

Common Core 3.0

Assessing for Key Child Welfare Issues

Trainer Guide



December 31, 2018

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Acknowledgements

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG), a subcommittee of the Statewide Training and Education Committee (STEC), provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and Families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedures Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

Introduction

Please read carefully as a first step in preparing to train this curriculum.

IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare social workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new social worker training statewide.

GENERAL INFORMATION

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions within an agency.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact CalSWEC at calswec_rta_cc@berkeley.edu or call CalSWEC at 510-642-9272.

COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

Lesson Plan (Trainer's Guide only)

The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

Evaluation Protocols

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

Training Segments (Trainer's Guide only)

The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer's Supplement is provided that includes additional information or materials that the trainer needs. The Trainer's Supplement follows the Training Activity to which it applies.

Training Content (Trainee's Guide only)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

References and Bibliography

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);

- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

Materials Checklist (Trainer's Guide only)

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Posters (Trainer's Guide only)

Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

Tips for Training this Curriculum

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions within an agency.

TRAINING PREPARATION

It is **recommended** that the trainer preview the following eLearning(s) and/or classroom trainings prerequisites to training the classroom:

1. Key Issues to Child Welfare Practice: Substance Use Disorders eLearning
2. Key Issues to Child Welfare Practice: Intimate Partner Violence eLearning
3. Key Issues to Child Welfare Practice: Behavioral Health eLearning
4. Key Issues in Child Welfare Practice: Social Worker as Practitioner classroom
5. Critical Thinking and Assessment classroom
6. Overview of Assessment Procedures, part 1 and 2 eLearning
7. SDM Assessment Skills Lab classroom

It is **suggested** that you orient yourself to all the blocks in preparation for this training in order to make links and dig deeper into skill building:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit CalSWEC website for more information at:

<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>

This module introduces trainees to challenges related to assessing families who are experiencing substance abuse, mental health, and/or intimate partner violence. It is strongly recommended that trainees complete the foundation block and all other 100-level assessment block content prior to attending this module.

This training is activity based and relies on the trainer to include content identified as “Key points for trainers” in the facilitation of the activities.

The Appendix includes key information from the SDM Policy and Procedures Manual about substance abuse, mental health, and intimate partner violence. Trainers should be very familiar with this information prior to training this module.

Family Friendly language: Trainers are the example for modeling this for participants. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family...rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more

information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at <http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0>.

Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

¹ Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

² Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

³ Children's Research Center. (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author.

⁴ Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

⁵ Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

⁶ Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

⁷ Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

⁸ Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children*. 19(2):12-15.

Agenda

Segment 1: Introduction to the Training

Segment 2: Assessing Child Safety in the Context of Violence

Segment 3: Trauma and Assessment

Segment 4: Torres Family Safety Assessment

Break

Segment 5: Conducting a Balanced Assessment with the Torres Family

Segment 6: Torres Family Additional Interviews

Segment 7: Torres Family Risk Assessment

Segment 8: Trauma Assessment and Collaboration

Segment 9: Wrap-up

Learning Objectives

Knowledge

- K1.** The trainee will be able to identify how assessment can be impacted by:
- Caregiver substance abuse
 - Mental health issues
 - Intimate partner violence
 - Trauma and deprivation
- K2.** The trainee will be able to identify the role of teaming with experts in working with families to assess issues related to:
- Caregiver substance abuse
 - Mental health issues
 - Intimate partner violence
 - Trauma and deprivation
- K3.** The trainee will be able to describe how cultural differences and individual, familial and historic trauma can affect assessment and the assessment relationship.
- K4.** The trainee will be able to recognize how the use of authority can affect the process of conducting an assessment.

Skills

- S1.** Using a vignette the trainee will be able to conduct a balanced and accurate assessment that focuses on child and youth safety and risk and addresses:
- Caregiver substance abuse
 - Mental health issues
 - Intimate partner violence
 - Trauma and deprivation
 - Child and youth well-being
- S2.** Using a vignette, the trainee will be able to describe a process for consulting and collaborating with health care providers, educators, mental health providers, and other community members regarding medical needs, educational needs and mental health needs of foster children and foster youth.
- S3.** Using a vignette, the trainee will be able to differentiate between child and youth safety and risk of maltreatment to a child or youth in a situation involving substance abuse.

Values

- V1.** The trainee will value being sensitive to factors that affect assessment such as:
- Fair, careful, and transparent use of authority

- b. Establishing productive relationships with families
- c. The possible individual, familial and historical trauma and oppression experienced by the family

V2. The trainee will value assessment as an ongoing collaborative process with families and their support networks / family teams.

V3. The trainee will value a rigorous assessment process that that considers the family's strengths, protective capacities, and safety needs in the effort to achieve child and youth safety.

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 10 min	Welcome Introduce goals of the training and explain logistics, as well as review the Agenda and Learning Objectives. Welcome and Review of Agenda <i>PowerPoint slides: 1-5</i>
Segment 2 20 min	Assessing Child Safety in the Context of Violence Video and discussion related to child safety and violence. Watch Video and Discuss <i>PowerPoint slides: 6</i> <i>Learning Objectives: K1</i>
Segment 3 35 min	Trauma and Assessment Read Trauma and Assessment, answer questions, and share with the group. Discussion and Report Out <i>PowerPoint slides: 7-8</i> <i>Learning Objectives: K3</i>
Segment 4 25 min	Torres Family Safety Assessment Complete Safety Assessment Tool and process the activity as a group. Activity and Discussion <i>PowerPoint slides: 9-11</i> <i>Learning Objectives: S1</i>
15 min BREAK	
Segment 5 15 min	Conducting a Balanced Assessment with the Torres Family Read vignette and discuss SDM policy related to the family's assessment Discussion and Report Out Activity and Discussion <i>PowerPoint slides: 12-14</i> <i>Learning Objectives: K4, S3, V1</i>

Segment	Methodology and Learning Objectives
<p>Segment 6 20 min</p> <p>Role Play and Discussion</p>	<p>Torres Family Additional Interviews Safety House is tool that can be used to bring the child’s voice into safety planning. Role-play conversations between the social worker and Monica.</p> <p><i>PowerPoint slides: 15-16</i> <i>Learning Objectives: V2</i></p>
<p>Segment 7 15 min</p> <p>Activity and Report Out</p>	<p>Torres Family Risk Assessment Complete SDM Risk Assessment Tool and answer questions related to risk factors.</p> <p><i>PowerPoint slides: 17-18</i> <i>Learning Objectives: S1</i></p>
<p>Segment 8 15 min</p> <p>Vignette and Discussion</p>	<p>Trauma Assessment and Collaboration Read a vignette about the Torres Family and discuss causes of behavior and building a support team.</p> <p><i>PowerPoint slides: 19</i> <i>Learning Objectives: K2, S2</i></p>
<p>Segment 9 10 min 11:50 – 12:00 pm</p>	<p>Wrap Up</p> <p><i>PowerPoint slides: 20</i></p>

Segment 1: Welcome and Introduction to the Training

Estimated Segment Time:	10 minutes
Materials:	Chart pad, markers, and tape (if doing group agreements), Agenda (page 5 in the Trainee Guide)
Trainee Content:	Learning Objectives (pages 6-7 in the Trainee Guide)
Slides:	1-5

Description of Activity:

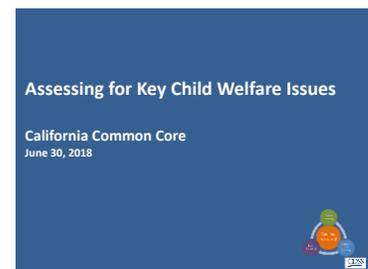
The trainer will conduct a welcome and review of the Agenda and introductions

Before the activity

- ❑ Decide whether or not you will establish Group Agreements as part of this activity. If you plan to develop Group Agreements, prepare your chart pad in advance with some initial agreements as described below. Leave space for the group to develop their own Group Agreements.

During the activity

- ❑ Welcome the participants to the training and introduce yourself.
- ❑ Offer the following group agreements⁹ as needed (this will depend on whether or not this group has already worked to establish group agreements). This activity provides a model for the group work social workers will do with child and family teams, so you may wish to make that connection as well.
 - **Collaboration** - We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it.
 - **Ask lots of questions** - Point out that the trainer can't make the training relevant for each person because there are many people in the room with different experiences and different needs. Participants have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.
 - **Be Open to Trying New Things** - As professional we feel more comfortable and competent sticking with what we know. We don't always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new



⁹ Shared by trainer Betty Hanna

thing telling ourselves things like “she doesn’t know what she’s talking about...she has never worked in our community with the people we work with...” But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they are agreeing to try new things even if they feel uncomfortable.

- **Make Mistakes** - As professionals we don’t like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don’t want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others.
- **Confidentiality** - This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.
- **Be responsible for your own learning** – As adult learners we realize you come with knowledge, skills and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other participants as well as to the trainer/facilitator. This includes being on time, sharing the floor, cell phones off...
- Review the goal of the training to further explore assessment by focusing on complicating factors (intimate partner violence, mental health issues, substance abuse) and how they impact assessment.
- Let participants know that Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.

Today's Goals

- Gain an understanding about the impact of trauma
- Practice utilizing assessment skills when working with families who experience substance abuse, intimate partner violence and/or mental health.

Group Agreements



Transition to the next segment

- Move on to the next segment, on Assessing Child Safety in the Context of Violence.

Segment 2: Assessing Child Safety in the Context of Violence

Estimated Segment Time:	20 minutes
Materials:	Chart pad, markers, and tape (if doing group agreements), Video Link
Trainee Content:	None
Slides:	6

Description of Activity:

The trainer will show the participants a video entitled “Through Our Eyes: Children, Violence, and Trauma – Introduction.”

Before the activity

- Prepare the link for the video, ensuring that the sound is loud enough for the room.
<https://www.youtube.com/watch?v=z8vZxDa2KPM>

During the activity

- Show video
- Instruct participants to share one word that stands out from the video.
- Video: “Through Our Eyes: Children, Violence, and Trauma— Introduction”
 - Office from Victims of Crimes
 - Published on Feb. 27, 2013
 - This video discusses how violence and trauma affect children, including the serious and long-lasting consequences for their physical and mental health; signs that a child may be exposed to violence or trauma; and the staggering cost of child maltreatment to families, communities, and the nation. Victims lend their voices to this video to provide first-hand accounts of how their exposure to violence as children affected them.
 - Show video: 7 min, 53 seconds

Assessing Child Safety in the Context of Violence

“Through Our Eyes: Children, Violence, and Trauma—Introduction”

<https://www.youtube.com/watch?v=z8vZxDa2KPM>

Transition to the next segment

- Move on to the next segment, Trauma and Assessment.

Segment 3: Trauma and Assessment

Estimated Segment Time: 35 minutes

Materials: Chart paper, markers

Trainee Content: Trauma and Assessment (pages 8-11 in the Trainee Guide)
Trauma and Assessment Questions (pages 12-13 in the Trainee Guide)

Slides: 7-8

Description of Activity:

The trainer will instruct the participants to read a handout on trauma and assessment and work together to answer questions.

During the activity

- ❑ Instruct participants to read Trauma and Assessment. In the Trainee's Guide
- ❑ Share the definition of Historical Trauma and ask the participants to consider how individual, familial, and historical trauma affect assessment with child welfare services. (Heart, 2011)
- ❑ Instruct each table to work together to answer the Trauma and Assessment Questions in the handout. The answers to these questions can be found in Appendix 1 of the Trainer's Guide, pg. 30-31.
- ❑ Complete a report out activity to score the questions and process feelings and thoughts related to the content. Ask the group how they feel about Dana's situation and how it would impact assessment.
- ❑ Key Points
 - Screen for trauma history in the assessment process by asking about current and past history of abuse
 - Work to assess the how families are impacted by violence, abuse, and victimization
 - Use a trauma lens when interacting with families and trying to understand behavior
 - Build empathy with trauma survivors and engage in collaborative efforts in assessment and service planning

A Definition: Historical Trauma

- Cumulative emotional and psychological wounding over the lifespan and across generations.
- Historical unresolved grief is the associated affect that accompanies historical trauma.
- This grief may be considered fixated, impaired, delayed, and/or disenfranchised.

Trauma and Assessment

- Read the case study.
- Take the quiz.

- Move on to the next segment, Safety Assessment for the Torres Family.

Segment 4: Torres Family Safety Assessment

Estimated Segment Time:	15 minutes
Materials:	Easels, chart pad, markers
Trainee Content:	Torres Family Vignette: Introduction, Interviews with the Children (pages 14-16 in the Trainee Guide)
Supplemental Materials:	SDM Policy and Procedures Manual: Safety Assessment Tool (pages 38-40) SDM Policy and Procedures Manual: Safety Assessment Definitions (pages 41-54) SDM Policy and Procedures Manual: Safety Assessment Policy and Procedures (pages 55-62) Supplemental Handout: Safety Assessment Tool Torres Family Safety Assessment Answer Key (Appendix page 32)
Slides:	9-11

Description of Activity:

The trainer will help facilitate a table group activity regarding the Safety Assessment Tool.

During the activity

- ❑ Refer the participants to the Safety Assessment Tool for the Torres family.
- ❑ Explain that the next activity involves working in table groups to complete the safety and assessment tool for the family.
- ❑ Identify one person to be the “voice” of SDM for the activity¹⁰. That person should have the SDM Policy and Procedures Manual and refer to definitions as needed throughout the discussion. The “voice” of SDM should ask to pause if:
 - The group is spending more than a few moments on information that is not relevant.
 - The group is getting stuck on whether something is a danger or complicating factor or a strength or safety.
 - The group is misidentifying something as a danger or complicating factor or safety or strength.
 - If pausing, the “voice” should read the relevant item and/or definition. The trainer should then direct questions to help surface the necessary information.

PRACTICE

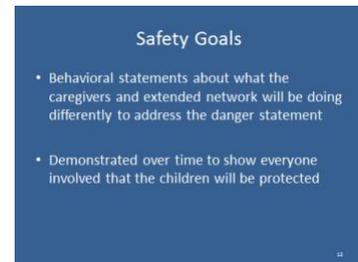
- Safety Assessment Tool: Torres Family – Introduction, Interviews with Children, Interviews with Parents
- “Domestic Violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.”
- Assessing Safety Threats and Household Strengths and Protective Actions

¹⁰ Adapted from Introducing Safety Organized Practice 2012 by NCCD, All Rights Reserved downloaded from <http://bayareaacademy.org/wp-content/uploads/2013/05/SOP-Handout-Booklet-9-20-12.pdf>

- ❑ After the participants work together to complete the tool, process the activity as a large group utilizing the Answer Key in the Appendix on page 33 of the Trainer’s Guide.
- ❑ What are we worried about with the Torres family?
- ❑ Ask class, what are the safety concerns for the family?
 - What was the safety decision for the family?
 - What is the safety goal for the family?
 - Spend some time discussing the safety network for the family and how the minimal safety network developed during the first open CPS case may have contributed to the current situation.



- ❑ Next, scale the safety for the children in the home (if needed, ensure the trainees understand 1-10 scaling). After determining where the safety scale for each child, identify what would need to happen to increase one point on the scale and write safety goals for the family. Discuss what needs to happen next for the children to be safe. Focus the discussion on behaviors the parents, family supports, or children will perform. Be sure that all the things that need to happen are linked to the reason for CWS involvement. Ask what the family might say in answer to this question. Remember, safety goals are clear—behavioral statements about what the caregivers and extended network will be doing differently in their care of the children to address the danger statement—and for how long to show everyone involved that the children will be protected.



- ❑ What might a safety plan be for the Torres family? Facilitate a brief discussion of the use of authority in conducting an assessment. Ask the trainees to reflect on different methods for interacting with families to gather information needed to make an assessment. Ask what might be valuable about using a process such as safety mapping with a family.
- ❑ Key points for the trainer
 - Child protective services (CPS) are an expression of a community’s concern for the welfare of its citizens. Child protective services are provided because the community recognizes that children have the right to safety and that parents have obligations and responsibilities. The authority to provide these services is vested in the CPS agency and staff through laws and government policies. Competent CPS practice involves using this authority effectively.
 - The use of CPS authority has special relevance at the initial assessment or investigation stage of the casework process but is applicable at all other stages as well. In fact, effective use of authority is an essential ingredient in establishing helping relationships with all involuntary clients.
 - Authority, whatever its source, can impede or enable the development of trust between the CPS caseworker and the children and family. The constructive and positive use of authority involves (1) stating one’s purpose and function clearly at all times, (2) supporting and challenging the children and family, and (3) expressing feelings. This

approach provides the children and family with a feeling of confidence that the caseworker: ¹¹

- Knows what he or she is doing;
 - Is secure in his or her position;
 - Intends the best for the child, parents, family, and society.
- Because the family has Native American ancestry, what are the ICWA related processes to consider?

Transition to the next segment

- Move on to the next segment, Torres Family Additional Interviews.

¹¹ DePanfilis, D., and Salus, M. (2003). Child Protective Services: A Guide for Caseworkers, downloaded from <https://www.childwelfare.gov/pubs/usermanuals/cps/cps.pdf>

Segment 5: Conducting a Balanced Assessment with the Torres Family

Estimated Segment Time:	25 minutes
Materials:	Chart pads, markers
Trainee Content:	Torres Family Vignette: Introduction, Interviews with the Children (pages 14-16 in the Trainee Guide) Torres Family Safety Map (pages 17 in the Trainee Guide)
Supplemental Materials	SDM Policy and Procedures Manual (page 49)
Slide:	12-14

Description of Activity:

The trainer will instruct the groups to read a vignette and ask questions related to SDM Policy and Procedures Manual.

Before the activity

Prepare chart pads with chart pad paper divided into three columns (What are we worried about? / What's working well? / Next Steps).

During the activity

- ❑ Instruct each participant to read the Torres Family Vignette: Introduction, Interviews with the Children, Interviews with the Children (pages 14-16 in the Trainee Guide)
- ❑ Facilitate a discussion about the vignette. Start by developing a simple genogram to identify who's in the family (using chart paper).
- ❑ Have participants review the SDM Policy and Procedures Manual (page 49) to read the section on "Caregiver Complicating Behaviors". The purpose is to review how the policies suggest that Substance [Use Disorders] Abuse, Domestic Violence [Intimate Partner Violence] and Mental Health [Behavioral Health] concerns *may* impact safety.

TRAINER NOTE: Remind participants that the assessment tool is structure to help inform decision making and conduct rigorous balanced assessments. Each tool has sections that help guide the decision making, along with critical thinking skills (gathering information, consideration of alternative explanations, examination of personal feelings and biases and in consultation with the supervisor).

- Ask 3 trainees to read one of the complicating behaviors out loud to the class:
 - Substance abuse
 - Domestic Violence
 - Mental Health
- Ask participants to keep these definitions in mind as they move forward with this activity, especially for the person who is playing the "Voice of SDM."



- ❑ In the SDM system, effective engagement is the key to balanced assessments. Utilizing the Three Questions structure can serve as a framework for conversation with both referral sources and families:

1. What are we worried about?
2. What is working well?
3. What needs to happen next?

- ❑ Use a chart pad paper divided into three columns (What are we worried about? | What’s working well? | What needs to happen next?). For a variation on the Three Questions, participants can use the Torres Family Safety Map (page 17 of Trainee Guide).

Use the following prompts to complete the columns:¹²

- Ask why the children were referred to CWS and write the answer under the “What are we worried about?” section. Ask if there are additional worries. Ask what the family might say in answer to this question.
- Ask the groups to describe what’s working well for the family. Try to link things that have worked well in the past to the reason for the current intervention. For example, ask about how the parents have maintained sobriety in the past. Ask what the family might say in answer to this question.
- What needs to happen next? Is there missing information? With whom are we going to follow up? Use a separate sheet of chart pad paper to build a list of follow up questions for the family.

- ❑ Once you have the chart pad pages filled with *behavioral* detail about the worries, what’s working well, and next steps, it’s time to identify safety. **Harm** is about past action by the caregiver that hurt the children physically, emotionally, or developmentally. Harm is about the past.

Danger is about the short term. When we talk about danger in the context of the SDM system, we are looking for serious and imminent threat to a child. Imminent means the social worker reasonably expects that harm will occur in the next week or month. Danger is related to safety.

Risk is about the long term. Instead of serious and imminent harm, we are asking about the probability that any child maltreatment will occur in the next one to two years. That may sound like we are trying to predict the future, but we are really trying to assess the odds, using a research-based actuarial assessment to help us.

Needs/Complicating factors are anything that further complicates the situation. This includes conditions that are worrisome but not to the level of harm and may include risks and needs.

- Using the genogram chart pad page, note who is in the family’s Safety Network.

- ❑ Individually, create a Harm statement and Danger statement.

Identifying Safety for the Torres Family

Harm	Danger	Risk	Needs/Complicating factors
<ul style="list-style-type: none"> • Past action by the caregiver that hurt the children physically, emotionally, or developmentally • Is about the past 	<ul style="list-style-type: none"> • Is about the short term • Is serious and imminent threat to a child • Harm may occur in the next week or month • Is related to safety 	<ul style="list-style-type: none"> • Is about the long term • Probability that any child maltreatment will occur in the next one to two years 	<ul style="list-style-type: none"> • Conditions that are worrisome but not to the level of harm • May include risks and needs



¹² Adapted from Skills for Mapping Handout downloaded from [https://sharepoint.nccdrc.org/Projects/ProjectDocuments/USA/California/632SanDiego/Modules/5Introduction to Mapping/Facilitation Skills for Mapping Handout.docx](https://sharepoint.nccdrc.org/Projects/ProjectDocuments/USA/California/632SanDiego/Modules/5Introduction%20to%20Mapping/Facilitation%20Skills%20for%20Mapping%20Handout.docx) © 2012 by NCCD, All Rights Reserved

- Harm statement: a clear and specific statement about the harm or maltreatment that has happened to the child(ren) in the Torres family.
 - Danger statement: simple behavioral statements of the specific worries we have about this child *now* and for the *future*
- Ask for some participants to volunteer to share their statements.
- *What is the value of creating a harm and danger statement?*
- Key points for the trainer
- Intimate Partner Violence: What types of behavioral indicators would the participants see in the children indicating they've been exposed to violence in the home? What would mediate the behaviors?
 - Mental Health: What concerns do the participants have about Greg's bipolar condition? How might this contribute to the home's functioning? What about the mental health needs of the children? Emphasize the importance of providing mental health screening to children in care and teaming with their mental health providers to plan the best course of treatment for them.
 - Substance Abuse: How worried are the participants about Maria's drug use? Are you worried this is going to continue or is this is a one time "slip"? Why? What would mediate the worries?
 - Because the family has Native American ancestry, what are the ICWA related processes to consider?

Transition to the next segment

- Move on to the next segment, the Torres Family vignette.

Segment 6: Torres Family Additional Interviews

Estimated Segment Time:	20 minutes
Materials:	Chart paper, markers
Trainee Content:	Torres Family Vignette: Introduction, Interviews with the Children (pages 14-16 in the Trainee Guide) Safety House Instructions (page 18 in the Trainee Guide) Safety House Worksheet (page 19 in the Trainee Guide)
Supplemental Materials:	None
Slides:	15-16

Description of Activity:

The trainer will help the participants with role plays while using the Safety House Worksheet at their table related to the Torres Family.

During the activity

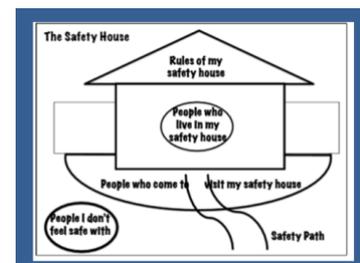
- Ask the trainees to use the content in the Torres Family Vignette: Introduction, Interviews with the Children, Interviews with the Children (pages 14-16 in the Trainee Guide) and work in triads to role play an additional conversation between the social worker and Monica using the Safety House worksheet in the trainee content. The trainees will either be the social worker, Monica, or an observer in the role play.
- Explain that the Safety House is tool that can be used to bring the child's voice into safety planning. It has five sections that help the child voice his or her ideas about how to be safe. There are instructions in the trainee content (pg. 19) to help trainees use the worksheet. If the group has never used the Safety House before, go over the following steps as a large group.

Work through the sections of the house as follows:

- Inner circle:
 - Who lives with you in this Safety House?
 - Imagine that your home with ___ (Mom, Dad, siblings, etc.) was safe and you felt as safe and as happy as possible there. What sorts of things would ___ (Mom, Dad, siblings, etc.) be doing?
 - What are the important things ___ (Mom, Dad, siblings, etc.) would do in your Safety House to make sure you are safe?
 - Are there any important things that should be with you in your Safety House to be sure you are safe?
- Outer semi-circle around the house:
 - Who would come to visit your Safety House to make sure you are safe?
 - When they come to visit what are the important things they need to do to keep you safe?

Safety House Instructions

1. Explain the process to the child.
2. Ask the child to help you fill in the sections to describe the Safety House.
3. Work through the sections of the house as follows: Inner Circle, Outer Semi Circle, Red Circle, Roof, Path.



- c. Red circle to the side:
 - i. Who should not be allowed in?
 - ii. When you go home to live with __ (Mom, Dad, siblings, etc.), is there anyone who might live with you or come to visit who you would not feel completely safe with?
 - d. The roof:
 - i. What kind of rules does a house like this need to make sure you always feel safe?
 - ii. What would the rules of the house be so that you and everyone would know that nothing like ___ (use specific worries) would ever happen again?
 - iii. What else?
 - iv. If your ___ (sister, brother, grandmother) were here what would she or he say?
 - e. The path:
 - i. If the beginning of the path is where everyone is worried and ___ (known danger) is happening and the end of the path is where the Safety House exists, and no one is worried, where are you now?
 - ii. What do adults need to do so you can be one step closer to this house?
- ❑ After 5 minutes, ask the trainees to shift roles. Wait another 5 minutes and ask them to shift roles again.
 - ❑ Ask trainees to share their experience of the role play.
 - ❑ Facilitate a report out activity emphasizing the voice of the children in the assessment process. Ask how the information gathered in the role plays could have changed the way they filled in the SDM Safety Assessment Tool.

Transition to the next segment

- ❑ Move on to the next segment, which involves completing the SDM Assessment Tool.

Segment 7: Torres Family Risk Assessment

Estimated Segment Time:	15 minutes
Materials:	Chart paper, markers
Trainee Content:	Torres Family Vignette: Introduction, Interviews with the Children (pages 14-16 in the Trainee Guide)
Supplemental Materials:	SDM Policy and Procedures Manual: Family Risk Assessment Tool (pages 78-81) SDM Policy and Procedures Manual: Family Risk Assessment Definitions (pages 82-91) SDM Policy and Procedures Manual: Family Risk Assessment Policies and Procedures (pages 92-94) Supplemental Handout: Family Risk Assessment Torres Family Risk Assessment Answer Key (Appendix page 33)
Slides:	17-18

Description of Activity:

The trainer will help the tables facilitate a discussion about risk factors and assessment.

During the activity

- ❑ Ask the trainees to complete the SDM Family Risk Assessment Tool for the Torres family.
- ❑ Facilitate a report out activity:
What risk factors do we see?
 - General Neglect
 - Substance Abuse
 - Mental Health
 - Poverty
 - Intimate Partner Violence
- ❑ Review the SDM findings (Answer Key is on page 34 of Appendix).
 - What was their risk level?
 - Were there any policy overrides?
 - What was the final risk level?
 - What is the planned action?
 - Promote to open case or not?
- ❑ Engage in a group discussion about the family and the social worker's task to discern the following:
 - Poverty: What do you need to know about the family to determine the impact of poverty? Does poverty represent a complicating factor?
 - The impact of trauma: What traumatic experiences have the Torres children experienced? What impacts do the participants see on the children from the traumas they've experienced?

What did you find?

- What was the risk level?
- Were there any policy overrides?
- What was the final risk level?
- What is the planned action?
- Promote to open case or not?

- The impact of mental health and substance abuse: What have the Torres children experienced related to the substance abuse and mental health concerns in their family?

□ Key points for trainers

- Children who experience severe neglect or deprivation are
 - More likely to experience cognitive problems, academic delays, deficits in executive function skills, and difficulties with attention regulation
 - At greater risk for emotional, behavioral, and interpersonal relationship difficulties later in life
 - At risk for abnormal physical development and impairment of the immune system (Center on the Developing Child, 2012).
- Chronic neglect can alter the development of biological stress response systems in a way that compromises children’s ability to cope with adversity and leads to lifelong problems in learning, behavior, and health.
- Children who experience significant trauma and do not receive treatment to help them overcome and resolve the trauma are at greater risk for:
 - Learning problems
 - Sensory integration problems
 - Substance use disorders
 - Challenges in employment and self-sufficiency in adulthood
 - Impulsivity and risk-taking
 - Difficulty modulating emotional responses
 - Difficulty weighing possible outcomes and making decisions (Streeck-Fischer and van der Kolk, 2000)
- Because the family has Native American ancestry, what are the ICWA-related processes to consider?

Discernment

- Poverty?
- Domestic Violence?
- Mental Health?
- Substance Abuse?

Transition to the next segment

- Move on to the next segment, Trauma Assessment and Collaboration.

Segment 8: Trauma Assessment and Collaboration

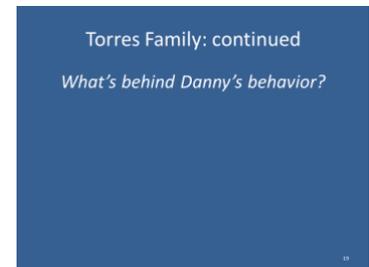
Estimated Segment Time:	15 minutes
Materials:	None
Trainee Content:	Torres Family Vignette - continued (page 20 in the Trainee Guide) Seeking Help for Danny (page 21 in the Trainee Guide)
Slides:	19

Description of Activity:

The trainer will ask the participants to read a vignette and have a conversation about the needs of the family.

During the activity

- ❑ Instruct participants to read the Torres Family Vignette – continued (page 20 of Trainee guide)
- ❑ Instruct each table to discuss what the social worker should do to address Danny’s behavior.
 - What sort of screening should Danny have?
 - What service providers should the social worker engage?
 - What might be the causes of Danny’s behavior?
 - Exposure to violence
 - Separation from parents
 - Separation from his sister, Monica
 - Unknown trauma
 - Rule out ADHD or other attention issue
 - Depression and/or anxiety
- ❑ Expand the conversation to include building a team to support the Torres family in their recovery efforts. Ask the trainees to work together in their groups to use identify whom they should engage for the Torres family team. Ask them to consider whom the family would want to include as well.



Transition to the next segment

- ❑ Move on to the next segment, Wrap Up for the day.

Segment 9: Wrap Up

Estimated Segment Time: 10 minutes

Materials: None

Trainee Content: None

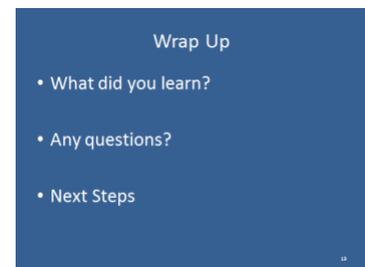
Slides: 20

Description of Activity:

Trainer will engage the trainees in a discussion regarding their future application of the training material.

During the activity

- Engage in a large- group discussion. Ask for volunteers to share something they learned during the activities today. Ask if they are left with any lingering questions or comments.
- Participant Satisfaction Surveys



End of the Training

Appendix 1: Trauma and Assessment Questions Key

1. What percentage of children entering foster care experienced at least one traumatic event?
 - a. 100%
 - b. 90%**
 - c. 80%
 - d. 75%
 - e. 50%
2. Which of the following is linked to traumatic experiences?
 - a. Mental health related problems
 - b. Substance use problems
 - c. Problems with interpersonal relationships
 - d. Parenting problems
 - e. All of the above**
3. How can trauma-related mental health diagnoses impact child welfare interactions in the assessment process?
 - a. Gender related differences lead to mistrust
 - b. PTSD and depression can affect the ability to establish a working relationship**
 - c. Thought disorders make building alliances hard
 - d. Medication can affect the ability to identify which experiences are the source of the trauma
 - e. None of the above
4. How does a history of trauma impact parenting?
 - a. It does not directly impact parenting, it impacts receiving parenting help
 - b. Trauma survivors are more lenient parents
 - c. The parent may be less likely to believe a disclosure of abuse by a child**
 - d. Trauma survivors are more likely to exploit their children
 - e. All of the above
5. How is the experience of personal trauma impacted by experiences of historical trauma?
 - a. Intergenerational experiences of racism can intensify the effects of interpersonal trauma**
 - b. It does not have a related effect; both are bad, but in different ways
 - c. Intergenerational experiences of racism can offset the effects of interpersonal trauma
 - d. Researchers are unsure how the two experiences interact
 - e. None of the above
6. Which of the following is an external expression of trauma?
 - a. Poor self-image
 - b. Anger**
 - c. Mental illness
 - d. Self-injury
 - e. Abandonment
7. Which of the following is an internal expression of trauma?
 - a. Fighting
 - b. Mental illness
 - c. Alcohol abuse
 - d. Shame**

- e. Running away
8. What function does self-blame serve for trauma survivors?
- a. It allows them to maintain good family relationships
 - b. It helps them build support systems
 - c. It helps them see their own shortcomings and work to address them
 - d. It allows them to feel more in control and less helpless**
 - e. None of the above
9. How does self-blame negatively impact assessment?
- a. It leads to anger at the service provider who completes the assessment
 - b. It does not negatively impact assessment, it helps the survivor see what they need to change
 - c. It pushes people away and makes the circle of support harder to identify
 - d. It limits ability to recognize strengths and protective capacities**
 - e. None of the above

Appendix 2: Torres Family Safety Assessment Answer Key

Household: Greg and Maria Torres – Maria primary, Greg secondary care giver.

Native American status: No information available to answer the question

Assessment Date: **Assessment type:** initial

Names of children assessed:

- | | |
|-----------------|------------------|
| 1. Monica, 10 | 4. Randy, 4 |
| 2. Danny, age 8 | 5. Cindy, age 3. |
| 3. Amy, age 6 | |

Factors Influencing Child Vulnerabilities: Child 0-5 years should be marked.

Safety Threats

3 - Yes – based on arrest/detention of both parents and no parent able to provide physical care and supervision. Issues related to food might have some consider this item as well, but probably does not meet the threshold of severe and immediate.

4 – Yes – based on the deplorable conditions of the house.

9 - Yes – based on the prior history of substantiated referrals.

10- Yes - the children’s care is currently being compromised by the mother’s relapse, father’s discontinued use of bipolar medication and the suspected DV between the parents.

Caregiver Complicating Behaviors:

Substance Abuse: marked for mother [drug use contributed to arrest]

Domestic Violence: marked for father [past history and suspected continued DV between the parents]

Mental Health: marked for father [discontinued use of bipolar medication]

Household Strengths and Protective Actions:

Caregiver problem-solving – neither marked

Caregiver support network: at least one caregiver has at least one supportive relationship with someone who is willing to be part of his/her support network [contact with paternal family: grandmother Bethany and Greg’s sister, Jenny.

No child items were marked.

In-home Protective Interventions:

Lift up for the participants that safe with a plan is *not an option* at this time. This is an ICWA case, but there isn’t anything CWS can do on an ER situation and ICWA doesn’t apply on imminent risk.

Placement Interventions:

Safety Decision: Unsafe

Item 11 marked: Child placed in protective custody because interventions 1-10 do not adequately ensure the child’s safety.

Appendix 3: Torres Family Risk Assessment Answer Key

One household, Mrs. Torres is Primary, Mr. Torres secondary

Letter	Item	Neglect	Abuse
	Prior Investigations		
d	1. 15 neglect investigations	2	1
a	2. No prior abuse investigation	0	0
tob	3. Prior CPS cases but not open now	1	1
a	4. None	0	0
	Current investigation		
a	5. Current report is for neglect	1	0
b	6. Four or more children	1	1
a	7. Primary caregiver does not blame the child	0	0
a	8. Youngest child over 2 years	0	0
b	9. Behavioral Issues	1	0
b	10. Household physically unsafe	1	0
a	11. One incidents of domestic violence in the household in the past year. (Rational: DV confirmed based on the statement of Danny wo witnessed the incident between the mother and father the night before)	0	0
a	12. Primary caregiver employs appropriate disciplinary practices (mother is primary)	0	0
a	13. No information that primary or secondary caregiver has history of abuse or neglect as a child.	0	0
b	14. Past or current mental health problem, past impact on functioning	1	1
b	15. Past alcohol or drug that interferes with family functioning, Drugs last and prior 12 months (both)	1	1
a	16. Either caregiver has one or more criminal arrests (dad)	0	0
	Total Score	8	5
	Scored Risk level	High	Moderate
	Policy Overrides		
No	1.		
No	2.		
No	3.		
No	4.		
No	Discretionary		
High	Final Risk Level		

Supplemental Items

Answer	Item
a	1.
a	2.
b	3.
b	3a.
a	4.
a	5.

Materials Checklist

- SDM Policy and Procedures Manual, October 2015, Updated: December 2017
- Easels
- Chart paper, preferably with self-adhesive
- Markers
- Tape
- Post-it Notes (sticky)

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