback*, and *Coaching*. As the groups share their plan related to each of these SET behaviors, record them on the flipchart so that by the time the rest of the case has been processed, there will be a comprehensive set of each of these behaviors.
- Let's see whether our concerns about the children and the overall casework practice get addressed. This time, we're going to read a selection from the actual progress notes.

Ancillary instruction:

- Display the PowerPoint slide, PROGRESS NOTES II.
 - Tell participants to individually review the handout, ALBERTI FAMILY: PROGRESS NOTES II.
 - Remind them that some case information may be confusing or lacking in detail. Tell them this is okay and that this is the information that was available in the actual case record for the point in the case they are receiving.
- After your review, complete the worksheet, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: II, with your table group.

Ancillary instruction:

- Refer participants again to the handouts, COMMON ERRORS IN REASONING, EXPANDED SAFETY FACTORS, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, FIVE CONDITIONS FOR CREATING CHANGE, and CRITICAL THINKING SKILLS IN CHILD WELFARE, for support.
- Process this worksheet in the same manner as before, selecting another one or two table groups to respond and inviting the large group to add any other comments.
- Utilize the related TRAINER'S KEY for support.

- Be sure to add any newly developed expectations, monitoring, feedback, or coaching strategies to the flipcharts.
- Display the PowerPoint slide, CASE UPDATE II.
- Now, let's read and analyze the last of the case record prior to it being pulled for this review.
- Individually read the handout, ALBERTI FAMILY: CASE UPDATE II, which summarizes the remaining casework practice, before completing the worksheet, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: III, with your table group.

Ancillary instruction:

- Refer participants again to the handouts, COMMON ERRORS IN REASONING, EXPANDED SAFETY FACTORS, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, FIVE CONDITIONS FOR CREATING CHANGE, and CRITICAL THINKING SKILLS IN CHILD WELFARE, for support.
- Process this worksheet in the same manner as the other two, utilizing the related TRAINER'S KEY, for support.
- Be sure to add any newly developed expectations, monitoring, feedback, or coaching strategies to the flipcharts.

Display the corresponding bullets on the PowerPoint slide, ROLE OF SUPERVISION, as you move through the discussion that follows.

Discuss:

- Was there evidence of supervision at any time in the case record?

Comment: There appears to be no documentation in the record that supervision was sought for case conference by either the foster specialist or the DSS worker. There is also no mention of the supervisor attending the SPRs or other meetings that occurred.

- Why do you think there is no evidence of it? Do you think supervision actually occurred and was just not documented or do you believe that there was likely little involvement of the supervisors in this case outside of approving documentation?

Ancillary instruction:

- Refer to the flipcharts with the expectations and plans for monitoring, providing feedback, and coaching on them.

- Tell that that all of the concerns we identified about the children’s safety, permanency, and well-being could have been positively impacted or lessened if the supervisors in this case had utilized the SET behaviors we identified here through the application of critical thinking skills.
- How does always considering what the worker missed in the process and “what do we do next” support more thorough assessments and effective service plans?
- How can you “question your own assessments” of the casework practice you are supervising?

Caution: During the needs assessment for these counties, they all mentioned that supervisors feel incapable of always trusting the information gathered by the caseworkers. This would be a good time to mention this concern if it has not already been raised. Be sure to link how the use of critical thinking skills and SET behaviors should help them better assess workers’ information. Elicit whether they feel more capable in regards to assessing their workers’ information now that they have walked through this process with a real case. It is likely that participants may say that both their workers and they themselves have too large of caseloads to conduct a thorough review process such as this with their cases. If this occurs, remind them of all the concerns that were raised in the Alberti case about the worker’s practice and the children’s safety, permanency, and well-being. Stress that better supervision could have supported better casework practice in this case, less errors, and faster achievement of the outcomes for the children. Challenge them to try routine application of these skills with their workers and see if it doesn’t make a difference to spend time up front with workers rather than dealing with issues that arise related to lack of reasonable efforts, legal liability, family crises, etc.

- What was most challenging for you about completing these exercises in critical thinking today?

Ancillary instruction: Refer to the poster, SET PRINCIPLES AND CRITICAL THINKING.

- How do you feel about your ability to continue to apply the SET principles as they intersect with critical thinking to your assessment of workers’ practice?

Assessing needs

Display the PowerPoint slide, TECHNICAL ASSISTANCE NEEDS.

Refer participants to the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE.

State: “You may recognize other needs to support you in the work that you do with children and families. We are providing you this opportunity to express those needs.”

Refer again to the poster, DECISION POINT QUESTIONS, as well as the corresponding handout.

Instruct participants: “Identify any technical assistance or other resources you think would provide you the support you need to feel more confident in your role of making and supervising these major decisions in child welfare by individually completing the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE. We will collect these and use them to advocate for your needs in this area.”

Ancillary instruction:

- Thank participants for their hard work.
- Collect the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE.

Conclusion

Display the PowerPoint, SUMMARY, and refer to the handout of the same name.

Explain:

- An informed decision-making process includes being objective, considering all possibilities, gathering information, evaluating and analyzing all available information, and drawing logical conclusions.
- The identified critical thinking skills support your ability to make informed decisions related to your workers’ and your own assessments of safety and risk, identifying abuse and maltreatment, and planning for services with the family.
- When an *informed* decision making process is not followed, unfortunately, errors occur.
- We hope that today’s program will help you use critical thinking skills and SET behaviors to make those decisions and also to remain vigilant in order to avoid common errors in reasoning.

*PowerPoint slide – Applying Critical Thinking Skills to
Assessing Casework Practice*

- ➔ Great intentions and hard work only get you so far.

- ➔ You need to consistently apply critical thinking skills to achieve the child welfare outcomes.

- ➔ You need to model use of these skills to less experienced staff.

PowerPoint slide – Case Timeline

Review the handout, ALBERTI FAMILY: CASE TIMELINE, now.

Alberti Family: Case Timeline

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

November 4, 20xx-1 to February 11, 20xx	<ul style="list-style-type: none"> • First CPS Investigation of family • Determination: Unfounded
March 17, 20xx	Second SCR Intake Report Received – Investigation Opened
May 17, 20xx	<ul style="list-style-type: none"> • First removal of the children occurs • FASP opened by CPS worker
June 3, 20xx	Children returned to mother, who sought order of protection to remove abusive boyfriend from home
June 3– August 15, 20xx	CPS continues investigation
August 15, 20xx	<ul style="list-style-type: none"> • Children removed again when the parents violate the orders of protection and try to flee with children to Puerto Rico • Children placed in foster care
August 15, 20xx – November 31, 20xx	<ul style="list-style-type: none"> • Children remain in foster care • CPS case determination: Founded (September 8, 20xx)

PowerPoint slide – Case Transfer

- ➔ How would this case be transferred from, e.g., CPS to the foster care unit in your county or agency?

- ➔ How could this transition affect a worker's ability to engage the family and build a professional casework relationship with them?

- ➔ What role do supervisors play in transferring cases in your county?

- ➔ In general, how do families express their feelings and/or needs related to the transition from one worker or unit to the next in your agency?

PowerPoint slide – Family Services Intake

Review the handout, ALBERTI FAMILY SERVICES INTAKE, now.

Alberti Family Services Intake Report

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

**FAMILY SERVICES
INTAKE REPORT**

*****WARNING*****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

Case Name:	Alberti, Louisa	Stage ID:	-----
Stage Name:	Alberti, Louisa	Stage Name:	-----
Case Initiation Date:	05/17/20xx	Report Date:	-----
Dist With Case Management:		District/Agency With Case Planning:	
Status:		Date Closed:	
Family Services Stage ID:		Split from Case ID:	
Rcmd. Closing Case ID:			

PERSON DEMOGRAPHICS

ID	Name/ Person ID	R/U	Marital Status	Sex	DOB (Age)	DOD	Language	Ethnicity	Race
01	Alberti, Louisa	R	Single, Never MA	F	--/-- (24)		Spanish	Hispanic or Latino	Not Reported
01	Garayua, Henri	R	Child, not applicable	M	--/--/20xx (4)		Spanish	Hispanic or Latino	Not Reported
01	Maldonado- Alberti, Jaslene		Child, not applicable	F	--/--/20xx (0)		Spanish	Hispanic or Latino	Not Reported
01	Alberti, Davina	R	Child, not applicable	F	--/--/20xx (1)		Spanish	Hispanic or Latino	Not Reported

ID	Street	City	State	Zip	County	CD	Address Type
01	207 Sunset Lane	Uptown	NY				Residence

ID	Phone	Ext	Phone Type
01	(xxx) xxx-xxxx		Residence-cell

WORKERS INFORMATION

Worker	Role	District/Agency	Unit	Phone	Worker ID
Justina Feingold	Histor, Case Worker			(xxx) xxx-xxxx	
Anthony Burgess	Histor, Case Worker			(xxx) xxx-xxxx	

Alberti Family Services Intake Report

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

**FAMILY SERVICES
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Family Services Stage ID:		Split from Case ID:	
Rcmd. Closing Case ID:			

INTAKE SOURCE

Intake			
Date/Time	05/17/20xx, 11:57am	Source Type:	Other
		Agency	
Intake Method	CPS Worker/Monitor	Name	Burgess, Anthony
Source Name:			
Address			

County	Address Type	CD:
Phone	Ext	Type

NARRATIVE

Type of Services Being Requested:

Reasons for Involvement with Family:

The following narrative was entered by Anthony Burgess at 05/24/20xx 12:08 PM

Henri Garayua has continuously presented with various marks to his body, which appear to be bruising and nail marks. The explanations provided by Louisa Alberti, Henri’s mother, are not consistent with the injuries. An Order of Protection was granted for Louisa’s boyfriend, Ramon Cruz to stay away from the home and children. Louisa allowed Ramon to be downstairs in the home while the children were in the upstairs apartment unattended. Louisa has a history of being involved in physically abusive relationships, and being non-compliant. Louisa would like assistance through counseling for the violence she had been through. Louisa also feels stressed and would like

Alberti Family Services Intake Report

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

**FAMILY SERVICES
INTAKE REPORT**

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Case Name:	Alberti, Louisa	Stage ID:	-----
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Status:		Date Closed:	
Family Services Stage ID:		Split from Case ID:	
Rcmd. Closing Case ID:			

to take parenting classes, so that she does not scream at the children. Louisa has agreed to continue to keep Ramon out of the home upholding the OOP's.

SENSITIVE CASE ISSUES

REQUESTED SERVICES

Case Management Services	Domestic Violence Services
Unmarried Parent Services'	Parent Training
Preventive Services for Children	

Decision Summary

Is this case being evaluated for Preventive Services Only? Yes

Needs for Mandated Preventive Services:

Date Application Sent: 05/24/20xx

Date LDSS Received Application Signed by Parent/Client: --/--/20xx

Application Signed By CPS Worker: No

Decision: **Closure Reason:**

Comments:

PowerPoint slide – CPS Case Summary

Review the handout, ALBERTI FAMILY: CPS CASE SUMMARY, now.

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Family Members (ages are at time of initial report):

- ➔ Louisa Alberti, 24, mother
- ➔ Ramon Cruz, 26, biological father of infant girls
- ➔ Henri Garayua, 4, son of Louisa Alberti
- ➔ Davina Alberti, 15 months, daughter of Ramon and Louisa
- ➔ Jaslene Maldonado-Alberti, 3 weeks old, daughter of Ramon and Louisa

Investigation Summary:

An intake report on the Alberti family was received on March 17, 20xx. The report detailed that Henri was seen with suspicious, bilateral bruises on his face. The child had made statements a few days prior to being seen with the bruises that his father had hit him on the top of his head with a belt as a form of punishment. When questioned about the bruises, Henri said he had received them when he fell. The role of the mother was unknown, as she was reported to be sleeping at the time he said his father had hit him. There was also reported to be an infant in the home.

The source had no additional information than was already provided, other than there were also some scratches on Henri and that the family speaks Spanish.

The assigned caseworker, Anthony Burgess, made a home visit. He was accompanied by a Spanish-speaking caseworker who translated for the family along with a senior caseworker. The workers met with the mother, Louisa Alberti, who maintained that the marks on Henri's face have been there since their time in Puerto Rico where an accident had occurred. Her boyfriend, Ramon Cruz, came into the home at this point. When asked who "Pa" was, Louisa stated that Henri calls her uncle (and not Ramon Cruz) "Pa." The workers asked for proof of the marks appearing in the past and Louisa said she would get a photo from her sister. When asked how Henri received the scratches on his face, Louisa said Henri fell at the park. The caseworkers asked about Henri's report of being hit with a belt. Louisa replied that Henri was recalling incidents from Puerto Rico when she was a victim of domestic violence. The caseworkers told her they could remove the children if they were found to be using excessive corporal punishment. They then asked where the infant was. There are two infants in the home, Davina (age 15 months) and Jaslene (3 weeks). Louisa said they were downstairs with her neighbor

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

as she had been doing things there when the caseworkers arrived. They all went to the downstairs apartment. The babies were observed to be “happy and healthy.” When leaving, the workers observed Henri call Ramon, “Pa.”

Almost two weeks later, the caseworker, Anthony Burgess entered a note stating that an email was received from another caseworker indicating that dig marks were seen on Henri at school and the school guidance counselor had taken pictures of them. Mr. Burgess interviewed the school aide who had spoken to the guidance counselor. The aide informed him that the marks appeared to be made by an adult, and there were also bruises going down the back of the child’s neck. Mr. Burgess stated he would like to see the child and the school counselor. The counselor indicated she would be available the following day at 1:00 p.m. Mr. Burgess set up a time to meet her and Henri then.

That next day, Henri was interviewed at school by Mr. Burgess and Ms. Ortiz, a Spanish-speaking caseworker. The caseworkers asked Henri if anyone told him what to say about his marks and he said that “mom told him not to say and to say that he fell in the house.” The teacher reported that Henri goes back and forth about what to say about the marks. Sometimes he maintains he fell outside, sometimes he says “Pa” did it. When asked by the caseworkers what happens when he is “naughty,” Henri said that “Pa” grabs him by the neck and hits him. He said his mother hit him once last night. The caseworkers asked Henri what he was afraid of and he said “the dark.” Mr. Burgess asked Henri if he was afraid of his mother and he said “Pa.” He also said, “when I sleep, Pa...,” stopping short. Staff said that when Henri started school he was not potty trained. He also kept coming to school with the same outfit so they got clothes for him and sent them to his house.

The next progress note occurs two weeks later and states that another phone call is received by Caseworker Burgess from the school guidance counselor, informing him that Henri had again come to school with suspicious marks. The child had dig marks by his right ear, a mark on his left cheek, and a big gash/mark on his left shoulder blade.

Caseworker Burgess met with his supervisor and a senior caseworker. The supervisor instructed the two caseworkers to immediately go to the school to see the marks. The senior caseworker asked about filing a neglect petition or petitioning for removal. The Supervisor stated the workers should first see the severity and location of the marks on the child. The supervisor also raised concerned over how

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Henri would be treated if an Order of Protection was filed. They decided to contact their attorney about filing a chronic neglect petition.

Henri was seen at the school and photographs of dig marks in the shape of an adult nail were taken, along with three discolorations on his right arm and one on his left arm. He also had marks on his shoulder and behind his ear. The workers also noticed scratches and previous scratch-like scars on Henri's back. When asked who caused the injuries, he said Pa "jumped on him." He confirmed "Pa" was Ramon and he maintained his mother was sleeping during this time.

The caseworkers called the supervisor from the school, who then called the attorney. The attorney advised them that due to changes in Henri's story about how all of his injuries were received over time, it was best to file a chronic neglect petition due to suspicious marks. The petition would be filed in the morning.

Caseworker Burgess, accompanied by Caseworker Ortiz then went to the case address. Louisa and Ramon were sitting outside on the porch and the two babies were upstairs sleeping. The home was clean. The workers noted Louisa had a mark on her face that looked like a welt and a fat lip. When asked what happened, Louisa maintained she had fallen down the stairs. When pressed for details, she said she fell down while carrying the baby carrier down the stairs. She reported that Jaslene was not injured. When Louisa was asked why Henri had a bruise on his shoulder, she said he jumped from his bed to a shelf. The workers noted the shelf was several feet away from his bed. They told Louisa she needed to supervise him better. They also asked if she would like counseling for previous DV relationships and she shook her head yes. The workers observed the babies sleeping in Louisa's room. Davina was in a crib and Jaslene was on the bed. The workers explained Jaslene could start to roll at any time and should not be in the bed. When asked how frequently the babies nap, Louisa reported Davina takes "lots of naps." When asked why Davina slept so much, Louisa shook her head. The workers thanked her for the information. Louisa stated they were welcome back any time to investigate.

The next day, May 9th, a stay-away Order of Protection was filed and granted and the police department was to serve it on Ramon Cruz. The following day, Caseworker Burgess received a call from the school informing them Henri was not in school. The school was made aware of the Order of Protection. Caseworker Burgess and a senior caseworker, accompanied by the police, went to the home.

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Louisa, a neighbor, and another gentleman were outside waiting. She reported she was downstairs borrowing something from the neighbor and the children were upstairs. As they tried to enter the front of the home, the neighbor stated she did not want the police or the caseworkers in her home. The neighbor asked them to go around the other way. Louisa let the officer and the workers up the back entrance. When they arrived, Henri was lying on the bed under the covers. He had a small mark on his left eye, which appeared red and bloody. Henri was brought into a separate room to play while the senior caseworker and the officer spoke to Louisa. Louisa said she didn't know how Henri had received the injury, as he didn't have it when she last saw him. The senior caseworker explained that if Henri is being neglected or abused or if Mr. Cruz is in the home, the Department will take action to protect the children by removing them if necessary. The caseworkers and officer left the home.

Upon return to the office, the workers learned that Louisa's downstairs neighbor, Mercedes, had called to confirm that Ramon was in the apartment while the police were there. Mercedes asked if this was a violation of the Order of Protection and Caseworker Burgess told her it was. A case conference was held and it was agreed to call the attorney about a removal, as Ramon had violated the Order of Protection and there were fresh marks that seemed suspicious with two different explanations.

Caseworker Burgess reviewed the entire case to date with the attorney. The attorney agreed to bring it before the judge. The foster care supervisor was informed to start looking for a home for three children. A van and car seats were located. A 1022 was filed at 4:30pm on May 16th. The judge heard the time line of injuries and the explanations provided by Louisa and Henri. The judge granted removal of all three children. At 6:15pm that evening, an officer from the local police department, Caseworker Burgess and the senior caseworker went to the case address and explained to Louisa what was going on. The children were removed and taken to the foster home.

The following day, a WMS search was ran on Louisa Alberti by Caseworker Burgess. Services were found, and an unborn child. The police department stated there was nothing in their system on Louisa. A WMS was also ran for Louisa's sister, Maya. No open services were found. Law enforcement records revealed that Maya had been arrested 3 times for assault and composition of a weapon as well as criminal contempt, harassment, and resisting arrest. City court verified that Maya was on probation. Her most recent arrest was in March of this year.

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Later that same day, Louisa and her neighbor, Mercedes, came to the Department, asking for another copy of the court papers. They didn't understand why the children were removed. Mercedes translated for Louisa, stating that Louisa had a brother in New Jersey and sisters in Uptown that were willing to take the children. Louisa's mother in Puerto Rico was also willing to take the children. Caseworker Burgess explained they would look into an appropriate caregiver for Louisa's children, so they didn't have to remain in foster care too long. He told her nothing could happen before Friday (May 24th), which was the next court date. Caseworker Burgess explained to Louisa that the caseworkers had given her many chances to explain how Henri's marks were occurring and she continued to give explanations that made no sense. He reminded her that Ramon being downstairs in the other apartment was a violation on the Order of Protection and that leaving her children unattended while she was downstairs was also of concern. Louisa stated that Ramon had not been served the papers and that Mercedes and her were trying to turn him away when the caseworkers and officer arrived. Louisa's sister, Maya, entered the office at this time. Louisa maintained that Henri was remembering things from her past abuse in Puerto Rico. When confronted by Caseworker Burgess about the fresh marks and how Henri admitted they were from Ramon. Caseworker Burgess implied that perhaps it was Louisa who was causing some of the marks on Henri. Louisa said she does feel overwhelmed by caring for three children at times but she has only ever spanked Henri on the butt. Louisa then admitted noticing the marks on Henri, but said she believed him when he told her they were just from falling down. She did say she had seen Ramon scream at Henri. Caseworker Burgess stressed the importance of them having an honest relationship and told her the intent was not to keep her children away from her forever. The interview ended and Caseworker Burgess informed Maya he would be out to her home to speak with her about being a resource. She agreed. It was learned through reference checks that Maya's arrests were related to trouble with her own ex-boyfriend and that Maya had expressed concerns about Louisa's relationship with Ramon. Maya had lived with Louis and Ramon for some time but moved out because she didn't want her own children around their fighting anymore. Maya's home was assessed and Caseworker Burgess discussed with her how she would manage caring for all of the children, given her work schedule, her children's school and sports schedules, and the needs of the Alberti children.

Upon the workers' return to the office that Monday afternoon, a phone call was received from Louisa. Caseworker Ortiz translated for Caseworker Burgess. Louisa had thought about what Caseworker Burgess had said and decided to disclose that

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

she was a victim of physical violence by Ramon Cruz. Louisa stated that Ramon used to hit her on an ongoing basis and sometimes this would occur if she tried to intervene when Ramon was yelling at Henri. She still maintained that she had not seen Ramon hit Henri. Caseworker Burgess asked why Louisa had not disclosed this in the past. She stated it was because Ramon was always around when the caseworkers were in the home. Louisa pointed out how he was always standing right next to her if the caseworkers were in the home so that she would not tell. She then stated that he threatened to harm her and her family if she told anyone. Ramon told her that he had friends and if she “turned” on him, he would call his friends and “come and kill her.” Caseworker Burgess asked Louisa if she would be willing to meet with a domestic violence advocate. Louisa stated she would. Caseworker Ortiz agreed to bring Louisa to the Domestic Violence unit.

On Friday, May 24th, a case conference was held with the attorney to discuss the court appearance later in the day. The caseworkers agreed to request that the children be placed with a relative. The caseworkers shared that Louisa has now claimed she was being beaten by Ramon Cruz. The attorney said it was not best to “punish a victim” but it would be best to wait and see whether she “cooperates” with DV.

Caseworker Burgess checked in with Louisa’s sister, Maya, to see whether she was prepared to take the three children. She stated she was still willing but not until the following week because she had to work the upcoming weekend. Later that afternoon, the court agreed that the children could be placed with an appropriate relative. Louisa was to file an Order of Protection against Ramon. The pre-trial date was set for June and the trial set for August.

The children remained in foster care while the workers investigated relative resources. Maya maintained she could take the children, but did not provide the names and addresses of babysitters and wasn’t sure “which day would work for her” due to her work schedule.

One week after court, Mercedes, the neighbor and Louisa’s friend, called the Department to report that Louisa had obtained an Order of Protection for herself and her children against Ramon through Family Court. The DV advocate was to provide the caseworker with a copy. The backdoor locks to Louisa’s apartment had been chanced and the neighbors were all aware of the situation now and on the lookout for Ramon. Caseworker Burgess praised Louisa for her actions.

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Louisa continued to “comply with DV” and an order was sought to return the children to her in early June. The children were returned to Louisa on June 3rd. The consequences of allowing Ramon around herself and the children were again explained to Louisa and the Order of Protection remained standing. Henri stated he was happy to be reunited with his mother.

At the end of June, several weeks after the children’s return home, Caseworker Burgess received a phone call from Mercedes, Louisa’s neighbor, stating she was in New York City for the week and couldn’t help Louisa out. She stated she could not get a hold of Louisa and was concerned for her safety. Caseworker Burgess stated he would try to get a hold of Louisa to check on her.

Caseworker Burgess then spoke with the DV advocate. She stated she had not had any contact with Louisa either and that she had missed a court appointment the previous day along with a scheduled DV appointment. Caseworker Burgess then called the local police department and asked if they could do a courtesy visit. When the police went to the home, no one answered the door but a neighbor told police they believed someone was home and the police could hear someone in the home.

Caseworker Burgess spoke to his supervisor about getting an access order to gain entrance to the home, but was not sure if the police could execute the order. The attorney was consulted. Caseworker Burgess was told to file a violation of the Order of Protection and ask for access to the home, since it was believed in good faith that Ramon Cruz was in the home. The petition was submitted to court within half an hour of the attorney’s consultation. An hour later, the judge granted the order.

The DV advocate, Caseworker Burgess, Caseworker Ortiz, and a police officer went to the home. However, the senior caseworker just informed the group as they were leaving the office that contact with Louisa had been made, the senior caseworker had been let into the home, and there was no sign of Ramon Cruz. The attorney and court were advised. Ramon Cruz still had not been served.

On July 5th, Caseworker Burgess was driving home from work when he saw Ramon Cruz come out of Louisa Alberti’s home. Caseworker Burgess called the on-call worker. The on-call worker contacted police and stated they were aware of the situation but since Ramon Cruz had been served and it was stated it was Louisa’s responsibility to enforce it, the police department could not do anything.

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

On July 7th, Caseworker Burgess explained to the senior caseworker that he had seen Ramon Cruz at the Alberti residence. The caseworkers spoke with the attorney. A 1022 petition for temporary removal of the children was filed. A court date was issued for later in the week. At the court appearance, Louisa denied Ramon was in the home. She stated she had been staying with her sister, Maya. Louisa stated that she wished for a counselor. The judge issued an adjournment until Louisa could be appointed an attorney.

Court resumed the next day with Louisa now having an attorney. Louisa maintained that she and the children had been living with her sister for the last month. The department attorney maintained they had reason to believe Louisa had allowed the children around Ramon. The attorney asked for a final Order of Protection stating that it was Louisa's responsibility to keep Ramon away from the children. Louisa's attorney agreed and said his client was prepared to do so. The final Order of Protection was granted.

Two days later, Louisa called Caseworker Burgess and asked if she could send Henri to Puerto Rico to live with her mother. Caseworker Burgess said he would have to check with his attorney.

On July 20th, Caseworker Burgess was at the home of another client and saw Ramon Cruz riding a bicycle around that client's home. Caseworker Burgess had Ramon served with the Order of Protection along with the order to appear in court. An officer explained to Ramon that if he went to Louisa's address, they now would both go to jail.

Louisa did not show up for the trial on August 15th. An inquest was held and Louisa was found to be neglectful of Henri, Davina, and Jaslene. The department attorney requested that the children be removed if Louisa was found, as it was believed she may have fled the jurisdiction.

Following court, Caseworker Burgess and Caseworker Ortiz went to the case address. No one was home. Mercedes, the downstairs neighbor, said that the caseworkers would not find Louisa as she had left to go back to Puerto Rico. The caseworkers went to the known address for Ramon Cruz. A neighbor there provided information that Ramon Cruz was actually Melvin Maldonado and explained that Melvin and Louisa were in New Jersey with her brother and were planning on leaving for Puerto Rico out of JFK airport. He did not have flight information. The following day, the neighbor arrived at DSS office with the phone number of where Louisa could be reached and all appropriate flight information.

Alberti Family: CPS Case Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Caseworker Ortiz and Burgess called the given numbers and reached Louisa. They asked why Louisa was not in court on the scheduled date. She stated she was unaware she had court. She said her father had just died and she was traveling home to Puerto Rico. She denied that Melvin was with her, but would not discuss Melvin and Ramon being the same person. The workers asked Louisa to stay where she was.

Flight information was obtained from the airline. It confirmed Louisa had reserved three tickets from JFK to Puerto Rico for herself, Melvin Maldonado, and Henri. The flight was set to leave at 8:00pm that evening.

Caseworker Burgess immediately went to court and a removal for all three children was granted. An arrest warrant was issued for Louisa Alberti to be executed upon her return to New York State.

New Jersey authorities called to confirm that they had all three children. Louisa was released because the warrant was not valid in New Jersey. Caseworker Burgess and Ortiz went to New Jersey to pick up the children at the local police department.

PowerPoint slide – Judgments

As you were reading the material, did you find yourself making any judgments about this family?

PowerPoint slide – Safety and Risk

Review the handouts:

- ➔ ALBERTI FAMILY: FINAL CPS SAFETY ASSESSMENT

- ➔ ALBERTI FAMILY: INITIAL RAP

- ➔ ALBERTI FAMILY: INITIAL SNR SCALES

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Assessment Date: 09/08/xx

Safety Factor Definition:

A Safety Factor is a behavior, condition, or circumstance **that has the potential to place** a child in immediate or impending danger of serious harm.

Based on observations and interviews in which the worker gathered information the factors that are checked below are currently present in the family:

1. Based on your present assessment and review of prior history of abuse or maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).

Louisa has violated several Orders of Protection stating that she had to keep Ramon away from the children. Louisa is aware that her son has stated it is Ramon causing the injury to Henri but she continues to bring Henri around Ramon placing him in danger.

2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).

3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).

4. Child(ren) has experienced or is likely to experience physical or psychological harm, as a result of domestic violence in the household.

Louisa has admitted to this CW that she and Ramon had bad fights on several occasions, about him yelling at Henri. Louise was observed with scratch marks and bruising all over her back, neck, and shoulders. Louisa's sister, Mercedes, has told this CW that she is aware that Ramon had had serious fights with her sister Louisa in the presence of the children.

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- 5. Parent(s)/Caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
- 6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.

Henri has identified Ramon on several occasions as causing the marks to his arms, neck, and facial area. He has stated that "Pa" had done it to him at night, and his mother has been sleeping. Henri identified "Pa" to be Ramon Cruz during a home visit. Although an Order of Protection has been obtained, it is believed that the children would be in immediate or impending danger if Ramon is to return to the home.

- 7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.
- 8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).
- 9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the children.
- 10. Parent(s)/Caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).

Louisa is aware of an outstanding Order of Protection, in which Ramon is to stay away from the children. This CW has been led to believe in good faith that Ramon has been around the children since the order was granted, however, there is no solid proof at this time. Due to Henri's age and vulnerability, he is unable to enforce the stay away order on his own.

- 11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- 12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).
- 13. The physical living condition of the home is hazardous to the safety of the child(ren).
- 14. Child(ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in, or frequenting the household.
- 15. Child(ren) has a positive toxicology for drugs and/or alcohol.
- 16. Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g. on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate care and/or protection of the child(ren).
- 17. Weapon noted in CPS report or found in the home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.
- 18. Criminal activity in the home negatively impacts Parent(s)/Caretaker(s) ability to supervise, protect and/or care for the child(ren).
- No Safety Factors present at this time.

Assessment of Immediate or Impending Danger of Serious Harm

Document which, if any, safety factors that you have identified as present in the family, either alone or in combination, place a child(ren) in immediate or impending danger of serious harm.

#1. Based on your present assessment and review of prior history of abuse or maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

#4. Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.

#6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.

#10. Parent(s)/Caretaker(s) views, describes, or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).

Safety Decision

Identify the applicable safety decision here.

1. No Safety Factors were identified at this time. Based on currently available information, there is no child(ren) likely to be in immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at the time.
2. Safety Factors exist, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the Parent(s)/Caretaker(s) and reassessed.
3. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. A Safety Plan is necessary and has been implemented/maintained through the actions of the Parent(s)/Caretaker(s) and/or either CPS or Child Welfare staff. The child(ren) will remain in the care of the Parent(s)/Caretaker(s).
4. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. Removal to, or continued placement in, foster care or an alternative placement setting is necessary as a Controlling Intervention to protect the child(ren).

Note: If safety decision #4 is chosen from the Safety Decision tab, the Placement window asks: “Please document which children were placed or remain in foster care or an alternative placement. Also, if applicable, caseworkers must identify the protecting factors that allow each child(ren), if any, to remain in the home.”

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

5. One or more Safety Factors are present that place or may place the child(ren) in immediate or impending danger of serious harm, but Parent(s)/Caretaker(s) has refused access to the child(ren) or fled, or the child(ren)'s whereabouts are unknown.

Placement:

Garayua, Henri

Alberti, Davina

Maldonado - Alberti, Jaslene

Safety Plan Documentation

Parent/Caretaker Actions/Safety Plan:

A safety plan needs to include a description of what, if anything, the parent/caretaker is doing to protect the child(ren) from the identified danger.

You will document this information in the CONNECTIONS Electronic Case Recording System in response to this prompt:

“Describe the specific actions taken by the Parent(s)/Caretaker(s) to protect the child(ren) from the specific identified danger. Describe how these actions fully or partially protect the child(ren); the Parent(s)/Caretaker(s)' ability to keep that protection in place; and how long, and/or under what circumstance(s) the Parent(s)/Caretaker(s) must maintain the specific protective actions.”

At this time, Louisa has not been cooperative with keeping the children safe. She has continually violated Orders of Protection that were granted by family court. She has also attempted to flee the jurisdiction with Melvin Maldonado (aka Ramon Cruz) whom the OOP is granted for.

Controlling interventions/Safety Plan:

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Interventions must control for the immediate health and safety of the children. Check all that apply:

- Intensive Home Based Family Preservation Services
- Emergency Shelter
- Domestic Violence Shelter
- The Non-Offending Parent/Caretaker has been Moved to a Safe Environment with the Children
- Authorization of Emergency Food, Cash, or Goods
- Judicial Intervention
- Order of Protection
- Law Enforcement Involvement
- Emergency Medical Services
- Crisis Mental Health Services
- Emergency in-patient Mental Health Services
- Immediate Supervision and/or Monitoring
- Emergency Alcohol Services
- Emergency Drug Abuse Services
- Correction or Removal of Hazardous/Unsafe Living Conditions

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TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- Placement in Foster Care**
- Placement with an Alternative Caregiver**
- Supervised Visitation**
- Use of Family, Neighbors or Other Individuals in the Community as Safety Resources**
- The Alleged Perpetrator has left the Household Voluntarily; the Current Caretaker will Appropriately Protect the Victim or Victims with CPS monitoring**
- The Alleged Perpetrator has left the Household in Response to Legal Action**
- Follow-up to Verify Children’s Whereabouts or Gain Access to the child or children**
- Other**

(You will need to specify here)

Describe how each selected controlling intervention is protecting the child or children from the identified danger. Describe who is responsible for taking and/or maintaining the specific actions and interventions and how the implementation of the safety plan will be monitored.

A final Order of Protection was put in place, valid until August of the following year stating that it is Louisa’s responsibility to keep Henri, Davina, and Jaslene away from Melvin Maldonado (aka Ramon Cruz). The children were placed in foster care after Louisa was located attempting to flee the jurisdiction with Melvin Maldonado and her children. Louisa was granted supervised visitation of her children on a bi-weekly basis. Louisa’s mother, Darlene, has come forth and requested custody of the children on a permanent basis. She is currently cooperating with County Department of Social Services so that we can get an interstate compact and Puerto Rican authorities can investigate her home. She is also attending visits of the children.

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

RISK ASSESSMENT PROFILE

CONNECTIONS CASE # :		Intake Date: --/--/2009
Case Name (Last, First):	Alberti, Louisa	Local Services Case #:
Primary Caretaker	First Name: Louisa	Last Name: Alberti
Secondary Caretaker	First Name: Cruz	Last Name: Ramon

Questions	Current Responses	Comments
1. Total prior reports for adults and children in RAP family unit.	<input type="checkbox"/> A. No prior determined reports <input checked="" type="checkbox"/> B. Prior unfounded reports only <input type="checkbox"/> C. One to two prior indicated reports <input type="checkbox"/> D. Three to four prior indicated reports <input type="checkbox"/> E. Five or more prior indicated reports	
2. Any child in RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Child(ren) under one year old in RAP family unit at time of the current report, and/or new infant since report.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding, unstable housing; or no housing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In the past the house was seen dirty, cluttered with small objects on the floor and trash. When the previous Caseworkers spoke to Louisa about the home condition, it was instantly cleaned up.

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, and neighbors.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Louisa has stated on two occasions that she had been a victim of domestic violence in the past, with her boyfriend from Puerto Rico. Louisa stated that she fled Puerto Rico to get away from it.
Primary Caretaker	Secondary Caretaker					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
8. Caretaker’s alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Caretaker’s drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10. Caretaker’s behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

11. Caretaker(s) has very limited cognitive skills.	Primary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Caretaker(s) has a debilitating physical illness or physical disability.	Primary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Caretaker demonstrates developmentally appropriate expectations of <u>all</u> children.	Primary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Henri has many suspicious marks on different areas of his body, usually in the head, neck and shoulder region. Henri has stated on different interviews that Pa was the one who had inflicted the injuries. Henri said Pa will grab him by the next or hit him when he is bad. Henri is only 4 years old. Henri's age make him extremely vulnerable and susceptible to danger. Ramon has been identified by Henri as Pa. Due to his age and vulnerability, neither Louisa or Ramon are demonstrating appropriately expectations of him.
14. Caretaker attends to needs of <u>all</u> children and prioritizes the children's needs above his/her own needs or desires.	Primary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Henri is only 4 years old. Due to Henri's age he is extremely vulnerable. Henri has identified Louisa's boyfriend, Ramon, as inflicting injury upon him. Louisa is in the home and has denied the incidences, but Henri has confirmed that Louisa is present or is aware.
15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.	Primary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	The Caseworkers have spoken to Louisa and Ramon about the severity of the recurrent injuries. Louisa has not offered any further explanation for the injuries. Since the Caseworkers have spoken to Louisa, Henri has presented with more injuries, and again named Pa as the one inflicting the injuries.

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Preliminary Risk Score: 9
Preliminary Risk Rating: High

Proceed to the elevated risk elements and final risk rating.

HIGH

Elevated Risk Elements	
<p>The Final Risk Rating is based on the presence or absence of the following Elevated Risk Elements</p> <p>*** Please select yes or no for each item below. ***</p> <p>Check the box that indicates whether or not the Elevated Risk Element is present. The presence of any of these risk elements automatically raises the risk rating to Very High Risk</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Death of a child as a result of abuse or maltreatment by caretaker(s)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Caretaker(s) has a previous TPR
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Siblings removed from the home prior to current report and remain with foster parents/substitute parents/caretakers
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sexual abuse of a child and perpetrator is likely to have current access to child
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Serious physical injury to a child requiring hospitalization/ emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Newborn child has a positive toxicology for alcohol or drugs

FINAL RISK RATING:

HIGH

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

PARENT/CARETAKER FUNCTIONING:

Scale Elements	Anchor Ratings	Louisa Alberti Age 24 Primary Caretaker
Relationships Among Caretaker and Other Significant Adults	Supportive, nurturing relationships	<input type="checkbox"/>
	Generally positive relationships with minor conflicts; no threatening physically or emotionally abusive relationships	<input type="checkbox"/>
	Non-supportive, negative relationships with serious conflicts, threatening and controlling behaviors or minor physical violence	<input type="checkbox"/>
	Repeated and/or severe physical violence or emotional abuse	<input checked="" type="checkbox"/>
	Insufficient information	<input type="checkbox"/>
Ability to Cope with Stress	Consistently uses effective coping skills to manage stress	<input type="checkbox"/>
	Uses adequate coping skills in most situations to manage stress	<input type="checkbox"/>
	Coping skills are not consistently used or effective in managing stress	<input type="checkbox"/>
	Coping skills are very limited or ineffective in managing stress	<input checked="" type="checkbox"/>
	Insufficient information	<input type="checkbox"/>

Comments:

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Scale Elements	Anchor Ratings	Louisa Alberti Age 24 Primary Caretaker
Motivation/ Readiness to Change	Accepts responsibility for problematic behaviors/ conditions and has taken steps to initiate change	<input checked="" type="checkbox"/>
	Recognizes problematic behaviors/conditions and demonstrates willingness to change	<input type="checkbox"/>
	Limited recognition of problematic behaviors/ conditions and is resistant to change	<input type="checkbox"/>
	Denies responsibility for problematic behaviors/ conditions; no willingness to change	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>
Parent/Caretaker Expectations of Children	Has and applies realistic expectations of all children	<input type="checkbox"/>
	Has, but inconsistently applies, realistic and developmentally appropriate expectations of any of the children	<input checked="" type="checkbox"/>
	Has and applies unrealistic and developmentally inappropriate expectations of any of the children	<input type="checkbox"/>
	Has and applies very unrealistic and developmentally inappropriate expectations of any of the children	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>

Comments:

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Scale Elements	Anchor Ratings	Louisa Alberti Age 24 Primary Caretaker
Parent/Caretaker Acceptance of Children	Very accepting and affectionate of all children	<input checked="" type="checkbox"/>
	Fairly accepting and affectionate of all children	<input type="checkbox"/>
	Indifferent and aloof to any of the children	<input type="checkbox"/>
	Rejecting or hostile to any of the children	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>
Parent/Caretaker Discipline of Children	Uses discipline appropriate to child’s age, development and conduct; no physical discipline used	<input checked="" type="checkbox"/>
	Uses discipline appropriate to child’s age, development and conduct; some physical discipline used	<input type="checkbox"/>
	Uses discipline inappropriate to child’s age, development or conduct that causes minor physical or emotional harm to child	<input type="checkbox"/>
	Uses discipline inappropriate to child’s age, development or conduct that causes serious physical or emotional harm to child	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>

Comments:

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Scale Elements	Anchor Ratings	Louisa Alberti Age 24 Primary Caretaker
Parent/Caretaker Supervision	Consistently provides age appropriate care and supervision	<input type="checkbox"/>
	Usually provides age appropriate care and supervision	<input checked="" type="checkbox"/>
	Occasionally provides age appropriate care and supervision	<input type="checkbox"/>
	Rarely or never provides age appropriate care and supervision	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>
Problem Solving Skills	Strong ability to anticipate and solve problems in a timely manner	<input type="checkbox"/>
	Adequate ability to anticipate and solve most problems before crises erupt	<input type="checkbox"/>
	Difficulty in anticipating and solving problems before crises erupt	<input checked="" type="checkbox"/>
	Inability to address problems until crises occur	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>

Comments:

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

CHILD FUNCTIONING:

Scale Elements	Anchor Rating	Henri Age 4 Tracked? Yes	Davina Age 1 Tracked? Yes	Jaslene Age 0 Tracked? Yes
Physical Health	Good or excellent health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Minor illness or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moderately serious illness or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Debilitating illness or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	No mental health concerns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Minor mental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moderately serious mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Serious mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Scale Elements	Anchor Rating	Henri Age 4 Tracked? Yes	Davina Age 1 Tracked? Yes	Jaslene Age 0 Tracked? Yes
Child Development/ Cognitive Skills	Advanced development in one or more areas; above average cognitive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Age appropriate development; average cognitive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minor developmental delays; developmental or learning disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Serious developmental delays; serious developmental or learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Behavior	Age appropriate behavior at home and within the community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Some minor behavioral problems at home and/or within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moderately serious behavioral problems or criminal activity at home and/or within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Serious behavioral problems or criminal activity at home and/or within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Scale Elements	Anchor Rating	Henri Age 4 Tracked? Yes	Davina Age 1 Tracked? Yes	Jaslene Age 0 Tracked? Yes
Alcohol Use within the Past Two Years	No alcohol use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Light to moderate alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Frequent alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alcohol dependence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use within the Past Two Years	No use of illegal drugs or misuse of prescription drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Occasional use of illegal drugs or misuse of prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Frequent use of illegal drugs or misuse of prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drug dependence or addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Family Relationships	Mutual respect and tolerance among child and family members; very few conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Generally positive relationships among child and family members; minor conflicts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Disruptive relationships among child and family members, but no requests for separation/placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Serious conflict and mistrust among child and family members with threat of separation/placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alberti Family: Initial SNR Scales

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Comments

Expanded Safety Factors

(CONNECTIONS Help Screen Contents)

Guidelines

- ➔ Listed below are examples for each safety factor. They are intended to guide the worker's selection of safety factors currently present.
- ➔ The examples should not be considered as an all-inclusive list of possible circumstances, conditions or behaviors related to each safety factor.
- ➔ Consider how recent the circumstance, condition or behavior associated with each safety factor is. Is the circumstance, condition or behavior currently present, likely to occur in the immediate future or has it occurred in the recent past?
- ➔ The identification of safety factors should not automatically be equated with the presence of an "immediate danger of serious harm." Rather, the safety factors should be viewed as "red flag alerts" that the child *may* be in immediate danger of serious harm due to present identified circumstances, conditions or behaviors.
- ➔ Once safety factors have been identified, another level of decision- making occurs that guides the worker in the identification of "immediate danger of serious harm."

Safety Factors/Definitions

1. Based on your present assessment and review of prior history of abuse and maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).

- ➔ Prior abuse or maltreatment (may include non-reported accounts of abuse or maltreatment) was serious enough to have caused or could have caused serious injury or harm to the child(ren).
- ➔ Parent(s)/Caretaker(s) current behavior demonstrates an inability to protect the child(ren) because they lack the capacity to understand the need for protection and/or they lack the ability to follow through with protective actions.
- ➔ Parent(s)/Caretaker(s) current behavior demonstrates an unwillingness to protect children because they minimize the child(ren)'s need for protection and/or are hostile to, passive about, or opposed to keeping the child(ren) safe.

Expanded Safety Factors

- ➔ Parent(s)/Caretaker(s) has retaliated or threatened retribution against child(ren) for involving the family in a CPS investigation or child welfare services, either in regard to past incident(s) of abuse or maltreatment or a current situation.
 - ➔ Escalating pattern of harmful behavior or abuse or maltreatment.
 - ➔ Parent(s)/Caretaker(s) does not acknowledge or take responsibility for prior inflicted harm to the child (ren) or explains incident(s) as not deliberate, or minimizes the seriousness of the actual or potential harm to the child(ren).
- 2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).**
- ➔ Parent(s) Caretaker(s) has a recent incident of or a current pattern of alcohol use that negatively impacts their decisions and behaviors. and their ability to supervise, protect and care for the child. As a result, the caretaker(s) is:
 - ✓ unable to care for the child;
 - ✓ likely to become unable to care for the child;
 - ✓ has harmed the child;
 - ✓ has allowed harm to come to the child; or
 - ✓ is likely to harm the child.
 - ➔ Newborn child with positive toxicology for alcohol in its bloodstream or urine and/or was born with fetal alcohol effect or fetal alcohol syndrome.
- 3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).**
- ➔ Parent(s) Caretaker(s) has a recently used, or has a pattern of using illegal and/or prescription drugs that negatively impacts their decisions and behaviors and their ability to supervise, protect and care for the child. As a result, the parents(s)/caretaker(s) is:
 - ✓ unable to care for the child;
 - ✓ likely to become unable to care for the child;
 - ✓ has harmed the child;
 - ✓ has allowed harm to come to the child; or
 - ✓ is likely to harm the child.

Expanded Safety Factors

- ➔ Newborn child with positive toxicology for illegal drugs in its bloodstream or urine and/or was born dependent on drugs or with drug withdrawal symptoms.

4. Child (ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.

Examples of direct threats to child(ren):

- ➔ Observed or alleged batterer is confronting and/or stalking the caretaker/victim and child (ren) and has threatened to kill, injure, or abduct either or both.
- ➔ Observed or alleged batterer has had recent violent outbursts that have resulted in injury or threat of injury to the child (ren) or the other caretaker/victim.
- ➔ Parent/Caretaker/victim is forced, under threat of serious harm, to participate in or witness serious abuse or maltreatment of the child (ren).
- ➔ Child(ren) is forced, under threat of serious harm, to participate in or witness abuse of the caretaker/victim.

Other examples of Domestic Violence:

- ➔ Caretaker/victim appears unable to provide basic care and/or supervision for the child because of fear, intimidation, injury, incapacitation, forced isolation, fear or other controlling behavior of the observed or alleged batterer.

5. Parent(s)/Caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/ or care for the child (ren).

- ➔ Parent(s)/Caretaker(s) exhibits behavior that seems out of touch with reality, fanatical, bizarre, and/or extremely irrational.
- ➔ Parent(s)/Caretaker(s) diagnosed mental illness does not appear to be controlled by prescribed medication or they have discontinued prescribed medication without medical oversight and the parent/caretaker's reasoning, ability to supervise and protect the child appear to be seriously impaired.
- ➔ The parent(s)/caretaker(s) lacks or fails to utilize the necessary supports related to his/her developmental disability, which has resulted in serious harm to the child or is likely to seriously harm the child in the very near future.

Expanded Safety Factors

6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.

- ➔ Extreme physical and/or verbal abuse, angry or hostile outbursts of anger or hostility aimed at the child(ren) that are recent and/or show a pattern of violent behavior.
- ➔ A recent history of excessive, brutal or bizarre punishment of child (ren), i.e. scalding with hot water, burning with cigarettes, forced feeding.
- ➔ Threatens, brandishes or uses guns, knives or other weapons against or in the presence of other household members.
- ➔ Violently shakes or chokes baby or young child(ren) to stop a particular behavior.
- ➔ Currently exhibiting, or has a recent history or pattern of behavior that is reckless, unstable, raving, or explosive.

7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.

- ➔ No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.
- ➔ Child appears malnourished.
- ➔ Child without minimally warm clothing in cold months; clothing extremely dirty.
- ➔ No housing or emergency shelter; child must or is forced to sleep in street, car, etc.
- ➔ Housing is unsafe, without heat, sanitation, windows, etc. or presence of vermin, uncontrolled/excessive number of animals and animal waste.
- ➔ Parent/Caretaker does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
- ➔ Child(ren)'s behavior is dangerous and may put them in immediate or impending danger of serious harm, and the parent/caretaker is not taking sufficient steps to control that behavior and/or protect the child(ren) from the dangerous consequences of that behavior.

Expanded Safety Factors

8. **Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren) .**

- ➔ Parent/Caretaker does not attend to child to the extent that need for adequate care goes unnoticed or unmet (i.e., although caretaker present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
- ➔ Parent/Caretaker leaves child alone (time period varies with age and developmental stage).
- ➔ Parent/Caretaker makes inadequate and/or inappropriate child care arrangements or demonstrates very poor planning for child's care.
- ➔ Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting a child to engage in dangerous behaviors.

9. **Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).**

- ➔ Child(ren) has a history of injuries , excluding common childhood cuts and scrapes.
- ➔ Other than accidental, parent/caretaker likely caused serious abuse or physical injury, i.e. fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.
- ➔ Parent/Caretaker, directly or indirectly, makes a believable threat to cause serious harm, i.e. kill, starve, lock out of home, etc.
- ➔ Parent/Caretaker plans to retaliate against child for CPS investigation or disclosure of abuse or maltreatment.
- ➔ Parent/Caretaker has used torture or physical force that bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.

Expanded Safety Factors

10. Parent(s)/Caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).

- ➔ Describes child as evil, possessed, stupid, ugly or in some other demeaning or degrading manner.
- ➔ Curses and/or repeatedly puts child down.
- ➔ Scapegoats a particular child in the family.
- ➔ Expects a child to perform or act in a way that is impossible or improbable for the child's age (i.e. babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly).

11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee or refuses access to the child(ren).

- ➔ Family has previously fled in response to a CPS investigation.
- ➔ Family has removed child from a hospital against medical advice.
- ➔ Family has history of keeping child at home, away from peers, school, or others for extended periods.
- ➔ Family could not be located despite appropriate diligent efforts.

12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).

- ➔ It appears that parent/caretaker has committed rape, sodomy or has had other sexual contact with child.
- ➔ Child may have been forced or encouraged to sexually gratify caretaker or others, or engage in sexual performances or activities.
- ➔ Access by possible or confirmed sexual abuser to child continues to exist.
- ➔ Child may be sexually exploited online and parent(s)/caretaker(s) may take no action(s) to protect the child.

Expanded Safety Factors

13. The physical condition of the home is hazardous to the safety of children.

- ➔ Leaking gas from stove or heating unit.
- ➔ Dangerous substances or objects accessible to children.
- ➔ Peeling lead base paint accessible to young children
- ➔ Hot water/steam leaks from radiator or exposed electrical wiring.
- ➔ No guards or open windows/broken/missing windows.
- ➔ Health hazards such as exposed rotting garbage, food, human or animal waste throughout the living quarters.
- ➔ Home hazards are easily accessible to children and would pose a danger to them if they are in contact with the hazard(s).

14. Child (ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker's or other persons living in, or frequenting the household.

- ➔ Child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- ➔ Child exhibits severe anxiety related to situation associated with a person(s) in the home, i.e. nightmares, insomnia.
- ➔ Child reasonably expects retribution or retaliation from caretakers.
- ➔ Child states that he/she is fearful of individual(s) in the home.

15. Child(ren) has a positive toxicology for drugs and/or alcohol.

Child(ren) (0-6 mos.) is born with a positive toxicology for drugs and/or alcohol.

16. Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g. on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and or unwilling to provide adequate care and/or protection of the child(ren).

Expanded Safety Factors

- ➔ Child(ren) is required to be on a sleep apnea monitor, or to use other specialized medical equipment essential to their health and well-being, and the parent/caretaker is unable or unwilling to consistently and appropriately use or maintain the equipment
- ➔ Child(ren) has significant disabilities such as autism, Down Syndrome, hearing or visual impairment, cerebral palsy, etc., or other vulnerabilities, and the parent(s)/caretaker(s) is either unable or unwilling to provide care essential to needs of the child(ren)'s condition(s).

17. Weapon noted in CPS report or found in home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child (ren) from potential harm.

- ➔ A firearm, such as a gun, rifle or pistol is in the home and may be used as a weapon.
- ➔ A firearm and ammunition are accessible to child (ren).
- ➔ A firearm is kept loaded and parent(s)/caretaker(s) are unwilling to separate the firearm and the ammunition.

18. Criminal activity in the home negatively impacts Parent(s)/Caretaker(s) ability to supervise, protect and/or care for the child(ren).

- ➔ Criminal behavior (e.g. drug production, trafficking, and prostitution) occurs in the presence of the child(ren).
- ➔ The child(ren) is forced to commit a crime(s) or engage in criminal behavior.
- ➔ Child(ren) exposed to dangerous substances used in the production or use of illegal drugs, eg. Methamphetamines.
- ➔ Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, people under the influence of drugs.

No Safety Factors present at this time.

RAP Concepts and Risk Element Definitions

The contents of this handout are also found in the CONNECTIONS help screens for the RAP.

RAP Concepts

RAP Family Unit

For purposes of the Risk Assessment Profile, the RAP Family Unit includes:

- ➔ all persons listed in the CPS case, including but not limited to all persons residing in the child(ren)'s home at the time of the report;
- ➔ any person who has child care responsibility or frequent contact with the child(ren) and assumes a caretaker role;
- ➔ any child(ren) who is in foster care or alternative placement with a permanency planning goal of "return home"; and
- ➔ any child(ren) who has run away or is temporarily in another living situation but who is expected to return home.

Primary Caretaker (PC)

- ➔ The Primary Caretaker is an adult who is legally responsible for the child(ren) and resides with child(ren).
- ➔ When more than one person who is legally responsible for the child(ren) resides in the household, the birth mother is presumed to be the Primary Caretaker.
- ➔ If the mother does not physically reside with the Child(ren), the Primary Caretaker is the adult who does reside in the child(ren)'s home and assumes primary responsibility for the care of the child(ren).
- ➔ There can only be one (1) Primary Caretaker.

Secondary Caretaker (SC)

- ➔ There does not have to be a Secondary Caretaker.
- ➔ The Secondary Caretaker is an adult who lives in the child(ren)'s home and assumes some responsibility for the care of the child(ren), or an adult who does not reside in the child(ren)'s home but cares for the child(ren) on a regular basis.

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- ➔ If there are two (2) or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be the identified Secondary Caretaker.
- ➔ In all other situations, the adult (other than the PC) who assumes the most responsibility for the care of the child(ren)—either within or outside of the home—should be selected.
- ➔ Secondary caretakers are usually family members, such as the father and grandmother. When extended family, such as the mother’s sister or other adult friends live with the family, one of these adults may also play a secondary caretaker role.
- ➔ Non-related, hired babysitters who do not live in the home are not considered secondary caretakers.

Risk Elements 1-6

1. Total prior reports for adults and children in the RAP family unit

Count the number of prior indicated reports in which an adult in the RAP Family Unit was a confirmed subject or a child in the RAP Family Unit was a confirmed victim of abuse or maltreatment. Prior indicated reports where an adult in the RAP Family Unit was a subject should be included, regardless of whether the children who were abused or maltreated in the prior report are members of the current RAP Family Unit. Similarly, prior indicated reports where a child in the RAP Family Unit was abused or maltreated by an adult who is not part of the current RAP Family Unit should be counted. Do not consider prior reports in which the subject of the current report or another adult in the current RAP Family Unit was a victim of abuse or maltreatment as a child. Include prior reports that occurred in other states if credible information exists that an adult in the RAP Family Unit was a confirmed perpetrator of abuse or maltreatment or a child was a confirmed victim of abuse or maltreatment.

If only prior Unfounded Reports are included in the Uniform Case Record, verify if any member of the RAP family unit was an alleged subject or an alleged maltreated child. If “Yes,” check “prior unfounded reports only.” Do not count reports where all of the RAP family unit members had “no role.”

If this is the first report, check “no prior determined reports.”

RAP Concepts and Risk Element Definitions

2. **Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.**

Indicates whether any child in the RAP family unit previously resided (or currently resides) with a foster parent or substitute caregiver, either informally or formally, for a significant period of time. The placement does not need to have been due to child protective concerns; it could have been an informal family arrangement for one of many reasons. You would not select this element if the child stayed with close friends or relatives for a school vacation, or while the parent/caregiver had a short-term health crisis. This element applies to situations where the parent/caregiver was not willing or not able to provide parenting/caregiving responsibility.

3. **Child under one year old in RAP family unit at time of the current report, and/or new infant since report.**

The response to this risk element is system generated based on the presence of one or more children younger than one year of age on the Person List. Therefore, it is important that the information on the Person list is up-to-date, complete, and accurate; otherwise this element may be calculated inaccurately. Remember to always update the Person List for the addition of a new infant to the family since the last risk assessment was completed. The date of Birth (DOB) recorded in CONNECTIONS for the child(ren) is used to determine the response to the Risk Element, regardless of whether the DOB is exact or approximate. If the DOB field on the Person Detail window is blank for any person whose Rel/Int field signifies that the person is a child, CONNECTIONS includes that person as a child younger than one year old in this calculation. The calculated answer may be changed. Remember to include a new infant born since the answer was calculated.

4. **Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.**

Evidence of inadequate or hazardous housing may include, but is not limited to, the following: serious overcrowding; seriously inadequate furnishings to meet the family's needs; inadequate heat, plumbing, electricity or water; lack or inoperability of essential kitchen appliances or bathroom facilities; multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows. In some cases, one or two isolated hazardous

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conditions that have been identified will be corrected (such as restoring heat or installing window bars) prior to the time when risk assessment is completed, either at determination of the report or as part of a FASP. In these cases, the response to this Risk Element would be “No”. However, if the hazardous situations have been created over time and are likely the result of prolonged inattention by the caretakers and/or the caretakers appear to accept the hazardous conditions as an acceptable environment for children, the condition(s) is likely to reoccur even if it has been cleaned up by the time of the determination. In this situation, the response to the Risk Element would be “Yes.” Health hazards and seriously substandard living conditions pose risk of future abuse or maltreatment regardless of how old the children are.

Homelessness or an unstable housing situation is also included in this risk element definition. Temporary shelter that requires frequent relocation is not adequate, stable housing.

5. **Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.**

This Risk Element is present if either the family does not have enough financial resources to meet the basic needs of the family for shelter, food, clothing, and health. It is also present if the financial resources available should be sufficient to meet the family’s basic needs, but are not sufficient due to mismanagement or inappropriate use of funds. Benefits such as public assistance, SSI, food stamps, public housing or housing vouchers, HEAP, etc., should be considered as financial resources that help meet the family’s basic needs. Indicators of limited or mismanaged financial resources may include eviction or threats of eviction for failure to pay rent or loss of utilities due to failure to pay utility bills.

“Intermittently or chronically unmet” does not necessarily mean permanently and continuously, but rather could reflect a pattern of shifting from financial crisis to relative stability to financial crisis. If this is the case, check “Yes” to this Risk Element.

6. **Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.**

Indicates whether the caretaker(s) living in the primary household with the child(ren) has reliable and useful social support from informal sources, such as extended family, friends, or neighbors. Reliable and useful social support is present when the adult caretaker(s) has a network of relatives, friends or neighbors

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to call upon for assistance in any area where the family may need help, such as child care, transportation, emergency financial or housing help, good parenting advice, or emotional support. In addition, the informal social support network is nearby and readily available when needed.

Informal social support does not include support from professional helping agencies, such as a case manager, mental health treatment team, or battered women's program. This Risk Element refers only to whether the caretaker has a supportive and reliable network of family, friends, and neighbors. If the caretaker's active participation in a faith-based community provides a network of supportive people who are providing needed assistance, this would meet the definition.

If extended family, friends, or neighbors exist, but are not able to provide constructive help for whatever reason, the answer to this Risk Element is "No." If the caretaker has responsible extended family who would like to be of assistance, but the caretaker has rebuffed their attempts to help, the answer to this question is "No."

Risk Elements 7-15

Risk Elements 7 – 15 apply to the Primary and, if applicable, Secondary Caretakers in the stage. If no Secondary Caretaker has been identified, you only need to respond for the Primary Caretaker.

7. **Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.**

This Risk Element includes situations commonly referred to as domestic violence between intimate partners, but it also refers to violent or threatening relationships with other non-partner adults. Domestic violence is defined as a pattern of coercive tactics that can include physical, psychological, social, economic or emotional abuse perpetrated by one adult against another adult. Examples of domestic violence include: grabbing, pushing, hitting, punching, kicking, choking, biting and restraining; attacking with weapons; threatening to harm the partner or the children; stalking and harassment; intimidation; forced sex; berating and belittling; denying access to family assets, etc. This includes: a caretaker who is a victim or perpetrator of domestic violence involving a partner, former partner or

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other adult; a caretaker who continues to maintain any type of relationship with an abusive adult and violence remains a threat (the presumption should be that domestic violence remains a threat); an order of protection is in effect against the abusive adult; or a caretaker who is involved in serious conflicts (e.g., volatile arguments, physical fighting, threats with weapons) with other adults in the extended family, adult children, or even neighbors or business or gang associates.

Please note that the definition of this Risk Element is much more expansive than physical violence between current intimate partners. For example, threats, harassment, and frequent fighting or volatile arguments are included in the definition, regardless of whether any physical contact has occurred. If the police have been called to the home for domestic disturbance(s) between the caretaker and another adult, the presumption would be that this Risk Element is present. If one of the caretakers has recently sought an order of protection, or one is in effect, this Risk Element should be checked “Yes.”

You would check "Yes" to this element if there are abusive relationships in the recent past or if the caretaker's and/or secondary partner's relationships seem to consist of a series of abusive relationships. It is not uncommon for an abused person to “end” the relationship but the abuser continues to seek contact or otherwise harass the victim. Ex-partners with a violent past may continue to have intense arguments over child visitation, child support, or other issues, so the risk of violence still exists.

If an abusive or threatening relationship ended years ago and the couple (or neighbor) moved away emotionally and physically from each other, the answer would be "No" to this Risk Element.

8. **Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.**

Alcohol use with negative effects means regular or periodic use of alcohol, which has had adverse effects on any aspect of relationships or responsibilities or (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Alcohol dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using alcohol, consider this as a current alcohol problem. Select “Yes” for this Risk Element if the caretaker is currently participating in an alcohol treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Respond “No” to this Risk

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Element if the caretaker had an alcohol problem in the past, but has completed treatment and has remained alcohol-free for at least two years. If the caretaker is participating in a non-professional support group, such as Alcoholics Anonymous (AA), without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, as a current alcohol problem.

An indicator of a problem with alcohol may include a recent arrest for an alcohol-related offense as the abuse/misuse led directly to criminal justice system involvement.

9. **Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.**

Drug use with negative effects means regular or periodic use of one or more drugs which has had adverse effects on any aspect of relationships or responsibilities (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Drug dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using drugs, consider this as a current drug problem. Select "Yes" for this Risk Element if the caretaker is currently participating in a drug abuse treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Select "No" for this Risk Element if the caretaker had a drug problem in the past, but has completed treatment and has remained substance-free for at least two years. If the caretaker is participating in a non-professional support group, such as Narcotics Anonymous (NA), without any other evidence of continuing drug use during the past two years, do not consider this, by itself, as a current drug problem.

An indicator of problem with drugs may include a recent arrest for a drug-related offense as the abuse/misuse led directly to criminal justice system involvement.

10. **Caretaker's behavior suggests mental health problems exist and/or caretaker has a diagnosed mental illness.**

The caretaker should be considered as having a mental health problem if he or she: exhibits symptoms, such as bizarre behavior or delusions; has recent repeated referrals for mental health evaluation or treatment; has been prescribed medication for an ongoing or recurring serious mental health problem; is currently experiencing

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depression of an ongoing or recurring nature; is engaging in purposely hurting themselves or suicidal behavior; has a current diagnosed serious mental illness; or has attempted suicide in the past. If the caseworker observes an apparent serious mental health problem, a mental health evaluation does not need to have been completed to check that this is a suspected Risk Element at the time the RAP is completed. This Risk Element should be checked “Yes” even if the person is appropriately attending to his or mental health problem by attending mental health treatment sessions or taking prescribed medication. For example, the answer is “Yes” for a caretaker who is diagnosed with schizophrenia even if the caretaker is taking prescribed medication and doing well.

11. **Caretaker has very limited cognitive skills.**

Very limited cognitive skills could include mental retardation, brain injury or some type of cognitive disability that limits the caretaker’s ability in major life activities, such as child care, capacity to form positive relationships with others, self-care, self-direction, receptive and expressive language, learning, capacity for independent living and economic self-sufficiency.

12. **Caretaker has a debilitating physical illness or physical disability.**

Indicates whether or not the caretaker has a serious physical disability or debilitating illness that limits his/her ability to perform any major life activities, such as child care, capacity to form positive relationships with family members or others, self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent activities and economic self-sufficiency.

13. **Caretaker demonstrates developmentally appropriate expectations of all children.**

A caretaker who “demonstrates developmentally appropriate expectations” is one who shows awareness of what is possible for a child to do and what it is not possible for a child to do, based on his/her age and the stage of development of his/her cognitive, motor, language and social skills. Caretakers would demonstrate this by the level of physical care, supervision, and degree of autonomy they provide to the children, and by how closely they fit the expectations they have of the child to the child’s ability. They would apply realistic standards and safe and reasonable limits to the child’s behavior and also apply re-direction and discipline that matches the child’s abilities and development. A parent with developmentally appropriate expectations adapts parenting practices to the needs of the child(ren) and

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circumstances. Select “Yes” for this Risk Element only if the caretaker has demonstrated developmentally appropriate expectations with all of the children.

A caretaker who sexually abuses a child does not have developmentally appropriate expectations of the child. A caretaker who uses disciplinary practices that are physically or emotionally abusive indicates that the caretaker does not demonstrate an appropriate understanding of children’s needs and how children learn.

14. **Caretaker attends to needs of all children and prioritizes the children’s needs above his/her own needs or desires.**

Indicates whether or not the caretaker has a history of recognizing and attending to the daily needs of all of the children. This strength would be present if the caretaker: has demonstrated competence in meeting the basic and unique needs of all of the children; is resourceful in making attempts to meet child(ren)’s needs despite adverse circumstances; and has demonstrated the ability to prioritize the children’s needs above the caretaker’s. This Risk Element does not require a perfect parent to score this as “Yes.” While some caretakers may always meet the needs of all of their children, the perfect parent is rare in the real world. Some caretakers may recognize and strive mightily to meet the needs of their children, but may have an isolated or temporary instance of not meeting a child’s needs. Unless the isolated instance was a seriously dangerous lapse, or the caretaker evidences a lack of concern about the harm done to the child, the answer would still be “Yes,” the caretaker attends to the needs of the children.

To check “No,” there must be some evidence that the caretaker either does not recognize an important need of the child(ren) and/or there are multiple instances of the caretaker prioritizing the adult’s needs to the detriment of the children’s needs. For example, parents/caretakers who maintain a supply of cigarettes and beer but no formula or diapers are not prioritizing the children’s needs.

Not enrolling school-age children in school, or allowing excessive school absences, would show a lack of attention to the children’s educational needs. Repeatedly leaving the children with relatives, friends, or acquaintances so the caretaker can go partying would be an example of prioritizing the caretaker’s desires over the children’s needs for stability. Sexual abuse of a child by the caretaker indicates that the caretaker has prioritized his or her own desires above the child’s needs. Knowingly not protecting a child from physical or sexual abuse by another person would indicate that the caretaker is not attending to the needs of all the children.

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15. **Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.**

This Risk Element refers to whether the caretaker acknowledges any identified injuries or harm that a child has incurred or acknowledges that behaviors and conditions identified in the home by the caseworker pose a risk of harm to the child(ren). The caseworker must also take into account the caretaker's willingness (or ability) to address any current behavior or conditions where a direct link to current or potential harm can be made.

In the case where there has been no abuse or maltreatment and the children are well cared for, select "Yes" because the caseworker and the caretaker do agree on the status of the children's well-being and that there is no concern for harm or risk to the children.

Where there has been maltreatment of a serious nature, but the caretaker does not understand or accept that harm has occurred and it is likely to continue or recur unless something changes to prevent it from occurring again, select "No" for this Risk Element.

Often, the situation will not be so clear cut. Parents/caretakers often make statements to the effect of "I'll see to it that this never happens again." This statement, by itself, is not sufficient information for the caseworker to determine if this Risk Element is present or not. In addition to what the caretaker says about addressing the behaviors or conditions that pose a risk to children, the caseworker must consider if the caretaker has actually taken any steps to address these concerns to reduce risk and increase safety. For example, if the caretaker had a drug abuse problem 18 months ago, first check "Yes" for the drug use risk factor earlier in the RAP. Then consider if the caretaker recognizes the potential for drug use to harm the children. If the caretaker has already successfully addressed the drug problem and has ceased using drugs, or is addressing this problem by participating in substance abuse treatment now, the answer to this last RAP question would be "Yes" (in the absence of another serious unaddressed risk factor). Similarly, the answer to this question would be "Yes" in the case of a caretaker with a serious mental illness who understands that maintaining compliance with his treatment plan is necessary for the safety and well-being of his children and who has a record of complying with his treatment plan.

On the other hand, even if the caretaker verbally agrees that there are problems that place the child at risk, (i.e., caretaker agrees she has an active substance abuse

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problem) but the caretaker does not keep appointments for services she is referred to without a legitimate reason, or continues to make excuses for not addressing problems she says she understands, the caseworker would be right to question the caretaker's willingness or ability to address areas of concern at this time, and the answer to this question would be "No."

If there was a maltreatment incident, but the caretaker minimizes or denies it, and won't take reasonable steps to reduce the risk of it re-occurring, the answer would be "No." This is also the case when the caretaker has not committed the child abuse or neglect herself, and the caretaker doesn't see the need to keep another person who did harm or poses risk to the child away from the child. In those instances, the answer would be "No."

Elevated Risk Element Definitions

1. **Death of a child as a result of abuse or maltreatment by caretakers(s)**

Applies to a confirmed fatality of a child as a result of abuse or maltreatment by the identified Primary Caretaker or Secondary Caretaker. The death of the child could have occurred at any time prior to the completion of the RAP and in any jurisdiction within or outside New York State.

2. **Caretaker(s) has a previous TPR**

The identified Primary Caretaker or Secondary Caretaker must have had a adjudication of termination of their parental rights at any time prior to the completion of the RAP. The termination of parental rights (TPR) indicates that a proceeding in family court has occurred and that the court has made a formal decision to grant the guardianship and custody of a child to the local district/petitioner. The TPR may be based upon grounds that the child is a "permanently neglected child," "severely abused child," or a "repeatedly abused child."

The filing of a TPR with no adjudication to date does not apply.

Parental surrenders are not to be considered as circumstances applying to this Elevated Risk Element. Parental surrenders are not a legal indication of a family court finding of permanent neglect and therefore do not apply in this circumstance.

3. **Siblings removed from the home prior to current report due to abuse or neglect and remain with substitute caregivers or foster parents**

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Applies to situations or circumstances that result in the removal of a child (or children) from the home, due to alleged or confirmed abuse or maltreatment, and the child(ren) is placed with substitute caretakers or foster parents. This includes removals by CPS, law enforcement, or any authorized person or entity acting in the best interests of the child(ren).

4. **Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)**

Applies to confirmed reports in which the Primary Caretaker and/or Secondary Caretaker has *repeatedly* sexually abused or *severely* physically abused one or more children in his/her care or has allowed repeated sexual abuse or severe physical abuse of said child(ren) to occur.

Although a single act of sexual abuse is a serious and grievous assault upon a child, the existence of *repeated* sexual abuse implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) and therefore implies an increased risk of future harm.

Severe physical abuse implies, but is not limited to, a substantial risk of serious and/or protracted physical injury. Examples of severe physical abuse that results in serious physical injury may include, but are not limited to, the infliction of internal injuries, fractures, blunt trauma, shaking, choking, burns/scalding, severe lacerations, hematoma, or extensive bruising.

5. **Sexual abuse of a child and perpetrator is likely to have current access to child**

Applies to situations in which a child (or children) has been sexually abused and the confirmed perpetrator (adult or child) continues to have current access to and/or contact with the child. This situation implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) from the risk of future sexual abuse. This also applies to situations in which the Primary Caretaker and/or the Secondary Caretaker is the perpetrator and resides with, or continues to have access to, the child.

6. **Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)**

Applies only to a child (or children) younger than one year old. The young age and inherent vulnerability of the child, coupled with the recent physical injury to the child due to abuse or maltreatment, implies an increased risk of future harm.

RAP Concepts and Risk Element Definitions

7. **Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)**

Applies to situations in which the child(ren) sustained serious physical injury that requires hospitalization or emergency care provided by any of the following: emergency room, urgent care facility, doctor's office, or emergency medical technicians. The physical injury must have occurred within the last six months.

Examples of physical injury may include, but are not limited to, internal injuries, blunt force trauma, whiplash/Shaken Infant Syndrome, head injury, serious injury to or loss of limb(s), fractures (including spiral and compound), burns/scolding, eye injuries, and severe lacerations.

Malnutrition, Failure to Thrive (FTT), and other serious or life-threatening medical diagnoses directly related to confirmed child abuse or maltreatment may also be included under this Elevated Risk Element.

8. **Newborn child has positive child has positive toxicology for alcohol or drugs**

Applies to situations in which a newborn (younger than 6 months old) who is currently part of the RAP family unit:

- ➔ tested positive for alcohol or drugs in his/her bloodstream or urine; and/or
- ➔ was born dependent on drugs or with drug withdrawal symptoms, fetal alcohol effect, or Fetal Alcohol Syndrome.

The young age and inherent vulnerability of the newborn child, coupled with any of the circumstances above, implies an increased risk of future harm to the child.

PowerPoint slide – Assessment Analysis

Review the handout, ALBERTI FAMILY: INITIAL ASSESSMENT ANALYSIS, now.

Alberti Family: Initial Assessment Analysis

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Family View

What's the family's view of the situation at this time? What do they see as the most pressing needs and concerns? What does the family believe needs to happen in order for them to meet the needs of their children for safety, permanency, and well-being? What do they want from child welfare or other services at this time?

- ➔ *Louisa currently views the situation as serious, and understands the possibly outcomes of further contact with Ramon Cruz.*
- ➔ *Louisa has stated that she has a history for domestic violence, and believes that it is something she must learn how to cope with.*
- ➔ *Louisa knows and believes that she must keep Ramon out of the home to keep her children safe.*
- ➔ *Louisa believes that she needs to undergo counseling, and parenting classes so that she can learn how to be a better parent to her children.*
- ➔ *Louisa wants support and resource information from the department.*

Behaviors/Contributing Factors

Based on your assessment of safety, risk, and family functioning, what factors and underlying conditions interact to sustain the behaviors or conditions that warrant child welfare intervention?

- ➔ *Louisa is a single mother, who feels overwhelmed caring for children on her own. She enjoys companionship and assistance from her paramours.*
- ➔ *Louisa does not know how to break off relationships when they are at an unhealthy point.*
- ➔ *Louisa does not supervise her children properly, leaving them unattended.*
- ➔ *Louisa was aware of marks on her son, but continued to deny that anything was happening to him.*
- ➔ *Louisa needs assistance in becoming a capable and attentive parent.*

Alberti Family: Initial Assessment Analysis

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Strengths

What individual, family and community strengths, resources, and supports can be used to meet the family's pressing needs and support their ability to meet the child's needs for safety, permanency, and well-being?

- ➔ *Louisa and her three children have a strong bond of love. She knows the seriousness of the situation, and wants to change so that she does not lose her children in the future.*
- ➔ *Louisa has close relationships with her two sisters, who regularly help her out and take the children for a night so she can relax.*
- ➔ *Louisa also has a close relationship with her neighbor, who helps her stay safe in the upstairs apartment.*
- ➔ *Louisa has a strong desire to change her parenting, and to learn how to connect better with her children.*

PowerPoint slide – Service Planning

Individually review the handout, ALBERTI FAMILY: INITIAL SERVICE PLAN, and then discuss the questions on the worksheet, SUPERVISING SERVICE PLANNING, with your table group.

Alberti Family: Initial Service Plan

Problem/Concern (What has to change)

Describe the specific behavior or circumstance to be addressed
<ul style="list-style-type: none"> ➔ Louisa needs to learn how to properly supervise her children ➔ Louisa must understand the importance of putting her children’s needs in front of her own ➔ Louisa has not been honest in the past, which has resulted in compromising the safety of her children

Outcome (Definition of Achievement)

What will be different and how will we know?
<ul style="list-style-type: none"> ➔ Ramon will be out of the home. ➔ There is a current Order of Protection that has been issued for him to stay away from the home of Louisa and her three children. ➔ The Order also states that he is not allowed to have any contact with them in a public setting of any kind. ➔ Visits will need to be made unexpectedly to assure that Ramon is not there.

Alberti Family: Initial Service Plan

Strengths

What family and individual strengths will be used to achieve this outcome?
<ul style="list-style-type: none"> ➤ Louisa understands the seriousness of the current situation since having had her children removed. ➤ She has requested areas of change to increase her skills as a parent, and learning to become more attentive with her children. ➤ The strong bonds of her family will assist in achieving this outcome, as her sister's and neighbor are supporting the family.

Alberti Family: Initial Service Plan

Family Activities

Who will do what and how often?
<ul style="list-style-type: none"> ➔ Louisa will continue to keep Ramon Cruz out of the home. ➔ She will comply with services, and referrals. ➔ She has signed all necessary releases to obtain additional services. ➔ Louisa will allow the workers access to her home and children. ➔ Louisa will alert the authorities if Ramon attempts to go to the home. ➔ Louisa will check in with her sisters and neighbor on an ongoing basis.

Worker/Provider Activities

Who will do what and how often?
<ul style="list-style-type: none"> ➔ The workers will make unexpected visits to Louisa's home to access the home and the safety of the children. ➔ The worker will find resources and additional services for Louisa, including parenting and home making services. ➔ The worker will continue to monitor Louisa's ability to uphold the Order of Protection.

PowerPoint slide – Your Task is Ongoing

Routinely applying critical thinking skills to case review will strengthen your worker's practice and your ability to assess their work. This reduces common errors and increases informed decision-making.

PowerPoint slide – Progress Notes I

Individually read the handout, ALBERTI FAMILY: PROGRESS NOTES I, now.

Alberti Family: Progress Notes I

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

**FAMILY SERVICES
PROGRESS NOTES**

*****WARNING*****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

Case Name: Alberti, Louisa

Case ID: -----

Stage Name: Alberti, Louisa

Stage ID: -----

Case Initiation Date: 05/17/20xx

Report date: --/--/20xx

LDSS With case Management:

LDSS/Agy with Case Planning:

PROGRESS NOTES – FAMILY SERVICES

Event Date: 05/24/20xx

Entry Date: 05/29/20xx **Dist.Agy:**

Note Status: Final

Author: Burgess, Anthony

Entered By: Burgess, Anthony

Type(s): Summary

Progress Notes Narrative:

Case open on 05/17/20xx. Louisa Alberti son’s Henri Garayua has continually presented with suspicious injuries, not consistent with the explanation. It is believed that Louisa’s boyfriend Ramon Cruz is causing injury and she allowed him back home after has a order of protection.

*****End of Note*****

Event Date: 05/26/20xx

Entry Date: 05/31/20xx **Dist.Agy:**

Note Status: Final

Author: Burgess, Anthony

Entered By: Burgess, Anthony

Method: Face To Face Unannounced Visit

Location: Case Address

Type(s): Casework Contact

Other Participant(s): Caseworker

Family Participant(s): Alberti, Louisa

Focus: Alberti, Louisa

Progress Notes Narrative:

CW Burgess arrived at Louisa’s house to pick her green application. All the children looks happy and her house was clean. CW Burgess encouraged Louisa to work with the department until everything will done.

*****End of Note*****

Event Date: 05/2820xx **Event Time:**

Entry Date: 06/01/20xx **Dist.Agy:**

Note Status: Final

Author: Burgess, Anthony

Entered By: Burgess, Anthony

Method: Face To Face Unannounced Visit

Location: Case Address

Type(s): Casework Contact

Alberti Family: Progress Notes I

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Family Participant(s): Alberti, Louisa; Cruz, Ramon; Alberti, Davina; Maldonano-Alberti, Jaslene; Garayua, Henri

Focus: Alberti, Louisa; Cruz, Ramon; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri

Progress Notes Narrative:

CW Burgess arrived at Louisa’s apartment to do follow up in her progress. Louisa open the door and told CW to get in. CW checked her children all of them where OK. CW asked if she has contact with domestic violence. Louisa states that when she call them and request to talk with Sandrine, Spanish-speaking person. They said that this person do not work there. CW asked which number she has been calling. Louisa shows Domestic Violence’s number. CW Burgess called them and left a message to Ms. Sandrine to called Louisa. CW Burgess encouraged Louisa to work with Domestic Violence and get her order of protection against Ramon Cruz. CW Burgess expresses DSS concerns about she missed her hearing at Court. Louisa states that she has a baby sitter for her children that day and also was raining. CW Burgess also informed that she was adjourned for this month she need to appear. Ended the visit.

*****End of Note*****

Event Date: 06/10/20xx
Entry Date: 06/17/20xx **Dist.Agy:** **Note Status:** Final
Author: Burgess, Anthony **Entered By:** Burgess, Anthony
Method Face To Face Unannounced Visit
Location: Case Address
Type(s): Casework Contact

Family Participant(s): Alberti, Louisa; Cruz, Ramon; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri

Focus: Alberti, Louisa; Cruz, Ramon; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri

Progress Notes Narrative:

CW Burgess arrived at Louisa’s apartment to follow up on her case. Louisa asked CW Burgess to get in. Louisa told CW that she was ordering her kids’ mess. CW Burgess asked if she had any contact with Domestic Violence. Louisa stated that nobody has been contacting her yet. CW Burgess told Louisa that when CW find her court, she will be contact.

Louisa told CW Burgess that she was at the park in Uptown Square and Ramon show up and she has her friend to call the police likes CW informed her. They came but police stated that they have no order of protection against him saying that information. CW Burgess told Louisa that is because she never show up in court last time and the only way she can have that protection is if the judge sign that order, for that reason she needs show up next time.

*****End of Note*****

Event Date: 06/15/20xx
Entry Date: 06/22/20xx **Dist.Agy:** **Note Status:** Final
Author: Burgess, Anthony **Entered By:** Burgess, Anthony
Method
Location: Court
Type(s): Court

Alberti Family: Progress Notes I

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Progress Notes Narrative:

Pre-Trial was held for Louisa Alberti at Family Court under her neglect petition from the DSS.

*****End of Note*****

Event Date:	08/18/20xx		
Entry Date:	08/22/20xx	Dist.Agy:	Note Status: Final
Author:	Gomez, Julia		Entered By: Gomez, Julia
Method	Face To Face		
Location:	Foster Home		
Type(s):	Casework Contact		
Family Participant(s):	Alberti, Louisa; Garayua, Ricki; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri		
Focus:	Alberti, Louisa; Garayua, Ricki; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri		

Progress Notes Narrative:

Goal: Visitation

FS transported the children to a visit from the tx home to New York Neighborhood Services for a visit with Louisa, the grandmother and Ricki Garayua.

A: FS arrived to pick up the children. Henri did not resisted leaving the tx home. He said he did not want to see his mother. He was afraid he was going to live with her again. Tx mom explained that he would be back in a little while. He asked if he could sleep at the tx home. FS and tx mom reassured him that he would be returning. Louisa, her mother and Henri’s father arrived at the visit on time. Louisa was concerned with visitation times and frequency. She does not have transportation and would like visitation in home.

O: Henri was afraid to go. He resisted leaving for several minutes. During the car ride he told the FS “casa de abuela, no mommy” When FS arrived at the office for the visit she put Davina down to walk to her family. Davina turned around and put her arms up for the FS to pick her up. Henri was excited to see his father. He ran to him and spend the majority of the visit with him. Davina warmed up to her grandmother and mother after about 15 mins.

*****End of Note*****

PowerPoint Slide – Case Update

Individually read the PowerPoint slide, ALBERTI FAMILY: CASE UPDATE I, now and then complete the worksheet, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: I, with your table group.

Alberti Family: Case Update I

There appear to be two caseworkers assigned to work with the Alberti family while the children are in care. There is a foster specialist, Julia Gomez, from New York Neighborhood Services and also a DSS caseworker, Melissa Santiago, from the local district. The children are in a therapeutic foster home under the care of Violet Arroyo and her husband, Eduardo.

Mid-August to early September, 20xx

- ➔ Violet Arroyo, the “tx mom” reports to the foster specialist that Henri is often angry and threatens other children in the home. She says he “threatens to kill and punch.” Violet also states that Davina is often a target of his anger.
- ➔ There is only one documented visit during these first few weeks in care, entered by the DSS caseworker, Melissa Santiago. She documented that efforts were made to reach the parents for visits and that the parents had issues with transportation. There were also problems with securing a visit room.

September to October, 20xx

- ➔ A mental health intake appt is made for Henri at St. Elizabeth’s.
- ➔ Visits become a bit more frequent – transportation is arranged for Louisa.
- ➔ The foster specialist, Julia Gomez, notes that Violet Arroyo, the “tx mom” again raises concerns that “Henri is violent and using adult language frequently. He targets his sister Davina.” It is noted that he is protective of his other sister, Jaslene. Violet also raises concerns about the girls’ sleeping patterns.
- ➔ A collateral contact is made with Early Intervention program to get separate, but back to back appointments for the two girls to be evaluated. EI states that they would like Louisa to be part of the evaluation and treatment.
- ➔ Violet takes Davina and Jaslene to Dr. Raymond’s for a visit. They were seen by Tina. The progress note states:

“They were unable to determine whether Davina has been sexually abused because she is so young. She does not feel the behaviors are developmentally appropriate. She instructed the tx mom to redirect D when she begins to masturbate.

Tina would like to talk to EI regarding Jaslene. She has not gained weight. She currently weighs 18 lbs. She has not gained weight the appropriate weight. They took several measurements of her head. Tx mom also shared concerns about her eating pattern and how much she was vomiting. It was suggested

Alberti Family: Case Update I

that Tx mom not give her a bottle before eating. The baby should only have a bottle 3x a day. Tina feels there may be FAS or developmental issues.

Henri is nervous about returning to tx mom at night after school. He asks tx mom to wait for him at bus stop to make sure he came back to her home. The school contacted Violet about Henri's shot records. He will see Dr. Raymond tonight."

- A phone call is made to set up a WIC appt for the children. The foster specialist requests soy formula for Jaslene.

Thinking Critically About Casework Practice: I – Trainer’s Key

With the handout, *ALBERTI FAMILY: CASE UPDATE I*, in mind, answer the following questions as if you were the supervisor for the workers in the Alberti case:

1. Are there any judgments that appear to be standing in for facts or bias in the information provided about the case practice? Explain your answer.

There is too much missing information at this time to determine whether there are judgments standing in for facts or bias.

2. Identify any insufficient information, gaps in information, or inconsistencies in the casework practice.

Example:

- *Is a therapeutic foster home with at least 3 children (and likely more) the correct placement for Henri if he is behaving violently and is aggressive to his younger sibling? What is he behaviorally doing to these other children? How is he hurting Davina? How many other children are in this foster home and what is their level of need (which may impact the foster family’s ability to meet the Alberti children’s needs).*
- *There is no evidence that Louisa has been made aware of her rights and responsibilities to the children or of the responsibilities to the agency to her and the children. This information also appears not to have been shared with the fathers as it is not documented anywhere. In fact, there is no documentation that Henri’s father has been identified.*
- *There are gaps of information related to how many visits have actually occurred and what the level of interaction is with the children and Louisa during visits. How is the worker promoting attachment between Louisa and her children?*
- *There is to be an EI evaluation for Jaslene and Davina. In the CPS record, it was recorded that there were no developmental concerns for the babies and that they were “happy and healthy.” There are also noted concerns about eating and sleeping problems. What has changed to lead to concerns about their development now? Also, EI has requested Louisa’s participation in the evaluation and treatment of the girls. Has the worker shared this with Louisa? What was her response?*
- *Without any prior mention in the record, there is suddenly information that Davina is being evaluated for having been sexually abused due to frequent masturbation. When did this behavior begin? Who raised concerns about possible abuse? Were there any concerns when she lived at home with Louisa and Ramon or has this behavior just started since she was placed? If there are indicators of maltreatment, they need to be investigated with the foster family as well as with the birth family. Is it possible that Henri could be sexually abusing Davina (if he is, in fact, also being physically violent towards her?)*

Thinking Critically About Casework Practice: I – Trainer’s Key

3. Are there any patterns emerging in this case information since the children came into care?

Example:

- *Henri’s aggressive behavior, particularly targeting Davina.*
- *Lack of engagement of Louisa.*

4. Do you have any new concerns about the children’s safety, permanency, or well-being? Provide evidence to support your answer.

Example:

- *Yes, there are concerns about Henri’s reported aggressive behavior and mental health needs. He could be at risk of hurting himself or one of the other children, especially his younger sister, Davina.*
- *There has been no documentation of a concurrent plan for the children yet. There appears to have been limited visitation occurring during the first two weeks for a case with two infants and a preschooler. This could negatively impact the children’s well-being as well as efforts toward permanency with their mother.*
- *There are also well-being concerns for the children’s development. All three may be suffering effects of early childhood neglect.*
- *There is no information about involving Henri’s father or involving Ramon in further planning for their respective children.*

5. Are there other community resources that should be considered for assistance in supporting the family at this point in the case?

It seems at this time that the workers have involved appropriate community resources, such as EI and have made an appointment for Henri to have a mental health evaluation. It may also be useful to have community resources working with Louisa (such as domestic violence advocacy or a support group) if she is still not connected with them. There is no documented contact with Ramon but there needs to be and community resources, such as services for abusive partners, should be identified.

6. Assess the workers’ interactions with the family (including birth family, foster family, and the children). Provide written feedback that speaks to the workers’ strengths as well as any areas of concern related to engagement of the family or ability to facilitate change.

Thinking Critically About Casework Practice: I – Trainer’s Key

The foster specialist seems to have developed a relationship with the “treatment mom,” Violet Arroyo, who is comfortable telling her of the children’s needs. There is no real documented engagement of either Louisa, or the children, by the workers. There is no evidence that Louisa’s readiness for change has been assessed yet. There is no evidence of the worker meeting with Henri’s father or attempting to reengage Ramon in planning for his children’s future. Neither fathers’ resources have been identified.

7. How would you coach the workers in relation to any one of the identified concerns?

Example:

- *Review the interpersonal skills and identify strategies for engaging Louisa in the professional casework relationship by joining with her during a visit.*
- *Role play a home visit interview with Louisa in which the worker asks effective questions and uses other skills to gather the missing information through a comprehensive assessment of Louisa’s underlying conditions and contributing factors.*
- *Discuss with the worker the need to get Henri a mental health evaluation sooner rather than later.*
- *Review standards for documentation. For example, the supervisor should determine with the worker whether information was gathered (such as when concerns about Davina being sexually abused were first raised) but just not documented appropriately.*

8. In your next supervision session, what are the first three expectations would you set for future contacts with the family?

- ➔ *Assess the children: Gather more information about indicators of possible maltreatment related to the sexual abuse concerns with Davina. Determine whether she is safe during visits and at the foster home. See if Henri’s mental health evaluation can occur sooner. Assess nonprotective safety concerns and if necessary, put interventions in place in the foster home to protect him or the other children.*
- ➔ *Engage Louisa and Ramon (separately) in a full disclosure discussion regarding their rights and responsibilities to the children, along with the agency/DSS’s responsibilities to each of them and the children. Also engage Henri’s father in the same discussion.*
- ➔ *Discuss strategies, worker bias, etc. on working with Ramon to secure treatment and/or become involved with his children under supervision.*

Thinking Critically About Casework Practice: I – Trainer’s Key

9. How would you monitor the workers’ practice around these expectations?

- ➔ *Conduct a supervisory session with the worker immediately after home visits to the foster home and with Louisa and/or Ramon.*
- ➔ *Review the worker’s efforts to locate Henri’s father.*
- ➔ *Review the worker’s documentation regarding the visits for consistency with reported information.*
- ➔ *Set a timeframe for the worker to make the needed home visits and also a call regarding moving Henri’s mental health intake up if it is going to be some time before he is seen yet (a timeframe for the appointment is currently missing in the case record). Check in with the worker after the deadline to make sure these tasks were completed.*

Five Conditions for Creating Change

Present Discomfort is the person’s sense of discomfort with the present situation, i.e., what the person describes as “the problem” or senses may be the problem.

- ➔ Present discomfort is generally associated with an unmet need. The need may have come from a gap between present conditions and a desired goal or from difficult conditions creating a need for relief.
- ➔ Present discomfort can reflect an internal state, i.e., something the person perceives as a concern, or it can be a response to an external stimulus, as when the problem is defined by others.

Example:

- **Internal parent discomfort:** “I feel anxious and upset about the twins’ crying, and I yell at them all the time.”
- **External parent discomfort:** “The caseworker is talking about the possibility of Dimitri having to go live with my mother if I don’t make some changes to the apartment right away.”
- **Internal caseworker discomfort:** The worker feels overwhelmed by the number and complexity of her cases.
- **External caseworker discomfort:** The worker is asked by his supervisor to improve his documentation, but he thinks the district’s standards are too high.

Preferred Alternative Future is the vision of something different – a goal or changed state of relationships, conditions, and behavior patterns – for which the individual can strive.

- ➔ Preferred alternative future is based on a person or family’s ability to imagine that their needs could be satisfied in the new situation resulting from their changes.
- ➔ Preferred alternative future is linked to culture, self-concept, experience, and values.

Example:

- A parent can describe how she will care for her son when he is returned to her home from foster care.
- A worker imagines herself successfully engaging a parent in a safety and risk assessment after completing training.

Emotional Security is a state in which an individual believes that personal physical safety, attachments, identity, trust in others, and autonomy will not be threatened while the individual is engaged in the change process.

Five Conditions for Creating Change

- ➔ Emotional security is the basis of the willingness to risk, to trust, and to form meaningful relationships. It is strongly linked to experience, family, emotions, and culture.
- ➔ Emotional security has different meanings and different attributes at different stages of development.

Example 1: A 7-year-old child who had been placed in an adoptive home seemed “wary and emotionally locked up” according to her adoptive parents. When a well-meaning relative remarked to her, “You’re such a cutey-pie! Would you like to come and live with me?” the child immediately went to her room and packed her belongings. She had already been moved multiple times in her young life and didn’t feel emotionally secure enough to form a meaningful attachment with her new parents.

Example 2: A 15-year-old teen’s new stepmother filed a PINS petition in family court because the boy smoked cigarettes in her home and came home late and drunk on the weekends. She wanted to force him to stop hanging out with his lifelong friends, who supplied the alcohol. The boy’s emotional security and his identity, strongly linked to his attachment to his friends, was threatened, so he strenuously resisted changing his behavior. The PINS caseworker would help the mom strategize alternative ways to engage her son and to meet his needs in regards to identity and friendship. The worker could also engage the son in planning activities he could do with his friends that didn’t involve the use of alcohol.

Example 3: A 20-year old single mother of a 3-year-old boy recently completed a two-week inpatient detox program which she had entered as part of a preventive services plan. Her son stayed with her parents during her rehab. She secured an apartment where she plans to live with her son but she is very lonely and longs to reconnect with her old friends. However, she is acutely aware that they are all still into “the party life” and that if she starts seeing them again, they are likely to tempt her to relapse. She has been encouraged by her counselor to engage in activities where she might make new friends but she is doubtful because: “When I was high, I was the life of the party. Now that I’m not doing that stuff, I’m not any fun. Why would anyone want to be around me?” Her identity and her attachments are undermined by her changed behavior, leaving her feeling emotionally vulnerable.

Example 4: A case was indicated when the 30-year-old father admitted to regularly locking his children in a closet and withholding food as punishment for misbehavior. The father was referred to a parent skills class but stopped after attending only two sessions. He explained to the caseworker: “Those classes are for women. I’m not going to yak-yak-yak at my kids to get them to behave. My brothers would laugh their (behinds) off at me if they knew about this. I’ll stop using the closet, even though it worked on me as a kid, but I’m not getting into that other stuff. It’s not how our family does things.” This father evidently felt that changing his behavior would change his identity in ways that would threaten his significant family attachments and, therefore, he declined.

Five Conditions for Creating Change

- ➔ Emotional security relates both to how people feel about themselves and how they feel in response to others who are involved in their lives.
- ➔ When caseworkers and parents arrive at mutual understanding regarding behaviors that need to change, it is important to consider how the new behaviors might intersect the individual's old sources of emotional security. Will there be threats to relationships? To identity? Are there strategies the parents can employ to maintain their important relationships while still making progress on their goals?, e.g.,

Example 1: The adoptive parents of the 7-year-old child need to help her become emotionally secure enough to form a meaningful attachment with them. They may need to consult a professional for specialized help with this. The foster parents need to be consistent in their messages to the child that she is wanted and is a member of the family. They also need to be given reassurance that she is not rejecting them on purpose; she is simply trying to meet her survival needs.

Example 2: The 15-year-old teen's new stepmother might consider inviting her stepson's friends into their home and trying to promote healthier activities, e.g., "Why don't you guys rent a movie and watch it here? I'll get you some pop and pizza." Instead of trying to "break up the gang," she would be better served in trying to find things to like and value about his friends. The PINS caseworker would help the mom strategize alternative ways to engage her son and to meet his needs in regards to identity and friendship. The worker could also engage the son in planning activities he could do with his friends that didn't involve the use of alcohol.

Example 3: The 20-year old single mother who recently completed a two-week inpatient detox program is on the right track in fearing that her old friends might tempt her to relapse. It is important to reinforce her strengths and help her identify other sources of joy and meaning as soon as possible.

Example 4: The 30-year-old father who felt out-of-place at a parent skills class but agreed to change the behavior that was deemed harmful needs to be encouraged to find alternative sources of information on parenting that his brothers would respect, e.g., a men's group affiliated with his church or community center.

Efficacy is the confidence or belief in one's power or ability to produce desired results.

- ➔ Efficacy also refers to the individual's confidence or belief that others can be useful in helping make changes.

Example: A person who has a low sense of efficacy might express this by stating: "How can I possibly plan to reunify with my child when you're also telling me I need to figure out who can adopt my kid if I can't get her home with me?"

Five Conditions for Creating Change

- ➔ Efficacy reflects self-concept, culture, and capability.

Example: A youth in residential care believes that he can make the changes necessary for him to be reunified with his family in the next few months.

Internalization of Responsibility is the extent to which an individual accepts personal responsibility for working to achieve the preferred alternative future.

- ➔ This condition reflects the individual's understanding of her/his role in getting his or her needs met.
- ➔ The more an individual has internalized responsibility, the greater the likelihood that he or she will implement lasting changes, as opposed to actively resisting or simply achieving compliance with perceived caseworker requirements.
- ➔ It's not that compliance is undesirable; it is, especially when the safety of children is involved. Compliance, though, should not be confused with long-term change that is initiated and sustained by the parent or family.
- ➔ Internalization of responsibility also does not mean blaming, e.g., victims of violence, and assuming they need to take responsibility for their victimization.
- ➔ What they can control and take responsibility for is the choices they make in coping with their victimization.
- ➔ Additionally, internalization of responsibility includes willingly participating in the process of assessment and service planning and its implementation.

Example:

- A parent accepts that her substance-abuse problem is interfering with her ability to provide adequate supervision for her children.
- A worker seeks a conference with his supervisor to discuss his difficulties in arranging the terms for an open adoption.

PowerPoint slide – Progress Notes II

Individually read the handout, ALBERTI FAMILY: PROGRESS NOTES II, and then complete the worksheet, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: II, with your table group.

Alberti Family: Progress Notes II

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

**INVESTIGATION
PROGRESS NOTES**

*****WARNING*****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

Case Name: Alberti, Louisa	Case ID: -----
Stage Name: Alberti, Louisa	Stage ID: -----
Case Initiation Date: 05/17/20xx	Report Date: --/--/20xx
LDSS With Case Management:	LDSS Agy With Case Planning:

PROGRESS NOTES – FAMILY SERVICES

Event Date: 10/02/20xx			
Entry Date: 10/07/20xx	Dist.Agy:	Note Status: Final	
Author: Santiago, Melissa		Entered By: Santiago, Melissa	
Method: Face To Face			
Location: Other			
Type(s): Casework Contact			
Purpose(s): Family Planning			
Other Participant(s): Relative			
Family Participant(s): Alberti, Louisa; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri			
Focus: Alberti, Louisa; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri			

Progress Note Narrative:

CW Santiago transported the Louisa’ children, Jaslene, Davina and Henri, to their family. Visit took place at McDonald’s in Uptown Square.

CW observed that Henri was mad at the time CW picked him up from his foster mother but when we stopped at Mc Donald he showed some happiness and smiled.

Louisa concentrated the major of her time playing with Henri at the playground. There were few interactions with her daughter Davina and almost none with Jaslene, just when grandma Davina asked her to do it. Ninety percent of her attention was for Henri. Grandma maintain ed the same amount of her attention for all the children. Henri hit his head (around the eye) with one of the table at Mc Donald’s. His father put some ice on it. Conversation took place with Grandma Davina about Louisa.

Davina stated that her daughter has been the hard one from all of her 10 children. She states that”she does not learn from her family”. “I do know why she is so scare about him”. I know he has a couple of cousins who are killers”, but I live in a good community where there is a police department and a fire department close where I live. “I’m not scared of him”. Davina states that she teaches her children do the right things. She states that no ones in her family to agrees with Louisa’s relationship with Melvin and they never will.

Davina states that if the judge gives her custody of her grandchildren, she wants a order of protection against Melvin. Davina stated that her daughter, Louisa, was hospitalized one week at a Mental Institution in Puerto Rico when she was 12 yrs old. Grandma also states that Louisa attempted to commit suicide.

Louisa asked CW Santiago if is possible to have her children on Friday to celebrate Henri’s birthday with her family. CW told that contact will be made with Julia Gomez, New York Neighborhood worker on this regard. CW Santiago told Louisa we are going to discussed about their next visit would be unsupervised. CW Santiago transported the children back to the foster home.

*****End of Note*****

Alberti Family: Progress Notes II

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Event Date: 10/03/20xx
Entry Date: 10/03/20xx **Dist.Agy:** **Note Status:** Final
Author: Gomez, Julia **Entered By:** Gomez, Julia
Method Phone
Type(s): Collateral Contact
Purpose(s): Investigation
Other Participant(s): Foster/Adoptive Parent

Progress Note Narrative:

PC for Tx parent. Tx parent is concerned about the visitation. She is concerned that Henri came home with a black eye. The school contacted Violet. They were very concerned with the black eye. They wanted to know how he got the black eye. Tx mom explained that Henri had a headache all day. Tx mom was told that Henri hit his head on the table.
 Henri has been doing better.
 FS will meet with the children on at 12pm today.

*****End of Note*****

Event Date: 10/03/20xx
Entry Date: 10/05/20xx **Dist.Agy:** **Note Status:** Final
Author: Gomez, Julia **Entered By:** Gomez, Julia
Method Face To Face
Location: Foster Home
Type(s): Case Conference
Other Participant(s): Other
Family Participant(s): Alberti, Davina;Maldonado-Alberti, Jaslene
Focus: Alberti, Davina;Maldonado-Alberti, Jaslene

Progress Notes Narrative:

Goal: Early Intervention

S: Tx mom is still concerned with the children’s delays. She is concerned that there are still issues with the girls eating issues. The girls are also having a difficult time getting to sleep at night. They take several short naps through out the day. Tx mom also shared concerns about Jaslene. She is not holding her head up, rolling over, sitting up or holding her bottle. Tx mom and Tx dad have been working with her. They noticed that when Jaslene is held and her feet are place of the floor she does not extend her legs or push back. Jaslene does not like to be held. She seem s to get uncomfortable after a few minutes. She also seems uncomfortable when Violet puts clothes on her. Moving her arms and shoulders seems to bother her. Both girls seem attached to their bottle. Tx mom is working on giving Davina a sippy cup. Davina does not like the cup. The girls have had chronic diarrhea and it has been addressed by Dr. Raymond. FS suggested that they may be
 Tx mom is focused on keeping Henri away from Davina. He often hits, kicks, punches and pushes her. She is not aggressive back. Tx mom continues to have to correct Henri when he does not get his own way. Henri often curses and screams in spanish.

O: The girls were quiet. Jaslene spend most of the time in her swing. Davina played on the floor and went from Tx mom to FS to be pick up. Henri played on the floor with his toys. He grabbed toys from Davina and pushed her away.

Alberti Family: Progress Notes II

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

A: Tx mom is concerned with Jaslene and Davina being delayed. She would like to get information and assistance to help them grow. Tx mom is having a difficult time with Henri being home all day. He is getting restless staying at home. Tx mom is focused on keeping Davina safe rather than working on strengthes.

P: Foster mom will continue to attend Jaslene’s meetings. Tx mom will redirect Henri.

FS: will meet with the school and set up and appointment with St. Elizabeth’s.

*****End of Note*****

Event Date:	10/06/20xx			
Entry Date:	10/07/20xx	Dist.Agy:	Note Status:	Final
Author:	Gomez, Julia		Entered By:	Gomez, Julia
Method	Face To Face			
Location:	Foster Home			
Type(s):	Casework Contact			
Purpose(s):	Investigation			
Other Participant(s):	Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri			
Focus:	Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri			

Progress Note Narrative:

Goal: Mental Health

S: FS arrived the school to transport Henri to an appointment at St.Elizabeth’s with Violet. Violet met briefly with the clinician and rescheduled the appointment to meet with the tx mom. Henri attended the visit with the other children in the tx home.

Tx mom was concerned with Henri hitting his sister Davina. He is still aggressive towards her. He seems to target Davina and is protective with Jaslene. Henri is getting angry with tx parents when they redirect him. He often curses, hit and kicks when he is redirected. The girls are eating better. Jaslene seems to be getting stronger. Tx mom must focus her energy on him when he is home from school.

O: Henri had dinner at McDonalds with the other children in the home. He was polite and engaged in conversation while he was eating. He got along well with the other children in the playroom. When FS returned Henri to the home tx dad was playing on the floor with Jaslene and Davina.

A: Tx mom is concerned with visitation at the bio home. She feels that it should be supervised. Tx mom feels Henri gets very angry after visit. Tx parents are concerned with his aggression but are handling it. They feel he just needs some extra attention. The girls are also benefiting from one on one attention. They are eating better and Jaslene is getting stronger and more receptive.

P: Tx mom will continue to watch what the children are eating. She will set limits for Henri. Tx mom will follow up with Dr. Raymond concerning a referral for Jaslene to the neurologist.

*****End of Note*****

Event Date:	10/08/20xx			
Entry Date:	10/09/20xx	Dist.Agy:	Note Status:	Final
Author:	Santiago, Melissa		Entered By:	Santiago, Melissa

Alberti Family: Progress Notes II

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Type(s): Summary
Focus: Alberti, Davina; Maldonado-Alberti, Jaslene

Progress Note Narrative:

Sarah Katowski from Early Intervention called CW Santiago to follow up to testing on Louisa’s children. CW informed that Davina is not qualify for services because she across a board. Jaslene qualified for services, she will receives a physical and speech therapy, work at her feeding concern. CW Santiago agreed to do a ISP meeting on 10/17 at 11:30 am at DSS office. CW Santiago also agreed to provide transportation to Louisa to DSS.

*****End of Note*****

Event Date:	10/11/20xx	Event Time:	9:34 am	Note Status:	Final
Entry Date:	10/11/20xx	Dist.Agy:		Entered By:	Santiago, Melissa
Author:	Santiago, Melissa				
Method	Phone				
Location:	Case Address				
Type(s):	Attempted Casework Contact				
Focus:	Alberti, Louisa; Alberti, Davina; Maldonado-Alberti, Jaslene; Garayua, Henri				

Progress Note Narrative:

CW Santiago called Julia Gomez from New York Neighborhood Services and left a message saying that CW Santiago approved Louisa to has her children this afternoon to celebrate Henri’s birthday. Transportation will be provided by CW Santiago. Henri’s birthday will at his aunt’s house at Uptown Square around 4:15p.m through 5:45 p.m. CW Santiago also called the treatment foster mother about this matter. Foster mother expressed concern about Henri violent behavior at home against his siblings in special, Davina. CW Santiago that we are going to try to get any evaluation for possible medication. CW called Louisa to confirm this matter.

*****End of Note*****

Thinking Critically About Casework Practice: II

With the handout, ALBERTI FAMILY: PROGRESS NOTES II, in mind, answer the following questions as if you were the supervisor for the workers in the Alberti case:

1. Are there any judgments that appear to be standing in for facts or bias in the information provided about the case practice? Explain your answer.
2. Identify any insufficient information, gaps in information, or inconsistencies in the casework practice.
3. Are there any patterns emerging in this case information since the last update?

Thinking Critically About Casework Practice: II

7. How would you coach the workers in relation to any one of the identified concerns?

8. In your next supervision session, what are the first three expectations would you set for future contacts with the family?

9. How would you monitor the workers' practice around these expectations?

Thinking Critically About Casework Practice: II – Trainer’s Key

With the handout, *Alberti Family: Progress Notes II*, in mind, answer the following questions as if you were the supervisor for the workers in the Alberti case:

1. Are there any judgments that appear to be standing in for facts or bias in the information provided about the case practice? Explain your answer.

Example:

- *Even though there is an Order of Protection against Melvin Maldonado/Ramon Cruz, there seems to be an implicit judgment made that his familial resources are not worth considering as permanency options for the children (due to the total disregard of contacting them, even though he is the birth father of the two infants). Louisa’s mother may have created further bias by telling Caseworker Santiago that Melvin’s family are “killers.”*

2. Identify any insufficient information, gaps in information, or inconsistencies in the casework practice.

Example:

- *There is a large gap in information related to permanency resources for the children. Has a concurrent plan been developed? Have frank and honest discussions about rights and responsibilities occurred with Louisa and the children’s fathers? Have all of their familial or network resources been explored as permanency options for the children?*
- *There are concerns that Davina may have been sexually abused. How does she act behaviorally? Is the frequent masturbation the only concern or does she have other needs related to her mental health and development? Is it possible that she needs to be engaged in some type of play therapy as she gets a little older and can be engaged in such a therapy?*
- *Louisa’s mother, Davina, mentioned that Louisa is one of 10 children. So far, only three of Louisa’s siblings (a brother in New Jersey, her sister, Maya, and another sister in Uptown) have been identified in the case. Are these other siblings nearby? Could they be permanency resources for the children? Davina (grandmother) also mentioned that Louisa tried to commit suicide in early adolescence and spent time in a psychiatric facility. Louisa’s mental health status was never flagged as a concern in safety or risk assessments. These workers should go back and explore Louisa’s mental health with her, in particular, how it impacts her parenting. It’s possible it could be a contributing factor in this case which has not been explored.*
- *An inconsistency in the case was the worker’s awareness of Henri injuring himself at McDonald’s, but failing to report it to the foster mother when he was returned home. If he had hit his head hard enough to cause a black eye the next day, the workers should have made her aware that he had a*

Thinking Critically About Casework Practice: II – Trainer’s Key

head injury so Violet could have continued to monitor his condition that evening and so she would be aware of any visible injury.

- *Why and when was it determined appropriate for visits to be unsupervised, despite the concerns raised by the foster family?*

3. Are there any patterns emerging in this case information since the last update?

In addition to those identified in the previous round of this exercise, there appears to be a pattern of disregard for paternal involvement in planning for the children’s permanency with both fathers. There may also be a pattern emerging about the foster mother’s concerns being attended to quickly enough (she keeps raising concerns about Henri’s behavior, the girls’ development, and the children’s response to visits and the need for them to be supervised).

4. Do you have any new concerns about the children’s safety, permanency, or well-being? Provide evidence to support your answer.

- ➔ *EI has been approved for Jaslene but not Davina. Does Davina need additional behavioral assessment?*
- ➔ *Concerns remain regarding Henri’s behavior and the permanency plan for all three children.*
- ➔ *Also, what has changed in relation to the children’s safety with the birth family that visits can now be unsupervised? There is no documentation of this.*

5. Are there other community resources that should be considered for assistance in supporting the family at this point in the case?

The need for a neurological consult has been identified and should be followed up on. Davina and Henri should both have behavioral assessments.

6. Assess the workers’ interactions with the family (including birth family, foster family, and the children). Provide written feedback that speaks to the workers’ strengths as well as any areas of concern related to engagement of the family and ability to facilitate change.

Thinking Critically About Casework Practice: II – Trainer’s Key

- ➔ *Caseworker Santiago appears to have effectively engaged Louisa’s mother, Davina, who shared information about her thoughts on caring for the children in Puerto Rico and also disclosed Louisa’s mental health history. Caseworker Santiago needs to follow up on this history with Louisa herself and determine whether she still experiences any mental health needs. Caseworker Santiago also appropriately noted concerns about Louisa’s lack of interaction with the girls despite the attention she paid to Henri during the visit, however, there is no documentation that Caseworker Santiago tried to coach Louisa on how to share her time and attention with all three of her children. The caseworker could have assessed Louisa’s change readiness related to interactions like this with all her children and may have gathered lots of useful information through such an assessment.*
- ➔ *Violet Arroyo, the foster mother, continues to share concerns about the children. While appointments are scheduled for the children, there is no documentation that the worker is reflecting the concerns to Violet, highlighting her strengths in dealing with the concerns, or otherwise attending to Violet’s feelings about these issues.*
- ➔ *While the workers are making lots of observations about the children, there is no documentation of actually interacting with them, other than transporting them to and from visits.*
- ➔ *One strength of the caseworkers are that they worked to make sure that Henri spent time with his birth family on his birthday.*

7. How would you coach the workers in relation to any one of the identified concerns?

Example: *The supervisor could role play with the worker how to reflect Violet’s concerns about the children, including how to confront her strengths in coping with the children’s needs.*

8. In your next supervision session, what are the first three expectations would you set for future contacts with the family?

(Assuming that the caseworker had attended to the previous expectations set in the last round:)

- ➔ *Assess Louisa’s change readiness.*
- ➔ *Engage Violet Arroyo in a confrontation of her strengths.*
- ➔ *Engage the children in some play time during a home visit to assess their development and report on observations related to Henri’s interactions with his siblings (particularly Davina).*

Thinking Critically About Casework Practice: II – Trainer's Key

9. How would you monitor the workers' practice around these expectations?
- ➔ *Go with the worker on a home visit to Louisa's home and coach her on gathering assessment information related to Louisa's underlying conditions, contributing factors, and change readiness.*
 - ➔ *Review the worker's documentation regarding interactions with the foster mother and children.*

PowerPoint slide – Case Update II

Individually read the handout, ALBERTI FAMILY: CASE UPDATE II, and complete the worksheet, THINKING CRITICALLY ABOUT CASEWORK PRACTICE: III, with your table group.

Alberti Family: Case Update II

Summary of Progress Note entries:

October 20xx

- ➔ The foster specialist rescheduled a home visit for the second week of October due to being in training.
- ➔ Foster specialist, Julia Gomez, sends EI documentation to DSS worker, Louisa Alberti and Violet Arroyo.
- ➔ Phone call from Violet to Julia Gomez, foster specialist. Children had two difficult nights after Monday night's visit. "Henri was violent and hit tx dad. Cursed at tx parents and other children. Would not go to bed which is unusual for him as he usually goes to sleep without problems. Henri stated being afraid to go to sleep and once he fell asleep, he awoke several times screaming that monsters were getting him."

Davina has been sleeping through the night for last 2 weeks until the last 2 nights after the visit, when she woke frequently. She has also been very clingy. Violet mentioned to Julia that she explained to Melissa Santiago (CW) that Henri needed a med review. Julia told her after Henri goes to see Dr. Raymond at St. Elizabeth's then they will schedule for Dr. Mazita, whom Melissa suggested.

Henri was also moved to a different classroom with a teacher who was a better suited to him. Also, a special education teacher will be in his room all day now.

- ➔ Early Intervention appointments changed and then confirmed for next day.
- ➔ Phone call from Julia Gomez, foster specialist, to Melissa Santiago, DSS caseworker, asking for SPR after the EI meeting and a higher rate for Jaslene and Henri.
- ➔ Service Plan Review held (mid-October 20xx)
- ➔ EI meeting and SPR were held at DSS office. Transportation provided for Louisa and her mother. Also in attendance were Jaslene's EI worker and supervisor, Henri's special education teacher, Jaslene's physical therapist, Violet Arroyo, the foster mother, Melissa Santiago, DSS worker, Julia Gomez, foster specialist, and a third party.

"EI provided information to family about Jaslene's tx. SPR held after IEP discussed. Visitation was discussed. Grandma will supervise visits. CW transported Louisa back to her home."

Alberti Family: Case Update II

- ➔ The foster specialist transported Henri, Jaslene, and Davina to visit with Louisa and their grandma. Violet says Henri is behaving better but still being violent towards Davina. Davina is continuing to masturbate frequently and is hurting herself. Violet has been putting her in one piece pajamas so she cannot hurt herself. Foster specialist, Julia talked to Violet about bringing Davina for a sexual abuse evaluation.

Davina and Henri started to cry for about 5 minutes when Julia Gomez told them she was bringing them to visit their mom and grandma. They were able to calm down. Louisa and several family members met them at the door. The foster specialist arrived back around 6 p.m. Louisa was making dinner for Henri and Davina. Grandma was holding a sleeping Jaslene in her arms. Louisa fed Davina and Ricki fed Henri. When it was time to leave, Henri began to cry.

November 20xx:

- ➔ Foster specialist Julia Gomez arrived at the treatment home. All the children were playing. Treatment mom, Violet, expressed concern about Henri. He had taken a knife out of a drawer and threatened her with it. He is very aggressive with the other children. He seems to focus this on Davina and the other 6 year old boy in the home. He hits and punches when he doesn't get his way. Davina is continuing to masturbate frequently. Jaslene is doing better now with therapy. She has mastered rolling over and is reaching out to grab things.
- ➔ Caseworker Santiago transported children to a visit with mom and grandma. Louisa informed Ms. Santiago that she is moving to Downtown, NY and her mom back to Puerto Rico on 12/6. Caseworker Santiago encouraged her to comply with court terms and conditions and maintain contact with department.
- ➔ Caseworker Santiago arrived at Louisa's sister's house in Uptown. Left Louisa's court terms and conditions in the mailbox.
- ➔ Louisa called Caseworker Santiago and left her new address and phone number.
- ➔ Caseworker Santiago contacted Louisa's mother to request her phone and address in Puerto Rico to continue interstate compact. Caseworker Santiago asked the grandmother if Henri's father is back in Puerto Rico and how to reach him so Henri could maintain contact with him if needed. The grandmother didn't know it but will find out and call Caseworker Santiago back.

Alberti Family: Case Update II

- ➔ Foster specialist Julia Gomez makes a home visit to treatment home. Henri is continuing to have frequent tantrums. He is continuing to see a behavioral therapist. Treatment mother Violet is concerned about whether he needs special education. Ms. Gomez tried to help him with his homework and noticed he couldn't count to 5 in either English or Spanish. He only maintained attention for about 5 minutes.

Davina is doing better. She is no longer taking a bottle. Violet sang to her. Davina is talking more now and can start identifying body parts. Jaslene is also doing well. She is pulling herself up on her elbows and calling out to get the treatment parents' attention. All three children seem bonded to the treatment family.

- ➔ Another visit by foster specialist Julia Gomez to the treatment home. Violet and Eduardo are excited to show Jaslene's progress. She says "dada" when Eduardo walks into the room and waves her arms. She is more alert and showing muscle tone. Violet would like to switch her therapist from St. Elizabeth's to New York Neighborhood Services.
- ➔ A medical appointment for Jaslene with a neurologist occurs. It is noted that she is behind developmentally and Dr. Raymond has referred her to the neurologist.

OT and PT EI therapists feel she needs to see neurologist to understand the cause of her delays.

Jaslene is not sitting up on her own, crawling, pushing out with her legs, or reaching, even though she has made progress in the tx home. Jaslene cried throughout exam but was comforted by Violet. Dr. Sanjay (neurologist) feels Jaslene's issues are likely a result of either FAS or neglect and lack of stimulation at such an early age. She wants to reexamine her in 2 months and if she is not making more progress with EI, then they will do additionally testing.

- ➔ Louisa left a message for Caseworker Santiago stating she is complying with court terms and conditions. She stated she needs a referral from the department. Caseworker Santiago returned the call to a number left but it was disconnected and other voice mail number had no service.
- ➔ Thanksgiving – no home visit because of holiday.
- ➔ Louisa left another message for Caseworker Santiago to call back. Caseworker Santiago called back but no services.

Alberti Family: Case Update II

- ➔ A note from Joyce Adams, a mental health clinician at New York Neighborhood Services is made. She made a home visit to the treatment home to observe Henri's behavior. She writes: "Tx mom stated Henri is aggressive and often fights with the other children. He is considerably more aggressive with his sister Davina. Tx mother stated that he once took a knife and said he was going to cut her. He has hit tx mother three times in the face and uses adult, aggressive violent language. He has a hx of breaking things in the home.

According to the school's reports, he complies with the rules and expectations. Tx mother says his school has been very nice to him. She says they feel bad for him so they let him play instead of work.

Henri played cooperatively with the other children in the home (5 total). He had difficulty understanding this writer even though she spoke to him at a 3-year-old level. He could not complete a sentence or count to three in English or Spanish.

Henri is chronologically 5 years old but developmentally 2-3. His exposure to violence has led to his own violent outbursts and tantrums. He also shows indicators of developmental delays. This writer feels they can be corrected with the right interventions.

This counselor will work with him on a weekly basis at school and will meet him and tx mother bi-monthly in home. Will work on developing communication skills, using memory and acquiring the basics of self-control, learning to separate thinking from feelings, becoming aware and accepting limits."

- ➔ Ricki, Henri's father, called Caseworker Santiago to ask if he can be a part of Henri's treatment. Ricki gave Caseworker Santiago his phone number to be contacted when needed. He also provided Louisa's mother's number. Caseworker Santiago told him she would be working on the interstate compact request and will be sending it this week. Caseworker Santiago also told him if he has any contact with Louisa to please have her call the department as they have been trying to contact her but there is no phone service.

Thinking Critically About Casework Practice: III – Trainer’s Key

With the handout, *ALBERTI FAMILY: CASE UPDATE III*, in mind, answer the following questions as if you were the supervisor for the workers in the Alberti case:

1. Are there any judgments that appear to be standing in for facts or bias in the information provided about the case practice? Explain your answer.

There seems to be some judgment related to not engaging the birth family in a manner that actively promotes change (e.g., Louisa is moving and none of the workers confront her about the effect that will have on the children, they just tell her to comply with court terms and conditions, Ramon and Ricki are not interviewed/engaged by the workers).

2. Identify any insufficient information, gaps in information, or inconsistencies in the casework practice.

Example:

- *There is inconsistent information about Henri receiving special education. It is noted that an IEP is held and that he has been transferred to a room with a special education teacher but then a later note suggests that he should be evaluated for special education services. The foster mother reports that the school feels bad for Henri so they let him play vs. work. It seems like this would undermine his academic achievement. Clarity is needed regarding the role of the school in supporting Henri’s educational needs.*
- *Although Henri is reported to be seeing a behavioral therapist, there is no documentation suggesting interventions that are placed within the home to protect himself and the other children from his violent behavior. These nonprotective safety concerns need to be addressed by the workers. For example, why did Henri, who is known to have violent outbursts, have access to knives in the foster home? What is the level of unsupervised contact with Davina, who is continuing to exhibit indicators of sexual abuse?*
- *Henri’s father and the children’s grandmother, with whom they were all visiting, have returned to Puerto Rico and their mother has moved to another city. There is no documentation still of a concurrent plan for the children. While it is mentioned that Caseworker Santiago is working on the interstate compact, there is no other recording of permanency efforts. Did the workers discuss with the family what their withdrawal from visits will do to the children? Have the workers discussed with the foster family whether they have any interest in adoption if that becomes a goal for these children?*

Thinking Critically About Casework Practice: III – Trainer’s Key

3. Are there any patterns emerging in this case information since the last case update?

- ➔ *Lack of support of the birth family in meeting the children’s needs – neither of the workers appears to partner with the birth family to determine how best to facilitate change and reunite the family.*
- ➔ *There is also a lack of partnership between the foster family and the birth family. There appears to be no interaction among them and the foster family could have been utilized as a strong source of support for Louisa as well.*

4. Do you have any new concerns about the children’s safety, permanency, or well-being? Provide evidence to support your answer.

The previously identified concerns about safety and well-being remain, including Henri’s behavior, Davina’s excessive masturbation, and Jaslene’s developmental needs. Permanency for these children does not appear to have been well attended to. There is no documented concurrent plan and contact with their birth mother has all but stopped towards the end of the case record. Henri’s birth father and the grandmother have returned to Puerto Rico and while an interstate compact is being completed, there is still no documentation of why the children could not have been placed with a relative in the area (such as Louisa’s siblings).

5. Are there other community resources that should be considered for assistance in supporting the family at this point in the case?

It appears that all necessary community/professional resources for the children have been identified.

6. Assess the workers’ interactions with the family (including birth family, foster family, and the children). Provide written feedback that speaks to the workers’ strengths as well as any areas of concern related to engagement of the family.

- ➔ *It is possible that Louisa’s lack of engagement and coaching by the workers has contributed to her withdrawal from the children’s lives. While the workers are making efforts to reach her, there should have been immediate efforts to engage her in the need to reunite with her children or make a permanency plan for them when she first told the workers she would be moving out of town, instead of being told to comply with court terms*

Thinking Critically About Casework Practice: III – Trainer’s Key

and conditions. There should also have been efforts made to discuss with the birth family and the children how the return of Henri’s father and the grandmother, along with Louisa’s simultaneous departure, would affect the children.

- ➔ *Previously identified concerns about engagement of the children and foster family still remain. The workers should also be creating a concurrent plan for the children. They need to be assessing maternal and paternal resources along with any interest by the foster family in being permanency resources for the Alberti children.*

7. How would you coach the workers in relation to any identified concerns?

The supervisor needs to identify, with the worker during a supervision session, all the existing maternal and paternal resources of the children, along with the foster family or other community resources in order to start assessing who may be interested in being permanency resources for the children if they cannot reunite with their mother. For example, when the worker speaks next to Henri’s father, she should determine what his interest is (and whether it is appropriate for) a plan for him to regain custody of Henri if Henri cannot be reunited with Louisa? The same should be done with the children’s grandmother. The grandmother had also mentioned that Louisa had 9 other siblings. Outside of an initial exploration during the CPS case of Louisa’s sister, Maya, the worker should be making efforts to identify the other siblings and see if they have any interest in being permanency resources. Paternal resources for Jaslene and Davina also need to be identified and explored.

8. What expectations would you set for future contacts with the family?

- ➔ *Walk through the foster family home with the foster parents and make sure that Henri does not have any further access to items he can use to harm himself or one of the other children in the home.*
- ➔ *Make immediate efforts to contact Louisa and engage her in a discussion of the importance of maintaining visits with the children and make arrangements for such visits.*
- ➔ *Assess Louisa’s commitment to reunifying with the children and create a concurrent plan for them if they cannot return to her.*

Thinking Critically About Casework Practice: III – Trainer’s Key

9. How would you monitor the workers’ practice moving forward?

- ➔ *Check in frequently with the workers to see whether contact has been made with Louisa. Coach them on other efforts to contact her, such as through communication with her siblings.*
- ➔ *If contact is made with Louisa, it would be useful at this point for the supervisor to attend the discussion with Louisa regarding concurrent planning in order to make sure that the worker is fully representing her rights and responsibilities and the importance of meeting the children’s needs for permanency.*
- ➔ *Ramon needs to be located and assessed for his willingness to seek treatment and be involved in either supervised visits or planning for his children. The supervisor also needs to pay attention to whether the worker is engaging Ricki in assessment and discussions about Henri’s needs.*

PowerPoint slide – Role of Supervision

- ➔ Was there evidence of supervision at any time in the case record?

- ➔ Why do you think there is no evidence of it? Do you think supervision actually occurred and was just not documented or do you believe that there was likely little involvement of the supervisors in this case outside of approving documentation?

- ➔ How does always considering what the worker missed in the process and “what do we do next” support more thorough assessments and effective service plans?

- ➔ How can you “question your own assessments” of the casework practice you are supervising?

- ➔ What was most challenging for you about completing these exercises in critical thinking today?

- ➔ How do you feel about your ability to continue to apply the SET principles as they intersect with critical thinking to your assessment of workers’ practice?

PowerPoint slide – Technical Assistance Needs

Individually complete the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE.

My Needs for Technical Assistance

Use the space below to identify any technical assistance needs you or your unit has in regards to strengthening your ability to apply critical thinking to your work in child welfare.

PowerPoint slide – Summary

- ➔ An informed decision-making process includes being objective, considering all possibilities, gathering information, evaluating and analyzing all available information and drawing logical conclusions.

- ➔ Critical thinking skills support your ability to make informed decisions related to assessing safety and risk, identifying abuse and maltreatment, and planning for services with the family.

- ➔ When an informed decision-making process is not followed, errors occur.

Summary

- ➔ An informed decision-making process includes being objective, considering all possibilities, gathering information, evaluating and analyzing all available information and drawing logical conclusions.

- ➔ Critical thinking skills support your ability to make informed decisions related to assessing safety and risk, identifying abuse and maltreatment, and planning for services with the family.

- ➔ When an *informed* decision-making process is not followed, errors occur.