

Impending Danger: Identifying and Validating Danger

- Good afternoon, everyone. And thank you for joining us today for our training on "impending danger". And today we'll be covering, identifying, and validating danger with Taryn. So again, thanks so much for joining us and I am gonna turn it over to our presenter, Tarrin Reed with Action for Child Protection, Tarrin.

- Thanks, Catarolyn.

- You're welcome.

- So let's go ahead and we're just gonna jump in and go ahead and get started. So today we are talking about "impending danger, identifying and validating danger". Some of our objectives today is that we're gonna go through, recall the difference between impending danger and present danger. We're gonna talk through the caregiver protective capacities, and solidify the relationship between the caregiver protective capacities, and identifying danger. We're also gonna talk through the safety threshold criteria that we use to justify our impending danger. And then we're gonna do some practice with two case examples and identifying impending danger using those case scenarios. So, as you may recall, if you attended last week, we talked about information collection. And information collection is the foundation of our family functioning assessment. Whether that be at the PI level or the case management level, we utilize the six information collection domains to inform our decision-making in regards to safety. We base our information collection domains in terms of our observations that we do with the families, the review of the information that comes to us, whether that be at the front end or throughout our involvement with the family. We also do that through engagement with our family, the family members and friends of those family members. And we also engage with the parents and children within the home to gather information, to inform our overall assessments and our ongoing assessments. When we talk about this information collection, we base all of our decision-making on the information that we obtain. So we look at this as information driving our decision-making. We utilize the definition of sufficient in terms of our decision-making. And I know that most of you have heard this term over and over again of sufficient. We're looking at sufficient information to drive our decision-making in terms of it being enough to meet the needs of our decision. So if we're looking at trying to determine safety, we need to make sure that we have covered all the information necessary to support the best right decision. We wanna come to the best decision about child safety based upon that information. We're trying to answer safety, permanency and well-being, and we're also trying to answer the risk level for our families when we do identify children that are never safe. We wanna be able to identify clearly what impending danger is to formulate our danger statement and also our basis for our safety planning and ultimately our case plan outcomes. We think about this information collection on a continuum or chapters of books, the information we receive at the beginning of our intervention should look very different from the information received at the end. We are looking at that, through that progress towards achieving case plan outcomes, as well as family change. So in terms of information collection, how it informs the impending danger, is that we're gonna go through and we're gonna talk about, and have you recall the difference between what is present and impending danger, as you may recall, present danger is a situation that is immediate. So if you think about this and I live in Montana, I grew

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up primarily in Alaska, seeing four bears on the road, most of us would say, we're in present danger, especially if we're standing on that road, we're not protected by a car. Our immediate action is that we need to get out of there. Now I will tell you, you shouldn't run from bears. So just in case you ever encounter a bear don't run. But in terms of present danger, we're looking at evaluating that primarily at initial contact, but that does not mean that you can't identify present danger throughout the life of the case, whether it's in case management or further on in your investigation. The present danger is immediate significant, and clearly observable family condition occurring in the present tense. So if you think about the bears, that's immediate, it's pretty significant for bears can cause a lot of damage to you, and it's clearly observable. We can see the bears, they can see us, it's in the present tense. So in terms of child welfare, when we think about an immediate, significant, and clearly observable family condition, it's something that requires us to act promptly. We need to do something to be able to secure that children are no longer in present danger. In terms of impending danger, we utilize our information collection throughout our assessment to identify whether or not a child is living or there is in a continual state of pervasive danger. So if you think about the train, most trains have timetables, people wait for trains. They have a predictability about when they're coming. So we think about impending danger we're identifying information that the danger may not have occurred yet, but based upon all the information it is going to occur, if we do not take some sort of action, we understand that the threats while they may not be immediate, they will occur. So, therefore we have to take action. We base that action off of our information collection as well. SO if we don't do anything with impending danger. The train is gonna come and chances are, danger is gonna happen. So we have to be very clear about the differentiation between our present and our impending danger. Impending danger does not mean that danger has happened. It means that it can happen and will happen. And that's based upon our information collection. So how differentiate impending danger versus present danger. And what's the main difference between understanding at present danger versus impending danger. When we qualify the impending danger through what we call the threshold criteria, and we base that on also 11 Danger Threat. Now I want to say a little caveat here. There is a danger threat of other. There is policy around the use of other, in terms of a danger threat. And that requires that you are doing consultation to be able to qualify, how whatever the family condition is occurring is not represented by any of the other 10 impending danger threats. There are also a couple danger threats that are primarily used at present danger that we frequently don't see an impending danger. One of those being a child with unexplained injuries that's indicative of abuse or neglect. The focus of your information collection during your assessment should be to identify what the cause of those injuries or illness was. The other one that is oftentimes used at present danger, benign pending danger is where the parents and caregivers are not available where we can't locate them, or they're likely to flee, at the point in time of making a decision about an impending danger, we should have obtained contact with that family and come to a conclusion about whether or not there are other danger threats that are applicable. The last danger threat that we frequently see at present danger and not so much an impending danger is in regards to hazardous household conditions. We're trying to understand through our information collection, whether or not those hazards, household conditions are indicative of an underlying family condition. And really that the house is a symptom of what the parents or caregivers are unable or unwilling to do or manage based upon their adult functioning and their parenting general and parenting discipline behavior modification. So, when we think about impending danger, we're looking at this from these negative family conditions that have crossed that impending danger threshold, where we've moved from safe children to unsafe children. So we're gonna talk through the impending danger threshold, but this visual is a good visual for

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folks to reference in terms of understanding how we get from safe to unsafe in terms of children. So most families have some form of a negative family condition, negative family conditions. An example of that could be a blended household. It could be a parent or caregiver that has a diagnosed mental health condition such as depression or anxiety. You could have negative family conditions in terms of a child that has a chronic medical need. So those negative family conditions at first safe child are being controlled or managed by the family. At the point in time that it crosses that threshold to unsafe is that those negative family conditions are no longer able to be managed or controlled by the family. So that's what tips the scale over to an unsafe child. So if we think about how we move from that safe to unsafe is that we're qualifying how that family condition has become observable out of control that it's can result or has resulted in severe harm to a child. And that the family condition is imminent, meaning that it is occurring or is going to occur in the relative near future. And that the family condition is resulting in that severe impact or potential severe impact to a child who is vulnerable to that family condition. So we're gonna go through each one of those, and impending danger threshold criteria. So the first one in terms of observable is that the family condition results in danger that's real, can be seen, can be reported, is evidence and explicit in an ambiguous ways. So if we think about observable, oftentimes we think of our own observations, right? In terms of what we see, we broaden the definition of observable to not only what we see, but what others see and can report to us that is tangible and reliable. So that's part of that reconciliation that we do over information collection is that sometimes we hear information from one person that is different than another person. And we try to find out where the truth lies in between what was told to us from one person versus another person. Observable can also be the things that we actually see as well. In terms of out of control, we're looking at these family conditions, which if they're left unrestrained or unmanaged, that can result in severe harm to a child. So if we think about these family conditions and let's use, for example, a child who has a chronic medical condition, if that chronic medical condition is unmanaged and unrestrained, and is resulting or could result in severe harm to a child, then we would say that that family condition is out of control. What that means is that somebody in the household, mom, dad, significant other is not taking the action that's needed in order to control that child's chronic medical condition. When we think about severity, we're talking about harm that is consistent with pain, serious injury, disablement, grave, or debilitating physical health conditions, acute or grievous suffering, terror impairment, or death. Oftentimes when we're qualifying severe, folks will say, well, nothing has happened yet, when we put our impending danger threshold criteria together. When we look at the family condition, we don't need to wait for harm to actually occur. If we can articulate how, if we take no action harm will occur and it will be severe. So again, if we're looking at this from a medical condition standpoint, and it's a chronic medical condition, that is life-threatening, if it's left unmanaged, i.e. out of control, and we can speak to the observable nature of that chronic medical condition is that we can say that the unmanaged medical condition could result in severe harm to that child. In terms of imminence and defining imminence is that the threats to the child's safety are likely to become active without our, without delay, without our intervention. It's a certainty about the occurrence within the immediate near future. So when we're talking about immediate to near future, we're talking three to seven days, maybe even a little bit longer, in terms of, if we don't take some action, then the harm will occur to the child. In terms of vulnerable child. We're looking at not only that the child is dependent on others for protection, but that they're vulnerable to the family condition. So when we think about the impact in that family condition on the child is just not an age determination. And then I was also looking at how that family condition could affect that child in terms of child safety. So in terms of what, how move from safe to unsafe, what keeps children safe despite negative family

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conditions? 'Cause as I mentioned, the majority of families have some form of a negative family condition that has occurred or is occurring within their household. So how do we have children that are experiencing similar negative family conditions that are safe to children that are experiencing similar family, negative family conditions that are unsafe? Well, that's our caregiver protective capacities. So if we think about caregiver protective capacities, they are what is keeping children from crossing that threshold from safe to unsafe, they are personal and caregiving behavioral cognitive, and emotional characteristics that can be specifically indirectly associated with being protective of one's young. So when we think about caregiver protective capacities, that it's how we act, it's how we respond. It's how we think and how we feel about our role as parents and caregivers and keeping children safe, and how we are demonstrating those caregiver protective capacities to control those negative family conditions from becoming safe to unsafe. So we're looking at these personal qualities. So if we think back to our information collection domains, right? So we have our two that are associated primarily with the maltreatment and how maltreatment has, or has not occurred. And then we have our child functioning, adult functioning, parenting general, and parenting discipline behavior management. We are gathering information to help us identify what the parents and caregivers personal qualities or characteristics are that are either contributing to them being vigilant in child protection or contributing to them not being vigilant in child protection. So there it's associated information drives the determination of caregiver protective capacities. It helps us to inform whether or not those caregiver protective capacities are operating from an enhanced to a diminished capacity. So if you think about those caregiver protective capacities, we're also associating those to the negative family conditions. So if we think about every, all of our caregiver protective capacities, we may have caregiver protective capacities that are inaction that are assisting us and keeping children safe. And we may have caregiver protective capacities that are not inaction, and those are directly related to the reason why we are involved in and concerned about child safety. So we think about this assessing of our caregiver protective capacities, we have to think about this from the standpoint of the CPI, in that they are utilizing that information from a limited to not limited capacity to identify whether or not caregiver protective capacities are yes. Or there are no, right. And so we look at that from indicators of being enhanced or diminished, in case management, we're looking at the caregiver protective capacities to form our determination of what must change in relation to the reason why we're involved. So I wanna do a quick poll here, Catarolyn, I went a few slides ahead of that poll, but I wanna do a quick poll here for folks. And the question for the poll is, for children to be identified as safe, all the caregiver protective capacities must be identified as a yes from the CPI standpoint or an A and B from the case management standpoint. And so this is a true or false poll. So you can go ahead and launch that poll, Catarolyn, all right. So results came in, we have 59% that said false and roughly 32% that said it's true. So the answer is that it's false. It's not an all or nothing determination in terms of caregiver protective capacities. We're recognizing that families may have enhanced or diminished caregiver protective capacities that result in children being safe. And we also know that we have caregiver protective capacities that may result in children being unsafe. You don't have to have all your caregiver protective capacities as being enhanced in order for children to be safe. So if we think about that, and again, if we think about our own lives, we have periods of time in our life where we may not be functioning to the highest degree where our caregiver protective capacities may be a bit diminished based upon what's going on in our family, so it's not. So when we're making that determination from a PI level, or even from a case management level, we're assessing where the family is currently at. And we're also assessing the relationship of those caregiver protective capacities in terms of the family condition and identified danger, okay. We jump to the next slide, in terms of assessing the

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caregiver protective capacities, as I mentioned for the PIs, we're determining whether it's a yes or no. And that's indicative of the caregiver protective capacity being either slightly enhanced or slightly diminished. For the case managers, you guys are scaling those caregiver protective capacities based upon your information collection in your ongoing assessment to identify whether or not that caregiver protective capacity is functioning. And it's not having a direct impact on child safety or whether or not it's diminished and at a level that it's pervasively affecting child safety. So we moved from an A to a D in terms of that scaling. When we think about the scaling of the caregiver protective capacities, we are looking at those caregiver protective capacities are associated to the danger and ultimately are gonna be the basis to our case plan outcomes. So, as I mentioned, there's three categories of caregiver protective capacities: there's behavioral, cognitive, and emotional. So if we think about the behavioral caregiver protective capacities, we're looking at specific action activity or performance that's consistent with and results in protective parenting and protective vigilance. So that's how our families are or how our parents are taking action. How are they performing their parenting duties and responsibilities, and also how they are conducting themselves in terms of their adult functioning. The next one is our cognitive protective capacity. And this is where we're looking at that specific intellect, and knowledge, and understanding and perception that results in protective parenting protective vigilance. So this is our thinking, how we as parents and adults are thinking? And how that thought process may be resulting in either enhanced caregiver, protective capacities or diminished caregiver protective capacities? And lastly is our emotional protective capacity. When we think about emotion, we're thinking about those feelings and attitudes and the identification with the child and motivation, internal motivation that results in protective parenting and protective vigilance. So, how do we know when danger has crossed the danger threshold? And this requires that we are doing information analysis. We, as I mentioned last week during our webinar, we talked about information collection and really about how we are taking that information and we're analyzing it, we're critically thinking. And we critically think every single day and almost every single action that we do, from what I want for breakfast, to what I'm gonna do that day, to whether or not I'm gonna spend money on a certain item as I'm gathering information. And so when we think about our information collection and the point that we're trying to make a decision about impending danger, we're taking all of the information that we've gathered. And we're critically thinking about that information in terms of, what are the implications for child safety permanency and well-being? So we've defined critical thinking here for you in terms of it's intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and, or evaluating information gathered from, or generated by observation, experience, reflection, reasoning, or communication. We are all highly skilled child welfare professionals. We bring to the table a wealth of knowledge and experience both professionally and personally that we then utilize as we are critically thinking about the information that we've obtained about the families that we're working with. So we break down critical thinking into four sort of distinct areas, applying reasoning. When we talk about applying reasoning, this occurs when we use our knowledge of one thing or process, to determine if another thing or process is true. So several of us out there have attended multiple trainings on mental health, substance misuse, intimate partner violence, and domestic violence. We utilize that knowledge in terms of our experience to apply reasoning to the information that we are obtaining from families. So we're trying to make decisions about what is logical and rational in terms of that information collection. We also have to keep in mind that we need to be open-minded in terms of our critical thinking, right? So we need to consider that relevant evidence or argument to revise a current understanding, being open-minded does not mean that we forego our reconciliation or applying the reason or logic and analysis, it's

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that we are open to understanding that there are multiple different ways or explanations for why things occur within families. We also have to be considerate of our own implicit and explicit bias when we are thinking about our open-mindedness. And considering that what we experienced in terms of our own daily lives is maybe drastically different than when our families experienced. So we have to be open to those alternatives and willing to think about other possibilities of how these family conditions have occurred or may continue to occur. We also use logic, when we think about logic is that we are looking at those valid conclusions. We're applying that reasoning in terms of how things may be logical or illogical. I'll give you a perfect example. When I was a supervisor, when I was practicing, I had a mom that tested positive for cocaine, and her explanation to me of how she tested positive for cocaine was that she was assisting a friend of hers in packaging cocaine, and that some of the dust particles of the packaging may have, she may have ingested. So if you think about the logic of that in terms of how logical is that, that you're in sort of a plume of cocaine that then you have ingested and I apply the mom's frequent positive UAS for long history of cocaine use. She had multiple children that were born substance exposed, the logic or the explanation that she was giving to me, defied logic at that point in time. It wasn't something that you could easily wrap your head around and could provide a conclusion of how she may have accidentally tested positive for cocaine. Lastly, in terms of critical thinking is this analysis, where we're discriminating and separating information, where we're trying to determine what is factual or not factual, and what, if anything we may need to go out and gather additional information in order to help us reconcile. And that at the conclusion of our, in terms of analysis is that we're coming to a decision, the best right decision based upon the information that is provided at that point in time. So the information collection and our critical thinking application is that we're looking at that family condition. We're looking at the caregiver protective capacities in terms of whether or not they are, or are not there and coming to conclusion about whether children are safe or unsafe. So if we have negative family conditions and we don't have caregiver protective capacities that are operating in order to manage and control that negative family condition from crossing the impending dangerous threshold, then we have unsafe children. If we have negative family conditions where the caregiver protective capacities are present and are controlling and managing for that negative family condition from crossing the impending danger threshold criteria, then we have safe children. That doesn't mean necessarily that we wouldn't have a family that may be at high risk and may need some sort of intervention or services that we can assist them with, but it would support that the children are safe at that point in time. So I'm gonna present to you a couple of slides here and sort of help give you a visual of how all this ties together in terms of information collection and the domains, the caregiver protective capacities and impending danger threats. So if we think about the adult functioning domain, we're trying to answer the overall life management of our parents. We're trying to understand whether or not they have, may have experienced trauma in their past in terms of prior abuse or neglect. We're trying to understand whether or not maybe they had some criminal behavior or any past substance use or abuse or any domestic violence or mental health, and also assessing their overall intellectual functioning. So we do that through exploring a variety of different facets of their life in terms of their relationships that they have with others, their employment, and their stability, their social supports, their cultural identification, and informal and informal support system. We take that information from that adult functioning domain to help us understand whether or not the parent is currently functioning in a way that is violent, impulsive, or acting dangerously that may harm a child, or has already seriously harmed a child. Oftentimes the caregiver protective capacities that we see that are associated to adult functioning and the impending danger threat that's associated to adult functioning has to do with controlling

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impulses. The parent's ability to take action, the parent's ability to set aside their own needs and in favor of their children, their ability to recognize and understand threats to child safety, and whether or not they can understand their protective role. So as you can see by this visual, that adult functioning domain helps to inform the caregiver protective capacities and the impending danger threat. So if I don't have sufficient information in my adult functioning domain, it inhibits my ability then to clearly identify impending danger, as well as clearly identify whether or not there are not cured are, or are not caregiver protective capacities that are currently in operation. Another examples if we take our parenting general and information collection domain, which we're looking at those overall typical parenting practices used by parents, the impending danger threats that are associated to this domain is not meeting basic essential needs, including supervision, threatening to seriously harm the child or fearful they will cause serious harm to the child or view's child and or acts towards child in extremely negative ways in such behavior has or will result in serious harm. So you can see that those impending danger threats are directly associated to the parenting practices that are occurring in that household. The associated caregiver protective capacities that we see to parenting in general is around the parent being adaptive. So we think about adaptive as parents, we're looking at the ability to be able to modify our approach. Our technique in terms of meeting child's needs based upon what's occurring in my family at that moment in time. We're also looking at the history of protecting. So what parents have done in the past in order to keep their children safe, or what parents have not done in the past that have, has resulted in their children being unsafe. We also want to explore whether or not the parents can recognize the child's basic needs based upon the individuality of the child. So if we think about recognizing child's basic needs, that requires that we have a good understanding and sufficient information in the child functioning section to understand what each child's needs are and how they may be unique and different from each other. We're looking at resiliency, how families as parents have maintained resiliency throughout multiple different challenges of in their life of being a parent. We also wanna look at how they've planned and articulated a plan for protection either currently or in the past, how their tolerance and they show love and empathy towards their children, and whether or not they're attached and supportive of their children. So again, if we think about the information collection driving the decision-making, insufficient information in parenting general, inhibits our ability to identify impending danger and the associated caregiver protective capacities. Lastly, is around the parenting discipline/behavior management. So if we think about this domain, it's asking us to understand the approaches used by the parent. And then, they're what circumstances in terms of behavior management and discipline. The associated impending danger threats are the same here in terms of the parenting general and not meeting basic and essential needs, threatening to seriously harm the child or fearful they will cause serious harm or views child and or acts towards child extremely negative ways. The associated caregiver protective capacities are the parent or caregiver to being adapted a history of protecting, recognizing child's basic needs, resiliency, plan and articulate the plan, tolerance, love, and empathy attached and support. So again, we're trying to understand the aspects of the parenting discipline behavior management to assist us in informing the impending danger and the caregiver protective capacities. If I don't have good information, sufficient information, I can't answer the question about impending danger and whether or not that danger threat has crossed over the threshold based upon the parents or caregivers diminished caregiver protective capacities. So again, our family conditions, safe to unsafe, a huge delineation between that safe and the unsafe is those caregiver protective capacities that are keeping that negative family condition in a managed or controlled setting versus when they become unmanaged or unable to be controlled by the parents or caregivers due to

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their diminished caregiver protective capacities. So I wanna pause there for a second and check in with Catarolyn about if there's been any questions that have come up that we need to answer before we move forward.

- [Catarolyn] Yeah, we did have a couple of questions. One was in regards to present danger, does present danger actually have to happen right and then, right then and there, there's often disagreement and present danger is not being found?

- Okay, so when we think about present danger, it's a family condition that's actively occurring in the present tense. So if we think about present tense, and we covered this in the webinar, a couple of webinars ago, if we think about the present tense, is that the danger doesn't actually need to be, oh, what's the word that I wanna use? I'd say active, 'cause it is active in the present tense. Well, here, let me give you an example. Frequently, we get cases where we have allegations about parental substance misuse, whether that be illicit drugs or alcohol or other manufactured drugs, we may go to the home and we may find the parents to not be actively under the influence to the point where they're incapacitated, but all the information that we got from our collaterals, from the children, from our interviews, indicates of the parents' use is active in the standpoint that it's occurring daily to the point where it's inhibiting the parents' ability to respond and take action. The family condition is inaction in the present tense in terms of present danger. So the definition of present tense in present danger is that it may be actively occurring right then and there, may occur all the time or may occur at any moment and it's not restrained. So I think sometimes the argument that comes up in terms of that present danger sometimes is that we get, I would say fixated, isn't the right word, but we become hyper-focused in, on that moment in time versus looking at how that family condition is actively occurring all the time in terms of present danger. Any other questions Catarolyn?

- Yeah, so there's one more it was, and that you may have gone over this, when it was to give an example of other danger threat?

- Yeah, so I, several years ago, I sorta put out the challenge to folks and said, you know, if you come across a family condition that you have qualified as an other by all means reach out because I would love to know what it is. And I put the challenge out because frequently what gets described in terms of others is either one, it's concerns about risk, which we do need to address. Or two, it's that the family condition that's being described actually does apply to a different danger threat, but we may not be clearly articulating it. Several years ago in another jurisdiction, we did a very large case review about the use of other, and found that other was primarily used in situations where there was a danger threat and was used in conjunction with identifying multiple other danger threats. I can tell you in the cases that I've reviewed in the State of Florida, which is quite a few, we have not found a use of other that has been appropriate. We've found where folks have identified other, where what they described was, qualified by the use of a danger threat that was not identified by the worker at that point in time. I can't really give you an example of other because the danger threats do capture family conditions that result

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in danger. So if you do come across one, by all means, reach out. And we can, I would love to discuss how it either is, and if there is a family condition that we find that doesn't fit into one of the danger threats and is resulting in unsafe kids, then that's good feedback in terms of the practice of how we may need to further define some of our danger threats, okay.

- Okay, I think someone's, so we have Pamela Cochrane, she's saying, "I'm not quite sure how to word this, but it's saying, other for CM when required to continue having a safety plan?"

- Oh, I think that I know where this question is.

- Okay. And then perpetrating parents or TPR or deceased?

- Yeah.

- Okay.

- And we're gonna cover this when we go into safety planning, but I will address if it's here. At the point in time that you no longer have parents, whether it's because you've TPR them or say in this situation where maybe the parents have passed away is that you would no longer have a safety planning, you would no longer have danger. So if you think about the family functioning assessment has to do with the family of origin and how we've identified children to be safe or unsafe, and then our safety plans are in place in order for us to control for that impending danger to allow for treatment intervention to occur, at the point in time that we've made the decision or that the decision has been finalized. They should say where parents had been TPR, we're no longer looking at that family of origin and trying to more unified children anymore. We no longer have a home or a family of origin where we have safety threats anymore because we don't have that family of origin anymore, whether that's because we TPR or parents have passed away, we're moving to an alternate form of permanence, whether that be adoption or something else. So the safety plan, you wouldn't have a safety plan because you no longer have an unsafe child in relation to the family of origin. So the family functioning assessment is always based on the family of origin, not on, oh, I don't wanna put this, not on the, adoptive family or post-TPR cases. So, and we will talk more about that. 'Cause that we have seen this come up in a lot of different cases where there are safety plans or there's progress updates that are being done, where there are danger threats that are still being selected, even though the parent's rights have been terminated, formally terminated and court orders have been solidified is that you no longer have danger because you no longer have parents that you're assessing in terms of reunification. So let's get into some case application. So, we are working with two families here, the Landyn family is our first family. So this is the child safety summary and the danger i.e. danger statement for Sara Landyn and her child, Miles. So I'm gonna give you a minute to go ahead and read over the the child safety summary and

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the dangerous statement. And then we're gonna launch a poll. So go ahead and take the next minute, read through that. And Catarolyn, I would say maybe in about a minute, go ahead and launch that poll. So we had folks that identified, let me go back, parent is violent, impulsive, or acting dangerously. And parent is not meeting basic needs, including food, shelter, and supervision. And both of those are correct. So if we think about the information that was presented about Sara and Miles is we identified that the parent or caregiver is violent, impulsive, or acting dangerously in ways that seriously harm the child or will likely seriously around the child. So we think about immanence. So we're gonna qualify this using our impending danger threshold criteria. If you think about eminence, we have this daily drug use, right? So if we jump back to the narrative that was provided is she's using methamphetamine daily. So that's our eminence is that her actions are occurring daily and that has rendered her unable to respond to her child's needs. We also have severity in terms of Miles being burned with a cigarette due to being unable to tolerate his behaviors or his care. So we already had harm that occurred to Miles. And that because of that harm that has already occurred, it has resulted in a severe injury to him, in terms of observable is we have collateral sources. We have the mom's self-admittance. We have the observable of her being homeless and incarcerated. In terms of out of control is that we have mom, who's a single mother. There are no other caregivers in her household. So if we think about her household, we know that she currently does not have stable housing or her own household, but she is the parent or caregiver who is responsible for Miles. And there is no other caregiver for Miles at this point in time. We have her daily drug use that she is unable to control or manage on her own. So, her caregiver protective capacities that are related to the family conditions, such as not taking action, her lack of impulse control, or not planning for protection, and her not recognizing threats. Those are the direct caregiver protective capacities that are related to that family condition and how that family condition has tipped over to being out of control. In terms of a vulnerable child, is that he is three years old, and he does rely on his mom for that care and protection. And she is the only person and that he is vulnerable to that family condition that is occurring, right? So we've qualified it. We clearly have qualified it through the narrative that was provided, and through the family functioning assessment, and the information that was collected. The second danger threat that we identified was that the parent or caregiver is not meeting the child's basic and essential needs for food, clothing and or supervision and the child is, or has already been seriously harmed or likely be seriously harmed. So again, I've mentioned this in the last couple of webinars is paying careful attention to the ands the ors within the impending danger threats. So this one is that the basic needs are not being met and the child is, or has already been seriously harmed or likely be seriously harmed. So the absence of not meeting the child's basic essential needs for food, clothing, and or supervision, whilst concerning, what tips the scale for it being an impending danger threat is that the child is, or has already been seriously harmed. So in terms of eminence, this family condition has been going on for two years of the Sara advocating her responsibility to others to provide care for Miles. In terms of severity, she's left Miles with known drug users and violent individuals. So this is a good example of how harm has not come to him per se, from being left of the drug users and these violent individuals, but the opportunity or the concern for it based upon what we know about those individuals is fairly high. In terms of observable as we have the collateral sources, the self-admittance, as well as our own observations throughout at the course of our assessments. Out of control, again, we have mom, who's a single mom. There's no other caregivers in that home that are providing care for Miles. And she has demonstrated that she does not have a regard for the care-taking of him. And she's relying on others that are not appropriate to provide for that care. Her caregiver protective capacities that are related to this impending danger threat, would be her not recognizing the child's needs, not planning for

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protection. So when we think about this not planning for protection, some could argue that she did make a plan. She left the child with various individuals, when we're assessing that not planning for protection is that the plan has to be a good plan for protection. So if we are assessing her plan, she left him with known drug-dealer or drug users and violent individuals. So while she may have had some cognitive ability to recognize, to put him somewhere else, her plan that she executed and her ability to recognize the child's needs and recognize threats was not there. We also have her not taking action and she's not aligned with the child and that she's not stable at this point in time. In terms of a vulnerable child, is that he's, three years old. He does rely on his mom to provide that care. And we also are seeing how he has been vulnerable to this family condition and that he has some developmental delays. He's not potty trained, in terms of where he should be in meeting his milestones, which could be associated with the fact that he's not getting his basic needs met, including supervision. So I wanna pause there before I move on to the next case in terms of Sara and I saw, I think there's some questions that may have come up Catarolyn?

- [Catarolyn] Oh, it looks like, they're in the particular case, Sara in my opinion, this is present danger. Could you explain why this is impending?

- So, we had a couple of webinars ago where we went through present danger and did some case examples, in terms of where you're at. This is not to say that this case didn't also have present danger, right? So you can have present danger and also have impending danger, and you could have no present danger and you could have impending danger. What is being described here in terms of our understanding and our depth of breadth of information is that we are identifying that this family condition is gonna continue without our intervention. And so when we're identifying impending danger is we are looking at the totality, that family information to help us also inform what actions must be taken in terms of the safety plan, because what may have occurred at present danger and what we could do as far as the present danger safety plan, may look different in terms of when we identify impending danger, we may also have had other danger threats that were occurring at the point in present danger that may not be occurring at the point of impending danger and vice versa. So yes, what is being described could be indicative of present danger if that was, the here and now. But this is at that conclusion of the family functioning assessment, which pulls in more information than what may have been known at the beginning of the assessment process.

- [Catarolyn] Okay, and I just wanted to point out that Pamela did mentioned that she was agreeing with what you were saying, so it wasn't a question.

- Okay, okay, all right, I see...

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- [Catarolyn] So we have one more with how come the second danger threat is needed? Seems like the reason for the second danger threat is the acting violent, impulsive, and dangerously. Wouldn't focusing on acting violent and impulsivity, address the second danger threat.

- Not necessarily, right. So if we think about this information that was provided here, right? So she's using this methamphetamine, she's frequently unable to locate the child. What we're trying to determine is that at this point in time, we have the substance misuse and we also have concerns about her ability to meet the child's basic needs. She doesn't have the resources to meet the basic needs, and while they may be directly associated to each other, we need to be able to control for both those conditions. So by the fact that we're just controlling for the drug use doesn't necessarily mean that the child's basic needs are gonna be met, including that supervision and part of the PI level and also the case management level is being able to identify what behaviors need to change. So you may find that when Sara is not using drugs, she still is not able to meet the basic needs, or maybe when she is not using drugs, she is able to meet them. And that's where you're doing that continuous assessment where maybe what we've identified here as the impending danger could change based upon progression of the family. So we wanna make sure that we're identifying all the applicable impending danger threats based upon the case information that has been provided. In terms of, and I think this is a good point to raise. And so I think it looks like Latasha brought this up is the child safety summary and the dangerous statement is where the worker, whether you're the PI or the case manager, should be able to clearly articulate how the family condition has crossed over the impending danger threshold. So, if we wanted to clearly understand how children are unsafe, this is where we would go, that pulls in all that information, synthesizes it down, based upon our critical thinking and our analysis, and puts it into a narrative that you could clearly go through and see, based upon the information like we did here, how it's imminent, severe, observable, out of control, and there's a vulnerable child. The danger statement and the child's safety. So at the PI level, you're doing a child safety summary at the conclusion of your family functioning assessment. That's where you're documenting your decision about how a child is safe or unsafe based upon your analysis of the information and whether or not those family conditions have, or have not crossed over the impending danger threshold for the case manager, you're articulating your danger statement in terms of the identified impending danger threats and how those impending danger threats continue to have crossed over the impending danger threshold, and validate the impending danger threats that you have identified. So if we're thinking about this from a progress update standpoint and identifying impending danger, if for case managers in particular in your danger statement, the intervention that we do a case management, the goal of our intervention is to increase caregiver protective capacities so that the family is able to manage and control their own negative family conditions. And so, as we see caregiver protective capacities increase, right, as we're observing the behavioral changes, the cognitive changes, that emotional changes is that our danger statement should also change in alignment with where the family is at currently, if the family's not changing, and say, for example, this is Sara and her drug use has increased. That is not just daily, but she's also using multiple drugs. Now, she's gone from methamphetamine to other drugs. Then our danger statement would also change because our family condition and our negative family condition has changed and has actually gotten worse. As we see Sara, change in terms of making progress, based upon our assessment of her behaviors and actions and emotions, we would see that dangerous statement also change. So that may be Sara's use is no longer daily. Maybe she has achieved a period of sobriety and she's in

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maintenance, but there's still concerned because of maybe her being new in her sobriety. Maybe she doesn't have a really good relapse prevention plan. And maybe she's still demonstrating that even though she's sober, she's not responding to Miles, she's not engaging with resources to meet his needs. So your danger statement is a fluid statement that can change based upon your assessment of the family, either for a positive progression or because the family is continuing to exhibit negative family conditions and diminished caregiver protective capacities, and things are actually getting worse for that family, okay. The danger threat can change, right? So that was another question I decided in the corner of my eye, the danger threats can change based upon information, right? Information drives decision-making, sometimes what we know at the PI level is one piece of the puzzle that then we get further additional information, and we may identify that we actually have a different danger threat that is occurring, or there may be a family condition that has changed that has resulted in an additional danger threat being identified. So danger threats can change, danger statements can change and should change, right? 'Cause at the end of the case, if we're saying that children are safe and they no longer need case management intervention, we would not have impending danger threats identified, and we would not have a danger statement, so they do change. They do evolve, okay. All right, great questions, great commentary. We are gonna move on to the next case, and this is the Montri family. So I'm gonna go ahead and give you a minute to read through the Montri case information. We are gonna launch a poll here, again, asking you to identify what danger threats or a threat or threats are being described, and then we'll discuss. So our poll results are up and we had 83% that identify that the parent or caregiver's, violent, impulsive and dangerously. Followed by 47% that identified that the parent views child or and acts towards child extremely negative ways. And then followed up with parent is not meeting basic needs for food, clothing, shelter, and supervision. So let's talk about those three danger threats because two of them do apply. And we'll talk, about why the view's child, or acts towards the child and extremely negative ways in such behavior has a result in serious harm to the child is not applicable. So in terms of the danger threats, we identified two primary danger threats violent, impulsive, and acting dangerously. And we're gonna qualify that through again, the impending danger threshold criteria. So if we think about the eminence, this violence has been occurring for the past 12 years. We also have daily drinking to the point of intoxication and not being able to provide care. In terms of the mother's drinking, in terms of severity, we have violence, that's directed at the children, including physically throwing objects and where children have been injured. We also have observable and that all household members acknowledge the violence. And we also have the startle reflex of the children, as well as the failure to thrive for one of the children. In terms of out of control is that we have neither parent can manage the violence, both parents have diminished caregiver protective capacities related to that family condition in terms of not taking action, not recognizing threats, not planning for protection, lack of impulse control, and emotional stability. In terms of the vulnerable child. We have three children, the youngest child relies on the parents for protection. The older children are left to provide for the protection of the youngest child. And the older children cannot provide for their own in regards to the startle reflex of the children towards the father in particular. The second danger threat that we identified is not meeting basic needs including food, clothing, and or supervision, in terms of the imminence is that we have the mother who's drinking daily, not providing care for the three-year-old. We also have a child that has medically failure to thrive, the inorganic nature. We have the father who abdicates his parenting responsibilities to the mother. So in that regards, mom is left to provide for the children during the day and in the evenings. And due to her in alcohol use, she's not able to provide for that level of supervision in particular. We have one child who has an inorganic failure to thrive.

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Observables, we have the children's report, the medical doctor reports. And in terms of out of control, we have the mom's drinking that's not managed. We have the father who is not providing care, and he relies on the mom to provide for that care. And the diminished caregiver protective capacities associated to this would be the not taking action, not recognizing threats, and also impulse control. In terms of the vulnerable child. We have a three-year-old and he relies on his mother to provide care. We also have developmental delays and also some concerns in regards to being potty trained. So I wanna ask a another poll question of you in terms of these danger threats, in regards to the monetary family. So, Catarolyn, can you go ahead and launch that poll and I'll go over it. This is a true, false statement, true or false, both danger threats apply to all three of the children, is that true or false? So we had about almost an even split here, 46 said true 45% said false. This is actually a false statement. So the, both danger threats do not apply to all the children. So if we think about this in terms of vulnerability to the family condition, and we go back to our narrative here is we've got three children in this home. We have a three-year-old, an 11-year-old, 17-year-old. In terms of the 17-year-old, in regards to his basic and essential needs for food, clothing and or supervision. The level of supervision that is needed for the 17-year-old is drastically different than what is needed for the three and the 11-year-old. So if we're trying to qualify how this 17-yea-olds basic needs are not being met, including supervision, is that the information that we have is that the 17- year-old is actually the one that's providing for the care of his younger siblings. He's able to access food, he's able to access his own clothing, and the supervision for this 17-year-old as it's articulated in the danger statement and in the child safety summary does not indicate that he has any behaviors, or developmental delays, or conditions that would require a level of supervision that would be equate to the level of the three-year-old. So we actually would say that this danger threat would not apply for the 17-year-old, but what apply for the 11 and the three-year-old in terms of the supervision. Now, I wanna be really clear is that we're not saying it's okay, that the 17-year-old has taken on a parental vital role. What we're saying is that when we think about the implications for the three and the 11-year-old, and when we think about the safety planning, we need to be considering the level of supervision for the three and 11-year-old, and who is gonna provide for that supervision during the periods of time that safety actions would be needed? The other thing that I wanna speak to is in regards to the danger threat that some folks identified, which is views the child and or acts towards the child and extremely negative ways. And the other one was the intentional and willful act. The information that's provided does not articulate the father's viewpoints on the children. So those two danger threats, the views and intentional, requires that there would be information to support how we've assessed the father's intentions, or his viewpoint on his children that are directly then resulting in his actions towards the children, versus the information that's provided, which is that this father is a person who is violent and impulsive towards not only his children, but also his wife. And that it's not really about his viewpoint is that this is who he is, and how he is behaving and acting in his household. Now, that's not to say that through your ongoing family functioning assessment, or even in your progress update, that you may not get information further along his parenting general or his discipline and behavior management, where he articulates his views or his intentions towards physically his physical actions towards his children. So it may be a point that you want to continue to explore as you're doing your ongoing family functioning assessment or your progress updates, but based upon the information that we had at this point in time, the best right decision in terms of our danger threats are that we have a parent or caregiver who's violent impulsive or acting dangerously, his actions being dangerous. And the second one being method child's basic and essential needs for food, clothing and or supervision are not being met. So when you go to, when we meet the next time, we're gonna be talking

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about safety planning for each one of these cases. And you'll see how, when we start to identify safety actions that are directed towards our impending danger threats, they are specific towards controlling what we've qualified in our impending danger on our threshold, impending danger threshold criteria. So let's open it up to some questions. I see a question here is so the only, no, basic needs.

- [Catarolyn] Right, mm.

- So the first danger threat of violent, impulsive and acting dangerously would qualify for all three children. So the three, 11, and 17-year-old, so all three children would be identified as unsafe. The danger threats that would apply to the three children, violent, impulsive, and acting dangerously, the danger threat around not meeting basic needs, basic essential needs for food, clothing and or supervision would apply to the three and the 11-year-old. So thinking again, in terms of how we take our impending danger threats and what we're trying to control in terms of our safety planning, is that we would need to, as we think about our safety actions, we would need to be able to control for the impending danger threat around violent, impulsive, and acting dangerously for all three children. And then we would need specific actions in terms of basic and essential needs, including supervision for the three and the 11-year-old. And we would not need safety actions for the 17-year-old, around basic and essential needs for food, clothing, and or supervision. You can have, I think this is a good sort of opportunity to highlight. You can have danger threats identified for some kids in the household and not others. So here's a perfect example is if I have a child that has serious emotional symptoms and or behaviors that the parent or caregiver is, unable or unwilling to manage, and I have saved four kids in the household, I may only have one child that is unsafe because if we're looking at the family condition, it's in relation to that child's serious emotional symptoms and or behaviors. So that child is vulnerable to that family condition. That's resulted in out of control whether it's the child's behaviors that are out of control and the parents are unable to manage those, whether it's the parents' behaviors that are out of control that are exasperating the child's behaviors and emotional stability, that's specific to that child, his functioning, how the parents are not able to meet that child's needs. The other three kids, if they don't have serious emotional symptoms that the parents or caregivers are unable or unwilling to manage then they would be safe and you'd have one unsafe kid, three safe kids. And your safety plan would only be addressing the one kid. Another good example is around a child who has a serious medical condition that the parent or caregiver is unable or unwilling to manage. Again, if I have multiple children in the household, but only one child is the one that has the medical condition, then I could have that one child who is unsafe because of the child's medical condition and the caregiver protective capacities and their inaction, or inability to take action. And so therefore that child is unsafe while other children are safe. I may have other examples in terms of, you know, the not meaning basic and essential needs for food, clothing and or supervision as we saw here where the age of the child, the needs of the child, delineate how one is safe and one is not safe, okay.

- [Catarolyn] And that was the last question. That was the question in regards to the child basic needs danger threats.

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- Okay, yeah, we're very clearly saying that there's, intimate partner violence, there's indicators of power and control, there's violence, that's occurring in the household. And we are gonna talk further about that in our next webinar, as we start to break down, what do we need to do in order to control for safety in particular for the Montri family? And that's gonna be that exploration of the need for two separate safety plans, one confidential safety plan, and then a perpetrator safety plan. So, can you explain how, what you just said does not mean an out of home safety plan is needed? Great question. So how do I wanna answer this? All right. So, we're not there yet, in terms of making a decision about safety planning, as I mentioned, information drives our decision-making. So part of our information collection is first and foremost is identifying whether or not we do or do not have safe or unsafe kids. In this case, we've identified two families where the children are unsafe. Our next critical sort of juncture decision point is going through the safety planning analysis criteria, and determining whether or not rehab the viability to do an in-home safety plan or whether or not we're looking at an at-home safety plan. And in the next webinar, which is gonna be on November 18th, we are gonna walk through the safety planning analysis, and also conditions for return, and we're gonna utilize these same cases, okay. So if you participated today and you sorta wanna know, like, what's the next chapter, how is this gonna end for the Landyn and the Montri family? Then I highly encourage you to attend on November 18th because we are going to take each one of these families through the safety planning analysis, and also talk about whether or not conditions for return apply to the families based upon our decision-making. So we're not there yet in terms of the webinar process. And so, we don't really know whether or not we have viability at this point in time to do an in-home or an at-home safety plan. So yes, you, Heather, you responded, we haven't access the in-home safety planning analysis, that is right. So, let me see--

- [Catarolyn] There's another question in regarding, it says, if there's verified physical abuse to a child, would it be intentional harm instead of violent behaviors?

- It depends, right. So, intent, the definition of intent, right, is that I knew and consciously made sort of a decision when I was physically acting towards somebody and my intent was to cause harm to them, okay. So verifying physical abuse, I can have verified maltreatment and have safe kids. I can not verify maltreatment and have unsafe kids, right. So if we think about the verification standard, say for like physical injury, physical abuse, frequently, it requires that there is some sort of marker injury that's left on the child that you can speak to. I can have kids that are getting physically abused and not verify that maltreatment because I may not have a marker injury, but the family condition and everything I know about what's going on in the home is that there is violence occurring that has the, propensity to result in physical harm or physical injury to a child, if no action is taken. So verification, there's not a direct association between a verified maltreatment and safe and unsafe. Because the verification is about an incident. Safety is about the totality of the family conditions. And I don't need to wait for children to actually be harmed in order to take action and qualify that children are unsafe.

- [Catarolyn] Okay.

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- How does that apply for the, alright, so I'll answer. So in terms of the Montri case, we have a dad who's acting violent, impulsively and that his violence is really left unrestrained, right? He has in the past, punched, kicked and slapped the children as well as destroyed their belongings. So he's violent towards them. What we don't have here and maybe it's in, well, let me back up here, when we are writing our child safety summaries and our danger statements, we are writing to what is there to not what is not there. So, we've identified that there's impending danger. I am describing how I came to that decision about impending danger. And so the impending danger threats that we identified as violent, impulsive, and acting dangerously. If I had information or gathered information throughout the course of my assessment that spoke to the intentionality of the father or his viewpoints of the children and how it has impacted his responses to them, that resulted in me identifying that as an impending danger threat. Then I would capture that here in my child safety summary or my dangers statement, I would not go in and capture. He does not view them negatively. He did not intentionally harm them. So that critical analysis and that information drives the decision-making. That's not to say that you couldn't gather additional information further on where maybe he does come out and say, I hate my kids. I have no, like for them, my intentions are X, Y, and Z, but in this case is that we have somebody who is violent towards everybody in his household, and that it's unrestrained and unmanaged it. We may find out through the course of our assessments, that his violence is very intentional, or we may just find out that maybe he has some other underlying conditions that are occurring. We may find out that he may have some bizarre viewpoints. And again, the assessment process for unsafe kids is a fluid process. At the PI level, we came to the best right decision based upon that information at that point in time, the ongoing family functioning assessment, the best, best right decision at that point in time. And same thing with progress updates and evaluations as we move through, okay. Rachel asks if there are four children in the home, but only one has the danger threat. We do not need to include all the children in the safety plan. That is absolutely right Rachel. Safety plans are meant to address unsafe kids in the impending danger threats that we've identified for those children in particular, if I only have one child in that household that I've identified as unsafe, my safety plan is gonna speak to that one child and the actions that we're taking in order to control for the safety for that one.

- [Catarolyn] So there's a question, why do we remove all of the children?

- That's a great question. I wish I had the magic answer for that. I would say that sometimes we don't, maybe aren't articulating ourselves clearly. Sometimes we extend what is occurring with one child, and we extrapolate that to all the children. Not recognizing that family conditions can look different for each child. I would not agree, right. In terms of, whatever the safety plan may be. This is where, as I mentioned that information drives decision-making, and I've mentioned this a couple of times to folks through our trainings is our assessment process. We're going on the record with our best right decision. And sometimes there are decisions that are made absent our assessments, whether that be from the legal community or from judges that they're gonna make a decision that we may not agree with. And that doesn't change our assessment process and it doesn't change our assessment determination. And so my best advice to folks is information drives that decision-making, go on the record with your information, make sure that you're clearly articulating yourselves in your family functioning

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assessments, your ongoing family functioning assessments, your progress updates, that you are providing sufficient information to support your decision-making, and why that decision is the best right decision at that moment in time. To clearly link how one child may be safe to another child being unsafe. And that is the best that you can do. And sometimes, like I said, decisions are made that we may not agree with, but that does not change our assessment decisions. We still go on the record with our best right decision. Thank you guys for your time, your attention. And if there are additional questions that come up, please feel free to reach out and we will address those during the Q&A section as well. So thank you guys, and have a great rest of your afternoon.