North Carolina Department of Health and Human Services
CPS Assessment in Child Welfare Track Training

Participant's Workbook
Day Two

December 2025

This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services, and revised by Public Knowledge® in 2025.

Table of Contents

Instructions

This course is designed to guide child welfare professionals through the knowledge, skills, and behaviors necessary to effectively engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically, the Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be "pushed" forward onto the next page. To correct this, when you are done typing in the text box, you may use the delete key to remove extra lines.

Course Themes

The central themes of the CPS Assessment Track Training are divided across several course topics.

- Purpose and Legal Basis for Child Protection Services in North Carolina
- Essential Function: Communicating
- Diversity, Equity, Inclusion, and Belonging
- Trauma-Informed Care
- Family-Centered Practice
- Essential Function: Engaging
- Safety Focused
- Essential Function: Assessing
- Interviewing Learning Lab
- The Role of Observation in Assessing for Safety
- Structured Decision-Making: Safety Assessment
- Assessment Learning Lab
- Safety Planning
- Safety Planning Learning Lab
- Trauma-Informed Practice
- Considerations for Cases Involving Special Circumstances
- Caseworker Safety
- Engaging the Family in Child Protection Services
- Risk Assessment
- Crucial Conversations
- Quality Contacts
- Assessing Family Strengths and Needs
- Secondary Traumatic Stress and Vicarious Traumatization
- Ongoing Assessment
- Family Engagement and Ongoing Assessment Learning Lab
- Documentation
- Well-Being as an Outcome
- Reasonable Efforts and Removals

- Reasonable Efforts and Removals Learning Lab
- Decision-Making
- Decision-Making and Case Closure Learning Lab

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary, and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules

There is required pre-work for the CPS Assessment Track Training in the form of online e-Learning modules. Completion of the e-Learning is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Understanding and Assessing Safety and Risk
4. Understanding and Screening for Trauma

Transfer of Learning

The CPS Assessment Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the CPS Assessment Track Training and re-visited on an ongoing basis to assess growth and re-prioritize actions for development.

- Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participation in training and develop a plan to meet those goals through pre-work, other opportunities for learning, and support for addressing anticipated barriers.
- Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires

the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

- Part C: Planning for Post-Training Debrief with Supervisor: The worker considers the takeaways and questions they identified in each section and creates a framework to transfer those takeaways and questions into an action plan.
- Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

Training Evaluations

At the conclusion of each training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.

All matters as stated above are subject to change due to unforeseen circumstances, and with approval.

Learning Objectives

Day Two

Family-Centered Practice
• Learners will be able to explain how family-centered practice increases family engagement.
Essential Function: Engaging
• Learners will be able to include children and youth in decisions made about their placements and services.
• Learners will be able to demonstrate strategies for engaging families in the assessment process.
• Learners will be able to explain policy requirements and interview protocols for different types of assessments.
• Learners will be able to formulate different types of interview questions.
• Learners will be able to demonstrate narrative interviewing techniques.
• Learners will be able to describe strategies for interviewing children.
• Learners will be able to describe strategies for interviewing adults.
• Learners will be able to outline how to integrate active listening skills into their interviewing techniques.
Safety-Focused
• Learners will be able to describe how caregiver behavior impacts child safety.
• Learners will be able to identify safety threats and risk factors when working with children and families
• Learners will be able to differentiate between safety and risk
• Learners will be able to distinguish between safety and risk when considering instances of abuse and neglect
• Learners will be able to identify and describe danger indicators and risk factors when working with children and families
Essential Function: Assessing
• Learners will be able to identify strategies to help elicit family voice when conducting interviews.

- Learners will be able to describe the benefit of developing harm and worry statements to communicate concerns related to child maltreatment.

- Learners will be able to describe how caregiver behavior impacts child safety.

Day Two Agenda

CPS Assessment Track Training

Welcome

Family-Centered Practice

Family-Centered Practice

Meet the Anchor Family

Essential Function: Engaging

Engagement Overview

Interviewing

Engagement Skills Practice

Safety-Focused

North Carolina Core Value: Safety-Focused

Safety, Protective Capacities, and Risk
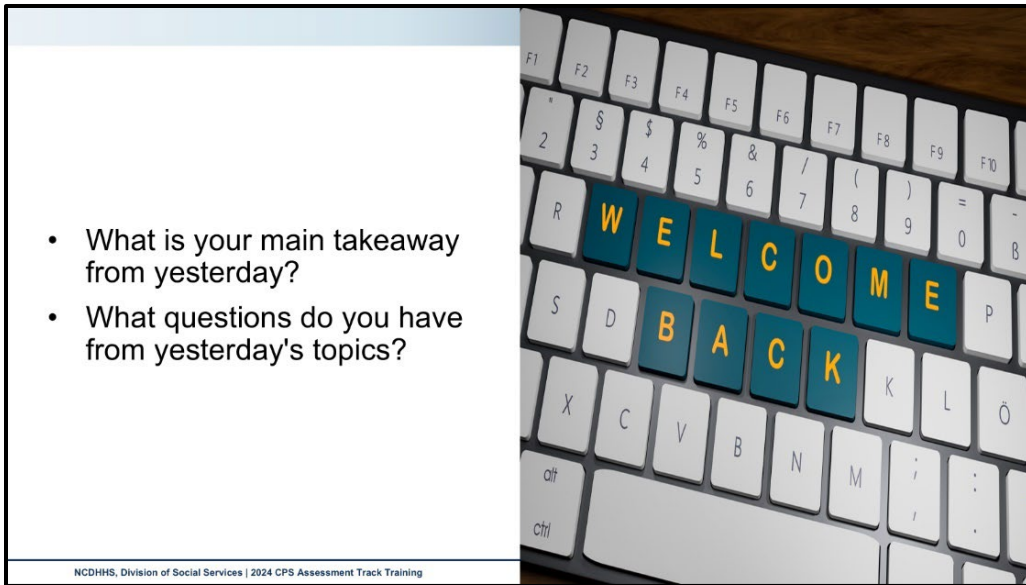
Essential Function: Assessing

Assessing

End-of-Day Values Reflections

Child Welfare Track Training: CPS Assessment Day 2

Welcome

- What is your main takeaway from yesterday?
- What questions do you have from yesterday's topics?

NCDHHS, Division of Social Services | 2024 CPS Assessment Track Training

Use this outlined space to record notes from the introduction activity.

Family-Centered Practice

Family-Centered Practice

What is Family?

> Visualize families you have worked with as a child welfare caseworker

How do the families that you considered define the concept of "family"?

What definition of family do you use when working with families?

How does policy define family?

What are we missing when we make assumptions or limitations on the definition of family?

Underlying Beliefs of Family-Centered Practice

Safety of the children is the first concern	Children have a right to their family	The family is the fundamental resource for nurturing children	Parents should be supported in their efforts to care for their children
Families are unique and have the right to be respected	A crisis is an opportunity for change	Inappropriate interventions can do harm	Families who seem hopeless can grow and change
	Family members are our partners	It is our job to instill hope	

Use this space to record notes.

Handout: Underlying Beliefs of Family-Centered Practice and Principles of Partnership

Underlying Beliefs of Family-Centered Practice
Safety of the children is the first concern.
Children have a right to their families.
The family is the fundamental resource for nurturing children.
Parents should be supported in their efforts to care for their children.
Families are unique and have the right to be respected for their special social, racial, ethnic, and religious traditions; children can flourish in different types of families.
A crisis is an opportunity for change.
Inappropriate interventions can do harm.
Families who seem hopeless can grow and change.
Family members are our partners.
It is our job to instill hope.
Principles of Partnership
Everyone desires respect.
Everyone needs to be heard.
Everyone has strengths.
Judgments can wait.
Partners share power.
Partnership is a process.
Inappropriate interventions can do harm.
Families who seem hopeless can grow and change.
Family members are our partners.
It is our job to instill hope.

Use the space below as you consider the tasks and activities you do with families and on behalf of families that demonstrate each belief and principle.

Prioritizing Family Voice
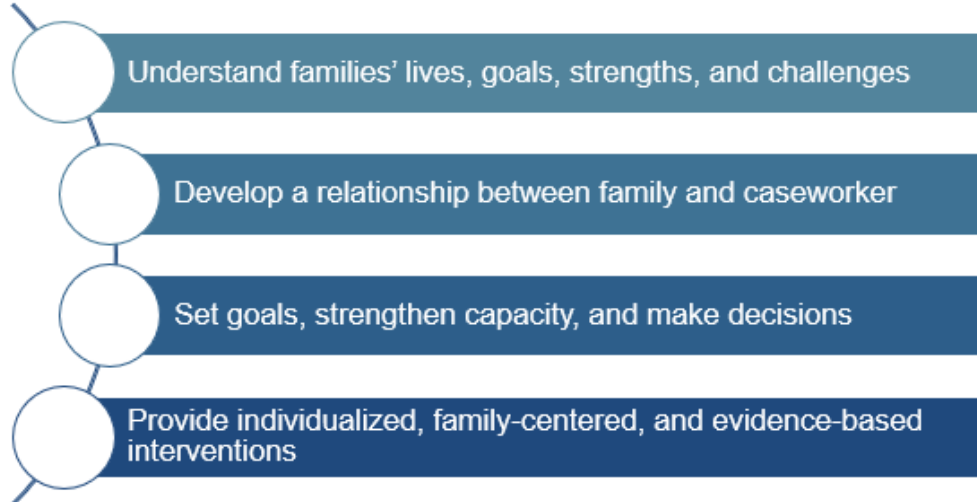
Key components of family-centered practice include:

- Engaging with family members to understand their lives, goals, strengths, and challenges, and developing a relationship between the family and caseworkers
- Working with the family to set goals, strengthen capacity, and make decisions
- Providing individualized, family-centered, and evidence-based interventions for each family

Family-centered practice is required by policy.

Use this space to record notes.

Meet the Anchor Family

Meet the Anchor Family

Avilla Chavis Family

Mother	Olivia Avilla Chavis, 34-year-old, Hispanic, radiology technician at a hospital
Father	Franklin Morelos Esquivel, 36-year-old, Hispanic, mechanic at an auto repair shop
Child	Amelia Morelos Avilla, female, 6 months, Hispanic, at home
Child	Diego Morelos Avilla, male, 3-year-old, Hispanic, at home
Child	Ricardo Morelos Avilla, male, 6-year-old, Hispanic, 1st grade, Pineville Elementary
Child	Leidi Morelos Avilla, female, 12-year-old, Hispanic, 6th grade, Williams Middle School
Child	JuanCarlos Morelos Garcia, male, 16-year-old, Hispanic, 11th grade, Williams High School

CPS History

11 years ago: CPS Assessment finding: Services provided; child protective services no longer needed. Report alleged chronic diaper rash and no supplies at daycare for 5-month-old Leidi. Infant was observed with red and raw diaper rash and mother, Olivia, was diagnosed with post-partum depression, with little support from father, Franklin. Interviews and collateral information indicated that this is an isolated incident for the family. Olivia was referred for mental health services, and both parents were referred to parenting classes/birth to age 5.

Intake Report

The report was made by a neighbor, Tammy Kirby.

Report alleged that Ricardo, age 6, was at the park with his brother, Diego, age 3. Diego was running around on the playground, and Ricardo was sitting on the swing when the reporter found them. Ricardo told Reporter that he "often" takes Diego to the park when he babysits for his mom. Reporter stated that Ricardo was barefoot and had a fresh cut on the bottom of his left foot. Reporter said that Ricardo told them that he had taken off his shoes to play in the sand and had cut his foot on a piece of glass, so he could not walk home. The reporter walked Ricardo and Diego home, and when they entered the home, the Reporter observed that the children were home alone, with Leidi, age 12, left in charge. Leidi was putting Amelia, age 6 months, down to nap and knew the children were at the park and did not think this was a problem. Reporter also observed that the home was very cluttered. When asked what the reporter meant by "cluttered," the reporter described toys and furniture in the living room, plates stacked by the sink and on the counters in the kitchen, and trash and spoiled food strewn about the living room.

Screening and Response

Screening	Unsafe Supervision
Response	Immediate response, Family Assessment

Provisional Harm: no harm statement, as no allegation that harm has occurred

Provisional Worry: The reporter is worried that Amelia, Diego, and Ricardo could be seriously hurt or injured, or something bad might happen to them, if they go to the park alone or are at home without an adult.

Reflection

What were your initial reactions to what you read about the Avilla Chavis family?

What are some alternative hypotheses for what may be going on or not going on with the family?

Essential Function: Engaging

Engagement Overview

Compliance, Involvement, and Engagement
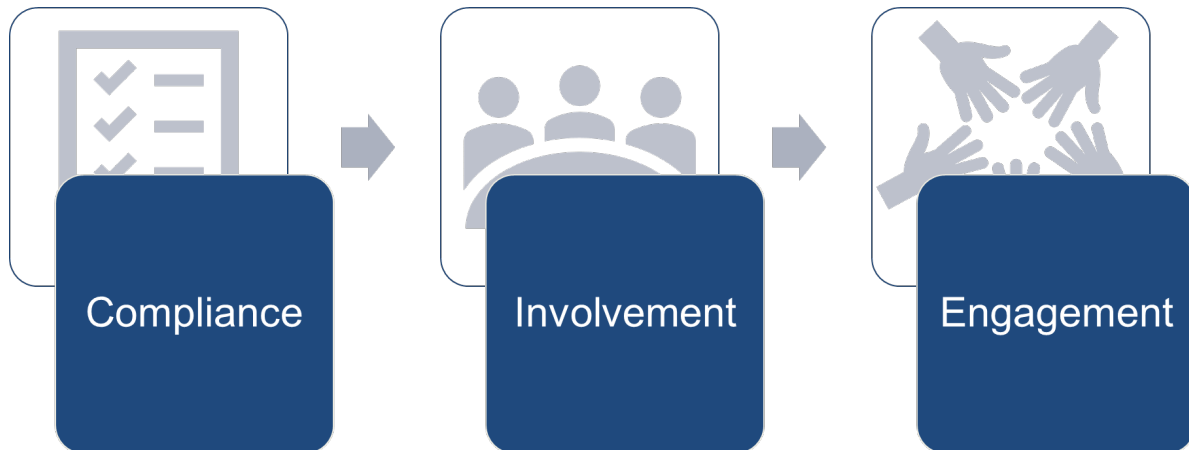
Use the space below to draft the definition for the concept assigned to your group:

Fist to Five Consensus Building Model:

Once a definition is given, rate your agreement with that definition by holding up your hand with a vote, using the scale below:

0	1	2	3	4	5
Fist	One finger	Two fingers	Three fingers	Four fingers	Spread hand
I don't agree at all with this definition and cannot move on	I have strong reservations and cannot move on until further work is done	I have some reservations and minor concerns to discuss before moving on	I am not in full agreement, although I feel comfortable enough to move on	I agree that this definition is good enough and am ready to move on	I am in full agreement with this definition

- If you vote with fist, one or two, be prepared to state what you feel needs to change about the definition before moving on.
- The goal is consensus and having a good enough definition. Definitions may be imperfect to move on.

Compliance – Collaborated Definition

Involvement – Collaborated Definition

Engagement – Collaborated Definition

Engaging Core Activities

Focusing attention to understand families

Demonstrating interest and empathy for families in verbal and non-verbal behavior

Acknowledging families' strengths
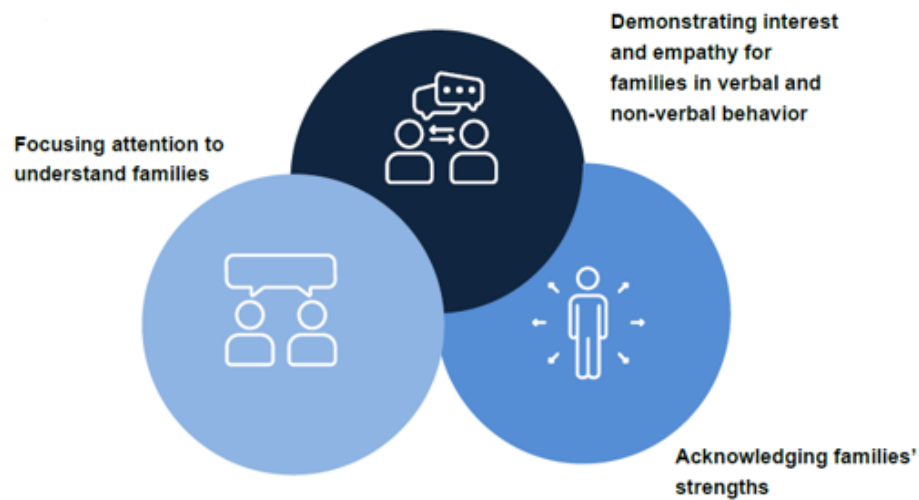
Were you aware of all the strategies that you employ to engage with children and families?

Are there activities, standards, or strategies that come more easily to you?

Are there activities, standards, or strategies that feel more challenging?

What do you need to grow your skills across all these areas?

Family Engagement

What are the benefits of family engagement?

What are the challenges of family engagement?

Interviewing

Interviewing
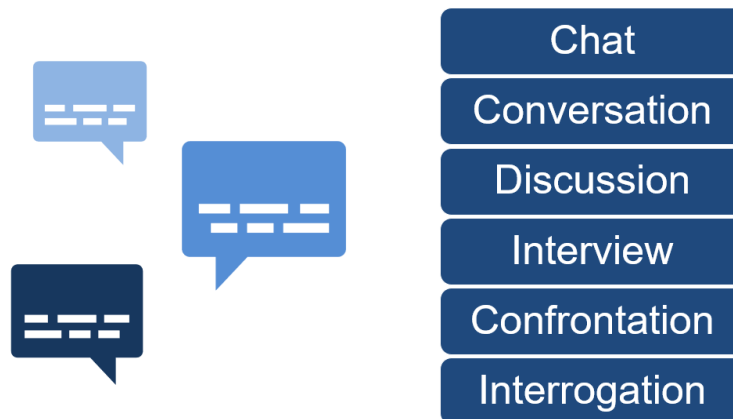
What are the similarities and differences between these words on the slide (chat, conversation, discussion, interview, confrontation, interrogation)?

What could happen if we rush through introductions and rapport building and move straight to discussions of the allegations?

What could happen if we miss planning and implementing components of interviewing and just focus on information gathering and assessing aspects?

As we delve into the skill of interviewing, keep in mind our role in CPS-Assessments is to ensure child safety.

The tools, concepts, and frameworks we are about to cover support us in engaging families, building relationships, and supporting the fullest understanding of a family's functioning, all of which support us in having a clear picture of a child's safety within the home.

Balanced and Rigorous Approach

- *What are we worried about?*
- *What is working well?*
- *What needs to happen next?*

EVIDENT CHANGE

The language in these questions is intentional.

- The word "worry" is meant to be non-judgmental and implies that you care about the family; more than words like "concern" or "allegation" often carry. It is also a word that children can follow and understand
- Asking "What is working well?" lets families know that we see them for more than just this incident. We believe there will be some things that are working well
- Asking "What needs to happen next?" keeps us focused on the future and the action steps that can be taken to build on what is working well in order to address the worries.

Every interview and every stage of casework needs to cover these areas to ensure we conduct a rigorous and balanced assessment.

Use this space to record notes.

Narrative Interviewing
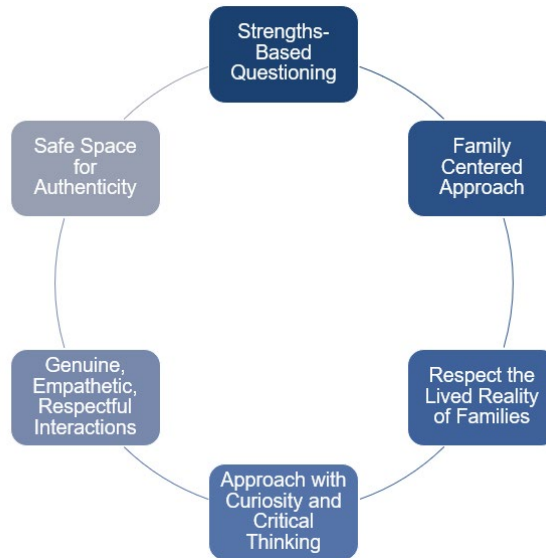
Narrative interviewing is a technique that keeps the family at the center of the interview by giving family members the freedom to express themselves in their own words, maintaining ownership of their experiences, while helping caseworkers obtain the necessary information and context to support well-informed assessments and decisions

Key Components of narrative interviewing techniques to be mindful of include:

- Strengths-based questioning focuses on what is working well
- Family-centered approach keeps the family at the center of the interview
- Respects the lived reality of the family
- Engages from a place of curiosity and critical thinking to explore discrepancies
- Requires genuine, empathetic, and respectful engagement at all times during interviews
- Promotes conditions for families to tell their stories in an authentic and safe way

Use this space to record notes.

Building Rapport

Interview Agreements

Funneling

Closure

Narrative Prompt

Open, Focused

Choice

Yes/No
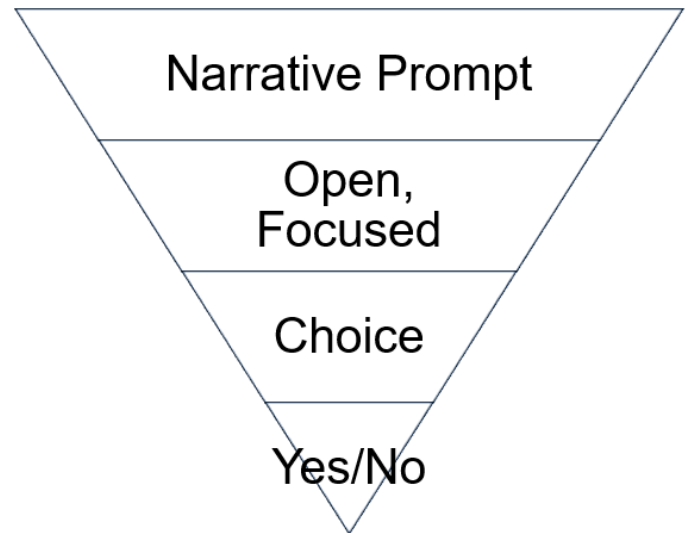
Use this space to record notes.

Beginning an Interview

Building rapport and establishing interview agreements takes time and is not to be diminished or skipped due to time constraints or urgency. Narrative interviewing requires caseworkers to take a "not-knowing" stance.

To build rapport, be sure to:

- Foster introductions for all parties involved
- Support psychological safety
- Assess capacity and developmental level
- Model and practice interviewing style

To encourage interview agreements:

- Explain the purpose of the interview
- Provide full disclosure
- Establish expectations

Funneling

Funneling refers to a technique of interviewing that begins with a Narrative Prompt and then "funnels" the interview through questions that are more focused and direct.

- Always start with a Narrative Prompt
- Follow up with open, focused questions
- Only ask a direct question after you have tried an open one, and even then, only if you must
- When you find yourself at the bottom of the funnel, use the recycling technique to go back to the top of the funnel and ask a narrative prompt
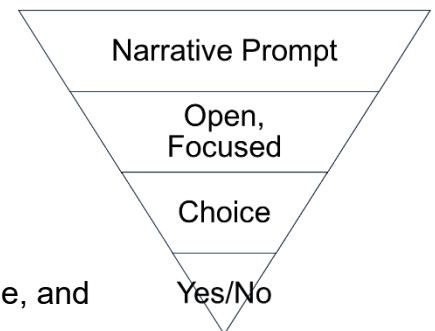
Do not ask "why" when using open, focused questions, as "why" can be judgmental, place blame, and put people on the defensive.

Narrative Prompts begin with "tell me," "help me understand," or "explain…" Examples are:

- "Tell me everything that happened."
- "Tell me everything you can remember about that."
- "Tell me everything from the beginning to the end."
- "Help me understand what you mean."
- "Explain how that worked."

Follow up after the narrative prompts with open, focused questions. These questions usually start with "WH" — who, what, where, when, and how.

Examples of Open Focused Questions are:

- "What did your mom say when you told her?"
- "Where were you when…?"
- "You said the man hit you with a belt. Who was the man?"

Open-Ended Questions

Open-ended questions are those that cannot be answered with a simple "yes" or "no" but instead require elaboration, reflection, or explanation. As an interviewing tool, open-ended questions are used to encourage others to explore thoughts, feelings, and motivations in depth, fostering engagement and self-discovery. They enable us to meet people where they are, allowing them to articulate their own reasons for change, take ownership of their decisions, and share their experiences without judgment. By allowing people to share their experiences in their own words, we support storytelling and reflective thinking, which helps uncover underlying motivations and barriers to change.

Open-ended questions:

- Facilitate self-reflection
- Support exploration of personal motivation
- Encourage others to elaborate
- Support collaboration and understanding without imposing solutions

Examples of open-ended questions include:

- How did this problem start?
- What's happened since the last time we met?
- What would you change if you could?
- What do you think are your main challenges?
- Describe how your life would be different if you achieved this goal.

Focused Questions: Probing Questions

Probing questions are open-ended, carefully timed, and context-sensitive questions designed to elicit more detailed responses than initial or surface-level questions. In child welfare, these questions help case workers uncover important information about family dynamics, daily routines, relationships, or potential abuse or neglect that may not be provided in initial statements or basic screening questions. They are gentle, non-threatening questions that encourage honest disclosure. Probing questions can be used to clarify ambiguous responses, encourage elaboration, detect inconsistencies, explore daily routines and caregiving, and understand feelings, reactions, and interactions.

Probing questions allow the interviewee to guide the conversation. When you ask questions about their responses, you demonstrate that you are listening and genuinely interested in learning more about their experiences or perspectives. Using probing questions in child welfare enables caseworkers to gather more in-depth information, clarify uncertainties, support children's communication, and inform decision-making to ensure more effective protection and care. They help you gain detailed and more nuanced information about a child's circumstances or a family's situation. By asking follow-up or clarifying questions, practitioners can uncover underlying issues, motivations, or risks that may not emerge through general or closed-ended questions. This thorough understanding is critical for assessing potential harm and planning appropriate interventions.

Examples of focused probing questions include:

- Tell me more about who helps you with that.

- What usually happens when there's a disagreement at home?
- How did you feel when that happened?
- You mentioned feeling stressed. How does feeling stressed impact you?

Focused Questions: Direct Questions

Direct questions are inquiries posed straightforwardly, usually expecting a clear and immediate answer, often marked by a question word or a subject-verb inversion. A direct question is a sentence that asks for specific information in a clear, explicit manner. It typically employs a standard question structure, often beginning with question words such as who, what, when, where, or why. Direct questions are designed to be easily understood and responded to by the listener. An example is, "Where did you go on vacation?" Unlike indirect questions, which are embedded in statements and often more polite or formal (I wonder where you went on vacation), direct questions are explicit and seek immediate feedback.

Choice questions

When you offer choices as an answer to the question, you are using a choice question.

For example:

- Was the lady tall or short?
- Were you wearing shorts or pants?

These questions are less valuable for learning information because they force the child to choose between two or more answers instead of allowing them to tell their experience in a narrative format.

Researchers find that children think they must pick one of the answers, even if it's wrong.

- "Was the lady tall or short?" When giving this choice, the caseworker probably means compared to other adults, but most children will respond with "tall" because she's taller than they are.
- "Were you wearing shorts or pants?" When giving this choice, the child may not have been wearing either, but since these were the options given, they may feel like they must pick one

If you utilize choice questions during the funneling process, be sure to add a neutral option. Examples include:

- Was the lady tall, or short, or something else?
- Were you wearing shorts, pants, or another type of clothes?

Yes/No Questions

Yes/no questions are the riskiest with children, especially children under six years old. Mistakes are more likely to be made when children are asked yes/no or forced-choice questions.

For example, let's say you ask, "Did he touch you?" Caseworkers may have one meaning in mind for "touch," because of the allegations, but does that include a pat on the shoulder or help unbutton your coat? Those also involve touching – so what is the child supposed to answer?

The use of yes/no questions is worse when you repeat the question. The child thinks that if you repeat the question, then their first answer must have been wrong, and they should change it. Oftentimes, this has been a child's experience in conversations with other adults.

For example, if we ask a child, "What color is this?" and they say "pink" when it was actually "purple," we may repeat the question, signaling to the child that their initial answer was wrong.

Adults sometimes ask questions that they already know the answer to and then repeat the question if the child answers it incorrectly. Children need to understand that this is not the case with this interview. Caseworkers do not know the answers to the questions and should not repeat questions. Repeating the question can be considered leading or suggestive.

Scaling Questions

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Scaling questions invite individuals to rate their experiences, feelings, or progress on a numerical scale, typically ranging from 1 to 10, to measure current states, track progress toward goals, and foster change. They can measure the intensity of emotions, levels of confidence, motivation, and commitment, helping both parents and caseworkers understand the current state clearly. By rating themselves on a scale, people reflect on their feelings and behaviors, recognizing areas of strength and challenge. This encourages awareness and insight into personal growth or obstacles.

Scaling questions are versatile and powerful tools in assessments, monitoring progress, and problem-solving. They quantify subjective experiences, facilitate goal setting, track progress, enhance self-reflection, and create structured conversations that promote positive change.

Scaling questions support conversations by illustrating that the problem or feeling is not absolute and that improvement is possible. They create opportunities to explore exceptions or moments of success even within ongoing challenges. An example of a scaling question might be, "On a scale of 1 to 10, where one means you feel completely hopeless and 10 means you feel fully confident, where do you feel you are right now regarding managing your stress?" Follow-up questions could explore what makes the client a four instead of a 2 (highlighting strengths) and what small steps could move them closer to a 5 or 6, which builds actionable insight and motivation.

Closure

Narrative Interviewing includes a 5-step closure process:

Step 1: Composure: Give the interviewee time to regain their composure by saying something like: What you told me is very important. How do you feel about our talk today?

Step 2: Thank and Ask: Thank the interviewee for talking to you, for taking it seriously, or doing their best. Ask if there is anything else you need to know, and if they have any questions.

Step 3: Give Them Your contact information: Give the interviewee your name and phone number so they can call you if they have questions or are worried.

Step 4: No False Promises: Don't make promises you can't keep.

Step 5: End on Neutral Topic: It can also be helpful to end on a neutral topic.

Ask what they plan to do for the rest of the day, or ask a follow-up question about an activity or hobby they mentioned.

Recycling

You should always follow up by returning to the top of the funnel asking a Narrative Prompt or open-focused question. This is often referred to as "recycling" and is indicated by the arrows on the side of the funnel in the graphic below.

Funneling

Information should flow from the child to the interviewer.

A — Narrative Prompt

B — Open-Focused Questions

C — Multiple Choice Questions

C- — Yes/No Questions
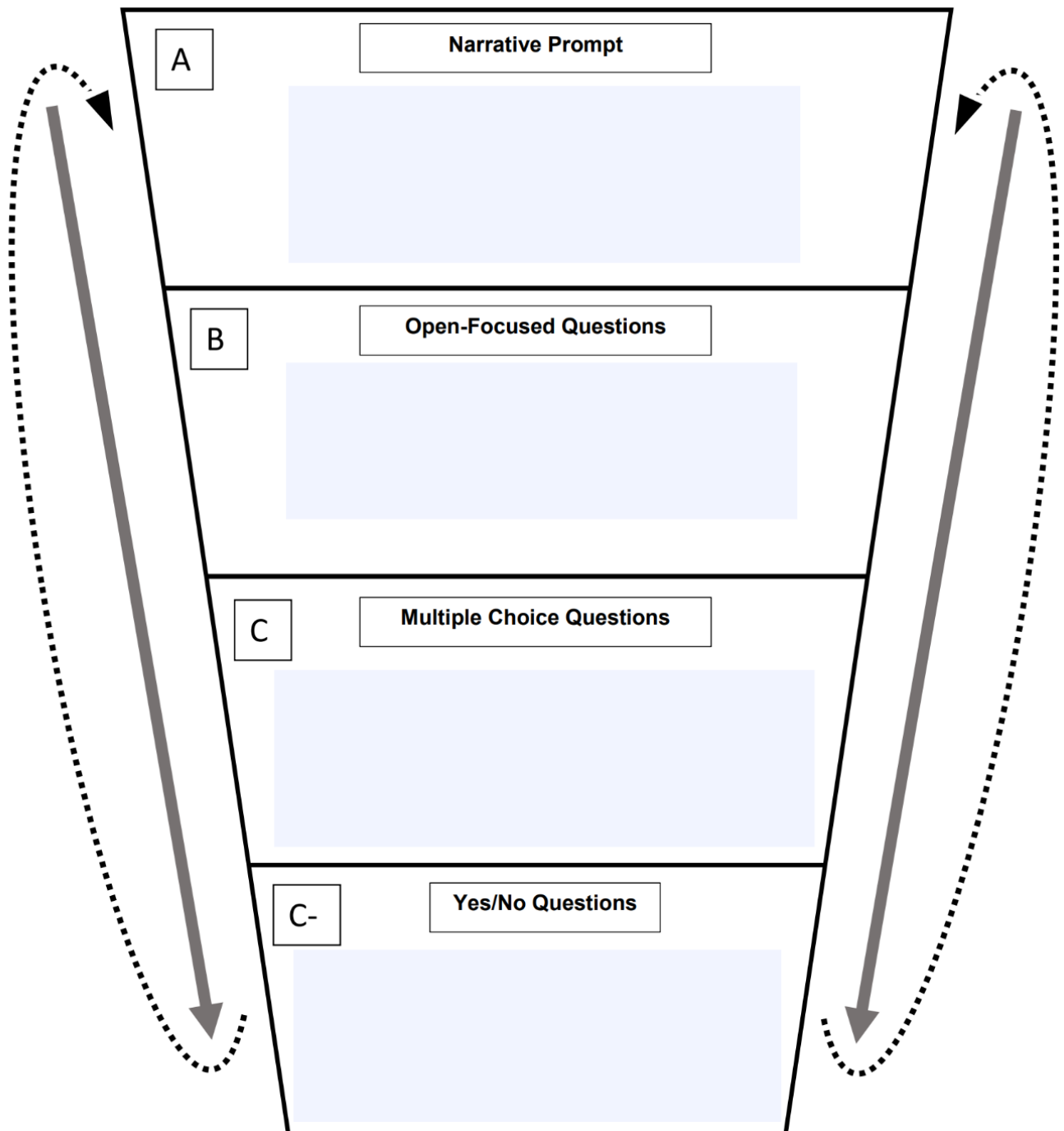
Interviewing Children

A child's language development affects their ability to answer your questions. We often ask questions that require language abilities that children do not yet have.

Interviewers need to:

- **Use single words and short, simple sentences**. The younger the child, the shorter the sentences should be.
- **Explain words**. Children think they understand what you mean when you had another meaning in mind ("date", "court").
- **Children mistake similar-sounding words** for a word they know (like testify – test).
- **Keep your sentences to one idea per sentence**.
- **Use simple verbs like "was" or "Is"**.
- **Use the person's name instead of pronouns** (he, she, her, him, they).
- **Use the person's name instead of the relationship to the child, except for immediate family** (mother, father, sister, brother).
- **Praise or reward the child for <u>effort</u> apart from content**.
- **Use very specific words for a noun in a category** (like residence, transportation, clothing, touches).
- **Always clarify** the words the child uses.

Avoid:

- **"Let's pretend…" "Let's imagine…" "Tell me the story…"**
- **Questions about time and geography** before 8-9 years.
- **Asking children "why"** something happened, because it sounds like you're blaming them. Instead, ask how they learned it or what made them think that.

Tips:

In cases of repeated abuse:

- Start by asking the child about a particular incident – like the first time or the most recent time – or the time that the child remembers best.
- You can say, "Tell me what would usually happen."

Avoid asking "how many times" something happened:

- For many events that occur repeatedly, people will not be able to give a specific number, and it makes their report sound less credible, even though it is true.
- For example, "How many times have you driven to work in the past six months?" Just because you can't give an exact number doesn't mean it didn't happen, but it makes you sound like you are less believable if you keep saying you don't know.

Source: Family & Children's Resource Program. (2025, June). *The art of narrative interviewing: Skills for meaningful engagement* [Curriculum]. University of North Carolina School of Social Work.

Miller, W. R.,& Rollnick, S.(2013). Motivational Interviewing: Helping People Change, 3rd Ed. New York: Guilford Press.

Oklahoma Human Services Child Welfare Training Unit. (2020). CORE Child Welfare Learning. Used with permission by the author.

Strengths-Based and Solution-Focused Approach

Empower the family, not the problem	→	Questions are an intervention
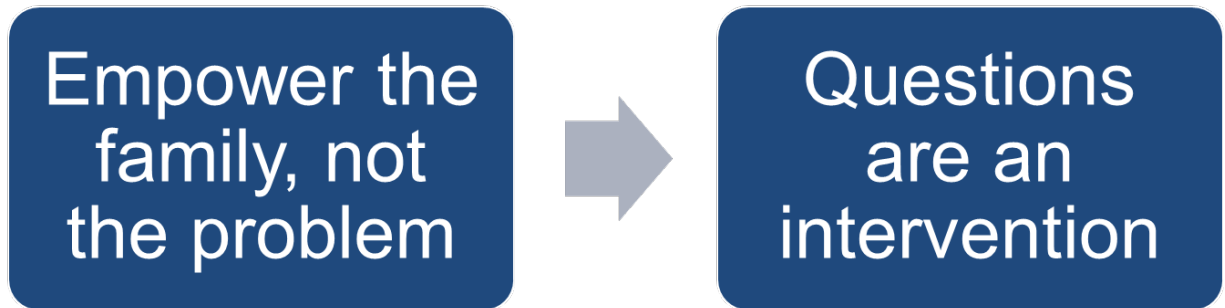
Use this space to record notes.

Handout: Solution-Focused Interviewing Skills and Questions

Open-Ended Questions	
Questions that encourage the client to use their own words and to elaborate on a topic.	Can you tell me about your relationship with your parents? Tell me about your parenting experience. Who are your supports and how do they help you? Note: identify and reflect to clients any strengths or positive qualities they may reveal in their responses to the open-ended questions.
Summarizing	
Periodically state back to the client his/her thoughts, actions, and feelings.	So, what I hear you say is… If I understand you correctly, you are saying that... So, what you are saying is... Right?
Tolerating/Using Silence	
Allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid the temptation to fill in silence with advice.	
Complimenting	
Acknowledging client strengths and past success.	As you were talking, I noticed that you have many strengths. You have..., In the past, you have had successes evident by your ability to....
Affirming Client's Perception	
Perception is some aspect of a person's self-awareness or awareness of their life. They include a person's thoughts, feelings, behaviors, and experiences. Affirmation of the client's perceptions is similar to reflective listening in form but does not isolate and focus on the feeling component per se, but on the client's larger awareness.	That is very smart of you, let us explore this further... You have a high level of self-awareness. How would you like to use this information to move forward?

Working with Client's Negative or Inaccurate Perceptions	
Perceptions, even negative ones like suicide or assaultive behaviors, should be explored to understand the full context. Some perceptions may be obviously inaccurate and reflect a person's denial of a problem. Avoid an immediate educative or dissuading response to negative or inaccurate perceptions. Listening and understanding are the caseworker's first obligations.	What's happening in your life that tells you that hitting or suicide might be helpful in this situation? How does it feel to say, "I don't want to do this anymore?" How might your life be different if you had hit him? What are the pros and cons of your reaction?
Returning the Focus to the Client	
Clients tend to focus on the problem and/or what they would like others to do differently. In the Solution-Focused approach, the client is encouraged to return the focus to themselves and to possible solutions.	"My kids are lazy. They don't realize that I need help sometimes." Response: "What gives you hope that this problem can be solved?" "I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous." Response: "When things are going better, what will your parents notice you doing differently?" "My teachers are too hard. If they would back off all the homework and give more help, my grades would improve." Response: "What is it going to take to make things even a little bit better?" "If my boss would stop criticizing me and treating me like a child, I could be more productive." Response: "If your boss were here and I asked him what you could do differently to make it just a little easier for him not to be so critical, what do you think he would say?"

Exception Questions	
Exception questions help clients think about times when their problems could have occurred but did not, or at least were less severe. Exception questions focus on who, what, when, and where (the conditions that helped the exception to occur) NOT WHY; they should be related to client goals.	Are there times when the problem does not happen or is less serious? When? How does this happen? Have there been times in the last couple of weeks when the problem did not happen or was less severe? How was it that you were able to make this exception happen? What was different about that day? If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing differently on that day, what would he say? What else?
Coping Questions	
Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring for exceptions.	What have you found that is helpful in managing this situation? Considering how depressed and overwhelmed you feel, how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)? You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now?

Scaling Questions	
Scaling questions invite clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance and 10 being every chance. Questions need to be specific, citing specific times and circumstances.	On a scale of 0 to 10, with zero being not serious at all and 10 being the most serious, how serious do you think the problem is now?
	On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?
	On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved?
	On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say "No" to your boyfriend when he offers you drugs?
	What would it take for you to increase, by just one point, your likelihood of saying "No"?
	What's the most important thing you have to do to keep things at a 7 or 8?

Indirect Relationship Questions	
Indirect questions invite the client to consider how others might feel or respond to some aspect of the client's life, behavior, or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.	How is it that someone might think that you are neglecting or mistreating your children?
	Has anyone ever told you that they think you have a drinking problem?
	If your children were here (and could talk, if the children are infants or toddlers), what might they say about how they feel when you and your wife have one of those serious arguments?
	At the upcoming court hearing, what changes do you think the judge will expect from you to consider returning your children?
	How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?

Miracle Questions	
The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.	Imagine you woke up tomorrow and a miracle had happened overnight, and all the trouble was gone. How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would be doing to start the day? What would the rest of your day look like? What would things look like for your children? If you could wave a magic wand and make things different, what would that new state of being look like? What would it take to get there without the magic wand?

Trauma-Responsive and Shame-Sensitive Interviewing

"The safer a person feels, the more likely they are to fully or partially reveal their interpersonal trauma and make us aware of their need for support."

- Interviews can be overwhelming and shame-inducing
- Understand how trauma impacts behavior
- Acknowledge feelings of shame
- Believe families when they share their story

Use this space to record notes.

Validating Feelings Not Behaviors
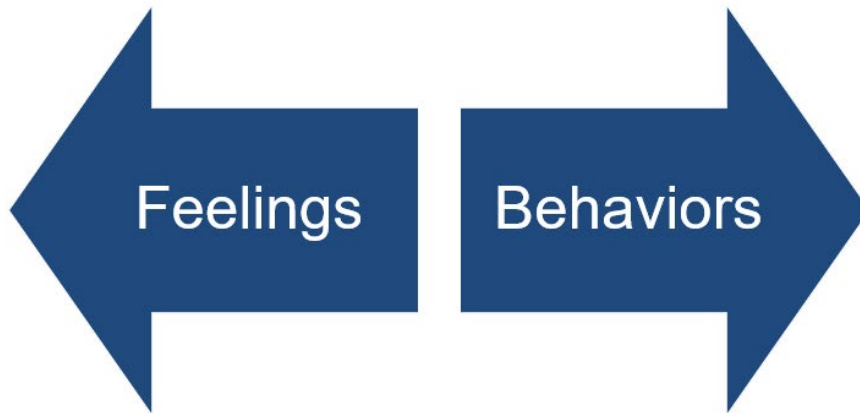
Use this space to record notes.

Interviewing in CPS Assessments
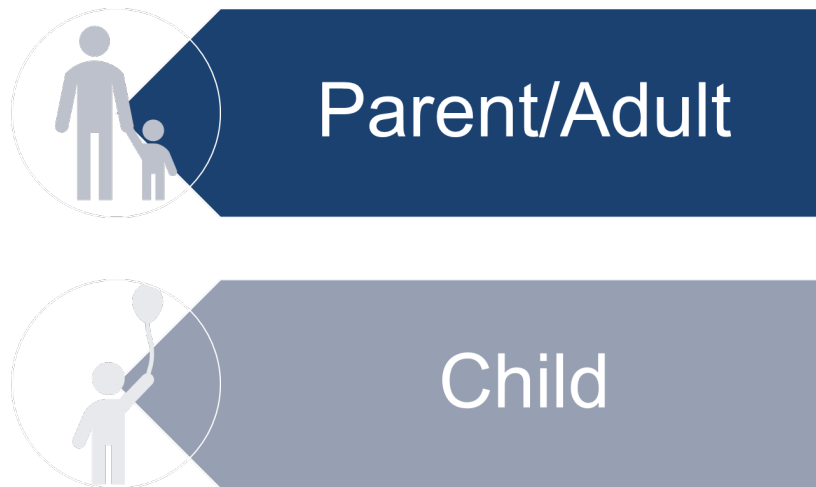
Adults and children have different capacities regarding interviewing.

- For adults, consider the following:
    - Capacity
    - Cognitive or language limitations
    - Trauma and stress state
- For children, consider the following:
    - Age and developmental level
    - Capacity
    - Trauma and stress state
    - Environment

Both adults and children are susceptible to suggestions and require care when interviewing

Narrative interviewing supports information gathering without leading questions and minimizes re-traumatization

Use this space to record notes.

SOP Tools to Enhance Interviews

Handout: Safety Organized Practice Tools

Safety Organized Practice Tools

Safety Organized Practice (SOP) is an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child—parents, extended family, child welfare worker, supervisors and managers, lawyers, judges and other court officials, and the child themself—keep a clear focus on assessing and enhancing child safety at all points in the case process. This approach integrates a number of innovative methods in child welfare practice—family-centered practice, Signs of Safety, partnership-based collaborative practice, the SDM system, and trauma-informed practice—to create a rigorous child welfare practice model.

Three-Column Mapping

Three-column mapping is a visual guide to the three questions. The three questions support a rigorous and balanced approach that supports identifying solutions while evaluating the problems. The three questions are:

- What is working well?
- What are we worried about?
- What needs to happen next?

Three-column mapping can be used as an interview tool, but does not require a prepared tool, as you can create the three columns on notebook paper with a pen in the field or with markers and a whiteboard in the office.

Three Houses and Safety House

Children's perspectives are vital to gathering information about what is happening; therefore, children need to be our partners in assessment. Children can be, and often need to be, partners in their own safety planning.

The three houses and the safety house are developmentally appropriate ways to explore the three questions with children. The three-house tool is designed for use in assessments and initial safety planning to capture the child's voice.

Consists of three houses:

- House of Worries: What are we worried about?
- House of Good Things: What is working well?
- House of Hopes and Dreams: What needs to happen next?

The safety house tool is designed to be used as part of a collaborative safety planning process. The Safety House can also provide good information about safety and danger.

Both tools can be used by simply drawing houses on a piece of notebook paper and labeling the houses. Allow children to write or draw, or scribe on their behalf with consent, what they believe would belong in each of the houses.

Refer to the Appendix for detailed handouts on using the Three Houses and Safety House. You can also learn more by watching "The Child's Voice" eLearning, available on NCSWLearn.

Tools to Identify Supports

- Genograms: visual representation of a family tree that can include details about relationships, patterns, and dynamics across generations
- Eco maps: a visual tool used to illustrate relationships between individuals and their family and social environment
- Circles of Safety and Support: SOP tool used to help families identify people in their safety and support network

Use this space to record notes.

Engagement Skills Practice

Skills Practice: Initial Engagement with Parent

This activity occurs in triads and consists of three role plays.

Each role play will give you an opportunity to be in a different role:

- Caseworker: practice engagement skills and be prepared to receive feedback
- Parent: receive engagement efforts from caseworker
- Observer: utilize the note-taking form provided by your trainers to give feedback to the person role-playing as the caseworker. See the observation and feedback handout for tips.

The three roles play scenarios are of different engagement moments and will be practiced in this order:

1. Initial phone call
2. Entry into the home
3. Touring the home

Handout: Observation and Feedback

Observation Quick Tips:

- Clear your mind and practice area of distractions
- Listen and observe intently and with purpose
- Look for strengths and opportunities for growth

Feedback Quick Tips:

- Ask your partner what they felt most comfortable doing and what was more difficult for them.
- Actively listen to your partner.
- Provide feedback, building upon their self-assessment.
- Be clear, concise, and behaviorally specific.
- Be open and honest
- Start by identifying their strengths.
- Provide feedback on opportunities for improvement.
- Maintain their self-esteem without diminishing attention to the opportunities.
- Provide tips and suggestions
- Guide them in brainstorming and selecting the next steps.

Note: Apply SMART to feedback: Specific, Measurable, Achievable, Realistic, and Timely with feedback.

Receiving Feedback Tips:

- Be open
- Understand that growth is a constant process.
- We all learn from each other, no matter what our role.
- Accept positive feedback.
- Have grace for yourself.
- The classroom is a safe place to practice and make mistakes.
- Strategize the next steps.
- Be clear about what works for you and what doesn't in the learning process, so the next steps are tailored to your needs.

Communicating Engagement

Activity: Communicating Engagement

Scenario Updates: Avilla Chavis Family

<u>Initial phone call</u>:

Caseworker contacted Olivia via phone call. Immediately upon hearing caseworker introduction, Olivia indicated she was on her way home because Leidi had called her and told her DSS was on their way. Olivia shared that Leidi is a good girl and that she watches the other children carefully. Olivia indicated that the caseworker will see this when the caseworker comes to the home. Olivia agreed to have all household members, including JuanCarlos and Franklin home as soon as possible, as caseworker was leaving the office immediately and about fifteen minutes away from the home.

<u>Entry into the home</u>:

Franklin answered the door and told Caseworker that everything is fine. He indicated that there was no need for the Caseworker to enter the home or to check on everyone, as his family is okay; he makes sure of that. Olivia then came to the door and told Franklin that he needed to let the caseworker in, that the caseworker was just doing their job. Franklin stated "fine, let them in" and sat on the couch. Olivia granted permission for the caseworker to enter the home.

<u>Observations of tour of the home</u>:

- The family resides in a three-bedroom mobile home. Sufficient space was observed for all household members
    - Ricardo and JuanCarlos share one bedroom, with bunk beds and a desk in the room.
    - Diego and Amelia share a bedroom, with Diego in a toddler bed and Amelia sleeping in a crib. Crib was observed to have several stuffed animals and a blanket. Safe sleeping was discussed with parents, and items were removed before completion of the home visit.
    - Leidi sleeps in a small room off the living room that used to be Olivia's office for privacy.
    - Olivia and Franklin share a bedroom.
- The home has working smoke detectors. Fire safety was discussed with the family.
- One shotgun was reported and observed in the home. The shotgun with trigger lock is stored separately from bullets in a locked closet of the parents' bedroom. Firearm safety was discussed with the family, with no concerns noted regarding firearm access.
- Adequate food was observed in the cabinets, pantry, and refrigerator.
- Physical state of the home is safe on initial walk-through. Discussed additional cleaning in the kitchen as bags of trash, food in various stages of preparedness, dirty dishes, etc., were observed piled on the counter and kitchen table.

Use the space below to create a few narrative statements and open-ended questions to utilize in your interview with the parent.

Safety Focused

North Carolina Core Value: Safety-Focused

Our Child Welfare Core Values
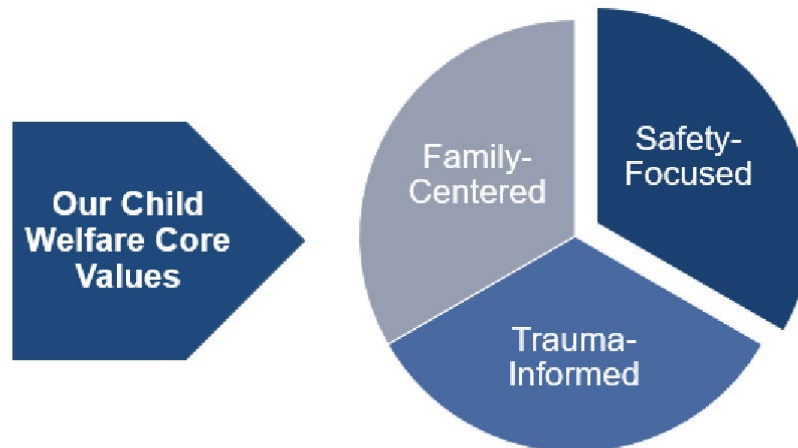
Use this space to record notes.

Statutory Definitions

Abuse

Neglect
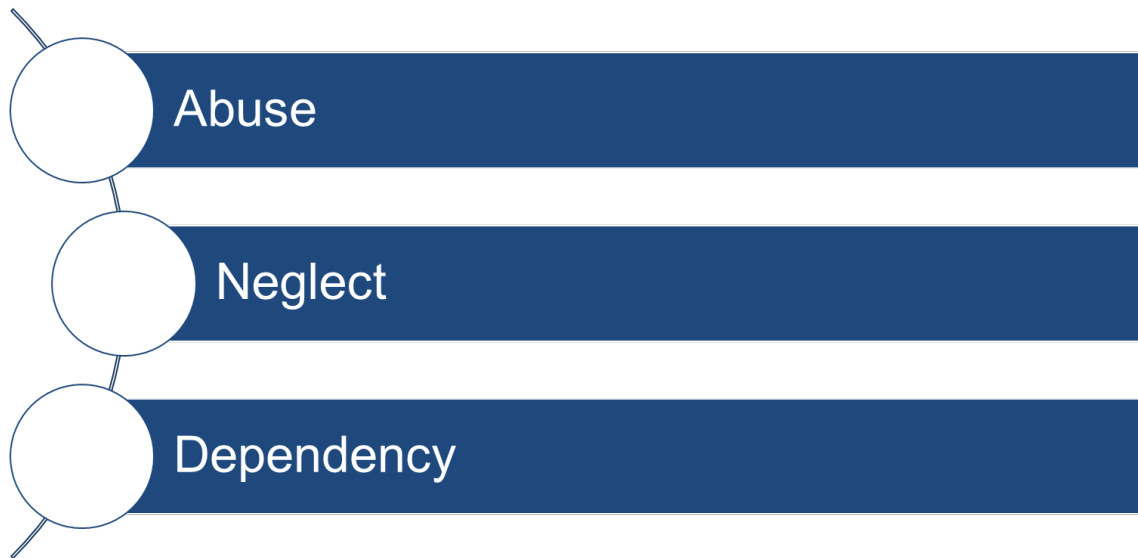
Dependency

Definitions for Abused, Neglected, and Dependent Juvenile can be found in NCGS § 7B-101,and in CPS Intake Policy, Protocol, and Guidance.

Use this space to record notes.

Poverty or Neglect?

POVERTY ≠ NEGLECT

Poverty does not equate to neglect.

Caseworkers need to distinguish between neglectful situations and situations of poverty.

Poverty is related to social determinants and historical governmental practices that lead to inadequate resources, whereas neglect reflects an unwillingness to provide resources.

Use this space to record notes.

Activity: Family Accessible Language and Maltreatment Definitions

Create a poster with your group that includes:

- The definition as outlined in policy (for sexual abuse, it is okay to summarize)
- A list of parent or caretaker behaviors or conditions that may be present in a home or family where this form of maltreatment is or has occurred
- A list of ways in which children are impacted by this form of maltreatment
- A revised definition in language you could use with a family

How was this activity?

What was the most challenging part?

After looking at each of the posters, are there any questions that came up for you?

Safety, Protective Capacities, and Risk

Defining Safety and Risk

Safety	The absence of an immediate threat of serious or moderate harm to a child.
Risk	The likelihood that a child will be maltreated in the future.
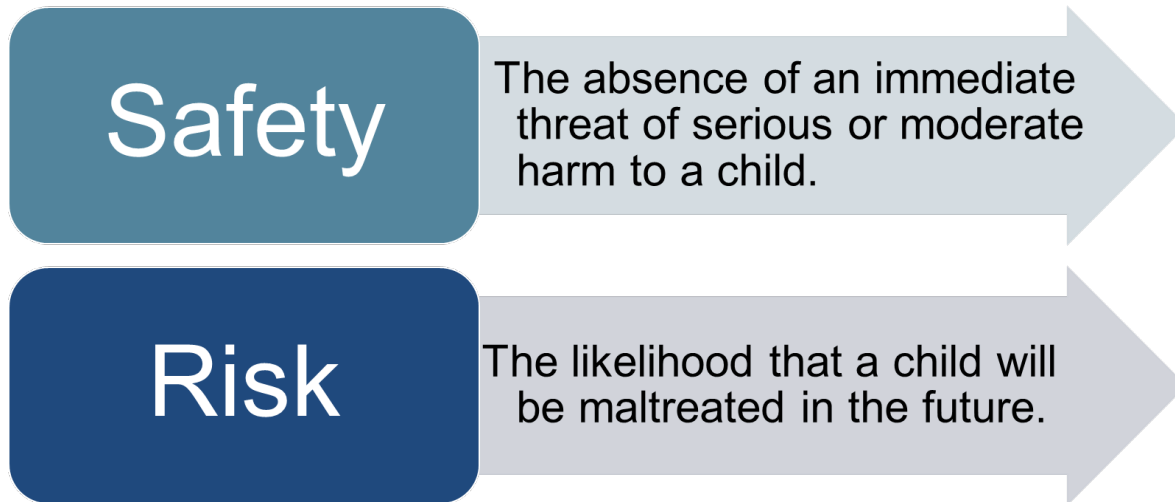
Use this space to record notes.

Understanding Child Safety

Safety is not merely the absence of danger.

Safety is the presence of protection.

Safety is actions of protection, taken by the caretaker and network, that address the danger and are demonstrated over time.

Use this space to record notes.

Protective Capacity

Handout: Protective Capacity

Protective capacity is defined as the ability and willingness to mitigate or ameliorate the identified safety and risk concerns. Protective capacity can be demonstrated by a parent through their statements, actions, and reactions. Protective capacity exists both within the parent/caretaker and within the family environment.

Parent/caretaker protective capacity should be assessed in three domains:

- Behavior characteristics
- Cognitive characteristics
- Emotional characteristics

Behavioral characteristics are defined as specific actions and activities consistent with and resulting in parenting and protective vigilance. Questions to consider include:

- Does the parent/caretaker have the capacity to care for the child? If the parent/caretaker has a disability(ies) (e.g., blindness, deafness, paraplegia, chronic illness), how has the parent/caretaker addressed the disability in parenting the child?
- Has the parent/caretaker acknowledged and acted to provide the needed support to effectively parent and protect the child?
- Does the parent/caretaker demonstrate activities that indicate putting aside one's own needs in favor of the child's needs (if appropriate)?
- Does the parent/caretaker demonstrate adaptability in a changing environment or during a crisis?
- Does the parent/caretaker demonstrate actions to protect the child?
- Does the parent/caretaker demonstrate impulse control related to a risk factor?
- Does the parent/caretaker have a history of protecting the child given any threats to the safety of the child?

Cognitive characteristics are defined as the parent/caretaker's specific intellect, knowledge, understanding, and perception that contribute to protective vigilance. Questions to consider include:

- Is the parent/caretaker oriented to time, place, and space? (i.e., reality orientation)
- Does the parent/caretaker have an accurate perception of the child? Does the parent/caretaker see the child as having strengths and weaknesses, or do they see the child as "all good" or "all bad"?
- Can the parent/caretaker recognize the child's developmental needs, or if the child has special needs?
- How does the parent/caretaker process the external stimuli? (e.g., a battered woman who believes she deserves to be beaten, because of something she has done)
- Does the parent/caretaker understand their role to provide protection to the child?

- Does the parent/caretaker have the intellectual ability to understand what is needed to raise and protect a child?
- Does the parent/caretaker accurately assess potential threats to the child?

Emotional characteristics are defined as the parent/caretaker's specific feelings, attitudes, and identification with the child and motivation that results in parenting and protective vigilance. Questions to consider include:

- Does the parent/caretaker have an emotional bond with the child? Is there a reciprocal connectedness between the parent/caretaker and the child? Is there a positive connection to the child?
- Does the parent/caretaker have empathy for the child when the child is hurt or afraid?
- Is the parent/caretaker flexible under stress? Can the parent/caretaker manage adversity?
- Is the parent/caretaker able to control their emotions? If emotionally overwhelmed, does the parent/caretaker reach out to others or expect the child to meet the parent/caretaker's emotional needs?
- Does the parent/caretaker consistently meet their own emotional needs via other adults or services?

Environmental Protective Capacities

While the assessment of the parent/caretaker's protective capacities is critical, an assessment of **environmental capacities** may also mitigate the safety concerns/risk of harm to a child. Below are several categories of environmental protective capacities to be considered:

- Family/kinship relationships that contribute to the protection of the child; • Informal relationships
- Agency supports
- Community supports
- Financial status
- Spiritual supports
- For American Indians, the tribe
- Concrete needs are being met (e.g., for food, clothing, shelter).

Source: North Carolina Department of Health and Human Services. (2025). *NC Child Welfare manual: Cross function topics.* https://policies.ncdhhs.gov/wp-content/uploads/Cross-Functions-Nov-2025.pdf.

Use this space to record notes.
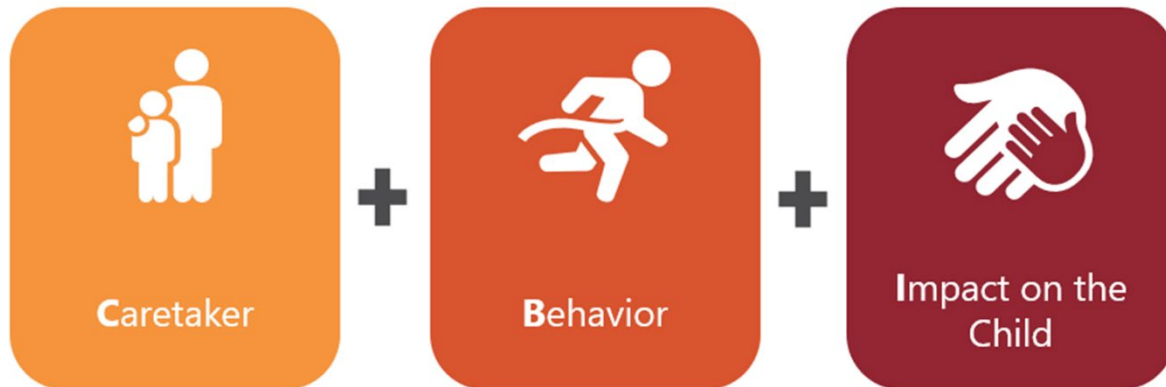
Impact

Impact is how the behavior affects the child.

When a parent's behavior, attitudes, emotions, intent, or circumstances create conditions that fall beyond mere risk of maltreatment and have become an actual imminent threat to a child's safety

Use this space to record notes.

Read the scenario below. For each, decide if the scenario represents a safety threat or a risk factor. If a risk factor is decided, write one way that a parent or caregiver might mitigate or eliminate the risk.

Scenario One
A father was arrested for DWI after he was seen swerving and crossing the center line of the road. The three-year-old was in the car with him as they were on the way to school.
Circle One: Safety Threat   Risk Factor
If Risk Factor, one idea to mitigate or eliminate the risk:

Scenario Two
The mother is a single mother of five children. Two of the children are under 2 years old. She has limited support and inconsistently takes her medication for depression. Her 12-year-old daughter takes on a parenting role when the mother has a mental health crisis.
Circle One: Safety Threat   Risk Factor
If Risk Factor, one idea to mitigate or eliminate the risk:

Scenario Three
The mother and father are young parents of a toddler and an infant. They have unrealistic expectations of a two-year-old. They use physical discipline when their toddler does not listen to their directions. The toddler has no marks or bruises. The parents are tired and often have the infant sleep in the bed with them. The infant's crib has stuffed animals and cute blankets in it.
Circle One: Safety Threat   Risk Factor
If Risk Factor, one idea to mitigate or eliminate the risk:

Scenario Four
A mother has a history of substance use disorder involving alcohol. She has several past DWIs, the most recent 6 months ago. She is the only adult in the household, and the 6-year-old has been suspended from the bus for the next two weeks due to aggressive behavior.
Circle One: Safety Threat   Risk Factor
If Risk Factor, one idea to mitigate or eliminate the risk:

Scenario Five
The father is a person with Schizophrenia. He is a single father of five children. Two of the children are under 2 years old. He recently moved to North Carolina from Florida and has limited support. His 12-year-old daughter called 911 when her father had a psychosis episode and attempted to drown his 4-year-old son, stating that he was the devil. Emergency technicians verified that the daughter had successfully resuscitated her brother.
Circle One: Safety Threat   Risk Factor
If Risk Factor, one idea to mitigate or eliminate the risk:

Essential Function: Assessing

Assessing

Assessing Core Activities
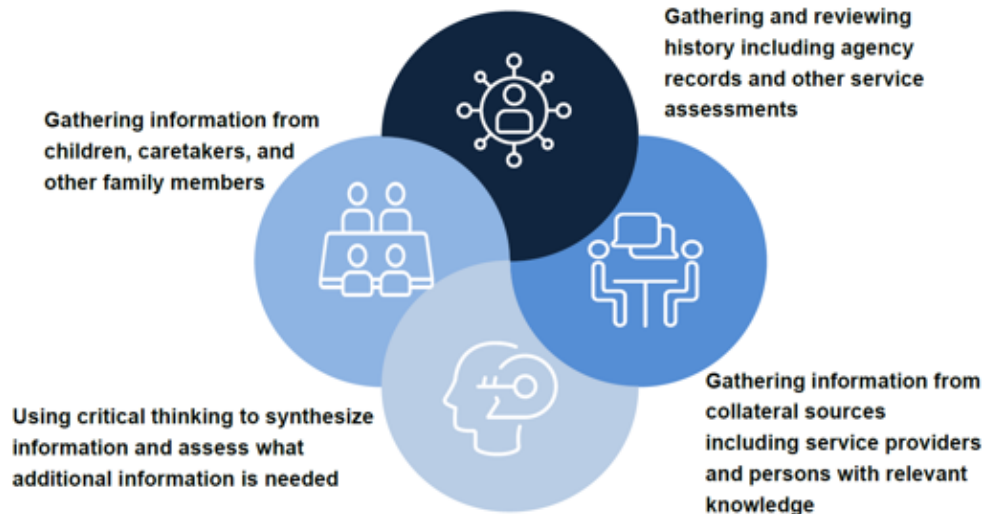
Gathering and reviewing history including agency records and other service assessments

Gathering information from children, caretakers, and other family members

Gathering information from collateral sources including service providers and persons with relevant knowledge

Using critical thinking to synthesize information and assess what additional information is needed

Use this space to record notes.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina Worker Assessment: Assessing

Introduction

Assessing is defined as gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

There are four Assessing core activities: (1) gathering information from children, caretakers, and other family members, (2) gathering and reviewing history, including agency records and other service assessments, (3) gathering information from collateral sources including service providers and persons with relevant knowledge, and (4) using critical thinking to synthesize information, assess what additional information is needed, and inform decision making.

Table 1. Core Activity: Gathering information from children, caretakers, and other family members

Practice Standard 1: Differentiates between information and positions				
	A	S	N	Notes
I moderate information gathering sessions	(1)	(2)	(3)	
I gather information that supports all positions	(1)	(2)	(3)	
I understand my own biases that may cloud positions	(1)	(2)	(3)	
Practice Standard 2: Takes time to get to know families and explain the assessment process				
	A	S	N	Notes
I take time to conversationally gather the family's story	(1)	(2)	(3)	
I use engagement to build family participation in assessment process	(1)	(2)	(3)	
I get a picture of the family's hopes, aspirations, challenges, and worries	(1)	(2)	(3)	
I explain the assessment process, reiterating purpose	(1)	(2)	(3)	
I authentically share with the family about the process	(1)	(2)	(3)	

Division of Social Services　　　　　　　　　　　　　　　11

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

I keep in mind the culture of the family when gathering information	(1)	(2)	(3)	

Practice Standard 3: Asks questions based on information needed and at ease asking uncomfortable questions

	A	S	N	Notes
I ask open-ended, strengths-based questions	(1)	(2)	(3)	
I understand what type of questions elicit the best type of answers	(1)	(2)	(3)	
I have the ability to hear difficult information without reaction	(1)	(2)	(3)	
I engage in crucial conversations	(1)	(2)	(3)	
I utilize a narrative approach to gather perspectives on historical information	(1)	(2)	(3)	

Table 2. Core Activity: Gathering and reviewing history, including agency records and other service assessments

Practice Standard 4: Stays open to different explanations of events in the record, keeping biases in check

	A	S	N	Notes
I continuously gather information	(1)	(2)	(3)	
I am diligent in pursuing information	(1)	(2)	(3)	
I understand how to factor historical information into current situation	(1)	(2)	(3)	
I keep an open mind	(1)	(2)	(3)	

Practice Standard 5: Balances what is read in the record and what families share

	A	S	N	Notes
I review information ahead of meeting the family, but ask them to share their perspective	(1)	(2)	(3)	

Division of Social Services   12

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

I identify in the record what has historically worked well for the family	(1)	(2)	(3)
I have an understanding of what biases I hold when reviewing history	(1)	(2)	(3)

Table 3. Core Activity: Gathering information from collateral sources including service providers and persons with relevant knowledge

Practice Standard 6: Obtains all sides if there are differing positions among collaterals, engaging families in the process			
	A	S	N	Notes
I seek out wide number of collaterals and balance collateral sources	(1)	(2)	(3)	
I obtain information from as many collaterals as time permits	(1)	(2)	(3)	
I consider all relevant collateral sources	(1)	(2)	(3)	
I am honest with families when I must reach out to collaterals the family is unhappy with and explain why	(1)	(2)	(3)	
I let the family help identify collaterals and ask their permission before contacting	(1)	(2)	(3)	

Table 4. Core Activity: Using critical thinking to synthesize information, assess what additional information is needed, and inform decision making

Practice Standard 7: Synthesizes information and considers sources, prioritization, and timelines			
	A	S	N	Notes
I continually gather information	(1)	(2)	(3)	
I understand assessment is ongoing process in determining needs	(1)	(2)	(3)	
I rank information received based on relevance and priority	(1)	(2)	(3)	

Division of Social Services   13

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

I prioritize information that negatively impacts children to address first	(1)	(2)	(3)	

Practice Standard 8: Remains non-judgmental when processing information

	A	S	N	Notes
I am inquisitive from the beginning of assessment process	(1)	(2)	(3)	
I understand the family's community as they define it	(1)	(2)	(3)	
I operate with cultural humility	(1)	(2)	(3)	
I persevere in gathering information, follow the information	(1)	(2)	(3)	
I understand not all information is relevant	(1)	(2)	(3)	
I normalize reactions family has to information and assessment results	(1)	(2)	(3)	
I understand fight, flight, or freeze response	(1)	(2)	(3)	

Division of Social Services   14

Global Assessment

Activity: Global Assessments

List the tools and activities that support the assessment process assigned to your group in the first column below.

In the second column, consider areas that require assessment from the group brainstorm that your assigned tools would assess.

Tools and activities that support assessment	Areas assessed by tool or activity

Use this space to record notes.

## The SDM System: A Comprehensive Framework
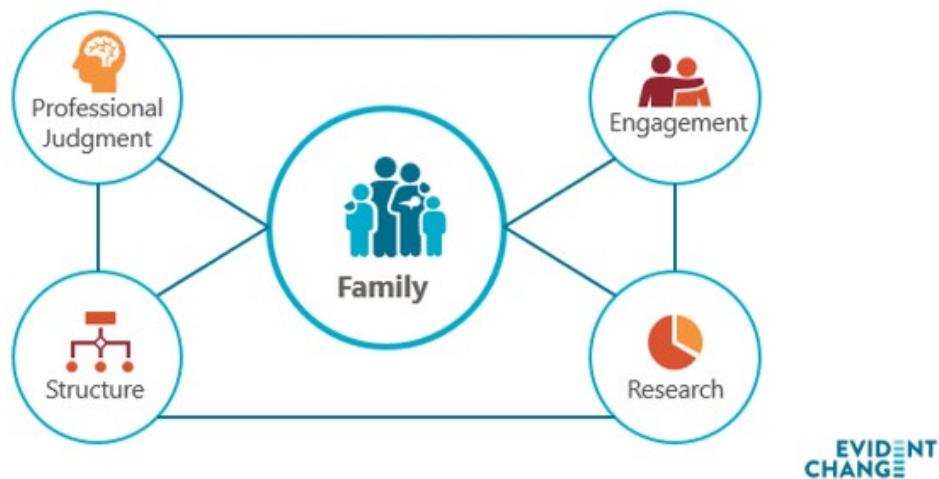
North Carolina uses the Structured Decision-Making (SDM) framework to inform and support assessing.

The SDM model integrates engagement strategies, research, the SDM assessments, and professional judgement into a full-system model.

The SDM system is a decision-support system informed by research, policy, and best practices.

Use this space to record notes.

The SDM System at Each Decision Point
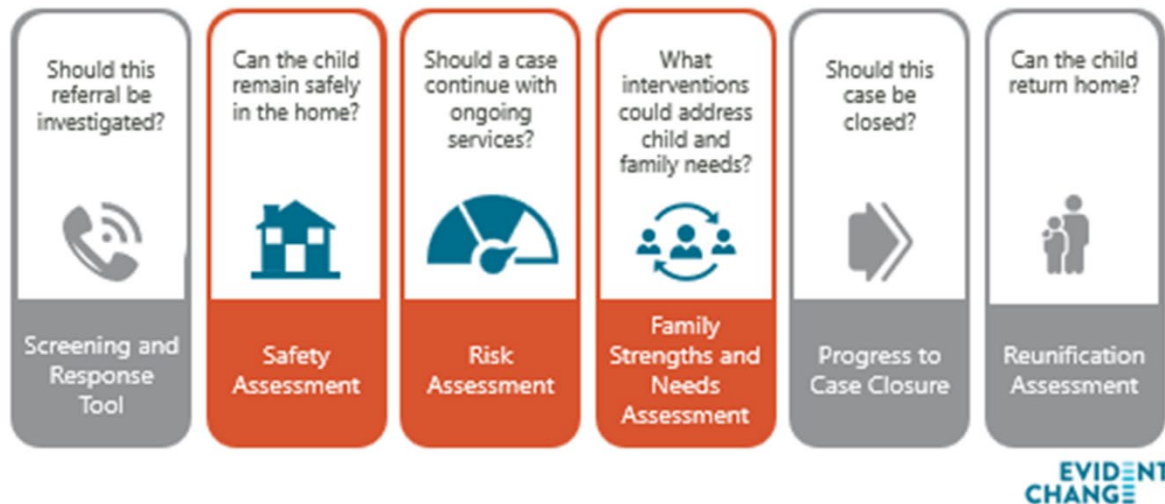
Each assessment corresponds to important decision-making points in the child welfare process

The SDM system has six assessment tools, three of which are utilized in CPS Assessments

- Safety Assessment: Can the child safely remain in the home?
- Risk Assessment: Should ongoing services be provided?
- Family Strengths and Needs Assessment: What interventions could address child and family needs?

Use this space to record notes.

Information Gathered
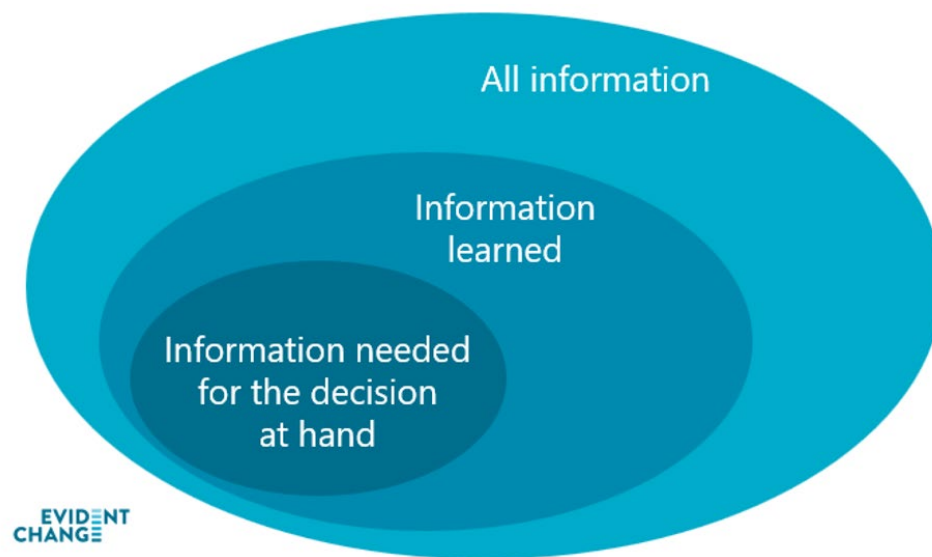
How do you imagine yourself managing all the information that is received while assessing?

The Two-System Model of Thinking
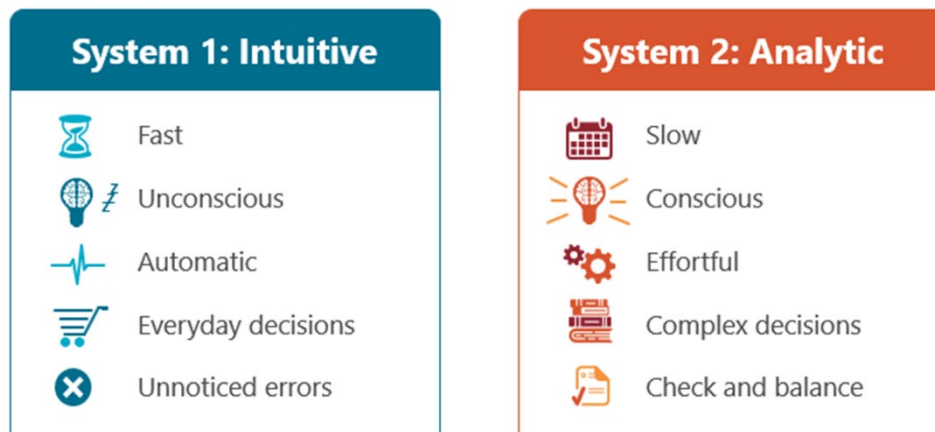
Use this space to record notes.

Synthesizing Information

- Analyzing and evaluating information

- Making connections between the information

- Combining the information with prior knowledge to arrive at a conclusion
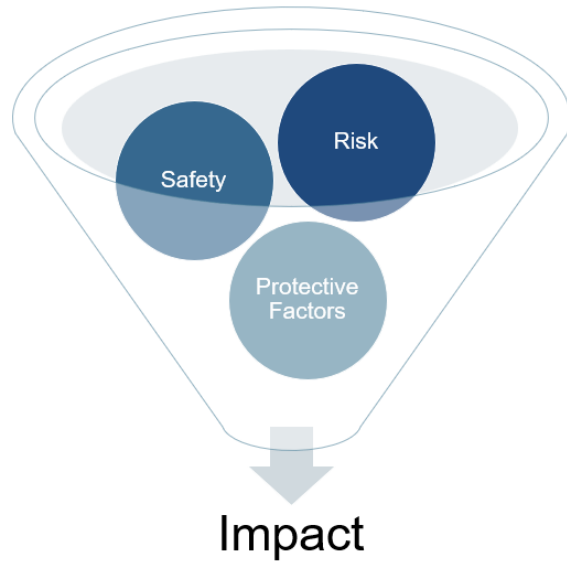
Use this space to record notes.

Documentation of the Assessing Process

Be Accurate	Be Clear	Be Concise
• Statements, conclusions, and opinions based on facts that are clearly described	• Avoid jargon • Use behavioral descriptors based on observations and specific statements of involved parties	• Information that is relevant and necessary to the CPS Assessment
Be Relevant	**Be Timely**	**Be Complete**
• Document decisions related to your assessments	• Documentation must be current within 7 days of every activity or action	• Document all the information needed to take action

Use this space to record notes.

Harm, Worry, and Goal Statements

Harm Statement	**It** was reported	**What** caretaker actions/inaction	**Impact** on the child	
Worry Statement	Child may be	Impacted how? if/when	Context	
Goal Statement	Child	What will be done differently	To address the concern	EVIDENT CHANGE
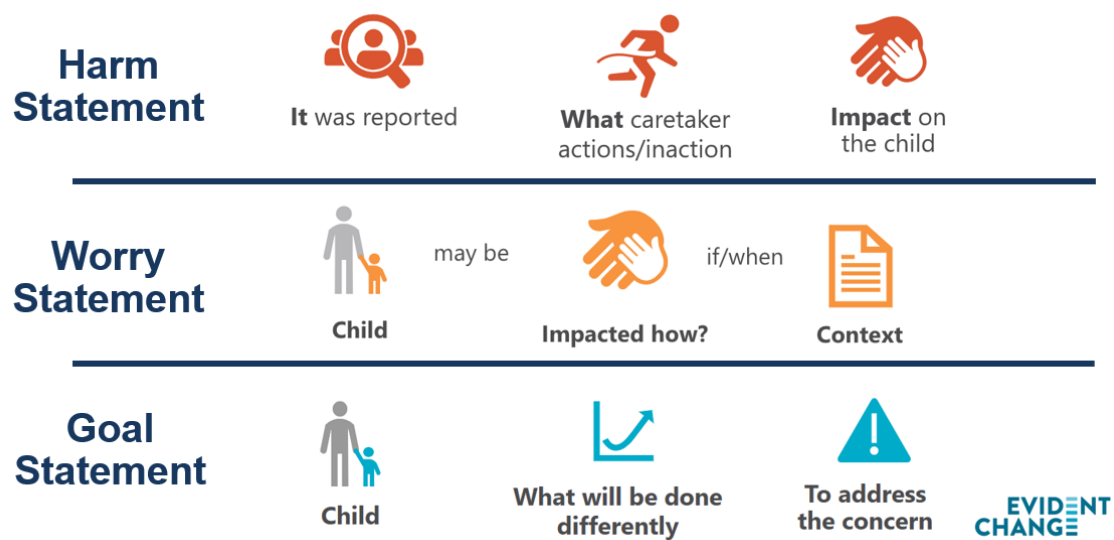
Use this space to record notes.

Handout: Harm, Worry, and Goal Statements

All statements are communicated in simple, concise, behaviorally specific, family-accessible language.

- Harm statement: Clear and specific statement about the harm or maltreatment that the child experienced
- Worry statement: Simple behavioral statement about the specific worries we have about this child now and in the future
- Goal statement: Clear, simple statement about what will be done differently to ensure that the child is safe now and in the future (NOT how)

Harm Statements

Harm statements focus on harm or maltreatment that has already occurred. Harm statements help summarize the previous incidents in a clear, concise "just the facts" way. It can be helpful to use harm statements as part of your assessment narrative, safety plan, and discussions with families and collaterals.

Harm statement formulas include:

Not all cases have harm statements, as specific harm has not always happened.

Worry Statements

Worry statements focus on the future. Worry statements take the identified harm or concerns and ask us to answer two questions:

- What is the agency most worried will happen to the child if nothing changes?
- When or in what context is the agency most worried that this could happen?

Worry statements are not reflections of the worst that could happen; they are what is most likely to happen if nothing changes. Context is important in worry statements.

Worry statement formula includes:

Child   may be   **Impacted how?**   if/when   **Context**

Every case where there are concerns for child maltreatment will have a worry statement.

Goal Statements

Goal statements are clear, well-formed statements that communicate when enough behavioral change has occurred that child welfare involvement can end. Goal statements describe new behaviors that need to happen instead of just outlining what needs to stop happening:

- Has enough behavioral change occurred?
- Have we established clear "bottom lines" of what needs to change?
- Does the family understand what new behavior needs to happen?

Goal statement formula includes:

Child   **What will be done differently**   **To address the concern**

Services are not safety; therefore, service engagement is not part of a goal statement.

End-of-Day Values Reflections

Questions and Reflections.

Use this space to record questions and reflections about what you have learned.

Bibliography of References

Day Two

The Alliance for Professional Development, Training, and Caregiver Excellence. (2020). Regional Core Training – Interviewing Adults Handouts. University of Washington School of Social Work. https://risewiththealliance.org/home/regional-core-training-interviewing-adults-handouts/.

Berg, I.K., & Kelly, S. (2000). Building solutions in child protective services. New York, NY: W. W. Norton & Company.

Child Welfare Information Gateway. (n.d.). Separating poverty from neglect. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/topics/prevention/separating-poverty-neglect/?top=89.

Child Welfare Information Gateway. (2021). Family engagement: Partnering with families to improve child welfare outcomes. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/121870597 0007651.

Child Welfare Information Gateway (CWIG). (2022). The use of safety and risk assessments in Child Protection cases. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/safety_risk.pdf?VersionId=ssUjM9eGAF05e9Y AiAkm8zjJ_AibAyRS.

DePanfilis, D. (2018). Child Protective services: A guide for caseworkers. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. https://capacity.childwelfare.gov/sites/default/files/media_pdf/cps2018.pdf.

Dolezal, L., & Gibson, M. (2022). Beyond a trauma-informed approach and towards shame-sensitive practice. Humanit Soc Sci Commun 9, 214. https://doi.org/10.1057/s41599-022-01227-z.

Evident Change. (2022). Back To Basics-Safety and Risk Webinar #2/Safety and Risk Assessment Key Elements. Fcrp.unc.edu. University of North Carolina, Family & Children's Resource Program. https://fcrp.unc.edu/resources/back-to-basics-safety-and-risk-webinar-2-safety-and-risk-assessment-key-elements/.

Evident Change & North Carolina Department of Health and Human Services. (2025). North Carolina Safety-Organized Practice Training Series: Harm, Worry, and Goal Statements [curriculum]. https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=628.

Evident Change & North Carolina Department of Health and Human Services. (2025). North Carolina Safety-Organized Practice Training Series: Introducing safety-organized practice [curriculum]. https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=627.

Evident Change & North Carolina Department of Health and Human Services. (2025). North Carolina Safety-Organized Practice Training Series: Three Questions and Three-Column Mapping [Curriculum]. https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=631.

Evident Change & North Carolina Department of Health and Human Services. (2025). North Carolina Safety-Organized Practice Training Series: Family Strengths and Needs Assessment Overview. [curriculum]. https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=610.

Evident Change & North Carolina Department of Health and Human Services. (2025). North Carolina Safety-Organized Practice Training Series: Structured Decision-Making Risk Assessment Overview. [curriculum]. https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=614.

Evident Change & North Carolina Department of Health and Human Services. (2025). North Carolina Safety-Organized Practice Training Series: Using SDM to Serve Children and Families. [curriculum]. https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=615.

Evident Change & North Carolina Department of Health and Human Services. (2025). SDM® safety assessment policy and procedure manual. https://policies.ncdhhs.gov/wp-content/uploads/North-Carolina-SDM-Safety-Manual_FINAL-2025.pdf.

Family & Children's Resource Program. (2025, June). The art of narrative interviewing: Skills for meaningful engagement [Curriculum]. University of North Carolina School of Social Work.

Juvenile Code, N.C.G.S. §7B-101. Definitions. https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_7B/GS_7B-101.pdf.

Kezelman, C., & Stavropoulos, P. (2017). Talking about Trauma: Guide to everyday conversations for the general public. Blue Knot Foundation. https://blueknot.org.au/wp-content/uploads/2020/02/Talking-About-Trauma-general-public.pdf.

National Council of Juvenile and Family Court Judges. (2018). Distinguishing Poverty Experienced by Families from Child Neglect. Linking Systems of Care for Children and Youth Project. https://www.ncjfcj.org/wp-content/uploads/2021/11/Distinguishing-Poverty.pdf.

National Resource Center for Family Centered Practice. (2025). What is family-centered practice? Nrcfcp.uiowa.edu. https://nrcfcp.uiowa.edu/what-is-family-centered-practice.

NC Division of Social Services and the Family and Children's Resource Program. (2002). What is forensic interviewing? Children's services practice notes 8 (1). https://practicenotes.org/vol8_no1/what_is.htm.

NC Division of Social Services and the Family and Children's Resource Program. (2019). Assessing safety and risk. Children's Services Practice Notes for North Carolina's Child Welfare Workers, 24 (2). https://practicenotes.org/v24n2.htm.

Newlin, C., Cordisco Steele, L., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., Stewart, H., & Vaughan-Eden, V. (2015). Child forensic interviewing: Best practices.

Working for youth justice and safety, Juvenile justice bulletin. [Bulletin]. Ojjdp.gov. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://www.ojjdp.gov/pubs/248749.pdf on 30 January 2024.

North Carolina Department of Health and Human Services, Division of Social Services. (2021). North Carolina practice standards worker assessment. https://www.ncdhhs.gov/cw-worker-north-carolina-worker-assessment-all-practice-standards/open.

North Carolina Department of Health and Human Services, Division of Social Services. (2021). Worker practice standards desk guide. https://www.ncdhhs.gov/cw-worker-north-carolina-worker-practice-standards-desk-guide/open.

North Carolina Department of Health and Human Services. (2025). NC Child Welfare manual: CPS intake policy, protocol, and guidance, Definitions. https://policies.ncdhhs.gov/wp-content/uploads/PATH-NC-Intake-Policy-October-2025.pdf.

North Carolina Department of Health and Human Services. (2025). NC Child Welfare Manual: CPS intake policy, protocol, and guidance, Maltreatment Types. https://policies.ncdhhs.gov/wp-content/uploads/PATH-NC-Intake-Policy-October-2025.pdf.

North Carolina Department of Health and Human Services. (2025). NC Child Welfare Manual: CPS assessments policy, protocol, and guidance. Required timeframes. https://policies.ncdhhs.gov/wp-content/uploads/PATH-NC-Intake-Policy-October-2025.pdf.

North Carolina Department of Health and Human Services, Division of Social Services, Child Welfare Services. (2025). NC Child Welfare Manual: Cross function topics. https://policies.ncdhhs.gov/wp-content/uploads/Cross-Functions-Nov-2025.pdf

Otgaar, H., Howe, M. L., Merckelbach, H., & Muris, P. (2018). Who Is the Better Eyewitness? Sometimes Adults but at Other Times Children. Current directions in psychological science, 27(5), 378–385. https://doi.org/10.1177/0963721418770998

Parker, S. (n.d.) Circles of safety & support: A tool to help parents identify people for their family's safety & support network. Partneringforsafety.com.au. https://www.partneringforsafety.com/_files/ugd/c64e56_e2277902ff214ca79030d2186bbf88ef.pdf.

The Pennsylvania Child Welfare Resource Center. (n.d.). 301 Engaging clients from a strengths-based, solution-focused perspective, Handout #9. pacwrc.pitt.edu. https://www.pacwrc.pitt.edu/Curriculum/301EngggClntsFrmAnSBSFPrspctv/Hndts/HO_9_Solution_focused_skills_and_questions.pdf.

Roose, R., Roets, G., Van Houte, W., Vandenhole, W., & Reynaert, D. (2013). From parental engagement to the engagement of social work services: Discussing reductionist and democratic forms of partnership with families. Child & Family Social Work 18 (4): 449-457.

Southern Utah University. (2025). Information Synthesis. [Research guides]. Southern Utah University, Gerald R. Sherratt Library. Information Literacy & Library Research. https://library.suu.edu/LibraryResearch/information-synthesis.

Weld, N. & Parker, S. (n.d.). Using the Three Houses Tool: Involving children and young people in child protection assessment and planning. Partneringforsafety.com.au. https://www.partneringforsafety.com/uploads/2/2/3/9/22399958/three_houses_booklet_updated.pdf

Yordy, J. (2023, February 1). Poverty and Child Neglect: How did we get it wrong? Washington, DC: National Conference of State Legislatures. https://www.ncsl.org/state-legislatures-news/details/poverty-and-child-neglect-how-did-we-get-it-wrong.
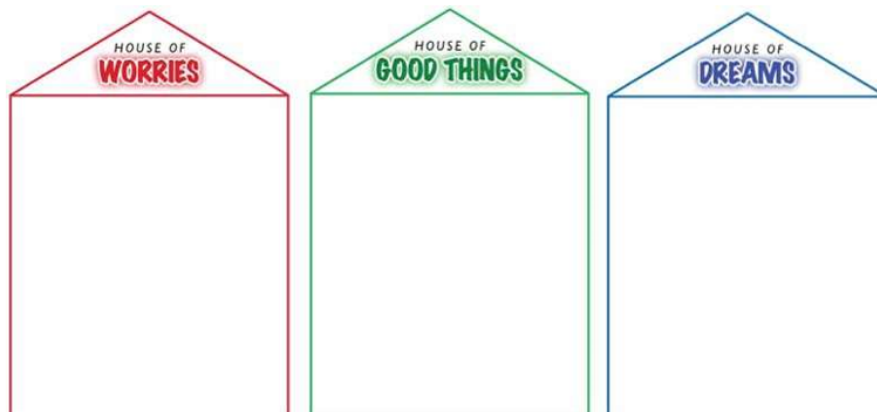
Appendix:

Using the Three Houses
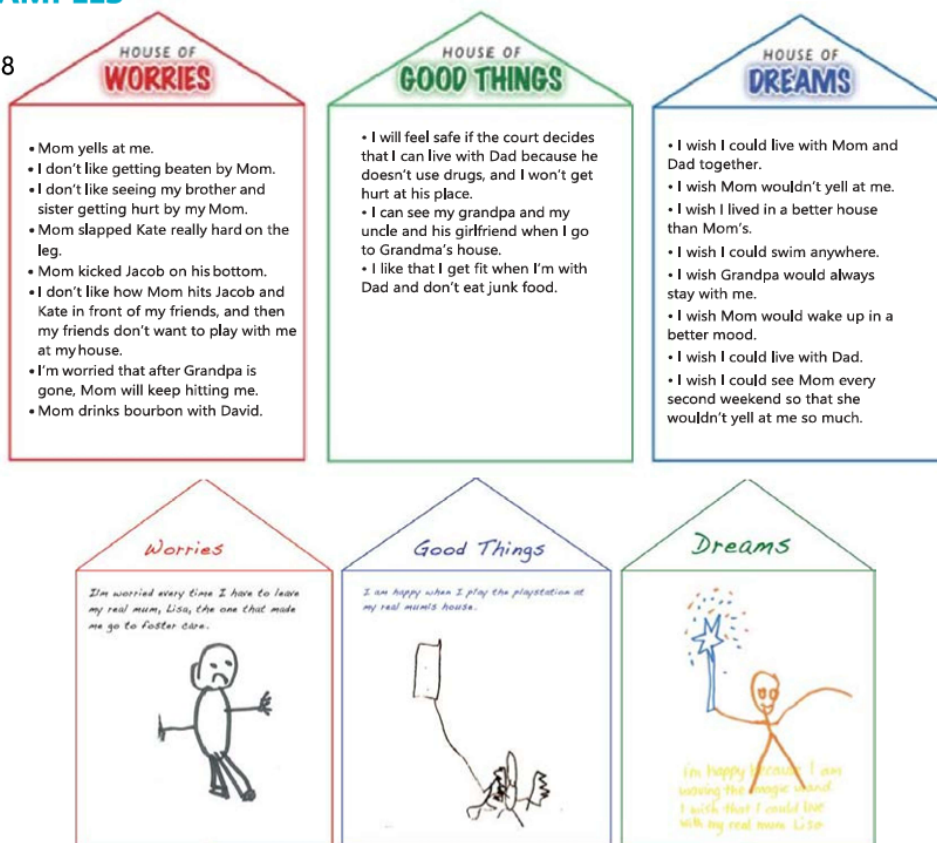
Three Houses

Safety House

Using the Three Houses

Used with permission from Nicki Weld.

A tool that engages children in child protection assessment and planning

HOUSE OF WORRIES	HOUSE OF GOOD THINGS	HOUSE OF DREAMS

CASE EXAMPLES

Emma, age 8

HOUSE OF WORRIES	HOUSE OF GOOD THINGS	HOUSE OF DREAMS
• Mom yells at me. • I don't like getting beaten by Mom. • I don't like seeing my brother and sister getting hurt by my Mom. • Mom slapped Kate really hard on the leg. • Mom kicked Jacob on his bottom. • I don't like how Mom hits Jacob and Kate in front of my friends, and then my friends don't want to play with me at my house. • I'm worried that after Grandpa is gone, Mom will keep hitting me. • Mom drinks bourbon with David.	• I will feel safe if the court decides that I can live with Dad because he doesn't use drugs, and I won't get hurt at his place. • I can see my grandpa and my uncle and his girlfriend when I go to Grandma's house. • I like that I get fit when I'm with Dad and don't eat junk food.	• I wish I could live with Mom and Dad together. • I wish Mom wouldn't yell at me. • I wish I lived in a better house than Mom's. • I wish I could swim anywhere. • I wish Grandpa would always stay with me. • I wish Mom would wake up in a better mood. • I wish I could live with Dad. • I wish I could see Mom every second weekend so that she wouldn't yell at me so much.

1. **Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.

2. **Get permission to interview the child.** Sometimes, child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.

3. **Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make all efforts to explain to the caregivers why it is necessary to speak with the child alone.

4. **Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.

6. **Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.

7. **Present the child's Three Houses to caregivers**. Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

Three Houses

House 1 is the House of Worries: (What are we worried about?)

Possible Questions/Dialogue:

- What makes you feel worried, sad, scared, or unsafe?
- Can you draw or write that in your House of Worries?
- I know this is hard, but can you tell me more about that?
- Are there other things that made you feel unsafe that I should know about?

House 2 is the House of Good Things: (What is working well?)

Possible Questions/Dialogue:

- When you are at home with your family, what makes you feel happy, excited, safe, and well cared for?
- Want to put that in your House of Good Things?
- What else do you want me to know about that?
- Who else helps you feel well cared for? What do they do?

House 3 is the House of Hopes and Dreams: (What needs to happen next?)
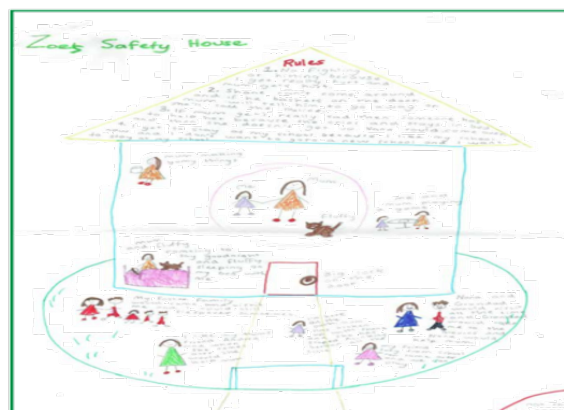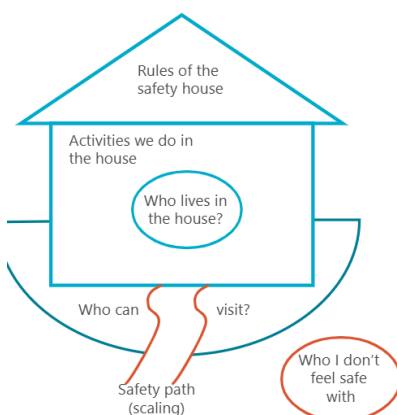
Possible Questions/Dialogue:

- If all the adults were following the rules and no longer doing the things that were in your House of Worries, what would they be doing instead?
- Would you like to add that to your House of Hopes and Dreams?
- What else would life be like in this house?
- Who else would be there?
- What would you be doing?

Note: You don't have to start with the House of Worries. With children and youth, it is always best to start with the "what is working well" and the House of Good Things. However, you can offer them the choice of which house they would like to start with.
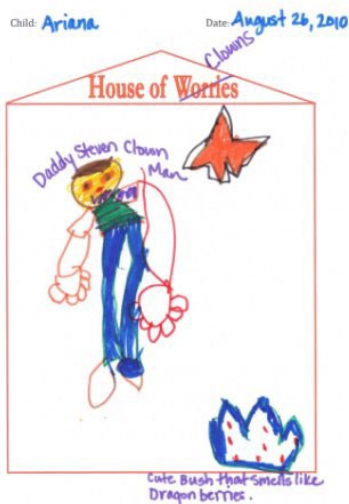
Safety House

1. **Inner circle and inside the house:** Start by inviting the child to draw themself in the center of the house. This reinforces that our focus is on the child and how they experience and feel about the world around them. Ask them to fill in the blank space between the walls with things that they enjoy or like about their house and family, such as traditions, routines, and people. To gain this perspective, you can ask, Who lives with you in this house? What activities do you do in the house that make you feel safe?

2. **Outer circle around the house:** For the semicircle under the house, ask the child to think about whom they like visiting the house. Think more about people who can be, or already are, involved with the family (Circle of Support) to ensure the safety of the child. To gain this perspective, you can ask, Who can come visit? What will they do when they visit?

3. **Red circle to the side:** These are people whom the child does not want to allow inside the house, such unsafe people, deal breakers, or threats to their safety. To gain this perspective, you can ask, Who shouldn't be allowed in? Who doesn't make you feel safe? (Or who are you afraid of? Or hurts you?)

4. **The roof:** These are the rules of the Safety House. Invite the child to create rules for their new safety house. How does that child want everyone in the house to behave? Emphasize that rules are meant to keep everyone safe. To gain this perspective, you can ask, What kind of rules will a house like this need to make sure you always feel safe? What rules do the grown-ups need to follow?

5. **The path to the Safety House (generally understood by age 7 and up, can be skipped for younger children):** The path mimics a scaling question often used in SOP. Use the path and/or sidewalk as a safety scale. Ask the child to draw themselves on the path or color the path (almost like a thermometer) to represent how safe they feel in their home. Any other way that makes sense to you and your child is also fine here. To gain this perspective, you can ask, if the beginning of the path at the street is where everyone is worried and (known danger indicator is happening), and the end of the path is where this Safety House exists at the front door and no one is worried, where would you put yourself on the path? What do adults need to do so you could be one step closer to the front door?