



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

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

Participant Workbook Day Three

December 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
- 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-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
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• 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, Worry, and Goal Statements

End-of-Day Values Reflections

Child Welfare Track Training: CPS Assessment Day 3

Welcome

Use this space to record notes from the introduction activity.

Interviewing Learning Lab

Narrative Interviewing

Skills Practice: Narrative Interviewing

Narrative Prompt: an opening prompt that invites the interviewee to share their perspective about a subject or matter at hand

Using the scenario given to you, draft a narrative prompt. This is the prompt 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

Child Interview: Isabella's Bruise

Video: Child Interview: Isabella's Bruise

<https://www.youtube.com/watch?v=DHaepAx8GmQ>

Step 1:

Describe the greeting. How did the interviewer make the child feel? Did the interviewer make the child feel respected?

Step 2:

What stage of the interview is this? Why is the stage of establishing ground rules important?

Step 3:

Why is it important to start with the child's account of a non-impactful event?

Step 4:

What questions did the interviewer say to pivot?

Step 5:

What do you notice about this section? How were the questions formulated? How does the interviewer encourage more details?

Step 6:

What is the purpose of the break?

Step 7:

How were the follow-up questions different from the questions before the break?

Step 8:

What made this closure effective? Why or why not?

Step 9:

Discuss one “aha” moment with your partner and use this space to record notes.

The Role of Observation in Assessing for Safety

Observation Skills

Observation

Observation is a way of gathering data by watching behavior, events, or noting physical characteristics in a natural setting.

- Understanding an ongoing process or situation
- Gathering information on individual behaviors or interactions between people
- Building knowledge about the physical setting
- Gathering information beyond what is reported

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Areas to Observe

Home Visit

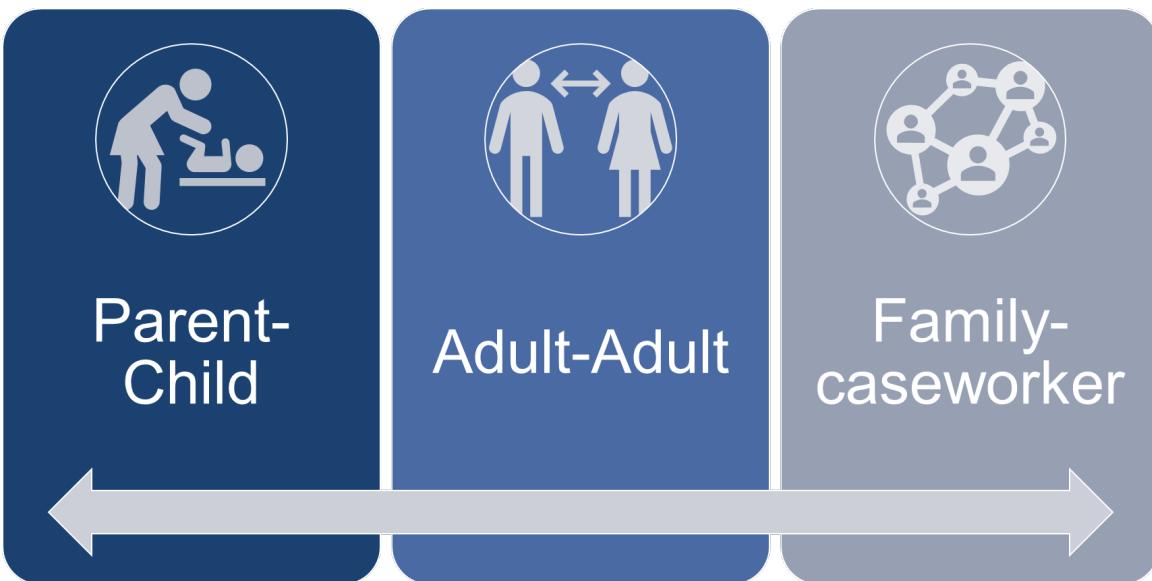
Physical
Environment

Individual
Family
Members

Family
Dynamics

Use this space to record notes.

Observing Interactions



Use this space to record notes.

Factors Influencing Child Vulnerabilities

- Child under age 6: Infants and children under age 6 are particularly vulnerable and unable to protect themselves. They are dependent on others to provide care and protect them. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.
- Child has diagnosed or suspected behavioral health condition: Any child in the household has a diagnosed behavioral or mental health condition that impairs their ability to protect themselves from harm, OR an unconfirmed diagnosis where preliminary indicators are present.
- Child has a diagnosed or suspected medical health concern, including medically fragile: Any child in the household has a diagnosed medical health condition that impairs their ability to protect themselves from harm, OR an unconfirmed diagnosis where preliminary indicators are present.
- 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 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 developmental/cognitive capacity: Any child in the household has a diagnosed or suspected developmental/cognitive capacity that impacts their ability to communicate verbally or to care for themselves.
- Child has diminished physical capacity: Any child in the household has a diagnosed or suspected physical condition/disability that impacts their ability to protect themselves from harm (for example, they cannot run away or defend themselves, cannot get out of the house in an emergency if left unattended, or cannot care for themselves).

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Activity: Assessing Child Vulnerabilities

Assigned Vulnerability Factor:

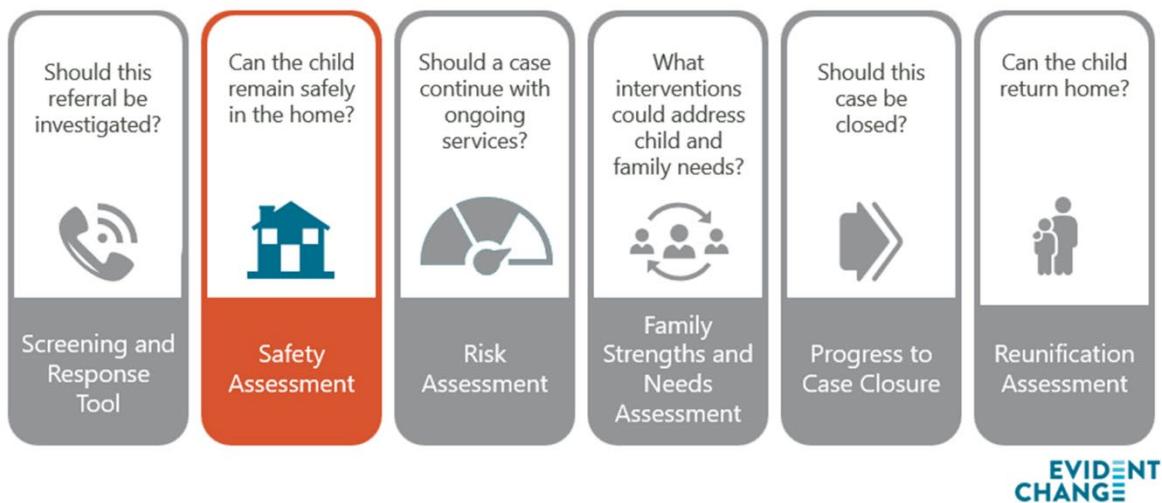
Generate a list of observable behavioral indicators:

Create at least one question that further assesses observations of this vulnerability.

Structured Decision Making: Safety Assessment

North Carolina Safety Assessment Tool

SDM Safety Assessment



The safety assessment answers the question, “Can the child remain safely in the home?”

Which

Which types of situations require completion of a safety assessment?

Which caseworkers are required to use the tool?

Who

Who is responsible for completing the safety assessment when a new incident occurs?

Who needs to be involved in providing information to inform the safety assessment?

When

When must the safety assessment be initiated?

When must the safety assessment be completed and documented in the system?

Decision

What decisions must be made based on the outcome of the safety assessment?

What happens if a safety plan is required but cannot be developed with the family?

Structured Decision Making (SDM) Tools



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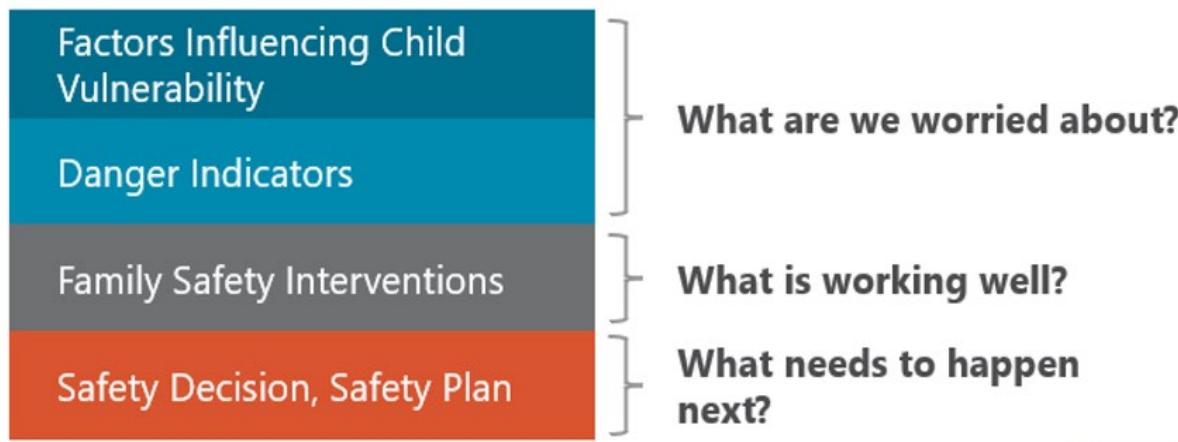
SDM Safety Assessment: Five Components

There are five parts to the SDM Safety Assessment

- Factors influencing child vulnerability: conditions may result in a child's inability to protect themselves.
- Danger indicators: behaviors or conditions that may be associated with a child being in immediate danger of serious harm.
- Family safety interventions: resources available in the family and the community that might help to keep the child safe.
- Safety decision: decision about whether the child can remain in the home.
- Safety plan: activities or actions identified to implement safety interventions.

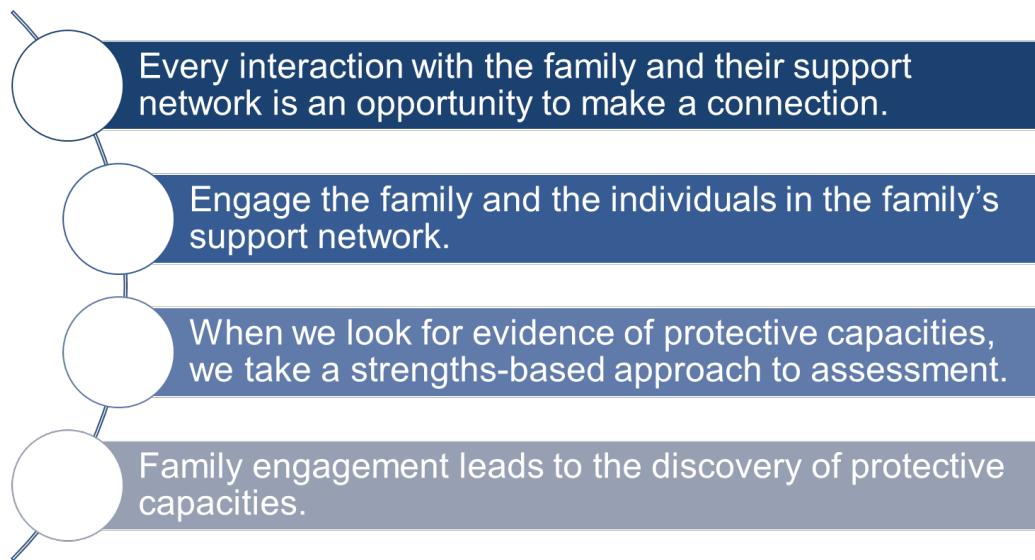
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Three Questions and the Safety Assessment

EVIDENT
CHANGE

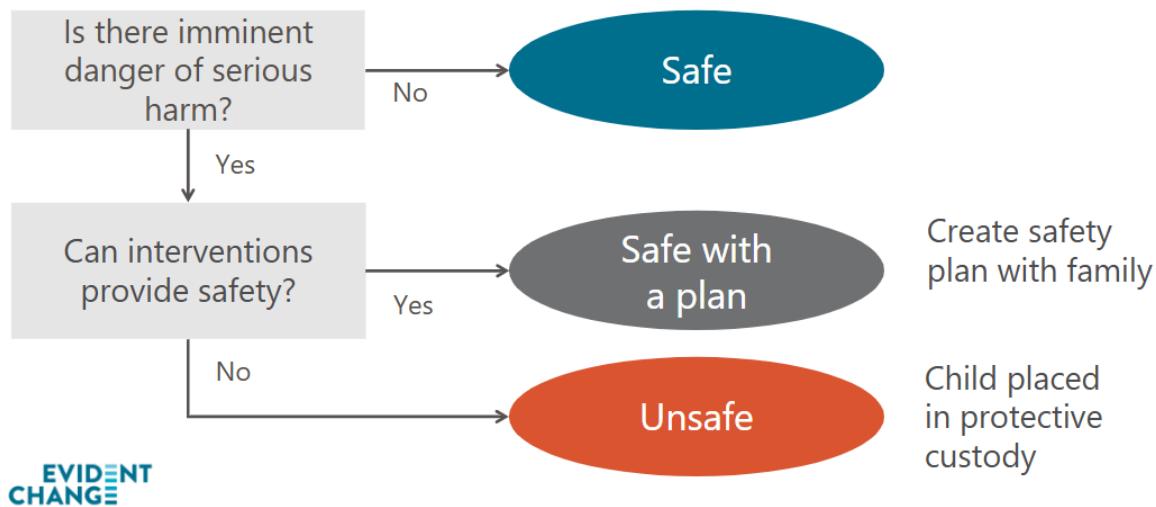
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Safety and Risk: Family-Centered Assessments



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Safety Continuum



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Worksheet: Safety Continuum

How do the factors that influence child vulnerability impact safety?

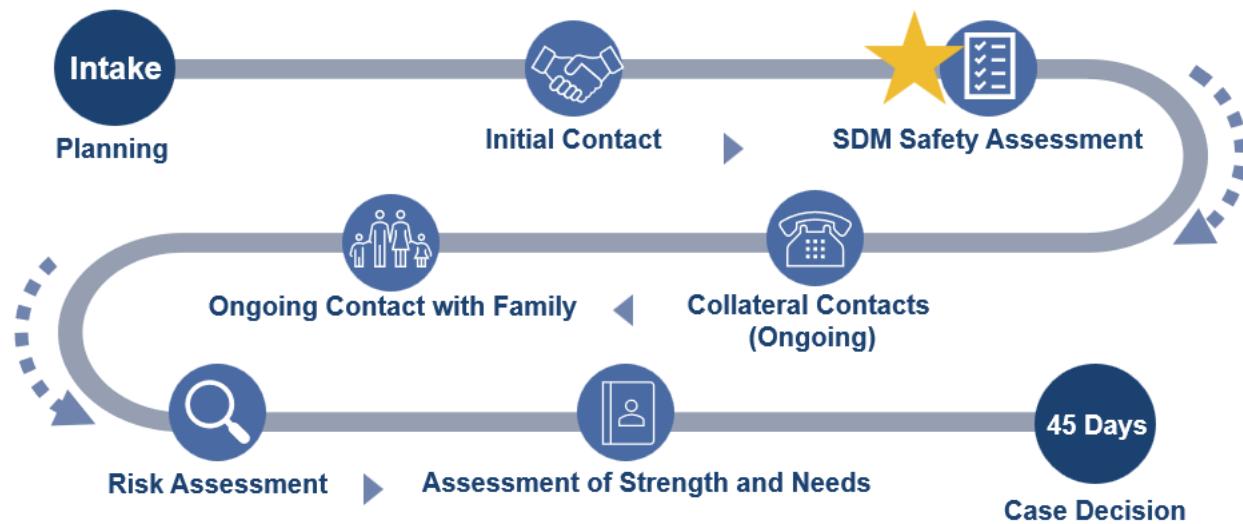
How do you document observations?

What strengths-based questions might you ask to determine if a situation is out of a parent's control?

Assessment Learning Lab

Assessing Safety and Risk

Safety Assessment Process



Use this space to record notes.

Worksheet: General Kitchen Assessment

Part One

What do you see? What do you not see that you need to see? Document your observations in bulleted form.

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.

Anchor Family Update

Activity: Anchor Family Update

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, 3pm-11pm, and Franklin works as a mechanic at an auto repair shop from 7:30am-5:45pm.
- Things have been hard since baby Amelia was born, and Olivia has struggled to recover from the birth both physically and emotionally. After she returned from maternity leave, Olivia's work changed to part-time, 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, 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 after school when Olivia leaves for work, around 2:45 p.m., until Franklin returns home from work around 5:45 p.m. 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 bathes 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 community that consists of three dirt roads that turn off one main road. The family lives on the third road, about $\frac{1}{4}$ mile from the entrance to the community. Franklin's sister Martha, whom the children call Tia 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 $\frac{1}{4}$ mile to the park. The parents are aware of this and have given their permission.
- Today, while Olivia worked, Leidi watched Ricardo, Diego, and Amelia after school. When Leidi put Amelia down for a nap, Ricardo took Diego to the park. When Leidi returned to the living room from the bedroom and noticed they were missing, she stepped outside and saw them walking to the park. Since she could see them and the park was right next to Tia Martha's house, she didn't see a 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 had never given Ricardo permission to take Diego to the park, and they were unaware that had happened. They do not feel this is dangerous and it would be okay 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. She reached for her toys, putting them into her mouth with both hands. While being observed, she rolled from her back to her belly and propped herself up on her elbows to look around.
- In response to caseworker interaction, Amelia cooed, smiled, and laughed.

Interview with Diego, 3 years old

- Diego was able to share his name and held up three fingers when asked how old he was.
- Diego demonstrated an age-typical vocabulary and could respond to direct (who, what, and where) questions.
- During the home visit, Diego was observed engaged in a variety of activities. 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, and Leidi grabbed them back, to which Diego slapped Leidi's arm.
- Diego opened the refrigerator multiple times to retrieve apple sauce and cheese sticks, which he brought 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 did not have 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 wouldn't get so scared.

- 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.
- Ricardo likes to go to the park, and sometimes, he takes Diego with him. When asked about the day 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 can take good care of him.
- When asked 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 weren't home, Ricardo shrugged.

Interview with Leidi, 12 years old

- Leidi gave a tour of her space and shared about her favorite TV show and the book she was reading. She described herself as a "homebody," meaning she would prefer to be at home than anywhere else.
- Leidi shared that she has a few friends at school and on social media accounts and has made many new friends online. She complained about her mom taking her phone away as punishment, although she 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. She 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. She also keeps her bedroom clean, makes 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. 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 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 would come and take over if Leidi asked multiple times, but Leidi doesn't like to do that because she likes being a helper.
- When asked about emergency plans, Leidi said that she would call her Tia Martha or abuelos (grandparents) if her mom wasn't home. When asked what defines an emergency, Leidi shrugged and said she guessed 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 caseworker asked follow-up questions about the frequency of drinking or the amount consumed.

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 he 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 that everything was fine at home. He wishes Olivia would do more, like his mom used to do when he lived with her.

Additional Information

Alcohol and Substance Misuse:

- Olivia and Franklin report being “social drinkers,” both stating that they drink alcohol almost every day.
 - Olivia said she drinks wine after work “most days” to help her sleep.
 - Franklin said he drinks “a few” beers when he gets home from work in the evenings.
- Ricardo and Leidi described Olivia as “really sleepy” lately, falling asleep on the couch many 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. Leidi and JuanCarlos agree that if they needed Olivia during these times, they could wake her up, and she would handle whatever needed to be handled. Both agreed that they are hesitant to do this because they feel they should be able to handle it without her, given that she trusts them. When asked where their dad was when this happened, the children talked about how he was helping Tia Martha fix the new house she bought a few blocks away.

Discipline:

- The family consistently described how Olivia and Franklin handled disciplining the children.
- Both parents state that they raise their voices at the children but do not curse them. They also utilize grounding, taking away the older children’s cell phones, and spanking as forms of 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 that no marks have ever been left from these spankings.
- When Leidi is babysitting, she smacks Diego and Ricardo’s hands or the top of their heads 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 scratch marks on arms, neck, or torso. The family indicates that this is expected "boy" behavior and does not find it concerning.
- No concerns were noted or reported regarding family violence.

Mental Health:

- Olivia has been involved in therapy in the past. It could have been more helpful, although she reports it was inconsistent due to her returning 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 offered babysitting; however, it has been really great, and where she learned about postpartum depression.
- Olivia has been diagnosed with depression by a mental health clinician, as her depression has been ongoing since the 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, although she is interested. She is open to support connecting to services.
- Olivia started medication three weeks ago, prescribed by her primary care provider. Olivia indicated she could not tell if it was working. Caseworker suggested that Olivia follow up with the medical provider who is prescribing the medication for depression on the effects of taking it while drinking, and to follow the recommendations.
- 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 reside in the same community. Franklin's other sister's family lives close by, and JuanCarlos is close with their son, Edgar. The family provides support and childcare occasionally.
- 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.
- There are no concerns regarding abuse or neglect within Franklin or Olivia's families of origin.

Economic and Basic Needs, and Access to Community Resources:

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

Physical Health:

- Franklin is diagnosed with type 2 diabetes and manages it 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 described Olivia as polite and that she 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 six 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 often outside, and whenever she sees the younger kids in the yard, they are with Leidi or JuanCarlos.
- She thinks the parents rely too much on the other kids, especially Leidi, to take care of the children. She observed Olivia handing Leidi the baby as soon as she got off the bus and then leaving immediately for work. Tammy says that's too much responsibility for a kid that age.
- Tammy said she had 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.
- When she walked the children home, Tammy said Leidi was polite but not concerned that the younger children had been at the park. She told Leidi it wasn't okay 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 don't care if they allow this to continue.

Collateral with Tia Martha, paternal aunt who lives in a 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 found out about the report. She was not home earlier today, as she always is gone on Tuesdays.

- Martha reported that she had 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. Although it's a long way for them to walk, she feels the neighborhood is fairly safe, so she isn't really worried about it.
- Martha indicated that the children 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 was home.
- Martha described the family as a "good family" and said 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:

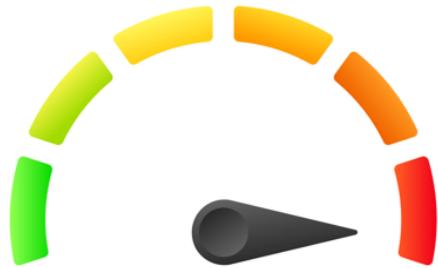
- **What are you worried about?** Captures safety concerns and risk factors.
- **What is working well?** highlights strengths, protective capacities, and protective factors.
- **What needs to happen next?** List actions that the family, the social worker, or other safety network or CFT members must take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

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

Safety and Danger Indicators

Danger Indicators

- Are behaviors and conditions indicative of the possibility of immediate danger of serious harm?
- Are there “red flag alerts” to the possibility that the child may be unsafe?



Use this space to record notes.

Danger Indicator Exploration

Skills Practice: Danger Indicator Exploration

For your group's assigned danger indicators:

- Review Part B of the Safety Assessment.
- Review the specific definitions for the danger indicators in the policy and procedure manual.

What might be missed if only the tool is reviewed?

What clarity did you receive by reviewing both the tool and the definitions?

Safety Assessment Practice

Activity: Safety Assessment Practice Parts A and B

For the Avilla Chavis family, complete:

- Part A: Factors Influencing Child Vulnerability
- Part B: Danger Indicators

Move into pairs and share your work:

- Notice similarities
- Notice differences

Use this space to record notes.

Review as a large group.

Use this space to record notes.

Harm, Worry, and Goal Statements

Harm, Worry, and Goal Statements



Use this space to record notes.

Harm, Worry, and Goal Statements Practice

Worksheet: Harm, Worry, and Goal 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

Child	May be Impacted How	If/When Context

Goal Statement Practice

Goal statements include clear, simple statements about what will be done differently (not how) to ensure that the child is safe now and in the future.

Goal Statement Practice

Child	What Will Be Done Differently	To Address the Concern

End-of-Day Values Reflections

Questions and Reflections

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

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Appendix: Handouts

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.¹ **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."¹

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.

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.⁴ 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 preoccupied 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.

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.”⁴ 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

- 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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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 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	
	Parent comments on their infant's or child's likes or dislikes in terms of affection	
Intellectual	Parent talks to the infant or child	
	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.	

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	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	<p>Parent provides opportunities for the infant or child to interact with others initially through listening and observation by the infant</p> <p>Parent takes time to be playful with their infant or child</p> <p>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.</p> <p>Parent responds with positive reinforcement to the infant and child's increased social cues and interactions</p>	
	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.

1. Is the parent aware of the infant's or child's physical needs?
 Yes No Occasionally

Comments: Strengths or Challenges

2. Is the parent aware of potential safety issues with the infant or child?
 Yes No Occasionally

Comments: Strengths or Challenges

3. 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.
 Yes No Occasionally

Comments: Strengths or Challenges

4. Does the parent show warmth, sensitivity, and acceptance towards the infant or child?
 Yes No Occasionally

Comments: Strengths or Challenges

5. Does the parent perceive and accurately read the infant's or child's cues and communication?
 Yes No Occasionally

Comments: Strengths or Challenges

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6. Is the parent aware of the infant's or child's psychological needs?
 Yes No Occasionally

Comments: Strengths or Challenges

7. Does the parent respond by reinforcing the infant's or child's exploration of the world of objects?
 Yes No Occasionally

Comments: Strengths or Challenges

8. Is the parent able to delay personal needs to respond to the infant's or child's needs?
 Yes No Occasionally

Comments: Strengths or Challenges

9. Is the parent able to invest emotional energy and sensitivity into the care of the infant or child?
 Yes No Occasionally

Comments: Strengths or Challenges

10. Is the parent able to tolerate frustration or confusion when caring for the infant or child?
 Yes No Occasionally

Comments: Strengths or Challenges

11. Does the parent see the needs of the infant or child as separate from personal adult needs?
 Yes No Occasionally

Comments: Strengths or Challenges

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12. Does the parent take the time to understand the infant's or child's behaviour in order to offer support?
 Yes No Occasionally

Comments: Strengths or Challenges

13. Does the parent initiate responses or actions that apply to the child's needs?
 Yes No Occasionally

Comments: Strengths or Challenges

14. Is the parent preoccupied with other stressors?
 Yes No Occasionally

Comments: Strengths or Challenges

15. 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

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
2. To increase parents' understanding of their role to ensure the infant's or child's physical needs are met
3. To increase parents' understanding of their role to ensure their infant's or child's needs for affection are met
4. To increase parents' understanding of their role to ensure that their infant's or child's belonging and social needs are met
5. 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
7. 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
9. To refer parents to a medical doctor to screen for possible depression or any mental health concerns
10. Other. Please specify.

11. Other. Please specify.

12. Other. Please specify

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Appendix IV

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 child?
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?
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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