

# **Child Protective Services: A Guide for Caseworkers**

**Diane DePanfilis  
Marsha K. Salus**

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# PREFACE

The Child Abuse Prevention and Treatment Act was signed into law in 1974. Since that time, the Federal Government has served as a catalyst to mobilize society's social service, mental health, medical, educational, legal, and law enforcement resources to address the challenges in the prevention and treatment of child abuse and neglect. In 1977, in one of its early efforts to achieve this goal, the National Center on Child Abuse and Neglect (NCCAN) developed 21 manuals (the *User Manual Series*) to provide guidance to professionals involved in the child protection system and to enhance community collaboration and the quality of services provided to children and families. The manuals described each professional's roles and responsibilities in the prevention, identification, and treatment of child maltreatment. Other manuals in the series addressed special topics, for example, adolescent abuse and neglect.

Our understanding of the complex problems of child abuse and neglect has increased dramatically since the user manuals were developed. This increased knowledge has improved our ability to intervene effectively in the lives of troubled families. Likewise, we have a better grasp of what we can do to prevent child abuse and neglect from occurring. Further, our knowledge of the unique roles key professionals can play in child protection has been more clearly defined, and a great deal has been learned about how to enhance coordination and collaboration of community agencies and professionals. Finally, we are facing today new and more serious problems in families who maltreat their children. For example, there is a significant percentage of families known to Child Protective Services (CPS) who are experiencing substance abuse problems; the first reference to drug-exposed infants appeared in the literature in 1985.

Because our knowledge base has increased significantly and the state of the art of practice has improved considerably, NCCAN has updated the *User Manual Series* by revising many of the existing manuals and creating new manuals that address current innovations, concerns, and issues in the prevention and treatment of child maltreatment.

This manual, *Child Protective Services: A Guide for Caseworkers*, provides the foundation for casework practice in CPS. It describes the basic stages of the CPS process and the steps necessary to accomplish successfully each stage: intake, initial assessment/investigation, family assessment, case planning, service provision, and evaluation of family progress and case closure. This manual is designed primarily for CPS caseworkers, supervisors, and administrators. It may also be used by State and local CPS agency trainers for preservice and inservice training of CPS caseworkers and schools of social work to orient students to the field of child protection. In addition, it will provide a greater understanding of the child protection process to other community professionals involved in child abuse and neglect, such as law enforcement and mental health, and concerned community groups.



# ACKNOWLEDGMENTS

Diane DePanfilis, M.S.W., is currently a doctoral student at the University of Maryland School of Social Work and consults nationally in activities such as analyzing child protection policy, writing and editing publications and curricula, providing professional training, conducting research and evaluation of child welfare services, and developing practice- and administrative-related instruments and planning documents.

She began her career as a child welfare caseworker in 1973 and also has had experience at the local level providing direct services, supervising casework staff, coordinating a multidisciplinary team, and managing a countywide child protective services program.

Marsha K. Salus, A.C.S.W., is a social work consultant who has worked in the field of child abuse and neglect for over 15 years. She began her career as a child protective services caseworker and supervisor.

She has developed numerous national curricula for professionals involved in the identification, prevention, and treatment of child abuse and neglect. She has delivered training in all aspects of child protection to professionals around the world and has written numerous manuals and pamphlets on child welfare topics.

The following were members of the Advisory Panel for Contract No. HHS-105-88-1702:

Thomas Berg  
Private Practice  
Washington, DC

Kathleen Furukawa  
Military Family Resource Center  
Arlington, VA

Richard Cage  
Montgomery County Department of Police  
Rockville, MD

Judy Howard  
University of California  
Los Angeles, CA

Peter Correia  
National Resource Center for Youth Services  
Tulsa, OK

Molly Laird  
League Against Child Abuse  
Westerville, OH

Howard Davidson  
ABA Center on Children and the Law  
Washington, DC

Michael Nunno  
Family Life Development Center  
Ithaca, NY

Helen Donovan  
National Committee for Prevention of Child  
Abuse  
Chicago, IL

Marsha K. Salus  
Chair, Advisory Panel  
Alexandria, VA

Judee Filip  
American Association for Protecting Children  
Englewood, CO

# OVERVIEW OF THE MANUAL

Child abuse and neglect is a community concern. No one agency or professional alone can prevent or treat the problem. The community has a legal, moral, and ethical responsibility to assume an active role in responding to physical, sexual, and emotional abuse and neglect of children. In fact, the primary responsibility for handling such cases rests with State and local social service agencies. Child Protective Services (CPS), a division within State and local social service agencies, is at the center of every community's child protection efforts. In each jurisdiction, reports of child abuse and neglect are investigated by CPS and/or the police. Prevention and treatment are provided by both public and private agencies and professionals. Volunteer organizations and self-help groups provide assistance and support to families. Additionally, each military installation has a child abuse and neglect program included within the Family Advocacy Program (FAP).

The Federal Government furthers these State and local efforts in many different ways. The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247), is the focal point for Federal efforts to address the problem of child abuse and neglect. From the outset, NCCAN has provided leadership in establishing child abuse as a national and Federal priority. NCCAN fulfills four major functions in the country's child abuse and neglect prevention, intervention, and treatment efforts by:

- ✍ generating knowledge and improving service programs;
- ✍ collecting, analyzing, and disseminating information;
- ✍ assisting States and communities in implementing child abuse programs; and
- ✍ coordinating all Federal child abuse and neglect efforts.

Because child maltreatment is such a complex problem, it requires many diverse efforts on the national, State, and local levels. Laws in all States establish responsibility for protecting children within Departments of Social Services, and often child protection efforts are coordinated by statewide coordinating committees made up of representatives from other State departments, such as Public Health, Mental Health, Mental Retardation, Substance Abuse, Education, Police, Attorney General, Youth Services, Public Affairs, and Juvenile or Family Courts, and representatives from private, volunteer, and parent groups. At the local level, CPS caseworkers employed within Departments of Social Services are responsible for responding to reports of child maltreatment and intervening to prevent the likelihood of maltreatment occurring in the future.

To protect children from harm, all concerned citizens must be able to identify and report suspected cases of child maltreatment. In addition, all relevant community professionals need to be involved in their community's identification, prevention, and treatment efforts. It is very clear that no single agency or professional discipline can meet all of the needs of abused and neglected children and their families.

## **PURPOSE OF MANUAL**

This manual, *Child Protective Services: A Guide for Caseworkers*, provides the basic information CPS professionals must possess to begin to perform their essential casework functions. This manual describes:

- ✍ the philosophical base on which CPS is founded;
- ✍ the purposes of CPS and its roles and relationships with other community agencies and professionals;
- ✍ the six stages of the CPS process including the purposes, key decisions, and practice issues; and
- ✍ the strategies for casework supervision, training, consultation, and support.

*Child Protective Services: A Guide for Caseworkers* is one in a series of manuals that addresses the roles of key professionals involved in child protection and special issues in child maltreatment. Due to the specialized nature of this publication, terms are defined in a glossary at the end of the text. Because this manual focuses almost exclusively on the roles and responsibilities of CPS, it is suggested that CPS professionals also read *A Coordinated Response to Child Abuse and Neglect: A Basic Manual*, which provides the foundation on which effective casework is based. It defines child abuse and neglect; outlines the nature, extent, causes, and effects of child maltreatment; provides an overview of the entire child protection system and the roles of community agencies and professionals in the system; and presents strategies for enhancing community collaboration and coordination.

# PHILOSOPHY OF CHILD PROTECTIVE SERVICES

The basis for child protective services stems from a concern for the care of children, which is expressed through laws established in every State. The legal authority and the mandates that evolved from child abuse laws are described in *A Coordinated Response to Child Abuse and Neglect: A Basic Manual*. These laws do not specify all that must be done to assist families and children, but they do provide a framework in which action can be taken. The philosophy of sound professional CPS practice serves to delineate further how CPS staff should fulfill their responsibilities of protecting children at risk of child maltreatment. This chapter expands on the philosophical tenets of child protection which have been previously described in *A Coordinated Response to Child Abuse and Neglect: A Basic Manual*.

The philosophical base for CPS includes the following:

**It is the responsibility of parents to see that the physical, mental, emotional, educational, and medical needs of their children are met adequately.** CPS should intervene only when the parents request assistance or fail, by their acts or omissions, to meet the needs of their children adequately.

**Most parents have a desire to care for their children, and most children are best cared for in their family setting.** Therefore, a major CPS objective is to assist in maintaining the family as a healthy functioning unit, if at all possible.

**Inadequate parenting can usually be attributed to physical and mental disability, substance abuse, mental retardation, emotional disturbance, social/economic deprivation, and/or a lack of personal or community support or resources, rather than willful premeditated behaviors.** Regardless of life experiences, most people have the capacity to change if given the appropriate support and assistance. CPS agencies have a responsibility to enable families to make the necessary changes to reduce the likelihood of child maltreatment. CPS agencies also have a responsibility to engage community resources to address the environmental impact on the family's ability to care for its children.

**Families requiring assistance should be provided with CPS intervention, including community resources, which are sensitive to culture, values, religion, and other individual differences.** CPS staff should be familiar with differences unique to various cultural and religious groups. Further, CPS caseworkers must approach each family in a manner that demonstrates respect for individual differences.

**The success of CPS efforts is directly related to the extent to which clients are involved in the CPS process.** CPS caseworkers should make every effort to develop rapport and a professional casework relationship with parents and children throughout the casework process. Further, parents and children should actively participate in assessment, case planning, and other critical decision points in CPS intervention.

**CPS agencies should intervene in the least intrusive manner possible in order to help parents protect their children.** This suggests that CPS staff should intervene in family life only when necessary and that when intervention is necessary to protect a child, all efforts should be made to work with the child and family as a unit. Further, Juvenile or Family Court intervention should be used only when the child's safety cannot be assured with less intrusive measures and to coerce the parents to cooperate in cases where there is a significant risk of maltreatment occurring again and the parents refuse to participate in the services/actions necessary to reduce the risk.

**When children are placed in care because their safety cannot be assured, a permanency plan should be developed as soon as possible. In most cases, the preferred permanency plan is to return children to their families.** Children who come into care have a need for continuity in their lives. Therefore, if the plan is eventually to return the child, all efforts should be made to continue the relationship between the child and family through regular visitation. Further, it is the agencies' responsibility to begin immediately to work with the family to change the behaviors and conditions which led to the maltreatment and placement of the child outside the family.

# **OVERVIEW OF THE RESPONSIBILITIES OF THE CHILD PROTECTIVE SERVICES AGENCY**

CPS is the central agency in each community's child protection system and has several purposes: to receive reports of suspected child abuse and neglect and from those reports identify and protect children who have been abused or neglected or who are at risk of abuse and neglect; and to provide or arrange for services to help families meet their children's developmental needs and reduce the likelihood of maltreatment occurring in the future by changing the conditions and behaviors that contribute to the maltreatment. Therefore, the goal of CPS is to protect children and to rehabilitate families so that they can ensure the safety of their children and meet their children's developmental needs. CPS provides direct services to ensure the child's protection and addresses the child's treatment needs resulting from the maltreatment. CPS works with the family on behalf of the child.

To fulfill these primary purposes, CPS staff must successfully address the ethical conflict of developing a helping relationship with the child and family within the context of the legal nature of CPS. This delicate issue is relevant at all stages of the casework process but particularly during the early stages of intervention.

## **CHILD PROTECTIVE SERVICES PROCESS**

To protect children from harm and rehabilitate families, the CPS process consists of six essential stages. Each is briefly described below.

### **Intake**

CPS is responsible for receiving reports of suspected child abuse and neglect and evaluating these reports to determine if the reported information meets the statutory and agency guidelines for child maltreatment and to determine the urgency with which the agency must respond to the report. In addition, CPS must educate reporters regarding State statutes, agency guidelines, and the roles and responsibilities of CPS.

### **Initial Assessment/Investigation**

The purpose of the initial assessment/investigation by CPS is to gather sufficient information to determine:

- ⌘ if child maltreatment occurred;
- ⌘ if there is a risk of future maltreatment and the level of that risk;
- ⌘ if the child is safe in the home, and if not, what interventions will ensure the child's protection and maintain the family unit if at all possible; and
- ⌘ if continuing agency services are needed to reduce the risk of maltreatment occurring in the future.

Intervention during this stage sets the tone for all future work with children and families. During the initial assessment/investigation, CPS must not only determine whether child abuse and neglect occurred and the risk of maltreatment occurring in the future; but it must also actively involve the parents in the process. The initial assessment/investigation is not just a fact-finding process. It necessitates establishing rapport with the client, so that the caseworker can begin to engage them in the intervention process.

### **Family Assessment**

Once a determination of child abuse and neglect has been made and the child's immediate safety has been ensured, the next step is to conduct a family assessment. The purpose of the family assessment is to obtain as complete a picture as possible about the nature, extent, and causes of the factors contributing to the risk of maltreatment and the effects of maltreatment on the child and other family members. Gaining a thorough understanding of the causes for the risk to the child enables CPS caseworkers and other professionals to identify strategies to prevent maltreatment from occurring in the future. In general, this involves engaging the family in a process to gain a deeper understanding of the interactional causes of maltreatment. Most experts believe that parent-child interactions are a function of the person or personality of the individuals involved and the environment in which they exist.<sup>1</sup> For this reason, the assessment must incorporate an analysis of the influence of both personal and environmental factors that may be contributing to child maltreatment.

### **Case Planning**

With this thorough understanding of the factors contributing to the risk of maltreatment, caseworkers and clients together determine the strategies to be used to change the conditions and behaviors resulting in child abuse and neglect. The primary goal of the case planning process is to engage family members in deciding what they need to change to reduce or eliminate the risk of maltreatment as well as to agree on what the client, caseworker, and other service providers will do to achieve needed changes. The case plan should be developed collaboratively between the CPS caseworker, the family, and community professionals who will have an ongoing service provision role with the family. Also, when the court is involved in a particular case, the orders of the court will require the family to participate in services or complete certain actions.

### **Service Provision**

This is the stage during which the case plan is implemented. It is CPS' role to arrange for, provide, and/or coordinate the delivery of services to maltreating families.

### **Evaluation of Family Progress and Case Closure**

Assessment is an ongoing process that begins with the first client contact and continues throughout the life of the case. When evaluating family progress, caseworkers focus on:

- ✍ the safety of the child;
- ✍ achievement of goals and tasks in the case plan;
- ✍ reduction of the risk of maltreatment; and
- ✍ the success in meeting the child's and other family members' needs caused by the maltreatment.

The decision to close the case is based on whether the risks have been reduced sufficiently or eliminated so that the family can meet the child's developmental needs and protect the child from harm without societal intervention.

## **THE MULTIDISCIPLINARY NATURE OF CHILD PROTECTION**

Because child abuse and neglect is so complex and multidimensional, CPS alone cannot effectively intervene in the lives of troubled families. At each stage of the CPS process, other professionals may be involved to help meet the needs of abused and neglected children and to help the family reduce the risk of maltreatment occurring in the future. First, CPS intervention will not occur at all unless members of the community are able to identify instances of child abuse and neglect and are willing to report their suspicions. Also, law enforcement may be involved in the investigation, and health care professionals may be called in to provide needed medical treatment and documentation of abuse or neglect. In addition, during family assessment, mental health professionals may be asked to provide information essential to understanding the factors contributing to the risk of continuing maltreatment. Those same mental health professionals may assist during the case planning stage in determining, with the family, the best strategies for changing the conditions that contribute to the risk of maltreatment. Certainly during the service provision stage, many different community professionals and agencies may be used to meet the treatment needs of abused and neglected children, help the family change the behaviors and conditions causing the maltreatment, and change or eliminate the environmental factors contributing to the risk of maltreatment. Therefore, CPS must take a lead role in developing and maintaining collaborative relationships with potential referral sources, law enforcement officials, and other professionals who investigate the presence of maltreatment, and professionals and agencies that provide medical and mental health evaluation and treatment. A coordinated effort that involves a broad range of community agencies and professionals is essential for effective child protection.

## **CPS CASEWORKER COMPETENCE**

Caseworker competence in CPS is predicated on the knowledge, skills, personal qualities, and values a person holds. To be recognized as competent, caseworkers must demonstrate professional behaviors that achieve the overall purposes of CPS. Specific competencies are behaviors required of CPS professionals that enable them to perform effectively the tasks associated with each stage of the CPS casework process. Developing competence in CPS is an ongoing process. Caseworkers build competence through training, experience, and supervision. Examples of knowledge, skills, qualities, and values associated with competency in CPS are included in Table 1.<sup>2</sup>

**Table 1**  
**EXAMPLES OF KNOWLEDGE, SKILLS, QUALITIES, AND VALUES**  
**ASSOCIATED WITH COMPETENCE IN CPS PRACTICE**

**KNOWLEDGE**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>- Human behavior</li> <li>- Child/adult development</li> <li>- Family systems</li> <li>- Communication theory</li> <li>- Dynamics of child maltreatment</li> </ul> | <ul style="list-style-type: none"> <li>- Cultural differences</li> <li>- Substance abuse dynamics</li> <li>- Spouse abuse dynamics</li> <li>- CPS laws and policy</li> </ul> | <ul style="list-style-type: none"> <li>- Use of authority</li> <li>- Risk and family assessment</li> <li>- Community resources</li> <li>- Treatment techniques for specific client problems</li> </ul> |
|---|--|--|

**SKILLS**

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>- Listen actively</li> <li>- Develop the helping relationship</li> <li>- Apply appropriate interview techniques</li> <li>- Gather, organize, and analyze information</li> </ul> | <ul style="list-style-type: none"> <li>- Plan and manage time</li> <li>- Collaborate with others</li> <li>- Make accurate and timely decisions</li> <li>- Manage conflict</li> </ul> | <ul style="list-style-type: none"> <li>- Deal with hostility and resistance</li> <li>- Advocate for clients</li> <li>- Develop effective case plans</li> <li>- Effectively communicate verbally, nonverbally, and in writing</li> </ul> |
|--|--|---|

**QUALITIES**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>- Accepting</li> <li>- Honest and ethical</li> <li>- Sincere</li> <li>- Concerned and caring</li> <li>- Committed</li> </ul> | <ul style="list-style-type: none"> <li>- Confident</li> <li>- Self-aware</li> <li>- Emotionally stable</li> <li>- Logical</li> </ul> | <ul style="list-style-type: none"> <li>- Abstract and concrete thinking</li> <li>- Flexible</li> <li>- Objective</li> <li>- Perceptive</li> <li>- Patient</li> </ul> |
|---|--|--|

**VALUES**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>- Self-determination</li> <li>- Worth of human beings</li> <li>- Client involvement</li> <li>- Purposeful expression of feelings</li> </ul> | <ul style="list-style-type: none"> <li>- Respect for differences in lifestyle, culture, beliefs, and customs</li> <li>- Individualization</li> <li>- Integrity of the family</li> </ul> | <ul style="list-style-type: none"> <li>- Controlled emotional involvement</li> <li>- Confidentiality</li> <li>- Productivity and quality</li> <li>- Timeliness</li> </ul> |
|--|---|---|

# INTAKE

Intake is the first stage of the CPS process. It is the point at which reports of suspected child abuse and neglect are received. The purpose of intake is to gather sufficient information from the reporter to determine whether to conduct an initial assessment/investigation and to determine the urgency of the response necessary.

## INTAKE DECISIONS

After analyzing the information gathered at this stage of the CPS process, the decisions that must be made are:

- ✍ Does the reported information meet the statutory and agency guidelines for child abuse and neglect?
- ✍ Is the source of the information credible?
- ✍ How quickly must the response be to this case?

To make effective intake decisions, caseworkers must have competent interviewing skills, be aware of the information needed, know how to organize and analyze the acquired information to arrive at accurate conclusions, and be able to support reporters.

### **Determining if the Report Meets the Agency Guidelines**

The components listed in the State child abuse and neglect reporting statute guide this decision. Most agencies must accept any report that meets the statutory and agency guidelines. Some agencies provide caseworkers with guidelines for screening particular types of reports.

### **Determining the Credibility of the Report**

An essential step in the intake process is determining the consistency of information being reported. This analysis provides the caseworker with valuable information to determine the credibility of the report.

### **Determining the Urgency of the Response**

This is a risk assessment function. Many States have developed risk assessment models that guide the caseworkers' decision regarding the response time. These models include checklists, matrices, and scales.

## INTAKE PROCESS

Specific guidelines for conducting the intake process vary from State to State and community to community. In general, to accomplish the purposes of intake, caseworkers must:

- ✍ Gather sufficient information from the reporter and agency records to be able to:
  - ? identify and locate the child(ren), the parents, or primary caretaker;
  - ? determine if the report meets the statutory and agency guidelines for child maltreatment;
  - ? assess the seriousness of the child's situation; and
  - ? understand the relationship of the reporter to the family and the motives of the reporter.
- ✍ Provide support and encouragement to the reporter by:
  - ? explaining the purpose of CPS (to protect children and strengthen families);
  - ? emphasizing the importance of reporting;
  - ? dealing with the fears and concerns of the reporter; and
  - ? discussing confidentiality and honestly explaining how a reporter's identity may be revealed (e.g., court action in a particular case).
- ✍ Check agency records and State Central Registry (if appropriate) to determine if the family or child has been reported/known to the agency previously.
- ✍ Handle crisis situations such as:
  - ? calming the caller; and
  - ? determining how to meet the immediate needs of the child and family being reported.<sup>3</sup>

### **Gathering Information From the Reporter<sup>4</sup>**

The more comprehensive the information provided by the reporter, the better able caseworkers are to determine the appropriateness of the report for CPS intervention, the level of risk to the child, and the urgency of the response needed. Information gathering should focus on demographic information about the child and family; information about the alleged maltreatment; and information about the child, the parents/caretakers, and the family as a whole.

#### ***Demographic Information***

Demographic information serves two primary purposes: it helps to locate the child and family and it assists in the assessment of risk to the child. Each State defines the scope of demographic information to be collected at intake. In general, caseworkers should gather information regarding:

The child's:

- ✍ name, age (date of birth), sex, and race; and
- ✍ permanent address, current location, and school/day care attending.

- ✍ The parents'/caretakers':
- ✍ name, age (date of birth), and race; and
- ✍ permanent address, current location, place of employment, and telephone number(s). (If the person alleged to have maltreated the child is a caretaker other than the child's parents, the above information should be gathered about both the parents and caretaker.)
- ✍ The family composition:
- ✍ names, ages (dates of birth), sex, race, and location of all children in the family;
- ✍ names, ages, and location(s) of other children in the alleged offender's care (if the offender is not the birth parent, e.g., a babysitter);
- ✍ names of other relatives and nonrelatives living in the home;
- ✍ names, addresses, and telephone numbers of other relatives and their relationship to the child; and
- ✍ names, addresses, and telephone numbers of other sources of information about the family.
- ✍ The reporter's name, address, telephone number, and relationship to the child/family.

### ***Information Regarding the Alleged Maltreatment***

Caseworkers should obtain information about the type(s), nature, severity, and chronicity of the alleged maltreatment and where it occurred.

- ✍ The types of maltreatment. This refers to physical abuse, sexual abuse, neglect, and/or emotional abuse.
- ✍ The nature of the maltreatment. This refers to information regarding the specific characteristics of the maltreatment and the parental acts or omissions.
- ✍ Physical abuse: burning, beating, kicking, biting, and other physical abuse.
- ✍ Neglect: abandonment, withholding of needed medical care, lack of supervision, lack of adequate food or shelter, emotional deprivation, failure to register or send to school, and failure to thrive.
- ✍ Sexual abuse/exploitation: fondling, masturbation, oral or anal sex, sexual intercourse, pornography, and forced prostitution.
- ✍ Emotional abuse: constant berating and rejecting treatment, scapegoating a particular child, and bizarre/cruel/ritualistic forms of punishment (e.g., locking a child in a dark closet, tying a child to a bedpost, and demeaning a child).
- ✍ Parental/caretaker acts/omissions (e.g., accidental vs. intentional/premeditated, disregard for

- the child's age or condition, and instruments used).
- ⌘ The severity of the maltreatment. It is important to obtain information from the reporter regarding the emotional and physical injury to the child:
  - ⌘ Extent of the physical or emotional injury to the child (e.g., second and third degree burns on half of the child's body, withdrawal, suicidal behavior, and excessive fear).
  - ⌘ Location of the injury on the child's body.

The chronicity of the maltreatment. Information gathering should focus on:

- ⌘ whether there have been prior incidents of abuse or neglect;
- ⌘ how long the abuse or neglect has been occurring; and
- ⌘ whether abuse or neglect has increased in frequency or remained relatively constant.
- ⌘ The location of the incident. It is important to ascertain the setting where the actual abuse or neglect occurred (e.g., home, school, or supermarket).

### ***Information Regarding the Child***

To evaluate effectively the level of risk to the child and to determine the urgency of the response, caseworkers should obtain the following information from the reporter:

- ⌘ The child's physical and emotional condition. This relates to the child's current condition and should consider any ongoing disabilities the child may have.
- ⌘ The child's behavior. For example, does the child exhibit extremes in behavior?

### ***Information Regarding the Parent(s)/Caretaker(s)***

It is important to gather as much information as possible about the parents/caretakers. Knowledge of the parents'/caretakers' emotional and physical condition, behavior, history, view of the child, child rearing practices, and relationships outside the family assists in determining the level of risk to the child:

- ⌘ The parents'/caretakers' emotional and physical condition (e.g., Do the parents/caretakers misuse drugs/alcohol? Are the parents/caretakers physically ill or incapacitated or mentally ill?).
- ⌘ The parents'/caretakers' behavior (e.g., Do the parents/caretakers engage in violent outbursts? Do the parents/caretakers engage in bizarre irrational behavior?).
- ⌘ The parents'/caretakers' history (e.g., Were the parents/caretakers traumatized or victimized as children? Do the parents/caretakers have a history of trouble with the law?).
- ⌘ The parents'/caretakers' view of the child (e.g., Do the parents/caretakers view the child as bad or evil? Do the parents/caretakers blame the child for the child's condition?).
- ⌘ The child rearing practices (e.g., Do the parents/caretakers have unrealistic expectations of

the children? Do they use verbal and physical punishment as the first response to misbehavior?).

- ⌘ The parents'/caretakers' relationships outside the home (e.g., Do the parents'/caretakers have friends and what is the quality of those friendships?).

### ***Information About the Family***

CPS caseworkers need to gather as much information as possible about family characteristics, dynamics, and supports.

- ⌘ The family characteristics (e.g., Is this a blended or single parent family? Is there inadequate family income?).
- ⌘ The family dynamics (e.g., Is spouse abuse occurring? Is there marital conflict or poor communication? Is the family characterized by disorganization or chaos?).
- ⌘ The family supports (e.g., Are extended family members accessible and available? Is the family connected in the community?).

Gathering this indepth information is essential because it helps to determine how quickly an initial assessment/investigation must begin. It enables caseworkers to identify the victim(s), the parent(s)/caretaker(s), and the offender (if different from the parent/caretaker) and to determine how to locate them so that the initial assessment/investigation can be conducted. It also identifies other possible sources of information about the family that will help to evaluate the possibility of past, current, or future abuse or neglect. Finally, it will assist the caseworker responsible for the initial assessment/investigation to plan the approach to the investigation accurately and effectively.

### ***Deciding Whether To Conduct an Initial Assessment/Investigation***

One of the primary decisions at the intake stage is whether or not abuse or neglect is being reported as specified by statutory and agency guidelines. This decision is based on a careful analysis of the information gathered about the alleged maltreatment, the child, the parent(s)/caretaker(s), and the family. It is also partially based on the caseworkers' assessment of the credibility of the report.

Most States require reports to include three components:

- ⌘ a child under 18 years of age;
- ⌘ a parent or caretaker responsible for the care of the child; and
- ⌘ incidences, circumstances, conditions, or omissions contributing to abuse or neglect that indicate that the child's health or welfare has been harmed or threatened.

If it is determined that the report is inappropriate for CPS, no initial assessment/investigation will occur; however, information and referral services may be provided. Almost every State requires that a report alleging maltreatment by a noncaretaker must be referred immediately to law enforcement personnel. If it is determined that the allegations constitute abuse or neglect or the risk of maltreatment, then an initial assessment/investigation will be conducted.

## RESPONSE TIME

Once it has been determined that an initial assessment/investigation is warranted, caseworkers must determine the immediacy of the response. This decision is based on an analysis of the information gathered to determine the level of risk to the child and the legal requirement, if any. Table 2 describes the factors that reflect a need to respond immediately to the report.

Each of the factors described in the table may place a child at risk of harm. However, when combinations of these and other factors are evident in a particular case, they present an even greater danger to the child. The following are examples of combinations of risk factors that reflect an extremely high risk to a child and necessitate an immediate response:

- ✍ A psychotic mother who is having delusions about killing her infant.
- ✍ Children alleged to have been maltreated who are under the age of 6 or otherwise unable to care for themselves and are left alone.
- ✍ A suicidal 11-year-old, an alcoholic mother, and an apathetic and indifferent father.
- ✍ A 3-year-old with bruises and lacerations on several surface areas of the body and a previous fracture, and a single mother addicted to crack.
- ✍ A 9-year-old girl who discloses to her teacher that her father has been forcing her to have sexual intercourse and that she is fearful of going home.

To determine how quickly the agency must respond to a particular case, caseworkers must consider the factors in the case that *individually* present a risk to the child and also the risk factors that in *combination* present an even greater risk to the child. The presence of several factors and one or more combinations of factors requires an immediate response by CPS.

Every State and local CPS agency has established required response times. The requirements vary from community to community. In some States, CPS must initiate an investigation of *all* cases within 24 hours. In other States, cases determined to present a high concern for the child would require a CPS caseworker to respond immediately or at least within 24 hours. And, for cases where there is a risk of harm, but not imminent danger, the initial assessment/investigation may begin within 24, 48, or 72 hours or up to 5 days, depending on State law.

## COMMUNITY COLLABORATION

CPS is dependent on the general public and community professionals to report suspected child abuse and neglect. Therefore, CPS is responsible for educating the community on how to identify suspected child maltreatment and what types of referrals are appropriate for CPS. Consequently, intake provides an important opportunity to educate the public regarding the types of cases that should be reported to CPS, the type of information needed in a report, and CPS initial assessment/investigation and intervention efforts.

**Table 2**  
**FACTORS NECESSITATING AN IMMEDIATE RESPONSE<sup>5</sup>**

**MALTREATMENT**

Life-threatening living conditions exist.  
Cruel, bizarre, or sadistic punishment/treatment is alleged.  
There are indications that abusive acts are premeditated.  
The child is currently being physically abused.  
There are previous reports of abuse or neglect.  
Multiple injuries are alleged.  
Previous suspicious injuries are reported.  
Injuries are alleged to be located on the head, neck, and genitals or internally.  
Medical attention is needed.  
Uncertainty exists regarding the severity of the abuse or neglect.  
Instruments are used in the abuse.  
The child is alone or has been abandoned and is not competent to provide his/her own care.  
Incidents have increased in intensity and frequency.

**THE CHILD**

The child is under 6 years of age and/or cannot protect him/herself.  
The child is fearful of the parent/caretaker or of going home.  
The child has a disabling condition that makes him/her completely dependent on the parent/caretaker for care.  
The child is immediately accessible to the perpetrator.  
The child is suicidal.

**THE PARENT(S)/CARETAKER(S)**

The parent/caretaker exhibits bizarre behavior and is not taking prescribed medication.  
The abuse or neglect is related to alcohol or drug abuse, and the parent/caretaker is currently intoxicated or high on drugs.  
The parent/caretaker is described as volatile or dangerous.  
Parents'/caretakers' view of the child is bizarre (e.g., the parent/caretaker believes the child is possessed by the devil).

**THE FAMILY**

The family is transient or new to the community.  
The parent/caretaker is hiding the child.  
The family is physically and socially isolated.  
Family members are threatening or out of control.  
There are indications of domestic violence.

## **SPECIAL PRACTICE ISSUES**

### **Providing Support to Reporters**

Reports of child abuse and neglect are most often initiated by telephone. Reports may come from any number of sources. Each reporter must be given support and encouragement for his/her decision to make a report. In addition, the reporter's fears and concerns should be elicited and addressed. These can range from fear that the family will retaliate to fear of having to testify in court.

It is important to understand that it is often very difficult for the reporter to make the call. The telephone call usually comes after much thought has been given to the possible consequences to the child and family. More than likely, the reporter has considered that it would be easier just to do nothing or that the CPS system may not be able to help the family. It is difficult for a reporter to think that his/her call will actually help the family rather than hurt it.

Simple verbal reassurances or a followup letter that expresses the agency's gratitude for the reporter having taken the initiative to call can make the difference in the reporter's future willingness to cooperate.

### **Determining the Credibility of the Report<sup>6</sup>**

The credibility of the information being reported is considered in determining whether the case referred is a valid complaint and should be accepted for an initial assessment/investigation. A number of questions will help caseworkers to evaluate the credibility of the report:

- ⌘ Is the reporter willing to give his/her name, address, and telephone number?
- ⌘ What is the reporter's relationship to the victim and family?
- ⌘ How well does the reporter know the family?
- ⌘ If the reporter knew of previous abuse or neglect, why is he/she reporting now?
- ⌘ How does the reporter know about the case?
- ⌘ Does the reporter stand to gain anything for reporting or from the report being validated?
- ⌘ Has the reporter made previous unfounded reports on this family?
- ⌘ Is the reporter willing to meet with a caseworker in person if needed?
- ⌘ Does the reporter appear to be intoxicated, extremely bitter, angry, or exhibiting behavior that which would make the caseworker question his/her competency?
- ⌘ Can or will the reporter refer CPS to others who know about the situation?
- ⌘ What does the reporter hope will happen as a result of the report?

## **Anonymous Referrals**

Although some anonymous referrals may have less validity, they should be handled in the same manner as other reports. Caseworkers must gather the same information from the anonymous reporter as they would from any other reporter. Caseworkers should also explore the reason for his/her anonymity. It is important to explain to the reporter the reasons why the agency needs the reporter's name and telephone number. In addition, caseworkers should assure the reporter that unless court action is required, his/her confidentiality will be maintained.

In addition, reports from an estranged spouse regarding the other parent's care of the children often create suspicion among CPS caseworkers. Such reports should be handled in the same manner as other reports.



# THE HELPING RELATIONSHIP

Developing a helping relationship with abused and neglected children and their parents is critical to helping the parents change the conditions or patterns of behavior that caused the risk of maltreatment. The relationship begins with the very first contact and continues to develop with ongoing caseworker and client communication and interaction. By definition, relationships have a strong emotional component. Good relationships do not just happen; they must be built. The caseworker–client relationship does not result from a caseworker's charismatic personality or a mystical connection between people. Rather, it is a product of the caseworker's commitment to helping the client, his/her ability to relate effectively to the client on an interpersonal level, and the client's willingness to be open and risk “relating” to the caseworker. Obviously, caseworkers cannot control the client's behavior, but they can control their own. Caseworkers' behavior toward clients can significantly increase the chances that a positive relationship will develop.<sup>7</sup>

## PRINCIPLES FOR DEVELOPING THE CASEWORKER–CLIENT RELATIONSHIP<sup>8</sup>

To build rapport with the client and ultimately develop the helping relationship, specific client needs must be addressed. First, the client has a need to be treated as a unique individual rather than a case, a type, or a category. Second, clients need to express both negative and positive feelings. Third, clients need sympathetic understanding of and response to the feelings expressed. There is a delicate balance between being personally and emotionally involved with a client and maintaining a degree of professional objectivity.

Fourth, clients need to be accepted as people of worth and inherent dignity regardless of personal problems and past failures. Fifth, clients have a need to be neither condemned nor judged for the difficulties in which they find themselves. Sixth, clients have a need to make their own choices and decisions. Finally, clients have a need to keep personal information as secret as possible. The guiding principles to meeting each of these clients' needs are described below. It is important to note that these principles apply to all stages of the CPS process, from initial assessment/investigation to case closure.

- ☞ **Individualization.** Clients should be viewed as unique, and their uniqueness should be reflected in the manner in which caseworkers approach assessment, planning, and treatment. Caseworkers must work with clients to identify their individual strengths and needs. Caseworkers must be aware of their biases and how they may affect their intervention with clients.
- ☞ **Purposeful expression of feelings.** Caseworkers must encourage clients to express their feelings openly and honestly. To accomplish this, caseworkers must listen purposefully, neither discouraging nor condemning the expression of negative feelings. CPS staff need to remember that unexposed negative feelings can immobilize people. Change can only occur if clients are allowed to express their feelings. Finally, caseworkers are often the focus of negative client feelings, and they must not personalize the emotions expressed.
- ☞ **Controlled emotional involvement.** Caseworkers must show sensitivity to the clients' feelings. Their response to clients must balance understanding, sensitivity, and objectivity of the clients' circumstances and condition. Caseworkers also need to develop an understanding of the meaning of the clients' feelings in relationship to the clients' needs. Caseworkers' responses must reflect their understanding of the client and be delivered in a sensitive manner.

- ☞ **Acceptance.** This principle focuses on the humanity of each individual. Caseworkers must show respect for the client's basic self-worth as a human being. CPS staff must accept clients as they are, with all of their strengths and needs. Acceptance does not mean approval of problematic attitudes and behavior; rather, it means demonstrating respect for the person as a human being. Caseworkers can demonstrate acceptance more nonverbally than verbally.
- ☞ **Nonjudgmental attitude.** In helping clients, it is important to understand their circumstances and needs. It is not the responsibility of the caseworker to judge the clients' behavior or to assign guilt or innocence. A nonjudgmental attitude is influenced by an understanding of, and an appreciation for, the clients' history and conditions that have brought them to their current circumstances. A nonjudgmental attitude recognizes that all behavior is purposeful and looks beyond the symptoms to understand and evaluate the behavior. As with acceptance, a nonjudgmental attitude is demonstrated more nonverbally than verbally.
- ☞ **Client self-determination.** This principle recognizes the right and need of clients to make their own choices and to be involved in the decisions that affect them. Caseworkers sometimes assume that client self-determination does not apply because of the inherent legal authority of CPS. The choice regarding actions and consequences, however, remains with the adult client. CPS intervention and treatment are effective when clients participate in the assessment and planning process and when needs, goals, and plans are mutually agreed upon.
- ☞ **Confidentiality.** This principle builds on the previous principles and is based on the belief that clients have a right to their own personal information. In addition, caseworkers must consider this issue in terms of not only what they must keep private but also what can be shared with the client. The client should be used as the primary source of information about him/herself, and information sought should be limited to what is essential to provide services.

## CORE CONDITIONS OF THE HELPING RELATIONSHIP

Carl Rogers defined three core conditions that are essential to the helping relationship.<sup>9</sup> These core conditions were subsequently revised by Truax and Carkhoff.<sup>10</sup> They are accurate empathy, nonpossessive warmth, and genuineness. A caseworker's ability to communicate these three core conditions will strongly influence the extent to which the client is willing to enter into a cooperative relationship with the caseworker or the extent to which caseworker–client interactions will be characterized by hostility, miscommunication, mistrust, indifference, and lack of mutual courtesy. Each of the conditions is described below.

### Accurate Empathy<sup>11</sup>

Empathy is the ability to perceive and communicate accurately and with sensitivity the feelings and experiences of another person. Being empathic means being an active responder rather than a passive listener. Empathy is a process of attempting to experience another's world and then communicate understanding of and compassion for the other's experience. The caseworker must focus intently on the verbal and nonverbal cues presented by the client and continuously share with the client the caseworker's understanding of what the client has communicated. The focus in empathy is on tuning in to the client's feelings and communicating the caseworker's understanding. The content of the client's message is not ignored; empathy goes beyond the facts, circumstances, and events of the client's life and conveys an understanding of how those circumstances uniquely affect the client.

Empathy builds trust and openness and helps to establish rapport between the client and caseworker. Caseworkers can demonstrate empathy by:

- ✍ paying attention to verbal and nonverbal cues;
- ✍ communicating an understanding of the client's message;
- ✍ showing a desire to comprehend;
- ✍ discussing what is important to the client; and
- ✍ referring to the client's feelings.<sup>12</sup>

### **Nonpossessive Warmth<sup>13</sup>**

Nonpossessive warmth refers to the caseworker's communication of respect, acceptance, liking, caring, and concern for the client. It involves valuing the client as a person, separate from any evaluation of his/her behavior or thoughts. This does not mean that caseworkers sanction or approve thoughts or behaviors of which society may disapprove. Rather, it means that despite such thoughts and behaviors, caseworkers are able to communicate verbally and in their actions that they deeply prize their clients as people.

While all human beings have a need to feel liked, accepted, and respected, it is particularly important for CPS clients to feel accepted, liked, and respected by their caseworker. Many CPS clients fear or mistrust the social service system as a whole and caseworkers as individuals. The helping relationship will never be established if the caseworker does not communicate respect for the client's potential. There are two important aspects to respect: the caseworker's *values and attitudes* and *ability to demonstrate respect*. The essential beliefs and values are described in the chapters "Philosophy of Child Protective Services" and "Overview of the Responsibilities of the Child Protective Services Agency."

Caseworkers can demonstrate respect and acceptance by:

- ✍ showing commitment;
- ✍ developing empathy;
- ✍ communicating warmth;
- ✍ highlighting the client's strengths; and
- ✍ suspending critical judgment.<sup>14</sup>

### **Genuineness<sup>15</sup>**

Genuineness refers to caseworkers being themselves. This means simply that at any given moment caseworkers are congruent in what they say and do, nondefensive, and spontaneous. Genuine does not mean being totally honest with clients. This could be harmful to clients and the caseworker–client relationship. For example, if a caseworker is feeling shock, horror, or anger over what a parent "did to the child," expressing these feelings to the client would *not* be a productive exchange. In fact, it may alienate

the parent, cause him/her to be angry, defensive or resistant. Rather, caseworkers need to be aware of their feelings and at the same time respond to the client in a respectful manner that opens up rather than closes communication.

Genuineness contributes to the helping relationship by reducing the emotional distance between the caseworker and client and by helping the client to identify the caseworker as another human being similar to him/herself. Caseworkers can demonstrate genuineness by:

- ✍ being themselves and not taking on a role or acting contrary to how they believe or feel;
- ✍ making sure that their nonverbal and verbal responses match or are congruent;
- ✍ using nonverbal behaviors, such as eye contact, smiles, or sitting forward in the chair, to communicate trustworthiness and acceptance;
- ✍ being able to express themselves naturally without artificial behaviors;
- ✍ being nondefensive; and
- ✍ using self-disclosure.<sup>16</sup>

These three core conditions are essential to developing a positive caseworker–client relationship. Three additional qualities were identified as critical to establishing a helping relationship:

**Concreteness:** The caseworker's ability to communicate thoughts and ideas clearly and specifically.

**Competence:** The caseworker's proficiency in carrying out his/her professional role and implementing knowledge of human behavior and dynamics of abuse and neglect, etc.

**Objectivity:** The caseworker's ability to see different points of view.<sup>17</sup>

## **TECHNIQUES FOR BUILDING RAPPORT<sup>18</sup>**

In addition to the guiding principles for developing a helping relationship and the core conditions for a helping relationship, there are specific techniques caseworkers can use to build rapport with clients. The following are some suggested techniques caseworkers can use to build rapport with clients. Caseworkers can:

- ✍ Demonstrate empathy, warmth, respect, and genuineness.
- ✍ Maintain frequent contacts.
- ✍ Be consistent and persistent and follow through.
- ✍ Meet a concrete need(s) of the family.
- ✍ Highlight strengths, no matter how small.
- ✍ Reach out to the client.

- ☞ Be flexible.
- ☞ Use interpersonal skills effectively (e.g., nonverbal skills and verbal skills, strategic use of questions, summarizations, etc.).
- ☞ Give the client a sense of control (e.g., involve the client in scheduling appointments, ask the parents how they would like to be addressed, etc.).
- ☞ Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- ☞ Ask for the client's perspective of a problem.
- ☞ Give the client information (e.g., explain the role of a caseworker, describe the agency, explain what will happen next, etc.).

Clearly these are only a few key techniques; there are many other methods that will help build rapport with the client.

### **Use of Authority in Child Protective Services**

CPS is an expression of a community's concern for the welfare of a segment of its citizens. These services result from the community's recognition of the fact that children have rights and that parents have obligations and responsibilities.<sup>19</sup> Competent CPS practice involves effectively using the authority vested in the CPS agency and staff through laws and policies. This has special relevance at the initial assessment/investigation stage of the case process but is applicable at all other stages as well. In fact, effective use of authority is an essential ingredient in establishing helping relationships with all involuntary clients.

Basically, three types of authority are relevant to CPS: (1) legally constituted authority; (2) expert authority, as in the CPS caseworker's recognized competence; and (3) personal authority, derived from the CPS caseworker's life skills to function independently and to make decisions and hold to them.<sup>20</sup> Authority, whatever its source, can impede or enable the development of trust between the CPS caseworker and the client. The constructive and positive use of authority involves stating one's purpose and function clearly in the beginning, supporting and challenging the client, and expressing feelings. This approach provides the client with a feeling of confidence that the caseworker knows what he/she is about; is secure in his/her position; intends the best for the child, parents, family, and society; and merits attention and respect. Such experience and perception engender trust. This includes a trust that the caseworker is not afraid to face and deal with the reality of the situation with the client.<sup>21</sup>

Authority is derived from power, but the two are not synonymous.<sup>22</sup> *Power* is the capacity to control the behavior of others either directly or indirectly, whereas *authority* is the established right to make decisions on pertinent issues and is a transactional concept that includes the committed consent of another person who is responsive to that authority.<sup>23</sup> In other words, acceptance of the caseworker's authority by the client is an important element of the caseworker–client relationship.

Eliciting and sharing feelings about power and authority are crucial to the developing casework relationship.

This approach brings into the open and elicits understanding of the client's feelings, distortions, and misapprehensions that impede the development of trust. Discussing the realities and issues of power and authority at the first contact and encouraging the client to express fear and/or anger about this reality can help the client recognize the naturalness of these feelings and thus accept them.<sup>24</sup>

In the initial contact and throughout the intervention process, power and authority are negotiated. The client always has the self-determined right and power to refuse to use the help but may not have the authority to control the consequences of this refusal or the actions the CPS caseworker may take as a result.<sup>25</sup> This means that during an initial assessment/investigation, the caseworker can note that the parent might not want to talk and might find it difficult; but the caseworker is still required to determine whether child maltreatment has occurred and will petition the juvenile or family court if necessary.<sup>26</sup> The caseworker can facilitate the negotiation of power and authority throughout the interview process. For example, the caseworker can tell the parent that he/she recognizes that this process will be difficult for the parent but he/she is required to conduct the interview by law. The caseworker can ask the parent if and when the parent would like to take a break from the interview process.

In summary, to use CPS authority effectively, the caseworker must fully accept and support the authority and responsibility of the CPS agency, i.e., its right to offer services on behalf of maltreated children and its obligation to remain active until there is sufficient change to reduce or remove the risk of maltreatment in the future.<sup>27</sup>

Caseworkers may possess the necessary knowledge and skills to complete the initial assessment/investigation and the child and family assessment, develop a case plan, deliver or coordinate the delivery of services to clients, and evaluate family progress; however, if they do not have the skills to develop rapport and establish the helping relationship, they will not be able to engage the client in changing the conditions or patterns of behavior that caused the risk of maltreatment

# INITIAL ASSESSMENT/INVESTIGATION

The purposes of the initial assessment/investigation are to gather and analyze information in response to CPS referrals, to interpret the agency role to children and families, and to determine which families will benefit from further agency intervention. After interviewing all parties and gathering all relevant information, CPS caseworkers must first determine whether maltreatment has occurred. In most States, CPS staff are mandated to determine whether the report is *substantiated* or *founded* (credible evidence indicates that abuse or neglect has occurred) or whether the report is *unsubstantiated* or *unfounded* (lack of credible evidence to substantiate child abuse and neglect). Depending on State law, CPS agencies usually have up to 30, 60, or 90 days from receipt of the report to conduct the initial assessment/investigation. A major part of the initial assessment/investigation also includes determining whether there is a *risk* (likelihood) of maltreatment occurring in the future. The basis of the decision to offer services varies depending on whether the agency is strictly evaluating need on the basis of substantiated maltreatment or whether the risk of maltreatment is considered. However, most CPS agencies are moving toward assessing risk as part of the initial assessment/investigation and offering services through CPS or other child welfare programs when there is a likelihood that maltreatment will occur in the future.

## INITIAL ASSESSMENT/INVESTIGATION DECISIONS

A number of critical decisions must be made at this stage of the CPS process:

- ⌘ Is child maltreatment substantiated as defined by State statute?
- ⌘ Is the child at risk of maltreatment, and what is the level of risk?
- ⌘ Is the child safe, and if not, what type of agency or community response will ensure the child's safety?
- ⌘ If the child's safety cannot be assured within the family, what type and level of care does the child need?
- ⌘ Does the family have emergency needs that must be met?
- ⌘ Should ongoing agency services be offered to the family?

To arrive at effective decisions during the initial assessment/investigation process, the CPS caseworker must have competent interviewing skills; be able to gather, organize, and analyze information; and arrive at accurate conclusions.

### Substantiation Decision

To guide caseworker judgment in making the substantiation decision, each State has developed policies that outline what constitutes *credible evidence* that abuse or neglect has occurred. Since each State defines child abuse and neglect slightly differently, a report of child abuse and neglect might be

*substantiated* in one jurisdiction, but the same report may be *unsubstantiated* in another.

## **Risk Assessment**

While assessment of the risk of maltreatment has been identified as a CPS responsibility in many State laws and policies for many years, the majority of States are now using risk assessment models or systems to help guide the conclusions drawn about the likelihood of maltreatment. These models vary in structure (a form, checklist, matrix, or scale) and may include combinations of instruments at different stages of the casework process.<sup>28</sup>

## **Determining if the Child Is Safe**

CPS caseworkers have a responsibility to assess the child's safety from the moment they begin the initial assessment/investigation. Frequently, State laws allow CPS caseworkers to obtain court orders to place children if it is determined that a child is in "imminent danger." Examples of situations that indicate that a child may be in imminent danger include children who have been abandoned; children living with obviously psychotic parents or parents who are so "strung out" on drugs or alcohol that their ability to care for the child is seriously impaired; or children under the control of parents who clearly express hatred for the child and openly indicate their likelihood of abusing the child again or who have repeatedly inflicted severe and bizarre punishments.<sup>29</sup>

To determine imminent danger, a caseworker should first assess what behaviors or conditions are creating a danger for the child and then determine the most effective response to reduce the danger to the child. This does not always mean placement. For example, if a family is homeless and has no food, thereby creating concern for the safety and well-being of the children, securing a placement for the whole family in a shelter is a less intrusive emergency response than removing the children from the parents. To determine if a child is in imminent danger, each child and family situation should be individually assessed, and the protective responses considered by the CPS caseworker should be ranked from least intrusive to most intrusive, arranging for the least intrusive response whenever possible.

In most situations, the child is determined *not* to be in imminent danger, although there may still be concern for the child's safety. If the results of the initial assessment/investigation suggest that the child will likely suffer future maltreatment without agency intervention and services will be offered to the family, prior to proceeding to the comprehensive family assessment (or transferring the case to another agency caseworker), the caseworker should first determine if the child is safe, and if not, arrange for emergency services to offset any safety concerns.

One method proven to be effective in determining whether a child is safe is to consider three criteria:

- ⌘ how controllable the child/family situation is;
- ⌘ whether the child's safety is an immediate concern; and
- ⌘ how severe the maltreatment or its results might be.<sup>30</sup>

For example, a newborn child with drug withdrawal symptoms who has ongoing medical needs may not be safe if the only available parent is a single mother who is addicted to crack and unable to provide for herself or her infant. In this case, the effects of the mother's addiction are currently uncontrollable, and the likely consequences to the infant could be immediate and severe due to the extreme vulnerability of an infant with medical problems. Before deciding that this child must be placed, the agency should consider the least intrusive alternative to increase the safety of the child. An extended family member or friend may be able to move in with the mother and assume a primary caretaker role with the infant while the mother's drug addiction problem is assessed further.

A major provision of the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) is that child welfare agencies must make "reasonable efforts" to enable children to remain safely at home before they are placed in foster care. A number of different types of family preservation services have been established to assist agencies in keeping children safe and families together whenever possible.<sup>31</sup>

Due to the complex nature of deciding whether a child can be kept safe at home and under what circumstances a child should be removed, the National Association of Public Child Welfare Administrators (NAPCWA) and other national organizations strongly recommend that the caseworker's supervisor provide approval prior to the removal of a child except in the case of a life-threatening emergency, when supervisory review should immediately follow a child's removal.<sup>32</sup> Further, when law enforcement is involved in a case, CPS and law enforcement professionals must negotiate the enforcement roles each will play in the investigative process and decisions (e.g., safety of the child.)

### **Determining if the Family Has Emergency Needs**

Due to any number of problems that may be identified during the initial assessment/investigation, the CPS caseworker is often in the position of determining if a family has emergency needs and arranging for emergency services for the child and/or family. Examples include emergency medical attention; food, clothing, and shelter; emergency mental health care; and crisis counseling.

### **Determining if Services Will Be Offered**

The final decision that a caseworker makes during the initial assessment/investigation is whether a family should be offered ongoing child protective services or other agency services. Who is offered services and on what basis that decision is made depend on guidelines that vary from State to State. In some cases, the decision is made on the basis of whether a report is substantiated. In other instances, the decision to offer services is based on the level of risk of maltreatment in the future since substantiation alone is not the best predictor of future maltreatment.

**Case #1:** Consider the case of Michael, age 16, who lives in a family where he has been loved and nurtured, and good communication between parents and child has been the norm. As Michael approached adolescence, there have been a few normal struggles, but his parents generally respect his judgment about his friends. He has stayed away from drugs and alcohol, is involved in student government and sports, and is recognized as a class leader. One evening shortly after Michael received his driver's license, he is given permission to use the family car after a football game on Friday night. He has a curfew of 11:30 p.m. At 11:30, Michael is not home, but his parents do not begin to worry until midnight when there is still no word from Michael. This is very unlike him since in the past he has always called whenever he was late. At 12:30 a.m., the parents begin to worry even more and are pacing the floor imagining that their son has been in an accident and may be hurt or, worse yet, may have been fatally injured. Their pervasive feeling is extreme fear. Time passes very slowly, and at 1:00 a.m., they call their son's friends' parents who have

not seen Michael or his friends since they left for the game. At 1:45 a.m., they hear a car in the driveway and Michael casually walks in the house, apparently unaware of any problem. The parents notice that Michael has had something alcoholic to drink, and their feelings of fear immediately escalate to anger. “How could Michael do this?” Michael’s father in particular feels betrayed by his son and cannot believe the boy is not taking this incident seriously. In the course of a heated argument, Michael’s father pushes him, and Michael falls and hits his head on the edge of the coffee table. He loses consciousness and is rushed to the emergency room, where he is diagnosed with a subdural hematoma.

**Case #2:** Now, consider the case of Tammy, who is 17 and on her own with a 6-week-old baby. Tammy became pregnant when she was 16, and her life became miserable. Her mother rejected her and told her if she kept the baby she would have to move out. The baby’s father (who Tammy thought loved her) denied that he was the father, and she hasn’t heard from him since. Initially during the pregnancy, her friends were very supportive and talked about how much fun it would be. They would love to babysit and play with a baby. Tammy’s last months of pregnancy were very stressful: she quit school, finally found a place to live on her own, began receiving Aid for Dependent Children (AFDC), and tried her best to limit her alcohol use. Her friends, who were still very much into the “party lifestyle,” did not seem to have very much time for her. She felt abandoned and all alone. She looked to her unborn child as someone who would finally love her. From the moment that Kirk was born, he was nothing but trouble. Tammy had a difficult labor (15 hours) and tried unsuccessfully to breast-feed. Kirk had colic and cried constantly. Nothing Tammy could do seemed to comfort him. When Tammy and the baby went home, the first week was pretty difficult, but her friends came over to help her. By the second week hardly anyone called, and Tammy began to become more and more depressed. She could never get any sleep, and Kirk obviously did not love her because he would not stop crying. By the sixth week, Tammy was totally exhausted, sad, and overwhelmed with her life. One night about 11:30 p.m., Tammy was trying to get to sleep and Kirk would not stop crying. She got up to change him, and tried feeding him, but he would not stop crying. When she could not take it anymore, Tammy picked Kirk up by his shoulders and shook him, screaming at him to “shut up.” Kirk stopped crying because he was unconscious. Tammy called an ambulance; Kirk was taken to the emergency room and diagnosed with a subdural hematoma.

What is different about these cases? They have the same injury, yet the level of risk in each case is very different. Michael and his parents may need some crisis counseling to deal with their emotions regarding the incident, but the risk of maltreatment occurring again in the future is most likely very low. Tammy and Kirk’s cases are different, however. The likelihood that Kirk would be abused again without CPS intervention is very high.

## **INITIAL ASSESSMENT/INVESTIGATION PROCESS**

To accomplish the purposes of initial assessment/investigation, caseworkers must:

- ⌘ employ a protocol for interviewing the identified child, siblings, nonalleged maltreating parent, and alleged maltreating parent;
- ⌘ observe the child, siblings, parents/caretakers, interaction between family members, home, neighborhood, and general climate of the environment;

- ✍ gather information from any other sources who may have information about the alleged maltreatment or the risk and safety of the child(ren); and
- ✍ analyze the information gathered in order to make necessary decisions.

### **Interview Protocol<sup>33</sup>**

The initial assessment/investigation of alleged maltreatment of children requires that CPS respond in an orderly, structured manner to gather sufficient information to determine if maltreatment took place and to assess the risk and safety of the child. The approach CPS staff use in the initial assessment/investigation must enable them to fulfill these responsibilities despite complex and explosive situations. Employing a structured interview protocol ensures that all family members are involved and that information gathering is thorough; increases the accuracy in the nature of the information gathered; reduces parental denial and resistance; increases staff control over the process; improves the capacity of CPS staff to collaborate with other disciplines; and increases staff comfort and confidence in the initial assessment/investigation conclusions.

If at all possible, family members should be interviewed in the following order:

- ✍ the identified child;
- ✍ siblings and other children in the home;
- ✍ adult caretakers who are not alleged to have maltreated the child;
- ✍ the person who allegedly maltreated the child; and
- ✍ the family as a whole.

If the child is not out of the home at the time (e.g., at school), the process must begin with an introduction to the parents to explain the purposes of the initial assessment/investigation and to request permission to interview all family members, beginning with the identified child. All family members should be interviewed alone to establish a climate of trust and to increase the accuracy of the information gathered. One of the benefits of the protocol is that it enables the caseworker to use information from one interview to assist in the next interview.

### ***Planning the Interview Process***

Based on the information gathered at intake, each initial assessment/investigation should be planned and should consider:

- ✍ where the interviews will take place;
- ✍ when the interviews will be conducted;
- ✍ how many interviews will likely be needed;
- ✍ how long each interview will likely last; and

- ⌘ whether other agencies should be notified to participate in the interviews (see section on “Community Collaboration”).

### ***Interviewing the Identified Child***

The purpose of the initial interview with the identified child is to gather information regarding the maltreatment and any risk of maltreatment and to assess the child's immediate safety. Because CPS' purpose is beyond just finding out what happened (with respect to any allegations of maltreatment), the focus must include gathering information about the child, his/her parents, and his/her family.

Examples of information that a caseworker needs to know are:

- ⌘ what happened (with respect to the alleged maltreatment), when and where it occurred, and who was present;
- ⌘ the child's current condition;
- ⌘ the type, severity, and chronicity of the maltreatment;
- ⌘ the effects of maltreatment (e.g., extreme withdrawal, fear of parents);
- ⌘ the identity of others who have information about the child's condition and the family situation;
- ⌘ the child's characteristics (e.g., age, any physical or mental handicaps, illness);
- ⌘ unusual or inappropriate behavior or feelings;
- ⌘ others who reside in the home;
- ⌘ the child's relationship with and feelings toward the parents and siblings;
- ⌘ the child's perception of the relationships among others in the household;
- ⌘ the child's perception of how family problems are addressed;
- ⌘ the child's relationship with peers, extended family, and/or other significant persons;
- ⌘ the child's daily routine (e.g., school, day care, clubs, home life, outside activities); and
- ⌘ a description (observation) of the neighborhood, available resources, and the degree of crime or violence.

### ***Interviewing Siblings***

Following the interview with the identified child, the next step in the protocol is to interview siblings. The purposes of these interviews are to determine if siblings have experienced maltreatment (the interview with the identified child may have provided leads to pursue in this area), to assess the siblings' level of vulnerability, to gather corroborating information about the nature and extent of any maltreatment of the

identified child, and to gather further information about the family that may assist in the assessment of risk of maltreatment of the identified child and any siblings.

Examples of information that the caseworker should gather from siblings include:

- ✍ the siblings' characteristics, behaviors, and feelings;
- ✍ information about alleged maltreatment;
- ✍ maltreatment they have experienced and, if so, how, when, where, how often, and for how long;
- ✍ further information about the parents (e.g., feelings and behaviors frequently exhibited, problems, child rearing measures, and parents' relationships outside the home);
- ✍ further information about the family's functioning, dynamics, demographics, and characteristics; and
- ✍ information that could not be obtained from the identified child or confirmation of information gathered during the initial interview.

### ***Interviewing the Nonmaltreating Parent/Caretaker***

The primary purposes of this interview are to find out what this caretaker knows about the alleged maltreatment, to gather information related to the risk of maltreatment, and to determine this parent's capacity to protect the child(ren), if indicated.

- ✍ Examples of information that the caseworker should gather from the nonmaltreating caretaker include:
- ✍ description of alleged maltreatment;
- ✍ feelings regarding the maltreatment and about CPS;
- ✍ acceptance of the child's version of what might have happened and who the caretaker deems is responsible;
- ✍ capacity to protect the child (if indicated) and his/her opinion about the vulnerability of the child(ren);
- ✍ feelings, expectations, and perspective about the identified child and siblings;
- ✍ description of the characteristics, feelings, and behaviors of the child(ren);
- ✍ approach to and view of parenting, methods of discipline, and relationship to the children;
- ✍ relationship to the alleged maltreating caretaker, roles in the family and overall family functioning, and levels of communication and affection;

- ✍ approach to solving problems, ability to deal with stress, use of drugs/alcohol, and view of him or her self;
- ✍ history as a child (positive and negative memories), educational and employment history, any criminal activity, or history of physical or mental health problems;
- ✍ relationships with others, memberships in clubs, or activities;
- ✍ demographics about the family, including financial status and other factors that may be stress producing; and
- ✍ view of supports in his/her life, relationships with extended family, and the climate of the neighborhood and community.

### ***Interviewing the Alleged Maltreating Parent/Caretaker***

The purposes of this interview are to evaluate the alleged maltreating caretaker's reaction to allegations of maltreatment and to gather further information about this person and the family in relation to the risk and safety of the child(ren).

Examples of information that the caseworker should gather are:

- ✍ how he/she describes what happened in relation to any alleged maltreatment;
- ✍ his/her response to the incident(s) and to CPS;
- ✍ his/her present emotional state, particularly in terms of the possibility of further harm to the child;
- ✍ his/her view of the child and the child's characteristics and condition;
- ✍ his/her relationship with the children and others in the family;
- ✍ his/her approach to parenting, expectations, and sensitivity to children;
- ✍ his/her description of the roles and functioning in the family, methods of communication, and level of affection;
- ✍ his/her approach to solving problems, dealing with stress, using drugs or alcohol, view of self, and coping;
- ✍ his/her history as a child and an adult, including any health or mental health problems, criminal history, etc.;
- ✍ his/her relationships outside the home, supports, memberships, and affiliations;
- ✍ his/her description of demographics about the family, including financial status and other factors that may be stress producing;

- ✍ his/her access to the child; and
- ✍ his/her willingness to accept help (if indicated).

### ***Closure With Parents/Family***

Following the completion of the interviews, the caseworker should reconvene the parents or family as appropriate.

- ✍ Share with them a summary of the findings and impressions.
- ✍ Seek individual responses concerning perceptions and feelings.
- ✍ Indicate interest in the family and provide information about the next steps, including whether ongoing services will be offered and whether court intervention will occur.
- ✍ Demonstrate appreciation for their participation in the process.

### **Observation**

Part of the process of gathering adequate information includes the caseworker's responsibility to observe the identified child, siblings, parents, family, and environment.

Specific areas for observation are:

- ✍ the physical condition of the child(ren), including any observable effects of maltreatment;
- ✍ the emotional status of the child(ren), including mannerisms, signs of fear, and developmental status;
- ✍ the reactions of the parents to the agency's concerns;
- ✍ the emotional and behavioral status of the parents during the interviewing process, levels of denial and resistance, and use of defense mechanisms;
- ✍ interactions between the family members, including verbal and facial expressions and body language;
- ✍ the physical status of the home, including cleanliness, structure, hazards or dangerous living conditions, signs of excessive alcohol use, and/or use of illicit drugs; and
- ✍ the climate of the neighborhood, including level of violence and/or support, and accessibility of transportation, telephones, or other methods of communication.

### **Gathering Information From Other Sources**

Others may have information that will help in understanding the nature and extent of the alleged maltreatment and in assessing the risk and safety of the child(ren). To protect the family's right to

confidentiality, interviews or contacts with others should not be initiated without cause. However, in some cases, the family may disclose other persons who may have information about the alleged maltreatment and/or about the family in general. In these instances, contacts should be pursued within the constraints of the individual State law that mandates the scope of the initial assessment/investigation, or if indicated, clients may give permission for others to be contacted. According to the Child Welfare League of America's *Standards for Service for Abused or Neglected Children and Their Families*, "other potential sources of information include, but are not limited to, professionals such as teachers, law enforcement officers, and physicians. Other community agencies, institutions, caretakers, or individuals known to the child and the family, such as relatives and neighbors, may also be consulted."<sup>34</sup>

### **Analysis of Information for Decision Making**

Having a structure to help guide the analysis of the information gathered is as important as employing a protocol for gathering information at the initial assessment/investigation. Each State has policies and guidelines that help staff analyze the information to make the decisions described in the first part of this chapter. Decisions should be made in a timely manner to minimize the unnecessary anxiety created for families during the assessment process.

Determining whether maltreatment is substantiated is usually based on whether *credible evidence* exists that physical abuse, sexual abuse, neglect, or emotional maltreatment has occurred as defined by State law.

Assessing risk and safety is usually guided by a structured risk assessment instrument, matrix, or scale or by policy guidelines that help CPS staff analyze the information obtained. Risk assessment approaches help staff analyze information and guide decision making but do not replace professional judgment.

Determining and responding to emergency needs of the family are based on the specific nature of the information gathered during the initial assessment/investigation. For example, if the child needs medical attention, this should be arranged for on an immediate basis. If the family is without food or housing, there are usually community resources that can be tapped to address these specific needs.

Determining which families will be offered services is also based on State laws and policies that define the nature and scope of continuing protective services. The Child Welfare League of America recommends that, "a Child Protective Service should be provided to those children whose parents, or other family members, are unwilling or unable to provide the protection children require, and whose condition or situation demonstrates observable evidence of the likelihood or actuality of injurious effects of this failure to meet at least the children's basic minimum needs."<sup>35</sup>

### **COMMUNITY COLLABORATION**

While CPS agencies have the primary responsibility for conducting initial assessment/investigations, other agencies have related responsibilities. For example, in some States, reports of child maltreatment may be made to CPS or law enforcement agencies. In other States, even when CPS is the primary recipient of reports, State laws require that CPS report certain types of cases to law enforcement agencies.

While State laws and policies must guide the specific nature of the collaboration between CPS and law enforcement agencies, at a minimum, a memorandum of understanding between the agencies involved should specify:

- ⌘ under what circumstances reports should be initiated and shared between the agencies;
- ⌘ the nature of oral and written reports and the manner in which they should be initiated and shared;
- ⌘ roles and responsibilities in relation to the initial assessment/investigation and investigation of reports of child maltreatment;
- ⌘ under what circumstances joint initial assessment/investigations should be initiated and methods for collaboration;
- ⌘ under what circumstances law enforcement assistance may be needed to place a child or to remove an alleged offender from the home; and
- ⌘ under what circumstances law enforcement assistance may be needed when there is a concern for the caseworker's safety during an initial assessment/investigation.

For further information on the role of law enforcement, the reader is referred to another manual in this series entitled *The Role of Law Enforcement in the Response to Child Abuse and Neglect*.

In addition to law enforcement, other disciplines have a role in participating in the initial assessment/investigation process. For example:

- ⌘ Medical personnel may be involved in assessing and responding to medical needs of a child or parent and perhaps in documenting the nature and extent of maltreatment. For further information on the role of health care providers, the reader is referred to another manual in this series entitled *The Role of Health Care Professionals in the Prevention of Child Abuse and Neglect*.
- ⌘ Mental health personnel may be involved in assessing the effects of any alleged maltreatment and in helping to determine the validity of specific allegations. For further information on the role of mental health professionals, the reader is referred to another manual in the series entitled *The Role of Mental Health Professionals in the Prevention and Treatment of Child Abuse and Neglect*.
- ⌘ Teachers may be involved in providing direct information about the effects of maltreatment and in describing information pertinent to the risk assessment. For further information on the role of educators, the reader is referred to another manual in the series entitled *The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect*.
- ⌘ Military family advocacy personnel may be involved when one of the members of the family is in the military. For further information, the reader is referred to another manual in the series entitled *Protecting Children in Military Families: A Cooperative Response*.
- ⌘ Other community service providers may have had past experience with the child and/or family and may be a resource in helping to address any emergency needs that the child or family may have.
- ⌘ Multidisciplinary teams may be used to help the CPS agency analyze the information related

to the decision regarding the substantiation of maltreatment and the assessment of risk and safety.

- ✍ Community providers such as intensive home-based service workers, parent aides, day care providers, after school care providers, foster parents, volunteers, or relatives may be used to help the agency implement a plan to keep the child safe within his/her own home.
- ✍ When the child's safety cannot be protected and the parents have refused agency intervention, the juvenile court may be involved in hearing the facts of the case and determining whether the CPS agency has a basis to arrange for the safety of the child and/or to provide continuing protective services to the child and family.

## **SPECIAL PRACTICE ISSUES**

### **Ensuring Caseworker Safety**

Before a caseworker makes the initial contact in an initial assessment/investigation, he/she must assess the potential risk of harm to him/her. For additional information on ensuring caseworker safety, the reader is referred to the chapter in this manual, "Supervision, Consultation, and Support."

### **Interviewing Young Children**

Interviewing young children involves special considerations and the use of age-appropriate interviewing techniques to minimize the trauma of the initial assessment/investigation process for the children and to increase the reliability of information obtained.

#### *Developmental Considerations*

Responsibility for interviewing children of all ages requires CPS staff to be thoroughly aware of the developmental stages of children and to consider the children's developmental levels in selecting the interviewing approaches. Interviewing young children is very complex because preschool children are in such rapidly changing stages of development. In scheduling the interview, the naptime and attention span of young children should be considered.

There are several key developmental concepts that should be taken into account when interviewing young children:<sup>36</sup>

- ✍ Preschool children's thinking is very concrete, and their ability to think abstractly is still developing. Irony, metaphor, and analogy may be beyond their grasp, so it is very important not to assume that children understand concepts presented.
- ✍ Preschoolers do not organize their thinking or speech logically. Instead, they say whatever enters their mind at the moment, without much censoring or prethought. Therefore, their narratives tend to be disjointed and rambling, resulting in the need for the interviewer to sort out relevant from irrelevant data. It is beyond the children's cognitive capacities to do this alone. It is important not to ask them leading questions, however.
- ✍ Preschool children's understanding of space, distance, and time is nonlogical and nonlinear. Their memory will not work chronologically, and they have not learned units of measurement

and the meaning of such. To help place the time of an incident, reference points such as birthdays, holidays, summer, night or day, lunchtime, or bedtime should be used.

- ⌘ Issues of truth versus lying are complex in the preschool years. Children in this age group may tell lies under two circumstances: to avoid a problem or punishment, or to impress adults or get attention. However, children cannot manufacture stories based on information that they have not learned or experienced. Despite their occasional tendency to tell untrue stories, children in the preschool years do know the difference between fact and fantasy, between the truth and a lie. Gentle probing from the interviewer will usually help children reveal what is true and what is false.
- ⌘ Preschool children are egocentric in their perceptions of the world and in their reactions to it. They think the world revolves around them, and they relate all that happens to personal issues. These children do not usually think of what effect their actions will have on others, nor do they worry about what others think. As a result, interviewers of young children must be aware that children may be emotionally spontaneous in ways that are occasionally very disconcerting to adults.
- ⌘ The attention span of preschool children is limited. Long interviews are often not possible, for the child simply cannot concentrate or sit in one place for long periods of time. The interviewer must be flexible, conducting several short sessions over a period of time.
- ⌘ Many developmentally appropriate 2- and 3-year-olds will not separate comfortably from their parents to talk with a stranger, and the interviewer must work slowly and gradually to help children separate, if possible. If the children will not separate from the parents comfortably, the interview may need to begin with the parents present, with the goal of working toward separate interviews at a later time once the children feel more comfortable.

### ***Interviewing Techniques***

The most important tool in any interview is one's use of self in individualizing the approach based on the circumstances and the child's developmental status and level of comfort with the interviewer.

As with all interviews, planning for the interview also should take the setting into consideration. The ideal interview setting is a comfortable room where stress is minimized for the child. The following should be employed in creating the setting:<sup>37</sup>

- ⌘ A neutral setting where the child does not feel pressured or intimidated. The alleged maltreating person should not be in the vicinity.
- ⌘ A room with a one-way mirror. This enables one person to be with the child and other professionals who need information to observe.
- ⌘ A small table and chairs and/or pillows or rugs for sitting on the floor.
- ⌘ Availability of anatomical dolls; felt-tipped markers or crayons and paper; toy telephones; doll house with dolls; play dough; puppets; etc.<sup>38</sup>

While the scope of this publication is too limited to review all of the techniques that a caseworker might

use in interviewing young children, there are some basic principles to consider in all interviews.<sup>39</sup>

- ✍ A caseworker should establish credibility and attempt to develop rapport with the child. The caseworker can help the child relax by playing with available toys, meet the child on his/her level, and patiently wait until the child is relatively comfortable.
- ✍ The caseworker should assess the child's understanding of key concepts that will help to establish credibility as the interview proceeds into sensitive areas.
- ✍ The interviewer should reduce vocabulary problems by using the child's language, clarifying any areas of confusion.
- ✍ During the interview, age-appropriate tools should be used to help the child describe “what happened” and reveal other issues regarding the risk of maltreatment.
- ✍ The caseworker should directly address any fears that the child may have.
- ✍ The interviewer must be attuned to the capacities and limitations of the young child as the interview progresses.
- ✍ It is important to be aware of the child's level of comfort, and if he/she becomes distracted or fidgety, take a break, and continue the interview at a later time.

### **Initial Assessment/Investigation of Child Abuse and Neglect in Out-of-Home Care**

Each State differs with respect to who is responsible for initially assessing/investigating allegations of child abuse and neglect in out-of-home care. In some States, local CPS staff have responsibility for investigating certain types of allegations, for example, foster care and day care settings. Frequently, the investigation of alleged maltreatment in institutional settings is handled by central or regional CPS and/or licensing staff, rather than by local CPS agencies. Depending on the nature of the allegations, law enforcement agencies will also assume a primary role in investigating these types of cases.

Regardless of who has responsibility for investigating reports of maltreatment in out-of-home settings, it is important to understand the scope of these investigations in contrast to intrafamilial reports of child maltreatment.

Investigations of alleged maltreatment in out-of-home settings include the need to interview:

- ✍ the alleged victim(s);
- ✍ staff witness(es);
- ✍ child witness(es);
- ✍ administrator/supervisor of the alleged perpetrator; and
- ✍ the alleged perpetrator.<sup>40</sup>
- ✍ The primary questions to be asked in these cases include:<sup>41</sup>

- ⌘ Did the reported event occur or not, independent of extenuating circumstances?
- ⌘ Is the administrative authority culpable or not, and if so, in what manner?
- ⌘ Is the problem, if validated, administratively redressable?
- ⌘ Are personnel actions indicated, and if so, are they being initiated appropriately by the residential facility?
- ⌘ What responsibility do others in the facility have for any incident of maltreatment, and is a corrective action plan needed to prevent the likelihood of future incidents?
- ⌘ Should the facility's license be revoked? (This should be considered only if there is clear evidence that the facility is not in compliance with current licensing standards, which results in either placing children at risk of maltreatment or providing services that are of poor quality.)

In addition, the CPS caseworker must determine if it is safe for the child to remain in the institution or if another placement should be secured. Further, if maltreatment did occur, law enforcement agencies must determine if the staff person will be criminally prosecuted.

Due to the overlapping responsibilities for investigating allegations of maltreatment in out-of-home care, it is essential that communities develop and implement protocols for collaborating on these cases. A coordinated approach enhances the quality of the investigation and minimizes the trauma to children and child care staff when reports must be investigated.



# COMPREHENSIVE CHILD AND FAMILY ASSESSMENT

The purposes of child and family assessment are to study the nature, extent, and causes of risk factors identified during the initial assessment and to assess any effects of maltreatment. This is essential to gain an understanding of the treatment needs of the child and family.

During the initial assessment, the CPS caseworker has identified a number of behaviors and/or conditions about the child, parent, and/or family that contribute to the risk (likelihood) of maltreatment. During the family assessment, the CPS caseworker engages the family in a process designed to gain a greater understanding about the causes of these behaviors and conditions (risk factors). The family assessment is initiated immediately after the decision is made during the initial assessment that ongoing services are needed.

There are several principles upon which the child and family assessment is based.<sup>42</sup> First, it considers all factors present in the family that impact on the child. It concentrates on current issues, functioning, and problems while promoting understanding of the causes of the problems by examining the individual and family history, culture, and life experiences. The assessment is interactional as it addresses family roles, relationships, and environment. It takes into account all aspects of family members' lives as well as the context in which they live.

In contrast to the initial assessment, which identifies the risk factors (symptoms) of concern in the family, the comprehensive child and family assessment examines why problems may be present and what may be causing the symptoms. Consequently, the focus shifts from the maltreatment to the behaviors and conditions that may cause maltreatment to occur in the future. Where the initial assessment identifies problems, the family assessment promotes an understanding of the problems. Finally, while the focus at the initial assessment is on ensuring the safety of the child, the family assessment begins the process of helping the family change the conditions and behaviors that may lead to future maltreatment.

## CHILD AND FAMILY ASSESSMENT DECISIONS

As a result of further information gathering and analysis at this stage of the casework process, the following decisions must be made:

- ⌘ What are the causes, nature, and extent of identified risk factors?
- ⌘ What are the effects of maltreatment and/or risk factors?
- ⌘ What are the individual and family strengths?
- ⌘ How do the family members perceive conditions and problems?
- ⌘ What must change in order for the effects of maltreatment to be addressed and for the risk of maltreatment to be reduced or eliminated?

To arrive at effective decisions during the child and family assessment process, the CPS caseworker must have competent interviewing skills; be able to gather and organize information; be able to analyze and interpret the meaning of information; and be able to predict and draw accurate conclusions based on the assessment.

### **Determining the Nature, Extent, and Causes**

To determine the nature, extent, and causes of identified risk factors, the caseworker must engage the family in a process of intensive assessment. Frequently, a social history that includes discussions of the quality of childhood experiences, cultural heritage, significant relationships with others (parents, relatives, and friends), educational and employment history, criminal record, life successes and disappointments, environmental influences, and information about the chronology of current problems will provide the best source of understanding about the nature, extent, and cause of conditions and behaviors that have been identified as influencing the risk of maltreatment.

### **Determining the Effects of Maltreatment**

Part of the responsibility of CPS is to offer treatment to address the effects of maltreatment. To do this, the caseworker must first engage the child and family in a process to understand carefully the nature of any short- and long-term effects. Frequently, this is a difficult task since it is often human nature (after a crisis) to deny or avoid facing problems that may result from maltreating patterns and negative family interaction. To identify the potential treatment needs for the child, the caseworker must carefully assess the child's current behavior and emotional condition, including presenting behaviors as compared to other children of the child's age; feelings about self and others in the child's life; school adjustment (if relevant); relationships with peers; any evidence of nightmares, difficulty sleeping, or other fears; ability to communicate ideas and feelings; and support the child may have from family, teachers, and others.

### **Determining Strengths Within the Family**

A major part of the assessment is working together with family members to identify strengths that can be maximized to reduce the likelihood of maltreatment occurring in the future. Identifying client strengths helps develop the caseworker–family relationship and reduces resistance that may have been encountered during the initial assessment. Understanding the family strengths will make it easier to work with the family to design strategies to help family members change problematic behaviors and conditions. The primary source of information about family strengths is the family members themselves.

### **Determining How Family Members Perceive Identified Problems**

Throughout the assessment process, the caseworker must involve family members in order to reach a mutual understanding of identified problems. It is necessary to determine how aware family members are of certain behaviors and conditions that are risk-producing. This process will help to clarify what they would like to change about their life. It is also important to ascertain how sensitive the parents are to any effects of maltreatment that may be apparent and how the clients feel about themselves in general. Finally, it is essential to determine their level of motivation to change.

### **Determining What Must Change**

The result of the child and family assessment should be a list of conditions or behaviors that must change for the risk of maltreatment to be reduced. While a range of child or family problems may be identified during the assessment, CPS has a responsibility for addressing those behaviors and conditions that are most critical to the likelihood of maltreatment in the future. As other problems are identified, the agency may refer to other service providers (as appropriate), but the focus of CPS intervention should remain on dealing with the problems related to maltreatment.

## **CHILD AND FAMILY ASSESSMENT PROCESS**

To accomplish the purposes of the child and family assessment, caseworkers must:

- ✍ review the initial assessment decisions and conclusions;
- ✍ develop a plan for the assessment;
- ✍ employ a protocol for interviewing all family members;
- ✍ refer the child(ren) and/or parents for outside evaluations as indicated; and
- ✍ analyze information and make necessary decisions.

### **Review the Initial Assessment/Investigation Decisions and Conclusions**

To provide focus for the assessment/investigation, the caseworker must begin by reviewing the information previously identified during the initial assessment/investigation. Based on an analysis of the initial assessment/investigation, the caseworker should develop a list of questions that need to be answered as a result of the family assessment process. The following questions are examples of areas that the caseworker may want to examine:

- ✍ Which risk factors identified during the initial assessment/investigation are most concerning?
- ✍ What further information about the family will help provide an understanding about the nature, extent, and causes of these risk factors?
- ✍ What is currently known about the parents' history? Are there clues that suggest that further information about the past will help to explain the parents' current functioning?
- ✍ Are there any behavioral symptoms observed in the child(ren)? Who else may have information about any behavioral or emotional concerns?
- ✍ Have problems been identified that may need further examination or evaluation, e.g., drugs or alcohol problems, psychiatric or psychological problems, and health needs?

### **Develop a Plan for the Assessment**

Based on the areas identified through the review, the caseworker must develop a plan for how the assessment process will occur. In general, it takes an average of 4 to 6 weeks to “get to know” the family enough to draw accurate conclusions. The following issues need to be considered in developing the plan for the assessment:

- ✍ When will the first meeting be with the family?
- ✍ How often will meetings with the family occur?
- ✍ Where will meetings be held and how will the setting be controlled?
- ✍ Who will be involved in each meeting?
- ✍ When will the assessment be completed?

### **Interview Protocol**

Once the plan for the assessment has been established, it is important to proceed by engaging the child and family in a series of interviews that will lead to answers about treatment needs of the family.

### **Family Meeting**

If possible, the caseworker should meet with the entire family to begin the family assessment. This ensures that each family member knows the expectations from the beginning, that everyone's participation is judged important, and that communication is to be open and shared among family members.

During this initial contact, the caseworker should provide an opportunity for the family to discuss the initial assessment. It is also important to affirm that the intention of CPS is to help the family address mutually identified problems.

The caseworker should be specific with the family about the purposes of the child and family assessment. The caseworker should use words and communication that assist their understanding and avoid technical or professional terminology.

The caseworker should share the plan for conducting the assessment and seek acceptance concerning scheduling and participation. In general, the caseworker should attempt to gain an initial understanding of the family's perception of CPS, their problems, their current situation, and working with CPS.

### ***Meetings With Individual Family Members***

Meetings with individual family members, including the children, should be held. The exact order of interviews should be individualized and partially determined by the discussion held during the introductory family meeting. At the beginning of each meeting, the caseworker should clarify the primary purpose of the interview and attempt to build rapport by identifying areas of common interest. It is important to demonstrate appreciation of the person and his/her situation and worth. This is *not* an interrogation; the caseworker is trying to get to know someone in order to understand better the person and his/her situation.

In each individual meeting, the caseworker should carefully explore the areas that have been identified previously for study. In interviews with the children, the emphasis will likely be on understanding more about any effects of maltreatment. In the interviews with the parents, the emphasis is on trying to uncover the causes for the risk-influencing behaviors and conditions and obtain the parent's perceptions of their problems. As part of meetings with the parents, it is important that the caseworker examine the influence that history and culture may have on current behavior and functioning. In meetings with both children and the parents, the caseworker should also attempt to obtain family members' perceptions about the strengths in their family and how these strengths can be maximized to reduce the risk of maltreatment.

### ***Parent/Caretaker Meetings***

In families with more than one adult caretaker, the caseworker should arrange to hold at least one of the meetings with the adults together. During this interview, the caseworker should observe and evaluate the nature of the relationship of the parents and how they communicate and relate. The caseworker should also consider and discuss parenting issues and marital satisfaction and seek the couple's perception of problems, the current situation, and the family. The caseworker should share his/her perceptions as well.

### ***Additional Family Meetings***

To gain a better understanding of the interaction in the family, at least one assessment meeting beyond the introductory meeting should be conducted with the entire family. The purpose of this meeting is to observe and assess the dynamics, roles, and interactions in the family. Caseworkers should consider communication patterns, alliances, roles and relationships, habitual patterns of interaction, and other family-related concepts. It may be helpful to apply specific family systems tools to understand the family better such as "genograms" (diagrams resembling family trees that are completed with the family's assistance) and "ecomaps," which link the family tree with outside systems and resources.<sup>43</sup>

### ***Child and Family Assessment Areas***

While the specific areas studied in the assessment are unique to each client circumstance, the following examples provide areas to address to gather essential information needed to draw necessary assessment conclusions. (See the Appendix for a sample assessment outline.)

- ☞ What factors have caused/contributed to the child's behaviors and emotions?
- ☞ How do the parents perceive effects of maltreatment?
- ☞ How do the parents' childhood and adult history influence their current behavior and their physical, emotional, and social functioning?
- ☞ What cultural values and beliefs influence the way that the family functions?
- ☞ Is the physical or emotional health of the parents influencing their capacity to parent adequately, and what is the prognosis with regard to any condition?
- ☞ What is causing the maltreating behavior, risk factors, and/or inadequate parenting (e.g., lack of knowledge, chemical dependency, psychopathology, lack of self-esteem, series of life-long disappointments that have affected adult functioning, or mental retardation)?
- ☞ How do others in and outside the family support or negatively influence the overall functioning

of the family?

- ☞ What methods does this family use to solve problems, manage stress, and cope with problems, and how longstanding are these methods?
- ☞ What are the causes of conflict in family roles and relationships, difficulties in communication, marital conflict, difficulties with appropriately displaying affection, etc. The factors examined should always be related to the risk of maltreatment.
- ☞ In general, what are the family strengths, and how can they be maximized to alter conditions and behaviors that contribute to the risk of maltreatment?

### **Referral for Evaluation**

In some cases, there will be indications that the child or family has specific problems that require evaluation by other professionals. Examples are when the child or parent exhibits undiagnosed physical health concerns; the child's behaviors or emotions do not appear to be age-appropriate (e.g., hyperactivity, excessive sadness and withdrawal, chronic nightmares, and aggressive behavior at home and/or at school); the parent exhibits behaviors and/or emotions that do not appear to be controlled, such as violent temper outbursts, extreme lethargy, depression, and frequent mood swings; or when the child or parent has a chemical dependency.

### **Analysis of Information for Decision Making**

Once adequate information has been gathered, the caseworker must analyze the information with regard to the key decisions at this stage of the process. The causes, nature, and extent of identified risk factors must be determined. The decisions and methods for evaluating information follow.

#### *Causes*

To individualize the CPS response to each child and family, it is important to determine the causes of the risk factors identified. For example, a mother may frequently leave her child unsupervised and fail to provide necessary stimulation and nurturing to her 18-month-old child. To help this mother change this behavior, the CPS caseworker must understand why the mother behaves this way. The caseworker must delve into the mother's background and experiences. Three different possible causes for this neglecting behavior follow.

**Case #1:** This mother is 16 years old, does not have adequate supports in her life, frequently feels conflict about “missing out on her adolescence,” and does not understand the type of care and nurturing an 18-month-old child may need. She loves her child but feels awkward when holding her. Deep inside she feels that she made a mistake in getting pregnant and has fantasies about finding a man who will want to take care of her and her baby.

**Case #2:** This mother (age 26) has five children under the age of 7 (the 18-month-old being the youngest). She grew up in a family where she never felt loved, got married right after high school “to get away from her family,” never seems to have enough money to make it from month to month, and was abandoned by her husband after the birth of this last child. Currently, she is totally overwhelmed by her life. She is physically tired, cannot seem to get out of bed in the morning, and feels that there is no hope for anything different in her life.

**Case #3:** This mother (age 20) lives in a high crime neighborhood. She began using drugs when she was 12 and has lived life as a victim. When she was 9, she was sexually abused by her mother's boyfriend. She was placed in foster care but started running away when she entered adolescence. By the time she was 16, she was on her own and supported her drug habit through prostitution. She has been arrested three times for prostitution and once for possession. Due to problems with the investigation, she was not successfully prosecuted for the drug charge. She now shares one room with a girlfriend who also has a baby.

Each of these cases is different. While the symptoms are the same, the risk factors are very different and the causes of the risk factors are very different. In Case #1, it is likely that the 16-year-old mother's problems are related to a lack of knowledge and support, and that she will be able to learn to meet her child's needs with parent education and support. In contrast, the mother in Case #2 is likely experiencing depression. She may need a mental health evaluation and treatment to help her explore how the losses in her life are influencing her ability to cope with parenting today. The causes of her physical exhaustion should also be assessed. Once these assessments and treatment have begun, she may benefit from concrete money management, counseling, and support. The problems experienced by the mother in Case #3 may be the most difficult to deal with. It is unlikely that this mother can change her neglectful behavior as long as she is drug-addicted. Further complicating this situation are the long-term deprivation and abuse that this mother experienced herself as a child. To hope to make any changes in her parenting problems, the CPS caseworker will most likely have to try to convince this mother of the need to change her life (for the sake of her child) and point out the consequences of her actions if she is unable to accept help to do so. To ensure that CPS intervention strategies are designed to address the causes and not the symptoms, the caseworker must analyze carefully the information gathered about the family in each case to determine the causes of the risk factors.

### ***Nature and Extent***

To understand the nature and extent of identified risk factors, it is important to analyze carefully all of the information that has been gathered during the child and family assessment. Questions that can help the caseworker analyze the information regarding nature and extent are:<sup>44</sup>

- ☞ How pervasive is the condition or characteristic? Does it affect only one or many aspects of the family's functioning or circumstances? Is it directed at a particular person or situation or is it generalized and indiscriminate?
- ☞ How consistent is the behavior or characteristic?
- ☞ What has been the duration of the condition or characteristic?
- ☞ Is the problem something the parent/child *does* or something the parent/child *fails* to do?

### ***What Are the Effects of Maltreatment and/or Risk Factors?***

The consequences of maltreatment and its effects on the child are critical points for analysis. There are two basic questions that need to be answered. First, are identified effects of the maltreatment on the child at a level that will require treatment? For example, are there short- or long-term physical consequences that require ongoing medical treatment or short- or long-term emotional/psychological problems that will require mental health treatment? Second, are there risk factors (still present in the family) that continue to

affect the child in a negative way? If so, what is the nature of the effect and how critical is its influence?

### ***What Individual and Family Strengths Are Present?***

As the cause, nature, and extent of each risk factor are analyzed, the caseworker must also ask if there are strengths within the family that help to minimize the effect of the risk factor. Other questions include: How often are identified strengths employed? Are there certain risk factors that serve as barriers to a client being able to employ identified strengths consistently? As the significance of each strength is analyzed, this information can be used to decide which risk factors need to be directly addressed by CPS case plans and how strengths can be used to facilitate successful change in the behaviors and conditions that contribute most to the risk of maltreatment.

### ***How Do Family Members Perceive Behaviors and Conditions?***

A critical part of the child and family assessment process is to reach a common level of understanding between the family and the agency regarding what must change for the risk of maltreatment to be reduced. Without some level of agreement, the caseworker cannot expect the family to be motivated to participate in the ongoing treatment process. The following questions can be used by caseworkers to help analyze the level of common understanding reached through the child and family assessment:<sup>45</sup>

- ⌘ Are family members able to recognize a problem when one arises?
- ⌘ How aware are the family members of the cause of identified risk factors?
- ⌘ Are problems perceived accurately by the family?
- ⌘ Can family members identify the consequences or effects of the risk factors on individuals or the family as a whole?
- ⌘ Have family members made specific efforts to solve, remove, or deal with the risk factors?
- ⌘ Does the family have more than one alternative method for attempting to solve problems?
- ⌘ How successful has the family been at solving problems?
- ⌘ Do family members demonstrate optimism about being able to change their behavior or circumstances?

### ***What Must Change To Reduce the Risk of Maltreatment?***

The CPS caseworker must identify which risk factors are most critical and what is causing them. This is determined by examining the information previously considered in terms of cause, nature, and extent; effects; strengths; and family's perception. Those issues that are most critical are ones that will not be easily remedied by the family themselves and that are having the most profound effect on the children in the family. Examples of questions that will help assess which risk factors are most critical (and thus have to change to reduce the risk of maltreatment) are:<sup>46</sup>

- ⌘ How important is the risk factor in the life of the child and family, i.e., important, very important, critical?

- ⌘ How intensely does the risk factor operate in the life of the child, i.e., mild, moderate, severe?
- ⌘ How much of the child's life is affected by the risk factor, i.e., some, most, all?
- ⌘ How often is the risk factor present, i.e., seldom, sometimes, usually, always?
- ⌘ How long has the risk factor been present as a behavior or condition in the family, i.e., beginning, days, weeks, months, years?
- ⌘ What are the consequences of the risk factor to the child and family, i.e., mild, moderate, significant, severe?
- ⌘ What are the perceptions of the parents concerning the risk factor and its effects on the child, i.e., understand, aware, deny, unaware, justify?

## **COMMUNITY COLLABORATION**

While the CPS caseworker has primary responsibility for conducting the child and family assessment, frequently other community providers may be called upon to assist with the assessment. Other providers should be used when there is a specific client condition or behavior that requires other professional assessment. Such assessments might include physical evaluation by a medical doctor, mental health assessments, etc.

If the assessment identifies the need for specific evaluation, the referral should specify the following:

- ⌘ the reason for referral, including identifying specific areas for assessment (as they relate to the risk of maltreatment);
- ⌘ what the parents know with regard to the referral, and what their response was;
- ⌘ the time frames for assessment, and when the agency will need a report back from the provider; and
- ⌘ the type of report requested regarding the results of the evaluation; and
- ⌘ the purpose and objectives of the evaluation, for example, the parents' level of alcohol use and its effects on their ability to parent.

## **SPECIAL PRACTICE ISSUE**

### **The Importance of Being Culturally Sensitive and Culturally Competent in Conducting the Child and Family Assessment**

Culture can be defined as lifestyle, values, belief, and customs practiced by a particular group of people.<sup>47</sup> It includes race, religion, ethnicity, and other community values. Cultural sensitivity and cultural competence can be defined as the CPS caseworker's ability to recognize and understand differences due to culture and to translate that information into understanding how the family functions.

For example, to develop rapport with clients effectively during the child and family assessment, the

caseworker must be sensitive to cultural similarities and differences between the caseworker and the client. Empathy requires that the caseworker be aware of both individual uniqueness and cultural/historical roots of the client.<sup>48</sup> In all assessments, the client is the most important source of information about the family, including providing information about cultural aspects and lifestyles unique to that family. Effective cultural sensitivity requires that caseworkers:<sup>49</sup>

- ✍ respect client differences;
- ✍ be open to learning about people who are different from them to assess strengths and needs of families from various populations;
- ✍ avoid judgments and decision making resulting from biases, myths, or stereotypes;
- ✍ ask the client to explain and seek to determine what significance culture has for the family if caseworkers observe a practice in the home with which they are unfamiliar; and
- ✍ elicit information from the client regarding family traditions, values and beliefs, and especially child rearing practices, and determine how strongly the family identifies with these.

An excellent approach to understanding the meaning that culture may play in a parent's approach to child rearing has been termed “ethnographic” interviewing. Basically, this approach stresses the importance of the caseworker structuring the interview to elicit responses from the client that incorporate the meaning that culture has for them.<sup>50</sup> An example follows:<sup>51</sup>

- ✍ Interviewer: “You told me some foods are ‘hot’ and some are ‘cold.’ In your life what would be some examples of ‘hot’ food?”
- ✍ Interviewee: “That is something I think you Americans do not have but it is important to us and how we feed babies when they are sick. Sometimes they get sick when they do not have a balance, when they have too much bile, or too much wind. That is how you know what to feed them. Bile is ‘hot’ so I give her ‘cold’ food to make a balance. Bananas are ‘cold’ so it is good to give her that when she complains that way. But I don't know about that medicine the nurse gave me, so I don't use it.”

With every child and family assessment, there are certain areas of the assessment that may be affected by a person's history and culture. The following questions may be used as a guide to understanding cultural difference as part of the assessment.<sup>52</sup>

- ✍ What is the purpose and function of the nuclear family?
- ✍ What roles do males and females play in the family?
- ✍ What is the role of religion for this family? How do these beliefs influence child rearing practices?
- ✍ What is the purpose, identity, and involvement of the larger homogenous group, e.g., tribe, race, nationality?
- ✍ What family rituals, traditions, or behaviors exist?

- ✍ Are there any uniquenesses related to food, clothing, etc.?
- ✍ What is the usual role of the children in this family?
- ✍ What is the perception about the role of children in society?
- ✍ What types of discipline does the family consider to be appropriate?
- ✍ Who is usually involved in fulfilling child care responsibilities?
- ✍ What are the family's attitudes or beliefs regarding health care?
- ✍ What are the family's sexual attitudes and values?
- ✍ How are cultural beliefs incorporated in the way this family functions? What things are done by the family to maintain their cultural beliefs?
- ✍ Who is looked to for authority and power related to decision making, e.g., maternal, paternal, tribal?
- ✍ What tasks are specifically assigned related to traditional roles in the family?
- ✍ How do family members express and receive affection? How do they relate to closeness/distance?
- ✍ What are the normal communication styles of this family?
- ✍ What methods does the family use to solve problems?
- ✍ How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?



# CASE PLANNING

Intervention with abused and neglected children and their families must be planned and purposeful. One of the essential elements of planned and purposeful treatment is a complete understanding of the nature, extent, and causes of the conditions that contribute to the risk of maltreatment. Armed with this knowledge, CPS caseworkers, other service providers, and the family can determine the best possible strategies for changing the conditions that lead to harm or the risk of harm to the child. Therefore, a comprehensive assessment of the family's circumstances and conditions is the foundation on which the case plan is built.<sup>53</sup> Case plans and service agreements are the primary mechanisms for protection, successful risk reduction, and treatment of the effects of maltreatment on the child.

The case plan that a CPS caseworker develops *with* a family is their joint road map to successful intervention. The goals established with the family tell the caseworker and family where they are going and the tasks tell them how they are going to get there.<sup>54</sup> The purposes of case planning are to:

- ⌘ jointly identify the strategies with clients that will help address the effects of maltreatment and change the conditions contributing to the abuse and neglect;
- ⌘ provide a clear and specific guide for the caseworker and the family for changing the conditions that influence risk;
- ⌘ provide a benchmark for measuring client progress in reducing or eliminating risks; and
- ⌘ provide an essential framework for case decision making.

## CASE PLANNING DECISIONS

The primary decisions during this stage of the CPS process are:

- ⌘ What goals must be achieved to reduce the risk of maltreatment and meet the treatment needs identified?
- ⌘ What are the priorities among the goals?
- ⌘ What intervention approaches or services will facilitate successful goal achievement?
- ⌘ How and when will progress toward goal achievement be evaluated?

To arrive at these decisions effectively the CPS caseworker must be able to involve the family actively in the planning process; be able to develop clear, behavior-specific, realistic, and measurable goals that address the treatment needs identified and help the family change the conditions/behavior causing risk to the child; be aware of the intervention strategies that are appropriate for changing specific behaviors; and be aware of available and accessible services within the community.

## **Determining Goals To Reduce Risk and Meet Identified Needs**

To help families change and meet their treatment needs, CPS caseworkers must work with them to develop goals that address the problems that place the child at risk of maltreatment and indicate in a positive manner the outcomes the family needs to achieve. As caseworkers work with families, the goal of casework is not to create a perfect family or a family that matches a caseworker's own values and beliefs. Rather, the overall goal is to reduce or eliminate the risk of maltreatment so that parents can protect their children and meet their developmental needs.

## **Setting Priorities Among the Goals**

Abusive and neglectful families experience multiple problems; consequently many behaviors/conditions must change in order for the risk to be reduced or eliminated. Caseworkers must help the client set priorities among the goals selected, so that families can experience success.

## **Selecting Intervention Strategies/Services**

In working with abusive and neglectful families it is important to be very specific and concrete. Therefore, it is incumbent upon caseworkers to break goals down into small digestible doses. CPS caseworkers must determine, with the client, what are the most appropriate intervention strategies/services that will help the family accomplish the goals. These services will be incorporated into the specific tasks the family, the CPS caseworker, and other service providers must achieve to reach the goals.

## **Determining Progress Toward Goal Achievement**

Planning is a dynamic process; goals and progress toward the goals must be evaluated continually. Therefore, CPS caseworkers must identify strategies for measuring client progress.

## **THE CASE PLANNING PROCESS<sup>55</sup>**

There are five basic principles to follow when developing case plans with clients:

**Actively involve the family in the planning process.** Similar to the assessment process, a case plan is developed with, not for, a family. Involving the family in planning serves several purposes. It:

- ⌘ facilitates the development of the essential helping relationship because the family's feelings and concerns have been heard, respected, and considered,
- ⌘ facilitates the family's investment in the goals and tasks,
- ⌘ empowers parents/caretakers to take the necessary action to change behavior that contributes to the risk of maltreatment, and
- ⌘ ensures that the agency and the family are working toward the same end.

Initially, the family and the CPS caseworker may have a different perspective on the causes for the abuse and neglect. However, involving the family in the assessment and planning process helps reach

necessary consensus on the problems and how they will be addressed. If the court is involved in a particular case, the guardian ad litem (GAL) or parents' attorney may be involved in the planning process. Although the GAL and parents' attorney will participate to ensure his/her client's needs and rights are represented, it may make the planning process more difficult.

**Select reasonable and achievable goals that address the conditions/problems causing the risk of maltreatment and the child's treatment needs.** Important points to remember in setting goals include the following:

- ✍ Initial goals should be viewed as a need and priority for the family/child and should be achievable early in the intervention process, preferably within 4 weeks.
- ✍ Goals should be very specific; the family should know exactly what has to be done.
- ✍ Goals should be behaviorally stated, that is, they should be stated in such a way that the caseworker, family, and other service providers know when the goals have been achieved.
- ✍ Goals should be stated positively (goals should indicate the change that should take place; they should indicate the positive behaviors that will result from the change and not highlight the negative behaviors the client must stop doing).
- ✍ Goals should be written in clear and understandable language.
- ✍ Goals should be measurable. Everyone should know when they have been achieved. Goals will be measurable to the extent that they are behaviorally and positively stated and written in clear and understandable language.
- ✍ **Address the relevant risks identified in the assessment and use the family's/child's strengths and resources when determining tasks for achieving the goals.**
- ✍ Caseworkers must make sure that selected tasks can be achieved realistically by the client in the agreed-upon time frame.
- ✍ Goals must be broken down into small, meaningful, and incremental tasks. These tasks reflect the specific services and interventions that will be implemented to help the client achieve the goals.
- ✍ Caseworkers must recognize progress, no matter how small, and reinforce each completed task as an achievement.

**Document who will do what and when.** The plan/agreement should:

- ✍ describe what the family, caseworker, and other service providers will do; and
- ✍ identify time frames for accomplishing each goal and task.

**Determine with family how to evaluate whether goals and tasks have been achieved.** For

example:

- ☞ talk with the parents/child about goal task accomplishment;
- ☞ observe behavior (e.g., parent–child interaction, the child's behavior in the foster home [if appropriate]) and the home environment, etc.; and
- ☞ talk with other service providers about goal and task achievement.

## **Developing Case Plans**

When developing case plans in CPS it is important to remember that case plans focus on three outcomes: protection, risk reduction, and treatment of the effects of maltreatment. The case plan should list all of the goals that must be accomplished to achieve these outcomes. The goals should address all factors contributing to the risk of maltreatment and the treatment needs identified.

To be effective, goals must be stated in positive, behavioral terms, in clear and understandable language, and be realistic both in terms of time frames and client strengths and resources. The goals will be measurable to the extent that they meet these criteria.

The following is an example using a case of child neglect. During the family assessment the following risk factor is identified as contributing to the neglect: the parents mismanage their income resulting in a lack of food and inadequate clothing for the children. With help from the client, the caseworker would restate the risk into positive need statements: The parents need to effectively manage their income. The parents need to provide their children with a nutritionally balanced diet. The parents need to provide the children with clothes that are suitable for their age and weather conditions. Then, during the planning process, the caseworker would develop goals with the family to address the needs/risks identified. One goal may be that the parents, Mr. and Mrs. Smith, will prepare and comply with a family budget each month.<sup>56</sup>

After developing goals with the family, realistic time frames for completion must be assigned. Determining time frames should be based on a thorough understanding of the risks; the family's strengths; their ability and motivation to change; knowledge of treating similar risks/needs; and the family's input regarding the length of time it will take for them to accomplish the goals.<sup>57</sup>

Along with time frames, priorities among the goals must be set. There are a number of things to consider in establishing priorities:

- ☞ the client's view of the most important issues to address;
- ☞ the goals that are most directly linked to risk to the child; and
- ☞ the goals that must be achieved to provide the foundation for further goal accomplishment.

## **Developing Service Agreements<sup>58</sup>**

Once all of the goals necessary to achieve the case outcomes (protection, risk reduction, and treatment needs resulting from abuse or neglect) have been developed, the service agreement becomes the primary mechanism that caseworkers and families use to achieve the goals in the case. There should be a series

of incremental time-limited service agreements established with the family, outlining the necessary tasks for reducing/eliminating the risk of maltreatment and meeting the identified goals. Developing specific, time-limited service agreements with families requires sufficient time and skills. Often, CPS caseloads are so large that caseworkers do not have sufficient time to complete this in every case.

Service agreements will typically include more than one goal; however, the caseworker and family should never try to address all the case goals in one service agreement. This action would seem overwhelming to the family and may lead to or reinforce feelings of failure and inadequacy. Service agreements can combine similar goals; for example, all goals dealing with the family's parenting knowledge and skills. Service agreements can also combine goals with the same or similar time frames. The most important consideration is that the service agreement should be a workable document and should provide opportunities for client success.

Each goal in the service agreement should be broken down into specific tasks that the client, caseworker, and other service providers must complete to achieve the goals. Remember that goals indicate where people are heading, and the tasks provide specific instructions for how to get there. Tasks are incremental; each small, meaningful task builds on the other toward client success. As with goals, tasks must also be behavior-specific and clearly stated. Families must understand what is expected of them and what they can expect from the caseworker and other service providers. Tasks incorporate the intervention strategies and services needed to help families accomplish the goal.

When selecting intervention approaches and services, caseworkers must consider a number of issues:

- ✍ the approach best suited to the client's needs, perception of the problem, and strengths and resources;
- ✍ caseworker skills and caseload demands; and
- ✍ the resources available in the community.<sup>59</sup>

Using the previous example, Mr. and Mrs. Smith will prepare and comply with a family budget each month for 3 months. Some client and caseworker tasks to achieve this goal may include:

### **Client**

The Smiths will meet with a homemaker once a week. (3 months)

The Smiths will review their income and expenses with the homemaker and prepare a budget for the month. (1 week)

The Smiths will record each purchase and bill paid and other expenses for the first month.

The Smiths will check expenses against the budget each week.  
(3 months)

The Smiths will review their expenses with the homemaker each week.  
(3 months)

### **Caseworker**

The caseworker will arrange for a homemaker to meet with the Smiths once a week for 3 months.

The caseworker will discuss the family's progress with the homemaker each month for 3 months.

The caseworker will discuss with the Smiths the successes and problems they experienced in keeping the budget.

Note that these tasks are very specific; they state the activities that must be accomplished to achieve the goal. The tasks include the services and intervention strategies that best meet the family's needs and build on their strengths and resources.

Flexibility is critical in developing and implementing case plans and service agreements. There must be flexibility to allow for changing circumstances and a willingness to try new approaches when the old ones are not succeeding. The use of creativity in developing new approaches to tackle difficult problems also helps. Remember, the client's needs and resources change; flexibility allows the plan to follow suit. Planning is a dynamic process; no plan should be static.<sup>60</sup>

## **SPECIAL PRACTICE ISSUES**

Clearly, caseworker planning efforts will be unsuccessful if the family is not involved in the process. Active involvement of the family should begin during the assessment stage and should continue in the planning process and throughout the life of the case. Client involvement is essential because the family is much more likely to become engaged in the change process if they feel some ownership to the goals.

### **Engaging the Family in the Planning Process**

There are some special considerations for involving families in the planning process.

- ☞ **Caseworkers should listen attentively.** Families who feel that their feelings and concerns are heard are more likely to engage in the planning process. Caseworkers can demonstrate that they are listening by using verbal and nonverbal attending behaviors. For example, sitting forward in the chair, using head nods, and minimal verbal following (umhum, yes). Caseworkers can also reflect the feeling and/or content of the individual's message. This too helps the person feel heard and understood. And caseworkers can use a variety of questions. If appropriately used, questions can demonstrate interest and concern as well as gather necessary information.
- ☞ **Families should be actively involved in deciding upon and developing goals.** During the assessment, the caseworker has worked with the family to reach consensus on the problems to be addressed. The CPS caseworker and the family have recast the risks identified into positive need statements. Now the task is to work with the family to identify goals that will help them change their behavior, conditions, or circumstances. The risks identified in the assessment will be the foundation upon which goals and tasks are developed.
- ☞ **Families should be actively involved in deciding what risks should be tackled first.** Remember, families are more likely to be motivated to change behavior if they feel that their needs and concerns are being heard and addressed. Therefore, the decision regarding sequencing of goals should be a negotiating process between the caseworker, family, and other service providers (if appropriate). Caseworkers must help the family maintain a realistic

perspective on what can be accomplished and how long it will take to complete specific goals and tasks.

- ✍ **Families should assist in determining how they will accomplish the goals.** Intervention approaches and services will be selected through a dialogue between the caseworker and family. Caseworkers will make suggestions based on their understanding of the risks, needs, and strengths; their knowledge of how best to tackle the individual/family's specific problems; and their knowledge of resources available and accessible in the community. The family will suggest resources within the family/friends/community that can be tapped. Together the caseworker and family will develop the specific, necessary tasks for goal achievement.

## **Roadblocks to Planning<sup>61</sup>**

What are some common roadblocks to developing effective case plans and service agreements? First, high caseloads may prevent caseworkers from spending sufficient amount of time with clients to conduct thorough assessment and develop effective plans. Second, CPS caseworkers may have difficulty making sure that goals are specific, behaviorally and positively stated, written in clear language, and measurable. For example, a typical general goal in a CPS case is: The parents will improve their parenting skills. This goal could apply to anything from using healthy methods of discipline that teach rather than punish to providing a nutritionally balanced diet for a child.

Third, sometimes caseworkers label clients. For example, a caseworker may label a parent as hostile, alcoholic, etc. These labels tell us little about what the problem is. However, when the person's behavior is described, the tasks necessary to make small, measurable changes can be identified easily.

A fourth roadblock to developing effective plans and agreements is identifying services as goals. For example, "The parents will attend eight parenting classes at the YWCA," is a clear, specific, and positively stated goal; however, it does not identify the behavior that must change or the need being met. The parents could attend all eight parenting classes but not have changed their behavior that contributes to the risk of maltreatment. The goal has been achieved but the risk has not been reduced or eliminated. However, this is probably one task that the family must accomplish to achieve the goal: The parents will use positive disciplinary measures that teach rather than punish.

The result of these problematic goals and tasks is that clients do not know what is expected of them and what they can expect of the caseworker, agency, and other service providers. Further, CPS caseworkers will be unsure when goals have been achieved; thus, critical case decisions will be much more difficult to make.

There are at least three other conditions that can be roadblocks to effective planning. The most significant of these is failure on the part of the caseworker to involve the parents and children in the case planning process. If goals are to be successful, they must be mutually agreeable. Clients are more likely to make difficult changes in their lives if they are working toward something that they believe is important.

This brings us to the next roadblock. Clients may be resistant to working with CPS. Because CPS clients often do not come to CPS voluntarily, it is the caseworker's responsibility to attempt to develop some level of mutual understanding during the family assessment. If this has not been possible, it may be the first thing that needs to be worked on together. An appropriate task for the client as a step toward achieving mutual agreement in the development of a plan may be: Mr. Jones will identify one thing that he wants to change about his life.

A final roadblock occurs when plans are developed without flexibility. Conditions in a family's life may change. New information may become available that alters the nature of the risk of maltreatment. When this occurs, the case plan must be renegotiated between the caseworker and the client.

## **COMMUNITY COLLABORATION**

CPS caseworkers must have an indepth knowledge of the resources in their community that they can draw upon to help abusive and neglectful families reduce the risks of maltreatment and meet the treatment needs of the child and the family. Caseworkers must be aware of the specific services provided by community agencies and professionals, target populations served, specializations, eligibility criteria, waiting lists, and fees for services. With this knowledge, CPS caseworkers can determine the most appropriate services to help the family achieve the goals.

If the caseworker determines that a particular service provider would be helpful in a case, it is important to involve that provider in the planning process. Involving the service provider in the planning process serves several purposes.

- ✍ It establishes the helping relationship between the client and service provider.
- ✍ It enables the service provider to obtain an indepth understanding of the needs and strengths of the child and family.
- ✍ It provides expert knowledge on the goals and tasks necessary to reduce the risks of maltreatment and meet the treatment needs.
- ✍ It enables the service provider to be involved in the identification of relevant goals for the family.
- ✍ It ensures clarity regarding measures of client progress and the services provided.

Caseworkers who plan effectively know how to engage the client in the process, how to set reasonable and achievable goals and tasks, the roles that they will play, and the resources that they can call upon to help create and carry out the plan.

# SERVICE PROVISION

Once the case plan has been developed, the caseworker must provide or arrange for services identified in the plan to help family members achieve case plan goals and tasks.

## CASE MANAGEMENT

It is the CPS caseworker's responsibility to select, provide and/or arrange for the most appropriate services, communicate and collaborate with identified service providers, measure progress toward goal achievement, maintain records, and prepare and review necessary reports.

When other service providers are used as part of the CPS caseworker's overall risk-reduction strategy, it is important to establish a contract with the referral agency or individual professional. The contract should include the following:

- ✍ the results of the family assessment, including an identification of the most critical risk factors that the service provider is to address;
- ✍ a copy of the case plan with the service provider's role identified;
- ✍ specification of the purpose of the referral, and expectations regarding the type, scope, and extent of services needed;
- ✍ specification of the number, frequency, and method of reports required, as well as reasons for reports;
- ✍ measures of client progress and evaluation of services provided; and
- ✍ provisions for coordinating among providers and monitoring service provision and risk reduction.

## TREATMENT FOR ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES

Since child maltreatment is rooted in multiple and interacting intrapersonal, interpersonal, and environmental factors, interventions need to address as many of these contributing issues as possible.<sup>62</sup> Early research in child abuse and neglect treatment effectiveness suggested that successful intervention with maltreating families requires a comprehensive package that addresses both the interpersonal and concrete needs of all family members. These evaluation projects found that programs that rely solely upon professional therapy, without augmenting the services strategies with group counseling and other supportive or remedial services to children and families, will offer less opportunity for maximizing client gains. In addition, the findings suggest that agencies should invest the most intensive resources during the initial months of treatment to engage the family and begin altering behavior as close to the point of initial referral as possible.<sup>63</sup>

Recent research in child sexual abuse treatment approaches found that a broad range of therapeutic and other services for child sexual abuse cases exist, including individual and group therapy, dyad therapy,

family therapy, peer support groups, marital counseling, alcohol and drug counseling, client advocacy, parent aides, education, and crisis intervention. This evaluation also found that child sexual abuse cases receiving a variety of services were reported to be more successful than other cases. The services that showed the highest correlation to client success included individual therapy, family therapy, dyad therapy, peer support, group therapy, and crisis intervention. While these services seemed to be related to client success, no single modality was found to be more effective than others.<sup>64</sup>

Clearly, each community must possess a broad range of services to meet the multidimensional needs of abused and neglected children and their families. Selection of services in a particular case is based on the factors contributing to the risk of maltreatment and the family's strengths, the treatment approach best suited to the particular problem being addressed, and the resources available in the community. The next section describes alternatives and typical problems that they are designed to address. However, for specific discussion of treatment issues and intervention strategies, caseworkers are referred to the following manuals in this series: *The Role of Mental Health Professionals in the Prevention and Treatment of Child Abuse and Neglect*; *Treatment for Abused and Neglected Children: Infancy to Age 18*; *Protecting Children in Substance Abusing Families*; and *Preventing and Treating Child Sexual Abuse*.

### **Services for Families and Parents**

Maltreating parents may have problems such as chronic low self-esteem, depression, dependency, immaturity, impulsiveness, suspiciousness, distrustfulness, and inability to be empathetic. Environmental stress such as economic problems, cultural discontinuities (i.e., parents usually raise their children the way they were brought up), or difficulties with changing familial structures (i.e., single parent families, large families, or blended families) can lead to serious family dysfunction culminating in child maltreatment. If the primary goals of therapy are to improve stress management, to increase positive parent-child interactions, and to enable parents to handle their intrapsychic conflicts, then a combination of treatment approaches and methods are required. This combination can only occur through the collaboration of different service providers. It is important to remember, however, that involving too many professionals and/or too many services may overwhelm a family and increase feelings of powerlessness.

#### ***Intensive Home-Based Services (Family Preservation Services)***

Intensive home-based services offer a short-term, intensive intervention strategy designed to prevent the removal of children. This strategy is based on short-term concrete behavioral objectives for the family. Many of the therapies described above and the support services discussed later are used in this approach.

#### ***Individual Therapy***

Individual therapy ranges from insight-oriented psychotherapy to various behavioral treatment strategies. In determining the specific type of individual therapy, caseworkers must consider the family's or individual's current situation, their ability to verbalize feelings, and their capacity to make changes in their lives. Some of the issues to be addressed in individual therapy are:

- ✍ past history of abuse;
- ✍ attitudes toward violence;
- ✍ cognitive patterns;

- ✍ anger/impulse control;
- ✍ sexuality;
- ✍ managing stress; and
- ✍ substance abuse.

The issues addressed in therapy should always be related to or have an affect on the parents' ability to protect their child and meet the child's developmental needs.

It is important to remember that dealing with many of maltreating parents' long-standing problems requires a great deal of time, energy, and patience. Not all parents (nor all caseworkers or therapists) are able to work at this level.

### ***Couples Therapy***

Couples therapy is particularly beneficial when parents become aware that anger and frustration from their relationship are being vented on their children. A couple can learn a more direct style of communication that allows them to express their feelings and listen and respond more effectively.

In families where incest has occurred, the focus of therapy should be on the effects of incest on the couple. Some of the issues to be addressed are the couple's capacity for intimacy, sexual enjoyment in the marital relationship, communication, mutual validation, and a modification of role behaviors and responsibilities.

### ***Family Therapy***

Family therapy can also be a constructive approach if the family members are sufficiently articulate, the children are old enough, and the level of anger and frustration in the family is not overwhelming. The primary goal of intervention in families is to prevent further maltreatment. The following are the specific objectives of family therapy when maltreatment has occurred.

- ✍ Confront the maltreatment openly as a family.
- ✍ Define the patterns of maltreatment within the family system.
- ✍ Determine short- and long-term goals of the family.
- ✍ Discuss family rules and roles to enhance a higher level of family functioning.

Issues to be addressed in therapy sessions with maltreating families include:

- ✍ impulse control problems;
- ✍ lack of sound judgment;
- ✍ conflicts with authorities;

- ✍ use of manipulation;
- ✍ self-indulgent behavior;
- ✍ tendency to act out feelings rather than talk them out;
- ✍ blurred family boundaries (physical and emotional);
- ✍ role reversals;
- ✍ imbalance of power;
- ✍ communication and negotiation skills;
- ✍ trust;
- ✍ intimacy; and
- ✍ the capacity to problem solve.

### ***Group Therapy***

Group therapy offers unique opportunities to work on relationship issues such as trust, individuation, and self-responsibility. It may be used as an adjunct to other types of treatment and support for maltreating parents. Group therapy is designed to enhance interpersonal communication. Many maltreating parents have chronic difficulties in social relationships, are products of poor parenting, and may not have been socialized adequately. Groups have numerous advantages for this population.

- ✍ They help to reduce isolation by bringing parents together.
- ✍ They help to improve self-esteem by providing recognition that other families struggle with similar issues.
- ✍ They help parents learn to trust others, and provide an atmosphere where mutual support can develop within and outside the group.
- ✍ They create an environment where peer confrontation of denial, projection, and rationalization is possible. Confrontation usually occurs more quickly and intensely in group therapy than in individual therapy.

Group therapy is the treatment of choice for child sexual abuse offenders. It is interesting to note that group therapy is also the treatment of choice for adult survivors of child sexual abuse.

### ***Parent Education***

There are many sources of information in the field of child development and parenting. Parent groups also

offer advice and information, but they do a great deal more. They bring people together and break down isolation. They offer emotional support while creating a powerful context for learning by actively working on specific parenting problems. By including parents who are interested in obtaining additional information on child care as well as parents who are feeling overwhelmed, groups avoid stigmatization.

Most maltreating parents can benefit from a cognitive, time-limited, structured, parent education group. The cognitive component of parent education attempts to:

- ✍ inform parents of the goals children obtain through misbehavior and goals gained through positive behaviors;
- ✍ teach parents how emotions are used by both parents and children;
- ✍ provide information on child development, including sexual development, and child personal safety issues and concerns;
- ✍ teach parents to listen actively and communicate effectively with their children;
- ✍ build positive approaches to discipline and teach alternatives to hitting and punishing by using techniques for dealing with common problems (lying, stealing, etc.), setting limits; and
- ✍ build parental self-confidence, thus helping children to develop.

Most abusive and neglectful parents can benefit from this type of instruction, but it should not be the exclusive treatment method for the majority of parents. Parents who severely abuse their children, who use physical punishment on young infants, and who defend the right to use harsh discipline are usually suffering from more severe emotional deficits. Due to their extreme emotional needs, these parents may hear but be unable to use information about parenting. Thus, it is important for these parents to establish a relationship with a therapist prior to receiving parent education. Other parents, such as some neglectful parents, can benefit from instruction in parenting techniques without having received other types of treatment.

### ***Psychiatric Hospitalization/Medication***

Psychiatric assessment should be considered when clients seem severely depressed or exhibit other affective or thought disorders. The psychiatrist may find it necessary to manage these problems through medication, or in some cases, through in-patient treatment.

### ***Substance Abuse Treatment***

Substance abuse treatment provides family members with medical care, additional treatment, and support services for those not addicted. Most communities have a variety of services for drug and alcohol addictions. Some of the programs include:

- ✍ detoxification programs;
- ✍ in-patient treatment programs;

- ✍ out-patient individual and group therapy; and
- ✍ support groups (e.g., Alcoholics Anonymous [AA], Al-Anon, Alateen, Alatot, and Narcotics Anonymous).

### ***Support Services***

As stated previously, intervention with maltreating parents requires comprehensive services. The support services helpful to many abusive and neglectful parents are described below.

- ✍ **Educational services** should be considered when a person lacks basic education and life skills or has a desire to develop career opportunities and is cognitively capable of benefiting from services (e.g., GED or adult literacy courses). These types of services may be selected because of parental interest which would involve a referral, or in other circumstances where parenting functions could be impaired, for example, by lack of autonomy or low self esteem, in which case these services would be essential to effective parenting.
- ✍ **Employment counseling and training services** provide opportunities for building employment-related skills in areas such as job interviews, obtaining employment, training in technical skills, and keeping a job. Services such as vocational rehabilitation, where eligible parents' interests and aptitudes can be tested, and training and help with placement are provided are excellent resources.
- ✍ **Financial counseling and assistance services** provide families with skills and knowledge needed for household budgeting and financial management. Sometimes these services are available free of charge or for a small fee through public agencies. Financial counseling is also available through private agencies and institutions.
- ✍ **Lay therapy/parent aides** should be considered when a person is socially isolated, has low self-esteem, and is in need of a nonthreatening, trusting social experience, and/or instruction regarding specific role performance.
- ✍ **Legal services** provide legal assistance in areas such as divorce, housing evictions, and financial matters.
- ✍ **Homemaker services** should be considered when parents need to improve their home management or parenting skills and may be able to learn by example, or are absent from the home periodically, or are socially isolated.
- ✍ **Public health and other health services** provide family members with medical assistance, assistance with child care, and assistance in effective child-rearing.
- ✍ **Respite care** should be considered when parents/caretakers need relief from child care as a form of treatment or because of employment responsibilities.
- ✍ **Support groups** can reduce social isolation, improve self-esteem, and provide essential networks of support to parents (e.g., Parents Anonymous, Parents United).

- ✍ **Temporary shelter and housing assistance services** provide families with temporary shelter and assistance in locating and maintaining adequate housing.
- ✍ **Transportation services** provide families with transportation to facilitate the use of community resources.

## Services for Children

The intent of service for abused and neglected children is to support the children's expression of feelings, meet the children's emotional needs, and offer direct treatment. Several of these alternatives are discussed below.

## Treatment for Children

- ✍ **Art therapy** allows children to release feelings and conflicts and grow emotionally. Art therapy is useful and helpful as a diagnostic and therapeutic tool. Therapeutically, it can be used to deal with feelings related to victimization, loss, separation, etc.
- ✍ **Group therapy** allows maltreated children to regain their status as children within the family through peer interaction and helps to support age-appropriate roles and identity. The group experience is often the first time victims receive validation for their feelings regarding the maltreatment and are not blamed for changes in the family system that resulted from disclosure. Groups for sexually abused children and adolescents are useful in dealing with distortions in the parent-child relationship. A group also provides a safe setting where children can talk and play through feelings about individuals and family problems; offers appropriate adult role modeling; helps the children relate to peers who have had similar experiences; and teaches protective strategies and social skills.
- ✍ **Individual therapy** provides children who can express themselves verbally with attention and support to meet their needs, deal with their fears, resolve conflicts, promote positive self-esteem, and deal with victimization.
- ✍ **Play therapy** helps young children because they do not have the capacity for introspection that develops with age. They do not differentiate between their feelings and their actions. Their maladapted behaviors are easily observed in their play. Indicators for use of play therapy are age of the child (preschool and early school-age children); stabilization of the children's home environment (children must feel safe); and concurrent parental treatment (not jointly with the children).
- ✍ **Special education programs** provide physically, developmentally, or emotionally disabled children with educational programs designed to meet their individualized needs.
- ✍ **Therapeutic day schools** can meet the treatment needs of maltreated children. These programs provide a safe environment, acceptance, and positive feedback. Consequently, they help children develop trust in others and a positive self-image. Consistent routines and staff predictability give maltreated children the freedom to test their feelings and actions, such as anger and fear, and channel them appropriately. Therapeutic play schools emphasize positive interactions and relationships among peers and between children and adults, rather than structured academic training. These programs are especially indicated for children between

the age of 2 and 5 who have not had other preschool experiences and who are isolated from peers.<sup>65</sup>

### **Other Services for Children**

- ✍ **Early childhood programs** provide children at risk with time away from a stressful home situation, needed structure, limit setting, stimulation, an opportunity to interact with adults and children who serve as models for appropriate actions, and an alternative to foster care when continual presence in the home places the children at risk and jeopardizes the children's safety.
- ✍ **Out-of-home placement** should be considered when risk of harm to the children is great and/or when the children's behavior and emotional needs cannot be addressed at home. A nurturing placement for children at risk can provide them with an opportunity to develop trust in adults, enhance self-esteem, and learn more appropriate methods for communicating with others. When there is a need to place children in out-of-home care, the risk of disrupting the family must be considered and weighed against the risk of harm to the children.
- ✍ **Supportive services** can be an adjunctive assistance for maltreated children who may also be receiving other forms of treatment. Services such as Big Brothers, Big Sisters, YMCA, and Foster Grandparents can provide maltreated children with a consistent role model, support, nurturance, and a safe place. Community and church activities can also benefit maltreated children. These programs provide support to the children, help overcome problems associated with loneliness, and broaden the children's range of social contact. In situations where supportive services are used, it is imperative that consultation and training be provided to the service providers on a regular and consistent basis.

### **Military Family Advocacy Services**

These services should be considered any time one of the family members is in the military. The military Family Advocacy Program (FAP) addresses the prevention, reporting, identification, treatment, evaluation, and followup of child and spouse maltreatment. Depending on the size of the military installation, often the following services are available to help families reduce the risk of maltreatment: hotline services; intake counseling; crisis intervention; mental health counseling; health and medical treatment; prevention programs for individuals and groups; support and educational groups (e.g., batterers groups, parent support groups); day care and foster care; substance abuse counseling; and case management services. For further information on the military FAP, caseworkers are referred to another manual in this series entitled *Protecting Children in Military Families: A Cooperative Response*.

### **Native American Child Welfare Services**

The history of Native American child protection has had complicated jurisdiction issues involving Federal, State, tribal, and local government entities, laws, and agencies. This problem of overlapping jurisdictions has led to numerous difficulties, including cases where maltreated Indian children were sent to foster homes off the reservation.

In 1978, the Indian Child Welfare Act (Public Law 95-608) was passed to protect the interests of Native American children while promoting the stability of Indian tribes and families. The law requires caseworkers to make every effort to offer services designed to keep Indian families together.<sup>66</sup> This law

also serves as the basis for various tribal–State agreements, tribal court rules, and social service procedures. Recently enacted State statutes recognize tribal authority over Native American children and families; some State laws urge caseworkers to consider cultural child rearing practices in working with Native American populations.<sup>67</sup>

The services offered by tribal child protective agencies vary widely, but local programs often include alcohol and drug counseling, individual and family therapy, legal assistance, family planning assistance, crisis nurseries, Big Brother–Big Sister programs, Indian Parents Anonymous groups, and foster care in Native American homes.

Recognizing the importance of cultural sensitivity, service agencies working with Indian populations hire Native American social workers when possible and train non-Indian caseworkers in cultural awareness issues.<sup>68</sup>

For further discussion of issues surrounding cultural awareness, caseworkers should consult *Developing Cultural Competence in the Prevention and Treatment of Child Abuse and Neglect*, another manual in this series.

# EVALUATION OF FAMILY PROGRESS

The primary purpose of the evaluation of family progress is to measure what changes have occurred in the most critical risk factors identified during the child and family assessment.

## DECISIONS BASED ON EVALUATION OF FAMILY PROGRESS

The focus of the evaluation of family progress is to yield the following decisions:

- ✍ What changes (if any) have occurred with respect to the conditions and behaviors causing the risk of maltreatment?
- ✍ What case plan tasks have been accomplished and how does the caseworker know that they have been accomplished?
- ✍ What progress has been made toward achieving case goals?
- ✍ Are services being provided as planned and/or are other services needed to help the clients achieve case goals?
- ✍ Should a new case plan or service agreement be developed based on the progress (or lack of progress) during the last case plan evaluation period?
- ✍ What is the current level of risk of maltreatment?
- ✍ Has the risk of maltreatment been reduced so significantly that the CPS case can be closed?

To arrive at effective decisions during the evaluation of family progress, the CPS caseworker must be able to collect and organize information, apply standards to measure and analyze information, and evaluate and interpret the meaning of the information.

### What Change Can Be Measured?

Change is measured during the evaluation of family progress on two levels. First of all, a current assessment of the most critical risk factors (identified during family assessment) should be made. Specifically, what changes have been made in the conditions and behaviors causing the risk of maltreatment? The same criteria used to assess these factors during the child and family assessment should be used again to understand the current level of risk. The second measurement of change can occur by specifically examining the progress being made by the client to achieve tasks and goals.

Part of the CPS caseworker's responsibility during case planning was to identify methods for assessing whether tasks will be accomplished. During the evaluation of family progress, the CPS caseworker must specifically evaluate the extent to which specific tasks have been accomplished by the family, caseworker, and service providers. When the caseworker specifies the measurement approach in advance, family progress can be evaluated by summarizing what methods the caseworker has been using to evaluate task accomplishments during the last evaluation period.

Since the goals established in the case plan were specific, positively and behaviorally stated, and written in clear and understandable language, evaluating the level of accomplishment should be a straightforward

process. The evaluation of family progress should include a point-by-point description of the progress being made toward accomplishing each case goal.

### **What Has Been the Level and Quality of Services Provided?**

The CPS caseworker is responsible for assessing the extent to which services are being provided as planned and for determining if the type and frequency of service should be altered to increase the likelihood of risk reduction. Specific questions that should be considered are: Has the client attended services as planned? Have the services been helpful to the client in achieving tasks and goals? Have the services been provided in a timely manner? Has the service provider developed a reasonable degree of rapport with the family? Is there a need to alter the plan of service based on changes in the family?

### **Should a New Case Plan or Service Agreement Be Developed?**

As was emphasized in the case planning section of this manual, all case goals are not identified in every service agreement. To break the problems down into short-term steps for change, each service agreement focuses on issues that can be addressed over a short time frame. As client progress is evaluated, one of the decisions that needs to be made is whether the service agreement should be amended to identify case goals not yet addressed. In addition, if client circumstances change significantly during the evaluation period, it may also be necessary to amend the case plan based on new information.

### **What Is the Current Level of Risk of Maltreatment?**

Based on the changes made by family members, the caseworker must determine the current level of risk of maltreatment to the child(ren). The same factors that were used during the initial assessment/investigation to determine the level of risk of maltreatment should be applied periodically to determine whether continued CPS intervention is needed. At a minimum, risk reduction should be measured prior to making the decision to close the case. The level of risk at closure should be compared to the level of risk at the time the case was opened for services to verify that the risk of maltreatment has been eliminated or sufficiently reduced.

### **Has the Risk of Maltreatment Been Reduced Sufficiently To Close the Case?**

One of the primary purposes of ongoing CPS intervention is to help the family change the conditions that will likely lead to maltreatment in the future. Having this focus helps the agency recognize that the CPS caseworker is *not* responsible for trying to help the family change everything about their life. The caseworker must also be realistic about change. Change occurs in small incremental steps. While it may not be possible to help a family reach optimal levels of functioning in relation to all of the conditions and behaviors causing the risk of maltreatment, it may be possible to help a family change the most critical so that the parents are able to provide minimally sufficient care for the child. The criteria used to determine whether to close the case should be minimal standards, not optimal standards. If risk is measured to be reduced sufficiently and the child is safe, then the case should be closed. However, ongoing support for the family and treatment for the child may be needed even after the case has been closed to CPS.

## **THE PROCESS OF EVALUATING FAMILY PROGRESS**

In a sense, the process of evaluating family progress is a continual case management function. Once the case plan is established, each client contact should be focused on assessing the progress being made to achieve established goals and tasks.

Formal case evaluations should occur at regular intervals, however, to specifically measure client progress and to redesign service agreements if appropriate. Good casework practice suggests that caseworkers evaluate family progress at 3-month intervals. The process of evaluating family progress consists of the following steps:

- ✍ reviewing the case plan and current service agreement;
- ✍ collecting information from all service providers regarding the progress toward achieving case goals;
- ✍ engaging the child and family in a discussion to review progress in relation to goals and tasks established in the service agreement;
- ✍ specifically evaluating any changes in the conditions and behaviors felt to be most critical to the risk of maltreatment and reassess the risk of maltreatment (if indicated);
- ✍ collecting information regarding the child's progress in treatment;
- ✍ considering any changes in the family dynamics (with respect to the risk of maltreatment) during the last evaluation period; and
- ✍ employing a process for analyzing and documenting the case evaluation in relation to the key decisions at this stage.

### **Review of the Case Plan and Current Service Agreement**

Caseworkers should examine the content of the case plan and current service agreement. Then, based on the goals and tasks specified, caseworkers should develop a list of questions and sources for finding out what progress was made in relation to each of the tasks and goals.

### **Collecting of Information From All Service Providers**

As specified in the service provision section of this manual, the referral to all service providers should have clearly specified the number, regularity, and methods of reports expected from other providers. It is the caseworker's responsibility to ensure the submission of these reports and to request personal meetings with service providers if indicated. At a minimum, each report should specify the type of services provided, the frequency of services, and what progress the client has made (if any) in relation to the tasks and goals that have been previously specified in the case plan and service agreement.

## **Involvement of Clients in an Evaluation of Their Progress**

Using the service agreement as the vehicle for communication, the caseworker should schedule a meeting with the family to jointly review progress made in relation to the tasks and goals. During the client meeting, the caseworker should ask the family members their perceptions of task and goal achievement. If goals and tasks have been established in behavioral and measurable language, there should be little debate about the level of achievement during the last evaluation period. If there are differences in the client's and the caseworker's perceptions, these differences in perception should be clarified in the written evaluation.

Once the past has been reviewed, caseworkers should discuss with the family any need to revise the case plan or service agreement (goals, tasks, and/or service provision). This is the caseworker's opportunity to provide feedback to clients about what they have done well (and should continue) and actions that they may need to change based on a continued risk of maltreatment.

## **Evaluation of All Information Regarding Risk**

In addition to specifically discussing progress with regard to tasks and goals, it is also important that the CPS caseworker use the evaluation process to assess change regarding the causes of risk factors and to consider other changes in the family that may be risk-related. To complete this step, the CPS caseworker must review the most critical problems identified during the family assessment and discuss any changes in relation to these problems during the evaluation period.

## **Analysis of the Information and Decision Making**

At this stage of the process, information should be analyzed and compared with other components of the case process. Change is measured by comparing the conditions and behaviors identified during the family assessment to the current functioning of the family. Change is also measured by evaluating the level of achievement in tasks and goals. Finally, risk reduction is specifically measured by comparing the risk level identified during the initial assessment to the current risk of maltreatment identified during the evaluation of family progress.

Each decision builds on the information and decisions made previously. Once the comparison has been made in client behaviors, conditions, and accomplishment of goals and tasks, the caseworker must then decide if the service agreement should be altered to address new case goals or, if the current plan is not working, what would be a more realistic approach to help the family reduce the likelihood of maltreatment.

In situations where the earlier decisions suggest a high degree of risk reduction, the family circumstances can then be evaluated with respect to case closure.

Documentation of the evaluation of family progress should clearly outline the caseworker's comparison of family progress and document the decisions and basis for decisions.

## **COMMUNITY COLLABORATION**

If services are being provided collaboratively by the CPS agency and other agencies or individual providers, the evaluation of family progress must be a collaborative venture. It is the CPS caseworker's responsibility to manage the comparison of client progress based on information reported from all service providers. In some cases, it may be appropriate to convene a team meeting to systematically review the progress in relation to the family assessment, the case plan, and the service agreement. When the court is

involved in a particular case and the evaluation will be reported to the court, then it would be appropriate to consider involving the GAL, parents' attorney, and the court-appointed special advocate (CASA).

Part of the CPS caseworker's responsibility during the evaluation of family progress is to address any inconsistencies or problems with service delivery. For example, it is important to make sure that all service providers really are working toward the same overall case plan. Further, the CPS caseworker should examine whether the types, quality, and quantity of services are adequate. For example, is the client resistant to CPS intervention because the volunteer providing transportation for the child to attend an infant stimulation program is frequently late or may not show up at all? As problems are identified, the CPS caseworker should develop a strategy for addressing them. This approach to problem solving is also excellent "modeling" for the client.

When the court is involved in a particular case and the CPS agency is considering closing the case, the court must approve case closure as well as terminate any existing court orders. Depending on the jurisdiction, this may involve written notification to the court or a court hearing.

### **FAMILY INVOLVEMENT DURING CASE CLOSURE**

As emphasized during other stages of the case process, clients should be involved in the evaluation and closure process and should be part of any decisions made about them. Closure can be a positive, learning experience for the CPS caseworker and the family if certain steps are followed. Once the evaluation of family progress has indicated that the case should be closed, the following principles apply to the case closure process. Caseworkers should:

- ✍ meet personally with the family to discuss the case closure;
- ✍ establish time frames (together) for when the case should be closed;
- ✍ acknowledge the family's (and the caseworker's own) feelings about the case closure;
- ✍ be prepared for a family-created crisis that may occur as a reaction to anticipated independence resulting from the planned closure;
- ✍ review the progress made as a result of CPS involvement emphasizing efforts that were essential for the resulting changes;
- ✍ refer the family to any additional resources as needed; and
- ✍ leave the door open for services, should they be needed in the future (including providing information to the family about how to contact the agency and who should be contacted in the future).



# **SUPERVISION, CONSULTATION, AND SUPPORT**

Providing child protective services is a complex, demanding, and emotionally draining job. Making decisions that affect the lives of children and families takes its toll on caseworkers. Working with families experiencing abuse and neglect is extremely difficult because of the feelings it elicits in caseworkers. Therefore, CPS caseworkers need to be provided with the tools (knowledge and skills) they need to do the job. And, they need ongoing consultation and supervision. In addition, CPS caseworkers need support, feedback, and recognition. Finally, because they may encounter volatile situations, they need guidance on how to assess their own safety and protect themselves.

This chapter provides an overview of basic principles for addressing orientation and training, supervision, case consultation, caseworker support systems, and worker safety.

## **ORIENTATION AND TRAINING**

CPS caseworkers need to be prepared for the very important roles that they will play with abused and neglected children and their families. Too often CPS caseworkers are not adequately prepared for the difficult tasks and decisions for which they are responsible. Therefore, it is critical that preservice training and orientation be provided to new caseworkers to bring them to the level of basic competency. (See the chapter “Overview of the Responsibilities of the Child Protective Services Agency.”) Additionally, CPS caseworkers must be provided with ongoing inservice training to ensure that their level of competency in all required knowledge and skill areas remains high.

Over the past 15 to 20 years a large number of curriculums for CPS staff have been developed. Some focus on specific aspects of CPS practice, while others address the entire CPS process. A number of States provide competency-based preservice certification training programs for all new child welfare staff (Georgia, Tennessee, Wisconsin, South Carolina, Ohio, etc.) Although these programs differ in the content and approach to training, the intent is to provide caseworkers with the basic knowledge and skills needed to perform their roles and responsibilities and to provide an opportunity for caseworkers to examine their feelings, attitudes, values, and biases toward abused and neglected children and their families.

CPS staff need to continue to grow and develop professionally and personally on the job. Ongoing inservice training provides caseworkers with opportunities to develop enhanced levels of competency. This training should focus on advanced knowledge and skill development. Training can be provided in a number of ways:

- ☞ specialized workshops by State staff development/training personnel, community, or national experts;
- ☞ use of advanced training curriculums provided by national organizations; and
- ☞ national, regional, State, and local conferences.

## **SUPERVISION**

Regardless of their level of experience, all CPS caseworkers need guidance, direction, feedback, a sounding board, an objective perspective on cases, and assistance in decision making. Caseworkers do not work independently; supervision is an integral part of the casework practice. Supervisors help CPS caseworkers by:

- ✍ orienting caseworkers to the expectations of the job, the agency, and the community;
- ✍ providing caseworkers with the information they need to perform their tasks, (e.g., changes in policy or procedure);
- ✍ providing assistance in the critical decisions made at each stage of the CPS process (decisions related to the risk to the child such as removal from and return to the home should always be made in consultation with the supervisor);
- ✍ providing problem solving, guidance, and direction on handling difficult case situations;
- ✍ providing an objective viewpoint or fresh perspective on case situations that may broaden the caseworker's understanding of the dynamics in the case;
- ✍ answering procedural questions, (e.g., completing required forms and documents);
- ✍ being a sounding board for expressing the range of feelings elicited in working in CPS;
- ✍ serving as an advocate for caseworkers with administration, community agencies and professionals, and the court system;
- ✍ encouraging the caseworker's professional growth and development;
- ✍ monitoring caseworker progress with cases and other required casework activities to ensure effective and efficient service provision;
- ✍ providing caseworkers with feedback on what they are doing well and areas for improvement; and
- ✍ recognizing caseworker efforts.

The role of the supervisor will vary somewhat depending on the style and competence of the caseworker, the style and expertise of the supervisor, and the stage the case is at in the CPS process.

It is important for caseworkers to have regularly scheduled conferences with their supervisor. When caseworkers are new, they should meet with their supervisor a minimum of 2 hours per week.

## **CONSULTATION**

Families experiencing abuse and neglect have many diverse and difficult problems. The parent may be addicted to drugs or psychotic, the child may have serious developmental delays, or there may be domestic violence in the family. No one caseworker has the necessary knowledge and skills to assess and treat

these multifaceted problems.

CPS caseworkers are not expected to have all the answers. There are many avenues available to caseworkers for consultation on cases. Within the CPS unit, caseworkers often turn to their supervisors when they are unsure about how to handle a case situation, when they need help with a particular decision, or when they need to bounce off their conclusions or ideas with an objective person. They can also consult with other caseworkers in the unit. Experienced and competent CPS caseworkers may have handled similar situations and may be able to provide suggestions, guidance, and direction.

Also, group case staffings involving the whole unit are extremely beneficial sources of consultation. In group case staffings, caseworkers present a problematic case and the supervisor and other caseworkers in the unit share their expertise to determine suggested actions, services, resources, or decisions. Many CPS agencies staff major case decisions such as return home and case closure within the entire unit.

Another source of consultation is professionals in the community. Depending on the relationship between the caseworker or the CPS unit and the professional community, informal consultation on cases may be possible. Formal consultation in the form of an evaluation may be necessary, such as in a drug screening or a developmental evaluation, and citizen review of case plans in cases where the child has been placed in foster care can also be a source of information and assistance.

In addition, multidisciplinary case reviews are an excellent resource for CPS staff. Not only do these case reviews provide consultation from other disciplines on a particular case, but they also provide opportunities to address coordination and collaboration issues as well.

## **SUPPORT**

Support systems must be developed within the CPS unit to provide caseworkers with opportunities to discuss and deal with their feelings of frustration, helplessness, anger, hopelessness, incompetence, etc. Opportunities to discuss these feelings *openly* in the unit should be provided. However, it is important that if support groups are established they do not degenerate into “gripe sessions” where caseworkers leave feeling worse than before. A certain amount of discussion of feelings is cathartic; however, a positive outcome must result for caseworkers to benefit from the discussion. In addition, whenever crises occur in cases, for example, a child is reinjured or a child must be removed from his/her family, the caseworker involved needs extra support and guidance. Furthermore, when an agency is sued and a caseworker(s) and supervisor are named in the suit, they need support, reassurance, and advocacy.

CPS caseworkers must have supports in their personal lives. They must have ways of reducing the stress they experience, perhaps through physical exercise, listening to music, reading a book, spending time with a spouse, or being involved in a community activity. Caseworkers need to identify the activities that will help them reduce stress and make a commitment to using them regularly.

## **CASEWORKER SAFETY**

Every CPS case has the potential for unexpected confrontation. At times caseworkers tend to discount the nature of CPS intervention and the client's view of their role. Difficulties may occur at any point in the CPS

process, but threats and volatile situations are more likely to occur during the initial

assessment/investigation, during crisis situations, and when dramatic action is taken (e.g., removal of a child or the decision to take a case to court).

The first step in ensuring caseworker safety is to assess the risk of the situation before the initial contact. Before caseworkers conduct an initial assessment they need to assess the risk to themselves. Questions caseworkers should consider include the following:

- ☞ Is there a previous history of domestic violence?
- ☞ Does the complaint indicate the possibility of a family member being mentally ill, using drugs, or being volatile?
- ☞ Are there firearms or other weapons noted in the report?
- ☞ Is the family's geographic location extremely isolated or dangerous?
- ☞ Is this a second or multiple complaint involving the family?
- ☞ Is initial assessment scheduled after normal working hours?<sup>69</sup>

If the answers to the first four questions are yes, then it is suggested that law enforcement be involved in the initial assessment. If the answers to the last two questions are yes, then consideration should be given to having two caseworkers respond to the report.

When assessing the risk to caseworkers during crisis situations and when dramatic action must be taken in a case, caseworkers should also consider the first four questions as well as their knowledge of the client and how he/she may respond.

A caseworker's appearance, verbal and nonverbal statements, and demeanor can impact on the client's response. In confrontational situations, if the caseworker appears calm (verbally and nonverbally), has control of the situation without being intimidating, and uses anger reduction techniques, he/she will likely be able to diffuse the situation.

# GLOSSARY OF TERMS

**Child and Family Assessment** - the stage of the CPS case process where the CPS caseworker studies the nature, extent, causes, and effects of the behaviors and conditions (risk factors) that will likely lead to child maltreatment.

**Case Plan** - the casework document that outlines the outcomes and goals necessary to be achieved to reduce the risk of maltreatment.

**Case Planning** - the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

**Caseworker Competency** - demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

**CASA** - Court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

**Evaluation of Family Progress** - the stage of the CPS case process where the CPS caseworker measures changes in the family behaviors and conditions (risk factors), monitors risk elimination/reduction, and determines when the CPS case can be closed.

**Guardian ad Litem** - A lawyer or lay person who represents a child in juvenile/family court. Usually this person considers the “best interest” of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

**Intake** - the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

**Initial Assessment** - the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report and assesses the risk of maltreatment.

**Interview Protocol** - a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

**Parent/Caretaker** - person responsible for the care of the child.

**Response Time** - a determination made by the CPS caseworker at intake regarding the immediacy of the CPS response needed, i.e., contact with the child and family to begin the initial assessment.

**Risk** - the likelihood that a child will be maltreated in the future.

**Risk Assessment** - an assessment and measurement of the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and/or other methods of measurement.

**Risk Factors** - behaviors and conditions present in the child, parent, and/or family that will likely contribute to child maltreatment occurring in the future.

**Service Agreement** - the casework document developed between the CPS caseworker and the client which outlines the tasks necessary to be accomplished by all parties to achieve goals and outcomes necessary for risk reduction.

**Service Provision** - the stage of the CPS casework process when specific services are provided by CPS and other service providers geared toward the reduction of risk of maltreatment.

**Substantiated/Founded** - a CPS determination that credible evidence exists that child abuse or neglect has occurred.

**Unsubstantiated/Unfounded** - a CPS determination that credible evidence does *not* exist that child abuse or neglect has occurred.

## NOTES

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### **AUDIOVISUALS AND PUBLIC AWARENESS MATERIALS**

For information on audiovisuals or public awareness materials on these topics, please contact:

National Clearinghouse on Child Abuse and Neglect Information  
P.O. Box 1182  
Washington, DC 20013-1182  
(703) 385-7565  
(800) FYI-3366



## OTHER RESOURCES

### **ACTION for Child Protection**

4724 Park Road  
Unit C  
Charlotte, NC 28203  
(704) 529-1080

### **American Humane Association**

American Association for Protecting Children  
63 Inverness Drive East  
Englewood, CO 80112-5117  
(303) 792-9900  
(800) 227-5242

### **American Public Welfare Association**

810 First Street, NE  
Suite 500  
Washington, DC 20002  
(202) 682-0100

### **Child Welfare League of America**

440 First Street, NW  
Suite 310  
Washington, DC 20001  
(202) 638-2952

### **Clearinghouse on Child Abuse and Neglect Information**

P.O. Box 1182  
Washington, DC 20013  
(703) 385-7565

### **Council on Social Work Education**

1744 R Street, NW  
Washington, DC 20009  
(202) 667-2300

### **Family Resource Coalition (FRC)**

230 North Michigan Avenue  
Suite 1625  
Chicago, IL 60601  
(312) 726-4750

### **Family Service America**

11700 West Lake Park Drive  
Milwaukee, WI 53224  
(414) 359-2111

### **National Association of Social Workers**

7981 Eastern Avenue  
Silver Spring, MD 20910  
(301) 565-0333

### **National Black Child Development Institute, Inc. (NBCDI)**

1463 Rhode Island Avenue, NW  
Washington, DC 20005  
(202) 387-1281

### **National Children's Advocacy Center**

106 Lincoln Street  
Huntsville, AL 35801  
(205) 533-KIDS

### **National Coalition of Hispanic Health and Human Services Organizations**

1030 15th Street, NW  
Suite 1053  
Washington, DC 20005  
(202) 371-2100

### **National Council on Family Relations**

3989 Central Avenue, NE  
Suite 550  
Minneapolis, MN 55421  
(612) 781-9331

**National Registry for Accreditation in Child  
Protective Services**

2323 South Troy Street

Suite 202F

Aurora, CO 80014

(303) 337-4576

**Northwest Indian Child Welfare Institute**

c/o RRI, P.O. Box 751

Portland, OR 97207

(503) 464-3038

# APPENDIX

## CHILD AND FAMILY ASSESSMENT OUTLINE

The following are assessment areas that may be relevant depending on the specific case circumstances. Because each child and family assessment is individualized based on the specific factors that may be contributing to maltreatment, it would be unlikely that all of the areas identified in this outline will be relevant for each family.

The following assessment areas can be used to guide the exploration of the nature, extent, and causes of the risk factors, the effects of maltreatment, and family strengths within the family.

### Parents' History

1. Childhood experiences: level of nurturing, relationships with parents and siblings, income and housing situation, urban versus rural environment, etc.
2. Type of discipline as a child
3. Meaning of culture to their current views
4. Educational background
5. Sexual development
6. Relationships with others (historically); are there meaningful long-term connections to others?
7. Employment record
8. Criminal background
9. Emotional stability over time
10. Physical health history

### Parents' Health, Mental Health, and Behavior

1. Feelings about self in relation to the world at large
2. Emotional stability: any previous diagnoses of mental illness, observations of behavior and emotions, level of adaptiveness, reactions to others, e.g., impulsivity, hostility, etc.
3. Life style, e.g., chaotic and crisis style, stable, etc.

4. Use of drugs or alcohol
5. Methods of coping with stress
6. Physical health status
7. Level of intelligence
8. Attitudes toward violence

### **Parenting Attitudes and Behaviors**

1. Viewpoint and expectations of children
2. Knowledge of child development
3. Attitudes about parenting including discipline
4. Daily parenting approach
5. Comfort in parenting role
6. Primary caretaker
7. Use of outside child care
8. Nurturing behaviors, e.g., listening and talking to child, display of affection, attachment and bonding, etc.
9. Knowledge of nutrition, appropriate medical care, etc.

### **Child's Health, Mental Health, and Behavior**

1. Age appropriateness of behavior
2. General personality and behaviors, e.g., hyperactivity, acting out, withdrawn behavior, etc.
3. School functioning
4. Physical health including any disabilities
5. Developmental level, e.g., language, motor skills, affect, etc.
6. Recent changes in behavior or functioning
7. Substance or alcohol use

8. Relationships with peers
9. Intelligence level
10. Attitudes toward parents, e.g., fearful, protective, etc.

### **Family Functioning**

1. Roles and relationships among family members including marital and sexual relationships
2. Methods and level of communication
3. Level of affection
4. Methods for dealing with conflict, problem solving, responding to stress
5. Open versus closed family system
6. Power and control, family decision making
7. Nature of family, e.g., blended family, single parent family, birth of new child, etc.
8. Family activities, e.g., outings, vacations, etc.
9. Who performs family tasks, e.g., housekeeping, management of family finances, grocery shopping, cooking, etc.

### **Environment**

1. Income
2. Housing: health and hygiene, safety, etc.
3. Neighborhood: safety, crime, violence, etc.
4. Rural versus urban
5. Affiliation with church, clubs, or other groups
6. Accessibility to resources and social support

### **Relationships With Others**

1. Extended family
2. Friends, neighbors, and others who may support the family

3. Nature of relationships (if any), e.g., close, superficial
4. Boyfriends/girlfriends of single parents and the role they have in the family

**Response to Agency and Other Community Professionals**

1. Previous use of outside agencies
2. Level of trust in professionals in general
3. Awareness of community resources