

**Cornerstone III**  
**Self-Study Guide**  
**for**  
**Family Assessment**

**Developed by**

Courtney Smith, Patrice White, and Daniel Comer  
Appalachian Family Innovations  
203 Avery Avenue  
Morganton, North Carolina 28655  
(828) 433-7187

# Introduction

This *Cornerstone III Self-Study Guide for Family Assessment* was developed to prepare child welfare personnel who have completed *Cornerstone IIIB: An Introduction to Family-Centered Practice* training to conduct family assessments.

Prior to April 15, 2006, all child welfare staff who conduct family assessments were required to complete *Cornerstone IIIA: A New Perspective on Child Protective Services*, while all other staff were encouraged to attend *Cornerstone IIIB: An Introduction to Family-Centered Practice*. Effective April 15, 2006, the two curricula were combined to create a new training, *Cornerstone III: Family-Centered Partnership in Child Welfare Practice*, which is appropriate for all child welfare personnel.

Many workers who completed *Cornerstone IIIB: An Introduction to Family-Centered Practice* training prior to April 15, 2006 have since been assigned to positions that require them to conduct family assessments. This self-study guide was developed to provide these workers with the knowledge required to conduct effective family assessments.

The Self-Study Guide is designed to be completed under the guidance of the worker's supervisor or an agency child welfare trainer, who will be available to answer questions, to review assignments, and to discuss lessons learned throughout the self-study process. The *Cornerstone III Self-Study Guide for Family Assessment* can be completed in 8 to 10 hours.

# Competencies and Learning Objectives

## Competencies

At the completion of this self-study guide, the participant will be able to:

- Explain the differences between the investigative assessment and Family Assessment approaches used in the Multiple Response System.
- Identify and explain how the six Principles of Partnership and family-centered beliefs will translate into behaviors, actions, and practices of front-line workers when investigating and assessing families.
- Identify at least five key components of the Family Assessment approach.
- Demonstrate the use of at least three solution-focused tools for developing partnerships.
- Explain how family-centered practice can improve the provision of child protective services.
- Identify at least five ways to reduce resistance when first meeting with a client.
- Identify three listening techniques that can be used to understand a client's perspective and assess a family's situation more effectively.
- Identify three strategies for withholding or delaying judgments as long as possible.
- Find strengths in the families he or she serves.
- Use family strengths to help families develop strategies to resolve the issues that brought them to the attention of DSS.
- Identify at least three ways to reduce the power differential between workers and families.
- Describe the Multiple Response System and the Family Assessment approach to working with a family.
- Demonstrate the Principles of Partnership as applied to a case study practice session

## Learning Objectives

- The worker will learn the concepts and policies related to Family Assessment by reading self-study materials and completing related assignments.
- The worker will check in with his or her supervisor after completing each section or, at a minimum, upon the completion of the IIIA Waiver Learning Guide to address any questions.
- The worker will turn in his/her packet to an immediate supervisor for review and discussion.

# Family Assessment Self-Study Course Overview

## Section One

- A. Review of the Six Principles of Partnership
- B. Introduction to the Family Assessment Self-Study Course
- C. Differences between Family Assessment and Investigative Assessment
- D. Question and Answers about the Family Assessment Approach
- E. Tools:
  - 1. Holding Judgments Lightly (Understanding Others)
  - 2. Miracle Question

## Section Two

- A. Introduction to the Skills Practice
- B. Questions Families Might Ask About Family Assessment Approach
- C. Practice Experience #1: Understanding Family Assessment
- D. Practice Experience #2: My Spiel
- E. Initial Phone Contact Dialog
- F. Initial Phone Contact Application Sheet
- G. Commonly Asked Questions Regarding the Initial Contact with the Family
- H. Annie Jones Report
- I. Complete Practice #3: Knock on the Door
- J. Complete Practice #4: Discovery and Beyond
- K. Annie Jones' Story
- L. Questions for Thought
- M. The Rest of Annie's Story
- N. Follow Up with Supervisor for Questions
- O. Supervisor Review

# Section One

***Section One Learner Instructions:*** This section will help you understand the basic differences between the investigative approach (now called the investigative assessment approach) and the Family Assessment approach.

- 1) Review the Six Principles of Partnership.***
- 2) Read the introduction that follows.***
- 3) Review the “Investigative Assessment Approach vs. the Family Assessment Approach” chart which outlines the differences between the two approaches.***
- 4) Review the Question and Answer Charts detailing various aspects of the Family Assessment approach.***
- 5) Read the Understanding Others Case Studies and look for alternative explanations.***
- 6) Complete the Understanding Others Application.***
- 7) Read Understanding Others Part 2.***
- 8) Review the Miracle Question materials.***
- 9) Complete the Miracle Question Application and discuss with your supervisor.***
- 10) Review any questions you have for Section One with your supervisor.***

# The Six Principles of Partnership Review

- 1. Everyone desires respect.** All people have worth and a right to self-determination, to make their own decisions about their lives. Acceptance of this principle leads one to treat clients with respect and to honor their opinions and worldview. True partnership is impossible without mutual respect.
- 2. Everyone needs to be heard.** This principle asks us to “seek first to understand” and is accomplished primarily through *empathic listening*. While empathic listening looks very much like active or reflective listening, what differentiates it is the listener’s motivation. Active or reflective listening is often used to manage or manipulate someone’s behavior so that the listener can advance his own agenda. Empathic listening is motivated by the listener’s desire to truly understand someone’s point of view—to enter someone’s frame of reference—without a personal agenda. When one feels heard and understood, defensiveness and resistance are unnecessary and solutions can be sought.
- 3. Everyone has strengths.** All people have many resources, past successes, abilities, talents, dreams, etc. that provide the raw material for solutions and future success. As “helpers,” we become involved with people because of their problems; these problems then become a filter that obscures our ability to see strengths. Acceptance of this principle doesn’t mean that one ignores or minimizes problems; it means that one works hard to identify strengths as well as problems so that the helper and the client have a more balanced, accurate, and hopeful picture of the present and the future.
- 4. Judgments can wait.** Once a judgment is made, one’s tendency is to stop gathering new information or to interpret new information in light of the prior judgment. Since a helper’s judgments can have an immense impact on a client’s life, it is only fair to delay judgment as long as possible, then to hold it lightly, while remaining open to new information and willing to change one’s mind. Acceptance of this principle does not mean that decisions regarding safety cannot be made quickly; it simply requires that ultimate judgments be very well considered.
- 5. Partners share power.** Power differentials create obstacles to partnership. Since society confers power upon the helper, it is the helper’s responsibility to initiate a relationship that supports partnership, especially those who appear hostile and resistant. Clients make a choice to cooperate or not, but that choice is greatly influenced by our skillful use of power.
- 6. Partnership is a process.** Each of the six principles is part of a greater whole. While each has merit on its own, all are necessary for partnership. Each principle supports and strengthens the others. In addition, this principle acknowledges that putting the principles into practice consistently is *hard*. Acceptance of the principles is not enough; applying the principles consistently requires our *intention* and *attention*.

# Introduction to the Differences between the Investigative and the Family Assessment Approach

- Read the following introduction:

**North Carolina and many other states have decided to move from a one-size-fits-all way of investigating allegations of abuse and neglect to a two-track approach. One track will still be called the “investigative” approach. It will focus on the clear-cut abuse cases, and one of the seven MRS core strategies is to develop closer ties with law enforcement so that more of these cases can be prosecuted.**

**The second track is called the “Family Assessment approach.” North Carolina has chosen to use this approach with neglect cases only. However, we believe that the Principles of Partnership and a family-centered approach to working with clients are best practice with both tracks. This style generally leads to gathering more information up front and more cooperation later on. The Family Assessment approach, however, has some policy differences that do not apply to the investigative approach.**

**What we know from DSS data files is that in North Carolina, 90% of reports are for neglect and only 10% are for abuse. Our current approach has been to treat all families as abusers. The natural outcomes of this approach have been family resistance, anger, and denial.**

**As a result we were not able to assist families who just needed help rather than removal of their children, prosecution for abuse, or other serious outcomes, and we spent a great deal of time and energy with cases that did not really require it.**

**So, instead of focusing solely on an incident and the gathering of information to confirm or deny an allegation, the Family Assessment approach attempts to address the underlying issues of what makes a family neglectful. Once that assessment is made, services are put into place to address those issues effectively in order to prevent future reports.**

- Review the similarities and differences of each aspect of the Family Assessment vs. the investigative assessment in the following chart.

# Investigative Assessment Approach vs. the Family Assessment Approach

Investigative Assessment	Family Assessment
<p><b>Screen report.</b> If abuse, case assigned to investigation track. (Approximately 10% of all child maltreatment reports in North Carolina are for abuse).</p>	<p><b>Screen report.</b> If neglect, case can be assigned to Family Assessment track. (Approximately 90% of all child maltreatment reports in North Carolina are for neglect).</p>
<p><b>Investigation</b> is initiated within 24 hours or less. After face-to-face contact with child, an interview is conducted with the person who is reported to have abused the child. These contacts are typically unscheduled.</p>	<p><b>Family Assessment</b> is initiated within 72 hours or less by scheduling a home visit with the family at their convenience. Children and parents are interviewed together; CPS worker has the option of interviewing children privately.</p>
<p><b>Collateral contacts</b> are made at the discretion of the investigating worker. The identity of collaterals, as well as any information they provide, remains confidential.</p>	<p><b>Collateral contacts</b> are identified by the family and the Family Assessment worker. Families can participate in the collateral contacts if they desire. The identity of non-professional collateral contacts, as well as any information they provide, can remain confidential if there are credible safety concerns.</p>
<p><b>Case decision</b> within 30 days. Decision will be either to substantiate or unsubstantiate the report.</p> <p>If <u>substantiated</u>, the report and the perpetrator's name are entered into the Central Registry, and services are required.</p> <p>If <u>unsubstantiated</u>, services may be offered but are not required. (Such offers are rarely accepted.)</p>	<p><b>Case decision</b> within 45 days. Decision can be (1) services needed, (2) services recommended, or (3) services not recommended.</p> <p>If <u>services needed</u>, the report is entered into Central Registry, but no perpetrator is named, and services are required.</p> <p>If <u>services recommended</u>, services are voluntary.</p> <p>If <u>services provided, protective services no longer needed</u>, any further services are voluntary.</p> <p>If <u>services not recommended</u>, services are not offered or required.</p>
<p><b>Services</b> begin after the case decision to substantiate. Case is transferred to in-home services.</p>	<p><b>Services</b> begin immediately upon the initiation of the family assessment. This "front loading" of services often prevents a case finding of "services needed." If the case finding is "services needed," the Family Assessment worker often retains the case, but the case also can be transferred to case management.</p>
<p><b>Shift in Approach.</b> A case assigned to the investigation track can be re-assigned to the Family Assessment track.</p>	<p><b>Shift in Approach.</b> A case assigned to the Family Assessment track can be re-assigned to the investigation track with supervisory approval.</p>



# Understanding the Family Assessment Approach

- Read the 11-14-05 MRS Policy and Practice Manual, focusing on the sections that pertain to Family Assessment: Assignment of Reports for Assessment (pp. 17-24), Conducting CPS Assessments of Abuse, Neglect, and Dependency (pp. 22-30), and Case Decisions/Findings (pp. 30-32). If the policy manual is not available to you at your agency, you can find it at [www.dhhs.state.nc.us](http://www.dhhs.state.nc.us) (click on Divisions and Agencies, then Social Services, then Home for Division of Social Services, then Multiple Response System, then 2005 Multiple Response Manual).
- Make note of any questions you have.
- Review the following Q & A charts detailing Family Assessment Policy and Practice. You are likely to find answers to most of your questions in these charts.
- They are organized into the following elements of the Family Assessment Approach that may be different from the traditional investigation:
  - a) Contacting the Family to Schedule an Appointment Before Speaking to the Identified Child
  - b) Involving the Family in Identifying and Talking to Collateral Contacts
  - c) Family Assessment's Focus on "Services Needed" Rather than on "Substantiating" or "Unsubstantiating" an Incident
  - d) Front-Loading Services
  - e) Switching Tracks
- In the left-hand column of each chart are the questions you (and many other new Family Assessors) may have and in the right-hand column of each chart are some of the potential benefits, advantages, or reasons for approaching families in this new way.
- Discuss any remaining questions you have with your supervisor or with an experienced family assessor at your agency.

# Questions about Family Assessment Policies

## 1. Contacting the Family to Schedule an Appointment Before Speaking to the Identified Child

<b>Questions and Issues of Concern</b>	<b>Answers and Benefits to the Family Assessment approach</b>
<p><b>What if the family doesn't have a phone?</b></p>	<p>Most Family Assessment workers remain family-centered by giving the family the option of meeting when you arrive or at another more convenient time within your mandated time frame. You may leave a note for the family to contact you for an appointment if they are not home.</p> <p>If you cannot get in touch with them prior to the deadline, you are still bound by the timelines established and must initiate contact with the child at school. Then follow up with the family as soon as possible.<sup>1</sup></p>
<p><b>What if I can't contact the family by the timeline established by the risk level of the report?</b></p>	<p>Again, you are bound by the deadline mandated by the risk level. You will need to see the child at school and then find the parents as quickly as possible. Also, you will need to document all "diligent efforts" to contact the family first.<sup>1</sup></p>
<p><b>Will contacting the parents first give them an opportunity to coach their child?</b></p>	<p>Most families who have something to hide have most likely been coaching their child since the inappropriate behavior began. Your instincts will tell you this when you speak with the family and you may want to talk to the child alone. Family Assessors report that most children are comfortable talking in front of their parents because of the implicit permission they have by the virtue of them being present.</p>
<p><b>What if I am concerned that I am not getting the full story from the parents or the child while they are in front of their parents and want to speak to the child alone?</b></p>	<p>You always have the right to speak to any child alone if you feel that will help you determine safety, needs or services.<sup>1</sup> Family Assessors report that most parents give permission for you to speak with their child alone when asked.</p>
<p><b>Will talking to the parents first affect the safety of the child?</b></p>	<p>According to the MRS data collected by Duke University in evaluating family assessment, child safety was not adversely affected by speaking to the parents first. In fact, the finding indicates that children are receiving services sooner as a result of the Family Assessment approach.<sup>2</sup></p>

<sup>1</sup> MRS Policy Training Power Point Presentation, Holly Mc Neill, NC Division of Social Services, holly.mcneill@ncmail.net.

<sup>2</sup> Multiple Response System Report to the NC Division of Social Services, Duke University, April 1, 2004.

## **2. Involving the Family in Identifying and Talking to Collateral Contacts**

<b>Questions or Issues of Concern</b>	<b>Answers or Benefits to the Family Assessment Approach</b>
<b>What if the family identifies the reporter as a collateral contact?</b>	Parents will often identify the reporter as a potential collateral contact. If this happens, you must keep the identity of the reporter confidential.
<b>What should I tell professional reporters about the family’s involvement when I talk to them?</b>	Hopefully, your county has or will provide some education for professional reporters and/or contacts about the new policies of the Family Assessment approach. If not, you will need to inform professional reporters that the family may ask for and is entitled to the concerns that any professional contact shares with you. This often helps with encouraging professional contacts to speak to the family about concerns rather than using CPS to do that for them.
<b>What does “involving the family” mean with regards to collateral contacts?</b>	Family Assessors report that it works well to ask the family whether they would like to be involved with your meetings with collaterals or not. Given the option, many families will simply thank you for inviting them to participate and then let you do your job without involvement. If they choose to be involved, there is a continuum of ways to help them be involved in the process. Some examples include: a) having the parents in the room when you make the call to the collateral; b) giving the parents a summary of the collateral’s comments to you; and c) taking the parents with you when you meet with the collateral. You will always need to keep family, child and collateral safety in mind when making decisions about how to involve the family, if that is their choice. <sup>1</sup>
<b>Will knowing that the family may hear about their concerns hinder professional reporter’s honesty?</b>	Some professional reporters may be uncomfortable with this approach at first. You will probably want to help them see the advantages for them and for families of talking with parents directly about their concerns rather than using CPS as “the bad guy.” In addition, you can solicit strengths and observations of what is working with the family when you talk to professional collateral contacts and tell them you will share those points as well, if asked.

<sup>1</sup> *MRS Policy Training Power Point Presentation*, Holly Mc Neill, NC Division of Social Services, holly.mcneill@ncmail.net.

### 3. Family Assessment’s Focus on “Services Needed” Rather than on “Substantiating” or “Unsubstantiating” an Incident

<b>Questions or Issues of Concern</b>	<b>Answers or Benefits to the Family Assessment Approach</b>
<p><b>What is the role of the incident or “report” in my initial Family Assessment interview with the family?</b></p>	<p>The concerns that a reporter expresses is your entrance into the family’s home; it is why you are involved. The incident that caused someone concern may be used by the family assessor as a way to get started in finding out how the family is functioning with regards to a specific issues (i.e. supervision, discipline, cleanliness, etc.)<sup>1</sup></p>
<p><b>Do I have to find out whether the incident mentioned in the report is true or not?</b></p>	<p>No, determining whether an event did or did not happen is not necessary in Family Assessment. Instead, you are using the incident to help you talk with the family out about general family functioning and concerns or issues they may have related to their functioning as a family. The point of a Family Assessment is to determine what needs the family has that if remedied, would prevent them from being involved with CPS in the future.<sup>1</sup></p>
<p><b>How does this focus on “needs” rather than an “incident” change the way I interview the family?</b></p>	<p>The change in focus gives you the opportunity to ask more global questions about how the family is doing rather than focusing on one specific incident and gathering evidence to determine if it did or did not happen.</p> <p>Family Assessors report that it works well to ask the family how they are doing in a more general way with regards to parenting, finances, support from family and friends, work, transportation, or any other area that applies to them. Discovering areas of need and areas of resiliency will help you focus your efforts and determine if “services are needed” for each family individually.<sup>1</sup></p>
<p><b>How does this change in focus affect the family’s curiosity about who made the report and what the report said?</b></p>	<p>Unfortunately, it doesn’t. You will still have to field questions about who made the report. Most families will also want to know what the concerns are about in the report.</p> <p>What the Family Assessment approach allows you to do is to assure the family that this one particular incident does not have the weight it does with investigative assessments and that you are much more concerned about how to help them be the type of functioning family that they want to be.<sup>1</sup></p>

### 3. Family Assessment’s Focus on “Services Needed” Rather than on “Substantiating” or “Unsubstantiating” an Incident (continued)

Questions or Issues of Concern	Answers or Benefits to the Family Assessment Approach
<p><b>What are the differences between the four outcomes of a family assessment?</b></p>	<p><b>Services Needed<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Safety issues and future risk of harm is so great that the agency must provide involuntary services. (Note: the safety and risk of harm is so great that you can not walk away from this family).</li> <li>• Reported to the Central Registry with no perpetrator information entered.</li> </ul> <p><b>Services Recommended<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Safety of a child and future risk of harm are no longer issues because the agency had been successful in “frontloading” necessary services during the family assessment.</li> <li>• Continued involuntary CPS supervision is no longer needed to ensure the child’s safety.</li> <li>• Reported to the Central Registry with no perpetrator information entered.</li> <li>• Document any service referral deemed appropriate to meet the family's non-safety connected need.</li> <li>• Use services codes 122 or 330 to provide services under this finding, if this is available.</li> </ul> <p><b>Services Provided, Protective Services No Longer Needed<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• The CPS Family Assessor has begun "plugging" services through front-loading during the assessment.</li> <li>• Due to those front-loaded services, the risk level has decreased such that the CPS worker can “walk away” with no concern about the child’s safety. The CPS Family Assessor will make the recommendation for services at the point of the finding rather than “services needed” due to reduced risk level and family participation.</li> </ul> <p><b>Services Not Needed<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Safety of a child is not an issue and future risk of harm is not an issue.</li> <li>• Not appropriate if agency feels it needs to monitor compliance due to safety and future risk of harm.</li> </ul>

<sup>1</sup>MRS Policy Training Power Point Presentation, Holly Mc Neill, NC Division of Social Services, [holly.mcneill@ncmail.net](mailto:holly.mcneill@ncmail.net).

<sup>2</sup> Multiple Response System Policy and Practice Manual, NC Division of Social Services, 11-14-05.

#### **4. Front-Loading Services**

<b>Questions and Issues of Concern</b>	<b>Answers and Benefits to the Family Assessment Approach</b>
<b>What does “front-loading” services mean?</b>	Front-loading services means that during the initial interview the CPS Family Assessor will be discovering the needs of the family that brought them into contact with our agency. Once those needs have been defined, the Family Assessor can begin to help the family identify and access services that may help them meet their needs, hopefully prevent future involvement with CPS. <sup>1</sup>
<b>What type of services does this include?</b>	<p>Identifying immediate needs of any family is a good place to start. For example, if there is little food in the house or they have no electricity, working on getting those immediate concerns resolved first will help the family move toward independence. This is often a good time to get eligibility workers and Work First workers involved.</p> <p>Formal services you might help the family access include counseling, substance abuse treatment, parenting support and childcare, to name a few.</p> <p>Informal support that you might focus on includes helping the family identify people in their community, church, neighbors, family or friends who could offer support with childcare, parenting, transportation or other needs.<sup>1</sup></p>
<b>How will I know about the services available in my community?</b>	<p>Most communities have a community sourcebook (often published by United Way) listing services available in the county.</p> <p>North Carolina is working on improving a “211” phone services that directs people to needed services in their community.</p> <p>Families often know of informal supports in the community that you may be unaware of. In addition, co-workers who have lived or worked in the county or community longer than you may be helpful.<sup>1</sup></p>

<sup>1</sup>MRS Policy Training Power Point Presentation, Holly Mc Neill, NC Division of Social Services, holly.mcneill@ncmail.net.

## 5. Switching Tracks

<b>Questions and Issues of Concern</b>	<b>Answers and Benefits to the Family Assessment Approach</b>
<b>Who makes the decision to switch tracks?</b>	All decisions to change assessment responses must be done with supervisory approval. Documentation in the record should also clearly show why such a decision was made, and how it helped ensure the safety of the child. <sup>1</sup>
<b>Which types of assessment can be switched?</b>	<p>Any neglect or dependency report may be assigned initially and initiated as an investigative assessment.</p> <p>Any report initially initiated in the Family Assessment response may be switched to an investigative assessment if it becomes obvious it should have been assigned as such if the true situation was known at intake.<sup>1</sup></p> <p>Any Investigative Assessment can be switched if it becomes obvious that the family would cooperate better in the Family Assessment approach and if the family was assigned based on risk assessment rather than reports of abuse.</p>
<b>What factors should be used to help determine if a switch from Family Assessment to Investigative Assessment is appropriate?</b>	<p>Factors that indicate a switch from Family Assessment to investigative assessment may include one of the following:</p> <ul style="list-style-type: none"> <li>• Information discovered that indicates a more serious situation such as sexual abuse, physical abuse or domestic violence.</li> <li>• Repeated attempts to encourage the family to participate willingly in the Family Assessment approach have failed.</li> </ul> <p>“Switching” assessment responses during an assessment should not be done frequently without a thorough discussion of the case between the social worker and the supervisor.<sup>1</sup></p>
<b>Who carries the case when the track is switched?</b>	When a case is switched the same worker continues with the case.

<sup>1</sup>MRS Policy Training Power Point Presentation, Holly Mc Neill, NC Division of Social Services, holly.mcneill@ncmail.net.

- Review any questions you have regarding the differences between Family Assessment and Investigative Assessment with your supervisor or co-workers before proceeding.

# Understanding Others, Part 1

○ Read the following pages, “Understanding Others, Part 1.” Each of these case studies is based on a real family, though the names have been changed to ensure confidentiality.

1. At 8:30 A.M. the agency received a CPS report from a local daycare provider concerning 3-year-old Danny Smith. Danny came to daycare this morning with blisters on his hands. The reporter thinks the palms of his hands have been deliberately burned. Danny's mother, Sue, has a long history with the agency, both as a child and now as a mother. She is developmentally delayed, her own mother has a long history of alcohol abuse, and Sue and her siblings experienced multiple foster care placements as children. Sue also has a history of alcohol abuse and was substantiated for neglect a year ago when Danny was physically abused by a neighbor who was babysitting. After many ups and downs, the agency seriously considered placing Danny, but agreed to Intensive Family Preservation Services as a last resort. Her case was recently closed upon successful completion of the IFPS intervention.

Upon receiving the report, you try to reach Sue by phone, but cannot locate her. You visit Danny at daycare and are so concerned about the condition of his hands that you take him to the Emergency Room. The doctor there says that Danny's palms have definitely been burned. When you ask Danny what happened to his hands, he says he doesn't know. All day you try unsuccessfully to locate Sue by phone, at her home, and at her mother's home. After waiting with Danny at the daycare until they close at 5:30 P.M., you place him into protective custody at 5:35 P.M.

2. You have received a CPS report on Tyrone Jackson, father of Nissa, 4, and Zandra, 2. The intake worker took the report from the girls' daycare provider, who was quite concerned because the girls had mentioned on more than one occasion that they were sleeping with their Daddy. She was concerned that there might be something suspicious going on, because she has been told by the girls' Mom in the past to watch out for Tyrone because he'd “fooled around” with Mom's oldest daughter. So she asked Zandra if her father had ever touched her in her private parts. Zandra, who is quite shy, nodded affirmatively.

The Jackson family first came to the attention of a neighboring county's DSS agency two years ago, when Tyrone's 15-year-old step-daughter, Tanya, accused him of molesting her. To avoid prosecution, Tyrone moved out and has been living in this county since then. No charges were ever filed. The girls' mother, Vanessa, quickly moved in with another man who got her into using cocaine. Nissa and Zandra were placed with Tyrone three months ago when Vanessa was arrested for prostitution and cocaine possession and was taken into police custody.

During your first visit to Mr. Jackson's house, the girls seem to be afraid of you and won't interact with you at all. In addition, they never take their eyes off their father, clinging to him and sitting on his lap. They glance at him first before answering any of your questions, and one of the girls asks if you are there to take them away from their Dad. When you ask Tyrone about his relationship with the girls, he gets angry with you and says that he is doing the best he can as a single father. He states adamantly that he wishes that DSS would “just stay the hell out of my business.” When asked about sleeping arrangements, he shows you through the trailer and tells you that the back bedroom is the



girls' room and that he sleeps in the front bedroom. The trailer is sparsely furnished, but tidy. You ask him if the girls ever sleep with him and he reports they do most nights, but that he doesn't see anything wrong with that.

3. Marta Cortez, 26, is a single, working mother of three children, José, 12, Gabriella, 9, and Isabel, 7. The Cortez family lives in a housing project in a large city. Ms. Joan White, Isabel's teacher from the elementary school, called in a report to DSS after doing a home visit to the Cortez' home. The school has recently started requiring that each teacher visit the home of every child in their classroom sometime during the school year. During her home visit, Ms. White found the younger two children at home alone. The girls informed her that their brother was outside playing with friends and that their mother didn't usually get home from work until 6 P.M. The girls gave Ms. White a tour of their home, and she was a bit surprised that, in addition to a TV and VCR in the living room—complete with what looked like very expensive video game equipment—all three children had their own TV and VCR in their rooms. Both girls were dressed in very expensive-looking, name brand clothes as well. All this was in stark contrast to the furniture, which was shabby and worn. When the girls took her into the kitchen, Ms. White asked if they had gotten an after-school snack yet because Isabel was complaining of being hungry. Gabriella informed Ms. White that they weren't allowed to eat anything until dinner because it was near the end of the month and their food had to last until their mother got paid again.

Ms. White was concerned enough to contact DSS after her home visit. She mentioned the lack of supervision for the girls and the absence of their brother. She also stated she was concerned that Ms. Cortez chose to purchase expensive entertainment equipment and clothing rather than buy food or decent furniture. When you contacted Ms. Cortez this evening after work, she sounded very concerned that there might be a problem. She readily agreed to take off work early the next afternoon to meet with you and clear up what she was sure “must be a misunderstanding of some kind.”

4. The agency has received a CPS report from a local pediatrician. He reports that one of his patients, Megan Myers, a 2-year-old girl, has unusual burns between her legs and on her buttocks. The burns are peeling and bleeding. The mother, Lou Ann Myers, said that she discovered the burns when she changed the child's overnight diaper that morning and asked if the laxative he had recommended could have caused the burns. The doctor says that the laxative definitely could not cause burns like these and requests that the agency send someone to his office immediately.

When you arrive at the doctor's office, you find Mrs. Myers crying and wringing her hands, saying that she would never hurt her daughter. She insists that she doesn't know how the burns happened, confirms that she lives alone with her daughter, and states that no one else has cared for Megan recently. She begins to get angry and threatens to get a lawyer if you don't allow her take Megan to another doctor. After consulting with your supervisor, you suggest to Mrs. Myers that she go with you and Megan to Baptist Hospital. The doctor there confirms that there was no medical explanation for the burns; he believes Megan was scalded in the bathtub. Mrs. Myers denies that this has occurred.

# Understanding Others Application

○ Use the following questions to guide your study.

**Write down your first impression of each of these four families and at least three possible alternative explanations for each one.**

## **Sue Smith**

First Impression –

Alternative Explanations –

## **Marta Cortez**

First Impression –

Alternative Explanations –

## **Tyrone Jackson**

First Impression –

Alternative Explanations –

## **Lou Ann Myers**

First Impression –

Alternative Explanations –

## Understanding Others, Part 2

○ Now read “the rest of the story.”

1. First thing the next morning, you get a frantic call from Sue. She is crying and almost hysterical. When you get her calmed down, she tells you that she came to get Danny from daycare at 5:35 P.M. and was told that he had been taken into custody by DSS. She called the emergency number and was told that nothing could be done then and that she should call in the morning.

She says that she hasn't slept all night and can't believe that DSS would take her baby just because she was five minutes late picking him up from daycare. She explains that she couldn't be reached because she was at Vocational Rehabilitation all day being evaluated for job readiness as recommended and arranged by her IFPS worker. Her mother was giving her a ride, and an accident on the bypass made them a little late. When asked about Danny's hands, Sue says that her doctor said that the blisters were an allergic reaction to a medicine he had prescribed. When you check with the doctor, he confirms that this is true.

2. When you ask Tyrone about “references” who know about his family, he mentions one couple in particular. Ms. Ruby and Mr. Frank, he says, have proclaimed themselves the girls' adopted grandparents. They have known Tyrone since he was living with Vanessa and have always been helpful and loving to the girls. Ms. Ruby even picks them up from the daycare and keeps them for a few hours if he has to work late at the shop. When you ask Tyrone how the girls have adjusted to living with him, he tells you they are still pretty skittish and nervous. He says they saw way too much when they were living with their mother and that he is glad they are living with him now.

As the interview comes to a close, you ask Tyrone if he would mind if you spoke to the retired couple that he referred to as the girls' surrogate grandparents. He says that would be fine and takes you over and introduces you to them, then leaves. After chatting about Tyrone and his daughters, you ask Ms. Ruby if she knows whether Tyrone sleeps with the girls or not. She says that they do sleep with him nearly every night. Even when he puts them back in their beds they sometimes sneak out of their room and he finds them sleeping on the floor in front of the door in the morning. When you ask Ms. Ruby she thinks that's about, she tells you that she believes those two children are terrified of being taken away from their father after losing their mother. You ask Ms. Ruby what might remedy the situation, and she suggests that if Tyrone would trade bedrooms with the girls, they would stay in their own bed because it is close enough to the front door to hear anyone coming or going.

You return to Tyrone's trailer and share Ms. Ruby's thoughts and he agrees to try it. On your next visit, he has changed the rooms, and he says that they have only slept with him once. Two weeks later he reports they are sleeping all night in their room.

3. You meet with Ms. Cortez the next day, and she is very cooperative and forthright with all your questions. When told about the concerns of little food in the home, Ms. Cortez flushes with embarrassment and explains that her daughter Gabriella had some dental work done at the beginning of the month and they are a bit tight on money because she has no dental insurance. She willingly shows you her cabinets, which seemed to be stocked with enough to feed them adequately for another week and a half until she gets paid. When questioned about the entertainment equipment, Ms. Cortez explains that they often patronize street peddlers who offer clothing and household equipment at less than half price.

When you ask about who watches the children when they get home from school, she tells you that José watches them. She also mentions an elderly neighbor, Ms. Santana, who is always home and there if the children need her. The children also stay with Ms. Santana during the day when they were sick. Ms. Cortez explains that the neighborhood is close-knit and that they watch out for one another's children. You get permission to talk to Ms. Santana and two other neighbors and thank Ms. Cortez for her cooperation.

Ms. Santana confirms Ms. Cortez' explanation but says that she just helps with the girls. "José mostly watches after himself and hangs out with his friends," she reported. The second neighbor is less optimistic about the situation. She says that all of José's friends are considerably older than him, ranging in age from 16-23, and she thinks they are troublemakers and possibly into drugs. The third neighbor you talk to says that she thinks José is being groomed for the drug trade by "those boys," and rumor has it that he is already working as a "spotter" for them.

4. Based on reports from the two doctors, you substantiate neglect and begin intensive case management services. Mrs. Myers remains adamant that she never neglected her daughter, and visits with her and Megan are awkward and unproductive. You observe her to be a nurturing, skillful mother in her interactions with Megan, and you question the need for her to take the parenting classes required in her case plan. Several weeks later you receive an e-mail from the doctor at Baptist Hospital. He reports that a review of recent literature reveals that there have been several cases of children experiencing burns from their stools after taking laxatives containing a natural ingredient called senna. He now believes that this is what happened in Megan's case.

- Go back to Understanding Others Application and compare the alternatives you listed to the facts revealed above in Understanding Others Part 2. Highlight any of your alternatives that turned out to be true.
- Below write down any lessons you have learned that you can apply to your work with families:

# Miracle Question

- Read the following introduction:

The miracle question is a tool that workers can use to create hope for families who are in crisis and feeling hopeless or helpless about changing their circumstances. The miracle question often helps us obtain a clearer picture of the family's functioning and what each person in the family sees as important. Using it can help you find out from the family's perspective what they think would make a difference in their lives. The information gleaned from asking the miracle question then becomes the starting point for goal-setting with the family. Finally, it gives you, the worker, a foundation on which to build small steps toward the goal of improved family functioning.

The wording of the miracle question is one of the most important aspects of using the tool effectively. The key is to ask your clients to imagine that a miracle happened in the night, so that they are unaware that it was taking place. Then, the next morning, they begin to notice little clues that let them know that things are different.

When you word the miracle question in this way, it focuses the person's answer on more realistic, smaller action steps. For example, a mother might say, "My teenage son would actually get up when I wake him and he would come in the kitchen, sit down for cereal, and say hello before going off to school." These kinds of answers reveal do-able steps that families can make.

People sometimes confuse the miracle question with the "magic wand" question (e.g., "If I could wave a magic wand, what would your life be like if it could be just the way you wanted it?") This question often results in answers such as, "I'd win the lottery," "I'd never have to work again," or "I would never have married this bozo," etc. These "pie-in-the-sky" answers are unattainable and could further discourage family members.

Now, we would like you to see how the Miracle Question can work and how the follow-up questions break the miracle into smaller and smaller steps.

- Review the following pages that describe the Miracle Question.

# Miracle Question

## Purpose

- When a client struggles to identify an achievable, specific goal, the Miracle Question can be useful. Many workers ask this question with all clients, feeling that it gives a clear, honest picture of what clients truly want their future to look like. The Miracle Question can also instill hope in a hopeless client.
- When the worker helps the client elaborate with follow-up questions, the responses to the Miracle Question frequently describe the solution in rather detailed behavioral terms. The more vivid and rich the description, the more possibilities for taking small steps toward solving their concerns.

## Example

- “I would like to ask you a strange question. Please go along with me if you will. Suppose that tonight, while you are sleeping, a miracle happens and the issues that brought me here today are solved. But, since you are asleep, you don't know that a miracle has happened. When you wake up tomorrow morning, what would be the first little clue that something was different?”

## Follow-up Questions

- What else would you notice?
- What will you be **doing** that is different?
- (If the client talks about a change in feelings...) When you are feeling...what will you be **doing**?
- If you are doing...what will (your husband, children...) be doing?
- What would your (children, mother...) say is different?
- **Are there times now** that small pieces of this miracle happen **just a little bit**? What is different about those times?
- What would you have to do so that it would happen more often?
- What would have to happen more often for this miracle to take place?

Adapted from Berg, I. K. (1994). *Family-Based Services*. New York: W. W. Norton & Co.

# Miracle Question: Case Examples

## Example One: Case Study

- A mother of four was exhausted and felt hopeless about herself and her family. Her husband was serving time for having sexually abused her two daughters, who were showing all sorts of unhealthy symptoms. Her two boys were "wild and uncontrollable." She had thought about killing herself many times. The children's schools were calling nearly every week to report one problem or another.
- The worker, not knowing what else to do, and also feeling overwhelmed and hopeless, decided to ask the mother the Miracle Question. The mother thought about this a long time, then she slowly lifted her eyes, looked up at the ceiling and started to spell out how each of her four children would change and how she would feel like living again. The worker followed up by asking about the details of this miracle she had started to paint. She began to talk about the dreams for her family, how she wanted a close, loving family. She wanted a family whose members would help each other, support each other, and feel they were blessed with God's grace. The worker asked the mother when she had previously seen small pieces of the miracle. The mother described without hesitation in a firm voice how they used to go to church together every Sunday morning, and how happy she once felt. As she told about times when things had been better, she became more hopeful about herself and her children.

## Example Two: Follow-up Questions

Worker: So, suppose you get up ahead of the children and get them up, get them ready for school. What would your children do differently that they didn't do this morning?

Client: I suppose they will be happy to see me up and bustling around because it means I am feeling good.

Worker: So, when they see you bustling around and getting them ready for school, what would they do different, that they didn't do this morning?

Client: Oh, they will want to get up, get their books ready, and then come downstairs for breakfast instead of parking themselves in front of the TV.

Worker: So, what would the children say they like about you on this special morning?

Client: They will say they like it when I am up and sending them off to school in a good mood. They seem to have a better day in school when they go off happy instead of getting out of the house all crying and me yelling and screaming at them.

(One small goal for this case then becomes finding out how mom can get up before the kids, and get them ready for school.)

Source: Berg, I. K., & Kelly, S. (2000). *Building Solutions in Child Protective Services*. New York: W. W. Norton & Company.

# Miracle Question Application

- Now think of a client with whom you are currently are working, perhaps one who seems hopeless or despondent about their situation.
- With that person in mind, write down the Miracle Question below as you would ask it to that person. Next, write down several follow-up questions you might ask.

Miracle Question:

Follow-up questions:

- Make a copy of this page. During your next contact with this client, ask the Miracle Question as you wrote it, and record the client's response below. Then, ask as many follow-up questions as you can, and record the client's responses to them, as well. Use additional pages to take detailed notes, so you can discuss the experience with your supervisor afterwards.



# Section Two

***Learner Instructions:*** *This section will help you understand the process of doing a Family Assessment from the initial phone contact to the first face-to-face contact with the family.*

- 1) Read the introduction “Skills Application: The Family Assessment.”***
- 2) Read “Practice Experience #1: Questions Families Might Ask About Family Assessment Approach” and answer them using the resources available to you.***
- 3) Consult with your supervisor or co-workers about your answers if you have questions.***
- 4) Write your own Family Assessment Spiel using “Practice Experience #2: My Spiel.”***
- 5) Read the “Initial Phone Contact Dialog.”***
- 6) Complete the “Initial Phone Contact Application Sheet.”***
- 7) Review “Commonly Asked Questions Regarding the Initial Contact with the Family.”***
- 8) Review the instructions for “Getting Started with a Family Assessment.”***
- 9) Read “Annie Jones’s Report.”***
- 10) Complete Practice #3.***
- 11) Read and answer “Discovery and Beyond: Finding out the Whole Story”***
- 12) Complete Practice #4***
- 13) Read “Annie Jones’ Story.”***
- 14) Complete the questions for thought.***
- 15) Read “The Rest of Annie’s Story.”***
- 16) Review any questions you have with your supervisor from Section Two.***

# Skills Application: The Family Assessment

○ Read the following introduction:

**What you say is very important. How you say it is even more so. You will find that much of what makes the Family Assessment different for both families and workers is the change in language and pace. Choosing your words carefully and clarifying what they mean helps you and the families you work with start off on the same page. Slowing down gives both you and the family an opportunity to build relationship and trust before getting down to business.**

**Using the Six Principles will help you “seek first to understand” the family that you are assessing, and that helps the family feel more comfortable about talking to you and giving you the information you need to determine if a family is in need of services or not.**

**You are now going to take some time to work on writing your “spiel.” Your spiel is the introduction that you often give to families when you first speak to them either face-to-face or over the phone. Right now you are going to take a few minutes to think about and jot down how you might want to present the information to a family about Multiple Response and especially about the Family Assessment approach.**

**The following chart illustrates some of the language changes that Family Assessors find helpful. In general, try to avoid using social work or professional jargon, abbreviations or acronyms.**

<b>COMMON SOCIAL WORK LANGUAGE</b>	<b>FAMILY ASSESSMENT LANGUAGE</b>
Allegations	Concerns; Needs of your family
Report	Someone called in with concerns about your family
Neglect or Maltreatment	Ways to help your family work the way you want it to
Substantiated	Services Needed
Collateral Contacts	Someone who could speak to me on behalf of your family; A reference; Someone who knows how you parent your children; Someone who knows you and your family well.

# **Practice Experience #1: Questions Families Might Ask About the Family Assessment Approach**

- Answer following questions as best as you can keeping in mind that these questions may be asked by clients who have had previous experience with Department of Social Services and the investigative assessment approach. Feel free to consult with your supervisor, experienced Family Assessors, or other co-workers. Also, refer to the MRS Policy and Practice Manual for assistance as you answer the following questions.

**How is the Family Assessment approach different from a traditional CPS investigation?**

**Exactly what is it that makes the Family Assessment approach more family-friendly? Specifically, what will the Family Assessment approach look like for this particular family?**

**What qualifies a family for one approach versus the other? Can you go back and forth?**

**What are the benefits for a family of participating in the Family Assessment approach?**

**What expectations will you have of the family throughout the process?**

**What should the family expect from you?**

**What should they expect in terms of time lines? What will happen when?**

**What are some of the outcomes they can expect from participating in the Family Assessment approach?**

**What other options do they have (consequences) if they choose not to participate in the Family Assessment approach?**

- Go over these questions with your supervisor or a colleague before continuing onto the next step, especially if you have questions.

## Practice Experience #2: My Spiel

Now, write down the talking points you want to be sure to include in your description of the Family Assessment response. Remember to use family-friendly language, avoid social work jargon, and be as specific as possible. You may write in narrative form or use the bullets to designate key points.

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

# Initial Phone Contact Dialog

What follows is a sample dialog of a Family Assessment worker speaking to a mother who happens to have been involved with CPS before and has knowledge and previous history with the “old way of doing business.” In reality, some of this would be covered over the phone, and some during the first visit. This is just an example of how it might be done.

Worker: Ring. Ring.

Annie: Hello?

Worker: Hello. May I speak to Ms. Jones please?

Annie: That’s me. Who are you?

Worker: I’m Tanisha King, Ms. Jones and I am from Youth and Family Services. I was wondering if you have a few minutes to talk?

Annie: That depends. . .

Worker: Ms. Jones, I’m a Family Assessment worker and I’d like to come out and talk to you about your children.

Annie: Why would I want to talk to you about my children?’

Worker: Well, we’re the folks people call when they are concerned about children, and then it’s our job to check to be sure that things are OK.

Annie: Oh, I get it. You’re from DSS, aren’t you? Some busybody has called in on me and now you’re going to come poking around in my business

Worker: You’re right, I work for one part of DSS, and it sounds like you’re familiar with the way we used to do business. We’ve made some big changes lately, and we’re trying out a new way of working with families called family assessment. That’s why I’m calling. I’d like to make an appointment to come out and explain our new way of doing business.

Annie: What new way? Are you going to investigate me or not?

Worker: I’m a family assessor. That means I’ll be talking to you about what might be going on in your family that caused someone to be concerned enough to call in. That’s why I’m calling to set up an appointment instead of just showing up at your door. That’s one new thing that families seem to really like better.

Annie: Yeah, that is different. What about my kids? Last time this happened you people went to school and pulled my kid out of class and scared him half to death. I really didn't appreciate that!

Worker: You know, if that happened to my son, I wouldn't like it either. And that's another thing that's different. I'd like to talk with you and your husband before I talk to your kids.

Annie: You mean you haven't talked to my son at school already?

Worker: No, I want to hear your side of things first and see if there are any services or supports that might help you out. That's another difference. I'm more interested in how things are going for your family in general than in any one incident. If you agree to see me within the next day or so and everything goes well, what we do together will not be an investigation.

Annie: Who called in on me, anyway? Was it that nosy neighbor down the street? Or someone from the church? . . . I don't know why I'm asking, because I know you won't tell.

Worker: You're right, I can't tell. And I know that must be frustrating for you, because it is for me, too. It would be nice if everyone felt comfortable talking about their concerns face-to-face. But since they're not, I guess that's a trade-off we have to make to help keep kids safe.

Annie: I guess. . . . But can you tell me what they said about me?

Worker: I can tell you that someone was concerned about your kids' supervision.

Annie: I don't care what they said. No one knows about my family but me and my husband. Whoever told you that is wrong.

Worker: That's exactly why I want to come speak with you, Mrs. Jones. We realize that there's more than one side to any story, so I'd like to hear your perspective and clear up any misunderstandings there may be about the safety of your kids. One of the advantages of this new Family Assessment approach is that we're more concerned with addressing the issues that might be causing your family difficulties than with assigning blame.

Annie: My kids are safe. I can tell you that right now over the phone.

Worker: Ms. Jones, I can hear that you have lots of questions and I'd really like to talk with you face-to-face. Telephone conversations are so formal and impersonal. I'd like to hear your side of the story to get a more complete picture before I come to any conclusions.

Annie: Hmm. . . What about the substantiated /unsubstantiated stuff?

Worker: If you agree to meet with me and all goes well, then what I'll be focusing on is whether or not services might benefit you and your family. You will not get a letter stating that we have substantiated or unsubstantiated your case. Instead, we'll be talking about whether services are needed or not.

Annie: That does sound different.

Worker: We are hearing from other families that they like this new way a lot better. When could I come out to talk? What about tomorrow or the next day? Is either of those good for you?

Annie: All this week is bad if you want to see my husband, too. He's a truck driver and won't be back home until Saturday.

Worker: That's OK. I can meet with just you and the kids.

Annie: Well, let's get it over with, then. Just come tomorrow.

Worker: When tomorrow would work best for you?

Annie: Tommy gets home from school at 3:30, so any time after that.

Worker: What if I came by at 4:00?

Annie: Yeah, OK.

Worker: Well, I look forward to meeting you and your kids tomorrow at 4:00.

Annie: OK. See you then.

Worker: Goodbye Mrs. Jones.

Annie: Bye.



# Initial Phone Contact Application Sheet

- Answer the following questions regarding the phone call dialog you just read:

**What does the worker say that reduces or minimizes Mrs. Jones's resistance?**

**What does the worker say that seems to increase her resistance?**

**What is the turning point that gets her to agree to a home visit?**

**How did the worker demonstrate the Principles of Partnership in his or her conversation?**

**How might you have handled this call differently?**

# Commonly Asked Questions Regarding the Initial Contact with a Family

- Read the following questions and answers and speak with your supervisor if you have any other unanswered questions or concerns.

*Question: How do I respond to their questions about the identity of the reporter?*

*Answer: Remind them about confidentiality and the promise of anonymity. Remember to use common language rather than jargon when answering.*

*Question: How much can I tell them about what is in the report?*

*Answer: As much as you are comfortable with. A general description of the issue (e.g., supervision) will often suffice until you get out to the home.*

*Question: How can I comply with my time limitations (e.g., I must have contact with the family within 72 hours) and still be flexible in working around the family's schedule?*

*Answer: Suggest a time frame that you need to work within (e.g., by tomorrow afternoon).*

*Question: What happens if I think that the parents aren't telling the truth and the child won't talk in front of them?*

*Answer: Ask the child's parents if you can speak to him or her alone. Even if they don't want you to do that, you have a right to speak to the child alone if you believe there is a safety risk.*

*Question: What happens if I talk to the child alone and feel that it may put him/her at risk for retaliation from the parents?*

*Answer: If you ask the parent's permission, it often helps with reducing risk for the child. If you believe the child is not safe, however, you need to put a safety plan in place or take action as necessary.*

Question: *What about families where there is known domestic or family violence?*

Answer: The family assessment response can be used as long as the report meets the designated definitions of neglect or dependency. Certain aspects of the assessment are different in that steps are taken to ensure the safety of the non-offending parent and children. For example, initial contacts and other interviews are made outside the presence of the violent family member. See page 23 of the *11-14-05 MRS Policy and Practice Manual* and section 1409 of the *NC Division of Social Services Family Services Manual* for more detailed information.

## **Practice Experience #3: Knock on the Door**

Now that you have gotten a chance to think about your Family Assessment spiel and heard an example of one, you are ready to jump in and work with your first Family Assessment client.

What follows is a report for your next client, Annie Jones, to whom you were introduced through the initial phone contact. What you will be asked to do next is to read the report and plan how you might put the Six Principles into practice with her by answering a series of questions.

Take your time and think about what you would want to hear if you were in her shoes. Seek first to understand her perspective. Remember you will get much more information if you have developed some trust and begun a relationship with her rather than jumping straight into why you've come. On the other hand, if you think she might want to go there first, then you follow her pacing and come back to relationship building later.

As you read "Annie Jones's Report," stretch your imagination by reading "between the lines" to look for strengths, ways to connect, or strategies that might help you not only find out the information you need from this family, but also identify services that might help them function more successfully and prevent further DSS involvement.

- Begin by reading "Annie Jones's Report" and then follow the planning instructions at the end of that page.

# Annie Jones's Report

Two days ago, Annie Jones was reported to DSS by a neighbor, Ms. Schwartz. Ms. Schwartz became concerned when Mrs. Jones's seven-year-old son Tommy came over to ask if she could open a can of spaghetti and meatballs for him. When asked where his mother was, he said, "She's sleeping and won't wake up." Ms. Schwartz took Tommy home and tried for about fifteen minutes to wake Mrs. Jones. She eventually managed to wake her about the same time Mrs. Jones's husband, Don, got home.

After worrying about the children all that night, Ms. Schwartz called DSS the next morning because she suspects that drugs or alcohol was the cause of the incident the evening before. Ms. Schwartz also said that Mr. Jones, who drives a truck for a living, is away from home frequently for days at a time, leaving Mrs. Jones alone to care for their three children, Tommy (7), Megan (5), and Dylan (13 months).

As you look for her in the system you discover that this was not the first report made about Mrs. Jones. She has been substantiated for neglect once before a year ago. That time, her children were found playing by themselves outside wearing dirty diapers and no coats, while a young girl (deemed inappropriate to baby sit) was inside talking on the phone. As a result of this substantiation Mrs. Jones was required to go through parenting classes. She was cooperative, completed her service plan, and the case was closed. Mrs. Jones has been assigned to your unit for a family assessment.

When you called to request to visit, Mrs. Jones readily agreed. You asked if her husband could be there, but Mrs. Jones said that he was back on the road and would be gone until the weekend. Upon arriving at the home, you find Mrs. Jones playing with Tommy on a tire swing. Tommy was squealing with delight as his mother pushed him higher and higher. Mrs. Jones was laughing too, but when the rope reached its limit and Tommy teetered as if to fall, she leapt for him and caught him in her arms. They fell to the ground laughing together, Mrs. Jones twisting so she landed under him. Once inside, you notice that the walls of the trailer are covered with photos of the children and school projects.

- Using the next page, "Practice Experience #3: Knock on the Door Skills Planning," answer the questions to the right of each of the first three principles in the column "Suggestions for Putting the Principles into Action."

## Practice Experience #3: Knock on the Door Skills Planning

Putting the Principles Into Practice	Suggestions for Putting the Principles into Action
<b>Everyone Desires Respect</b>	
List 5 ways you can be respectful to Annie Jones and her family.	
Being honest and straightforward	
Demonstrating that it's OK to disagree	
Recognizing the client's point of view	
Working with resistance	
<b>Everyone Needs to be Heard</b>	
Write three questions that demonstrate you are truly listening and "seeking first to understand."	
Being fully present (mentally and physically)	
Being genuinely curious (open to new information and perspectives)	
Listening and acknowledging others' ideas	
Being aware and managing inner voice	
Using "I wonder" questions	
<b>Everyone Has Strengths</b>	
List as many strengths as you can think of just from reading the report. Be creative.	
Identifying and recognizing strengths	
Using praise and empathy	

# Discovery and Beyond: Finding out the Whole Story

Once you have established rapport, it's time to discover what's going on with Annie and her family and think about how you might be of assistance. At this point in the family assessment, your task is to gain information that will allow you to understand what this family might need, what resources might be helpful to them, and what strategies might be used to assist them. Remember, unlike in a forensic investigation, you are not required to substantiate versus unsubstantiate. Rather, you are "discovering" the possible reasons for the neglect allegation, looking for strengths in this family that you might use to find solutions, and working with the client to develop a plan. The ultimate goal is to lay the groundwork so that this family (which has been involved in the system before) will move toward independence.

Take a minute to think about possible pitfalls that you want to avoid. A background in investigating with guilt/innocence as the end result may predispose you to slip into a tone of questioning that is almost second nature. That automatic style of fact-finding investigation will be hard to undo; yet what we are asking you to try is an interview that focuses more on understanding and discovery. Pitfalls may include forgetting to look for strengths, taking a position on whether the neglect happened as reported, or focusing on the details of the report rather than solutions to the issues at hand.

What might be some common pitfalls for you to keep in mind as you begin the process of taking Family Assessment cases? List three possible ones.

- 1.
- 2.
- 3.

- Use the planning sheet on the next page to continue thinking about how to apply the six principles with this family. Answer each question in the right-hand column and, in the last box, try writing a scaling question to ask Annie.

# Practice Experience #4: Discovery and Beyond Planning

Putting the Principles Into Practice	Suggestions for Putting the Principles into Action
<b>Judgments Can Wait</b> List 5 aspects of this case that you might be judgmental about. (Hint: What does your internal voice tell you to look out for?)	
Being cautious and aware of assumptions	
Looking for alternative explanations	
Taking a “not knowing” stance	
Asking open-ended questions	
<b>Partners Share Power</b> List 5 ways that you can share power with Annie Jones or her family.	
Exhibiting flexibility	
Use client’s language	
Focusing on solutions rather than problems	
Soliciting solutions from the client	
Incorporating client strengths in solutions	
<b>Partnership Is A Process</b> Which aspects of this case may have to develop over time? Which principle might you need to keep working on with Annie in order to build success?	
Creating a sense of connectedness	
Being willing to be wrong and apologize	
Miracle Question	
Scaling Question	



## Annie's Story

- Read Annie Jones' story keeping in mind the planning you did in the previous pages. Be prepared to answer questions about your thoughts, surprises and any learning that you may have experienced. This is a real client and her experiences and the report are true, though her name and some details have been altered to protect her identity.

Annie Jones is a very passionate and driven woman. She's passionate about absolutely everything she does. When she was 14 years old, she was diagnosed with a very rare form of cancer. The doctors told her parents that she would likely die. Instead, she fought "like a wildcat" (said her Dad) and survived the ordeals of chemotherapy and multiple surgeries. At sixteen, during a recovery period from surgery, she started riding once in a while with one of her father's friends, Donald Jones, on his short-distance truck driving runs. A year later, she married him, despite her family's disapproval and the fact that he was twenty years her senior.

She dropped out of school at seventeen to travel with him full-time on the road. Annie thought school was stupid and a waste of time. Her school career hadn't been that successful anyway. Her grades were so low from all the time she missed due to her three years of medical treatments, and she had a history of getting into fights at school with other girls. Once she was suspended for ten days for hitting a boy so hard he had to have stitches. She claimed that she was defending a friend that the boy had been taunting. She had always been a tomboy, probably from growing up with four older brothers. Her father was a mechanic and she learned to fix cars and motorcycles right alongside her brothers, as well as "scrap" with them. At 18, she moved to North Carolina with Don and away from the support of her family. Her mother characterized Annie's move as, "the last straw in a series of bad decisions" and stopped calling her. In North Carolina, Annie became a mother at 19 and had three children in quick succession.

Annie's older brother Steve introduced her to marijuana when she was going through chemotherapy as a teenager to help her with the nausea and bouts of vomiting. He started smoking it with her to help get her appetite back. After the chemotherapy was over, she found it helped relieve pain and control her mood swings. Over the last several years, Annie has used pot regularly. Since moving away from home, she began binging by smoking pot daily and sometimes mixing alcohol and painkillers with her smoking habit. The binges happen once a month or so and usually last from a few days up to a week. She was diagnosed as bipolar during a psychological assessment ordered by DSS, but refuses to take medication. Her experiences with all the medication she took related to her cancer have made her very wary of side effects.

Annie has worked odd jobs off and on, but has never stuck with any of them for more than a few weeks or months; most of her work history happened before Tommy was born. She has been fired from a few jobs because of her hot temper, and once because she came into work high. She

has also quit on the spot several times when angered by a manager or someone telling her what to do, storming out never to return. She spends most of her time playing on her computer. Even when money is tight, which it often is, she is always buying new equipment and upgrades. She can write programs, has designed a couple of websites for fun, cruises the Internet with ease, and spends lots of time talking in chat rooms. She even made computerized cartoons of her three children by scanning pictures of their faces and placing them on the bodies of a cat a mouse and a dog. When she needs some peace and quiet, she often puts the video in for the children to watch their “cartoon selves” chasing one another around.

Annie’s husband, Don is away from home frequently for days at a time, leaving Annie alone to care for their three children, Tommy (7), Megan (5), and Dylan (13 months). She is fiercely protective of her children and would do anything to keep them from being taken away from her. She dotes on them and has a scrapbook for each one in which she pastes pictures, school papers and the lyrics to songs that she picked out for each of them at their births. Annie has decorated the walls of her trailer with photos of the children and her family in Texas.

DSS has been involved with Annie once in Texas and twice in North Carolina. She was substantiated for neglect because her children were found playing by themselves outside wearing dirty diapers and no coats, while a young girl (deemed inappropriate as a babysitter) sat inside talking on the phone. As a result of this substantiation Annie was required to go through parenting classes. She was cooperative, completed her service plan, and the case was closed. She has also been substantiated for leaving bruises on Tommy from inappropriate discipline.

Annie has been experiencing severe abdominal pain recently and suspects that her cancer has recurred, but denies that she is worried. She went to a medical doctor who, not knowing about her history of cancer, is treating her for an ulcer. He prescribed pain medication and a sleeping pill for her. She is afraid to find out if the cancer is back because her oncologist told her that if it ever recurred, she would probably die from it.

Annie has little support and no dependable daycare options where she is living. She is doing the best she can to endure the pain during the day without medication and then sleeping as soon as her husband returns in the evenings. When he can’t come home at night, she gets friends to sleep over so she can take a pain pill and get some rest. However, her friends aren’t always available because they have jobs or are undependable. She has been sending her children to Sunday school on the church bus so she can have a few hours to rest on the weekends.

Yesterday, Annie took a painkiller in the afternoon because her husband called to say he was on the way home. After he called, however, his truck broke down. When the children started getting hungry, Tommy couldn’t wake his mother and so he went next door for help. The neighbor, Ms.

Schwartz, brought Tommy home and eventually was able to wake Annie. She left shortly after Annie's husband got home. Mrs. Schwartz worried about the children all night and called DSS in the morning because she suspects that Annie was doped up on drugs or drunk the evening before. She likes Annie, but thinks she makes poor choices of whom she lets come over to her house. Mrs. Schwartz once called the police because of a loud, drunken party that the Jones family was having one weekend, shortly after moving to NC.

Annie got a call two days ago from a DSS worker who asked if she could come to visit that afternoon, and Annie agreed. She was hoping Don could be there when the worker came, but his truck broke down and he won't be able to make it. When the worker arrives, Annie is playing with Tommy on a tire swing. Tommy squeals with delight as his mother pushes him higher and higher. Annie is laughing too, but when the rope reached its limit and Tommy teeters as if to fall, she leaps for him and catches him in her arms. They fall to the ground laughing together, with Annie twisting so she lands underneath him. Annie then notices that the worker has arrived, and invites her into the trailer.

# **Annie Jones and the Family Assessment Approach**

- Before you answer these questions, turn back to Practice #3 and #4 and review your answers to the questions on the right column of each page.

**What were the biggest surprises for you as you read this client's story?**

**Think about Annie Jones' story. What role might Principle #1 "Everyone Desires Respect" play in working with a client like Annie Jones?**

**Look back to Principle #2 "Everyone Needs to be Heard." Do you think you would have been able to get Annie's story using the questions you wrote?**

**What other questions might you have asked that would have helped her feel comfortable enough to tell you what was really going on from the start?**

**Go back to the Practice #3: "Everyone Has Strengths." Were you able to come up with strengths that turned out to be true about Annie or her family? What other strengths were revealed as you read her story? List five.**

**Look back at Practice #4: “Judgments Can Wait.” What assumptions (based on the limited information found in the report) did you have about this case that turned out to be incorrect?**

**What tools, principles or strategies might you have used with Annie Jones to help check those assumptions?**

**How might you avoid those same pitfalls in the future when you are doing Family Assessments with families?**

**Looking back over these questions, what have you learned that you can apply to your future work as a family assessor?**

## The Rest of Annie's Story

Annie Jones was referred to intensive family preservation services as a result of the investigation and substantiation of neglect by DSS. During initial visits, the treatment worker tried very hard to develop a relationship with Annie. Because of her experience with social workers in the past, it was a two steps forward, one step back task. The worker focused on Annie's strengths: her love for her children, her obvious job skills in mechanics and computers, and her willingness to do anything to keep her children.

The worker started during the first week of visits with what Annie identified was a need for her – she wanted to work and not be stuck at the house with the kids all day every day. Annie agreed to look into a G.E.D. program and to consider putting the younger two children in daycare.

Over subsequent visits, the worker discovered that Annie wasn't sleeping on the couch in the afternoons because of a hangover, but because she was on painkillers for the severe pain in her abdomen. Annie initially denied that she was worried about a reoccurrence of cancer. She assured the worker that she had things under control and that the incident that prompted the report was an anomaly. After more discussion, however, the worker convinced Annie to see an oncologist who confirmed that she indeed had a recurrence of the same type of cancer that she had struggled with during her adolescence.

Annie and her IFPS worker worked together on a plan to keep the children safe and supervised. The DSS worker set up daycare for the two little ones, and Tommy's teacher and the school guidance counselor were notified that Annie was suffering from cancer. The guidance counselor agreed to see Tommy regularly to help him work through some of his fears that his mother might die and hopefully curb the behavior concerns he was starting to exhibit at school.

When the worker asked about community support, Annie reported that she had been sending her children to Sunday school on the church bus so that she'd have a few hours to rest on the weekends. Once notified of her predicament, the pastor of the church helped the worker come up with a list of people who would provide meals daily to the family and another list of people able to provide childcare for her during the week and as needed on the weekends.

During the IFPS intervention, Annie went to the hospital to have her tumor removed. The IFPS worker connected the family to a Hospice worker who provided coloring books and information about grief and loss for Don and Annie to read to the kids. The IFPS worker also helped Annie make contact and repair relationships with her mother and other family members that had shut her off after her move to NC. Her mother, grandmother and sister came to NC to be with her for

the surgery. The doctor told her she only had a fifteen-percent chance of surviving the surgery. Thankfully, Annie made it through the surgery successfully and recuperated quickly.

As part of their work together, Annie agreed to keep a journal of her thoughts and feelings about what was happening to her and her family. In one of Annie's journal entries, the IFPS worker became aware that in addition to occasional harsh discipline of the children, Annie's husband was often the target of her violence when she was angry. The worker also began to notice bruises occasionally on Don's arms.

Annie admitted that she had been diagnosed as bipolar. She shared with the IFPS worker that it was primarily during her manic periods when her temper flared out of control and that her husband often got in the crossfire of her rages. When asked about medication, she told the worker that she had tried meds once before several years ago, but took herself off of them because of the side effects. Annie agreed instead to go to counseling to address her anger control issues. Toward the end of the intervention, Annie's husband agreed to go with her to the counseling center to deal with her physical abuse toward him.

Annie's started going to the Family Resource Center in her community. She worked on her G.E.D. through their program and went to a parent's support group once in a while. The worker accompanied Annie to a vocational rehabilitation interview and as a result of job skills testing, they placed her as a manager of a fast-food pizza delivery store. Annie had to work on handling conflict without lashing out, but turned out to be a great manager. The storeowner commented that she was able to pick out new employees who were reliable, and get the existing ones to show up on time for work. With the help of Work First, vocational rehabilitation, the family resource center and the daycare provided by DSS, she was able to complete her G.E.D. and maintain a job.

A year later, Annie called her IFPS worker to invite her to attend her G.E.D. graduation ceremony. In addition to getting her diploma, she had started a website design business on the side and was bringing in some extra money. Her children were doing well in daycare and Tommy's grades and behavior had improved at school. Annie and Don's relationship was also improved from the counseling.