Ohio | Department of Job and Family Services

John R. Kasich, Governor
Cynthia C. Dungey, Director

Child Protective Services Policy

Strengths and Needs Risk Asssessment

FOCUS

- The importance of the clinical assessment of risk in determining the family's strengths and needs.
- The elements of the assessment of risk within the CAPMIS tools.
- The inter-relationship between the elements necessary to assess safety and risk.

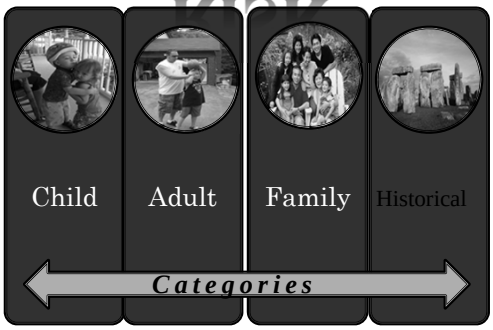
FOCUS

- The purpose of identifying risk contributors and strengths of a family.
- Inter-relatedness of risk contributors services and the ongoing provision of services.
- Effectuate behavioral change within the family.

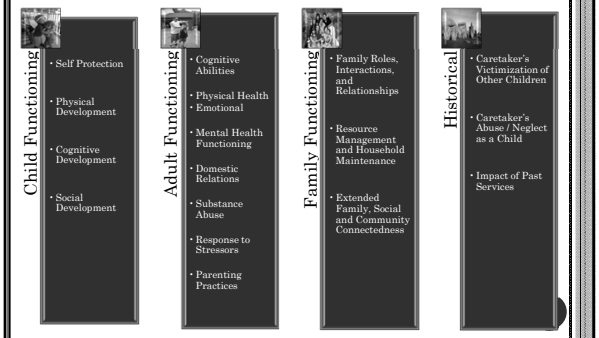
RISK ASSESSMENT AND CAPMIS TOOLS

- FAMILY ASSESSMENT
- CASE REVIEW
- REUNIFICATION ASSESSMENT

RISK



Strengths and Needs



RC vs. NRC?

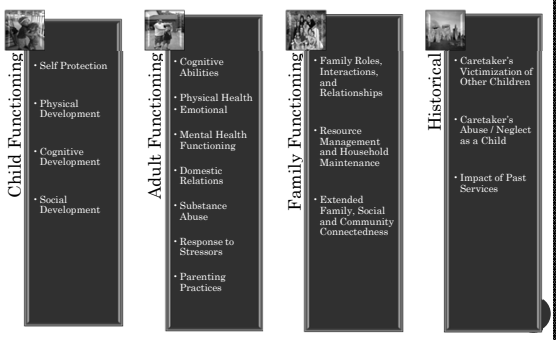
Risk Contributor:

"An assessment standard used to identify the conditions existing in the individual or family that create the likelihood of maltreatment to a child."

Non Risk Contributor:

"An assessment standard used to identify the conditions existing in the individual or family that do **not** increase the likelihood of maltreatment to a child."

Strengths and Needs



Risk Contributor

An element is considered a risk contributor when it:

Creates the likelihood of maltreatment to a child.

OR

Increases the likelihood of maltreatment to a child.

Non Risk Contributors

An element is considered a non risk contributor when it:

Does not create the likelihood of maltreatment to a child.

AND

Does not increase the likelihood of maltreatment to a child.

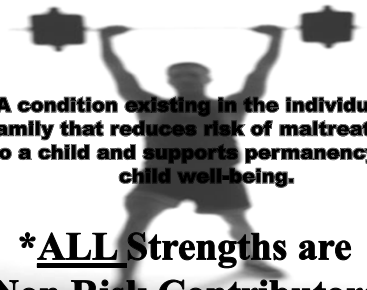
Non Risk Contributors

Does not have a negative impact.

May have a positive impact.

May decrease the likelihood of child maltreatment.

STRENGTH



A condition existing in the individual or family that reduces risk of maltreatment to a child and supports permanency and child well-being.

***<u>ALL</u> Strengths are Non Risk Contributors**

Strengths and Needs

Child Functioning

- Self Protection
- Physical Development
- Cognitive Development
- Social Development

Adult Functioning

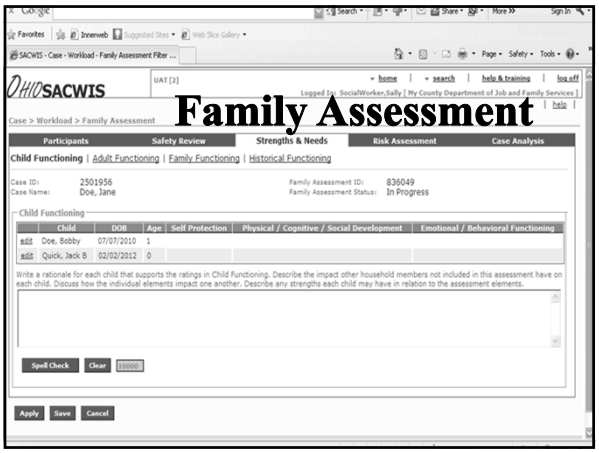
- Cognitive Abilities
- Physical Health
- Emotional
- Mental Health Functioning
- Domestic Relations
- Substance Abuse
- Response to Stressors
- Parenting Practices

Family Functioning

- Family Roles, Interactions, and Relationships
- Resource Management and Household Maintenance
- Extended Family, Social and Community Connectedness

Historical

- Caretaker's Victimization of Other Children
- Caretaker's Abuse / Neglect as a Child
- Impact of Past Services


Family Assessment
OHIOSACWIS
Case > Workload > Family Assessment
Participants
Safety Review
Strengths & Needs
Risk Assessment
Case Analysis
Child Functioning | Adult Functioning | Family Functioning | Historical Functioning
Case ID: 2501956
Case Name: Doe, Jane
Family Assessment ID: 836049
Family Assessment Status: In Progress
Child Functioning
Child
DOB
Age
Self Protection
Physical / Cognitive / Social Development
Emotional / Behavioral Functioning
edit Doe, Bobby 07/07/2010 1
edit Quick, Jack B 02/02/2012 0
Write a rationale for each child that supports the ratings in Child Functioning. Describe the impact other household members not included in this assessment have on each child. Discuss how the individual elements impact one another. Describe any strengths each child may have in relation to the assessment elements.
Spell Check
Clear
Apply
Save
Cancel

CASE REVIEW
OHIOSACWIS
Case > Workload > Case Review/SAR > Case Review Update > Strengths and Needs Update
Case ID: 2501956
Case Name: Doe, Jane
Case Status: Open (04/06/2012)
Case Category: Ongoing
Case Review Type: 3 Month Case Review
Review for Case Plan Number: 1.00
Status: In progress
Strengths and Needs Update Information
Risk Contributors
Complete the following elements currently contributing to risk for anyone in the family:
Child Functioning
Self Protection:
Physical/Cognitive/Social Development:
Emotional Functioning:
Adult Functioning
Cognitive Abilities:
Physical Health:
Emotional/Mental Health Functioning:
Domestic Relations (Domestic Violence):
Substance Abuse:
Response to Stressors:
Parenting Practices:
Family Functioning
Family Roles, Interactions, and Relationships:
Resource Management and Household Maintenance:
Extended Family, Social and Community Connectedness:
Historical
Caretaker's Victimization of Other Children:
Caretaker's Abuse/Neglect as a Child:
Impact of Past Services:

Child Functioning
Self Protection
Physical, Cognitive, Social Development
Emotional Behavioral Development

Self Protection

The responsibility to protect a child from abuse and/or neglect lies with the parent, guardian, or custodian

A child is **NOT** responsible for his/her own protection.

Children 5 years old and under are at increased risk of being abused/neglected. Birth to 1 year of age are at greatest risk of being abused/neglected.

This age group has the highest death toll resulting from abuse or neglect.

- 0-5 Years old
- Does not verbalize
- Is not visible to others
- Denies abuse/neglect
- Blames Self
- Accepts CA/N

A total of 1,740 children died from abuse and neglect in 2008; more than three quarters (79.8%) of these children were 3 years old or younger. (USDHHS, *Child Maltreatment 2008).*

Physical/Cognitive/Social

This element refers to the degree to which a child's physical, cognitive, or social development may increase the risk of the child being abused or neglected.

Child's behavior toward self or others has contributed to stressful interpersonal relationships.

- Poor peer relationships
- Developmental delay
- Learning disability
- Physical appearance
- Requires intensive care
- Immobility

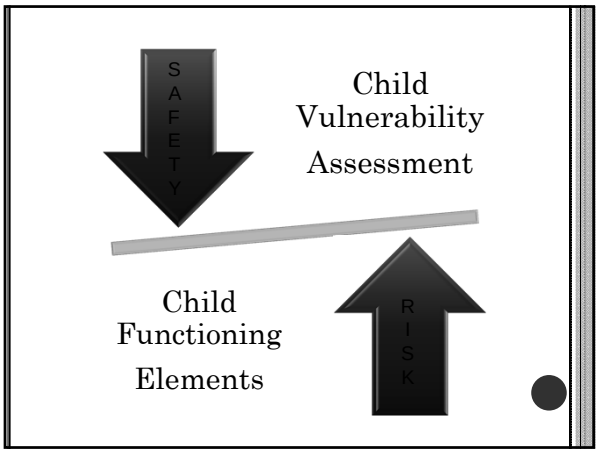
Emotional/Behavioral

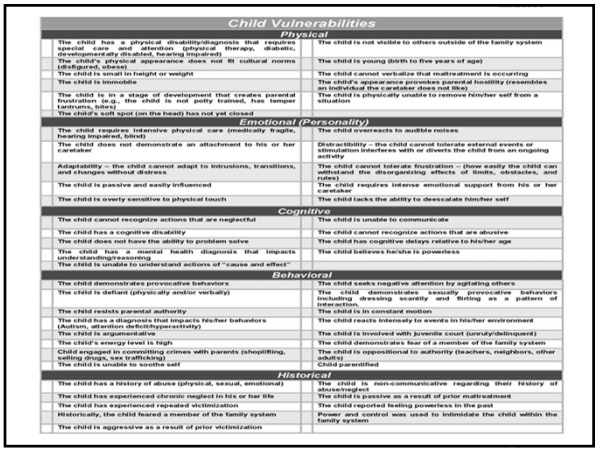
This element refers to the child's emotional attachment and behavioral reactions/actions that may increase the risk of the child being abused or neglected.

Consideration should be given to behaviors that trigger negative interactions

Emotional and behavioral challenges in children often increase the likelihood of future maltreatment.

- Argumentative
- No Emotional Attachment
- Defiant
- Can't tolerate frustration
- High Energy level
- Uses Drugs
- Criminal activity
- Antisocial
- Cannot Deescalate





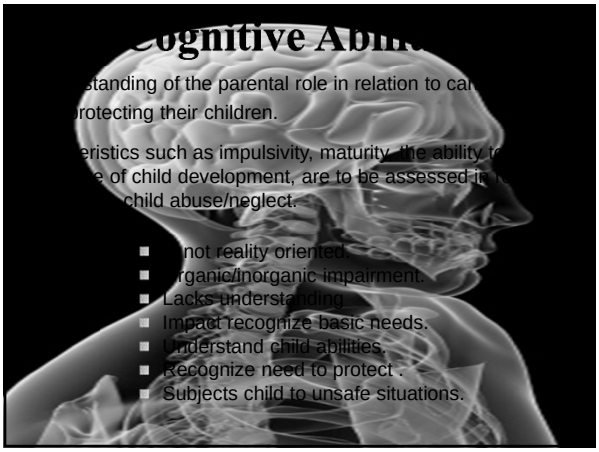
Child Vulnerabilities

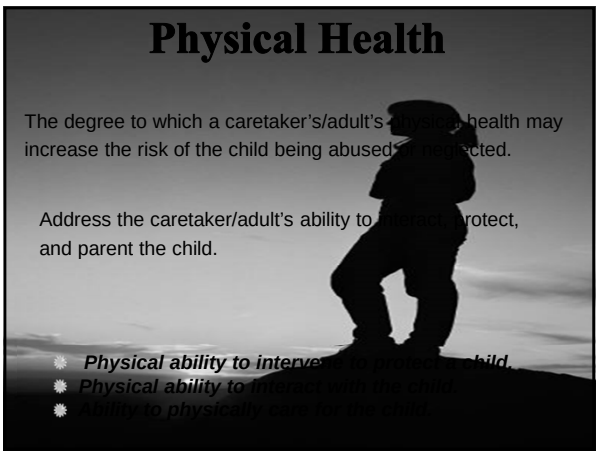
Physical	
The child has a physical disability/diagnosis that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired)	The child is not visible to others outside of the family system
The child's physical appearance does not fit cultural norms (disfigured, obese)	The child is young (birth to five years of age)
The child is small in height or weight	The child cannot verbalize that maltreatment is occurring
The child is immobile	The child's appearance provokes parental hostility (resembles an individual the caretaker does not like)
The child is in a stage of development that creates parental challenges (e.g., the child is not potty trained, has temper tantrums, bites)	The child is physically unable to remove him/her self from a situation
The child's soft spot (on the head) has not yet closed	
Emotional (Personality)	
The child requires intensive physical care (medically fragile, hearing impaired, blind)	The child overreacts to audible noises
The child does not demonstrate an attachment to his or her caretaker	Distractibility – the child cannot tolerate external events or stimulation interferes with or diverts the child from an ongoing activity
Adaptability – the child cannot adapt to intrusions, transitions, and changes without distress	The child cannot tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules)
The child is passive and easily influenced	The child requires intense emotional support from his or her caretaker
The child is overly sensitive to physical touch	The child lacks the ability to deescalate him/her self
Cognitive	
The child cannot recognize actions that are neglectful	The child is unable to communicate
The child has a cognitive disability	The child cannot recognize actions that are abusive
The child does not have the ability to problem solve	The child has cognitive delays relative to his/her age
The child has a mental health diagnosis that impacts understanding/reasoning	The child believes he/she is powerless
The child is unable to understand actions of "cause and effect"	
Behavioral	
The child demonstrates provocative behaviors	The child seeks negative attention by agitating others
The child is defiant (physically and/or verbally)	The child demonstrates sexually provocative behaviors including dressing scantily and flirting as a pattern of interaction.
The child resists parental authority	The child is in constant motion
The child has a diagnosis that impacts his/her behaviors (Autism, attention deficit/hyperactivity)	The child reacts intensely to events in his/her environment
The child is argumentative	The child is involved with juvenile court (unruly/delinquent)
The child's energy level is high	The child demonstrates fear of a member of the family system
Child engaged in committing crimes with parents (shoplifting, selling drugs, sex trafficking)	The child is oppositional to authority (teachers, neighbors, other adults)
The child is unable to soothe self	Child parentified
Historical	
The child has a history of abuse (physical, sexual, emotional)	The child is non-communicative regarding their history of abuse/neglect
The child has experienced chronic neglect in his or her life	The child is passive as a result of prior maltreatment
The child has experienced repeated victimization	The child reported feeling powerless in the past
Historically, the child feared a member of the family system	Power and control was used to intimidate the child within the family system
The child is aggressive as a result of prior victimization	

SAWYER CASE EXAMPLE

1) Watch the Sawyer Family Video
2) With your small group, complete the handout: *Child Functioning: Lucy*
3) Use the handouts: *Strengths and Needs Field Guide* - child functioning section, and *Child Vulnerabilities* as a resource
4) Make note of any observations you have about Mr. or Mrs. Thompson on a separate sheet of paper.

Adult Functioning
Cognitive Abilities
Physical Health
Emotional Mental Health
Domestic Relations
Substance Use
Response to Stressors
Parenting Practices


standing of the parental role in relation to ca
rotecting their children.
eristics such as impulsivity, maturity, the ability t
e of child development, are to be assessed if
child abuse/neglect.
not reality oriented.
rganic/inorganic impairment.
Lacks understanding.
Impact recognize basic needs.
Understand child abilities.
Recognize need to protect .
Subjects child to unsafe situations.


Physical Health
The degree to which a caretaker's/adult's physical health may increase the risk of the child being abused or neglected.
Address the caretaker/adult's ability to protect, protect, and parent the child.
Physical ability to intervene to protect child.
Physical ability to interact with the child.
Ability to physically care for the child.

Emotional/Mental Health

The degree to which a caretaker's/adult's emotional and mental health functioning, may increase the risk of the child being abused or neglected.

Is not reality oriented.
Organic/inorganic impairment.
Lacks understanding
Impact recognize basic needs.
Understand child abilities.
Recognize need to protect .
Subjects child to unsafe situatio

Caretaker's capacity to provide care to self?
Caretaker's capacity to provide care to child?
Caretaker's ability to control impulses of anger, hostility, and violence?

The degree to which a caretaker's/adult's current and historical relationships and interactions may increase the risk of the child being abused or neglected.

Considers the relationship dynamics between the caretakers/adults.

Examines whether a pattern of coercive control exists and results in conflictual or violent interactions thereby impacting the interaction, protection, and care of the child.

Dynamics and quality of relationships.
Historical or current conflictual or violent interactions.
Caretaker's behaviors to stressful interactions.

Children exposed to domestic violence often experience consequences similar to being directly abuse by a parent.

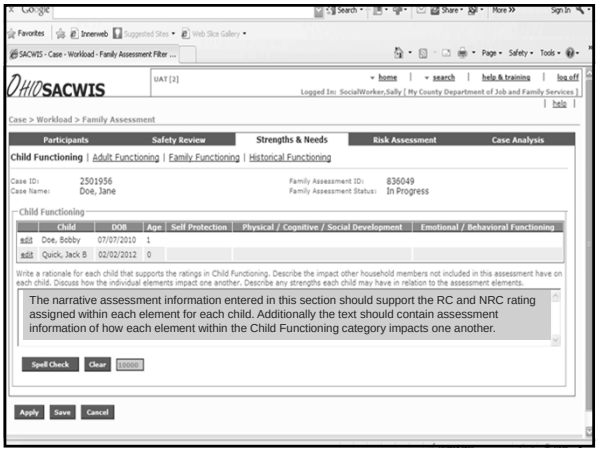
The co-occurrence of domestic violence and child abuse is thought to be present in 30 to 60 percent of cases.

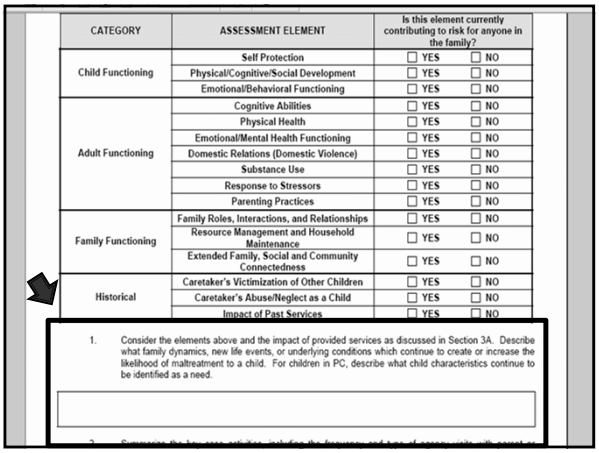
DV may be the single major precursor to child abuse and neglect fatalities in the U. S.
(Carter, Janet. Domestic Violence, Child Abuse and Youth Violence: Strategies for Prevention and Early Intervention. Family Violence Prevention. 2001.).

The impact violence has on parent ing and the caretakers' ability to protect the child is paramount.

Reunification Assessment

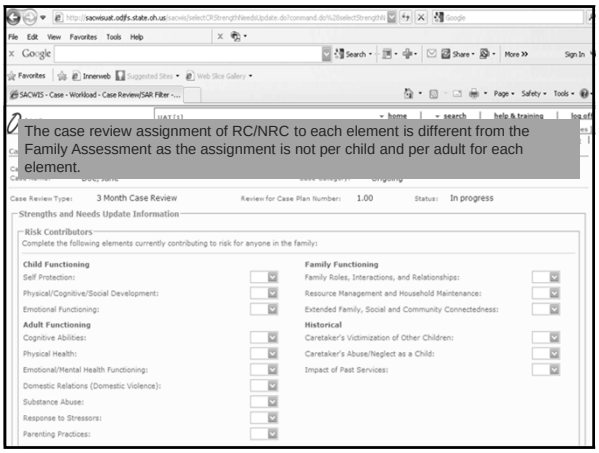
- *Are the parent/guardian/custodian and/or other household members willing and able to use their protective capacities, resources and strengths to provide sufficient support to the child(ren)?*
- *Are there any issues or concerns related to other children or adults in the family that may impact the child(ren)'s return?*
- *Describe how the family dynamics will change when the child(ren) returns.*

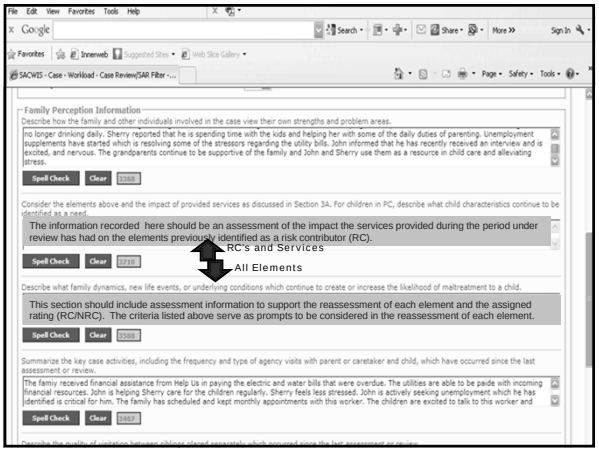


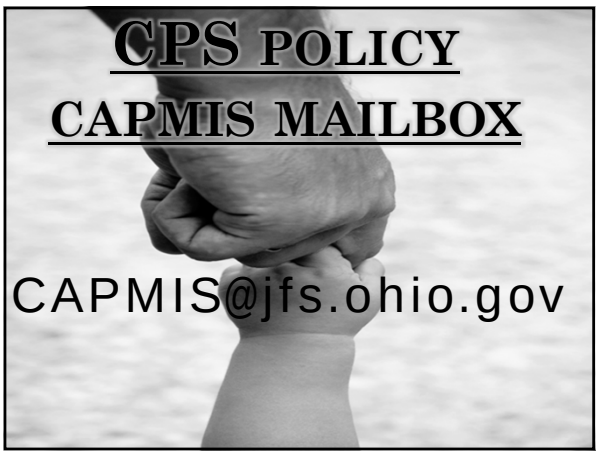


CATEGORY	ASSESSMENT ELEMENT	Is this element currently contributing to risk for anyone in the family?
Child Functioning	Self Protection	☐ YES ☐ NO
	Physical/Cognitive/Social Development	☐ YES ☐ NO
	Emotional/Behavioral Functioning	☐ YES ☐ NO
Adult Functioning	Cognitive Abilities	☐ YES ☐ NO
	Physical Health	☐ YES ☐ NO
	Emotional/Mental Health Functioning	☐ YES ☐ NO
	Domestic Relations (Domestic Violence)	☐ YES ☐ NO
	Substance Use	☐ YES ☐ NO
	Response to Stressors	☐ YES ☐ NO
	Parenting Practices	☐ YES ☐ NO
Family Functioning	Family Roles, Interactions, and Relationships	☐ YES ☐ NO
	Resource Management and Household Maintenance	☐ YES ☐ NO
	Extended Family, Social and Community Connectedness	☐ YES ☐ NO
Historical	Caretaker's Victimization of Other Children	☐ YES ☐ NO
	Caretaker's Abuse/Neglect as a Child	☐ YES ☐ NO
	Impact of Past Services	☐ YES ☐ NO

1. Consider the elements above and the impact of provided services as discussed in Section 3A. Describe what family dynamics, new life events, or underlying conditions which continue to create or increase the likelihood of maltreatment to a child. For children in PC, describe what child characteristics continue to be identified as a need.


The case review assignment of RC/NRC to each element is different from the Family Assessment as the assignment is not per child and per adult for each element.
Case Review Type: 3 Month Case Review
Review for Case Plan Number: 1.00
Status: In progress
Strengths and Needs Update Information
Risk Contributors
Complete the following elements currently contributing to risk for anyone in the family:
Child Functioning
Self Protection:
Physical/Cognitive/Social Development:
Emotional Functioning:
Adult Functioning
Cognitive Abilities:
Physical Health:
Emotional/Mental Health Functioning:
Domestic Relations (Domestic Violence):
Substance Abuse:
Response to Stressors:
Parenting Practices:
Family Functioning
Family Roles, Interactions, and Relationships:
Resource Management and Household Maintenance:
Extended Family, Social and Community Connectedness:
Historical
Caretaker's Victimization of Other Children:
Caretaker's Abuse/Neglect as a Child:
Impact of Past Services:


Family Perception Information
Describe how the family and other individuals involved in the case view their own strengths and problem areas.
Spell Check
Clear
Consider the elements above and the impact of provided services as discussed in Section 3A. For children in PC, describe what child characteristics continue to be identified as a need.
The information recorded here should be an assessment of the impact the services provided during the period under review has had on the elements previously identified as a risk contributor (RC).
RC's and Services
All Elements
Describe what family dynamics, new life events, or underlying conditions which continue to create or increase the likelihood of maltreatment to a child.
This section should include assessment information to support the reassessment of each element and the assigned rating (RC/NRC). The criteria listed above serve as prompts to be considered in the reassessment of each element.
Summarize the key case activities, including the frequency and type of agency visits with parent or caretaker and child, which have occurred since the last assessment or review.


CPS POLICY
CAPMIS MAILBOX
CAPMIS@jfs.ohio.gov