

A large, faint, light blue graphic of a house with a chimney and a window, serving as a background for the text.

Family
TO
Family
TOOLS FOR
Rebuilding Foster Care

Safety First
Dealing with the Daily
Challenges of Child Welfare

PART ONE

BUILDING SUPPORT
FOR CHILD WELFARE'S
FRONTLINE WORKERS

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BUILDING SUPPORT FOR CHILD WELFARE'S FRONTLINE WORKERS,
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A C K N O W L E D G M E N T S

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INTRODUCTION TO FAMILY TO FAMILY

The Annie E. Casey Foundation

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families.

The grantmaking of the Annie E. Casey Foundation is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise their children is often inextricably linked to conditions in communities where they live. We believe that community-centered responses can better protect children, support families, and strengthen neighborhoods.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require progress in many areas, including changes in the public systems designed to serve disadvantaged children and their families. In most states these systems:

- are remote from the communities and families they serve;
- focus narrowly on individual problems when families in crisis generally have multiple needs;
- tend to intervene only when problems become so severe that serious and expensive responses are the only options; and
- hold themselves accountable by the quantity of services offered rather than the effectiveness of the help provided.

In states and cities across the country, public child welfare systems are frequently in need of major change in each of these areas.

Background: The Current Challenges of Public Child Welfare

The nation's child welfare system is struggling:

1. The number of children in the care of the child welfare system has continued to grow, from 260,000 children in out-of-home care in the 1980s to more than 500,000 in recent years. This growth was driven by increases in the number of children at risk of abuse and neglect, as well as by the inability of child welfare systems to respond to the significantly higher level of need.
2. As these systems become overloaded, they are unable to safely return children to their families or find permanent homes for them. Children are therefore experiencing much longer stays in temporary settings.
3. Concurrently, the number of foster families nationally has dropped so that fewer than 50 percent of the children needing temporary care are now placed with

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foster families. As a result of this shortage, child welfare agencies in many urban communities have placed large numbers of children in group care or with relatives who may have great difficulty caring for them. An infant coming into care in some of our largest cities has a good chance of being placed in group care and without a permanent family for more than four years.

4. Finally, children of color are strongly overrepresented in this group of children placed in out-of-home care.

The good news is that during the past several years, a number of state and local child welfare systems have been able to reduce the number of children coming into care and to increase the number of children placed for adoption. However, the duration and severity of the challenges facing child welfare makes this an opportune time for states and communities to again challenge themselves to rethink the fundamental role of family foster care and to consider very basic changes.

The Foundation's interest in helping communities and public agencies confront these challenges is built on the belief that smarter and more effective responses are available to prevent child maltreatment and to respond more effectively when there is abuse or neglect. Often families can be helped to safely care for their children in their own communities and their own homes—if appropriate support, guidance and help is provided to them early enough. However, there are emergency situations that require the separation of a child from his or her family. At such times, every effort should be made to have the child live with caring and capable relatives or with another family within the child's own community—rather than in a restrictive institutional setting. Family foster care should be the next best alternative to a child's own home or to kinship care.

National leaders in family foster care and child welfare have come to realize, however, that without major restructuring, the family foster care system in the United States is not in a position to meet the needs of children who must be separated from their families. One indicator of the deterioration of the system has been the steady decline in the pool of available foster families while the number of children coming into care has increased. Furthermore, there has been an alarming increase in the percentage of children in placement who have special and exceptional needs. If the family foster care system is not significantly reconstructed, the combination of these factors may result in more disrupted placements, longer lengths of stay, fewer successful family reunifications, and more damage done to children by the very system the state has put in place to protect them.

A Response to the Challenge: The Family to Family Initiative

With the appropriate changes in policy, programs, and the use of resources, family foster care can respond to the challenges of out-of-home placement and be a less expensive and more humane choice for children and youth than institutions or other group settings. Family foster care reform, in and of itself, can yield important benefits for families and children—although such a rebuilding effort is only part of a larger agenda designed to address the overall well-being of children and families currently in need of child protective services.

Family to Family was designed in 1992 and has been field tested in communities across the country, including Alabama, New Mexico, Pennsylvania, Ohio and Maryland. Los Angeles County is in the early stages of initiative implementation. New York City has also adopted the neighborhood and family-centered principles of **Family to Family** as an integral part of its reform effort.

The **Family to Family** initiative has been an opportunity for states and communities to reconceptualize, redesign and reconstruct their foster care system to achieve the following new systemwide goals:

1. To develop a network of family foster care that is more neighborhood-based, culturally sensitive and located primarily in the communities in which the children live.
2. To assure that scarce family foster-home resources are provided to all those children (but to only those children) who in fact must be removed from their homes.
3. To reduce reliance on institutional or congregate care (shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs and group homes) by meeting the needs of many more children currently in those settings through relative or family foster care.
4. To increase the number and quality of foster families to meet projected needs.
5. To reunify children with their families as soon as that can safely be accomplished, based on the family's and children's needs—not simply the system's time frames.
6. To reduce the lengths of stay of children in out-of-home care.
7. To better screen children being considered for removal from the home to determine what services might be provided to safely preserve the family and to assess the needs of the children.
8. To decrease the overall rate of children coming into out-of-home care.
9. To involve foster families as team members in family reunification efforts.

10. To become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

The new system envisioned by **Family to Family** is designed to:

- better screen children being considered for removal from home to determine what services might be provided to safely preserve the family and to assess the needs of the children;
- be targeted to routinely place children with families in their own neighborhoods;
- involve foster families as team members in family reunification efforts;
- become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- provide permanent families for children in a timely manner.

The Foundation's role has been to assist states and communities with a portion of the costs involved in both planning and implementing innovations in their service systems for children and families and to make available technical assistance and consultation throughout the process. The Foundation has also provided funds for development and for transitional costs that accelerate system change. States, however, have been expected to maintain the dollar base of their own investment and sustain the changes they implement when Foundation funding comes to an end. The Foundation is also committed to accumulating and disseminating both lessons from states' experiences and information on the achievement of improved outcomes for children. Therefore, it will play a major role in seeing that the results of the **Family to Family** initiative are actively communicated to all states and the federal government.

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Family to Family is now showing that good foster families can be recruited and supported in the communities from which children are coming into placement.

The states selected to participate in *Family to Family* are being funded to create major innovations in their family foster care system to reconstruct rather than merely supplement current operations. Such changes are certain to have major effects on the broader systems of services for children, including other services within the mental-health, mental retardation/developmental-disabilities, education, and juvenile justice systems, as well as the rest of the child welfare system. In most states, the foster care system serves children who are also the responsibility of other program domains. For the initiative to be successful (to ensure, for example, that children are not inadvertently “bumped” from one system into another), representatives from each of these service systems are expected to be involved in planning and implementation at both the state and local level. These systems are expected to commit to the goals of the initiative, as well as redeploy resources (or priorities in the use of resources) and, if necessary, alter policies and practices within their own systems.

Current Status of Family to Family

At the outset of the initiative in 1992, the accepted wisdom among child welfare professionals was that a continuing decline in the numbers of foster families was unavoidable; that large, centralized, public agencies could not effectively partner with neighborhoods; that communities which have large numbers of children in care could not produce good foster families in any numbers; and that substantial increases in congregate care were inevitable. *Family to Family* is now showing that good foster families can be recruited and supported in the communities from which children are coming into placement. Further, dramatic increases in the overall number of foster families are possible, with corresponding decreases in the numbers of children placed in institutions, as well as in the resources allocated to such placements. Initial evaluation results are now available from the Foundation. Perhaps most important, *Family to Family* is showing that child welfare agencies can effectively partner with disadvantaged communities to provide better care for children who have been abused or neglected. Child welfare practitioners and leaders—along with neighborhood residents and leaders—are beginning to develop models, tools and specific examples (all built from experience) that can be passed on to other neighborhoods and agencies interested in such partnerships.

The Four Key Strategies of Family to Family

There are four core strategies at the heart of *Family to Family*:

- ❑ **Recruitment, Training and Support of Resource Families (Foster and Relative)**— Finding and maintaining local resources that can support children and families in their own neighborhoods by recruiting, training, and supporting foster parents and relative caregivers
- ❑ **Building Community Partnerships**— Partnering with a wide range of community organizations—beyond public and private agencies—in neighborhoods that are the source of high referral rates to work together toward creating an environment that supports families involved in the child welfare system and helps to build stronger neighborhoods and stronger families
- ❑ **Team Decisionmaking**—Involving not just foster parents and caseworkers but also birth families and community members in all placement decisions to ensure a network of support for the child and the adults who care for them
- ❑ **Self-Evaluation**—Using hard data linked to child and family outcomes to drive decisionmaking and show where change is needed and progress has been made

The Outcomes of Family to Family

States participating in the *Family to Family* initiative are asked to commit themselves to achieving the following outcomes:

1. A reduction in the number/proportion of children served in institutional and congregate care.
2. A shift of resources from congregate and institutional care to family foster care and family-centered services across all child- and family-serving systems.
3. A decrease in the lengths of stay in out-of-home placement.
4. An increase in the number/proportion of planned reunifications.
5. A decrease in the number/proportion of re-entries into care.
6. A reduction in the number of placement moves experienced by children in care.
7. An increase in the number/proportion of siblings placed together.
8. A reduction in the total number/rate of children served away from their own families.

In sum, *Family to Family* is not a pilot, nor a fad, nor the latest new “model” for child welfare work. Rather, it is a set of value-driven principles that guide a tested group of strategies that, in turn, are implemented by a practical set of tools for everyday use by administrators, managers, field workers, and families.

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O V E R V I E W

The Focus of the Paper

In this paper, we wish to discuss tools, skills, issues and dilemmas related to safety for everyone concerned with helping families in their homes and neighborhoods.

Taking the Most Cautious Perspective

Most of the precautions discussed in this paper will never be needed for most workers. Thousands of workers throughout the country help thousands of families every day, and the times when anyone gets hurt are extremely few and far between. These materials present the most conservative approaches to worker safety. We don't recommend you use them all, all the time, because you just don't need to. But we want you to know what they are, for the rare times you may need them.

As you know, ideas have to fit your style and your culture to be really helpful. We know you will view the following suggestions critically, stopping to wonder if they really fit you, your community, and the families you see. In parts of the material, we discuss conflicting advice about some situations. You know what makes sense for you in your setting. Use your own judgment whenever it conflicts with anything here.

We believe you will find it validating to realize how much you already know and are doing to keep yourself and others safe. We would love it if you would send in some of the helpful hints you have that we don't, so that we can keep adding to this collection.

KEEPING OURSELVES CLEAR, CALM, AND SUPPORTED

When we think about safety, it's easy to have visions of fistfights or knives or assault weapons. By the time we get to that point, we're in big trouble. Usually, the best we can do is to act, learn, and prepare the situation so that those dramatic episodes are unlikely to occur. Part of preparation involves keeping ourselves in good emotional shape, so that we can think clearly and feel confident in the situations that face us.

Getting Clear About Why We Are Doing This Job

People who handle the demands of family work most easily are often those who are very clear about why they are doing it. The following are some examples of workers' rationales for their work, and reasons for sticking with it.

Karen talks a lot with her husband about the meaning of her work. She has gone over and over how important she thinks it is to help kids grow up with their families. She has been interested in making a difference for little kids since she started baby-sitting in middle school. Despite the inconvenience of the job, she has had many experiences that make it seem worthwhile. One that sticks in her mind was when Linda, who had been thinking about jumping from the Narrows Bridge several years ago, invited Karen to her college graduation. Linda had new teeth and a job. She told Karen that their time together had been the turning point in her life.

Sandy, in Chicago, is also clear about why she does family work. She talks about the fact that we can really see what's happening, rather than just hearing about it in our offices. The people we are trying to help know that we see, and we have more credibility because of it. They appreciate our coming. They feel stronger and usually more able to communicate if they are on their turf instead of ours. We are able to touch many people who would not or could not come into our offices.

Luellen, a long-time supervisor in Washington state, stresses that nobody has to do in-home family work. If the work really does feel too dangerous to someone, or if a worker cannot come up with a good enough argument to continue comfortably, she offers support in helping that person find another way to help families, without some of the challenges. She emphasizes that this work is not for everyone. There are plenty of ways to help others without having to make home visits.

Keeping Ourselves Calm

We can think more clearly when we are calm, the better to keep ourselves safe and to make the best possible decisions about how to help families. Everyone who works with challenging families is going to get upset sometimes. Over time, though, just having been through situations before will help a lot. Other techniques may also be worth keeping in mind.

Breathing

Some of the techniques are pretty basic. It's important to remember to breathe, especially when we are scared. We should consciously breathe deeply all the time. If we hold our breath in tension, we get cues that something is wrong in our bodies, and we get more nervous. It's even better if we can shift from breathing from our chests, as most of us do, to breathing from below the diaphragm.

One of the challenges in family work is that we are simultaneously being friends, advocates, teachers, coaches, cheerleaders, and police.

Some people learn deluxe types of breathing, such as what women do in labor, or (easier) the relaxation response of thinking “one” or some other syllable, with every exhalation (*The Relaxation Response*, by Herbert Benson).

Acknowledging conflicts within some of the roles we play

One of the challenges in family work is that we are simultaneously being friends, advocates, teachers, coaches, cheerleaders, and police. This is tricky footwork. We are constantly under pressure to decide which role is most appropriate at any moment. It is especially difficult when the friendship/support role has been in the forefront, and we are called to slip into a protective role in order to keep a child safe. We don't have answers to this dilemma. We do wish to acknowledge it and encourage you to give yourselves lots of credit for coping with it every day.

Holding reasonable expectations for ourselves

The dilemma about roles is only one of the reasons many programs encourage their workers to be as compassionate and gentle with themselves as they are with families. Because most of us care so much about the families we see, it's easy to put more and more pressure on ourselves to always be there for them, in tip-top shape, with the right attitude and the right answer. None of us who work with families is perfect. Nobody is up for the job all the time. Everybody gets really tired sometimes. Everybody makes mistakes.

The people who last the longest and are happiest in family work realize it's a team effort. No one can do it alone. All of us learn over time. Most people feel a lot of pressure for the first year or so. Part of what makes it easier over time for some people is the realization that it's not our job to create perfect

families. Everybody has their ups and downs. Controlling other people is very difficult. Controlling their thoughts is impossible. The responsibility and the ultimate capacity for change lies with the families themselves.

Staying positive in the midst of many demands

Many programs expect workers to be available to families whenever they need help. Some programs have workers give families their home phone numbers, or carry pagers. This availability can be one of the most difficult aspects of the job. For some people, the irritation is a constant energy drain. The data on resilience, though, tells us that we will be happier and healthier if we can frame what's happening to us in a positive way most of the time.

The following are examples of some methods used by some workers to feel okay about attending to families in the evening and on the weekends.

Suzanne, in New Mexico, tells herself, “It will really mean a lot to them if I come through now.” “They probably are upset if they are calling now...if I listen, I'll learn lots.” “They must really value my help.” “I can really help people at times like this.” “If this is not a ‘crisis,’ I can be assertive and/or set limits.” “This doesn't have to take all evening.” “If this gets to be too much, I can call my supervisor.” “I expect I will get some calls...sometimes I can plan for them.” “I'd rather take care of things now and sooner than if they built up.” “I can be a ‘real’ person with them and let them know what's happening with me.” “This gives me a chance to start working on things...a head start for tomorrow.” “I can remind them to use/practice their new skills.” “I can tell them if I'm worn out or pressed for time.” (Be sure families know back-up numbers to call.) “This might be a time to do some real problem-solving.” “If this gets to be too much I can arrange to call them instead, when it's more convenient for me.”

Some workers make a point of turning on the VCR to record television shows they are watching in case of an interruption. Many explain to families differences between issues that need immediate attention and issues that might wait until tomorrow.

Many workers negotiate with teammates and supervisors to take certain times completely off, with calls going to others. They may make a point of doing fun things in the middle of the day when they have gaps in their schedules. Some find it helpful to schedule up to a week's worth of appointments at once, making it easier to schedule personal time at least tentatively. Most grow to realize that they don't *have* to go with the first suggestion of every family for every appointment. Most situations are not emergencies and most families have some flexibility. If a worker's aunt is having her 80th birthday, most families and supervisors would want the worker to attend and see the family another time.

Many people like the flexibility of being at least partially on call. They may be able to leave their own kids with their spouses part of the time, so they rely less on day care. They may be able to take time for school plays and field trips that they would have to miss if they worked nine to five. They say things like:

"Often I stay out of traffic jams." "This enables me to take time off for things (e.g., haircuts, bank, child's social activities)." "The lines to do things during the week are shorter." "I have a wonderfully flexible job." "I love setting my own schedule." "I remind myself of times I *had* to be at work by [a fixed hour] and the regimented schedule." "Many other people have more difficult schedules than this, like airline staff, bus drivers, and some retail workers."

Building a Good Support System

Most of us benefit from feeling connected, supported, and understood. Some of us are favored with a close group of supportive

teammates. Others of us have to work at getting the support we need. The following are examples of ways some family workers find support from others.

Teammates

Francesca, in St. Louis, talks often about how much she relies on her teammates. "I talk with at least one of them every day. They all know all about my families, and if I can't make it when one of them needs me, one of my teammates will help out. I don't know what I'd do without them. I can also just blab and blab to them about my job. Nobody else really understands what it's like, both the good parts and the bad parts."

Francesca especially values her weekly consultation meeting with teammates. "I get help in figuring out what goals the family might have. If I don't like the family, I usually can get some perspective. Same if they don't seem to like me. When I get stuck, or if I'm putting in tons of overtime, my teammates usually have ideas."

Supervision

Family workers may have choices about whether or not they form close ties with co-workers. Usually some relationship with a supervisor is mandatory.

Roberto, in New Orleans, feels a supportive, knowledgeable supervisor is necessary for him to function in his job. He realizes how much influence his supervisor has over his work and his life. "Before I start a job, I want to know if the person in that role over me understands what I'm doing. I want to know if she's done the job. Is she concerned about my safety? My own family? Does her advice make sense? I don't want to work for someone who is going to tell me to do things I think are stupid or unsafe. If I get somebody like that, I'm leaving."

Kate, in Sioux City, looks for more specifics about her supervisor. "I want somebody who will make sure we have cell phones, somebody who will carry a beeper herself, so I

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can get her whenever I need her. I also want to know her home phone number. If she's not available I want somebody else I can call. It's too creepy out here alone. If I didn't have that kind of backup, I'd look for another job."

Kate likes the sign-out system in her office that tells where each person is going, including the address and phone number, the name of the family, and when the person is expected back. She has a code word she can use over the phone or beeper with her supervisor or co-workers to let them know if she is in trouble.

Berncenia, in New York, has an agreement with her supervisor, Margaret, that Berncenia will call immediately any time she is concerned about the safety of any family member, including any time she thinks a child may need to be placed. They agree to discuss a family every day if there is concern about family members hurting themselves or someone else, for as long as the situation seems unstable. They also agree that Berncenia doesn't need to wait for the weekly meetings but should call Margaret during regular work hours under any of the following conditions:

- She doesn't know if a referral is appropriate
- She is having trouble getting people to meet with her
- She is having trouble helping family members calm down
- Family members say they don't want to meet with her any more
- She is lying awake at night because she is worried about a family or herself
- She is going through spells of feeling overwhelmed, depressed or panicky
- She is feeling pressured to make a decision immediately, and thinks a better decision could be made with help.
- She is having difficulty writing her service closure letter

Police

Some workers think it's critical to get to know the police who work in the areas where they spend most of their time. Gail says, "Usually there are prevention officers whose job it is to work with people like us. Ask them about the trouble spots. Ask for their advice. Some have formal training programs on personal safety. If they do, take the training. Make friends with them. Tell them about your work. Get their reactions to it. Are there any joint projects you might work on together?"

Others in workers' lives

Non-work friends and family members can also have a big impact on family workers' ability to do their jobs. Some seem to understand and accept the good and difficult parts of family work. Others have a hard time.

Jody, in Everett, WA, talks about her husband, Tim, and his difficulty with her job and her hours. "Tim just hated it that I had to go out at night, and that we would get interrupted by the phone so often when he thought I shouldn't be working. He also got frantic worrying about me whenever I went to one particular part of town. My job was wrecking my marriage. It wasn't worth it. Finally I quit."

A S S E S S I N G T H E P O T E N T I A L F O R V I O L E N C E D U R I N G V I S I T S

This section addresses issues that face us as we move toward seeing specific families. Here again, preparation is a key, and one of our best sources of information about how to prepare for a particular family is the referring official.

Talking with the Referring Person

Kelly, in Sacramento, CA, works in a small program where all referrals come from two Child Protective Services workers. She knows the workers well and finds it easy to reach them and discuss safety issues informally. Some of the questions she routinely asks include the following:

- Have there been reports of violence related to this family?
- If so, when?
- What type of violence?
- What about the neighborhood?
- What has happened there before?
- Has anyone made any threats?
- Do they know of any weapons being around?
- Does the family support or discourage violent behavior?
- Does the family use physical punishment?
- How does the family feel about human services workers?
- Do they want me to come, or dread it?

Donna, in Seattle, works in a large program that includes several teams of workers and 40 potential referral workers. Staff in her program have handled contacts with referral workers in different ways. One team meets weekly with some referring workers. Another requires that a checklist and general information about a family be faxed to team members before they see a family.

A checklist of questions for referring workers is shown in Appendix A.

Calling the Family on the Phone

If the family has a phone, we can decrease risks for ourselves and family members by calling and beginning a relationship over the phone before the first visit.

The difficulty of predicting violence

Suzette, a part-time supervisor/part-time worker in Bakersfield, California, often gets frustrated at how difficult it is to predict danger. "Nobody is as good at predicting violence as we would like to be. Child Protective Services workers have trouble. Police have trouble. Parole officers have trouble."

Suzette thinks the best way to predict problems with a family is to ask them. "I just ask right out. Do you think we're apt to have trouble here? Do you worry about somebody getting hurt? What about me? Am I going to be safe there?"

Everyone who works with challenging families is going to get upset sometimes.

Leaving plenty of time for the phone call

Suzette thinks it's important to allow plenty of time when she calls the family, so that she won't act or feel rushed.

"I tell them how I got their phone number, and I go over who referred them, and what my role is. I talk about the goals of our program, and how I usually spend time with families. That is, if they are interested in hearing. If people just start spilling information when I call, then I just listen, and tell them more details about my role after they've said what they want to say."

"Sometimes I might just active listen for half an hour on that first phone call. If they are upset, I just keep reflecting what they are saying. If they feel like I understand, then they will calm down. If they sound really angry, sometimes I will reflect a little less than I think they are actually feeling, like, instead of saying, 'You are absolutely furious, and you want to strangle someone,' I might say, 'You are really concerned about what's going to happen to Jerome if he continues in this direction,' or 'You feel really hurt when she treats you like that.'"

Preparing for someone who has attacked others before

Candy, in New Jersey, also makes an effort to talk to people on the phone before she goes to the home, especially if someone has a reputation for violence. She is particularly wary when she knows she is supposed to meet with someone who has attacked others in the past. "I don't meet with people alone until I feel like we have a relationship, and that I will be safe. I particularly worry about meeting with the father in the family if the mother might be jealous. I know male workers who've gotten in trouble with boyfriends or

husbands. If I think I may be heading into something scary, I might bring a co-worker, or invite the spouse, or some other person who will make everyone feel okay. I'd never take someone in my car unless I knew them pretty well. I'd offer them bus fare, or even taxi money to meet with me somewhere safe."

Preparing for someone who might be using drugs or alcohol

Don, in Florida, is particularly concerned about people using drugs.

"I usually won't go if I know ahead of time people are high. My supervisor supports me on this. To tell the truth, though, sometimes I have gone out not knowing, and sometimes if people have been drinking, or they are high, they may give you tons of information that might have taken longer to get if they were clean.

"Usually, though, if we find somebody incapacitated, it's probably better not to go in. I would say, 'Well, I see you're kind of distracted. How about if I come back tomorrow?' I always think about this one guy I know who's a Ninja. He says, 'The best defense is running away.' If I'm worried about others in the family, I can call later and see how they are. If I'm worried still, I'd call my supervisor. We might decide to either call Child Protective Services or the police."

Reducing the potential for violence until we arrive

If people say when Suzette asks that they are worried someone might get hurt, she has a whole list of things to do to try to make the situation safer.

1. I ask their opinion on how it might be prevented. If they are worried I will be hurt on my way to their home, I ask if they can meet me at the subway stop, or a gas station, or somewhere they feel I

will be safe. Sometimes I might ask my supervisor if I can see a particular family only during daylight hours.

2. I ask most people if they will watch out for me when it's time for me to get there. I also ask if there are any other people in the home who might worry them or me. If there are, I ask the family member if they could have that person leave while I visit.
3. If it sounds pretty heavy, or if the referring worker has talked about weapons, I ask them if there are any weapons around, and if there are, I ask if they are loaded, locked away, or just out and available. I see if the weapons could be put away; perhaps locked in the trunk of the car, or given to a relative who has a reputation for common sense. If the person hangs back, or hesitates when I say this, I say that it's agency policy and provide more alternatives, such as removing the pin for the gun, or using the police safekeeping storage.
4. If family members are worried about fighting with other family members, I ask if they can stay in separate rooms until I get there, or if one person can go visit a friend.

Coping with multiple roles

During this first contact, as in other phases of our interaction with the family, we can often feel tugged. We want the family to like us. We don't want them to think we are chicken. At the same time, we certainly don't want to get hurt, and at the back of our minds, we are always aware that we need to be thinking about whether the children in the situation are safe, and if we are concerned, whether to take action.

Heather, in Fargo, ND, talks about her constant psychological balancing act during this first conversation:

"I always have to wrestle with how much I want to make a good impression on them. I feel lots of internal pressure to act like I'm totally confident and can handle anything. I have to force myself to ask about the weapons, and it's even harder to force myself to request that they be put outside or dismantled. It seems kind of, oh, I don't know, young, or unsophisticated or something. At the same time, my supervisor and my husband both quiz me a lot about safety, and they really go after me if I start acting too casual about things. Once about ten years ago in our community, a mental health professional was shot and killed while he was knocking on someone's door to do a mental health assessment. I always think about that when I notice myself getting too relaxed."

Talking with our supervisor before we go

Suzette also realizes that she may go down this whole list and still feel scared for herself or for family members. If this happens, she talks with her supervisor, Randy, the area manager. "I see what he thinks about what's happening. Sometimes he goes with me, or has someone else go. Sometimes he says to meet in a restaurant. Once he called me at the family's home on my cell phone to make sure I was okay. I think once, in 12 years, he thought it was too dangerous for me to go at all, and he just called the police."

A checklist about calling the family before the first session is shown in Appendix B.

*Usually,
some
relationship
with a
supervisor
is mandatory.*

TRAVELING TO AND FROM THE FAMILY'S HOME

So now we are clear about why we are doing the job, our expectations for ourselves are kind, we've had training, we have a good support system, and we know everything the referring worker knows about a particular family. We still have to get to the family's home.

Most people think a key to staying safe on the way is to pay attention to what you are doing. Unless you live somewhere like Disneyland, where it's safe, this may not be the time to think about the families, or springtime, or anything else but where you are going and how you are going to get there.

In general, we get to family's homes three ways: walking, driving, or taking the subway or bus.

This section is a good example of super-conservative ideas. Depending on where you live, you may do absolutely fine without implementing a single suggestion. On the other hand, it never hurts to know what your options are if you want to take a very conservative approach.

Walking

All family workers walk at some point, even if it's only from their car to the house, or from the subway to the apartment. Several issues are relevant in many communities. The following are some examples of the ways some workers try to keep themselves and their co-workers safe.

Dressing as though we belong

Two of us had just arrived from Tacoma, WA to work in the Bronx. Marivel, from Puerto Rico, took one look at us and redid our wardrobes. No more Hawaiian shirts. No more gold jewelry. She and Kathy, another Bronx team member, told us over and over again about dressing to blend in comfortably with the community. They thought in general that it was a good idea to carry a yellow pad that would identify us as social workers, but they also said not everyone would agree. Some feel social workers are easy marks, and it might be unwise to advertise.

Dress issues in a small rural community are different. The important thing is to be aware of what is considered appropriate, and to avoid giving off negative signals inadvertently because you don't know what your clothes are "saying."

Staying focused

Marivel and Kathy agreed with the police that it is important to act as though you know where you are going. They suggested walking fairly fast and staying on the main streets, facing the traffic. They talked about keeping an eye out for safe places along the way — stores or restaurants where you can duck in if necessary. They also said parked cars can be islands of safety, giving you a barrier you can get behind and keep between you and anyone who might want to grab you. They said if anything felt funny to them, they would change directions or go somewhere that looked safe.

Staying close to buildings

People in big cities sometimes walk right next to the buildings in crowded places, to know that they have one safe side. They also look in the windows to see if anyone is following, and try to stay away from bushes and dark corners where people might be hiding. They mention paying attention. Is there a baseball bat leaning up against a door? Is someone standing with hands concealed?

Taking cellular phones

When we were in the Bronx, people talked about carrying quarters so they would always be able to make phone calls. (Now make it 35 cents.) Cell phones are a great option. Even though they are expensive, a team of family workers doesn't need a phone for each person; costs can be kept down by sharing and only using them when it's not possible to use a regular phone.

Preventing physical attacks

The police stressed that the best way to deal with physical attacks on the street or in hallways is to prevent them. We don't go certain places at night, or we have someone meet us on the street and walk us to the home, or we meet at some safe place. They also urged us repeatedly to leave an area if we start feeling scared.

Self-defense training

Some of us feel more confident if we know actual physical strategies to defend ourselves in worst-case situations. It's easy, though, to take courses on self-protection and then forget how to use the methods for lack of practice or because we are afraid to try. Whatever your plan for responding to an attack, whether it be martial arts, or screaming, or blowing a whistle, or gouging someone with car keys, *practice*, so that you don't freeze at the crucial moment. (We don't think our advisors meant to gouge people with keys for practice. We think they meant make the moves without gouging.)

Coping with muggers

Nella talked about carrying money in two places, one for herself and a smaller cache for anyone wanting to mug her.

Giving money

Evette said she was an easy touch for a certain type of person who wanted money. She always kept a couple of dollar bills in an outside pocket so she could take them out and give them away without having to rummage around in her wallet and risk having the whole thing taken. Almost everybody in New York told us it was a stupid idea to ever take out our wallets on the street.

Keeping kids under control as we walk

"It's never happened to me, but I always worry that I'll be taking some teenager somewhere and she'll run away on me." Peggy asked her supervisor what to do if this should happen. Joelle, her supervisor, responded, "Call the parents. Call me. Develop a plan: Ask if the parent wants you to help look. Ask if she would like me (the supervisor) to help too. Does she have ideas where the child might have gone? If you are going to be involved in the search, arrange for a way to check in with the parent frequently. Discuss who else to notify: police, school, probation officer, friends, relatives, etc."

"Usually," Joelle continued, "kids don't run unless they are upset about something. The last thing you want to have happen is for them to return home and then have the parent chew them out as a reward for it. I try to discuss what the parent will do if the child returns home. If I'm nervous about them being able to do it, I might write it out with them; maybe an 'I' message, statement of consequences, reminder of no hitting, whatever."

Driving

Many of the same considerations for walking also hold for driving.

Most people think a key to staying safe is to pay attention to what you are doing.

*Now,
cellular
phones are
a great
option.*

Being prepared

Police often told us that it was as important to think through how we drive to where we are going as it is when we are walking. They said to get maps and figure out how to read them, or make friends with someone who can. They talked about staying on the main roads as much as possible in urban areas, and using only the rural roads most likely to have traffic so that someone can rescue us if we do break down.

Having the supplies we need

Anne, in Vancouver, put a lot of thought into being safe while driving. She made a point of keeping her car mechanically maintained and full of gas. She learned how to change a tire. She had a can of tire sealant in case of flat tires, and she knew how to use it. She checked her spare tire frequently to make sure it was full of air.

Anne always made sure she kept a flashlight, maps, and jumper cables in the car. She had instructions for the jumper cables in a plastic bag with them, because she remembered how frustrating it was once when she did it wrong and sparks came out of the car. Anne was very well organized and prepared. She kept food and drinks in the trunk of her car. She had an ice scraper, and rock salt, and a shovel to use if she got stuck in snow. She carried chains for icy roads. She belonged to an emergency road service and kept the membership card with the phone number on it in her glove box.

Checking the route

Anne said she would always ask the family or the referral worker if there were anything happening that might make the main route a problem. She'd laugh and say, "Yeah, I always go to the bathroom before I leave, too. Who wants to be wandering around looking for a bathroom?"

Parking and walking to the home

Serena, in Albuquerque, was very thoughtful about her safety in the car. She talked about keeping the car keys in her hand when she walked to or from the car, both as a potential weapon and so she could get into the car quickly if she needed to. She said she always looked in the back seat to make sure no one was hiding there before she got in. She always locked the car doors immediately when she got in.

Serena said when she got close to the family's home, she would drive around the block, checking whether there were abandoned buildings, dark streets, noises of fighting, congregations of people, graffiti, or people who looked high. She'd also look for safe places on the long shot that she might need to take refuge in one. She liked to park her car as close to the family's home as she could, preferably under a streetlight.

If the car dies or an accident occurs

Richard was always concerned about the women on his team and what they would do if their car died or they had an accident. He wanted them all to be aware of the steps: Pull to the right side of the road, if possible. Put your flashers on. Open your hood, unless you are in a neighborhood where the engine might get stolen. Get back in the car and lock the door. If you do not have a cellular phone, put a sign in the window asking for someone to call a road service, your supervisor, or partner. Consider offering the person some money for doing this. If you do, open your window only a crack so you can slip the money through. Talk only through the closed window.

Richard thought it best not to accept rides unless we had absolutely no other options and all our gut feelings were telling us the person offering was okay. If we did consider accepting a ride, he said, check out the car before getting in. Who is in there? Is anyone in the back seat? How do they look? Are inside handles present on the doors?

Richard kept saying, "Listen, if at any time you feel uneasy, say you changed your mind and are going to wait in your car. It's better to be embarrassed than hurt."

Leaving the family's home

Angelina said that if she were nervous, she'd ask family members to watch her walk from their house to her car. If anyone was hanging out around it, she'd wait until they were gone. Her supervisor, Marina, had stressed that when Angelina left the home, she should stop thinking about the family and focus all her attention on her own safety until she got home. She was told not to make notes or talk on her cell phone until she got to a really safe place. Marina said, "If you are upset about the family, think of a safe place that's closer than your own home, and go there and call me to debrief."

If kids refuse to put on their seat belts

Peggy used to worry about what to do when kids refused to put on their seat belts. Then she tried a policy of announcing that "The car doesn't start without the seat belt on." "I active listen when they gripe. I say I'm concerned about their safety, and that I have to follow agency policy. Sometimes I offer ice cream at the end of the ride if they put it on with no fuss."

Having kids threaten to jump out of the car

Joely sympathizes with Peggy's concerns. She had a child once threaten to jump out of the car while they were on the freeway. She just pulled right over onto the shoulder. Everything worked out fine, but it was very scary. As with the seat belt issue, Joely said, as calmly as she could, "The car doesn't move with people jumping around in it." She then took fifteen minutes to listen to all the girl's reasons not to go where they were headed. "It took a while, but it was better to be late than have her dead. Since then, I've always been a little more sensitive to what kids'

moods are before we start off. If they seem jittery, I'd rather take the time to help them get calm before I start driving than to have to pull off the freeway again."

Being followed

Lee talked about a scary experience where someone followed him after he left a family's home. He didn't want to go directly home or to work, where the person would then know how to find him. He went to the nearest safe place, a restaurant he had noticed on the way to the family. He was able to memorize the vehicle color and make, the license number, the number of people in the vehicle, and their general appearance, and could tell police the direction the vehicle was traveling. The police did track this vehicle down, found there were past warrants on the driver, and took him into custody.

Georgette also got followed when she had a mother and her teenager in the car. It was an ex-boyfriend of the mother's who was angry because he had heard she was thinking of going back to her ex-husband. The mother didn't think he would bash his car into them, and she also didn't think he would do anything but yell at them if they stopped.

Georgette went into a big service station and parked near an exit. She kept the door locked and the engine running. When the ex-boyfriend approached the car, she cracked her window and actively listened to him until he started to calm down. She set up a time for them all to meet at a restaurant and talk more comfortably the next day.

Georgette said that if the mother had been more concerned, she would have driven to a police station or an occupied fire station. They would have discussed options for where the family might hide. Georgette did call her supervisor as soon as she got home from this incident. Although it turned out fine, she was still shaken by it.

*Some of us
feel more
confident
if we know
actual
physical
strategies
to defend
ourselves
if the worst
happens.*

*Many of
the same
considerations
for walking
also hold
for driving.*

Taking the Subway

Some subway stations have curved mirrors that allow us to see a lot. New Yorkers told us to map out our journeys carefully so we knew where we were going. They said that if we sat between the doors on a subway, we would have two choices for escape if things got scary. On the other hand, Janice says she learned as a child to sit away from the doors so someone at the stop couldn't pull her off the train.

Everyone agrees: if somebody scary gets into your car, go to another car. Also, a red emergency lever usually hangs by one of the doors to another car. You can pull it and stop the train. It's better to look stupid and be okay than to look tough and get hurt.

Entering the Home or Apartment

Most of us feel a certain realistic sense of unease when going to a family's home for the first time, usually less so as we get to know them. This sense of caution can be good, because it keeps us on our toes.

Staying alert

Jo recently went to visit a family in a large housing development. The previous week, the police had come and taken their five children. The mother told Jo that when she had protested, the police had not given her a reason. She said she had not been warned, that they threw her against the wall (she showed the large indentation) and slapped handcuffs on her while they escorted the children out. (She did have large bruises around both wrists.) Even though it was Jo's first visit there, and the mother had a history of violence, she wasn't the least bit nervous, because a good friend of hers had been working with the family for months. Jo knew she had her friend's endorsement. She knew the mother was looking forward to her visit.

She drove up in her husband's red sports-car, which was a mistake, because such a car attracts attention in a housing development.

Then she sat in front of the house shuffling papers, her attention on some mail she had picked up on the way to the session. Jo was finally distracted by a fierce-looking woman standing outside the car door, looking like she wanted to rip Jo out of the car and slam her in the face. Instead of rolling the window part way down and talking to her, as she would have done if she had been thinking, Jo got out, stuck out her hand and introduced herself. To Jo's relief, the woman took Jo's hand, apologized for her stance and led her inside. She said, "After all I've been through this week, I don't want no stranger stopping by."

Jo got by with being unprepared. But after hearing more about the woman's various episodes involving guns and assault, she decided she had been reckless in taking her welcome for granted. Who knows what any family has recently experienced? It would be best to be more careful thereafter.

On the other hand, the world has afforded Jo, and many other family workers, thousands of breaks. We don't usually have to handle situations perfectly in order to emerge safely. The following are tips about entering homes. In our experience, you will only need them in visiting about one in a hundred families.

Noticing doors and windows

If we want to be extra cautious when we arrive at a family's home, we can notice where the doors and windows are in case we have to leave through them. Again, the odds are very low that we will need to, but if we do, it's better to be prepared. Even if we don't need to exit fast, the capacity to do so might change our body language to make us more relaxed and look more competent.

Noticing neighbors

Many workers talk about checking out people outside the house. What are they doing? Do they look at us? Be polite to them. Say hello. People are less likely to be unfriendly to someone who treats them

with respect. Take a deep breath, be calm and friendly. Workers say to notice the vibes. If you feel really scared, get back in the car. Don't force yourself to go somewhere you really don't want to go.

Listening

Workers also talk about listening for anything happening inside the house. Don't knock if something sounds scary. Go to a place with a safe phone so that you can call and find out what's happening.

Going inside

Kim has thought a lot about the first knock on the door.

"If you decide to knock, stand to the side of the door, so that if somebody should happen to come out fast, you will be out of the way. Unless people inside sound like they are being insulted if you don't, don't go in if they just call out, 'Come in.' Preferably, wait until someone comes to the door. Then you can take a look at them and the room before you actually enter. I always think about not being a savior; I am only another person who might be able to help, some."

"I always think about being ready when I decide to go in, in case it is dark and I can't see too well for a few minutes while my eyes adjust. I don't push myself to do anything before I am ready. I think about taking a deep breath, taking it easy. All I am trying to do now is get to know these people for a while."

Entering an apartment building can be even scarier than entering a home, because so many other strangers are involved. Get information about the building in advance, if you can. Ask the superintendent if the family you want to see really lives there. See who goes in and out.

Gwendolyn, in New York, talks about her concerns entering a new building:

"As you enter, keep your mind on what you are doing, and continue to pay attention to what's going on around you. See if there is a telephone around. Look for big, curved mirrors near the ceiling. They can tell you what's happening around the corner. If you want to use the elevator, send it to the basement first. Don't get in until it returns. Sometimes bad guys program it to take you down to them. When it comes back, don't get in if someone suspicious is inside. Don't worry about looking stupid. Worry about being safe. When you do get in, stand as close to the control panel as possible. If someone in the elevator starts acting strange, push the button for the closest floor and get off, even if it isn't the floor you really want. I always bring a flashlight in case the hallways are dark. I try to be polite to people I meet, but avoid getting into more of a conversation than, 'Hi, how are you?'"

Finding unattended children in the home

Maria, in Connecticut, has thought about arriving for the first session only to find little kids at home, but no parents. "I think it's better for me not to go in. Someone might be very upset at me if I do, and I might get accused of things I don't want. At the same time, if there's an infant unattended and a fire, or a big dog, I would go in and grab the infant and keep it safe."

If the kids are past infancy, Maria has some advice: "Ask the kids if their parents left a message for you that they were going to be late, or that they wanted to change the time. Ask how long the parents have been gone. Check if they have someone to call, like a relative or neighbor. If the kids are too little to be left alone, encourage them to call and ask someone to come over. If they are old

Everyone agrees: if somebody scary gets into your car, go to another car.

*Don't
knock if
something
sounds
scary.*

enough to be alone, wait for a while in your car if you can, say half an hour. If the parents never come, tell your supervisor, tell the referring worker. If the kids are alone, very young, and there isn't anyone they can call, call CPS and request possible receiving-home placement."

Returning with a family member to find an intruder in the home

Hattie talks about returning to the home with a mother and hearing someone crashing around in the house. "We didn't go in. I called my supervisor. She said to call the police. We did. They caught some weird guy."

Coping with multiple roles

Heather feels many of the same internal struggles when she is entering a home as she feels on the first phone call.

"I'm still wanting so much for them to like me, to think of me as a helpful friend, to talk to each other about how wonderful and helpful they think I am. At the same time, I have to be very serious about watching what is happening, and I have to keep myself balanced to tell them right off that if I see child abuse I have to report it, or if they do something really scary, I have to be poised to deal with that instead of just being totally friendly and cooperative.

"I don't know what I really *do* to handle this. We've talked about it a lot in our team, and I think just being aware of the different pressures makes it easier for me to kind of observe my thinking rather than be overwhelmed by these feelings. It also helps to know other people also feel kind of torn and off-balance. It makes it less personal. I don't expect myself to feel totally at ease every minute."

P R E V E N T I N G V I O L E N C E W H I L E W E A R E W I T H T H E F A M I L Y

Once we are in the home, anything can happen. Nobody knows exactly what to do in every situation. What we can do is be as thoughtful and intentional as we think necessary to increase the odds that all of us, workers and family members alike, will be safe. This section contains general information about strategies like showing respect, as well as very specific techniques like assessing suicide potential, and keeping a cool head when somebody brings the (erupting) garden hose in from outside.

Getting Training

One of the most difficult parts of today's funding cuts is that so many family workers are asked to begin their jobs with little training. Certain methods can help us calm families. They can help us get information so that we can make good decisions about risks. They can help us present information in acceptable ways. The methods we use can also help family members get on a positive track rather than sinking deeper into discouragement.

A few strategies have proven especially helpful over time. Ideally, all family workers should have a week or more of training in each before they begin seeing families. If that can't happen, this workshop may help.

Active listening

Active listening is a way of responding to people that was articulated by Thomas Gordon in *Parent Effectiveness Training*. The general premise is that if we can give agitated people room to express themselves, they will feel better, and they will calm down. Active listening involves levels of expertise. The first is being quiet, so people can say what they want. The second is making encouraging noises that acknowledge that they are talking, like mmm, oh, uh-huh, I see. Gordon calls these door openers.

Once you've mastered letting people talk and making encouraging noises, you can go on to saying back to them what they are feeling and what is going on: "You feel pretty upset by this," or, "You really want things to be better," or "Suzanne always seems to be gone. You don't think she cares about you at all." If we repeat the message people are trying to send, they know the message has been received. They feel that you have understood. They like feeling understood. They calm down.

Reflecting feelings and content is probably the safest thing you can do with people. If you are stuck for what to say or do, showing that you understand is the action least likely to make them more upset, and the most likely to help them calm down.

One of the most powerful examples of active listening occurred early in development of the Homebuilders Program. Tom was in the family room listening to a mother tell him how her husband had shot himself in the heart the previous week, had lived, and was now in the hospital. She also discussed how jealous her husband was, and how many of their fights involved his fears that she was involved with other men.

At that point, Tom was startled to see a man (the husband) coming in the door carrying a shotgun. Tom said he immediately felt panicky, but kept telling himself to try to listen. He said, "Nice to meet you. I'm a counselor here to help your family. Sounds like you've been having a really rough time. I'd sure like to hear your perspective on it all."

One of the most difficult parts of today's funding cuts is that so many family workers are asked to begin their jobs with little training.

The husband started blurting out all the bad things that had happened to him. Tom reflected his discouragement and frustration. The guy sat down on the couch, put the shotgun on the floor and spilled his feelings for an hour and a half.

"I" messages

On the other hand, if we only listen, we won't be as effective as we'd like to be in setting limits when situations start to get chaotic.

In one situation many years ago, a supervisor accompanied a new worker on the fourth visit to a family. The worker was especially pleased that he had learned so much about active listening. The supervisor, however, was alarmed that three small children were climbing on the counters, dropping dishes on the floor, and swinging from a light fixture as the worker reflected, "Boy, you're really having a great time." The supervisor stepped in, saying, "I'm really concerned you will be hurt. I want you to get down right now." The supervisor and the worker had a long talk after the session.

Sometimes we want to send a message instead of receiving one. The important thing is to avoid cornering people or making them feel blamed or defensive while you state your agenda. They are more likely to hear us and less likely to get angry if we state our feelings in terms of an "I" message; such as, "I feel scared when you play with that knife," or "I am concerned about Edith's safety when she's out at night." These tend to work better than, "Put that knife down, you'll hurt someone," or "Edith, you have to stay in at night."

Active listening and "I" messages sound simple, and you can begin using them as soon as you get the idea. Really good communication, though, is a lifelong endeavor. It's very hard to do it well.

Anger management

Some angry people do seem to get a charge out of the power they wield. Many, however, do not like feeling out of control, feel guilty about the pain they are causing, and are afraid of the consequences for themselves and others. Many standard anger management books and materials are on the market. We show one set in Appendix C.

Brief Therapy

Brief Therapy involves meshing some of the best parts of behavioral, cognitive, and client-centered therapy. The following are examples of one technique called Solution-Based Questioning. By asking for information in particular ways, the worker immediately begins to acknowledge and elicit strengths and hope from family members. No one question will work for every situation, but often one of them can refocus an angry, discouraged person in a whole new direction that will take a lot of pressure off the worker. A list of Solution-Based questions that can calm people is shown in Appendix D.

Some other Brief Therapy techniques for helping people get rapidly in touch with positives and their potential include:

- ❑ Waiting until you hear the person say something, however small, that is positive, and then saying, "Wow, how did you do that?"
- ❑ Asking them to rate the difficulty/pain level on a 1-10 point scale, where one is no pain, and ten is the most they can imagine. Then asking them what could happen to make things one level better.
- ❑ Asking them to make a list of things that cannot be taken from them.
- ❑ Suggesting that they make a list of things that bring them comfort or calm them.

Brief therapy is much more than these specific options, and it's worth learning, but these ideas alone can help us get out of a tight spot when families seem to be getting more and more frustrated and more and more blaming. They are immediate ways to begin to shift the focus. Usually families are relieved to have this shift occur and welcome the opportunity to take another tack.

General Strategies in the Home

Showing respect

Our attitudes and our overall stance toward our work, these families, and their neighbors are reflected in our non-verbal behavior as well as in what we say. The following are examples of ways some family workers think about entering the home.

Edith thinks, "When you go in, you are most likely to please family members if you sit where they want you to, if they have a preference. This is their home. You are a guest. You don't want them to feel crowded. Check out your plans. Ask if they are expecting what you are expecting to do. If not, make it clear that they are in charge, unless you are with Child Protective Services, and then they are not." She always tries to use their names. "Don't touch them until maybe later on in your time with them, when you are absolutely certain it will be okay."

Positioning ourselves to function well

Mary has learned that "If family members don't seem to care where you sit, think about being near a door, being somewhere you can see what's happening, keeping your back to the wall. Guns are most likely to be in the bedroom. Knives are, of course, in the kitchen. If they are all talking at once, and you can't understand anyone, say so, and ask if you can hear them one at a time. 'I just can't focus on what all of you are saying at the same time, and I know what each of you has to say is important. Could we talk together individually?' 'I'm getting really overwhelmed

by all these issues. Do you think we could go into a little more detail on one at a time, so I can really understand?"

Talking first with the most reluctant person

Carita, in Tacoma, always considers asking to talk first with the person who seems the most negative about her visit. It's possible that person will see the move as a sign of respect. If she can start a relationship with that individual, everything else will go more smoothly. If she wants to talk with someone alone, and there's nowhere to go except the bedroom, consider going to the local deli or coffee shop. Bedrooms are risky.

Being responsive to the family's pace

Angelina, in Texas, tries to be open to whatever pace is necessary with a particular family, so she doesn't try to rush things: "Be realistic about your goals. If the situation feels tense and potentially explosive, you may not be able to facilitate a lot of problem solving. Think about active listening and just trying to understand what is happening. In order to understand, pay careful attention. If they start making angry faces, tensing up, looking like they are going to hit someone, breathing hard, getting all red, take note."

Calling your supervisor

Many workers mention calling their supervisors when they are at the family's home. We often think that the family will think less of us if we have to ask for help, but they know we don't know everything. Sometimes they can feel relieved or grateful, or even flattered when we ask for help. They can tell when we're floundering. Sometimes they respect us for acknowledging our limitations. Say, "I'm drawing a real blank on this one. Do you mind if I call my supervisor and see if she has any bright ideas?" or, even, "Is it okay if I ask her to join us?" Consider memorizing your supervisor's phone number.

By asking for information in particular ways, the worker immediately begins to acknowledge and elicit strengths and hope from family members.

Our attitudes and our overall stance toward our work, families, and their neighbors are reflected in our non-verbal behavior as well as what we say.

Taking a break

We can ask directly for a break: "This is a really hard subject. Could we take a five-minute break and then come back to it?" We can also let people know our limits: "I'm going to have to leave if you keep squirting that garden hose at your mother," or "I'll have to call the police if you don't let go of Johnny."

Moving to a different location

Jim was in a family's home when a man showed up with a gun. Jim opted against trying to take it away from the guy because he was afraid someone would get shot. Instead, he asked politely if he could leave. When the guy hesitated, Jim asked if he might like to go along and have a cup of coffee at the deli down at the corner. Surprisingly, the guy accepted, leaving the gun in the home. When they reached the restaurant he spilled his side of the story for 90 minutes. After that, he became a productive partner with Jim and the family in working toward change.

Coping with multiple roles

"Once I'm actually with the family and sitting down with them, my roles get even more complicated." Heather looks at the floor, thinking about all the issues. "I still want them to like me, and I want to encourage them and be supportive, and I'm still concerned about the safety issues, but now I'm trying to do things that will kind of move them along, too – like be sure and reflect all their strengths, and ask some of the Brief Therapy questions, and raise new options when it's appropriate. It helps me to think of it like a tennis game sometimes, like the ball comes back at you pretty fast, but if you practice a lot, you can get so that you are clear enough to really kind of *strategize* about hitting the ball again. As soon as you have hit one, you think about the next.

"But at the same time, I don't want to get too focused on what I'm going to say at the expense of listening to them. If I start to

notice myself getting uptight, I tell myself that old Carl Rogers saying, 'Don't just do something – sit there,' or 'Just listen, Heather, try to understand, understand, understand.'"

Leaving

Once in probably a thousand family sessions, somebody does get out of control and hit somebody else, or break something, and you will start to feel really afraid. When that happens, get out of there. Leave. That's why we have police.

Specific Difficult Areas

In the bulk of the sessions, people won't talk about violence. In some they will, but the actual threat will be low; in others the threat may be real, but we can usually affect the outcome successfully. The following are some examples of ways some family workers handle these situations.

Preventing assault

Margaret, in Seattle, tries to focus on setting limits without getting bossy or telling people directly what to do. If things seem to be getting out of control, she will try to interrupt the action. She might say, "Let me come back to that," or, "Hang on a minute," and get the discussion back on one issue. Other workers may stop the action by asking to go to the bathroom or to have a drink of water.

Ethelena, from Connecticut, has had family members act as though they were going to hurt one another. In this situation, she considered standing up and saying the name, loudly, of the aggressive person. She might make a distraction; drop her papers, have the beeper go off, something. In the past, she has asked for a glass of water, expressed her concern, and asked to call her supervisor. Once in five years of work, she left, when the yelling and threatening just made everything too scary. She asked if other family members wanted to come with her. The teenage daughter wanted a ride to a friend's house. Ethelena called the mother when she arrived home, to ask if she

felt safe. By then things had calmed down. Even so, Ethelena then called her supervisor and discussed the situation in some detail.

Martina, in California, believes that if we have tried interrupting the action and things still seem to be escalating, we can express our concern: "I'm kind of nervous here that everyone is getting more and more upset." Consider requesting a change of scene: "What do you think about us all going to the deli and continuing this discussion there. I'd sure feel more comfortable." "I'm afraid when you scream like that," "I don't know how I can help you when you have that knife." Once in her six years of family work, a teenage boy slugged his mother in the face. Martina left and called the police.

Preventing suicide

Suicide ranks with child abuse and homicide as the worst things that can happen to a family and a family worker. The safest thing is to take a suicide threat very seriously. Contrary to popular belief, people who talk about suicide are also sometimes the ones who really do it.

Calling your supervisor

Decisions related to potential suicide are too heavy for one person. Call your supervisor as soon as you begin to be concerned about people hurting themselves. Spread out the decisionmaking, so it isn't all on your shoulders.

Keeping yourself calm

Eddie hates any talk of suicide.

"I always have to tell myself to take a deep breath. I have to remember to tell myself to just slow down, get calm, take it easy. Then I usually say something pretty straightforward, like, 'I'm concerned, scared, I care, I'm taking this very seriously.' I tell myself, 'Listen, listen, listen.' I always keep that Suicide Risk checklist in my notebook, because I get so nervous

on this topic. It helps to know I can kind of go down the list and not forget anything crucial."

Addressing the issue directly

Ricardo thinks it's a mistake not to address the issue directly whenever it comes up.

"Talking with people who are considering it doesn't encourage it. It's not best to ignore it. People commit suicide for many different reasons. No social class, ethnic group, or personality type is safe."

Assessing the risk

People can give a variety of clues or direct communications about a possible intention to harm themselves. Some have already tried before. Some make very clear threats or statements about a desire to die. They may show sudden changes of behavior, like withdrawal, apathy, or moodiness. They may cry, stay up at night, refuse to eat, or act hopeless. Sometimes they start saying goodbye or checking in with people they haven't seen for a long time, and begin to give away their things. Sometimes people seem to have a positive shift in mood; the anxiety or depression lifts once they have made up their minds. A history of suicide in family or close friends can be another danger sign.

Suzanne watches for many cues to determine the degree of risk. One is a sudden interest in writing notes. A person may have sought and obtained the means for suicide by hoarding pills, buying a gun and bullets, or keeping a knife in the bedroom. Like Ricardo, she thinks it is best to deal with the issue directly: "Are you thinking of killing yourself?" "How are you thinking of doing it?" "When are you thinking of doing it?"

Other factors related to whether the risk of suicide is more serious include:

- Whether the person has a method for committing suicide. If a man says he would shoot himself but has no gun,

We often think that the family would think less of us if we had to ask for help, but they know we don't know everything.

People can give a variety of clues or direct communications about possible intention to harm themselves.

that's not as bad as if he says he plans to overdose on pills and has plenty at hand.

- ❑ The immediacy and irreversibility of the method. Starving yourself takes longer than shooting yourself. Different methods leave the worker different amounts of time to intervene.
- ❑ The plan's specific nature. The more details a person can give you, the more likely it is that he or she will follow through.
- ❑ Involvement of alcohol and drugs. This increases the risk because these substances decrease impulse control.

Intervening to prevent suicide attempts

If people really want to kill themselves, they usually can, even locked up in prison or in hospitals. Most people who consider it and talk about it are ambivalent. If they were positive they wanted to die, they would be acting rather than talking with you about it. Often the feelings of despair pass. The following are examples of immediate actions we can take to help people buy some time.

We can help prevent the action by asking people to give us their means: flushing the pills down the toilet, giving the gun to someone else. We can get a contract that the person will not injure herself for a specific amount of time, even if at first it's only for an hour.

We can encourage people: "Things will change." "You won't always feel this way." We can stress negative consequences: "Your kids will never understand." "I would feel terrible." "What would it be like for people to find your body?" "How would [a loved one] feel?"

We can also refuse to leave people alone, insisting on staying with them or telling other family members or friends to stay with them, taking them to a hospital, or calling the local office in charge of involuntary commitment to a mental health facility. If we do decide we have no choice but to try for involuntary

commitment, we should know that Involuntary Treatment Staff may take hours to arrive. The person will be told that ITS staff have the power to commit her, and that she has the right to refuse to speak to them. ITS staff may ask you for an affidavit of the person's suicidal intent.

Many people seen by ITS staff are not committed, but you will have gone on record with your concern. If the person is committed, it will only be for a 72-hour period of evaluation in most states. If the recommendation is for further hospitalization, there must be a court hearing for commitment to continue without the person's consent.

Coping with multiple roles

Heather thinks the role conflicts are actually decreased when the issue of suicide is present. "For some reason, if suicide is the issue, I forget about being liked or being supportive. It's so clear to me that the only issue is keeping the person alive."

Heather thinks we should be more aggressive than usual when dealing with a person talking about suicide. "Don't worry about being intrusive or irritating people who are talking about suicide. It's better to have someone alive and annoyed with you than to have them dead with you wondering what else you could have done."

Coping with Jealous Partners

Robert has always tried to be sensitive to partners of the parents he sees. If he knows someone might be jealous, he tries to include that person whenever possible. If he gets time, he might talk about his own partner and how much he values that relationship. If he meets with someone alone, he will make sure it's in a public place. Once he made a point of bringing a female co-worker along when he visited a mother with a nervous husband in the background.

A couple of times, Robert has had the feeling that a spouse was hiding and listening to what was going on in the living room. He

said something about the issue, like, "Do you think George would like to join us? Is there a better time for us to meet? Should we reschedule?" Robert says in this situation he tries to be careful of his words and how he active listens. "I cut down on compliments or joking around, and I try to be more formal. I particularly try not to give any appearance of siding with a family member against a spouse."

David has left notes for people he suspected were listening from the background, "I'd really like to meet you." "You all are having a tough time right now." "How about having a cup of coffee with me some time?" Sometimes he has left written materials, or offered to provide concrete help he knew would interest the person: "I heard you were having trouble finding parts for your truck. Would you like a ride to the auto parts store?"

Casey thinks it's important to acknowledge that the person might have good reasons for not wanting you around. "I can understand how hard it might be to meet with someone whom you have no reason to trust." "I do not report to [public welfare authorities] about who lives here. I believe that that is your business."

Coping with Sexual Advances

The people we see are often hurting, lonely, and confused. Some haven't learned very effective ways to get many of their needs met. Sometimes one of them will make inappropriate advances toward his or her worker. This could range from answering the door in revealing clothing to calling the worker "Honey" to rubbing up against or touching the worker.

Doug has had a couple of experiences. "I just said, 'Please call me Doug. I'm not comfortable when you call me Sweetie.' Another time with another woman, I said, 'I will come back when you are dressed,' when she answered the door and she didn't really have very many clothes on at all."

Joanne had a father rub up against her as they passed on the stairs. "I didn't say anything. It happened, like, five years ago, and I've wished ever since that I had said, 'Mr. Stanton, I'd really like it if you'd give me some room here,' and then if he didn't, I would have said something a lot stronger, like, 'I don't want you to touch me, Mr. Stanton, at all.'"

Suspected Drug Abuse and Dealing

People appearing to be drunk or high

If the person is incoherent or unconscious, it's obviously better to check that the kids are okay and come back another time. On the other hand (this is controversial), some people get really talkative after using some drugs or alcohol. This won't be a time where the two of you will do a lot of problem-solving, but it can be a time when the person spills tons of information and you will learn more about the situation than you ever have before. Some human services workers feel it's morally wrong to interact with people who are high or drunk. What do you think?

Possible drug dealing

Nowadays, it isn't uncommon for family members to wonder if family members are using or selling drugs. Daniele talks about her own inability to concentrate amid lots of interruptions. "I'm having a really hard time concentrating with all these people in and out. Is there another time we could meet when it would be quieter?" She shares her concerns about drugs. "Many people would conclude that drug dealing is happening here. What's your reaction to that conclusion?" Then she actively listens to their reaction.

Daniele, in Portland, has noticed that if she is feeling unsafe, family members usually are too, so if she expresses discomfort she asks how they are feeling as well. If they don't feel safe, everyone can move temporarily to another place, like the restaurant down the street. If family members feel safe at the moment, but unsafe in general, they discuss

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general safety issues. Appendix E has some ideas people can use in making their homes more safe. Daniele also thinks it's important to role-play different scenarios that worry her and others. She might try to pinpoint the times and places a person is most vulnerable — the time of day, at which entrances, in what relationships, and at what energy level. Workers might find a way to get a telephone if the family doesn't have one. They might talk about when to call the police and how to establish a relationship with them before any emergency occurs. They might identify neighbors who would offer a safe haven. They might buy a self-protection device, like a boat horn, Mace, or whatever the police in your area might recommend. They might get a woman signed up for self-defense classes.

Daniele also thinks some families are facing too many threats. Once she helped a woman put three locks on her door. That night, some of the woman's acquaintances who had been using her apartment to package drugs climbed up her fire escape, broke in through the closed window and threatened her with a knife. Daniele thinks that in situations like this, moving might be the only way to help families be safe.

Drug raids

Drug raids are another unpleasant fact of life in the 1990s. Adria has some advice for workers who happen to be present when one occurs:

“Do what the police ask you to do, if it's getting down on the floor, or putting your hands up. You might identify yourself as a human services worker and say you are not involved, but *do not reach into your pocket* for identification or make any moves without asking the officer first. Police in this kind of raid are usually a little nervous themselves. Things may be chaotic. The police have guns. Don't feel you have to straighten out your role immediately. Be cool. Being taken to the station and clarifying things there is a lot better than getting hurt. Do, though, carry a business card and a driver's license or some other kind of picture I.D.”

P R E V E N T I N G V I O L E N C E B E T W E E N S E S S I O N S

All family workers worry about what happens with families while we are not there. The goal of this section is to describe some ways to maximize the chances that everyone will be okay. These suggestions are not meant to solve problems over the long term (although this might happen). They are meant as immediate options that can help avoid trouble while we have time with the family to work on longer-term solutions that will hold when we are no longer in the picture at all.

Workers talk about checking in, changing the situation, daily routines, contracts, and homework as things you and the family can discuss even on your first visit. These are tools and resources to help family members keep their emotions and their situations under control, so that we can worry less and get fewer emergency calls late at night.

Coping with multiple roles

Heather believes role conflicts are less when she's thinking about preventing violence between sessions.

"It's just so clear to me that this is such a key part of my job, and that there really isn't any choice between being pretty clear about what I expect to happen when I'm not around. I want to give all family members a message that violence is not okay, and that consequences will occur if there are problems. It's not going to do them any good if I pussyfoot around and act all sweet and then swoop down and take their kid. To me, it's kind of a sign of respect to be real clear that, say, if the two-year-old is out in the street again, I'm going to have to recommend placement."

Checking In

Marlena, in the Bronx, keeps in close touch if she's worried about families.

"If a family has a telephone, I can check in with them frequently. If I am really concerned, I can call every hour. This may seem inconvenient, but worrying about them, having to go to their home because things have blown up, or having to call Child Protective Services is inconvenient, too."

"Calling them gives me a chance to head off problems if they seem to be beginning. It can also give me a chance to congratulate everyone if the day is going smoothly."

"Sometimes, if the family has lots of friends or extended family, we can help arrange for those people to drop by. They don't necessarily have to do anything; the knowledge that they are around, and will be checking in, can help everyone to keep control."

Franklin talks about having family members call him. "I feel both ways about getting calls at home. I hate getting interrupted, but, really, I worry less if I feel people would call if they are in trouble. Also, when they call and I'm available, they are usually so grateful. I get tons of information that way."

Planning a daily routine, so that everybody knows what's supposed to happen every hour, and what their role is in the big picture, can eliminate some of the pressure.

Ernest, a supervisor in Oregon, thinks it's too much to ask his workers to be available all the time. "We have a crisis clinic. We give our families that number, and then if they call, the crisis clinic will let us know the next day."

Setting Up a Daily Routine

Anxiety, confusion, and stress from having to make too many decisions at the same time can help to push people over the line. People who are having lots of troubles can find meal-times slipping by with no food. People may go to bed at odd hours. They may not get up in time for school or work.

Planning a daily routine so that everybody knows what's supposed to happen every hour, and what their role is in the big picture, can eliminate some of the pressure. What might each person do in the morning before school? After school? Before dinner? During dinner? What might get in the way of following this routine? How can obstacles be overcome? The more people can dream of a better way to be together, the more likely those dreams will come true.

Frederico, in Miami, thinks it's important to find out when people are likely to get in trouble: in the morning when the kids are getting ready for school but can't find their clothes, or in the long, empty afternoon when the baby starts crying; after school when the teenager and the younger brother fight over who's touching what in their shared bedroom, or late at night after a few beers.

"Most people also have ideas how to avoid these trouble spots, or change them so that emotions don't flare and behaviors don't get out of control. I ask them what they think should happen. I ask them how they do it on all the days when the bad things don't happen. You can ask them how the situation would look if things were going better all the time. Over the short term, can they lay the clothes out the night before? Can

the baby go to child care in the afternoons for a week or so? Can the teenager and the younger child take turns going to a friend's house after school for a week? Can one of the parents talk with a friend on the phone in the evening instead of being in the setting with the beer that triggers fights?"

Eliminating Triggers

A lot of the things workers can do to help prevent violence are just common sense. "If the mother gets panicky when she's home alone at night, maybe new locks can be put on, and maybe a sheet can be hung over the window until real curtains can be obtained," one worker suggested.

Developing Contracts

Roger, in New York, likes to formalize agreements about daily routines and other behavior.

"Daily routines can be written down, with rewards for everyone for following them, and consequences for not following them. People can also develop formal agreements about more critical issues than who pours the cornflakes in the morning and who washes the dishes at night. Will the teenager agree to call you if he/she is thinking about running away? How about talking to an uncle? Will the parent call you when she/he is thinking about giving someone a swat? How about if she/he is thinking about suicide? Will she/he formally promise, on paper, not to harm herself during the time between visits? I think it helps people if these things are written down. It makes the agreement seem more important. It also forces everyone to be really clear, because sometimes when you start writing things down one person will say, 'No, that's not what I meant.'"

Making Crisis Cards

Crisis cards are a very specific type of contract to help people become more aware of the times their emotions are starting to get out of hand, and the card should help them try new ways of behaving that will stop those emotions from going over the edge.

Pam, in Los Angeles, learned about crisis cards in her training from BSI.

“People talk about the situations that are likely to occur and trigger them getting angry, depressed, or panicky. They rate their feelings on a ten-point scale, where 1 is feeling fine, and 10 is the most angry (depressed, panicky, etc.) they can ever imagine getting. They can rate themselves once a day if the feelings are pretty much under control. If a situation is really hot and you (and they) are really concerned, they can rate themselves every hour, so that they will be more likely to ‘catch’ the feelings before they get too strong.”

Pam talks about helping people make decisions about when to act.

“People decide how strong their feelings will be before they need to act, in order to contain the feelings or turn them around. Most people pick some point in the middle, like a four or five. The main thing is that the feeling be strong enough to bother to take the time to deal with it, but not so strong that it’s beginning to get out of control.”

“Then, together you brainstorm ideas of what they might do when they reach that number, in order to stop the feeling from getting worse. They (or you, if they wish) can list a number of options, and then rank them in order what is most likely to work. Calling you can always be the last option, if nothing else works. Then, the possible activities can be listed, in order, on a three-by-five card that they can keep with them.”

This is what one of the crisis cards looks like that Pam helped a family develop. It’s for a mother who is worried she will get angry at her three-year-old and hit him.

One of the reasons crisis cards can be helpful is that they help people to watch what is happening from a slightly different perspective. They may feel less helpless, and less engulfed by the situation. Homework is another way to help them get some distance on what’s happening.

Crisis Card for Jody When She Starts to Get Angry

- Take a deep breath
- Put Jerome in his room in the playpen with some toys
- Call Suzy to come over (742-9978)
- Do jumping jacks
- Take a hot bath
- Play some music
- Call Lynnette (947-9801)

Assigning Homework

Geraldo, in New Jersey, believes that homework assignments help families stay safe between visits. They may or may not be aimed at the triggering events that concern both him and the family the most, but they give family members something different to do in a difficult situation. If a mother is counting the number of times her teenager swears at her, she may be less likely to get drawn into the interaction. Any small successes at changing what has seemed like an overwhelming chain of events can help people to feel more optimistic about bigger changes, and more aware of the amount of control they can have over their own behavior.

Geraldo has a number of old standbys for homework:

- Counting the times the behavior of concern occurs. This not only gives some perspective, it also gives a clear

Crisis cards are a very specific type of contract to help people become more aware of the times their emotions are starting to get out of hand.

*In general,
the wider
the lens we
use to view
a situation,
the more
accurate
our overall
impressions
will be.*

starting point to indicate whether our bigger attempts at problem-solving are effective or not.

- Paying attention to the times when things are going smoothly, or better than usual. Have family members write them down, or at least remember them to tell you next time you visit.
- Doing something on purpose that's likely to be helpful. A parent can decide to compliment a child four times a day, or a spouse can carry poker chips and give them one at a time to his/her partner until the chips are gone, in order to structure giving attention.

Enlisting Extended Family and Friends

As financial resources become more limited in the 1990s, family workers are exploring new partnerships with natural helpers and neighborhood leaders.

Janelle, in Wisconsin, talks about some of the advantages of these partnerships.

"We can increase the odds that people will be safe by – with the permission of family members – involving their friends, neighbors, and extended family members in creating a supportive environment for everyone. I always ask families who has been helpful to them before. I ask if they would be interested in getting that type of help again. If they would, I ask if they want to call the person, or if they would like me to call."

Carol, in San Francisco, routinely asks families if they are interested in meeting with others who are concerned about them to talk about creating a giant safety net. If they are, she helps facilitate a meeting where people can brainstorm ways to support a particular family and to insure that the kids are always safe. Some examples of things people can do to help include:

- Take care of the kids for a while on a planned basis.
- Be available to take the kids when things start to get tense and parents feel they need a break, maybe even overnight, even when that hasn't been scheduled before.
- Fix the fence so the toddler can't run into the road.
- Put a new lock on the door so unfriendly people can't enter.
- Share videotapes, books, classes that were helpful.
- Provide transportation to classes.
- Stop by for coffee.
- Invite the family over for a visit.
- Listen.
- Play games with the kids and the parents.
- Fix bikes.
- Braid hair.
- Plant flowers together.

The idea for Carol is not to set up a system of spies on the family. The idea is that the more everyone feels connected, supported, involved, and responded to, the less likely it is that they will get angry, lose control, and hurt one another.

Special Concerns About Drug-Affected Families

Jim feels we could insist upon urinalysis more often. "If we really want to know, this is the route to go. Few of us, however, are in a position to either require it or carry it out. Still, it's worth considering in situations where you worry that a parent's drug abuse may jeopardize a child."

RECOMMENDING THAT A CHILD BE PLACED OUTSIDE THE HOME

The Safety of the Child Is the Top Priority

Many of us have worked for decades to strengthen families so that children may experience safety and nurturing within a loving, continuous context with their siblings and birth parents. Over the years, many have grown to misinterpret our concern for families as the end goal rather than as a means to safety. Whenever you are concerned about a kid, act to protect that child. Never choose family preservation at the expense of a child.

The Decision to Recommend Placement Is Very Complex

We commonly talk about risk assessment and protecting children as if they were simple, attainable skills that once learned would keep all children safe forever. We also talk as if some clear reality exists in each family, apart from our own perceptions and the interaction between what is happening and the ways we respond to what is happening.

We cannot separate the “facts” of what is happening in a family from their context. Problems and risks as well as strengths are related to societal, community, psychological, physiological, individual, spiritual, and other factors. When one aspect changes, the others change as well.

Our Own Mindset Affects Our Decisions About Placement

Our preconceptions about families influence the families. The mindset we bring to a family about our work, and about families with problems, will not only affect the way we describe their situation, but it will also change the situation, for better or worse.

Working toward an attitude of openness to success

We have already discussed some of the issues in keeping ourselves clear and calm in order to be best positioned to do safe, helpful family work. The more we can go in with an attitude of openness or even the expectation that we will be surprised by people's capacity, the more likely they are to show us their potential, and the more likely we will be to conclude that children will ultimately be safe in that environment.

The challenge of scanning for dangers as well as success

Our dilemma is that we must scan constantly for the risks as well as the strengths. It is this permanent tension between the positives and the negatives that often brings us to different conclusions for two similar situations. It makes assessment an art as much as a science.

Handling our feelings about drug abuse

Jim, in Cleveland, is particularly concerned about keeping kids safe in families where drugs are being used.

“These days, most of us see many more people having problems with drugs and alcohol. We are all torn between wanting to believe the best about people and having to acknowledge that some parents are not able to keep their kids safe. We want to encourage bonds among family members, but sometimes we want

We need to remember that safety is relative.

to develop alternatives to the birth parents as primary caregivers. We don't want to place children unnecessarily, and we don't want to leave them in situations where they may get hurt. We usually don't feel like we have enough information to make these decisions."

Marsha, from Baltimore, thinks we have difficulty thinking about safety where crack is involved because it triggers so many emotions in us. "We are all accustomed to the notion of adults arranging baby-sitting for their children while they go out and party. As we become more aware of the dangers of drunk driving, we stress having a designated driver who can take everyone home safely, including the baby-sitter. If an adult decides to use crack instead of alcohol, we often have a whole different take on the issue. Crack is illegal. It is wrong. It's more addicting. Maybe people are more unpredictable on it."

Being aware of our own stereotypes and filters about particular problem areas

In order to be fair in assessing drug-affected families, we need to be clear about the personal stereotypes and experiences we bring to bear on that topic.

- How has substance abuse affected each of us?
- Why do people use drugs?
- What do they need in order to get off drugs?
- Have we ever used drugs?
- Why?
- How might our own beliefs affect our abilities to think clearly about families?
- How might our own experiences affect our ability to be effective?

The more clarity we have on these issues, the more open we can be to hope before we ever see a family, and the more families we will find to justify that hope. Conversely,

the more we enter a situation certain that we and the family will fail, the more likely it is that failure will occur.

Keeping our expectations realistic

As discussed under *Keeping Ourselves Clear, Calm, and Supported*, we will be able to think better and act more effectively if we keep our expectations realistic. Decisions about what is really happening with a family are very difficult. Decisions related to what will be happening with a family in the future are even more challenging. Several factors make these decisions particularly difficult:

- People have many reasons for withholding information from us. Risk factors such as drug abuse are illegal. Our knowledge may result in children being taken out of the home. Child abuse and neglect carry giant stigma.
- Families and their situations are constantly changing in ways we cannot predict, so that overall predictions are always in terms of possibilities rather than certainties.
- We are also limited by our own capacity. We all make mistakes. Others make mistakes, too. The systems in which we function are far from perfect.

All this is not to say that it's not worth trying to make good decisions about where children live. It is just to acknowledge that none of us is, or ever will be, perfect at it. In the long run, we will be able to provide more support for families if we don't expect ourselves to know more than is possible.

The Effects of the Assessment Methods We Use in Recommending Placement

Information about how families are really functioning will also be influenced heavily by the goals, tools, and constructs we use in assessing a situation. Assessment of families where one or both parents are allegedly using or abusing drugs is particularly complex. If we focus entirely on determining whether a parent is or is not an addict, for example,

we will come up with a very different assessment than if we use a holistic approach.

In general, the wider the lens we use to view a situation, the more accurate our overall impressions will be.

Assessing Risks Within the Birth Family

The relationship between parental drug abuse and risks for children

Parental drug abuse is one of the most emotional issues for family workers. We can easily get frightened into focusing all our energies on being detectives to identify "what she is really using."

In fact, heavy drug use is a serious risk factor, but it is only one part of the whole family picture. Many people grow up fine with one or both parents heavily involved with drugs.

The danger to children rests not only on parental drug use but upon all resources available or unavailable to nurture and protect the children. For example, we don't commonly place the children of cocaine-addicted Wall Street stockbrokers. They have nannies and preschool programs and other supports to take care of the kids when they are high.

Getting the Most Accurate Information Possible About Drug Use

Given that we will never be perfect in gathering information, we have a number of ways to improve our accuracy.

Self-report

Appendix F is a summary by Gorski of factors influencing the validity of what people tell us about their drug abuse. He says we will get the best information if people are not high at the time, they know the information will be checked against other sources of information, they have no obvious reasons for distorting their report, and they can be reassured about confidentiality.

So, for example, with parents whose drug use might jeopardize keeping their children, we are unlikely to get accurate self-reports.

Observation

We can focus on learning to identify certain features common to people who use drugs and features of their environments. Appendix G gives some examples of behavior we might consider. The downside is that we can put so much energy into being detectives about drugs that we shut off other types of information that might be very important.

Another downside is that this approach is not very reliable. Miller (1985) reviewed many studies regarding the validity and reliability of diagnoses of addiction and concluded that there is little consensus on definitive criteria.

Urinalysis

If we *really* want to know what a person is using, the best way to find out is daily urinalysis. This is inconvenient and expensive at best, and completely unfeasible in many situations. But it is often possible, and, short of following someone around 24 hours a day, it is our most accurate method of assessing drug use.

Other risk factors

We also need to continue to assess other risk factors, just as we always have. We need to pay attention to the same old definitions of abuse and neglect that we considered before we became so preoccupied with drug abuse. Appendix H shows some definitions used in the state of Washington.

We can still use risk assessment tools that we developed for families without substance abuse. A Risk Factor matrix used in Washington state is shown in Appendix I.

Assessing the Strengths in the Birth Family

As with Wall Street cocaine addicts whose children have many resources, we need to elicit and consider each family's strengths and

People have many reasons for withholding information from us.

resources that can increase both a child's safety and the possibility that a parent will overcome a drug problem.

Methods for eliciting strengths

We can help people talk about their values, their hopes and dreams and other aspects of their lives that give it meaning. We can ask about and observe their extended families, friends, and neighbors. We can ask about past times that were better, as well as details of a vision of a better tomorrow. We can also use frameworks such as Motivational Interviewing (Miller and Rollnick, 1992) to assess people's motivation for change. The Solution Focused Brief Therapy questions mentioned previously, and shown in Appendix D, are examples of other routes to help people connect with their strengths.

Assessing the Risks and Strengths of Alternative Placements

We need to remember that safety is relative. Just as we assess the risks and strengths in a birth family, we need to scrutinize them in the alternative placement we are considering.

Common risks of placement

When they are placed, children are usually separated not only from the dangerous parts of their previous lives but from the nurturing and meaningful parts as well. They can lose their surroundings, their siblings, their extended family, their friends, pets, toys, school, and sense of history. We must also consider the reality that every foster or group home comes with its own idiosyncratic limitations and risks.

Common strengths of placement

At the same time, most placements have some advantages over many children's birth homes. There is usually a drug-free caregiver, a daily routine, plenty of food, heat, and low potential for a drug raid.

The Effects of Our Capacity to Address the Issues in Recommending Placement

It's bad enough that so many factors need to be considered in trying to get an idea of how safe a family situation may or may not be for a child. The *meaning* of those factors, however, will also rest on the resources we can bring to bear to address them.

Availability of help for families

If we have only one drug treatment program in our community and it's always full, we will feel less able to maintain children in drug-affected homes. If we live in a community where we have the capacity to develop immediate, comprehensive safety plans for all families that concern us, plus individually tailored, holistic methods to help parents with drug problems, we will feel more certain that we can keep more children safe at home.

Developing safety plans with every family of concern

We have nothing to lose by making sure that every family where we choose to leave a child has a support system; that we stay up to date with daily changes; and that we have a backup plan for taking care of the child immediately if the situation starts to go bad. These plans can include the family's existing support network as well as new people who might be willing to help. They can include our own capacity to monitor situations and intervene when necessary. Plans can spell out the circumstances in which a child will be removed, and who will play what roles.

Back-up plans for placement

Jim thinks it can't hurt to be ready always with a backup plan for placement. "We have nothing to lose by working with parents to plan for the worst. This way, if they slip, or if they slip enough that we decide the kids have to be placed, the parents have at least had some 'say' in what's happening with their fami-

We have nothing to lose by making sure that every family where we choose to leave a child has a support system.

ly. And, usually, the backup plan we develop together will be much better than what we could develop alone.”

Marsha agrees with Jim about planning for placement “just in case” in all situations. “No matter what our personal feelings are about crack, the most important issue is the safety of the kids. We cannot predict 100% who is going to use crack and when they are going to use it. *If* they do, it will be better if they have planned for the safety of the kids rather than pretended the possibility of placement doesn’t exist.”

Harm reduction

Many people acknowledge that all the people we see who use drugs will not become abstinent immediately after we recommend it. In some ways we have a choice of severing our relationship with them after the first slip, or helping them to set realistic goals that will minimize any harm that occurs as they begin to cut down and contain their drug use. We all hope that the cutting down and containment will lead to abstinence and that it will improve the safety of the children as it happens.

In one example of harm reduction, a mother learns to plan ahead if she wants to party. She schedules her sister to spend the night with her kids. In another example, Ronna decides she will use only when she is with Cora, who stays clean. Cora can make sure someone is there for the kids, and she can also make sure Ronna gets home okay. It’s possible to have layers of safety plans.

Marsha thinks we ought to face some realities. “We can’t place every child of every person who might possibly use crack. But we *can* help all those we know to have a plan for the kids if they do. Who could take care of the kids? What if the first choice is not available? Can the person come to the house, or will the kids have to be taken somewhere else? How much time will it take to get them there? How will it happen? Bus? Subway?

Car? Can they stay overnight? How will they get home?”

Long-term placement

Both Jim and Marsha realize we have to attend to long-term placement issues as well, and it can’t hurt to discuss them if Child Protective Services, or the police, or you or your supervisor decide that short-term options are not enough, and that the kids should be placed either temporarily or for adoption.

Sometimes people get a grip on their drug use when they realize they might really lose their kids. Either way, their long-term relationship with their children will likely be better if they have had a say in where their children are living and in who is the primary caregiver. Who do the parents think would be best for their kids? What schools do they want them to attend? What other adults should be involved as support people? What about contact with grandparents? Are there people who should not be allowed contact with the kids?

Implementing the Decision to Recommend Placement

Acting if a parent has hurt a child

If a parent has just hurt a child, and if the injuries need medical attention, call 911. Actively listen. If you think it is safe for the child and yourself, you can remind the parents of your obligation to contact Child Protective Services. You can also give the parents the option of contacting CPS themselves. If you don’t think it is safe to discuss a CPS report, go to a safe place and call both your supervisor and CPS.

Katrina says her behavior depends on whether or not she thinks the child will be safe if she leaves. If she does, she will help the parent and child decrease the possibility for more angry feelings. She discusses it with the family: Is there somewhere the child could stay for the night? Can they avoid difficult topics until she returns the next day?

If you have done everything you can think of and you are still worried, always act in the direction of protecting the child.

*No one yet
has developed
foolproof
methods
of assuring
people's
safety.*

If Katrina doesn't think it is safe for the child to be left at home, and the parent will not allow the child to stay somewhere else, she states her concerns and provides clear information about what she feels she must do: "I am very worried because you are having such a rough time tonight, and I'm concerned that Jerome might get hurt. If I can't take him with me while I call my supervisor, and you won't let me call my supervisor from here, I'm going to have to call the police. I don't think you want or need that, and I'd really prefer not to." On the other hand, if Katrina thinks that talking about calling the police might get her hurt or into trouble, she would just leave and make the call without telling the family first. She may or may not call her supervisor before calling the police, depending on the degree of urgency she feels. If the police will not go out, she definitely would call her supervisor, who might go back out with her, or they might call the home frequently to interrupt the pattern of anger.

Taking action if you just don't feel comfortable leaving the child at home

If you have done everything you can think of and you are still worried, always act in the direction of protecting the child. Contact your supervisor if possible, and see if she can think of any other way to keep the child safe at home.

If you cannot reach her, or if she agrees you have thought of all the options, let the family know your concerns. It will probably go better if you say, "I'm concerned that the kids may not be safe here tonight (this week, the next month, whenever)" instead of, "You have blown it again, and I'm taking your kids." Remind the family of your initial session together when you discussed your obligation to inform CPS if you were concerned about the safety of the children. Don't apologize, don't blame. It's a fact in most states that if you believe a child is in danger, you must make the call.

Then make the call.

Calling the police

If you feel you must recommend placement and are unable to calm family members, and you are worried about their safety or your own, leave and call the police (911), then call your supervisor. Don't feel you have to tell the family that you are going to call the police. Just get out of there and do it.

Coping with multiple roles

"The situations where I have to recommend placement are, by far, the hardest for me," Heather says.

"I always have to struggle with my own feelings of failure, like if I had just done something different, the whole outcome would have been better. Then I have to remind myself that I really don't control the world. Also who knows for sure what better is? For some families, placement might be better for everyone, especially with some of these new ways of handling placement, where the distance doesn't seem so irrevocable, and the foster parents are more supportive of the birth parents. But it's still really hard. Part of me always feels kind of like I'm betraying the birth parents. I want to be supportive of them, but I have to hold them accountable. It's rough. I can't ever remember a situation where I felt they absolutely didn't care about the kid. I know how I would feel if my kids ever got taken.

"It helps to talk about this with my supervisor. I always think about a friend of mine who's a pediatrician. Once in a while he has kids die on him. Then he says he cries all the way from the hospital in the city to a big shopping mall about thirty miles away. Then he kind of starts to get a grip. It helps me to think about how much sadness he feels. These situations are really sad, even if a kid isn't killed. It's okay to be sad about it."

S U M M A R Y

Most of us in family work believe that most troubled families have the potential to raise their children productively and safely. We begin by working toward this goal. At the same time, we are obligated and committed to putting the safety and welfare of the children involved above everything else, at every point in time.

No one has yet developed foolproof methods of assuring people's safety. This paper has presented a number of options used by some family workers. Ultimately, though, each worker is the best judge of what methods to use in his or her particular situation with the specific families involved.

We especially want to encourage you to follow your instincts when you feel endangered. Just as the family support and family preservation movements have never been intended to compromise the safety of any children, they were never intended to compromise the safety of family workers, either. Take care of yourselves. You are not going to help any families if you get hurt.

The following Appendices are summaries of, and supplements to, the materials presented in this paper. We hope you keep them in your notebook, above your desk, in the glove box of your car. Please write with your additional ideas and reactions to this material. Good luck!

A P P E N D I C E S

A p p e n d i x A

Calling the Referring Worker

- Have there been reports of violence related to this family?
- If so, when?
- What type of violence?
- What about the neighborhood?
- What has happened there before?
- Has anyone made any threats?
- Are any weapons around?
- Does the family support or discourage violent behavior?
- Does the family use physical punishment?
- How does the family feel about human services workers?
- Does the family want a worker to come, or dread it?

Calling the Family Before the First Session

Allow plenty of time so you won't feel rushed.

Clarify who you are and what you will do if you come out.

Actively listen to their concerns.

Ask their opinion about the potential for violence toward you or another person.

If they are concerned about violence, ask for their ideas to prevent it.

If they are worried you will be hurt on your way to their home:

- Ask if they can meet you somewhere safe
- Consider seeing them only during daylight
- Consider bringing someone with you
- Ask if they will watch for your arrival
- Consider meeting in a public place

Ask if there are any weapons around.

- Ask if they are loaded, locked away, or out and available.
- Ask if the weapons could be put away, locked in the trunk of the car, have the pin removed, or be given to someone trustworthy.
- If they are reluctant, say agency policy prevents you from going where a loaded weapon is present.

If family members are worried about fights with other family members:

- Ask if the people involved can stay in separate rooms until you arrive, or if one person can go visit a friend.

If you are still worried about going to the home, ask your supervisor:

- If she thinks it's too dangerous for you to go at all
- If she has any other ideas on how to make it safer
- To call you at the family's home to make sure you are okay
- If she thinks CPS or the police should be called instead

Anger Management Materials

The Six Steps to Anger

I want something, or don't want something.

I don't get what I want.

I begin to "awfulize."

- It's *terrible* that this happened.
- I *can't stand* this.
- This *isn't fair*.

I move the focus to the other person and change my wants to demands.

- He shouldn't do this to me.
- Who does he think he is?
- I'm not going to let her get away with this.
- She can't do this to me.

Starting to Get Angry

I equate the other person with the behavior; I begin to judge and blame.

- He's an S.O.B. for doing this to me.
- She's a rotten friend after all I've done for her.

I reach the point of no return. The other person must now be punished.

- Bad people ought to be punished.
- She needs to be taken off her high horse.
- He needs to learn a lesson.

Five-Step Anger Management Plan

I know I'm getting angry because (describe feelings, thoughts, and behavior)

What I want is

What I want to avoid is

My plan is

My backup plan is

Solution-Focused Questions

- Are there times when the bad things don't happen?
- What if a miracle happened tonight and your life was the way you would like it to be tomorrow morning. How would you know it was different?
- Let's say a miracle has happened and you have overcome the effects of _____. What would _____ notice about you that would be different? What else? And what part of that is already happening?
- What will you be doing differently when this issue is less pressing for you?
- What kinds of things will you be saying to yourself?
- What will you be thinking about yourself?
- What difference will it make in your life when you are thinking these thoughts over a long period of time?
- What will _____ notice about you as you heal more and more each day?
- What will be the first smallest sign that the bad things are having less and less of an effect on your life?
- How have you been managing?
- What keeps you going?
- What stops you from giving up?
- How will you know you are having the kind of life you want to?
- What changes have you already made that you wish to continue?

**Outsmarting Crime:
A Guide to Safe Living**

By the Washington State Criminal Justice Training Commission
In cooperation with the Washington Association of Sheriffs and Police Chiefs

Community Crime Prevention

There are three building blocks for community crime prevention. They are:

- Operation Identification
- Residential Security
- Block Watch

Operation Identification

Operation Identification is the practice of marking valuable property with your driver's license number and then displaying the Crime Watch "eye" sticker near the doors of your home. This is why Operation ID is important:

Prevention. That Crime Watch sticker lets the potential burglar know that your property is marked...that you care about security!

Recovery. If your property is stolen or lost and then later recovered, authorities can trace it back to you by using your driver's license number.

Enforcement. Your number can help prove that an item is stolen property, and so can help convict the guilty party in court. This is how you "join" Operation ID:

- Borrow an electronic engraver. Most law enforcement agencies will loan you one *free*. (You also can buy your own for less than \$10. That way it will be handy for marking new items.)
- Engrave the letters WA D.L. (for Washington State driver's license), followed by your driver's license number, on valuable items. (If you don't drive, you can get

a state ID number from driver licensing stations. A Social Security number can't be traced.)

- For items which can't be engraved, such as silver and antiques, take a picture and make a note of any identifying scratches, etc. It's a good idea also to make photos of art work, collections and other valuables, and even of entire room arrangements.
- Place the large (3-1/2" x 4-3/4") Crime Watch stickers in a visible spot near each exterior entrance (front and back door, sliding doors, etc.). Smaller stickers (1") can be placed on your valuables for further identification.
- Make an inventory record of your theft-prone valuables. This should include make, model, and other descriptive information. The Crime Watch Inventory Book (available from your local law enforcement agency) is a convenient way to do this. Some insurance firms have similar publications. A copy of this record should be kept in a safe place away from your home. Some insurance agents will retain a copy in your file.

NOTE: For insurance purposes, it is preferable to inventory all your items, not just theft-prone valuables, and to take photos which show entire rooms, including furniture.

Residential Security

Many homes have inadequate security. They are literally easy for a burglar to enter. Statistics show that a burglar will enter such a place sooner or later. Many victims say that the worst part of a burglary was not the value of the stolen goods but the feeling of having their homes "violated." So it's doubly smart to act before the burglar comes.

This section presents some of the basics. Your local crime prevention specialist and Crime Watch have more detailed information available.

Lock It!

Roughly one-third of all home burglaries occur because a door or window was left unlocked or even open. Today, it's just smart to make it a habit to lock doors and windows. Remember: A lock is not a lock unless you lock it.

Look "Lived In"

A key to preventing crime is always to have your home look "lived in." Make it a habit to keep your garage doors closed so a burglar can't see whether you're away. At night, leave a light on in some inner halls or rooms if you're going out. An inexpensive automatic timer (less than \$15) can turn lamps and a radio on after dark.

For weekend or longer trips, arrange to have your mail and newspaper picked up daily by a trusted neighbor. Also arrange to have your lawn cut and the drapes closed at night and opened in the morning.

You can call your crime prevention specialist for more "vacation tips." Some agencies will send a patrol car by your home several extra times while you're gone.

An important point: The "lived-in" look should be there year-round and for short trips, not just for that two-week vacation.

Locks

Aside from locking the locks you have, one of the best things you can do to improve your security is to install a deadbolt lock with a one-inch throw. Some lesser locks can be opened with a pocketknife or a credit card. But a one-inch deadbolt provides good security against amateur burglars and is recommended by most law enforcement experts. For best security, you should have a one-inch deadbolt on all of your standard exterior doors: front door, back door, and the door that leads from your garage into your home.

Doors

If any of those doors, including the one that protects your entry from the garage, is a hollow-core door, it is a security risk. A hollow-core door sounds hollow when you knock on it. Such a door is easy to smash open and should be used only for inside rooms.

Door Jams

The strike plate that the lock's deadbolt goes into should be fastened with screws 1-1/2" or 2" long. Shorter screws, including those that come with some of the packages, may not hold the strike plate under strong attack.

Peepholes

To screen callers, a wide-angle peephole is strongly recommended. They are inexpensive and easy to install.

NOTE: Peepholes are much preferred over chain guards. Chain guards are easily broken and are not recommended.

Sliding Glass Doors

Sliding glass doors are a security risk because they are relatively easy to force open sideways and can also be popped out of their tracks.

To protect against force-sliding, you can use a section of a broomstick, or doweling, in the track. That will cost you pennies. A Charlie bar, which installs on the side and folds down, serves much the same purpose. Special locks are another option. The bottom line is that for good security, you need to supplement the lock that came in your sliding glass door.

To guard against popping doors out of the track, insert some cheap sheet metal screws through the upper track and into the wooden frame, but leave their heads protruding somewhat. That way, they'll fill the gap above the door, which will make it more difficult to jiggle the door out.

Windows – Sliding Glass

Sliding glass windows present some of the same problems as sliding glass doors (see preceding section). A small stick in the track will keep most of them from being forced sideways. Cut the stick short enough to let the window open for a bit of air, but long enough so that a burglar can't get an arm through it. You also can buy special locks.

Windows – Double Hung

A simple trick will give you added protection for these windows, and can be used to maintain the window slightly open for air. Drill a small hole, at a slightly downward angle, through the first sash and part way into the second, back sash. The hole must not go all the way through the back sash. Then slip a long, heavy-duty nail into the hole. (You can drill another hole into the second sash somewhat higher and use it to "pin" the window slightly open at that height.)

Garages

As suggested earlier, any door from your garage into your home should be treated as an exterior entrance. Make it a solid-core door with a one-inch deadbolt lock.

Outside Factors

Good visibility around your home will discourage many burglars. A light near the doorways will help. Is shrubbery hiding one of your doors or windows?

Mail sticking out of the mail box may signal that you're not home. It's advisable to have a box large enough to hold all of your regular mail, or a mail slot.

Special Factors

This section has covered the standard basics. Your home may have special security considerations. Your local crime prevention specialist can provide more information. Most communities have trained people who will survey your home with you and make personalized security recommendations.

Alarms

An alarm system may be an appropriate part of your security "package." The cost and quality of such systems vary. It's advisable to talk with your local crime prevention specialist before placing an order.

Block Watch

This is the third "building block" and it works best when a neighborhood really gets serious about security by also practicing the other two: Operation ID and Residential Security.

The essence of Block Watch is that neighbors are observant and watch out for each other's property, reporting any suspicious activities to the police. Some Block Watch programs — also called Neighborhood Watch — are very informal; others are more structured.

Most begin with a neighborhood meeting at which a crime prevention specialist reports on crime problems in the area and explains suspicious activities and where to report them. The officer also will explain specific crime prevention techniques. Neighbors are encouraged to let each other know when they will be away.

It helps to have a simple map of your immediate neighbors, with addresses and phone numbers jotted down. That way, you can promptly report a suspicious activity by the accurate address, which will help the police get there quickly.

Some Block Watch programs have regular or occasional follow-up meetings. The important thing is for neighbors to be watchful for each other's safety. (This concept of cooperation and observation was the basis for the "eye" logo on the front of Crime Watch materials.)

Personal Security

Personal crime is the most frightening. This section presents basic recommendations. Once you are aware of crime risks, your own common sense will become your best defense.

At Home

Install and use a wide-angle viewer (not a chain guard) in your door. Don't open the door to strangers or unexpected repair people. Don't be embarrassed to ask for I.D. or to call and verify the identity of the caller. If someone needs to make a call, offer to make the call yourself, leaving the stranger outside.

Never let small children answer the door unassisted.

Be aware of strange telephone calls or wrong numbers or names. Some potential burglars or attackers will use phone calls to see if anyone is home.

If you return home and see *any* indication that someone has illegally entered your residence, *do not go inside*. Go to a neighbor's or a phone booth and call the police.

Apartments

If you are uncomfortable about someone on an elevator, don't get in. If you are already in and uncomfortable, push the button for the next floor and get out.

Basement laundries and storage areas are problems in some apartments. Try to do your laundry when others are around, or take a friend along with you.

Out and Around

While crime can and does happen anywhere, be especially cautious of remote or out-of-sight places when an attack could occur without getting much attention. The examples of such high-risk areas are too numerous to list here. Your own awareness of the areas where you go is your best protection.

Walk confidently, with purpose. Recent studies have shown that persons with such bearing are less likely to be attacked.

You may wish to carry a whistle or have one strapped to your wrist (but not around your neck).

If you think you are being followed, cross the street, change directions and look for a safe place to go.

Driving

It's a good habit to always lock your car doors when getting in. Keeping your windows closed is safest. (You can open them an inch for air and still avoid having someone reach in.)

If someone tries to break into your car, honk your horn and try to drive away.

If you think you are being followed, *do not drive home*. That will lead the person directly to you. Instead, drive to a fire or police station, service station, all-night restaurant or any other location where lighting and the presence of other people will cause the follower to leave.

Purse Snatching

You can reduce the risk in this category by not taking a purse at all when you don't really need it. A wallet or a key ring in a pocket may be all you need for some outings.

When carrying a purse, hold it close to the front of your body, rather than dangling it at your side. This way it will be a less obvious target. Smaller purses are harder to snatch than larger ones.

Money

Carrying fairly large amounts of money can be a temptation to the robber. It's safer to use checks and credit cards. If you do have cash, be discreet about handling it; don't let someone see a lot of bills in your pocket, wallet, or purse.

Bunco

There are several recurring bunco schemes that continue to bilk citizens – especially older persons – out of their life's savings. Two of the most common are the "*Pigeon Drop*" and the "*Bank Examiner*." The first appeals to a sense of greed, the other to a desire to help out.

"Pigeon drop" is the name for a variety of con games involving large amounts of "found" money. Strangers approach you to share the treasure, but only after you put up a lot of cash yourself, to prove your "good faith." In "Bank Examiner," a citizen is asked to withdraw a large amount of cash as part of a so-called investigation of your bank. Real government authorities never use this method in a legitimate investigation.

These schemes succeed for one reason: The "con" men or women live up to their name by earning the confidence of their victims. They are convincing as trustworthy. They may be well-dressed. They do not seem "suspicious." There is one safe rule for avoiding this crime: *Don't ever give money to a stranger! Ever!*

Sex Offenses

Rape

Rape is a crime of power and anger, not one of sexual desire. A dangerous myth is that the offender is some "suspicious" stranger. Fact: In about half the cases, the offender is known to the victim, at least by first name. In many cases, the rape occurs in the victim's residence. Sometimes rape occurs in a dating or pickup situation.

Awareness of such facts, of options to reduce risk and to address threatening situations will help communities deal with this brutalizing crime. That is the goal of "Rape: Let's Talk About It," a free booklet published by Crime Watch and the Victims of Sexual Assault program. It is available from local law enforcement agencies and sexual assault/rape crisis centers. The centers also have other resources available.

Many communities offer presentations and even classes in personal safety and/or self-defense.

Child Molestation

While avoiding strangers is sound advice for young children, in most cases of sexual molestation, the offender is known to the family or may be a family member. This fact makes child sexual abuse all the more difficult.

Outward signs that a child is being abused are varied. They could include avoidance of a particular person or place, or sudden changes in behavior. Sexual abuse usually begins gradually, is described as a secret or a game and can occur for a long time before it is discovered and stopped. Incredibly, in some cases it is denied and covered up, to the detriment of that child and other potential victims.

If you suspect a child is being sexually molested, *for the sake of that child and other children, do seek help.* You can call a local law enforcement agency or sexual assault center, or you can reach the statewide Children's Protective Service by dialing 1-800-244-3030. You can get information and assistance on what to do next. You don't have to prove that abuse has occurred in order to seek help.

Risk Assessment

Factors Influencing the Validity of Self-Reports (from Gorski)

Situations Likely to Produce Invalid Self-Reports	Situations Likely to Produce Valid Self-Reports
Patient has positive blood alcohol concentration at time of assessment	Patient is alcohol-free at the time of assessment
Patient is experiencing withdrawal symptoms or other acute distress	Patient is stable and has no major symptoms
Unstructured, general, or vague items are used to obtain information	Structured, carefully developed items are used
Patient is not aware that self-reports will be checked against other data	Patient knows that self-reports will be checked against other sources of data (e.g., lab tests, collaterals, records)
Interaction with the patient is brief or minimal	Good rapport is established with the patient
Patient shows poor compliance with the treatment regimen	Patient complies with other aspects of treatment
Patient has clear motive to distort information (e.g., abstinence is a condition of parole or continued employment)	Patient has no obvious reason for distorting self-reports
Patient doubts the confidentiality of the information provided to treatment personnel	Patient can be validly reassured about confidentiality
Staff has obvious expectations that certain behaviors (e.g., abstinence) will be reported	Staff and the information-gathering process are obviously neutral and nonpunitive

Possible Signs of Drug Involvement

by Nina Allen

Using Drug-Related Language

- Chasing a cloud
- On a mission
- Space ghost
- Ghostbuster
- Copping
- Being a butterfly
- Beaming up

Possible Signs

- Physical problems:
 - Head cold symptoms
 - Runny nose
 - Red nose
 - Sniffles
 - Feeling things crawling under skin
 - Dry mouth
 - Shaking
 - Sweating
 - Red eyes
 - Dry skin
 - Dilated pupils

Behaviors

- Biting lip
- Grinding teeth
- Sucking tongue
- Drinking a lot
- Not eating
- Staying in bedroom with the door closed

- Talking rapidly
- Making repetitive gestures
- Asking for money
- Few rationales for decisions
- Odd schedules
- Violence
- Extremely high or low tolerance

Moods

- Anxiety
- Mood swings
- Abrupt personality changes
- High level of suspiciousness
- Agitation

The Environment

- Drug sales in the home
- Family in severe need of concrete services but has gold jewelry, leather, etc.
- Constant traffic in and out
- Constant interruptions
- Dark apartment — may be making crack
- Children talk about drugs
- Paraphernalia
- Money comes and goes rapidly, baby has no diapers
- Available funds never available for rent, food, clothes

Washington State Definitions of Child Abuse and Neglect

Physical Abuse

Non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caregiver. Examples of non-accidental injuries that are instances of physical abuse include but are not limited to:

- Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.
- Bruises, cuts, lacerations, abrasions, welts, scars, or petechia (a discoloration, breakage, or tear of skin tissue).
- Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.
- Burns/Scalds: reddening, blistering, or tissue charring through heat application, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, or friction.
- Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, or other impairment which adversely affects function.

Dangerous acts, i.e., those that constitute a serious risk to a child's physical or mental health, safety, or welfare but that do not result in the child's injury. Examples of dangerous acts include, but are not limited to:

- Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impairs the functions of one or more organs or tissues. Examples include the inappropriate use of controlled substances, prescription medications, over-the-counter medications, and alcohol.
- Also included is the reckless and/or negligent use, during the last month of pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.
- Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, potentially harmful diets.
- Electric shock.
- Choking, gagging, or interfering with a child's breathing.
- Banging a child's head against walls or other objects.
- Kicking a child.
- Hair pulling.
- Throwing a child across a room or against a wall.
- Driving in an intoxicated condition with a child.
- Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.
- Forceful twisting or yanking of a child's bodily parts.

- Using physical discipline on an infant, e.g., slapping an infant.
- Shaking a child under age three.
- The reckless use of lethal weapons in a child's proximity.
- Bathing or washing a child with extremely hot water.
- Cruel and inhumane acts. (Some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.)
- Torture of a child.
- Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

- Smearing a child's face with feces-filled or urine-soaked diaper.
- Submerging a child's head in a toilet bowl.
- Using electric shock on a child.
- Restraining a child by using handcuffs or ropes.
- Preventing a child from breathing for short periods of time.
- Denial of food and/or fluids for extended periods of time.
- Forcing a child to sit in a tub of cold water.
- Sleep deprivation.
- Forcing a child to stand in the corner for hours.
- Locking a child outside in very cold weather without warm clothing.
- Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.
- Locking a child in a dark closet for extended periods of time.
- Threatening a child with a deadly weapon.

Physical discipline: guidelines for communication with parents, professionals and referents

In general, physical discipline is “reasonable” when:

- Physical discipline is used to educate and/or correct a child.
- The parent's use of physical discipline is limited in degree and frequency.
- Physical discipline is not used on vulnerable parts of the body and does not result in “non-accidental injury” [26.13 E. (1) (a)].
- The parent(s) disciplining the child have control of their own behavior and emotions.
- The method of discipline does not constitute a “dangerous act” [26.13 E. (1) (b)].
- The child has the intellectual capacity to understand the disciplinary act as a response to his/her own misbehavior.
- The disciplinary act is not injurious to the child's health, welfare, or safety.

Physical Neglect

Physical neglect is an act, omission of action, or a pattern of care by the child's caretaker that fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cause for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development. Examples include:

- Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.
- Feeding a child a diet that results in a dangerous loss of weight.
- Deliberately limiting a child's intake of food to a level below minimum nutritional needs.
- Failure to provide food for a pre-school child.
- Providing a diet that consistently lacks nutritional value.
- Making no attempt to make food available for a child capable of self-feeding.
- Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors that place the child at risk.)
Examples include:
 - No heat in cold weather.
 - Inoperable plumbing.
 - Animal or human feces on floor.
 - Fleas, mice, rats, bed bugs, or other vermin in the house.
 - Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.
 - Fire hazards in/around the house.
 - Toxic materials in house.
 - House strewn with rotting garbage.
 - Exposed wiring.

Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

- Failure to provide warm clothing in cold weather.
- Failure to provide child with shoes that fit and protect the feet.
- Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

- Failure to give prescribed medication when such failure places child's life or health at risk.
- Recurrent ear infection not treated.
- Teeth showing obvious lack of care, resulting in pain for the child.
- Attempting to set broken limb in lieu of seeking professional help.
- Recurrent pneumonia due to lack of follow-up treatment.
- Failure to obtain drug or alcohol treatment services.
- Failure to obtain mental health treatment services when a child is a danger to himself or others.
- Failure to provide adequate supervision, thus placing the child at risk of physical injury or emotional harm. Examples include:
 - Leaving infant or toddler alone.
 - Leaving child with a caretaker incapable of providing adequate care.
 - Caretaker asleep while toddler plays in the home.
 - Locking child in house in lieu of obtaining caretaker.
- Failure to provide protection from harm. Examples include:
 - Allowing others to submit a child to abuse or neglect.
 - Allowing access to a child by a person who has previously abused the child.
 - Allowing child to be in the care of someone known to be violent or physically assaultive.
 - Not using adequate child-restraint devices in vehicles.
 - Allowing child to play with guns or other dangerous objects.
 - Allowing child to experiment with dangerous drugs. (Note: This example does not necessarily refer to adolescent experimentation with drugs, which parents may not be able to control.)
- Failure to provide for child's needs for appropriate hygiene. Examples include:
 - Rash or other skin disorder resulting from not changing baby's diaper.
 - Not treating head lice after problem is diagnosed.
 - Unwashed, soiled clothing and bedding.
 - Not making provisions for child to bathe or brush teeth.
 - Child smells strongly of urine/feces.
 - Not providing for child who is menstruating.

Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

- Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:
 - Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and
 - Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another; oral-genital/anal contact.

- Sexual Contact: Any touching of the sexual or other intimate parts of the body for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.
- Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.
- Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.
- Genital-Anal contact.
- Genital-Genital contact.
- Encouraging or forcing a child to engage in sexual activity with any person or with animals.
- Encouraging or forcing a child to engage in sexually explicit conduct.
- Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or be part of a live performance.
- Promoting prostitution by minors.
- Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:
 - Parents or others engaging in sexual intercourse.
 - Pornographic films, videos, drawings, photographs, etc.
 - Allowing or encouraging others to sexually abuse/exploit a child.

Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

Specific examples include:

- Chronic ridicule, belittling, or humiliation of a child.
- Scapegoating a child as part of a family system.
- Treating an adolescent like a young child ("infantilizing").
- Displaying obvious preference for one child over another so that a child is consistently treated unfairly.
- Labeling a child's behavior as vengeful towards the parent and/or possessed by the devil.
- Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

Terrorizing: Behaviors that create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

- Threatening to harm the child or other family members, or engaging in destructive or violent acts towards the child's possessions or pets.
- Exposing the child to, or forcing participation in, frightening activities.
- Repeatedly exposing the child to family violence.
- Frequently raging at the child, alternating with periods of artificial warmth.

Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behavior.

Specific examples include:

- Not noticing or responding to development competence in infant.
- Refusing to engage in conversation with the child for long periods of time.
- Showing no interest in discussion of the child by teachers or other adults.
- Refusing to engage in child-focused activities.
- Failing to comfort, cuddle, or hold an infant.
- Failing to respond to a child's pain.
- Failing to protect the child from assault by siblings or other family members.

Isolating: Behavior that prevents the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

- Prohibiting the child from playing with other children.
- Withdrawing the child from school.
- Prohibiting the teen from joining clubs, after-school programs or sports teams.
- Punishing the child for engaging in normal social experiences.
- Instilling in the child a fear of persons outside the family.

Exploitation/Corruption: Behaviors that encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parents' self-interest that is beyond the child's capability.

Specific examples include:

- Forcing or allowing a child to engage in prostitution, begging, drug trafficking, or employment illegally.
- Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.
- Forcing the child to dress in clothing inappropriate for sex or age.
- Exposing the child to pornography or involving the child sexually with adults.

- Rewarding the child for assaulting other children.
- Creating drug dependency.

Risk of Imminent Harm is defined as the significant possibility or likelihood that a child will suffer serious physical or emotional harm in the near future. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

Social workers in Child Protective Services shall assess a child's need for immediate protection from abuse or neglect as early as possible in the investigative process. Initial decisions regarding risk of imminent harm are intended to ensure a child's safety while the investigative process proceeds.

The following events and/or conditions provide a presumption that a child's safety is significantly endangered, absent compelling evidence to the contrary.

- A child has suffered serious physical injury or harm as a result of caretaker action or neglect and the child is either too young or too vulnerable to protect herself/himself from similar actions in the near future.
- A parent or caretaker either does not or cannot adequately supervise a child five years old or younger.
- The child has been sexually abused by a parent or caretaker or person acting in loco parentis and the perpetrator continues to have access to the child, or the child is being pressured to recant a disclosure of sexual abuse.
- The child has been threatened with extreme harm if she/he discloses physical or sexual abuse.
- A known child molester, upon release from prison or juvenile institution, is or will be residing with a minor child.
- Child is almost totally dependent on a parent or caretaker for food, shelter, clothing, supervision, and medical care due to age and/or disability, and the parent has consciously failed to meet one or more of these basic needs.
- A parent or caretaker is acutely mentally ill and is unable to care for him/herself, recognize danger, and/or communicate with others.
- A parent or caretaker has threatened a child's life or safety and has displayed an intention to carry out the threat.
- The parent has lost other children through action based on CA/N and the parent has failed to effect any significant change in the interim.
- The parent has committed a dangerous act that places a child at risk of impairment or loss of bodily functions; e.g., choking or shaking an infant or young child.
- A parent or caretaker has a history of extreme violence towards a child.
- The parent or caretaker has caused the death of another child as a result of CA/N or is under investigation for causing or contributing to the fatality of another child.

Appendix I

Risk Factor Matrix

I. Child Characteristics	Family Strengths	Low (1)
a. Age		12-17
b. Physical, Mental or Social Development	No physical, mental, social or developmental delay.	Mild physical, mental, social or developmental delay.
c. Behavioral Issues	Child displays normal, age-appropriate behavior.	Child displays minor behavioral problems.
d. Self-Protection	Child is willing and able to protect self.	Child displays inconsistent ability to protect self.
e. Fear of Caretaker or Home Environment	Child is comfortable with caretaker and/or home environment.	Child evidences mild doubt or concern about caretaker and/or home environment.
II. Severity of Child Abuse/Neglect		
f. Dangerous Acts	Parents exercise care to ensure child's safety and not cause injury to child.	Acts that place the child at risk of minor pain or injury.
g. Extent of Physical Injury or Harm	No injury and no medical treatment required.	Superficial injury, no medical attention required.
h. Extent of Emotional Harm or Damage Exhibited	Child exhibits normal behavior and social functioning.	Minor distress or impairment in functioning related to CA/N.
i. Adequacy of Medical and Dental Care	Routine and crisis care provided consistently.	Failure to provide routine medical, dental or prenatal care.
j. Provision for Basic Needs	Food, clothing, shelter and hygiene needs adequately met.	Failure to provide for basic needs places child at risk of minor distress/comfort.
k. Adequacy of Supervision	Supervision meets normal standards appropriate to child's age.	Lack of supervision places child at risk of minor discomfort or distress.
l. Physical Hazards or Dangerous Objects in the Home or Living Environment	Living conditions are safe.	Conditions in the home place the child at risk of minor illness or superficial injury.
m. Sexual Abuse and/or Exploitation	Adult has a non-sexualized relationship with child and consistently protects from sexual abuse or exploitation.	Caretaker makes sexually suggestive remarks or flirts with child without clear overtures or physical contact.
n. Exploitation (Non-sexual)	Adult has a non-exploitative relationship with the child and does not use the child in any manner for personal gain.	Adult occasionally uses the child to obtain shelter or services that will benefit them both.

Moderate (3)**High (5)**

6-11

Significant physical, mental, social or developmental delay.

Child is behaviorally disturbed.

Child displays occasional ability to protect self.

Child evidences anxiety and/or discomfort about caretaker and/or home environment.

0-5

Profound physical, mental, social or developmental delay.

Child is severely behaviorally disturbed.

Child is unable to protect self.

Child is extremely fearful about caretaker and/or home environment.

Acts that place the child at risk of significant pain or moderate injury.

Significant injury, unlikely to require medical attention.

Behavior problems related to CA/N that impair social relationships or role functioning.

Failure to provide appropriate medical care for injury or illness that usually requires treatment.

Failure to provide for basic needs places child at risk of cumulative harm.

Lack of supervision places child at risk of cumulative harm.

Conditions in the home place the child at risk of harm that is significant but unlikely to require treatment.

Adult makes sexual overtures, or engages child in grooming behavior.

Adult depends upon the child to sustain home environment and assist in illegal activities to obtain money.

Acts that place the child at risk of impairment or loss of bodily function.

Major injury requiring medical treatment.

Extensive emotional or behavioral impairment related to CA/N.

Failure to provide treatment for a crucial or life-threatening condition.

Failure to provide for basic needs places child at risk of significant pain, injury or harm.

Lack of supervision places child at risk of imminent harm.

Hazards in the home environment place the child at risk of serious harm that would likely require treatment.

Adult engages child in sexual contact or sexually exploits child.

Adult engages child in dangerous activities to support or benefit the adult.

III. Chronicity**Family Strengths****Low (I)**

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- | | | |
|-------------------------------|--|---|
| o. Frequency of Abuse/Neglect | Child is treated appropriately and there have been no incidents of child abuse or neglect in the past. | Isolated incidents of abuse or neglect. |
|-------------------------------|--|---|

IV. Caretaker Characteristics

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- | | | |
|--|--|--|
| p. Victimization of Other Children by Caretaker | Caretaker is positive and appropriate with each child. | Evidence of minor abuse or neglect toward other children. |
| q. Mental, Physical or Emotional Impairment of Caretaker | Caretaker is physically, mentally and emotionally capable of parenting a child. | A physical, mental or emotional impairment mildly interferes with capacity to parent. |
| r. Deviant Arousal | Adult is not sexually aroused by children. | Adult is sexually aroused by children and is motivated to have sexual contact with children (all risk levels). |
| s. Substance Abuse by Caretaker | Parent does not abuse alcohol or drugs; parent does not sell drugs. | History of substance abuse but no current problem. |
| t. History of Domestic Violence and Assaultive Behavior | Caretakers resolve conflicts in non-aggressive manner. | Isolated incidents of assaultive behavior not resulting in injury. |
| u. History of Abuse or Neglect as a Child | Caretaker was raised in a healthy, non-abusive environment. | |
| v. Parenting Skills and Knowledge | Caretaker provides environment that is child-friendly. | Caretaker has some unrealistic expectations of child and/or gaps in parenting skills. |
| w. Nurturance | Caretaker is openly accepting of child, interacts with child, and provides appropriate and adequate stimulation. | Caretaker provides inconsistent expression of acceptance, and inconsistent stimulation and interaction. |
| x. Recognition of Problem | Caretaker openly acknowledges the problem and its severity and is willing to accept responsibility. | Caretaker recognizes a problem exists, and is willing to take some responsibility. |
| y. Protection of Child by Non-Abusive Caretaker | Caretaker is willing and able to protect child from persons and dangerous situations. | Caretaker is willing, but occasionally unable, to protect child. |
| z. Cooperation with Agency | Caretaker is receptive to social worker intervention. | Caretaker accepts intervention and is intermittently cooperative. |

Moderate (3)**High (5)**

Intermittent incidents of abuse or neglect.

Repeated or ongoing pattern of abuse or neglect.

Evidence of moderate abuse or neglect toward other children.

Evidence of serious abuse or neglect toward other children.

A physical, mental or emotional impairment mildly interferes with capacity to parent.

Due to a physical, mental or emotional impairment, capacity to parent is severely inadequate.

Reduced effectiveness due to substance abuse or addiction.

Substantial incapacity due to substance abuse or addiction.

Sporadic incidents of assaultive behavior that results in, or could result in, minor injury.

Single incident or repeated incidents of assaultive behavior that results in, or could result in, major injury.

Repeated incidents of abuse or neglect as a child.

History of chronic and/or severe abuse as a child.

Significant gaps in knowledge or skills that interfere with effective parenting.

Gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child.

Caretaker withholds affection and acceptance, but is not openly rejecting or hostile to child.

Caretaker severely rejects child, providing no affection, attention or stimulation.

Caretaker has a superficial understanding of the problem, but fails to accept responsibility for own behavior.

Caretaker has no understanding or complete denial of the problem, and refuses to accept any responsibility.

Caretaker's protection of the child is inconsistent or unreliable.

Caretaker refuses or is unable to protect child.

Caretaker accepts intervention but is non-cooperative.

Caretaker is extremely hostile to agency contact or involvement with family.

V. Caretaker Relationship	Family Strengths	Low (1)
aa. Response to Child's Behavior or Misconduct	Caretaker responds appropriately to child's behavior.	Caretaker responds inappropriately to child's behavior.
bb. Attachment and Bonding	Secure parent-child attachment.	Mild discrepancies or inconsistencies are evident in the parent-child relationship.
cc. Child's Role in Family	Roles and responsibilities in family are assigned appropriately.	Child is given inappropriate role with no immediately apparent detrimental affects.
dd. Child is Pressured to Recant or Deny Abuse	Caretaker supports and insulates child from any pressure to recant or deny the abuse.	Caretaker supports and insulates child from outside pressure to recant or deny abuse.
ee. Personal Boundary Issues	Personal boundaries are clear and respected.	Personal boundaries are usually clear and respected, violations occur occasionally.
ff. Parental Response to Abuse	Caretaker believes disclosure. Shows concern and support for the child and wants to protect.	Caretaker will consider the possibility that abuse occurred. Shows support and concern for child and expresses desire to protect.

VI. Social and Economic Factors

gg. Stress on Caretaker	Caretaker has no significant stresses.	Caretaker is experiencing mild stresses.
hh. Employment Status of Caretakers	Caretaker is employed at a level that is consistent with training and personal expectations or unemployed by choice.	Caretaker is under-employed or unemployed with immediate prospects for employment.
ii. Social Support for Caretaker	Frequent supportive contact with friends or relatives and appropriate use of community resources.	Occasional contact with supportive persons; some use of available community resources.
jj. Economic Resources of Caretakers	Family has resources to meet basic needs.	Family's resources usually adequate to meet basic needs.

VII. Perpetrator Access

kk. Perpetrator Access (Abuse)	Perpetrator's access to the child is limited, planned and structured to ensure child's safety and well-being.	Perpetrator access is supervised and usually controlled or limited.
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Moderate (3)

Caretaker responds to child's behavior with anger, frustration, or helplessness.

Parent-child relationship evidences an anxious or disturbed attachment (or lack of attachment).

Child's role in family has detrimental affect on normal development.

Caretaker indirectly puts pressure on the child to recant or deny, and allows others to directly pressure the child.

Personal boundaries are usually clear but non-physical violations occur regularly.

Caretaker does not believe disclosure, but shows concern for child and is willing to protect.

High (5)

Caretaker consistently responds abusively to child's behavior.

Obvious lack of bonding between child and parent.

Child's role in family severely limits or prevents normal development.

Caretaker directly pressures child to recant or deny, and solicits or encourages others to do so.

Even though personal boundaries are usually clear, violations occur regularly, including physical violations.

Caretaker does not believe disclosure. Shows anger toward child and supports offender.

Caretaker is experiencing significant stresses or life changes.

Caretaker is unemployed but with marketable skills and potential for employment.

Sporadic supportive contact; under-use of resources.

Family's resources inadequate to meet basic needs.

Caretaker is experiencing multiple and/or severe stress or life changes.

Caretaker is unemployed with no prospects for employment.

Caretaker geographically or emotionally isolated and community resources not available or not used.

Family's resources greatly adequate to meet basic needs.

Limited supervised access or primary responsibility for care of child.

Unlimited access to the child or full responsibility for care of the child.

Considerations for Safety While in the Home

Show Respect.

Sit where family members want you to. If they don't seem to care, consider:

- Being near a door
- Having your back to the wall
- Staying in the living room

Check out your plans.

Make it clear that the family is in charge.

Do something if people start getting angry at one another.

- Watch if they are getting red and tense
- Ask to speak to one at a time, so you can really understand each person's point of view
- Interrupt the pattern. "Let me come back to that," or, "Hang on a minute"
- Ask for a break
- Ask to move to another place, like a restaurant
- Disclose your concern
- Call your supervisor

Set limits.

- Be clear that if you really believe it's dangerous, you will have to leave

Always, always, always, remember that you can leave.

Assessing Suicide Potential

Is the person:

- talking about suicide?
- thinking about it?
- saying you should be concerned?
- talking about wanting to die?
- having mood swings?
- changing eating or sleeping habits?
- giving things away?
- checking in with lots of people, as if to say goodbye?
- writing any notes?

Has the person tried before?

Does he or she:

- know others who have tried?
- know others who have committed suicide?
- have a specific plan?
- have the means to carry out the plan?
- use drugs or alcohol?

Preventing Suicide

Take the talk very seriously.

Stay with the person.

Ask someone else to stay with him or her.

Ask the person to give you the "means" (pills, gun, etc.).

Make a contract in which the person promises to do no personal injury without calling you first.

Encourage the person: Things will change. You won't always feel this way.

Stress negative consequences: It would be terrible for your kids.

Call the Office of Involuntary Commitment to see about hospitalization.

Check in with your supervisor frequently if you are concerned that someone may harm himself or herself.

If a Parent Has Just Hurt a Child

If the injuries need medical attention, call 911.

Actively listen to the parent.

If you think it is safe for the child and for yourself, remind the parent of your obligation to contact CPS.

Give the parent the option of contacting CPS personally.

If you don't think it is safe to discuss a CPS report, go to a safe place and call both your supervisor and CPS.

If you think the child will be safe when you leave, help the parent and child decrease the possibility for more angry feelings by listening some more and problem-solving.

Consider having the child stay overnight somewhere.

If you don't think it is safe for the child to be left at home, and the parent will not allow the child to stay somewhere else, state your concerns and ask to take the child with you (to a place where the child can get respite care. Don't just take the child to your house).

If you are worried you might be hurt if you talk about calling the police or CPS, just leave and do it.

A Few Options for Keeping People Safe Between Visits

Call them fairly often to see how things are going. Make sure they have a number to call you, your supervisor, or someone else if they get in trouble.

Help them arrange for someone else to call and check in.

Change the situation:

- Add people, like having someone come over.
- Subtract people, like having somebody stay with a friend for a few days.
- Fix the things that are causing the problems: remove the knives, or the toys or bike that the kids are fighting about.
- Change the cues: Put posters up all over reminding people to try something different.

Plan a daily routine.

Develop a written contract about what a person will do or not do the next day, preferably with a reward attached.

Help one or more family members make a crisis card.

Give homework. People can't do two different things at the same time.



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