



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

Participant's Workbook Day Three

February 2025



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Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to 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: 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 delete 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
- Social Worker 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-Learnings 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 Three

Interviewing Learning Lab

- 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.

The Role of Observation in Assessing for Safety

- Learners will be able to discuss how their own biases may impact courageous conversations.
- Learners will be able to identify what child and family dynamics must be assessed to make case decisions.

Structured Decision-Making: Safety Assessment

- Learners will be able to describe the purpose of SDM tools used to support assessments.
- Learners will be able to describe how to complete the North Carolina Safety Assessment and when it is used.

Assessment Learning Lab

- Learners will be able to apply the definitions of danger indicators to case examples.
- Learners will be able to formulate harm and worry statements based on scenario information.

Day Three Agenda

CPS Assessment Track Training

Welcome

Interviewing Learning Lab

Narrative Interviewing

Interviewing Skills with Children

The Role of Observation in Assessing for Safety

Observation Skills

Areas to Observe

Structured Decision-Making: Safety Assessment

North Carolina Safety Assessment Tool

Assessment Learning Lab

Assessing Safety and Risk

Safety and Danger Indicators

Harm and Worry Statements

End-of-Day Values Reflection

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Interviewing Learning Lab

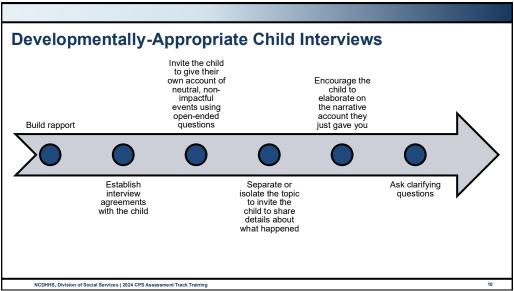
Narrative Interviewing

Skills Practice: Narrative Interviewing

Prose Statement: the beginning question or statement of reflection that initiates your narrative interview.

Jsing the scenario given to you, draft a prose statement. This is the statement you will utilize in your narrative interviewing practice.
Practice Self-Reflection
What is one thing I did well with my practice?
What is one thing I could have done differently to improve my practice?

Interviewing Skills with Children



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Worksheet: Developmentally Appropriate Child Interview Questions For each of the stages below, list a few questions that support the goal of that stage. Stage One: Build rapport Stage Two: Establish Interview Agreements with the Child Stage Three: Invite the child to give you their own account of the neutral, nonimpactful events using open-ended questions.

Stage Four: Separate or isolate the topic to invite the child to share details abow what happened.	ut
Stage Five: Encourage the child to elaborate on the narrative account they provided.	
Stage Six: Ask clarifying questions.	

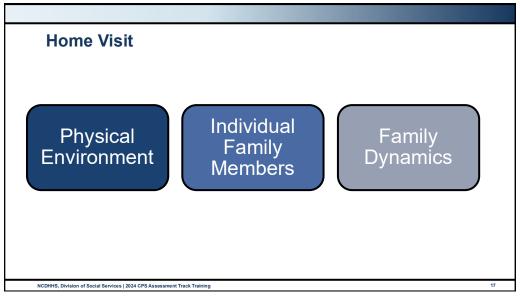
Video: Child Interview: Isabella's Bruise

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The Role of Observation in Assessing for Safety

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Areas to Observe



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Activity: Factors Influencing Child Vulnerabilities

- Child is aged 0-5. Children ages 0-5 are presumed to be vulnerable in protecting themselves. Evaluate whether any child is able to avoid an abusive or neglectful situation; flee; or seek outside protective resources, such as telling a relative, teacher, etc.
- Child has diagnosed or suspected medical or mental condition, including
 medically fragile. Any child in the household has a diagnosed medical condition
 or mental disorder that impairs his/her ability to protect him/herself from harm OR
 an unconfirmed diagnosis where preliminary indicators are present. Examples
 may include but are not limited to severe asthma, severe depression, untreated
 diabetes, and medically fragile (i.e. requires assistive devices to sustain life, etc.).
- Child has limited or no readily accessible support network. Any child in the
 household is isolated or less visible within the community; or the child does not
 have adult family or friends who understand the danger indicators; or the child
 does not have adult family or friends who are willing to take an active role in
 keeping the child safe.
- Child has diminished mental capacity. Any child in the household has diminished developmental/cognitive capacity, which impacts the child's ability to communicate verbally or to care for him/herself.
- Child has diminished physical capacity. Any child in the household has a physical condition/disability that impacts his/her ability to protect him/herself from harm (i.e. cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended, cannot care for self, etc.).

Small Group Activity

- Consider your assigned child vulnerability factor
- Generate a list of observable behavioral indicators of this vulnerability
 Create at least one question that further assesses observations of this

	vulnerability		
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Structured Decision Making: Safety Assessment

North	Carolina Saf	ety Assessr	ment Tool		
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Activity: Safety Assessment Tool

Your group is responsible for becoming the "expert" of your assigned section of the DSS-5231 Safety Assessment Tool and will respond to the following questions. Utilize DSS-5231ins as a guide.:

What is the purpose of this section?
What key information do you need to complete the section?
What should a worker be mindful of when completing this section?
Who should be involved in completing this section?

Worksheet: Safety Continuum
How do the factors that influence child vulnerability impact safety?
How do you document observations?
What Strengths-based questions might you ask to determine if a situation is or
of a parent's control?

Assessment Learning Lab

Assess	sing Safety and	Risk		
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Worksheet: General Kitchen Assessment

Part One	
What do you observe? What do you not observe that would be important? Document your observations in bulleted form.	
•	
Observation to the Haterake and State and Stat	
Change your bullets above into a narrative for the record.	

Part Two

Copy over your observations in bullet format from Part One	Write a list of what everyone in the group saw collectively.	What did you not see that you needed to see? Write a list.

Activity: Anchor Family Updates
Worksheet: Interview Summaries

Interview Summaries

Avilla Chavis Family

- Allegations were discussed during initial contact.
- Parents were contacted prior to initiation.
- Children were seen and interviewed separately within the initiation response timeframe.
- Parents and children were seen and interviewed on the same day as the children
- Home visit occurred the same day as the victim children were interviewed

Summary of initiation

All household members were initially interviewed together. Subsequent private, individual interviews were conducted.

Regarding the allegations:

- Olivia works part-time as a radiology technician at the local hospital on the second shift, 3 pm-11 pm, and Franklin works as a mechanic at an auto repair shop from 7:30 am-5:45 pm.
- Things have been hard since baby Amelia was born, and Olivia has struggled to recover from the birth both physically and emotionally. Olivia's work changed her to part-time after she returned from maternity leave, which was unexpected and has been a financial difficulty for the family.
- Due to Olivia's reduced hours and therefore reduced income, the family stopped taking Amelia and Diego to daycare.
- Diego and Amelia are at home with Olivia during the day. Ricardo is in school and goes to after-school childcare at the elementary school on Mondays, Wednesdays, and Fridays and is at home on Tuesdays and Thursdays.
- Leidi watches the younger children from after school when Olivia leaves for work, around 2:45 pm until Franklin returns home from work around 5:45 pm. On the days Olivia does not work, Leidi still watches the children after school because Olivia is tired and goes to her room.
- When Leidi watches the children, she supervises them, feeds and changes Amelia, and makes dinner for the family using the stovetop and oven. She often gives baths to the three youngest and puts Amelia to bed.
- JuanCarlos helps Leidi with the younger children when he is home. He has
 chorus practice several days a week and often hangs out with his cousin and
 best friend, Edgar, who lives across town.
- The family lives in a manufactured home community. The community consists of three dirt roads that turn off one main road. The family lives on the third road, about ¼ mile from the entrance to the community. Franklin's sister Martha also lives in the community in the first home on the first road, directly across the main road from the park.

- Leidi often takes the children to the park when babysitting. Leidi brings Amelia in the stroller, and they walk together. It is about ¼ a mile to the park. Everyone is aware that this is happening, and the parents have granted permission.
- Today, Leidi was watching Ricardo, Diego, and Amelia after school while Mom worked. When Leidi was putting Amelia down for a nap, Ricardo decided to take Diego to the park. When Leidi came back into the living room from the bedroom and noticed they were missing, she stepped outside and could see them walking to the park. Since she could see them and the park is right next to Tia Martha's house, she didn't see the problem. This is the third time Ricardo has taken Diego to the park. When the neighbor brought them home and scolded her for letting them go to the park, Leidi was shocked.
- Franklin and Olivia have never given permission for Ricardo to take Diego to the park, and they were not aware that had happened. They do not feel that this is dangerous and would be okay with it if Tia Martha was home. She was not home today, as she works on Tuesdays.

Individual interview summaries

Observation of Amelia, 6 months old

- Amelia was observed playing on the floor on a blanket, supervised by Leidi.
 Amelia reached for the toys, putting them into her mouth with both hands. She rolled from her back to her belly while being observed and propped herself up on her elbows to look around.
- In response to Social Worker interaction, Amelia cooed, smiled, and laughed.

Interview with Diego, 3 years old

- Diego was able to tell the social worker his name and held up three fingers when asked how old he was.
- Diego demonstrated an age-typical vocabulary and was able to respond to direct (who, what, and where) questions.
- Diego was observed engaged in a variety of activities during the home visit. He engaged in solo play with trucks on the floor for a few minutes. He grabbed toys from Amelia while she was playing with them to which Leidi grabbed them back and Diego slapped Leidi's arm. Diego opened the refrigerator multiple times to retrieve apple sauce and cheese sticks which he brought to Ricardo and Leidi to open for him. When Leidi told him no about an additional snack, he stomped his feet, yelled "yes" and got another cheese stick to bring to Ricardo to open.

Interview with Ricardo, 6 years old

- Ricardo provided a tour of his bedroom, shared about his favorite toys, described his favorite movie, Toy Story, and explained how he shares his space with JuanCarlos. Ricardo was observed to respond with age-typical vocabulary and responsiveness.
- When asked about the fact that his bed had no bedding, Ricardo said that Amelia
 cries at night sometimes so loud that he wakes up, so he started taking his pillow
 and blanket with him to sleep by her crib, so she doesn't get so scared.

- He told social worker that one night last week, baby Amelia was sick and vomited in her crib. He tried to wake his mom and dad up but said they wouldn't wake up, so he woke up Leidi, who changed Amelia's pajamas and sheets and put her back to bed.
- Ricardo stated that Leidi babysits him sometimes after school until his dad gets home from work. When asked what time his dad gets home, Ricardo said it is dinner time when dad gets home.
- Ricardo said that he likes to go to the park and sometimes he takes Diego with him. When asked about the day that a neighbor walked them home, Ricardo said that the neighbor told him it wasn't safe for him to babysit Diego, but he said he is really a big boy and he can take good care of them.
- When asked about what he would do if he or Diego got hurt at the park, he said he would get Tia Martha. When asked what he would do if Tia Martha wasn't home, Ricardo shrugged.

Interview with Leidi, 12 years old

- Leidi provided a tour of her space and shared about her favorite TV show and the book she is reading. Leidi described being a "homebody" meaning she would prefer to be at home than anywhere else.
- Leidi shared that she does have a few friends at school. She has several social media accounts and has made tons of new friends online. She complained about her mom taking her phone away as punishment although states this doesn't happen often because she is "a really good girl."
- Leidi talked about being her mom's "best helper," and that she does more than
 JuanCarlos around the house. Leidi said she is expected to do chores around the
 house such as cleaning the kids' bathroom, unloading and loading the
 dishwasher, and vacuuming the hallway plus keeping her bedroom clean, making
 snacks for the little kids after school, and sometimes babysits when her mom
 goes to work in the afternoons.
- Leidi explained that her mom leaves for work when she gets off the bus, so she babysits Amelia and Diego until JuanCarlos gets home, if and when he gets home. On Tuesdays and Thursdays, Ricardo also rides the bus home, and only sometimes does she babysit Ricardo, too. She sometimes likes it when Ricardo is home because he plays with Diego so she can focus on Amelia and the housework; sometimes she doesn't like it because Ricardo and Diego are constantly fighting and don't listen. She says this can be really stressful and sometimes she doesn't know what to do.
- Leidi explained that she cooks on the stovetop and in the microwave and that she makes dinner when her mom works or is sleeping. Leidi said that since her mom's hours at work got cut, she has had to help with babysitting more. She said it's not just because Diego and Amelia don't go to daycare, but because her mom is tired and spends a lot of time in her room not helping with the young kids, even when they cry or Diego asks for her. Leidi indicated her mom will come and take over if Leidi asks multiple times, but Leidi doesn't like to do that because she likes being a helper.
- When asked about emergency plans, Leidi says that she would call her Tia Martha or abuelos if her mom isn't home. When asked what defines an

- emergency, Leidi shrugged and said she guesses that if someone got hurt it would be an emergency.
- She says she sees both her parents drink alcohol "a lot" but said she "wasn't sure" when the social worker asked follow-up questions about the frequency of drinking or the amount consumed.
- When asked about the incident with Amelia throwing up in the middle of the night, Leidi said that Ricardo woke her up and she did change Amelia and the sheets. She said that as she was putting Amelia back down, the baby threw up again and she did wake her mother up. She said her mother seemed annoyed but took Amelia, and Leidi went back to bed so she could get up for school.

Interview with JuanCarlos, 16 years old

- JuanCarlos provided minimal information during the private interview, stating that he had already said "everything I need to say" during the family interview.
- JuanCarlos stated that he is a sophomore in high school, has many friends, and his best friend is also his cousin, Edgar, and doesn't have very good grades.
- JuanCarlos has been living with the family for two years since his mom, Evangelina got sick with cancer. JuanCarlos misses his mom and feels like people have forgotten her after she died last year.
- JuanCarlos explained that he sings in chorus at school and the choir at church, and singing is something he always did with his mom.
- JuanCarlos stated everything is fine at home. He wishes that Olivia would do more but that Leidi has it "under control" so really, everyone is okay.

Additional Information

Alcohol and Substance Misuse:

- Olivia and Franklin report being "social drinkers," both stating that they drink alcohol almost every day.
 - Olivia stated that she drinks wine after work "most days" to help her sleep
 - Franklin stated that he drinks a "few" beers when he gets home from work in the evenings.
- Ricardo and Leidi described that Olivia has been "really sleepy" lately, falling asleep on the couch many of the days she does not work, even before putting baby Amelia to sleep for the night. JuanCarlos stated that his stepmom has "passed out" on the couch some nights and that Olivia drinks wine "every day." Leidi and JuanCarlos stated that they gave Amelia her bath and bedtime bottle and put her to sleep on those nights. When asked where their dad was when this happened, the children talked about how their dad was helping their Tia Martha fix the new house she bought a few blocks away.

Discipline

- The family consistently described that both Olivia and Franklin handle disciplining the children.
- Both parents state that they raise their voices at the children, but do not curse at them. Both parents also utilize grounding, taking away the older children's cell phones, and spanking to discipline.

- Both parents describe "spanking" as hitting the children's bottoms with their hands two or three times. Both parents and all the children report no marks are ever left from these spankings.
- When Leidi is babysitting, she smacks Diego and Ricardo's hands or on the top
 of their head to stop them from fighting. This doesn't really work so she yells or
 tells them to go play outside so they don't bother Amelia or their mom if she's
 home and sleeping.

Family Relationships

- The family reports that adults and older children get along well.
- Ricardo and Diego fight often, frequently pushing, shoving, and hitting each other
 to the point that they must be physically separated, as they do not respond to
 verbal prompts. Fighting has occasionally resulted in injuries such as a black
 eye or scratch marks on arms, neck, or torso. The family indicates that this is
 expected "boy" behavior and do not find it concerning.
- No concerns noted nor reported regarding family violence.

Mental Health

- Olivia has been involved in therapy in the past. It was not helpful although she reports it was not very consistent due to going back to work after maternity leave.
- She attends a parenting support group at the library twice a week. It started as something to do with the little ones when her hours were cut because they offer babysitting; however, it has been really great. Where she learned about postpartum depression.
- Olivia has a diagnosis of depression by a mental health clinician since her depression is ongoing past birth of her children and has been a long-term issue. She completed the intake and has not engaged in therapy, stating that she doesn't have time or childcare.
- Olivia started medication three weeks ago, prescribed by her primary care provider. Olivia indicated she cannot tell if it's working.
- Olivia reports having low energy, lack of desire, and motivation although she does what she needs to get through the day with the children.

Family Supports

- Franklin is close with his family, including his parents and sister who both reside
 in the same community. Franklin's other sister's family lives close by and
 JuanCarlos is close with the son, Edgar. The family provides support and
 childcare often.
- Olivia's family is supportive and lives within 15 minutes of the family. They
 provide financial support as needed and will occasionally watch the children.
- No concerns regarding abuse or neglect within Franklin or Olivia's families of origin.

Economic/basic needs/access to community resources

- The family has the financial resources to provide for their basic needs.
- When financial strain occurred when Olivia's hours were reduced, the family accessed support from extended family to cover basic needs.

Physical health

- Franklin is diagnosed with type 2 diabetes and manages with medication.
- Amelia had trouble gaining weight early in her life. She was very small and didn't eat well. She is better now and doesn't have to go to the doctor as often.
- No other physical health concerns have been identified for the family

Summary of Collateral Contacts with Neighbor, Tammy Kirby

- Tammy says she has lived two doors down from the Avilla-Chavis family for three years and does not know the family very well. She said Olivia is polite and waves to her if they are both getting home at the same time, but they never really have any conversations.
- Franklin helped her reattach a downspout after a significant rainstorm about 6
 months ago, which she appreciated, but she never talks to him and says it seems
 like he is not around as much.
- Tammy said the children are outside a lot and whenever she sees the younger kids in the yard, they are with Leidi or JuanCarlos.
- She thinks that the parents rely too much on the other kids, especially Leidi, to take care of the children, and has observed Olivia handing Leidi the baby as soon as she gets off the bus, then leaving immediately for work. Tammy says that's too much responsibility for a kid that age.
- Tammy said she has seen the kids in the park from her window a few times in the afternoons. She says she sees the stroller and Ricardo and Diego running around playing, but it had never occurred to her that they might be unsupervised because you can't see the bench where most parents sit from her house.
- The day she brought them home she saw Ricardo walking across the street with Diego. She didn't see anyone else, and it occurred to her that they were by themselves.
- Tammy said when she walked the children home, Leidi was polite but not concerned that the younger children had been at the park. She told Leidi it wasn't ok and said she just shrugged.
- Tammy said the house was "disgusting" from what she saw from the front door, and she is worried that something will happen to the younger kids if this continues. She said it seems like the parents obviously don't care if they have allowed this to continue.

Collateral with Tia Martha who lives in the community across from the park

- Martha stated that she could not speak for very long, as she was on her way to a meeting.
- Martha explained that she had talked with her brother and knows about the report. She was not home earlier today, as she always is gone on Tuesdays.
- Martha reported that she has seen the children walk together to the park with Leidi pushing Amelia in the stroller, but she didn't know that Ricardo and Diego had walked to the park alone. She reported that although it's a long way for them to talk, she feels the neighborhood is fairly safe so isn't really worried about it.
- Martha indicated that the children come to visit her and hang out but that she doesn't "babysit" in a scheduled way. Martha stated that she would be willing to

- look out from her house to watch over the children at the park and would certainly be available if there was an emergency if she is home.
- Martha described the family as a "good family" and that Olivia and Franklin do a good job keeping the children safe. She reports no concerns regarding the children's safety.

Worksheet: Case Review Sheet

For this activity, we will familiarize ourselves with three-column mapping.

The three-column mapping tool is a Safety Organized Practice that supports the organization of your assessment and interviewing activities and findings in a clear, balanced way. Three-column mapping can be utilized for yourself, as we are practicing here, and can be utilized with families, in CFT meetings, or in supervision to promote collaboration and transparency.

The three columns correspond with the three essential questions.

- What are you worried about? Captures safety concerns and risk factors.
- What is working well? highlights strengths, protective capacities, and protective factors.
- What needs to happen next? List actions that the family, the social worker, or other safety network or CFT members must take to resolve the concerns.

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

Safety	and Danger Ir	ndicators		
Use thi	s space to reco	rd notes		

Skills Practice: Safety Assessment Practice Parts A and B

Remaining in your anchor family groups, complete:

- Part A: Factors Influencing Child Vulnerability
- Part B: Current Indicators of Safety

Move into pairs and share your work

- Notice similarities
- Notice differences

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Harm and Worry Statements



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Worksheet: Harm and Worry Statements Practice

Harm Statement

Harm statements include clear, specific statements about the harm or maltreatment that has happened to the child. Harm statements involve what has already happened and why DSS is involved. Provide behaviorally specific details.

Harm Statement Practice

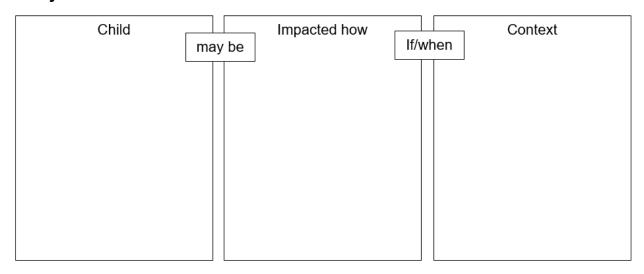
It was reported	Caregiver action or inaction	Impact on the child

Worry Statement

Worry statements are simple behavioral statements about the specific worry DSS has about this child, now and for the future. Worry statements indicate what we continue to be worried about if nothing changes in the future. Two questions answered by the worry statement:

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

Worry Statement Practice



End-of-Day Values Reflection

Questions and Reflections

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

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Appendix: Handouts

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Parent and Child Interaction Guide



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Parent-Child Interactions: A Home Visitor's Guide

Home visitation is based on the knowledge that early life experiences established by parent-child interactions play a major role in the developmental outcomes for children. Home visitation, by its nature, provides an opportunity to assess and enhance the parent-child interactions in the natural context of the family home and community. Home visitors in essence have the optimal view to observe and influence the development of positive parent-child interactions. The tool kit, Parent-Child Interactions: A Home Visitor's Guide, provides home visitors with tips and tools to make the most of the opportunity to observe and influence parent-child interactions.

Positive Parent-Child Interactions

Positive parent-child interactions are powerful protective factors for children. The hallmark of these positive interactions are characterized as

- child focused
- responsive
- warm
- sensitive

and are coupled with the following:

- clear expectations
- limits
- logical consequences
- attention to safety

Infants send signals to their parents, crying when hungry or in discomfort, and cooing to engage in emotional interactions. When parents respond in a warm, caring manner to an infant's signals, the infant quickly learns to rely on the parent. When an infant coos for the affection of the parent and the parent responds with positive affect, the parent and child form an emotional bond. Healthy attachment or emotional bonds between the parent and child play a central role in regulating the infant's or child's experience of hunger, discomfort, and stress. The parental response optimally will assist the infant or child from hunger to satisfied, from discomfort to comfort, and from "stress to stress recovery."

Positive parent-child interactions are the basis from which children are able to explore and experience the world of relationships, objects, cause and effect, and problem solving. As the child explores and learns, the parent-child relationship functions as a safe and secure base and as a source of comfort for the developing child.¹

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These positive interactions create resilient children by fostering

- trust
- security
- curiosity
- autonomy
- belief in child's abilities

Parent-child interactions significantly influence the child's

- physical growth
- behaviour patterns
- social-emotional development
- early language formation
- literacy
- academic outcomes

Recent research by Schore (2001) demonstrated that "infant brain develops in response to regular social interaction with a caregiver."

Purpose of Observing Parent-Child Interactions

The purpose of observing parent-child interactions is to determine both the strengths and challenges in the interplay between parent and child. Positive parent -child interactions entail "warm parental support that incorporates behaviours that convey: supportive presence; acceptance; positive affect; sensitivity; and, responsiveness to the child's needs".²

Goals to enhance positive parent-child interactions are developed from observations and discussions with the parent. The aim is to facilitate a process that

- offers support, guidance, teaching, and coaching
- invites struggling or frustrated parents to believe in their capabilities to positively interact with their infant or child

Assessing the scope of home visitation services

The observation of parent-child interactions can determine if the needs of the parent and child are beyond the scope of home visitation services. For example, parents that have significant mental health concerns—depression, substance abuse or dependence, anxiety, personality disorder, post traumatic stress syndrome, or delusions—may experience reduced capacities to respond appropriately to their infant or child.

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Cohn and Tronick (1989) revealed that infants as young as three months will react to simulated depression by their mother. These infants responded to their still-faced mothers, who were simulating depression, with "heightened distress levels, increased protests and gaze aversion when they observed the non-responsive face

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of their mother. Mothers suffering from depression may interact with their infant in a rough or intrusive manner or the parent-child interaction may be characterized by fear, helplessness, withdrawal, or low levels of responsiveness." ⁴ Reduced parental sensitivity to the infant's cries may set in motion a pattern of negative parent-child interactions with both parent and child experiencing frustration and distress.

A second example where additional expertise may be needed is when a parent is not able to perceive a child as a separate individual with separate needs. Parents who are unable to perceive their child's needs as separate from their own may describe their child as demanding and difficult or may feel rejected by their infant. These parents may respond to their feelings by rejecting both the child and the needs of the child.

Infants are not able to understand the thoughts, feelings, and experiences of their parents, nor are they able to decide to go against their parents' wishes to be difficult. Parents that misunderstand or place motives to their infant's behaviour may be at greater risk for neglect or mistreatment of their infant or child.

A major role of the home visitor is **to assess for situations that require services beyond home visitation**. The role of the home visitor then becomes one of **facilitating referrals** to other community services, such as Children's Services or a family doctor.

Parental Perception in Developing Parent-Child Interactions

Parental perceptions are key to the development of parent-child interactions. Ferrier-Lynn and Skouteris (2008) indicate "a parent's perceptions of [his or her] own well-being, social support, and relationship to the role of being a parent" strongly influences parent-child interactions. Research by Schiffman and Omar (2003) demonstrated that in general, "mothers in difficult circumstances (i.e., those with low education level, little support, multiple chronic problems, or high stress) tend to have interactions that are less than optimal." Negative perceptions about their own well-being may invite the belief that the child's needs are just too great and the parent does not have the energy to respond to every cry or need.

Parental perceptions about a lack of social support from their spouse, family, and friends are also related to negative parent-child interactions. Parents who are pre-occupied with the stress of a difficult relationship may experience the needs of their child as an additional and overwhelming stress. This situation can be even more problematic if one or both parents have unrealistic expectations about how the birth of a child was to improve a difficult relationship. These parents may experience additional disappointment if the demands of parenting do not provide the desired reward of a changed relationship or emotional state.

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Several studies have revealed a "relationship between low parenting self-efficacy and compromised developmental outcome for children related to socio-emotional development and school achievement." Self-efficacy is the belief in one's ability to



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perform a specific task. Low self-efficacy specific to parenting can translate into decreased or limited attempts to

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- vocalize and make eye contact
- invest emotional energy to show warmth and responsiveness
- teach language and social skills
- set boundaries and logical consequences

Observation Guidelines for Parent-Child Interactions

Developmental stages and ages

Observation takes into consideration the stage and developmental tasks of the infant or child. The parent–child relationship is a dynamic relationship that adapts to meet the developmental needs of the child. What is required from a parent when the infant is one month of age will not be the same as when the child is two years of age. Home visitors are encouraged to use the Ages and Stages Developmental Fact Sheets at http://ohioline.osu.edu/asc-fact/index.html as a guide to observing parent–child interactions.

Strengths and challenges

Observations of parent-child interactions are essential for determining both the strengths and challenges in their interactions. **Appendices I, II, and III** have been developed to assist home visitors in their observations of the parent-child relationship. Ainsworth and Bell (1975) identified the responsiveness of the parent or primary caregiver as a reinforcement mechanism for infants and children. Ainsworth, (1969) identified five variables as central to "high quality parent-child relationships:

- responding sensitively and empathically to the infant's signals
- providing frequent physical contact
- allowing the infant freedom to explore
- helping the infant derive a sense of consequence of his or her actions
- engaging in mutual enjoyable and reciprocal activities."

Beliefs, attitudes, and expectations

Interviewing parents about their beliefs, attitudes, and expectations about the parent-child relationship provides the context for understanding patterns that emerge between the parent and child. The process of asking questions and engaging in reflective conversations about the parent's beliefs, attitudes, and expectations are central to understanding the context for creating change or enhancing parent-child interactions. **Appendix IV** is a list of questions that home visitors can use to bring forth these reflective conversations and to further assess the parent-child interactions.

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Appendix I

Home Visitation Observations of Parent-Child Interactions

Infant and Child Needs	Is the parent able to meet each need according to the developmental stage of the infant or child?	Is the parent responding in a timely and appropriate manner? Comments
Physical	Feeding schedule is regular and	mainer: Comments
	includes proper nutrition	
	Sleep schedule is adequate and	
	regular	
	Clothing is appropriate, dry, clean,	
	and comfortable	
	Parent responds to discomfort or	
	distress expressed by the infant or	
	child	
	Parent comments on what the infant	
	or child likes or dislikes in terms of	
	the infant's physical needs	
	Medical issues are addressed	
	including regular check- ups with	
	family doctor or pediatrician	
	Home environment is safe	
	Parent encourages or provides	
	opportunities for the infant and child	
	to develop physical skills such as	
	grasping, holding, throwing,	
	dropping, crawling, climbing,	
	walking, etc.	
Emotional	Parent initiates eye contact and	
	smiling	
	Parent initiates touch, holding, baby	
	massage, cuddling, and rocking	
	Parent initiates talking, singing, or	
	story telling	
	Parent attempts to soothe the infant	
	or child if the infant or child is upset	+
	Parent takes time to be playful with	
	their infant or child	1
	Parent comments on their infant's or	
	child's likes or dislikes in terms of	
Intellectual	affection	-
nichectual	Parent talks to the infant or child	1
	Infant or child is able to see	
	interesting objects with bright colors	
	Parent provides toys and objects for	
	the infant or child to touch and play	
	with	-
	Parent initiates teachable moments	
	such as counting objects, naming	
	objects, animals, etc.	1

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	In . 1 . 1 191 . 1	
	Parent reads to the child, teaches	
	rhymes and songs, enables	
	colouring, etc.	
	Parent takes time to be playful with	
	their infant or child and uses play as	
	an opportunity to let the child	
	explore and learn	
	Parent comments on what their infant	
	or child likes or dislikes to play with,	
	such as favorite games, songs, toys,	
	etc.	
Social	Parent provides opportunities for the	
	infant or child to interact with others	
	initially through listening and	
	observation by the infant	
	Parent takes time to be playful with	
	their infant or child	
	With increased mobility, the child	
	has the freedom to initiate	
	interactions by turning to hear a	
	familiar voice, searching for faces,	
	smiling, crawling to others,	
	vocalizing to get someone's	
	attention, etc.	
	Parent responds with positive	
	reinforcement to the infant and	
	child's increased social cues and	
	interactions	
	Parent comments on what their infant	
	or child likes or dislikes in terms of	
	social interactions	

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Appendix II

Home Visitation Parent-Child Interaction Observation Checklist

The parent-child interaction screening checklist is to assist home visitors observe the overall strengths and challenges of the parent-child relationship. Home visitors are encouraged to use the following questions as a guideline for these observations.

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Is the parent aware of the infant's or child's physical needs? YesNoOccasionally
Comments: Strengths or Challenges
2. Is the parent aware of potential safety issues with the infant or child? YesNoOccasionally
Comments: Strengths or Challenges
B. Does the parent respond appropriately to the infant's or child's physical need? Responding appropriately means being able to match a parenting response to what the infant or child needs. YesNoOccasionally
Comments: Strengths or Challenges
Does the parent show warmth, sensitivity, and acceptance towards the infant or child? YesNoOccasionally
Comments: Strengths or Challenges
5. Does the parent perceive and accurately read the infant's or child's cues and communication? YesNoOccasionally
Comments: Strengths or Challenges

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	6. Is the parent aware of the infant's or child's psychological needs? YesNoOccasionally
AH W NA	Comments: Strengths or Challenges
Alberta Home Visitation Network Association	7. Does the parent respond by reinforcing the infant's or child's exploration of the world of objects? YesNoOccasionally
"Ensuring the Quality, Accountability and Sustainability	Comments: Strengths or Challenges
of Home Visitation Programs"	8. Is the parent able to delay personal needs to respond to the infant's or child's needs? YesNoOccasionally
	9. Is the parent able to invest emotional energy and sensitivity into the care of the infant or child? YesNoOccasionally
	Comments: Strengths or Challenges
	Is the parent able to tolerate frustration or confusion when caring for the infant or child? YesNoOccasionally
	Comments: Strengths or Challenges
	11. Does the parent see the needs of the infant or child as separate from personal adult needs? YesNoOccasionally
Contact Information: AHVNA Phone: 780-429-4787 www.ahvna.org Email: info@ahvna.org	Comments: Strengths or Challenges
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AH WNA Alberta Home Visitation	Does the parent take the time to understand the infant's or child's behaviour in order to offer support? YesNoOccasionally Comments: Strengths or Challenges
Network Association "Ensuring the	13. Does the parent initiate responses or actions that apply to the child's needs?
and the second s	Yes No Occasionally

Comments: Strengths or Challenges

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Is the parent preoccupied with other stressors?	
YesNoOccasionally	

Is this parent possibly experiencing depression, anxiety, or other mental health issues? ___Yes ___No ___Occasionally

Comments: Strengths or Challenges

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Appendix III

Appendix: Handouts

Home Visitation Parent-Child Interaction Goals Checklist

The following is a list of goals related to the parent-child relationship. There is space below this list for home visitors to add additional goals.

- 1. To enhance parents' understanding of child development ages and stages
- To increase parents' understanding of their role to ensure the infant's or child's physical needs are met
- To increase parents' understanding of their role to ensure their infant's or child's needs for affection are met
- To increase parents' understanding of their role to ensure that their infant's or child's belonging and social needs are met
- To increase parents' understanding of their role to ensure that their infant's or child's intellectual needs are met
- 6. To increase parents' sensitivity to their infant's or child's cues or signals
- To address stress that is impacting parents' ability to respond to their infant's or child's needs
- 8. To enhance parents' skills and confidence to foster positive parent-child interactions
- To refer parents to a medical doctor to screen for possible depression or any mental health concerns
 - 0. Other. Please specify.

11. Other. Please specify.

12. Other. Please specify

10.

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Appendix IV

Appendix: Handouts

Home Visitation Parent: Questions for Exploring Parent-Child Interactions

The following questions are designed to assist home visitors to understand the beliefs, attitudes, and expectations that a parent has about interacting with their infant or child. These are not exhaustive but rather are meant to be examples for exploring the parent-child relationship. You may choose to use one or two of these questions during a session as a way to explore the parent-child relationship.

Rollnick and Miller (1983) stress that it is important not to rush these discussions. Using simple open-ended questions and reflective listening may feel "inefficient", but it is the most effective method for engaging parents in the decision to make a change for themselves and their child. It is important to match your language to that of the parent. Do NOT use words like "problem" or "concern" *unless* the parent does.

Parenting Role and Confidence of Parent

- 1. What do you most enjoy or like about being a mother/father?
- 2. What is the most difficult or challenging part about being a mother/father?
- 3. Has it turned out to be about the right time to have a baby? How so?
- 4. Tell me about what it is like caring for a newborn.
- 5. How well do you believe you are coping with your new role of caring for your baby?
- 6. What things do you worry about when it comes to being a parent?
- 7. How do you feel about being alone with your baby?
- 8. What concerns do you have about caring for your baby?
- 9. How often does your baby fuss or cry?
- 10. What is it like for you when your baby cries or fusses?
- 11. What have you found to be the best way to respond to your baby when he/she cries or fusses?
- 12. What do you believe is the best method for responding to your infant or
- 13. Do you ever feel confused, stressed, or anxious about being a parent once in a while?
- 14. Overall, how confident are you in your new role: extremely, very, somewhat, most of the time, not at all.
- 15. What advice would you give to other new moms?

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Beliefs and Expectations About Parenting

16. When you were pregnant, what did you think it would be like to be a parent?

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- 17. Is being a parent what you expected it to be? Explain.
- 18. Did you think that having a child would change your life for the better or worse?
- 19. How did you think it would change your life?
- 20. How has being a parent changed your life?
- 21. What kinds of things are most important for you to know as a parent?
- 22. What kinds of things are most important for you to do as a parent?
- 23. What has changed in your life since you became a parent?
- 24. When you think about your own parents, in what ways do you want to be like them?
- 25. When you think about your own parents, in what ways do you want to be different than they were?
- 26. What would you do that is the same as your parents did?
- 27. What would you do differently than your parents did?

Well-being of Parent and Social Support

- 28. Do you feel comfortable with change?
- 29. How do you deal with unexpected change?
- 30. Do you have any stressors or worries right now?
- 31. Tell me about your health and energy level at this time. Do you have any health concerns at this time?
- 32. How often do you see your doctor?
- 33. Are you getting enough rest? When are you able to rest?
- 34. Is there anyone that helps you out once in a while?
- 35. When you are sick, who helps you?
- 36. Who supports you as a parent?
- 37. Do you have someone you can call when you need advice or support?

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