

# Intervening Video Script

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Hello and welcome to your CPS Practice Model core competency video over intervening with children and families. My name is Angela Pie and I am the CPS Practice Model Program Specialist at State Office.

So, before we begin, let's take a moment to review the practice and what we've discussed throughout the previous videos. The practice model provides us with a consistent framework to organize our efforts and establishes the parameters for best practices that deliver good outcomes for children and families. Our practice model also drives decision and actions at level of our organization. Ultimately, what our practice model and this webinar on intervening should help us with is to sharpen our critical thinking skills. It enables us to look at the information in any given situation and examine our own assumptions and biases.

Intervening with children, youth, and families at every stage of service is met to be the least intrusive as possible. We want all children to be forever safe but we also want to let families move on with their lives. Intervening represents the best of what good practice and good evidence can bring to our work. As we practice, we are evolving from the professional as the expert to the professional as the partner. So with that in mind, let's discuss why we are here today.

First, we are going to define intervening and introduce 6 practice principles for engaging with children and families as the first step to intervening.

Then we'll look at the three questions along with the use of solution-focused questions form the foundation of intervening. We're going to talk about integrating the use of our SDM tools that are part of our practice model and we want to consider the advantages of using genograms and discovering the importance of the safety network during our interventions. Then we'll learn how to intervene through using danger statements and safety goals. We'll also explore the use of safety networks to help us when intervening, and finally we'll introduce three tools we can use to intervene with children and youth.

As we've done with each of the prior videos, we started off with your input of definition of the core competency being discussed. How would you define intervening or what to you think it means to intervene from your work perspective?

The practice model defines intervening as the process of the agency's stepping in or being involved in a situation in order to alter or hinder and action or development that is causing the child or youth harm or danger. So while we set the bottom line for safety, we invite caregivers or families to intervene and establish their own plans for child or youth safety.

So, as we've done with the other competencies, I want you to take a moment to think about how the three questions that organize out every day work impact the competency being discussed. For today, let's look at how our three questions apply to intervening. When we're intervening, what are we worried about? When we're intervening, what is working well? And, when we're intervening, what do you think needs to happen next?

In our work in child protection, intervening can have different meanings and connotations. So, let's take a moment to look at what intervening looks like through the lens of the practice model.

When intervening, our actions are straightforward and the least intrusive. We use a variety of professionally developed tools that help us make the best decisions for child safety. We also use time tested tools to intervene because they will provide a mechanism for bringing the child front and center.

Perhaps the best tool for intervening is our skills as a caseworker. We intervene by engaging children, youth, and families with a number of solution-focused questions. Our questions help us partner with our families in a way that puts the responsibility on their shoulder in order to develop plan for the safety of their child. Our questions are an attempt to take the place of telling families what they should be doing.

When we intervene using a questioning approach, we hope to help caregivers come to an understanding about the impact of their behaviors on their children and mobilize them to take new protective actions that address danger to ensure their children are safe, it's about creating opportunities for them to demonstrate new behaviors over time.

To mobilize the way we intervene, we need a foundation, a set of principles that guide us. Our work is challenging and at times takes us to the darkest die of the lives of children youth ta nfamilies. We gather information about harm danger and risk but we need balance. Balance helps us to amplify the constructive side of a family and child's life however small.

So now let's go through the six principals of intervening. First principle one, understand the position of each family member. Each parent or family member story about harm and danger provides us with important information about safety. It's vital we engage by listening to these stories and understand the position of each family member. By position, we mean the strongly help values beliefs and meaning that individuals express through their stories. So, when a parent says, "I was spanked and hit as a child but much worse than you think I've done. It's no big deal." This position reflects a set of values. We won't condone this behavior but we will acknowledge where they are coming from by replying, "Ok, you had a pretty tough childhood, I see what you are saying." Which might be a quick way of building understanding and rapport with that parent. We also want to try asking some of these questions:

- "I'd like to hear your side of things."
- "Tell me, what do you think should happen?"
- "What do you value most about being a mother/father?"
- "What do you believe about me being here?"

There are other benefits to understanding a family member's position. For example, if we listen to the different voices or perspectives, it's more likely that we will help build realistic case plans that fit with the family's perspective. This will help us achieve broad but good safety strategies. It will also be important to pay attention to family member's position on how they actually view us as the agency. When we hear parents say, "You just want to take away my child!" We are getting a clear message of what if foremost in their thinking. Finding a way to change those thoughts might be a way to break the fear and tension associated with our involvement. We might say, "You sound really worried about that. What might I be saying to give you this idea?" At this point, we may be able to gain insight into their frustration with us or even their past history with the agency.

Finally, listening for a family member's position will provide us with information about what they view as a solution to danger or harm and what they might or might not be willing to do. Again it's about listening and understanding their values, beliefs, and perspectives. If a family member is reluctant to participate or angry, we can respond in a way that in not confrontational or overly challenging. This offers us a way to broaden what appears to be a narrow position. This might take some work on our part but i tis doable. We should ask questions like, "From your point of view, how do you see things? Give me a sense of what you

think would be the best way for us to move ahead,” and, “Yes, I see how angry you are as we talk. What do I need to do a bit different for us to actually to keep talking?” might be a way to open up some space for cooperation with our families.

So, next is principle two. We want to find exceptions to the abuse or neglect. Exceptions are times or circumstances when the behaviors we are worried about happen less or not at all. We ask parents about when they made good decisions for themselves when they may not have ordinarily done so. For example, a parent who lashed out as his child might describe a time when he was enraged but went out of the house and cooled off. When looking at the examples on the screen, what are some questions we might want staff to ask to find exception to the abuse or neglect? Asking about an exception is never condoning risky or harmful behavior. It is really quite the opposite. We are always mindful at every stage of service to the risk or harm. Asking about exceptions are based on two fundamental assumptions. What we are worried about is not happening all the time and that a parent shows protective actions some of the time. We are looking to uncover those safe and constructive times or moments that can be documented but also seen as possible protective actions that can be reinforced. Exception questions might be hard for families to answer so be prepared to be persistent and sensitive in asking those questions that can really help shift our conversation.

Principle three, discover child, youth, and parents strengths and resources. We want to focus on strengths and resources. Our field is moving away from telling families exactly what they need or should be doing. Our practice has shifted and we understand that to move forward in an open case, we must have a positive relationship with the family. One essential requirement is to draw on and acknowledge and build on the strengths we see in a family. The strengths sometimes may be few and far between but they all deserve our attention.

Questions on screen:

- “Tell me about the good times in your family.”
- “What would your mother say you are good at?”
- “Who is your best friend at school?”
- “When you moved your child to his room the night of the fight, what were you doing as his parent that helped?”

As we focus on strengths, we want to look for two distinct categories. First, strengths are the behaviors parents demonstrate that are protective and mitigate the potential for harm. These are those day to day or moment to moment behaviors a parent demonstrates that keeps their child from being hurt. If we don't see these behaviors, we always ask. The second grouping of strengths are the everyday things a parent does to provide or care for their children. Strengths can be seen as something the parent is good at that motivates them and that gives them good results. For example, keeping a job, making sure their kids are fed, taken to the doctor, read to, cared and cuddled, or being drug or alcohol free. Yes, we support and compliment any parent who demonstrates this capacity. But it's important to be clear about any distinction between the two. Talking about strengths has the upside of being empowering and keeps the discussion from becoming overly discouraging for our families.

By focusing on strengths, we can also evaluate a family's or extended family's capacity to provide care. Asking about strengths can help us determine family limitations or make us cautious about where might be headed. For example, if a parent, or extended family, or even a child is not able to clearly articulate what some of the strengths or the good things might be, the question for us might be, is there more danger than safety?

Principle four. Focus on goals. As discussed throughout each of the competency videos, there are agency goals and there are family goals. Agency goals are the behaviors that we need to see demonstrated that ensure that the child is and will be safe. These are our bottom lines. Family goals are the behaviors we ask families and their safety networks to develop that demonstrate to the agency that the child will be safe. Sometimes our families will be motivated by their own goals by avoiding what they see as outside interference in their own family. Sometimes they want to prove something to people who they perceive as being critical of them. These sort of indirect motivations are powerful mechanisms for harnessing the energy of our parents.

It's important for us to ask families what they want. Sometimes this needs to be our starting point. It's important to help create and nurture goals or anything that the family comes up that will create a safer environment for the child. Our involvement needs to be active, directive, and supporting. Goals need to be self-determined. That is we need to give every opportunity for the goals to come from the family. We need to believe that what they decide is best. If the family decides their own goals, they will almost always be implemented.

Principle 5. Focus on goals. Let's look at these three important features to consider when helping children, youth, or families actually set goals. These features allow us to simplify and be clear about what is important for the family to accomplish. Simplifying what a goal is. Many adults or youth may not understand the term so making it fit with their level of understanding or development is critical. Goals are easy to talk about but transforming goals into action is actually more complex. Goals need to be specific, observable, and measurable. They must involve interacting with someone and they need to have a time table. This time table includes the who, what, where, and when of making goals a reality.

Principle six is our final principle for intervening. Here, we want to ask about willingness, capability, and confidence. Some of us have prepared plans for families that they have been unwilling or unable to implement. In the process, it often felt like a battle of wills. Well, according to our practice model, ideas for action or change should come from the family. These ideas should make sense to the family because we've integrated their position. This is reflected in the goals that they are willing to work on. We don't want to forget to ask the parent, child, or youth about their own willingness, capability, and confidence to meet the goals. The willingness, capability, and confidence of our families about their safety plan is one of our barometers or safety of danger. For example, a parent may be willing to undertake a certain course of action and be confident it will make a difference but actually have no capacity to do the plan due to a lack of resources or support. The answers to these same questions will also give us an indication as to how any present or future plan will succeed or fail.

So, the six principles we just reviewed are met to give us a good foundation for intervening with children, youth, and families. They can act as a guide for helping us pay attention to what we can do. We can honor the smallest things family members do that are positive but also stay grounded in our role of making sure we are always thinking about safety. We want to give parents the opportunity to consider the consequences of some of their actions, but also help them plan and decide what steps they are willing to take. Their confidence level, and how capable they are, and if they are up to the task.

So now, let's go over the how's and what's of intervening with children, youth, families, and safety networks. There are three major points which are consistent with the service we provide. When intervening the safety and well-being of children and youth are front and center, all children and youth should be protected and connected, and every child will have legal and relational permanency. The three questions listed represent the answer to one central purpose that drives our work at every level of service. Is the child safe? In order to answer this question, we have to gather information analyze it, and then

make a judgement about safety. Our three questions organize much of our work around assessing, planning, and now intervening.

The practice model also draws upon the principles and interventions of solution-focused brief therapy. Solution-focused brief therapy is an approach to psychotherapy based upon solution building rather than problem solving. It explores current resources and future hopes rather than present problems and past causes. This approach is much more than staying focused only on problems. It's about zeroing in on solutions and focusing on what families do well. Solution building is strength based and competency driven. When a worker substantiates child abuse or neglect or is thinking a family might benefit from services, the worker should be thinking about how to promote change with the family and their safety network. Any solutions that are achieved should be grounded in what the family or safety network is able and willing to do. Working in a constructive and positive way with children, youth, families, and their safety networks, means we broaden our interview skills to focus more directly on the goals, hopes, and particularly past successes. Drawing on past successes means we can create pathways for families to build on, what's gone well, and what needs to continue to happen in the future. So this information consists of a few assumptions that should make up our work with families as we build partnerships and ask solution focused questions that will build safety. But how do we do this?

During a meeting with children, youth, or families we can help guide the family to realize how their strengths and skills can be transferred and applied to the harm, danger, or worries. By discovering information about what may have helped them in the past or what helped them successfully make changes, we can use this information to come up with active solutions and ideas to change the techniques and strategies that help move us in the direction of a behavior change we are looking for to close the case. This is a brief summary of some of the questions that can be integrated into our work.

Questions:

- Exception Questions: How have you been successful in the past?
- Coping Questions: How have you been able to manage when things get difficult?
- Future Questions: If you could change everything right now, what would that look like?
- Relationship Questions: Who do you have a good relationship with?

The purpose of asking questions is to gather information but we can also use them as a catalyst for change. Most of the time these kinds of questions will be new to our families. They've not been asked about the exceptions, or the times when their problems were not as bad, or how they are coping besides the difficulties, or who in their family do they have a relationship with that's been helpful. We also have our structured decision making tools that can help us gather the right information to make the best decision. The safety assessment SDM tool lets us know whether the child can stay in his or her home, while the risk assessment tools lets us know if it's likely that harm may occur in the future based on the evidence. Here's how it works. Both tools are one of many means to an end and that end is always child safety. If we operate under the assumption that we should be looking for the presence of safety, for example, parental behaviors that keep children safe, not simply the absence of danger, then we will get a more balanced assessment of exactly what we should be worried about and how worried we should be. When we only look for evidence of the alleged problem we have the potential to miss other important information such as household strengths or protective actions

We also need to remember that we only get the answers to the questions we ask so it's essential to ask about times when the problem isn't happening. For example, a mother was arrested for drunk driving on Saturday night with her 8 year old daughter with her in the car. The investigator asks, "Can you tell me about times when you were drinking and did not drive with you daughter in the car?" Mom then shares

that she goes out with her friends to a bar on most Saturday nights and her mother babysits her daughter. This week, her mother was on vacation and mom wasn't able to get another sitter and decided to still go out. In this example, through the use of the three questions, that form our thinking, we find out about the harm and we likely can extract what the danger is going to be if mom goes out drinking again with her child in the car. But we also know about household strengths. This should gently guide or lead us to what needs to happen next so this child is never put at any risk again.

Now, consider this statement. We do not know how worried to be if we do not know what is working well. It is one way to articulate the ongoing process of assessment. It doesn't just begin and end at the investigation stage. It's ongoing. There is rigor but there is balance. We need to remember to draw on any three of the questions at any point in our case. Our structured decision making tools are our guide but engagement and partnering with our families also helps to guide our decision making around safety.

Now it's time to go over some of the tools we want staff to use when intervening. You are already familiar with some of these tools but we are going to introduce a few new tools and talk about the tools in regards to how they help us when intervening. Some of this information may be repetitive but it's important that staff understand that the core competencies interconnect. For example, you will be assessing while intervening or engaging and you will also be engaging while you are assessing and intervening.

Let's take a look at the genogram. Most of you are familiar with this concept. One way to do our best work is to go back and revisit the genogram and discover the potential it has. Not only to build our relationship with families but also to quickly look at the unique makeup of each family as it applies to the children. We previously discussed the number of advantages in doing a genogram with our families yet genograms can be an effective intervention tool.

Genograms are another way of focusing on any individual family member's strengths or resources. Looking at the strengths in families serves as a way to build our partnership but also lets the family know that we are interested in finding out about who cares for the child. Not all extended family members may be harmful and we are likely to find one family member who may at the outset look like they too, could have the same worries as we do about a child's safety. At the same time, the power of the genogram will help us identify who might be a danger to the child. For example, if it is clear that there are few sources of immediate family support, the danger might be obvious.

One of the most innovative changes currently being undertaken as the structured decision making tools and CPS Practice Model roll out, is the use of the danger and case goal statements. The danger and case goals represent one of the first orders of business undertaken with any case. Once we have gathered and analyzed all of our information, it is time to make some kind of assessment. Used alongside with the SDM tools, danger statements, and case goals, represent the steps we need to take towards planning for short and long term safety.

In the risk assessment and planning process, statements for families should be built around clearly understandable descriptions of the things that we are worried about. For example, what will happen to the children in the future if nothing changes in the family? These statements of danger are our bottom line statements that must be addressed before the case can be closed. The danger statements should describe the fundamental child safety issues that any meaningful short and/or long term safety plan must ultimately address. Without danger statements made in language that professionals and family can understand, it will be almost impossible to undertake rigorous planning for forever child safety.

It is important for us to remember that our agency holds the majority say in what constitutes enough safety to close a case. Case goals are typically used when developing an FBSS plan of service as well as

in conservatorship. Developing case goals are based on the idea that good child protection is not just about removing risky behaviors but also about building new, safe behaviors. It's about being clear with the family and other key stakeholders about what we need to see the family doing to address future danger and to show that the harm that occurred in the past will not happen in the future

Our case goal is not our safety goal. Our safety goal represents the short term plan of safety expected in the early stages of investigations where structured decision making tool, and our interviews have identified a clear safety threat. So now I want each of you to take a moment to read the danger statement and case goal currently on your screen. After reading the danger statement and case goal think about what we should expect from our staff in regards to intervening with this particular family.

Text on Screen:

#### Danger Statement and Case Goals

CPS is worried if Leanne keeps using pills and alcohol she will not focus on her children. If this happens she will not be able to look after 7 year old Gavin and 5 year old Cooper like what happened on 2/14/15 when Leanne had passed out after using and the boys were found walking on Elm Street at 3 am. CPS is worried if this happens again, Gavin and Cooper might get hurt or be picked up by strangers.

CPS wants Cooper and Gavin to be safe and be with Leanne. For this to happen they need Leanne to be sober when she is with the boys. Leanne needs to create an honest, detailed plan together with her support people. The plan needs to show everyone Leanne won't use or if she is going to use alcohol to get drunk or use pills she will make sure the kids are with someone in the kid's safety network who are clean so the kids will be looked after and be safe. CPS will feel confident about closing this case if Leanne shows everyone in her network she is sober for 6 months.

Remember the quote, "It takes a village to raise a child."? For caseworkers, it means that we must be prepared and expect families to engage their safety network in making the child safe. It is their responsibility with our support. When talking about the safety network, what do we really mean? Well, safety network usually consist of a group of family, friends, and/or professionals who care about the child, who understand our safety concerns, know about the danger and our case plan and are willing to be part of the solution for making the child safe.

Another way of looking at this is to pull together the naturally occurring network of adults around our families. Building a safety network around the child might seem simple but there are many challenges we might face. Primarily, the family may not want to involve others and may not want to have a support network. Push back against safety network involvement is normal response. After all, we are expecting families to make themselves vulnerable and bring their network into a chaotic or dangerous situation which has been kept a secret. Our role is to be firm but hugely kind. Simply put, the family needs to understand that a group of trusted people must be involved in the everyday safety of the child and agree upon changes in behavior for the case to be closed. To make this happen, we must be persistent and partner with our families to come to a consensus about what should happen. Again, it may not be simple but our authority and leverage as professionals counts. What if the family we are working with is alone and has no support? How do we manage this?

First, use the critical skills we have: listening and asking questions, being persistent, talking to the children, using genograms, safety circles, and the family finding website we've discussed in a previous video.

Susie Essex created the family safety circles as a visual tool to think through in detail with the family who they can involve from their naturally occurring safety network in the safety meeting. Who can be the most useful and who should know what? The usefulness of the safety circles which you currently see on your screens lies in our ability to use these with children, youth, and adults. Now that we have a safety network in place, what is our outcome? Well, there are two. First, together, us, the family, and the safety network will pull together a list of agreed upon rules for the child's safety. These rules represent the most important changes that need to happen in terms of behavior change to make the child safe. This will often involve the safety network taking an active role to ensure child safety. Second, we create Words and Pictures for them which involves a summary of what is going to happen put together in a short but detailed story. So what might this look like?

This current scene represents a brief sample of what a parent's Words and Pictures would actually look like. Parents finish the words and together draw a picture corresponding to each set of words that best represents their understanding of what will be happening and what needs to happen. Again, the intent here is to bring the children into the planning for the interventions but also to hopefully demonstrate a parent's capacity and willingness at making sure they will work on the interventions for this plan together.

Text on Screen:

Words and Pictures: An Intervention

CPS and the safety network are worried that mom gets sad and takes alcohol or pills. Mom wants to get better and when she feels sad, Aunt Cindy will come over to help out.

Mom really wants to take care of Gavin and Cooper and make them safe forever. Mom will talk to Frank, the counselor, about her feelings and to someone from AA who can help her to stop drinking.

Grandpa, Nana, and Aunt Cindy want to be Gavin and Cooper's safety network. To make sure Gavin and Cooper are safe they will be coming over every day to make sure things are ok.

Gavin's plastic bird will be his and Cooper's safety object. It will always be in the front cabinet for everyone to see. Only Gavin and Cooper can touch it. If they are worried about things, they will turn it over. That way, when Peter comes over he will know what to ask Gavin and Cooper.

In order to involve the child in the assessment and planning process, the TX CPS Practice Model uses a number of tools which have been designed by different practitioners and have evolved over time. Beyond assessment, the tools give each child the opportunity to tell us what they are thinking, their worries, what are the positives or good times, but more so about what they want and what they need for them to feel safe. These tools are also a good way of making sure the child's voice is heard by parents and the safety network. Essentially, it is a way of making the child front and center and giving everyone the urgency of thinking how best to make the child safe. So the first tool which you've seen in a previous video is The Three Houses. The Three Houses incorporates the same three key assessment questions used above. That is, what worries us, what's working well, and what needs to happen? Children and youth respond to these questions by drawing or writing or a combination of both. The Three Houses tool is most effective when we follow the child's lead in what they want to talk about. If the child talks about something they are worried about, and then what they wish was happening, and then something that they like and want to keep happening, the caseworker can go over backwards and forwards between the houses as what makes most sense in each particular interview.

Next is the Fairies and Wizard Tool. The Fairies and Wizard Tool works along the same principles but is designed for younger children. The same three questions are explored with the fairy and magic wand for



girls and a wizard figure for boys. Problems and worries from the child's perspectives are written down on the clothes and represent what needs to be change. The good things in the child's life are written on the wings or cape being symbolic of flying away or escaping or protecting or problems becoming invisible for a while. The child's wishes are written at the ends of the wands and represent hopes for the future and wishes coming true. However, we'd like to note here that not all children will be receptive to the fairies and wizards tool. If you have a child that likes football, you may want to take this same tool and draw a picture of football field with the end zone representing what needs to happen, the opposite end zone representing what the child might be worried about, and the field of play representing what's working well. For a child who is not fond of the fairy or wizards or even the football field, there might be a child who is fond of Disney. You might take Mickey Mouse or another character and divide it in three to ask those same questions, what are worried about, what's working well, and what needs to happen. Although each of these tools are great engagement and assessment tools, they are also important in helping us effectively intervene in the least intrusive manner. These tools can help us identify the most appropriate interventions to ensure every day and forever safety of the children and youth that we are working with.

Child protection workers from all over the world report that taking the child or young person's Three Houses or Safety House back to the parents or caregivers, is often the catalyst that helps parents see the situation differently and become more willing to engage with professionals when talking about their problems. Presenting the Three Houses, Faeries and Wizards, and the Safety House to other people, whether they are safety network members or extended family, needs to be done in consultation with the parents and the child and worked through slowly and carefully as part of the overall case planning process.

So now, let's go over our professional caseworker/supervisor takeaway. First, good child protection and intervention can occur at every stage of service through targeting and building future safety with families and all of their support people or their safety network. We must have a foundation or a set of assumptions that guide our work. Having a foundation keeps us balanced when looking at harms and dangers and for what's working well. We also want to remember that intervening with children, youth, and their families starts right away and involves setting goals, developing strategies, and prioritizing tasks and schedules to meet those goals. We can do this by taking a questioning approach to our work which is part of our partnership building strategy. Effective intervention also requires that we draw the voices of children out in to the open. To accomplish this, we have a number of time tested tools that are specific to children. Safety networks are natural extensions of every child and family. They are critical partners when intervening with our families. They play a critical role in making the everyday safety of children a reality. And finally, we want to remember that intervening with children, youth, and families is possible. To be successful, we must believe in a partnership and we must be persistent.