



**CHARTING THE COURSE TOWARDS
PERMANENCY
FOR CHILDREN IN PENNSYLVANIA:
A Knowledge and Skills-Based Curriculum**

**MODULE SEVEN (7)
RISK AND FAMILY ASSESSMENTS**

A Training Outline

**Developed by:
The Pennsylvania Child Welfare
Training Program**

**University of Pittsburgh
Pittsburgh, PA**

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Module 7: Risk and Family Assessments

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Module 7: Risk and Family Assessments

Agenda for Two-Day Workshop on Module 7: Risk and Safety Assessments

Day One

Estimated Time	Content	Page
30 minutes	Section I: Introduction	4
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2 hours	Section III: The Need for Accurate Assessments of Risk	15
35 minutes	Section IV: Matrix and Continuum	21
2 hour, 15 minutes	Section V: Understanding and Rating the Risk Factors	25

Module 7: Risk and Family Assessments

Agenda for Two-Day Workshop on Module 7: Risk and Safety Assessments

Day Two

Estimated Time	Content	Page
2 hours, 15 minutes	Section VI: Ensuring Child Safety: Completing and Documenting an Assessment of Risk	40
35 minutes	Section VII: Assessing the Family	48
1 hour, 10 minutes	Section VIII: Assessing the Family's Readiness to Change	53
30 minutes	Section IX: Self Assessment and Transfer of Learning	63
1 hour, 30 minutes	Section X: Embedded Evaluation: Assessing Risk and Completing the Pennsylvania Risk Assessment	66

Module 7: Risk and Family Assessments

Section I: Introduction

Estimated Length of Time:

30 minutes

Learning Objectives:

Participants will be able to:

- ✓ recognize the course competencies and learning objectives

Methods of Presentations:

Lecture, Individual Activity

Materials Needed:

- ✓ Colored markers
- ✓ Name tents
- ✓ Overhead Projector and Screen
- ✓ **Handout #1 (Learning Objectives and Competencies)**
- ✓ **Handout #2 (Agenda)**
- ✓ **Handout #3 (Quiz – Pennsylvania Risk Assessment)**
- ✓ **Overhead #1 (Learning Objectives)**
- ✓ **Overhead #2 (Competencies)**
- ✓ **Overhead #3 (Agenda)**

Outline of Presentation:

- Prepare the training room
- Welcome trainees to Charting the Course for Children in Pennsylvania
- Introduce himself/herself to the group
- Facilitate trainee introductions
- Review the learning objectives for the session using **Overhead #1 (Learning Objectives)** and **Overhead #2 (Competencies)** and **Handout #1 (Learning Objectives and Competencies)**
- Risk Assessment Quiz

Section I: Introduction

Trainer Note: Prepare a poster for the wall entitled WIIFM (What's In It For Me)?

Trainer Note: Prepare the training room in advance by placing name tents, markers, and handout packets (if using) at each table. As participants arrive, greet each one.

As trainees enter the room, greet them ask them if they completed their assigned pre-work for this Module. The pre-work was to bring the risk assessment form that is used by their agency.

Tell participants they will be referring to their pre-work assignment during the training. If they do not have their pre-work, discuss the importance of preparing for training and make recommendations to assist them in completing their pre-work.

Trainer Note: The transfer of learning assignment for Module 7 was for the participants to bring a copy of their agency risk assessment form. Ask participants how many brought the form. Tell the participants that the form will be referred to over the course of the 2-day training.

Step 1: Lecture

If this training is for a cohort group participants will be familiar with the training room culture and you will only need to review the guidelines if they need to be reinforced due to lack of compliance.

If this is not part of a cohort group start the training session by covering the following training room culture/guidelines:

- ✓ Welcome participants to the training
- ✓ Introduce the trainer
- ✓ Complete name tent
- ✓ Remind Participants of the classroom cultural including:
 - Be on time -15 minute rule
 - Training Schedule – 9:00 to 4:00 with Breaks
 - Document your presence -sign-in sheet
 - Provide Constructive and Motivational Feedback
 - Respect
 - Risk taking
 - Practice makes permanent
 - Focus on Learning - No cell phones & only contact office for emergencies

Step 2: Individual Activity

If this training is for a cohort group participants will complete their name tents upon arrival and this step may be deleted. If this training session is not part of a cohort group guide participants through the completion of their name tents.

The trainer instructs participants to write the county in which they work in the top right corner of the nameplate. The trainer instructs participants to write their position in the agency in the top left corner.

The trainer asks participants to write the amount of time they have been in their position in the bottom left corner. The trainer asks participants to write the amount of experience they have in child welfare in the bottom right corner.

When the name and four corners are complete, the trainer asks participants to stand their name tent in front of them.

The trainer asks participants to share introductory information from their nameplates with the others seated at their table

Step 3: Lecture

Distribute **Handout #1 (Learning Objectives and Competencies)** and use **Overhead #1 (Learning Objectives)** and **Overhead #2 (Competencies)** to review the learning objectives and competencies. The trainer describes how the learning objectives will be accomplished by using **Overhead #3 (Agenda)** and distributing/reviewing **Handout #2 (Agenda)**.

Step 4: Individual Activity, Lecture

Distribute **Handout #3 (Quiz – Pennsylvania Risk Assessment)** and have participants identify their current knowledge base regarding assessing risk and using the PA Risk Assessment Tool. Review the answers with the group. Do not get into a discussion about the answers. Instead, ask trainees to write their questions down as throughout the 2 days of training you will be providing detailed answers to all of the questions.

The purpose is to engage participants in the training as they identify their learning needs and they will learn the details of the answers throughout the training. Ask trainees to place a star next to the questions they have answered incorrectly so they know to focus on these topics when they are presented. Use the answers below in reviewing the handout with participants:

- 1) Safety is: "the condition of being free from immediate harm or the threat of danger."
True or False
- 2) A risk assessment is completed at every contact.
True or False
- 3) If it is determined that a child's Overall Risk is "High," he/she must be placed out-of-the home?
True or False
- 4) A rating of X is considered less risk than a rating of H.
True or False
- 5) Only an assessment of risk is conducted during the screening phase of an investigation.
True or False
- 6) All adults in a household must be assessed as part of the risk assessment process.
True or False
- 7) The risk assessment tool will tell you whether or not a child is going to be abused in the future.
True or False
- 8) Risk Factors are rated considering what the risk would be absent our involvement.
True or False
- 9) Only the child who is the object of the report is considered while rating risk factors.
True or False
- 10) PA Model Risk Assessment is absolutely required by State Regulations in all cases at the completion of an investigation of a referral.
True or False
- 11) An Overall Risk rating of High means the child has a high likelihood of being abused.
True or False
- 12) Risk assessment and safety assessment is the same thing.
True or False
- 13) The most important part of risk assessment is the documentation of the risk on the form.
True or False
- 14) Generally speaking any factor with a "High" on the Risk Assessment Matrix should be clearly addressed in the Family Service Plan (FSP) or FSP Review.
True or False
- 15) Best practice standards discourage sharing the results of the risk assessment with the family.
True or False
- 16) When the child or children are in a safe, out of home placement, the Risk Assessment should indicate an overall risk of low or no risk since the children are not home.
True or False

- 17) A parent who displays anger and/or defensiveness when a Child Welfare Professional contacts them for the first time is clearly uncooperative and should be rated as moderate or high on that risk factor.
True or **False**
- 18) A “Z” Rating generally indicates a positive within the family. A Child Welfare Professional should not be leery of giving a “Z” rating on the matrix for fear it would falsely suggest a lower overall risk.
True or False
- 19) The risk factor for access to child(ren) only applies to the alleged perpetrator since other adults do not present risk to the child.
True or **False**
- 20) A home that is dirty and/or cluttered is a substandard home and should not be rated with a “Z.”
True or **False**

Trainer should ask participants to think of one thing that they want to learn about risk assessment. Participants should write this thought on the WIIFM poster. At the end of the training, review the WIIFM poster and make sure that all of the concerns and questions have been addressed.

Step 5: Lecture

Explain that at the end of this module they are going to complete an Embedded Evaluation. Explain that an Embedded Evaluation is an evaluation that is incorporated into the delivery of the curriculum. The goal of the embedded evaluation is to assess their level of knowledge and skill related to accurately assessing and documenting risk. Ask participants if they have any questions. Take the time to answer all of the questions, as you do not want participant anxiety to be increased so that they cannot concentrate on learning. The embedded evaluation data will only be used by the University of Pittsburgh to guide Charting the Course curriculum revisions including content and Transfer of Learning activities.

Module 7: Risk and Family Assessments

Section II: What Risk Assessment Can and Cannot Do

Estimated Length of Time:

40 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the goal of risk assessment in Pennsylvania
- ✓ Recognize the difference between safety assessment and risk assessment

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Overhead projector and screen
- ✓ **Handout #4 (Risk Assessment Qualities)**
- ✓ **Handout #5 (Pennsylvania Risk Assessment Case Interval Policy)**
- ✓ **Overhead #4 (Risk Assessment)**
- ✓ **Overhead #5 (Goal of Risk Assessment)**
- ✓ **Overhead #6 (Purpose of Risk Assessment)**
- ✓ **Overhead #7 (Safety and Risk Assessments)**

Outline of Presentation:

- Review the purpose and goal of Risk Assessment
- Compare risk and safety assessment
- Review risk assessment case interval policy

Section II: What Risk Assessment Can and Can Not Do

Step 1: Lecture

Ask participants to raise their hand if they have completed a risk assessment. If you have at least 4 participants who have completed a risk assessment, place one at each table so they are distributed among all tables. The goal is to have a participant with some level of experience at each table.

Once participants have moved to appropriate tables ask the experienced assessors (even if their experience is the completion of only one assessment) why they completed a risk assessment form. Most likely the answers will vary from: I was told to complete a Risk Assessment Matrix to, in order to document the level of risk to a child(ren).

Ask who has completed their assessment as part of the conclusion of an intake investigation, on-going services, when determining placement of a child, or when determining whether to return a child home? Explain that like safety assessments assessing risk is something that is done throughout the casework process. During this training, they will learn specific intervals, which require the completion of a Risk Assessment Matrix and narrative.

Step 2: Lecture

Begin the explanation of the PA risk assessment process by explaining the term Risk Assessment using **Overhead #4 (Risk Assessment)**.

Using **Overhead #5 (Goal of Risk Assessment)** explain the stated goal of risk assessment is "to form judgments, based on available data, as to children's future risk of harm and further apply these judgments to case decisions which will assure the child's safety and will ensure a permanent plan." Three ways in which we hope to meet that goal are:

1. Risk Assessment thoroughly assesses risk through a comprehensive evaluation of the family, including all children, to determine the presence or absence of risk variables.
2. Risk assessment provides agency staff with a means to document a decision regarding level of risk. It is meant to assist staff in organizing their facts and impressions of the family in order to formulate an objective assessment of risk. In on-going contact with the family, risk assessment provides a consistent barometer by which to judge changes in the family situation.
3. Lastly, risk assessment helps staff to facilitate the delivery of services by focusing resources and efforts on moderate and high risk factors in the case, thereby alleviating the condition that might lead to continued abuse and/or neglect.

Further the explanation by using **Overhead #6 (Purpose of Risk Assessment)** to explain the purpose of risk assessment. "Risk assessment is designed to provide agency staff with a structured means to express their analysis of conditions and circumstances which contribute to the risk of repeated child abuse and neglect. Structured and recorded risk assessment provides Child Welfare Professionals with an empirical basis for evaluating and weighing risk factors and for making child protection and case planning decisions."

The Risk Assessment Matrix identifies elements common to the risk assessment processes and factors common to risk analysis.

Using **Overhead #7 (Safety and Risk Assessments)** explain to participants that it is important they are able to distinguish the difference between safety assessments and risk assessments:

- ✓ Safety Assessment: Based on the analysis of present circumstances, determining if the child is at risk of immediate harm. Safety, like health, is a set of conditions that positively or negatively describe the physical and emotional well-being of children. A child may be considered safe when there are no threats of immediate harm present or when caregivers' protective capacities can adequately manage foreseeable threats of harm.
 - Safety is assessed at every child contact
- ✓ Risk Assessment: Based on an assessment of factors, risk assessment determines the level of abuse the child is likely to suffer in the near future
 - Risk is assessed at specific case intervals

Again, note that both safety and risk assessment are part of every stage of casework intervention. They are the foundation for determining and planning for safety, well-being, and permanence of children.

Step 3: Lecture, Large Group Discussion

Read this simple safety threat/risk factor scenario to the group:

"Father is an alcoholic and works part-time. Mother is sober but works full-time. While mother is at work full-time on the evening shift, dad takes care of the children.

Dad drinks heavily nightly to the point of intoxication, seriously reducing his ability to care for the children. In addition to his inability to care for the children, the father has a tendency to get violent when he is drinking. He frequently uses physical discipline and has caused the children minor injury in the past. Grandmother lives next door and is "willing and capable to assist."

Trainer Note: Pre-make a flip chart with information on the chart below. During the large group discussion, fold the bottom of the flip chart paper up so that only rows (1) and (2) are visible.

Using the following chart, discuss with participants the differences between Safety and Risk:

(1) SAFETY ASSESSMENT	RISK ASSESSMENT
(2) Protective Plan (sets external controls for the present conditions for safety and well-being)	Protective Services (brings internal change for self-sufficiency for permanence and well-being)
(3) Safety Plan <input checked="" type="checkbox"/> Dad will not be left alone to care for the children <input checked="" type="checkbox"/> When mom is not home the Grandmother will stay with the children.	Service Plan <input checked="" type="checkbox"/> Dad will complete a D&A Assessment, follow the recommended treatment plan and demonstrate his ability to remain sober.
(4) "Protects the children from the present danger of neglect."	"Protects the children in the future (Permanence) by changing the circumstances that created the risk."

Trainer Note: After the lecture and discussion about what a safety plan and service plan might look like for the family in the above scenario, the chart can be fully exposed.

Ask the group to suggest what would be a sample of a safety plan vs. a service plan, (third row of flip chart), and discuss participants' responses. Summarize the discussion with the fourth row of information.

Step 4:

Lecture

Present the following information: It is important to understand that there are things risk assessment can and cannot do for us. Risk assessment is not a magic process, and only makes sense when we view it as it was intended...as a tool, meant to augment our professional knowledge, skills, and abilities. It is never an adequate substitute for sound decision-making.

Distribute **Handout #4 (Risk Assessment Qualities)** and have participants follow along on their handout while the trainer highlights a few other features about risk assessment. Provide an overview of the "features" about risk assessment to discuss. This is a brief overview laying the foundation for the remainder of the training. Be sure to ask participants if there are any qualities listed on the handout that they do not understand or would like further explanation.

Step 5:

Lecture, Large Group Discussion

Ask participants when safety must be assessed and documented. Use a flip chart pad to document answers. At this point, all the participants need to know is that safety must be assessed and documented at every contact. If you sense hesitation on the part of

the participants, take time to refer back to Module 6: Safety and Family Assessment and explain the absolute need to assess safety at every contact.

Now ask participants when they need to assess and document risk? Use a flip chart pad to document answers. You may see some confused faces and get a range of answers. Use this as the lead in to discuss the Pennsylvania Risk Assessment Case Interval Policy. **Handout #5 (Pennsylvania Risk Assessment Case Interval Policy)** is available as a guide for this discussion.

The case interval policy represents the minimum standards, which some counties may choose to exceed. No county may fall below these minimum standards. Risk Assessment is a process, which must be completed on an ongoing basis, during every contact with families. The case interval policy refers to risk assessment documentation not the process of assessing risk.

1. The first documentation of risk occurs at the point of screening for the purpose of determining if the case should be screened out (not accepted for further assessment or investigation) or screened in (accepted for assessment or investigation).
 - Counties must use a screening form.
 - The risk level safety tag at screening is the 1st assessed level of risk based on the allegations made at the point of referral and any professional collateral information that may be gathered by the screening Child Welfare Professional from the office.
 - This documentation is done on the screening form - a risk matrix or narrative is not done at this time.
 - A referral may also be screened out (second screen out option) if the case was screened in but after one contact is made, it is determined that it is a "bogus," i.e. false, referral. If this occurs a full risk assessment documentation is not needed.

Trainer Note: A referral with a Childline number assigned to it cannot be screened out.

Trainer Note: Definition of one contact: One face-to-face contact with each person involved in the referred case.

2. A risk matrix/assessment summary is completed at the conclusion of the intake investigation or evaluation, which may not exceed 60 days.
3. A risk matrix/assessment summary is required every six months, in conjunction with the Family Service Plan or Judicial Review.
 - The expectation is that one risk matrix is completed every six months, either at the point of the FSP or judicial review, not at both times, if different.
 - Exceptions, meaning risk assessment documentation is not required, under the following circumstances:
 - ✓ The risk to the child at acceptance for service was and remained at low or

- no risk.
 - ✓ The child/children are and will remain in out of the home placement for six months or more, and there are no other children in the family home.
4. Risk documentation is done when a child or children are being returned home.
 - If the return is a planned return, the risk matrix/summary is completed in conjunction with the judicial review and again 30 days after the actual return.
 - If the return is unplanned, the risk matrix/summary is completed within 2 weeks of the actual return home.
 - Risk assessment documentation is not needed if the risk to the child at acceptance for service was accepted and remained at low or no risk.
 5. Risk assessment documentation may be done at any time at the agency/supervisor discretion.
 - County agencies may exceed the case interval policy.
 - Supervisors may request that risk assessment documentation be completed at any time during the life of a case.
 - This would include any new information or a change in the family circumstances that suggests that there may be a change to the overall risk to a child.
 6. Risk assessment documentation shall be completed at the time the case is closed.
 - The documentation should be completed within 30 days prior to closing the case.

Trainer Note: The trainer must again stress that the case interval policy covered in the training session is the minimum requirements of the model. Each county agency may exceed these minimum requirements if they wish.

Explain to the participants that in later sections of this training they will be introduced to the actual forms and process of completing Pennsylvania's Model of Risk Assessment. This will include discussing the core factors and some investigative techniques. Participants need to pay careful attention to the information as it is sometimes confusing when first heard. But, by the end of this training, they will be able to complete a risk assessment with relative ease.

Module 7: Risk and Family Assessments

Section III: The Need for Accurate Assessments of Risk

Estimated Length of Time:

2 hour

Learning Objectives:

Participants will be able to:

- ✓ Recognize risk factors that may elevate the level of risk to the child in the general categories of child abuse/neglect, caretaker/household members, and family environment factors.

Methods of Presentation:

Lecture, Video, Individual Activity, Large Group Discussion, Small Group Activity

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank Flip chart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ TV
- ✓ VCR/DVD Player
- ✓ Poster: Risk Assessment Matrix
- ✓ **Handout #6 (Identification of Risk Factors)**
- ✓ **Video (The Unquiet Death of Eli Creekmore)**

Outline of Presentation:

- Review risk assessment factors
- Process the video “The Unquiet Death of Eli Creekmore”

Section III: The Need for Accurate Assessments of Risk

Step 1: Lecture, Video, Large Group Discussion

Trainer Note: Strengths: Factors or resources within the child's current living situation that promote children's safety.

Ask a participant to give some examples of strengths that could help to assure child safety. If necessary, review the definition of strengths with the group. Some examples would be the presence of a non-abusive adult in the home, the child gets free breakfast and lunch at school, the child goes to day care and is seen by a professional five days a week, a grandmother who lives close by and is willing to help the family out as needed.

Ask a participant to give some examples of risk factors, i.e. factors that might put the child at a higher risk. Examples would be the age of the child, the severity, frequency, and recentness of the abuse or neglect, age, emotional status of the parents, level of parenting skills of the parents, etc.

Trainer Note: Risk Factors: The risk factors are listed on **Handout #10 (Pennsylvania Model Risk Assessment Form)**. The factors are listed on the Risk Assessment Matrix poster on the wall.

Trainer Note: Begin the video at the beginning and end it where the doctor says "This one pierced all of our tough hides". The section of the video that will be viewed is approximately 35 minutes long.

Introduce the **Video (The Unquiet Death of Eli Creekmore)**, by providing a brief verbal history of the film. The film, "The Unquiet Death of Eli Creekmore," graphically tells the story of Eli Creekmore, a child who was killed by his father in the early 1980's when he was only 3 years old.

Inform participants that during the film they are to use their skills of Tuning in to Self and Others. Also, they need to take notes on any factors/conditions that they believe increased or decreased the risk of abuse to this child. Distribute **Handout #6 (Identification of Risk Factors)** for participants to complete these tasks. Notes may be taken on the back of **Handout #6 (Identification of Risk Factors)** or on a blank sheet of paper. The front side of **Handout #6 (Identification of Risk Factors)** will be completed at the end of the video.

Inform the group that at the conclusion of the film, we will do a detailed analysis of the case, and they will be asked to share their responses.

Trainer Note: Inform participants this is a very intense film, it is OK that they will have a range of emotions in response to the film.

**Step 2:
Individual Activity, Large Group Discussion**

After the video, give participants 5 minutes to complete their handout. After trainees complete their handout, lead a large group discussion reviewing each question on the handout.

**Step 3:
Individual Activity, Large Group Discussion**

Trainer Note: Prepare a flip chart with the following bulleted questions on it.

Have participants write down the answers to the following questions on a blank piece of paper:

- How might the day care provider have felt?
- How might the grandmom have felt?
- How might the Child Welfare Professional have felt?

After a few minutes, facilitate a large group discussion on participants' answers. Allow participants to share their feelings – Tune in to Self. Many different feelings may surface: anger, outrage, disbelief, etc. Participants may question their own ability to work in the field of child welfare. Discuss how understanding ones own feeling is essential to realizing how those feelings may impact ability to engage the family or properly interpret what information is gathered.

**Step 4:
Small Group Activity**

Divide the large group into 4 small groups. Give each group a sheet of flip chart paper and assign each table group a character or area of concern from the following list:

- Mary C.,
- Darren C.,
- Eli C.,
- The extended family.

Assume you were able to assess the Creekmore family prior to Eli's death. Instruct each group to consider what they know, based on the video, about their assigned area or person, and determine which factors or circumstances are risk issues that may increase the likelihood and/or degree of re-abuse Eli may suffer. Participants must also identify the strengths which may serve to decrease the likelihood of Eli being re-abused. Inform the groups that they will need to be prepared to report their findings including their logic to the large group.

Trainer Note: The trainer demonstrates what he/she would like the participants to do by identifying the strengths and risks in the Creekmore’s community. Prepare a flip chart sheet as shown in the chart below and model the presentation by presenting the protective and risk factors in the community.

ELI CREEKMORE COMMUNITY

Potential “Strengths”	Risk Factors
<input checked="" type="checkbox"/> Use and availability of day care service	<input checked="" type="checkbox"/> Isolation: Living in a sparsely populated business district vs. residential area separated from extended family
<input checked="" type="checkbox"/> Availability of probation officer	<input checked="" type="checkbox"/> Child Welfare Professional didn’t listen to day care concerns
<input checked="" type="checkbox"/> Availability of extended family	<input checked="" type="checkbox"/> Mary not allowed to socialize with friends
<input checked="" type="checkbox"/> In-home services “Home Builders”	<input checked="" type="checkbox"/> Eli had no opportunity to see others, including other children
	<input checked="" type="checkbox"/> In-home services ended abruptly with nothing to take its place

Step 5: Small Group Activity

Reconvene the class after approximately 10 minutes. Have each group present their responses for their particular category. At the conclusion of the discussion, the trainer informs the group that they just conducted an informal risk assessment on the Eli C. case. What they just did informally is exactly what the Risk Assessment Model does but does it by using a consistent and formal tool and process. Let the participants know that we will come back to the actual tool later.

The content of the discussion for each topic must include:

- ✓ Factors: Mary
 - Risk Factors
 - Mary, a HS dropout due to getting pregnant, was vulnerable and in a weak position. She wanted her marriage to work out at all costs because of the impact of her parents' divorce on her own life; Because of the domestic violence she experienced, she was too fearful to protect her son.
 - Possible Strengths
 - Mary has demonstrated that in the proper environment she can take care of her child. She has, to some degree, cooperated with services.
- ✓ Factors: Darren
 - Risk Factors

Darren was unemployed and a heavy drinker. He was "system wise" in that he was incarcerated as an adult. He was violent with his wife, child, and friends. He was a convincing liar and was very good at manipulating the system.

- Possible Strengths

Darren also, to some degree, cooperated with agency intervention. While under outside supervision (Home Builders) he did not abuse Eli, demonstrating that he can refrain from abusing Eli.

- ✓ Factors: Eli

- Risk Factors

Eli was a well cared for child between the ages of birth and two years old. From two years to 3.2 years, he resided in the home with his abusive father. Due to his age, he was unable to protect himself.

- 1st report: At 2 years 3 months, Eli had multiple bruises of various degrees. Darren denied hurting Eli and there were no witnesses to the injuries. Eli was placed for a brief time and then returned to the home, with day care and homebuilder services in place.
- 2nd report: At 2 years 9 months, (five months before his death) Eli had bruises to his buttock and testicles. Darren admitted to hitting Eli with a ruler. Darren was charged, CPS demanded that Darren leave the home, which he did for awhile. Darren returns to the home without permission, CPS does not make him leave.
- 3rd report: On his 3rd birthday, he is found to be badly bruised, by his grandmother. She takes him to a restaurant and the waitress notices bruises, and that his spoon comes out of his mouth with blood on it. Police later go the home, and Eli is taken to the ER, where a doctor finds "raccoon eyes" (fractures at the base of skull causing black and blue eyes) and multiple bruises on Elis' body. Doctor reports cite potential for life threatening bruises in future. Eli is placed in foster care and returned shortly thereafter with a promise by the parents to submit to psychological tests.
- 4th report: At 3 years two months, Eli is beaten with a belt after problems arose at the dinner table. Darren kicks him in the stomach after Eli messes his pants. He dies as a result of the injuries.

- Possible Strengths

Eli was able to and did express his need for help.

- ✓ Family: Factors

- Risk Factors

Mary was isolated from her extended family due to Darren's distrust and control issues.

- Possible Strengths

Extended family was ready, willing, and able to participate in Eli's care.

Step 6: Large Group Discussion

After each group has presented, ask this question: Who was responsible for Eli's death and if they own responsibility, what could they have done differently to protect Eli?

This is a very different question than "Who killed Eli?" Darren killed Eli, but participants may voice that responsibility also rests with others. Such as the grandmother, for not "stealing" the child; the Child Welfare Professional, for not seeing the signs of abuse - many participants will hold the Child Welfare Professional ultimately responsible for the child's death; the "system" for all of its faults; the supervisor, for not supervising this case properly. The trainer must be sure to cover what each responsible person could have done to serve as a protective factor for Eli.

Step 7: Lecture

Trainer, using the **Poster (Risk Assessment Matrix)** on the wall requests the participants review it and compare the various risk factors on the form to the risk factors developed by the class on the flip chart. Trainer makes the connection between factors they identified and the factors on the PA Risk Assessment Form. Trainer explains that later they will learn the dynamics of each factor and how to assess the inter-relatedness of each factor to determine the overall risk to a child.

The trainer summarizes the above with the following comments; No one should try to excuse or place blame for tragic cases such as Eli's. Rather our energy should go to identifying the problem to find a solution. Used properly, the risk assessment process is a giant step toward this goal.

The trainer should emphasize that participants need both knowledge and skills to assess risk factors in accordance with the PA Model Risk Assessment policies and procedural guidelines. It is also important that, throughout their child welfare career, participants must sharpen their risk assessment skills gained during the certification process, by participating in advanced risk assessment training.

Module 7: Risk and Family Assessments

Section IV: Matrix and Continuum

Estimated Length of Time:

33 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the overall different sections of the Risk Assessment matrix and the 15 factors associated with the matrix

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Poster: Risk Assessment Matrix
- ✓ **Reference Manual for the Pennsylvania Model of Risk Assessment**
- ✓ **Handout #7 (Instructions for completing Risk Assessment Form)**

Outline of Presentation:

- Review the Reference Manual for the Pennsylvania Model of Risk Assessment
- Explain the use of the Risk Assessment Matrix

Section IV: Matrix and Continuum

Trainer Note: The purpose of this presentation is to introduce the next and perhaps main part of the body of the risk assessment tool. At this point, the trainer has provided the participant with a comprehensive foundation to risk assessment beginning with the conceptual framework used in the practice of risk assessment. The trainer and group are now prepared to proceed to the identified 15 factors, the Matrix and the Continuum by which the information needed for an accurate assessment is collected and organized.

This section will introduce and visually illustrate the concepts and factors of risk assessment. This is the point at which the trainer will present the matrix and demonstrate an overview of its use.

It is important to be sure that the sample form will be clearly visible to all participants present. It is therefore necessary to assess the room size where it will be presented ahead of time in order to choose the best method for presentation. As the trainer goes through the explanation of the form she or he will be able to point to and highlight the various sections. Additionally, the trainer may wish to write on the visual aid. As various areas are pointed out they can be filled in with sample information.

The trainer will also need a knowledge of the Continuum located in the manual and should be prepared to refer to it when explaining the Continuum/Ratings section of the format.

Step 1: Lecture

Distribute the **Reference Manual for the Pennsylvania Model of Risk Assessment** to each of the participants. Ask them if they have seen this manual before. Tell them it is the reference manual that they will refer to for the remainder of this training and will continue to use as they work with risk assessments as an ongoing part of their job. The manual and continuum does not tell them the level of risk of each factor but will serve as a guide in the use of the standardized process developed by Pennsylvania.

Step 2: Lecture

State that the participants are now going to learn the details of each part of the Risk Assessment Matrix. During the lecture section discussing the 15 factors, ask the trainees the following question:

"How may cultural issues impact a Child Welfare Professional's assessment of this factor"? Encourage open discussion as to individual values, standards, norms, and perspectives can interfere with a Child Welfare Professional making proper risk ratings on the various factors. A tool such as the Matrix can identify the pertinent factors but

only the Child Welfare Professional can be sensitive to cultural differences that can skew their rating of the factor. Tuning in to Self and Tuning in to Others are effective skills to use to aid in cultural sensitivity and properly interpreting the information used to rate a factor.

Trainer should display the **Poster (Risk Assessment Matrix)** and distribute **Handout #7 (Instructions for Completing Risk Assessment Form)**. Using the handout and poster as a guide the trainer explains each section of the matrix.

- I. Identifying Information
 - A. Case name and number
 - B. Name and age of child(ren)
 - C. Name and ages of parent, perpetrator, adult household members
- II. Three Categories containing 15 Factors
 - A. 4 Child Factors
 1. Vulnerability
 2. Severity of abuse
 3. Prior abuse
 4. Emotional harm
 - B. 7 Family/Caretaker/Household Member Factors
 5. Physical, intellectual, emotional status
 6. Cooperation
 7. Parenting skills/knowledge
 8. D & A use
 9. Access
 10. Prior abuse
 11. Relationship
 - C. 4 Environment Factors
 12. Family violence
 13. Condition of the home
 14. Supports
 15. Stress
- III. Record the Ratings
 - A. Enter ratings on matrix
 - B. Highest factor carries over to right column
 - C. Overall Severity
 - D. Overall Risk
- IV. Narrative
 - A. High/Moderate factors explained
 - B. Overall severity/overall risk is explained
 - C. Critical information regarding family strengths/needs and intervention strategies are recorded
- V. Signatures and Dates
 - A. Case worker and Supervisor

Following the discussion, answer any remaining questions participants may have about the Risk Assessment Matrix. End this section by explaining that they will now spend the

afternoon and morning of the next session learning each individual factor and how one factor may impact another factor.

Module 7: Risk and Family Assessments

Section V: Understanding and Rating the Risk Factors

Estimated Length of Time:

2 hour, 45 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the specifics of the sections of the Risk Assessment matrix and the 15 risk factors associated with the matrix and how they help to ensure the safety, permanency and well-being of children in Pennsylvania

Methods of Presentation:

Lecture, Large Group Discussion, Individual Activity, Video, Small Group Activity

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead projector and screen
- ✓ TV
- ✓ VCV/DVD Player
- ✓ Poster: Risk Assessment Matrix Form
- ✓ Reference Manual for the Pennsylvania Model of Risk Assessment
- ✓ **Handout #8 (Name That Risk)**
- ✓ **Handout #9 (Caretaker and Family Environment Video Exercise Worksheet)**
- ✓ **Handout #10 (Pennsylvania Model Risk Assessment Form)**
- ✓ **Handout #11 (Risk/Severity Continuum)**
- ✓ **Video (The Andy Thompson Case)**

Outline of Presentation:

- Review Child Factors
- Review Caretaker, Adult, Perpetrator Factors
- Review Family Environment Factors
- End Day 1, Introduce Day 2

Section V: Understanding and Rating the Risk Factors

Trainer Note: For this section, the trainer has the option of using multimedia materials such as flip charts, blackboards, overhead projectors, and transparencies. Prior to the presentations, the trainer should test the equipment he/she plans to use. The printed materials should be assembled before the training session (e.g. Handouts, Resource Books, other materials). The trainer could opt to distribute these materials during training or ask participants to get their copies when they enter the training room.

The following trainer explanations help participants to understand how the risk assessment concepts relate to their case practice. It is important for the trainer to allow sufficient time for participants to consider and explain their response. This repetition is an important learning technique.

Trainer must be aware that respondents may have different opinions about the correct answers. It is important for the trainer to encourage discussion about these differences. In many cases, the trainer will need to refer the trainees to the **Reference Manual for Risk Assessment** for further clarifications. However, in some cases the trainer needs to be flexible and allow more than one answer.

Because of the complexity of the factors the material has been divided into three lecture/exercise segments. The three parts are child abuse factors, caretaker/household member factors, and family environment factors. Each of these segments will begin with a lecture explaining the knowledge/skill/factor followed by an opportunity for participants to practice the material with the factor and risk level identification exercise (e.g. group exercise on child factors).

The exercises can be adapted for individuals, small groups, or one large group. In deciding which group mode to use, you should consider the size of your training group, their knowledge base, and the physical setting of your training facilities.

Step 1: Lecture, Large Group Discussion

Trainer Note: Explain that although it is important to consider the culture of a family when doing a risk assessment, Child Welfare Professionals must consider how alleged child abuse and/or neglect, while it might be culturally acceptable, impacts on the risk to the child's safety, permanency, and well being. Examples of this might be that it is culturally acceptable to use corporal punishment, not cooperate with authority, and expect the child to be responsible and mature at a young age.

Trainer explains all the components of each factor in the Child Factors category. The trainer can use examples from cases they have worked on as well as asking participants to provide examples from their own experiences. It is important that the trainer asks participants if they understand the concept of each factor before moving onto the next.

Begin the discussion by stating that each child who resides in the house and is under age 18 is rated. Other children who reside at the home on a part-time basis and impact risk should also be rated.

Trainer should display the **Poster (Risk Assessment Matrix Form)** and refer participants to the **Reference Manual for Risk Assessment** as needed.

✓ **Category I: Child Factors**

- **Factor 1: Vulnerability (pg. 7 of the manual)**
How vulnerable is this child to being victimized?
 - A. This factor evaluates each child for three different characteristics:
 1. Chronological age
 2. Physical abilities/limitations
 3. Mental abilities/limitations
 - B. The worker assesses each child's ability to care for and protect him/herself based on the above characteristics.
 - C. The child's age, physical and mental abilities are a major consideration in determining overall severity and overall risk.
- **Factor 2: Severity and/or frequency of Abuse/Neglect (pg. 9 of the manual)**
How much harm the child has or is likely to suffer as a result of abuse/neglect.
 - A. Types of abuse addressed in this factor:
 1. Serious physical injury that has one or more of the following:
 - a. cause's child severe pain
 - b. impairs child's functioning either temporarily or permanently
 2. Serious bodily injury is one or more of the following:
 - a. risk of death
 - b. permanent disfigurement
 - c. protracted loss of function of body member or organ
 3. Sexual Abuse – Any sexual abuse is rated “H” for this factor
 4. Serious physical neglect: neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.
 - B. This factor rates only the harms, which have already occurred, and/or the degree of harm that would potentially occur in cases of neglect or imminent risk.
 - C. This category also analyses the frequency and increased harshness, which has occurred.
 - D. The distinction is made between the lack of need for medical attention and the failure to obtain medical attention.
 - E. Injury ratings are raised to the next highest level for all children under five years of age.
 - F. Assessment of Neglect:

1. The injury suffered as a result of neglect, caused by acts or failure to act by the child's caretaker.
 2. The possible future injury as a result of neglect/lack of supervision, exposure of child to imminent risk of serious physical injury or sexual abuse/exploitation.
 3. The quality of ongoing care the child receives.
- G. This factor addresses neglect issues in all cases - no matter what the allegations and for all children in the home.
- Factor 3:
Child's Prior History of Abuse and Neglect (pg. 12 of the manual)
 - A. This factor examines the following:
 1. The number of prior reports/circumstances/incidents.
 2. The severity of these incidents and the number of perpetrators.
 3. Evaluates what has occurred in the past and what credible statements were provided; this is not limited to Childline's reported priors.
 4. This factor may have ramifications for planning future interventions and/or treatment.
 - Factor 4:
Extent of Emotional/Psychological Injury or Harm (pg. 14 of the manual)
 - A. This factor addresses the relationship of abuse/neglect to a child's growth and development.
 - B. It addresses the impact of a child's fear on his/her ability to trust and form relationships.
 - C. When developmental delays are noted, it is important to rule out organic causes.
 - D. Reference should be made to behavioral indicators and developmental milestones respectively.
 - E. Emphasis is needed on the value of comprehensive and current psychological/psychiatric evaluations when the need is indicated.
 - F. This is not limited to Childline reports of prior emotional abuse.

Step 2: Large Group Discussion

The purpose of this exercise is to allow the participants to become familiar with the Child/Abuse category and to prompt discussion around all four factors found in this category. It offers an opportunity for participants to practice using their assessment skills in junction with completing the risk assessment matrix.

The brief statements are purposefully vague, which should prompt discussions that will assist the trainee in becoming more comfortable with the factors. **Note:** The continuum should **NOT** be used by the trainee while completing this exercise. The information found in each statement is the only information known for the purpose of this exercise.

Facilitate the exercise by first reading the statement and then leading a discussion asking what category (child factor, caretaker, household member, perpetrator) would be used to rate the statement. Then ask what rating would be assigned to the statement. Participants may refer to the Risk Assessment Matrix poster for factors and categories.

1. 16 year old wheelchair user:
 - This information would be rated in Factor 1 (Vulnerability). Many trainees will want to automatically rate this as high, however discussion should be held regarding the true state of the 16 year old child. A normal 16 year old would be rated as at low risk. If the physical disability is such that the child is a wheelchair *user* but is able to walk short distances, etc., the rating for the factor would be moderate. However, if the child is wheelchair *bound*, due to severe physical challenges, it would be appropriate to rate this factor as high.
2. 17 year old with an IQ of 30:
 - This information would be rated in Factor 1 (Vulnerability). Again, if the trainee was simply rating the child's age, the rating would be low. Given the child's IQ, which means that the child had to rely on others to provide total care, the rating for this factor would be high.
3. A four year old with ADHD:
 - This information is rated in Factor 1 (Vulnerability) and should be rated high. The high rating would be based on the child's age. Discussion should be held regarding the vulnerability aspect for children who suffer from ADHD, which can be very trying for any parent.
 - No rating for Factor 4 as the ADHD is not suggestive of abuse.
4. 12 year old molested by her stepfather:
 - There are two factors, which are rated in this statement. Factor 1 (Vulnerability) should be rated as low due to the information given regarding age of the child (12). The sexual abuse could be rated in either Factor 2: (Sev/Freq. ...) If the abuse is current abuse. If the child had been sexually abused in the past by her stepfather it would be rated in Factor 3 (Prior Abuse/Neglect) the rating would be high.
5. 4 year old had a broken arm from abuse 2 & 1/2 years ago:
 - Factors 1 (Vulnerability) and 3 (Prior Abuse/Neglect) would both be rated. The age of the child requires a rating of high. The broken arm, given the child's age, would require a rating of high also. (This child would have only been two years old at the time of the injury.)
 - It is not a factor 2 because it happened 2 ½ years ago and can not be investigated now.
6. Minor bruises on buttocks of a six year old:
 - Factor 1 (vulnerability) would be rated as moderate. The other factor to be rated would be Factor 2 (Sev/Freq) which would be rated low. There should

7. Child hit by her mother resulting in the loss of two teeth:
 - Factor 2 (Sev/Freq) would be rated. The trainees will most likely want to discuss whether or not the child's teeth were baby teeth, and whether or not they were loose to begin with at the time of the incident. Remind them that if they were investigating this incident they would have much more information (child's age, etc); however the important factor would be the power with which they were hit. A young child who is about to loose their baby teeth may have been slapped for swearing, causing a loose tooth to come out. However, a four year old with solid baby teeth would have to be hit very hard for their teeth to come out. The same would hold true for a teenager, who would be confronted with loosing permanent teeth. Factor #4 is not addressed in the statement and is not relevant and is misleading. This statement could be rated either moderate or high under normal circumstances. If it was determined that the slap was light and the teeth were about to fall out anyway, it may be rated lower.

8. A Child has nightmares about being killed by her mother:
 - This statement should generate much discussion. *If* the child is an abused child who has reoccurring dreams due to the abuse, this would be rated under Factor 4 (Emotional Harm) and would be rated either moderate or high. If the child had nightmares as a result of a non-abusive incident (they witnessed something tragic) this would not be rated as emotional harm. The Trainer must stress several things during the discussion. *First*, Factor 4 (emotional harm) is only rating information that is the result of abuse/neglect and/or the child's level of fear related to being in the care of the parent or caretaker. *Second*, if the child has emotional problems that are not related to abuse or neglect, then that information would be rated under Factor 1 (vulnerability). *Third*, the Trainer must stress that it is not necessary to have an indicated or founded ChildLine report to rate Factor 4 (emotional harm). This is based on observable behaviors that can be logically determined to be a result of the abuse/neglect that the child has suffered.

9. A hand print from abuse on face of a 17 year old:
 - Factor 1 (vulnerability) would be rated low due to age (if the 17 years old did not possess any other factors (mental retardation, etc) that would raise risk.
 - Factor 2 (Sev/Freq) would be rated in accordance with the continuum depending upon the extent of the injury. If the hand print is severe, a high rating would be appropriate. (Refer to the continuum, which requires a high rating due to the location of the injury.) However, there could be an argument regarding a hand print that was really only a "red" mark, lasting only a short time. This could be rated either low or moderate, given the information

10. 9 year old cared for by an intoxicated sitter:
 - Factor 1 (vulnerability) would be rated as moderate due to age. Factor 2 (Sev/Freq) would be rated moderate per the continuum.

Step 3: Lecture

Trainer explains to the participants that the Pennsylvania Model Risk Assessment rates each adult in the household and natural parents that are not living in the household as well as any paramour or caretaker who has impact on risk to the child. If the perpetrator does not live in the home he/she would also be listed in this category.

The Pennsylvania Model Risk Assessment also rates any perpetrator that is a household member and is 14 through 17 years of age as both a child under category 1 and a perpetrator under category 2.

Trainer explains all the components of each factor in this category. The trainer can use examples from the case they have worked on as well as asking participants to provide examples of their own. It is important that the trainer asks participants if they understand the concept of each factor before moving to the next.

Trainer should refer to the **Poster (Risk Assessment Matrix Form)** and refer participants back to the **Reference Manual for Risk Assessment** as necessary.

- ✓ Category II: Caretaker, Adult, Perpetrator Factors
 - Factor 5: Age, Physical, Intellectual, or Emotional Status (pg. 15 of the manual)
This factor assesses caretaker/adults/perpetrators functioning in three areas, in addition to chronological age:
 - A. Physical functioning: abilities and limitations
 - B. Mental functioning: mental retardation, mental illness, overall mental health
 - C. Emotional behavior: anger control, rationality of behavior, mood, and maturity
 - Factor 6: Cooperation (pg. 17 of the manual)
This factor addresses the families' response to the investigation/assessment of child abuse/neglect and subsequent involvement in the utilization of resources, including the Family Service Plan.
 - A. It is important to note that an individual's initial reaction may be directly related to their perception of the intrusion created by the referral to the agency and subsequent anxiety about the referral.
 - B. In rating this factor, workers should consider their access to interview the children and other family members. It relates to the cooperation when conducting the investigation/assessment.

- C. In rating on-going services, Child Welfare Professionals are measuring behaviors around cooperation with the agency, family service plan, and court orders.
- D. In investigating a report of abuse or neglect on a case already accepted for service, the worker should assess cooperation with both investigation and on-going services.
- Factor 7: Parenting Skills and Knowledge (pg. 19 of the manual)
In this factor, the following should be evaluated:
 - A. Parent/Caretaker's knowledge/awareness of child development.
 - B. Parent/Caretaker's means of disciplining the children.
 - C. Parent/Caretaker's expectations of the children.
 - D. Parent/Caretaker's description of their roles/responsibilities and those of the children.
- Factor 8: Alcohol/Substance Abuse (pg. 20 of the manual)
This factor examines the following:
 - A. Evidence of misuse of alcohol/substance use, including present/prior involvement in treatment.
 - B. Prior history of referrals, problems, or criminal history related to alcohol or drugs.
 - C. Impact of adults' alcohol/substance abuse on child rearing responsibilities.
- Factor 9: Access to Children (pg. 22 of the manual)
In addressing this factor, the following needs to be considered:
 - A. The relationship between the alleged perpetrator and the child
 - B. The access of a perpetrator to the child
 - C. The adult's ability to protect and provide care for the children
 - D. Consider who in the family is providing care for the children
 - E. The ability of the non-offending caretaker to protect and care for the children.
- Factor 10: Prior Abuse/Neglect (pg. 23 of the manual)
 - A. This factor examines the history of prior abuse/neglect of the adult caretakers as perpetrators or as victims.
 - B. In addition to prior indicated or substantiated cases of child abuse/neglect, it is important to access and assess statements of family members or collaterals regarding history of child abuse/neglect. These do not need to be prior investigations or indicated cases. They are based on credible information.
- Factor 11: Relationship with Children (pg. 24 of the manual)
This factor assesses the interaction between parents and their children. It includes a review of the following areas:
 - A. The nurturing behavior of the parents
 - B. Caretaker reactions/anger toward both their child(ren) and their behaviors
 - C. The family roles/rules
 - D. The evidence/absence of attachment between parent and child(ren)

Trainer Note: This is the end of Day 1. Before beginning Day 2, go around the room and have participants talk about one new idea/skill they learned from yesterday's training. Discuss these as a large group and make any connections to day two training content. Ask the participants if they have any remaining questions from yesterday and answer those in large group format. After all questions have been answered, move to the next session. The review should take about 15 minutes.

Step 4: (1 hour)
Small Group Activity, Large Group Discussion

The purpose of this exercise is to help the participants to gain a greater understanding of some of the very serious conditions that they will have to work with and know how they impact on risk of harm to children. As a result they will be better prepared to accurately rate the level of risk to some of the key factors in categories II & III.

Divide the participants into four groups and explain that in the next activity, each group will be assigned one topic: domestic violence, psychopathology, drug/alcohol abuse, and mental retardation. Each group will be allotted 15 minutes to prepare their presentation by answering the following four questions. They will need to identify a recorder and spokesperson as they will be presenting their work to the large group for open discussion.

Trainer Note: Make a pre-made flip chart with the four questions below on it.

1. List characteristics, signs, and behaviors, which indicate the presence of a problem.
2. How might your values, beliefs, and culture impact your assessment?
3. How might the individual/families values, beliefs and culture impact your assessment?
4. How does the presence of the problem impact child safety?

After enough time has passed and it appears that all groups have finished their work, have each group present their answers to the larger group. Allow five minutes for each group presentation.

Using the following content, the trainer will encourage feedback from the entire group and include/embellish answers if not provided by participants. Use flip charts to record additional responses for each section (caution participants that the warning signs of problems are meant to trigger hunches or hypotheses, rather than to be all encompassing, "sure-bet" characteristics).

1. Domestic Violence
 - A. Identify indicators which may signal the presence of a problem (this list suggests a need for concern, rather than a definite assessment). Trainer needs to stress that, if at all possible, the interview of a victim should never occur in the presence of the abuser. If not offered by participants, trainer must mention:

- Obvious physical signs of possible abuse – e.g. black eye(s), bruises, cut lip etc.
 - A “yes” response on the part of the adult victim to the question “Have you been hit, kicked, punched, or otherwise hurt?”
 - Evidence that animals/family pets in the home are abused/neglected.
- B. How might the Child Welfare Professional’s own culture impact the observation?
- One’s own witnessing of parental violence as a child could influence perceptions.
 - One’s own sensitivity to abandonment/rejection.
 - One’s own attitude towards aggression.
 - One’s own level of self-esteem.
 - One’s own frequency of verbal aggression in a relationship.
- C. How might the individual/families values, beliefs, and culture impact your assessment?
- One or both parents may have grown up in abusive households.
 - The family’s cultural background accepts domestic violence.
- D. How does the presence of the problem impact child safety?
- Children could be in danger of physical abuse by the abusing parent.
 - Children could be hurt inadvertently or while defending the mother.
 - The victim/primary caregiver may over-discipline the child, thus causing physical and/or emotional harm to the child.
 - Primary care giver may be so stressed/overwhelmed she may neglect the child/children’s needs.

2. Psychopathology

- A. Identify indications, which may signal the presence of a problem. If not offered by participants, trainer must mention:
- Verbal threats/actual attempts of physical harm to self or others.
 - Bizarre statements reflecting grandiosity, persecution, bodily sensations.
 - Highly illogical form of thought/speech.
 - Vague, abstract, repetitive speech.
 - Psychomotor abnormalities – e.g. rigidity, catatonic stupor.
 - Poor attention span.
 - Greatly diminished interest/drive or ability to follow a course of action to its conclusion.
 - Inability to care for ones own needs.
 - Irritable mood
 - Psychomotor agitation
 - Lethargy
 - Elevated mood
 - Lack of ability to carry on a conversation.
 - Persistent concerns voiced about bodily complaints.
 - Reports of sleep disturbances – too much or too little sleep.
 - Excessive weight gain or loss (without dieting).

- B. How might the Child Welfare Professional's own culture impact the observation?
 - Beliefs that certain cultures are prone to a particular diagnosis.
 - Lack of appreciation of other cultures values (e.g. how/why they might mistrust "mainstream America," etc.).
 - Alternative support preferences of other cultures - i.e. they might seek out family, religion, etc., rather than agency services.
 - Denial of problem (you cannot find what you are not looking for).
 - Stereotyping (you make the circumstance fit a preconceived diagnosis). For example, expectations about different cultural groups lower socio-economic strata, upper socio-economic strata, and/or professional strata.
- C. How might the individual/families values, beliefs, and culture impact your assessment?
 - The family does not believe in mental health treatment.
 - Family believes the behaviors are "normal."
- D. How Does the Presence of the Problem Impact Child Safety?
 - Chance of physical harm/neglect due to parent's irrationality.
 - Chance of emotional harm. Child can become anxious sensing parent's decomposition.

3. Substance Abuse

- A. Identify indications, which may signal the presence of a problem. If not offered by participants, trainer must mention:
 - Powdery substance residue.
 - Exposed razor blades.
 - Pipe or other smoking implement.
 - Unidentified pills.
 - Large amounts of cans and bottles of alcohol stored in the home.
 - Presence of hypodermic needles/syringes, tourniquets near sterno cans, lighters, matches, pipes.
 - Lack of hygienic appearance.
 - Face: puffiness.
 - Eyes: dilated pupils, red "bloodshot" eyes, unusual tearing.
 - Nose: runny nose, frequent nose bleeds, red or puffy appearance.
 - Skin: excessive sweating, track marks, bruises, abscesses on legs and arms, excessive scratching and itching.
 - Nails: gray, blue, or ashen color.
 - Movement: trembling hands, uncoordinated movement.
- B. How might the Child Welfare Professional's culture impact the observation?
 - Moral superiority/judgment.
 - Personal/familial experience with alcohol/other drugs.
 - Disdainful.
 - Blame the individual for lack of will power/self control, etc.
- C. How might the individual/families values, beliefs and culture impact your assessment?

- Parents are children of alcoholics/drug users.
 - Culture encourages drinking.
- D. How does the presence of the problem impact child safety?
- Drugs/alcohol lower inhibitions, leading to poor impulse control and risk of abuse and neglect (in general though, there is probably a higher likelihood of neglect than physical abuse).
 - Parent may spend all available cash on alcohol/drugs, thus no funds available for food, housing, medical care.

4. Mental Retardation

- A. Identify indications, which may signal the presence of a problem.
- Living area may seem cluttered (individual may have difficult time weeding out “junk” from what is needed).
 - Personal hygiene may be poor.
 - Person may evidence very basic expressive language skills – e.g. misuse words, limited vocabulary.
 - Person may respond slowly to questions.
 - Person may not always respond in complete sentences.
 - Person speaks and responds in very concrete/literal terms – cannot deal with abstractions. Responses are “black and white” – not gray.
- B. How might the caseworker’s own culture impact the observation?
- Could be judgmental/disdainful.
 - Could behave parentally/authoritatively.
 - Could perceive mental retardation as a mental illness.
- C. How might the individual/families values, beliefs and culture impact your assessment?
- Family may ignore/deny the problem and/or try to hide it.
 - Family may be ashamed of the MR person.
 - Because of embarrassment, denial, etc., needed services may be denied to MR person/s in the household.
- D. How does the presence of the problem impact child safety?
- Diminished impulse control could lead to loss of temper and physical abuse of the child.
 - Diminished cognitive capacity could lead to neglect of the child’s basic needs.

Step 5: Lecture

Trainer should utilize the **Poster (Risk Assessment Matrix Form)** in the following discussion of factors.

- ✓ Category III: Family Environment Factors
 - Factor 12: Family Violence: (pg. 27 of the manual)

This factor looks at how adults manage and resolve conflict between themselves. The following areas should be reviewed:

- A. The problem solving techniques used by the family
- B. The method(s) the family uses to resolve disagreements/conflicts
- C. Any history of spouse/partner abuse, including filing of Protection From Abuse Orders
- D. Physical assaults or threatened physical assaults between the adults of the family

The trainer must make it clear to the participants that this factor deals with the behaviors among the adults of the household. It does not address the physically abusive behaviors toward the child(ren) that is covered in other factors. This is a good time to point out to the group that it is necessary to rate each factor on the identified components of each individual factor and not reiterating the same negatives in multiple factors. Putting it all together is the final stage of the Risk Assessment process and will be covered in a later section of this training.

- Factor 13: Condition of the Home (pg. 13 of the manual)

This factor evaluates the presence of health/safety concerns in the physical environment/household. An assessment of the home environment should occur and attention paid to the following:

- A. Health/safety hazards, things that may harm the child in the home.
- B. Safety hazards may include things such as; exposed live electric wiring, structural damage, utility hazards, broken glass, etc. The worker must also consider the hazard and how it relates to the child's vulnerability (an infant crawling around verses an adolescent walking around).
- C. Health hazards may include things such as no heat in the winter months, rotting foods, filth to the point of disease, etc. Again, with these the worker must consider the hazard and how it relates to the vulnerability of the child (a baby who picks up and eats everything around animal feces verses the older child).
- D. This category would not include things such as a bit crowded, cluttered or dirty unless it rose to the level of hazardous. Some of these concerns may be entered under the stressors factor.

- Factor 14: Family Supports (pg. 30 of the manual)

This factor addresses the following:

- A. The availability of and relationship with extended/external family members. A worker must also take into account how much the family actually accesses these supports.
- B. Availability of and the family's connection/interaction with community supports/services.
- C. The family's use of community resources.
- D. The child(ren)'s involvement in schools and school programs.

- Factor 15: Stressors (pg. 31 of the manual)

This factor assesses the type/level and amount of stress and its impact on family life. An examination of the following should occur:

- A. The current stressors identified by the family
- B. The family's stability regarding housing
- C. The number of children in the family and how they impact each other
- D. How the family generally copes with stress.

Step 6: Individual Activity

Distribute **Handout #8 (Name That Risk)** and instruct participants to match the factor on the left hand column with the appropriate behavior/fact on the right hand side. Allow 3 to 5 minutes to complete the assignment. When the time is up the trainer should, one by one go down the right column (the pieces of data) and let the large group give the correct factor it would go next to. The answers are: (1) G, (2) B, (3) I, (4) J, (5) D, (6) C, (7) E, (8) A, (9) F, (10) H, and (11) K.

Step 7: Video

Distribute **Handout #9 (Caretaker & Family Environment Video Exercise Worksheet)**, and explains to the participants that they will be shown a short video of a mock interview. They are to glean as much information as they can from the video as if they were actually conducting the interview themselves.

Handout #9 (Caretaker & Family Environment Video Exercise Worksheet), lists the 11 factors we will be working on (caretaker and environment factors), they may use the handout to take notes but it is necessary to pay close attention to the video as there will be a lot of information thrown at them both verbally and visually.

Introduce the upcoming video by explaining that the video was developed with funding from the Dept. of Health and Rehabilitative Services in Florida to assist with the Risk Assessment Research Project, conducted in Pennsylvania in 1992.

The video presents a case vignette about a hypothetical child welfare case. Participants should view the video and glean as much information as possible about the 11 Caretaker and Environmental factors, and be prepared to rate each factor on the Pennsylvania Model Risk Assessment Form. Show the Andy Thompson case vignette. Show the **Video (The Andy Thompson Case)**.

Step 8: Small Group Activity

Trainer Note: For the purposes of this activity, only Nancy, the mother, will be rated on factors 5-15: caretaker and environment factors.

Distribute **Handout #10 (Pennsylvania Model Risk Assessment Form)**. Instruct the participants to work in their table group using their notes from **Handout #9 (Caretaker & Family Environment Video Exercise Worksheet)** to collectively fill out factors 5 through 15 on one of the forms. Remind them that while under normal circumstances we would include all adult household members and parents but for our purposes we are just going to rate Nancy. The groups will have to come to a consensus to rank each factor. As each group finishes the task they are to record their ratings on a clean copy of **Handout #10 (Pennsylvania Model Risk Assessment Form)**. When all groups have recorded their ratings the trainer will review each rating given to each factor. Where there is agreement on the rating the trainer will ask the large group to cite reasons for their conclusions. Where there is disagreement on the ratings the trainer will solicit for debate within the collective groups as to what they based their decisions. The trainer must be sure to lead the discussion to the correct ratings. The correct answers for Nancy's ratings are Factor (5) M, (6) M, (7) H, (8) M, (9) H, (10) M, (11) H, (12) M, (13) H, (14) H, and (15) M.

Distribute **Handout #11 (Risk/Severity Continuum)** and explain how the Continuum may be used as a guide while rating the various factors. The continuum is a guide that can assist the Child Welfare Professional while rating the factors. It is not an absolute in that it cannot possibly be all-inclusive by covering all possible scenarios. However, it does give multiple examples of what conditions would qualify as low, moderate, or high rating in each of the 15 factors. If a Child Welfare Professional is attempting to rate a factor and can not find an exact sample in the continuum they should be able to find an example that would be equivalent in severity and therefore the rating would be equivalent. The general guidelines while using the Continuum are; in order to qualify for a Z or an L rating all the examples on the continuum or their equivalent should be present, in order to qualify for an M or an H any one of the examples or its equivalent need apply. Generally, the worker should start by reading the examples in the H column and if none apply move to the M column and so on until you find the correct rating.

Module 7: Risk and Family Assessments

Section VI: Ensuring Child Safety: Completing and Documenting an Assessment of Risk

Estimated Length of Time:

2 hours, 15 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the concepts of Overall Severity and Overall Risk
- ✓ Recognize the components of a Risk Assessment Summary and how to document the rationale for ratings on the matrix and the impact of unknown information

Methods of Presentation:

Lecture, Small Group Activity

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead projector and screen
- ✓ **Handout #12 (Williams Family Exercise)**
- ✓ **Handout #13 (Pennsylvania Model Risk Assessment Form)**
- ✓ **Handout #14 (Establishing and Documenting Overall Severity and Overall Risk)**
- ✓ **Handout #15 (Williams Family: Risk Assessment Summary)**
- ✓ **Overhead #8 (Overall Severity)**
- ✓ **Overhead #9 (Overall Risk)**
- ✓ **Overhead #10 (Levels of Risk)**
- ✓ **Overhead #11 (Risk Assessment Summary)**

Section VI: Ensuring Child Safety: Completing and Documenting an Assessment of Risk

Trainer Note: This is a key knowledge and skill practice section. It is critical that each step in this section is completed and reviewed as instructed.

Step 1: Small Group Activity

Distribute **Handout #12 (The Williams Family Exercise)**. Explain to participants that they are now going to have the opportunity to integrate the knowledge and skills they have learned about family assessments, completing, and documenting risk.

Instruct the participants to read the case scenario **Handout #12 (Williams Family Exercise)**. Once they finish reading each table group is to collectively complete **Handout #13 (Pennsylvania Model Risk Assessment Form)** the entire 1st page, except the Overall Severity and Overall Risk [bottom right]. Again, they are working as small groups and must come up with a consensus for each factor rating.

During this exercise, the trainer must float about the room to answer questions as they arise.

After the groups have completed side one, reconvene the group and one at a time ask each table which factor gave them the most difficulty coming to a consensus. As each group expresses the troublesome factor, have a large group discussion of each rating identifying the facts that had an impact on determining the rating. The trainer must follow the content and give clear information regarding the proper rating for each factor.

**PENNSYLVANIA MODEL
RISK ASSESSMENT FORM**

**ASSESSMENT CODES: Z - NO RISK L - LOW RISK M - MODERATE RISK H - HIGH RISK
X - UNABLE TO ASSESS**

CASE NAME : WILLIAMS

CASE #

NAME: A. CHILD FACTORS	AGE:	Susan: 7	James 6	David 3			HIGHEST RISK FACTOR
1. VULNERABILITY		M	M	H			H
2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT		L	M	L			M
3. PRIOR ABUSE/NEGLECT		M	L	L			M
4. EXTENT OF EMOTIONAL HARM		M	M	X			X
B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR	NAME:	Mary age 25	Frank Age 27				HIGHEST RISK FACTOR
	AGE:						
5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS		M	X				X
6. COOPERATION		L	M				M
7. PARENTING SKILLS /KNOWLEDGE		M	H				H
8. ALCOHOL/SUBSTANCE ABUSE		Z	L				L
9. ACCESS TO CHILDREN		H	H				H
10. PRIOR ABUSE/NEGLECT		M	X				X
11. RELATIONSHIP WITH CHILDREN		M	X				X
C. FAMILY ENVIRONMENT	D. PLEASE USE BACK OF PAGE FOR NARRATIVE						RISK FACTOR
12. FAMILY VIOLENCE							M
13. CONDITION OF THE HOME							Z
14. FAMILY SUPPORTS							H
15. STRESSORS							M
WORKER DATE						OVERALL SEVERITY	
SUPERVISOR DATE						OVERALL RISK	

After the rating discussion, inform participants they will now learn how to determine the overall severity and overall risk ratings.

Step 2: Lecture

Explain the skill of determining the Overall Risk and Overall Severity Ratings. Using **Overhead #8 (Overall Severity)** and **Handout #14 (Establishing and Documenting Overall Severity and Overall Risk)**, explain how to determine the overall severity rating.

Overall severity is determined by reviewing two of the factors in the Child Factor category. Overall Severity represents the severity of the current abuse or neglect.

1. Factor 2, "Severity/Frequency/or Recentness of Abuse/Neglect" and Factor 4, "Extent of Emotional Harm," are the only factors considered to determine overall severity.
2. Review Factor 2 and 4 to determine the highest rating. If there are no areas that are rated with an "X" (unable to assess), then the following applies:
 - a. If the highest rating is (Z), the overall severity is no/none.
 - b. If the highest rating is low (L), then overall severity is low.
 - c. If the highest rating is moderate (M), then overall severity is moderate.
 - d. If the highest rating is high (H), then the overall severity is high.
3. If the highest rating is Unable to Assess (X), the worker must determine how the unknown information impacts the risk to the child.
 - a. Although there may be times when workers are unable to assess factors within the Child Factor Category, those incidents should be extremely rare.
 - b. If the missing information does not impact risk, such as an X rating for Factor 4, Extent of Emotional Harm, for an infant/toddler who is too young to assess for this particular factor, the worker should then select the highest rating (Z, L, M, or H) found in Factors 2 and 4 as the Overall Severity rating.
 - c. If the missing information could impact risk, the worker should consider raising the overall severity. For example: An "X" rating under Factor 3 (prior abuse/neglect) due to parental refusal to sign releases for medical information, could mean that evidence of past abuse exists, but the worker has been unable to access the information.
4. Pay close attention to not only the individual highest ratings for each factor, but to how the factors interact with each other.
5. It is possible to have a high severity rating and a low overall rating.
6. An example of high severity and low overall risk would be a child sexually abused by a babysitter who no longer has access to the child, with believing and supportive parents.
7. It is also possible to have a low severity rating and a high overall rating.

- An example of a low severity and high overall risk would be a minor injury on a young child in the care of the abusing parent.

Step 3: Small Group Activity

Give each table 3 to 5 minutes to determine the overall severity for the Williams Family. Ask each table to hold up a piece of paper that identifies the overall severity. Write the range of answers on a flip chart and ask participants why they choose the rating they did. Write the correct answers on the flip chart and provide feedback re: any incorrect answers. The Overall Severity rating should be moderate.

Using **Overhead #9 (Overall Risk)** and **Handout #14 (Establishing and Documenting Overall Severity and Overall Risk)**, explain how to determine the overall risk rating.

Trainer Note: Emphasize that Overall Risk cannot be determined solely by determining the highest rating of Factors 1 and 3. The highest rating of Factors 1 and 3 determines a baseline from which the Child Welfare Professional needs to use to determine whether or not the risk level needs to be raised or lowered based on interplay of all other factors. Example: if one needed to use only Factors 1 and 3 to determine Overall Risk, all children under 5 years of age would be high Overall Risk, regardless of the other factors. Additionally, dangerous combinations of risk factors must be intensely scrutinized by the Child Welfare Professional.

Overall risk represents the likelihood of future abuse/neglect, within the near future.

- This rating is based on the interplay of all the factors.
- The rating should reflect the risk to the child, absent intervention by the agency.
- If the highest rating is Unable to Assess (X), the worker must determine how the unknown information impacts the risk to the child.
 - If an X rating was given for a caretaker because that caretaker was an absent parent who has no contact with the child, that X rating would have little or no impact on the risk to the child.
 - If an X rating was given for a parent who lives within the home, who refuses to interact with the worker, the unknown information may greatly impact risk to the child. The worker may want to raise the overall risk level based on the unknown information.
- Current knowledge indicates that overall risk is a product of the interaction of risk factors rather than depending on the presence or absence of any one factor.
- Overall risk is a balance between factors which increase risk and those which diminish risk.
 - Factor 1, Vulnerability is critical to overall risk.
 - Factor 3, Prior abuse/Neglect is critical to overall risk. This represents past abuse and neglect. This is a history that can not be ignored.
 - All other factors must be reviewed to determine how they impact the risk level.

6. Generally, factors which have been rated Z, no risk, represent strengths and therefore are especially important.
7. Strengths must be assessed to determine if they impact the risk level in a way that reduces risk.
8. All factors, which are extremely intense or of long duration or which are supported by environmental pressures should be given added weight in making an overall assessment of risk. For example:
 - a. Intensity: feeling blue vs. being clinically depressed.
 - b. Duration: a two month drug use vs. a 15 year drug addiction.
 - c. Environmental Support: a physically abusive parent who attends church which promotes physical discipline of children.
9. Workers must be able to identify constellations of factors which commonly occur in physical abuse/sexual abuse /neglect cases and should give these factors special weight because these factors are mutually reinforcing.
10. Whenever possible, workers should identify the underlying causes of child abuse/neglect.
11. When a worker selects an overall risk, it represents their assessment of the interrelationship of the risk factors.
12. Dangerous combinations of risk factors might include:
 - a. Difficult to care for child, parent with marginal parenting skills, social isolation.
 - b. Passive mother, violent boyfriend, very active or out of control child.
 - c. Failure to thrive baby, depressed young mother, living in poverty
 - d. Male with history of sexual offenses against children, no treatment, mother with young children, mother denies risk.
 - e. Single parent with several young children
 - f. Multiple reports with escalating severity

Once an Overall Risk rating is established, review it per the definitions of High, Moderate, and Low to determine if the conclusion makes sense given the case information available.

It is critical that an accurate risk assessment is conducted as it is directly connected to insuring the future safety of the children by developing an appropriate case plan and planning for the appropriate level of intervention services. Connecting the risk assessment to case planning is taught in Module 6: Safety and Family Assessments.

Step 4: Small Group Activity

Give each table 3 to 5 minutes to determine the Level of Risk for the Williams Family. Ask each table to hold up a piece of paper that identifies the Level of Risk. Write the range of answers on a flip chart and ask participants why they choose the rating they did. Write the correct answers on the flip chart and provide feedback re: any incorrect answers. For example, if a worker says the overall rating is low because there are

family supports explain that family support alone can always not lower a risk level from moderate to low. You can provide case examples to further explain the point.

Trainer Note: Risk Rating is High for the Williams family because of mom's lack of control over the children, financial stressors in the family, James fighting at school, the parentification of Susan, and father's lack of cooperation and drinking. Some workers may rate the risk as moderate as James had relatively minor injuries. If so, process their reasoning with them and tell them that if there are questions about a risk assessment final ratings, they should review the case with their supervisor to come to a determination.

Step 5: Lecture

Trainer Note: This is a critical section. Make sure that all participants understand it before moving on to the next step.

Using **Overhead #10 (Levels of Risk)** and **Handout #14 (Establishing and Documenting Overall Severity and Overall Risk)**, explain to participants the meaning of the levels of risk. Risk Levels are defined as follows:

1. High Risk = A significant possibility or likelihood that a severe form of abuse/neglect will occur in the near future.
 - a. High risk = A severe form of abuse or neglect.
2. Moderate Risk = A significant possibility of likelihood that a serious form of abuse/neglect will occur in the near future.
 - a. Moderate risk = A serious form of abuse or neglect.
3. Low risk = A significant possibility or likelihood that a minor form of abuse/neglect will occur in the near future.
 - a. Low risk = A minor form of abuse or neglect.

Step 6: Lecture

Trainer Note: Advise participants that different agencies may use different formats for the Risk Assessment Summary. Some may use outline form, some may use bullets, and some may use a long, narrative style. Any of these formats are acceptable as long as all of the required elements are present.

Direct the participants to page 3 of **Handout #14 (Establishing and Documenting Overall Severity and Overall Risk)**. After the matrix is completed the worker must complete a Risk Assessment Summary. The Risk Assessment Summary is a critical component that provides the details of the matrix. Ask participants what format their agency uses to complete the Risk Assessment Summary.

Explain that the narrative must represent a logical progression of thought that indicates the rationale for ratings contained on the matrix, leading the reader to the apparent overall risk. Using **Overhead #11 (Risk Assessment Summary)** explain the components of the Risk Assessment Summary. The summary must include:

- ✓ Specific evidence supporting all high and moderate risk conclusions
- ✓ Justification for all “unable to assess” ratings
- ✓ Rationale for the Overall Severity Rating
- ✓ Conclusions regarding Overall Risk Ratings. Include information on how all of the factors are interacting and the impact of “clusters” of risk factors or dangerous combinations of factors
- ✓ An assessment of safety and a plan to provide safety for the child/ren
- ✓ A prioritization of the problems within the family and an assessment of how the family strengths can be utilized in case planning
- ✓ The Risk Assessment summary should be clear, concise, and concrete

The Risk Assessment Summary is one of the most difficult sections to write of the Risk Assessment but is often the most critical. A risk assessment is completed prior to the Family Service Plan and should be the basis upon which goals are selected.

Step 8: Small Group Activity, Lecture

After reviewing the Risk Assessment Summary Section assign each table one section of the outline of the summary. Ask the participants to practice developing a summary of their assigned section. Allow them about 10 minutes to complete the task and then review them aloud with the large group.

Distribute **Handout #15 (Williams Family: Risk Assessment Summary)** as an example of the William’s Family Risk Assessment Summary. As the trainer reviews the summary with the participants, be sure to inform them that the summary may differ from worker to worker according to writing style. What is important is that it contains the key content areas and provides a narrative that allows the reader to understand the family strengths, rating for the moderate and high factors and factors that may have a direct impact on the safety of the child(ren).

Module 7: Risk and Family Assessments

Section VII: Assessing the Family

Estimated Length of Time:

35 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the value in producing a strength based family assessment

Methods of Presentation:

Small Group Activity, Large Group Discussion, Lecture

Materials Needed:

- ✓ Flip chart stands
- ✓ Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead Projector/Screen
- ✓ **Overhead #12 (Child Welfare Assessment)**
- ✓ **Handout #16 (Areas for Comprehensive Family Assessment)**
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Outline of Presentation:

- Review rationale and steps to completing a family assessment

Section VII: Assessing the Family

Step 1: (5 minutes)

Lecture

While showing **Overhead #12 (Child Welfare Assessment)** indicate that our attention will now shift to the green circle of Family Assessment. Mention to trainees that Standard I-E: Assessment—Produce Family-Focused Assessment in their **Reference Book (Charting the Course towards Permanency for Children in Pennsylvania)** refers to the need to do family assessments. Emphasize that family assessments:

- Involve all family members
- Include others involved with the family
- Comprehensive, focused on strengths and needs
- Must be completed within 60 calendar days
- Assess: living conditions, finances, supports, interactions, parenting skills, substance abuse, family functioning, child behaviors, parent's history, personal characteristics, developmental levels, & interactions among household members
- Must be documented in the record (while this isn't specifically stated here, it is reviewed in the Standard I-I—Document Assessment Process, which will be discussed a bit later in this module.)

Step 2: (5 minutes)

Lecture

Trainer Note: the following quote may be read to participants to show family assessment and its relationship to safety assessment.

Share this discussion of family assessment and its relationship to safety assessment through a brief explanation or through a direct quote. Carol Wahlgren, Linda Metsger and Charmaine Britain discuss family assessment, its relationship to safety, and risk assessment in this way:

“Comprehensive family assessment uses information gathered from the initial screening, safety assessment, and risk assessment. It takes a broader look at the family and is not as specifically focused as the risk assessment... The family assessment seeks to understand family connections and capacities to nurture and keep children safe. Throughout the assessment process, family strengths as they relate to the presenting concerns should be identified, and you should exhibit responsiveness to the family's culture and uniqueness. Family assessment considers everything already collected during the safety and risk assessment, as well as more comprehensively assessing family interactions and relationships, strengths and supports, and, as appropriate, developmental issues, physical and mental health, educational history, social adjustment, substance use or abuse, domestic violence, the culture and community, and any other factors

that effect a specific family’s ability to resolve concerns that led to their involvement with CPS.” (224-225)

In Pennsylvania, many county child welfare agencies rely extensively on the use of the safety and the risk assessments to understand the dynamics of the family and to intervene with them to increase safety of the children, to preserve permanency for a child, or to increase the family’s level of functioning so as to improve the well-being for the children. Some agencies contract with other community service providers to complete specific family assessments to supplement the information gleaned during safety and risk assessments.

Step 3: (25 minutes)
Small Group Activity

Distribute **Handout #16 (Areas for Comprehensive Family Assessment)**.

Assign small groups an area of assessment to consider, assigning more than one group to the parental conditions. Ask each group to complete the following tasks, which should be listed on a pre-made flipchart:

1. List conditions within those factors that increase safety concerns
2. List conditions within those factors that decrease safety concerns and would represent a “strength” or mitigating factor in this area.

Have each small group record their information on a flipchart and present it to the group at the designated time, using the information presented here below to supplement whatever they present.

The areas discussed in The Field Guide to Child Welfare Practice (Volume 2) that are areas that have specific relevance for child safety concerns include:

- ✓ Family Composition:
 - Family structure
 - Power dynamics
 - Multiple generations
 - Extended family relationships
 - “Psychological” family
- Factors that decrease safety:
 - Disengagement
 - Social/geographical isolation
 - Constantly changing membership
 - Disagreement over membership
 - Lack of social support
- ✓ Environmental Stressors:
 - Economic stability/instability
 - Ability to meet basic needs
 - Ability to manage family resources (budget, etc.)
 - Willingness to access/use community supports
 - Availability of community resources

Factors that decrease safety:

- Poverty
- Without dependable income
- Poor management skills/abilities/inclinations
- Conflict over decision-making
- Unwillingness to use community supports
- Unavailability of community resources

✓ Parental Conditions:

- Mental illness (especially psychosis and severe conditions not being managed with medication and treatment)
- Cognitive Limitations (i.e. moderate to severe mental retardation)
- Social skills
- Impulse control
- Ability to delay gratification
- Ability to accept responsibility for own actions
- Capacity to realistically assess strengths and limitations
- Level of self-esteem
- Level of autonomy and self-direction
- Nature and quality of interpersonal relationships
- Coping strategies and responses to stress
- Perceptions of events
- Parenting skills
 - Basic child care
 - Nurturing
 - Discipline
 - Supervision
 - Encouraging child's development
 - Expectations
- Substance use/abuse

Factors that decrease safety:

- Disengagement/detachment
- Social/geographical isolation
- Constantly changing membership
- Disagreement over membership
- Lack of social support
- Emotional instability
- Explosive temper/anger management issues
- Inability to problem-solve/find solutions/do "what if?" thinking
- Mental retardation/significant cognitive limitations and sole care giving responsibilities
- Inability to delay gratification, accept responsibility for own actions
- Distorted perceptions of abilities and limitations
- Self-esteem issues (exceptionally low self-esteem or inflated sense of self)
- Inability to make autonomous decisions

- Suspiciousness/mistrust of others
- Inability to tolerate conflict
- Indiscriminate boundaries in interpersonal relationships
- Lack of coping mechanisms/strategies
- Unwillingness or inability to meet basic needs
- Unrealistic expectations of child's behaviors
- Rigid limit-setting/inflexibility
- Emotional or physical abandonment/lack of supervision
- Inappropriate age expectations
- Inability or unwillingness to support development of autonomy in child
- Substance use/abuse that impairs judgment, reliability, ability to meet child's needs
- Denial of problem use/abuse
- Failure to follow-through on treatment
- Limited success with parenting/employment, etc. prior to onset of problems

Module 7: Risk and Family Assessments

Section VIII: Assessing the Family's Readiness to Change

Estimated Length of Time:

1 hour, 10 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the seven stages of change
- ✓ Recognize the skill of reaching for feedback as a method to assess an individual's readiness for change

Methods of Presentation:

Large Group Activity, Video, Small Group Activity, Lecture, Large Group Discussion

Materials Needed:

- ✓ Flip chart stands
- ✓ Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead projector/screen
- ✓ TV/VCR/DVD Player
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**
- ✓ **Overhead #13 (Five Change Strategies)**
- ✓ **Handout #17 (Seven Stages of Change)**
- ✓ **Handout #18 (Five Strategies for Change)**
- ✓ **Handout #19 (Components of Engagement Skills)**
- ✓ **Handout #20 (Skills Observation Checklist "Reaching for Feedback")**
- ✓ **Video (Reaching for Feedback [Bad Example])**
- ✓ **Video (Reaching for Feedback [Good Example])**

Outline of Presentation:

- Review the Seven Stages of Change
- Review the strategies for change

Section VIII: Assessing the Family's Readiness to Change

Step 1: (5 minutes)

Large Group Activity, Lecture

Conduct the "Thumbs" activity.

1. Ask, "Who likes change?" Ask for a show of hands.
2. Ask, "What do you like about change?" Let participants respond.
3. Ask, "What don't you like about change?"
4. Ask participants to fold their hands. Now ask them to move their thumbs and place the opposite thumb on top (an alternative is folding arms and which goes on top.) This demonstrates how even a little change is awkward. Ask, "How does this feel?" Give them one minute, and then ask, "If I gave you \$20 every time you had to put the opposite thumb on top, would you do it?" Participants will answer, "Yes." Ask participants why they would do it for \$20. Say the \$20 is a reinforcer. Now ask, "If I criticized you or made a negative remark every time you did not put the opposite thumb on top, would you do it?" Participants may answer, "No," because that is punishment. Ask, "Would you continue to do it if you thought I wasn't watching?" Stress that the power disparity of the trainer and participant probably makes it all the more appealing to "get away" with it.
5. Ask the following questions: "What happens to families when we ask them to change? Why are we seen as negative? What do you think we do to support positive change or punish our clients?" Summarize how we can be seen as both a reinforcer and punisher.

Illustrate how change can feel positive, negative, mixed, or neutral, no matter how large or small the change (including how different people may have different reactions.)

- You get a new desk at work that has a much better surface for your computer, but a bit less file space. You have no choice in the matter.
- Your municipal government sends a notice to your home that the number of days of street sweeping will be doubled throughout the year, and that fines for parking on street sweeping day will also be doubled.
- You have gotten good at filing the set of forms needed to place children. Now your county is going to a system that cuts down on lots of the duplication of these forms, but you are unfamiliar with their layout. They do not require more information than you currently record.
- Your county director announces his/her resignation and the job is announced openly.
- You are used to your hometown newspaper's format, which is tabloid shaped. It fits nicely on your kitchen table. The new publisher announces that she will institute a fold format starting next Sunday.
- You are used to your hometown newspaper's format, which is tabloid shaped. It fits nicely on your kitchen table. The new publisher announces that she will institute a fold format starting next Sunday.

Step 2: (10 minutes)

Lecture

Introduce stages of change, by stating something to the effect that:

When we are involved with families, we are looking to assist them with creating change that will allow the parents or other caregivers to keep their children safely at home and to provide for their well-being in a timely manner. So, it's important that we understand change and how people react to it.

Distribute **Handout #17 (Seven Stages of Change)**. Tell participants that as they learn about the stages, they should think of a change that they have made in their lives, and relate their change process to these stages of change. Make the point that change is constant in our lives.

Name and explain each stage, one at a time. At each stage, ask them to relate the key question to their own change. For example, for stage one:

- What do you remember from this stage? How did you become aware that you needed to move out of this stage?

Ask participants how they decided they needed to change—did someone tell them or did they decide on their own? Use the following information to aid the discussion:

- **Stage #1: Unaware of Need to Change**
Point out that some folks think about the need for change on their own. However, many of the families we work with do not see the need to change until we come to their door. We might be the catalyst that gets the family to think about change. Or they may have thought about it, but have been ambivalent or daunted by the work involved or by the implications (e.g., having to give up drugs or drug friends.) Relate this back to the issues of: a) who institutes change; and b) how the change (and change process) is perceived. Is the change forced by someone else, self-initiated, or a mixture of both? Is the change positive, negative, mixed, or neutral, and in whose eyes and at what points in time?
- **Stage #2: Thinking About Change**
Tell participants to think about change and ask, "What have you thought about doing differently?" In this stage, we look at what we need to stop or start doing. In this stage, we get the family to think about change. Use examples that the participants gave for how they decided they needed to change. For example, if someone decided to stop smoking, talk about what made him or her think about stopping.
- **Stage #3: Makes a Plan to Change**
Use examples from the participants in the room and ask them, "What plans did you make? What was the catalyst for the change? Was the catalyst internal or external? Who helped you with the plan? What factors affected your life? What was the hardest thing about implementing the plan? Did you need to call a business and get services? Did you need to find resources and, if so, how did you get them? Did anyone help you implement the plan?" It's hard admitting you

have a problem and picking up the phone to ask for help, so remember that when we ask our client to get a mental health referral, we need to be sensitive to how hard that may be for them to pick up the telephone.

- **Stage #4: Makes the Change**
Ask, “Did anyone support you in the change?” What was the day-to-day change in routine that needed to be made? What did making the change involve? How did making the change affect you and others around you?” Support your clients with their plan to change.
- **Stage #5: Maintains the Change**
Use examples from participants in the room to ask, “What has helped you sustain your change? What was the payoff/reward? How long have you maintained the change? Have you had setbacks and, if so, what seemed to contribute both to setbacks and getting back on track?”
- **Stage #6: Changes Become a Habit**
Use examples from participants in the room to ask, “How did your change become a habit? How long did it take for your change to begin to become habit? Did anyone find that they fell back to a previous state?”
- **Stage #7: Relapse**
Relapse can happen at any point in the process, and when it does, we must start again at whatever stage seems to make sense, which is usually #3, Making a Plan. An incident can create stress and cause relapse – “slips” can happen – and “slips” do fall into the definition of relapse. Learning to recognize triggers can help prevent relapse. Supportive people help us when we are relapsing, and we need to remind people, through their strengths, of what they wanted to do.

Summarize the seven stages of change:

The time it takes for change to become a habit depends on many variables, including the type and difficulty of the change. However, it often takes months before many changes become habit.

Again, use trainer’s own examples and those from the participants to get everyone involved in sharing their experiences with change. Relate this back to our work with families—we need to keep in mind the stages of change and remember where the families are in the stages of change.

Step 3: (5 minutes)

Large Group Discussion, Lecture

Lead a discussion about resistance to change, listing the causes of resistance on the flip chart as these are suggested by participants. Bring up the following if they are not identified:

- Fear
- Inertia
- Bad Memories
- Powerlessness
- Self-Interest

- Insufficient Meaning

Ask for Child Welfare examples of each. Some examples from Child Welfare include the following:

- Fear
 - My children will be taken.
 - I will lose my TANF.
 - My relatives will scorn me.
- Inertia
 - It is too hard to change.
 - I can barely make it through the day with what I have to do now.
- Bad Memories
 - I was put in foster care when I was four.
 - My mother didn't act like she cared and just let me go.
- Powerlessness
 - Somebody with power has always tried to run my life, like my mother, my parole officer, and my counselor at the drug treatment center.
- Self-Interest
 - I want my kids to live with me, because I love them and I need the TANF income.
 - I don't want any Child Welfare workers in my life, because I don't have the time or interest in doing everything they will want me to do.
- Insufficient Meaning
 - I want my kids to live with me, because I love them and they make my life worthwhile.

What often happens when we are in touch with the following feelings?

- Showing anger towards the worker and others.
- Showing fear of the worker, the system, or possible consequences of change.
- Acting put off by or annoyed.
- Disappearing—not available.
- Lack of cooperation.
- Physical behaviors—body language that indicates any of the above.
- Fake cooperation.
- Excuses.
- Confusion or unclear goals.

Ask participants what happened to you and the change process when you felt these feelings? Explain that in order to help people overcome resistance, we need to employ various methods. Display **Overhead #13 (Five Change Strategies)** and distribute **Handout #18 (Five Strategies for Change)** and discuss each with participants. As you cover each method, ask participants to explain what they think it is and to give Child Welfare examples before you clarify or reinforce, using the following as a guide for the discussion:

Conclude by pointing out that resistance is a normal phenomenon to be expected and worked with, not punished. Summarize by addressing what resistance might mean when working with a family:

- The more we push the more resistance we might get.
- Push and pull can lead to positive, lasting change.
- Remember to think about what might be causing the resistance, because until the cause is addressed, the resistance will continue and probably increase, preventing effective movement towards the outcomes of safety, timely permanence and well-being.
- How do we know resistance is occurring?
 - Anger on part of client;
 - Anger by the worker;
 - Being put off by the family;
 - Body language;
 - Lack of cooperation;
 - Fake cooperation;
 - Excuses;
 - Confusion; and
 - Unclear goals (pathway to resources)
- The goal is to recognize resistance – ours or theirs – using tuning-in skills and to address the underlying causes of the resistance until it disappears and allows changed to proceed. A danger is seeing resistance as “bad” and those who resist as “uncooperative” and in need of a higher use of protective authority and power on our part to attempt to “control” the resistance. The paradox of resistance is that by “going with” the resistance, we can harness its energy and use it to accomplish the change. This is part of the wisdom of Asian martial arts and Zen philosophy.

Step 4: (15 minutes)

Lecture, Video, Large Group Discussion

When we are engaging and helping clients, it is useful for us to stay in touch with where they are in the process and not get ourselves off-track by making assumptions about how they are feeling and what they are thinking as we move through the phases of the casework relationship.

The skill of “reaching for feedback” can assist us with this important part of helping and engaging clients. Refer to **Handout #19 (Components of Engagement Skills)** and use it to define the skill of reaching for feedback. Be sure to review the specific steps used in this skill.

The trainer will tell trainees that they are going to see a caseworker using this engagement skill with a client. The trainees should use **Handout #20 (Skills Observation Checklist “Reaching for Feedback”)** to monitor and record what they are seeing in this demonstration video.

Show the **Video (Reaching for Feedback [Good Example])** which is to show an improvement in using the engagement skill of “reaching for feedback.” The trainees should be directed to use a second copy of **Handout #20 (Skills Observation Checklist “Reaching for Feedback”)** to record their observations of this encounter.

Show the **Video (Reaching for Feedback [Bad Example])** and then give trainees a few minutes to record what they have seen on their handout. After trainees have recorded their observations, the trainer can ask them to share what comments they made. What did the worker do well; what could the worker do better or differently next time to use this engagement skill more effectively? What steps, if any, did the worker completely miss?

After the second video, the trainer will give the trainees a few minutes to finish recording their observations. Then the trainer can ask for verbal feedback. What did the worker do differently this time? What was better? Were there new suggestions for improvement?

Trainer Note: Be sure to show the **Video (Reaching for Feedback [Good Example])** again to reinforce best practice.

Step 5: (25 minutes)
Small Group Activity

At the conclusion of the discussion, tell the trainees that they are going to have a chance to apply this skill to the stages of change they just learned about and to the Forrester Case they have been introduced to in the video.

Assign each small group one of the stages of change. They could volunteer by picking a stage on a first-come-first-served basis. Ask each small group to:

- Write several behavioral indicators they might notice in a client that would tell them this is the stage of change the client is in.
- Write their indicators on one flip chart page and post.

After the groups have shared their list of behavioral indicators, ask trainees to think about what they know so far about Susan Forrester. At what stage of change is she presently? Discuss this for a few minutes in your small group and see if you can come to a consensus.

Each group will be asked to:

- Write several questions they would use with Susan to check whether or not she is at this stage of change (the one they were assigned), confirming that this is or clarifying that this is not the correct stage.
- Write their questions on a piece of flipchart paper and post.
- Demonstrate this dialogue to the larger class, with one trainee being Susan at the stage we see her in the video and responding as Susan would, being in the stage she is in.

- NOTE: If the class has had difficulty in identifying the type of questions earlier in the module, this is another opportunity to informally test their knowledge about that.
- NOTE: If there are groups who feel that they are more advanced than this level of training, they could be asked to develop their dialogue to identify the correct stage and to assist Susan to move towards the next stage. One question that works well to prompt movement is: “What would it take to help you to move from where you are right now to being able to think about the need to change?” (or “...to being able to make a plan to change?” or “... to being able to stick to that plan until the change becomes a habit?”, etc.)

Some examples of “reaching for feedback” questions that might be used to identify the correct stage are as follows:

- Stage 1: Unaware of the Need to Change
 - “Isn’t there anything that you would like to change in the way you handle Jon’s behavior?”
 - “So, you’re not thinking that you need any help from anyone at this point as a parent?”
 - “Are you completely satisfied with the way you parent Jon?”
 - Do you see this as more of Jon’s issue? Do you think he’s the one who needs to do all of the changing?
- Stage 2: Thinking about Change
 - If you’re not satisfied with the way things have been and wanted to change one thing about your parenting of Jon, what might that be?”
 - “What are you thinking might be a safer type of discipline to use with Jon?”
 - “What behavior(s) do you think you need to do differently for Jon to be able to come home and be safe?”
 - “How could I be of help to you as you continue to be the best parent you can be?”
 - “What would you like to do differently when you get upset with Jon’s behavior?”
- Stage 3: Makes a Plan to Change
 - “What are the steps in the plan that you have made?”
 - “Do you have a plan to help you make this change?”
 - “How will you know you have been successful in making this change?”
 - “Which of these steps could I help you to be successful with?”
- Stage 4: Makes the Change
 - “What step are you working on now?”
 - “How are you doing with this change?”
 - “What are the things that are easy for you to change?”
 - “What are the things that you’ve been finding to be a challenge?”
- Stage 5: Maintains the Change
 - “What are you doing to keep the change going?”
 - “How have you managed to keep from relapsing?”
 - “What helps you to be so successful in maintaining the change?”

- “On a scale of 1 to 10, with 10 being the most confident, how confident are you that you will maintain this change over this next week?”
- Stage 6: Change Becomes a Habit
 - “Does the change seem like it’s permanent, now?”
 - “Do you still have to think about doing this the new way, or does it feel pretty automatic, now?”
 - “When was your last relapse?”
 - “What are you doing to keep from going back to the old way of doing this?”
- Stage 7: Relapse
 - “Have you had any relapses?”
 - “Have you felt like relapsing, but didn’t?”
 - “What keeps you from having a relapse?”
 - “How many times have you relapsed I the past week?”

Ask each group to present their dialogue, asking the large group to listen and reflect on whether the questions are reflective of the assigned stage as well as making any suggestions for how the questions might be revised to be clearer or asked in a different tone of voice or with different body gestures. Write a list of these feedback areas on a flipchart to guide trainees in observing and critiquing what they hear and see. (For example: accuracy, tone of voice, body language) After each dialogue, ask the observers what comments they would like to offer. To keep the pace of this feedback moving, move to the group to the right of the presenting group and ask for a comment about accuracy, moving to the next group to ask about tone of voice and to the next group for an observation about body language. This keeps everyone involved and also requires the whole class to pay attention to these three different aspects of the feedback.

Step 6: (5 minutes)

Lecture, Large Group Discussion

Signal the trainees that it is time to close this discussion about using the skill of “reaching for feedback” and considering our responsibility for periodically updating our assessment by completing a “reassessment.” Ask trainees to locate Standard I-J: Complete Full Reassessment in their **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**. Highlight that routine casework reassessments or the progress being made are to be completed at least every six months, but that any significant change in the family situation should refocus the attention on assessing how that development in the family impacts child safety, permanency or well-being. This re-assessment is typically a review of the safety assessment and plan, the risk assessment and Family Service Plan. Ask the trainees to brainstorm a list of the kinds of changes that should trigger us to reassess the family situation, recording these on a flip chart and posting them in the training room for observation and note taking.

This list of changes might include:

- Moving to a new location

- Having a new person move into the family (a grandparent, a cousin, a new partner for the parent, etc.)
- Loss of employment
- Change in work schedule
- Change in job
- Loss of transportation
- Birth of a new child
- Death of a family member (immediate or extended)
- Change in religious affiliation (joining a faith group or dropping out)
- Difficulties in school
- Criminal charges or incarceration
- Change in physical health
- Change in mental or emotional health

In addition to the require reassessment every six months, there are specific points in the life of the case that should also trigger a reassessment. These include:

- Preparing to file a petition for legal custody
- Making a decision to return a child from out-of-home placement
- Preparing to file a petition to terminate parental rights
- Making a decision to close the case

Also note that the supervisor may ask the trainees to complete a reassessment any time the supervisor or other manager in the agency believes this is needed to assure the safety or the child(ren) in the home.

Module 7: Risk and Family Assessments

Section IX: Self-Assessment and Transfer of Learning

Estimated Length of Time:

30 minutes

Learning Objectives:

Participants will be able to:

- ✓ Complete a self assessment and a plan for the successful transfer of learning to the workplace.

Methods of Presentation:

Individual Activity, Large Group Discussion, Lecture

Materials Needed:

- ✓ Evaluations
- ✓ **Handout #21 (Self Assessment for Module 7)**
- ✓ **Handout #22 (Transfer of Learning Activity for Module 7)**

Outline of Presentation:

- Presenter facilitates trainer self-assessments and transfer of learning plans

Section IX: Self-Assessment and Transfer of Learning

Trainer Note: This is a critical section and will need the entire 30 minutes assigned.

Trainer Note: Review the WIIFM poster and be sure that all of the questions and concerns have been addressed.

Step 1: Individual Activity

The trainer advises the group that they have reached the stage of the training that requires a transfer of learning plan to implement upon return to their agencies. The plan is their key to transferring what they learned to their work behavior.

Using **Handout #21 (Self-Assessment for Module 7)** the trainer reviews the objectives of the training day. Note these are the same as the self-assessment knowledge and skill categories.

The trainer also reminds participants that after this section they will complete an embedded evaluation. Therefore, in addition to their self-evaluation the outcome of their embedded evaluation will guide any additional training they may require.

Step 2: Individual Activity, Large Group Discussion

The trainer refers participants again to **Handout #21 (Self-Assessment for Module 7)** instructing participant to complete the Self Assessment Transfer of Learning Plan. Inform the participants that it is important that they accurately assess their ability. It is not expected at this stage of training to have mastered all the areas of training. It is through their recognition of a need to continue to grow that they take the steps necessary to do so. For each item, participants list who, will do what, by when. Participants should not feel limited by the prescribed numbers and should list additional items if they choose.

The trainer then asks participants to individually complete their plans.

If there is time, ask each participant to share one piece of knowledge/skill they want to improve and the action they think will help them improve the identified knowledge/skill. Go around the room until each participant has participated.

Ask participants if they have shared their Self Assessments with their supervisors. Some may say yes, some may say no. For those who say no ask them what barriers they have faced regarding discussing their Self Assessments with their supervisors. Acknowledge that the barriers are real and will continue to exist.

Ask participants who said they have shared their Self Assessments how/when they have managed to do so. Ask them what they gain from these discussions. Hopefully the other participants will share some techniques that other participants can use. Also other participants will see the benefits from the information that the other participants are sharing.

**Step 3:
Lecture**

Using **Handout #22 (Transfer of Learning Activities for Module 7)** remind participants of their next day of training and their required pre-training responsibilities.

**Step 4:
Individual Activity**

Inform participants that the next section will cover the embedded evaluation mentioned in section 1 yesterday and because of the evaluation, we will be completing the evaluations now. Distribute the evaluations and have participants complete them.

**Step 5:
Trainer Evaluation**

Distribute the trainer evaluation form. Tell participants that after they have completed the form, they should give them to the trainer and return to their seats to await the embedded evaluation.

Module 7: Risk and Family Assessments

Section X: Embedded Evaluation: Assessing Risk and Completing the Pennsylvania Risk Assessment

Estimated Length of Time:

1 hour

Learning Objectives:

Participants will be able to:

- ✓ Complete a risk assessment using the Pennsylvania Risk Assessment model.

Outline of Presentation:

- Lecture, Individual Activity

Materials Needed:

- ✓ Risk Assessment Embedded Evaluation Booklet
- ✓ Risk Assessment Embedded Evaluation Answer Key

Outline of Presentation:

- Administer Embedded Evaluation

Section X: Embedded Evaluation: Assessing Risk and Completing the Pennsylvania Risk Assessment

Step 1: Lecture

Inform participants that we will be doing an embedded evaluation for our last evaluation of the course. We will assess participants' understanding and skill related to assessing and documenting risk. The embedded evaluation consists of an exercise that is a part of the training as well as being an evaluation method. This instruction-evaluation linkage enhances trainee learning and provides relevant feedback to trainers for course improvement (i.e., curriculum and training delivery), while also providing important data on trainees' acquisition of skills.

Step 2: Individual Activity (EMBEDDED EVALUATION)

Trainer Note:

1. If possible, move the participants around in the room to allow them more space to spread out their embedded evaluation paperwork and preserve the reliability and validity of the test results.
2. Participants are not to be talking during the embedded evaluation. If a participant has a question, please stop the evaluation, repeat the participant's question to the entire group and then answer it to the entire group.

1. Distribute the **Risk Assessment Embedded Evaluation Booklet** to participants. Review the instructions on page 1 of the **Risk Assessment Embedded Evaluation Booklet** and then begin the embedded evaluation using the following instructions.

Collect the entire **Risk Assessment Embedded Evaluation Booklets** including the answer sheet before reviewing the correct answers from the **Risk Assessment Embedded Evaluation Answer Key**.

Step 3: Dismiss participants.

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