SAFETY AWARENESS FOR THE CHILD WELFARE PROFESSIONAL

NEW JERSEY CHILD WELFARE TRAINING PARTNERSHIP

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

MONTCLAIR STATE UNIVERSITY
The Robert D McCormick Center for Child Advocacy and Policy

RUTGERS
School of Social Work
Institute for Families

STOCKTON UNIVERSITY
CHILD WELFARE EDUCATION INSTITUTE

PARTICIPANT GUIDE
This curriculum and its accompanying materials were developed by Brenda H. Lockwood for use by the New Jersey Child Welfare Training Partnership on behalf of the New Jersey Department of Children and Families. Special thanks to the Indiana Department of Child Services and the NYC Administration for Children’s Services for the use of their Worker Safety curriculum materials.

Any use of this curriculum is prohibited without the written consent of the New Jersey Department of Children and Families.
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Overview</td>
<td>4</td>
</tr>
<tr>
<td>Design</td>
<td>4</td>
</tr>
<tr>
<td>II. Agenda – Day One</td>
<td>5</td>
</tr>
<tr>
<td>Day Two</td>
<td>6</td>
</tr>
<tr>
<td>III. Course Goals</td>
<td>7</td>
</tr>
<tr>
<td>Objectives</td>
<td>8</td>
</tr>
<tr>
<td>IV. Curriculum – Day One</td>
<td>9</td>
</tr>
<tr>
<td>Activity #1: Opening Session</td>
<td>9</td>
</tr>
<tr>
<td>Activity #2: Child Welfare and Workplace Violence</td>
<td>11</td>
</tr>
<tr>
<td>Activity #3: Exploring Attitudes and Beliefs</td>
<td>24</td>
</tr>
<tr>
<td>Activity #4: Introduction to the Four A’s of Safety</td>
<td>26</td>
</tr>
<tr>
<td>Activity #5: The Four A’s of Safety - Awareness</td>
<td>34</td>
</tr>
<tr>
<td>Activity #6: The Four A’s of Safety - Assessment</td>
<td>50</td>
</tr>
<tr>
<td>Activity #7: The Four A’s of Safety - Anticipation</td>
<td>60</td>
</tr>
<tr>
<td>Activity #8: The Four A’s of Safety - Action and De-Escalation</td>
<td>67</td>
</tr>
<tr>
<td>Activity #9: Day One Wrap Up</td>
<td>78</td>
</tr>
<tr>
<td>V. Curriculum – Day Two</td>
<td>79</td>
</tr>
<tr>
<td>Activity #1: Opening Session</td>
<td>81</td>
</tr>
<tr>
<td>Activity #2: Practice De-Escalation</td>
<td>82</td>
</tr>
<tr>
<td>Activity #3: Factors That Impact Our Response to Danger</td>
<td>85</td>
</tr>
<tr>
<td>Activity #4: Considerations for Working with Specific Populations</td>
<td>89</td>
</tr>
<tr>
<td>Activity #5: Active Threat Response</td>
<td>94</td>
</tr>
<tr>
<td>Activity #6: Situational Conflict and Case Review</td>
<td>98</td>
</tr>
<tr>
<td>Activity #7: Worker Safety and Self-Care</td>
<td>103</td>
</tr>
<tr>
<td>Activity #8: Wrap Up</td>
<td>106</td>
</tr>
<tr>
<td>VI. References</td>
<td>107</td>
</tr>
<tr>
<td>VII. Appendices</td>
<td>108</td>
</tr>
<tr>
<td>Appendix A: NJ DCP&amp;P Policies</td>
<td>109</td>
</tr>
<tr>
<td>Appendix B: Universal Precautions</td>
<td>154</td>
</tr>
<tr>
<td>Appendix C: Worker Safety Checklist</td>
<td>155</td>
</tr>
<tr>
<td>Appendix D: Under the Influence and Out of Control—How to Verbally Intervene</td>
<td>159</td>
</tr>
<tr>
<td>Appendix E: Behaviors by Abusive Partners</td>
<td>160</td>
</tr>
<tr>
<td>Appendix F: Personal Safety for the DCF Professional</td>
<td>161</td>
</tr>
</tbody>
</table>
OVERVIEW

This training is designed to provide participants with information to increase knowledge of safety-related issues in child welfare practice and offers practical skills for managing personal safety during interactions with families.

DESIGN

This two-day training allows participants to engage in activities that will increase retention of the material and apply what they have learned in work settings. The content of the training will be a combination of brief lectures and exercises designed to practice concepts introduced in the training. A course evaluation will be administered at the end of the training day and will be used by the trainer to further enhance the curriculum.
<table>
<thead>
<tr>
<th></th>
<th><strong>AGENDA DAY ONE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Opening Session</td>
</tr>
<tr>
<td>2</td>
<td>Child Welfare and Workplace Violence</td>
</tr>
<tr>
<td>3</td>
<td>Exploring Attitudes and Beliefs</td>
</tr>
<tr>
<td></td>
<td><strong>15-Minute Morning Break</strong></td>
</tr>
<tr>
<td>4</td>
<td>Introduction to the Four A’s of Safety</td>
</tr>
<tr>
<td>5</td>
<td>The Four A’s of Safety: Awareness</td>
</tr>
<tr>
<td></td>
<td><strong>One-Hour Lunch Break</strong></td>
</tr>
<tr>
<td>6</td>
<td>The Four A’s of Safety: Assessment</td>
</tr>
<tr>
<td>7</td>
<td>The Four A’s of Safety: Anticipation (Stages of Escalation)</td>
</tr>
<tr>
<td></td>
<td><strong>15-Minute Afternoon Break</strong></td>
</tr>
<tr>
<td>8</td>
<td>The Four A’s of Safety: Action (De-Escalation)</td>
</tr>
<tr>
<td>9</td>
<td>Day One Wrap Up</td>
</tr>
</tbody>
</table>
# Day Two

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Opening Session</td>
</tr>
<tr>
<td>2</td>
<td>Practice De-Escalation</td>
</tr>
<tr>
<td></td>
<td><strong>15-Minute Morning Break</strong></td>
</tr>
<tr>
<td>3</td>
<td>Factors That Impact Our Response to Danger</td>
</tr>
<tr>
<td>4</td>
<td>Considerations for Working with Specific Populations</td>
</tr>
<tr>
<td></td>
<td><strong>One-Hour Lunch Break</strong></td>
</tr>
<tr>
<td>5</td>
<td>Active Threat Response</td>
</tr>
<tr>
<td>6</td>
<td>Situational Conflict and Case Review</td>
</tr>
<tr>
<td></td>
<td><strong>15-Minute Afternoon Break</strong></td>
</tr>
<tr>
<td>7</td>
<td>Worker Safety and Self-Care</td>
</tr>
<tr>
<td>8</td>
<td>Wrap Up</td>
</tr>
</tbody>
</table>
COURSE GOALS AND OBJECTIVES

SAFETY AWARENESS FOR THE CHILD WELFARE PROFESSIONAL

Overall Goal
This training presents information about worker safety awareness, assessment, and actions workers can take if/when they encounter unsafe situations. The training will also provide participants with ways in which they can apply preparation strategies that promote safety in child welfare practice. At the end of this training, participants will be able to describe the signs that a person’s behavior is escalating, recognize indicators that signal an interaction is becoming unsafe, and use techniques that promote safety during interaction with others at different stages of escalation.
Participants will be able to complete the following:

- Explain the importance of awareness, assessment, anticipation, and action as they relate to worker safety.
- Define the common stages of threat/violence escalation.
- Describe potentially dangerous situations workers may encounter in the field as they relate to substance abuse, domestic violence, and mental illness.
- Utilize verbal de-escalation techniques that remediate/reduce vulnerability during tense interactions with families.
- Demonstrate nonverbal de-escalation techniques that promote worker safety during interactions with families.
- Practice preventive strategies to preserve safety, reduce threats/risks, and promote well-being and self-care.
Day One

Activity #1: Opening Session

Introduction

- Your name
- How long at DCP&P
- One attribute or quality that is important for staying safe in your work with families (e.g., good assessment skills)

Introduce Yourself

Please share:

- Your name
- How long you have worked in child protection
- One attribute or quality that you recognize as being important for staying safe in your work with families
**Activity #2: Child Welfare and Workplace Violence**

**Objective:** Explain the risk of violence for the child welfare professional, and review New Jersey DCF policies for ensuring worker safety.

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**Notes:**

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*New Jersey Child Welfare Training Partnership*
TYPES OF ATTACKS REPORTED

- Kicked or hit the social worker... **45%**
- Lashed out at the social worker in rage... **28%**
- Charged or cornered the social worker... **23%**
- Jumped on or pushed the social worker... **21%**
- Tried to or actually hurt the social worker with a weapon... **13%**
- Tried to strangle or put a choke hold on the social worker... **11%**
- Threw an object that hit the social worker... **9%**
- Bit or spit at the social worker... **8%**
- Harmed self or others in addition to attacking social worker... **8%**
- Scratched social worker or pulled out his/her hair... **7%**
- Tried to stab or actually stabbed social worker... **7%**
- Grabbed social worker or tore his/her clothes... **6%**
- Sicced attack dog on the social worker... **4%**
- Head or body slammed the social worker... **4%**
- Tried to shoot the social worker... **3%**
- Kidnapped social worker or held him/her hostage... **1%**
- Other... **16%**

VARIABLES RELATED TO WORKERS

The question was asked: “Are you faced with personal safety issues in your primary employment practice?”

- 44% answered YES
- 30% of those who said YES did not think their employer adequately addressed safety issues


**The report identified risk of violence as a factor contributing to high turnover:**
- Safety was a leading concern
- 70% of front-line child welfare workers had been victims of violence or threats in the line of duty

**A review of 585 exit interviews found that of those former child welfare workers:**
- 90% experienced verbal threats
- 30% experienced physical attacks
- 13% had been threatened with weapons

DCF - CHILD PROTECTION & PERMANENCY: WORKER SAFETY POLICIES

In response to keeping staff safe, an internal DCF Safety Work Group was convened to review DCF policies and practices. Part of their work was to review and suggest enhancements to policies concerning safety. As a result, a number of policies have had extensive revisions made to their content. Others have been reexamined, refreshed, reworked, and reissued. Just as we need to track and adjust in our work with families, there are new sections to policies that have been added.

Policy provides support for decision making and the procedures that outline the steps to take when confronted with a wide variety of situations. Policy and procedures are established to set best practice and parameters for responding to anticipated actions and situations.

Notes:
CP&P staff work hard to engage our families in a collaborative partnership. However, there are times when child protective services intervention may inadvertently cause stress to families. Some particularly volatile family members may react to CP&P intervention with violence or threats of violence toward Division staff. We strive to engage a family to protect children and keep families together. However, when necessary, “A CP&P employee’s right to self-defense is not altered, diminished or increased because he or she is employed by the Division.”
When a Worker perceives a threat from a person/environment, including, but not limited to: in person, by letter, e-mail, or by telephone contact, the Worker:

- Secures his or her own immediate safety by leaving the situation/home as necessary
  
  Note: When not able to secure safety by removing himself/herself from the situation, etc., the CP&P employee is entitled to defend and protect himself/herself, if he or she reasonably believes that physical force is necessary to protect himself/herself against death or serious bodily harm. A CP&P employee’s right to self defense is not altered, diminished or increased because he or she is employed by the Division;

- Seeks the assistance of local law enforcement and/or Human Services Police assigned to the Department, if immediate action or protection of the Worker, child or other person in the home is needed (see policy related to accessing Human Services Police: CP&P-II-C-4-300);

- Advises his or her Supervisor, the Casework Supervisor or Local Office Manager as soon as possible (from the field if the situation is critical);

- Documents the threat on a NJ SPIRIT Contact Sheet, in Worker/Supervisor conference notes. If appropriate, files Critical Incident Report;

- Refers to the threat/risk to worker safety when later completing case recording documents;

- Drafts wording for a WORKER ALERT label for the case record, pending supervisory approval;

- Initiates WORKER SAFETY ALERT in NJ SPIRIT (which is developed and being tested now); and

- Retains and brings to the attention of the DAG all evidence of the perceived threat.
Worker Safety Intervention Plan

“A worker safety intervention plan is formalized by the assigned Worker and Supervisor during case conferencing when a particular family member—an adult or a child—or family or environment has been identified as being potentially dangerous to staff or presenting a risk to the personal safety of staff and/or authority figures. A worker safety intervention plan can be a simple written outline or paragraph describing specific precautions to be taken upon intervention. Approval by the Casework Supervisor may be necessary, depending on the nature of the plan. Copies of the plan are kept by the Worker and Supervisor, and a copy is attached to the Resource Sheet filed in the case record.”

Worker safety concerns are also documented in NJ SPIRIT applications, including the electronic NJS Worker Safety Alert currently being tested. “If a WORKER ALERT label is on the record, the Worker must refer to the dated contact notes. REFER TO THAT PLAN BEFORE INITIATING CONTACT WITH THE FAMILY. The plan is dated and reviewed periodically during case conferencing and whenever the WORKER ALERT label is reviewed.”

According to policy, worker safety intervention plans could include, but are not limited to, the following:

- Where and when it is best to meet with the family member (e.g., meet with family member at a neutral setting, not at the family home);
- Who, if anyone, should be present when CP&P field staff meet with the family member (e.g., another CP&P staff member should be present during home visits; the Human Services Police should accompany the assigned Worker when new allegations are under investigation; the person’s therapist may be willing to provide assistance/prevent a crisis);
- Whether or not the child should be present when CP&P meets with the parent(s); and
- Specific actions to be taken under certain circumstances which have been in evidence in the past (e.g., immediately leave the family home—with or without the children—if the person appears to be under the influence of drugs or alcohol or actively psychotic).

“It may be necessary to seek relief from the Family Court to ensure the Worker’s safety. Such an option should be discussed with the DAG. The worker safety intervention plan could specify that relief from court will be pursued if a specific behavior persists or in the event of a new incident.”

“If an after-hours crisis is anticipated, the assigned Worker or Supervisor contacts SCR and leaves special instructions for case handling precautions. If a case presents ongoing serious concerns regarding risk to staff safety upon intervention, the Supervisor advises the County SPRU Coordinator, who forewarns the SPRU staff of risks associated with the case. In addition, the LO Manager consults with the SCR Administrator/designee to determine whether special arrangements are to be implemented to accommodate the case. Special arrangements may include requesting after hours assistance from the Human Service Police, in accordance with the Protocol for Requesting HSP Services, found in (CP&P-II-C-4-300).”
The teamed response (a.k.a. Buddy System) is a separate section within policy now. In prior versions, policy allowed responding workers to determine if they wanted to request a buddy in some situations. Still other sections left it to the supervisor to determine if a buddy would be assigned. There is now less flexibility. “Absent compelling reason to do otherwise, deference should be given to the expressed safety concerns of the requesting Worker. Supervisors shall not, under any circumstances, unreasonably deny or discourage the use of teemed field response as a means of ensuring Worker safety.”

Supervisors are required to approve a teemed response in the following circumstances:

1) Division records indicate a history involving:
   a) assaults or threats of violence; or
   b) a conviction involving the use of a weapon.

   In these situations, the buddy should be the Human Services Police or other law enforcement officials.

2) All active cases that involve ongoing domestic violence situations where the alleged batterer resides in or frequents the home. For additional safety precautions, see the Domestic Violence Protocol.

3) All initial responses to allegations of abuse in unknown (no prior CP&P history) cases if requested by the assigned Worker.

4) All responses to known high crime and initial responses to known drug-use locations.
a) High crime and drug-use areas are established by mutual agreement between Local Office Management and field staff on an office-by-office basis.

b) Areas designated as high crime or drug-use areas must be communicated by Local Office Management to the Area Director as soon as such determination is made.

c) Area Office SPRU Coordinators share this information with SPRU Supervisors and SPRU Workers.

The decision whether or not a SPRU Worker needs a teamed response is a decision that will be made by the Local Office or Area Director.

5) All out-of-home placements into a resource family home to help the child by lessening trauma associated from the family of origin. The buddy permits the assigned Worker to focus solely on the child’s needs. See CP&P-II-C-5-500

6) All cases where transporting a child with known behavioral problems (e.g., a history of sexual acting out, making false accusations, or running away). When transporting a group of children, a teamed response is necessary in order to assist with supervision of the children while driving to the destination. Requests for assistance by Human Services Police may be appropriate.

7) Previously assaulted field staff are entitled to a buddy until such time as the Worker and his or her Supervisor jointly decide that a buddy is no longer routinely needed. The input of a crisis counselor or a treating professional may be sought, if agreed to by the Worker, to resolve questions or dispute about the issue of the Worker’s readiness to respond to routine Division field assignments alone.

There may be other circumstances not spelled out in this policy or not REQUIRED by policy. However, Supervisors may determine it is necessary anyway based on the full circumstances. If that happens, Workers are NOT permitted to decline.

The makeup of a team can vary, and a diverse group of professionals are listed in the policy section, including another CP&P staff member; a supervisor; FPS or YAP workers; the homemaker; school staff; or others.

In any circumstance where policy or prudence calls for a joint law enforcement response, law enforcement shall be used in lieu of any other type of buddy.

Use of Chemical Repellents CP&P Vol. IX-A-1-200

Note: “Employees are permitted by State law to carry containers of over-the-counter chemical repellents for purposes of self-defense. Such containers may release no more than three-quarters of an ounce of a substance not ordinarily capable of lethal use or of inflicting serious bodily injury.”

“‘Chemical repellent’ means a pocket-sized device which contains and releases a chemical substance not ordinarily capable of lethal use or of inflicting serious bodily injury, which is intended to produce temporary physical discomfort or disability through being vaporized or otherwise dispensed in the air.”
This new policy section recognizes that the sensitive and emotional nature of our work with families can provoke feelings of anger or hostility in family members. It recognizes that these feelings inescapably create risks to the personal safety of CP&P staff. Hostility is most often directed toward the Division itself, and the resultant safety concerns are applicable to any agent acting on its behalf, and the pervasive risk of these situations must be controlled for in accordance with the Worker Safety Issues section above.

Policy and procedures now support the expedited transfer of a case within an office in situations where an individual worker is personally the subject of concerning or dangerous animosity. “In those situations, prompt and diligent efforts must be made to mitigate potential danger by transferring responsibility for that client’s case to a different Worker.”

“Where an LOM determines that an intra-office case transfer is necessary to ensure the safety of a Worker, such transfer shall not be inhibited or delayed. This obligation supersedes any contrary policy or caseload limitation requirements.”

This means that worker safety is the priority—not caseload compliance—when worker safety is at issue. The newly assigned caseworker is identified based on LOM or designee’s assessment of their skills and abilities. They MUST be informed of the reason for the transfer and advised of all relevant information to ensure the newly assigned worker’s safety. The LOM ensures that the WORKER ALERT label (or other NJS electronic notification system, once released) is in place and the worker safety intervention plan is in the record. Worker Safety Issues policy is cited again. The newly assigned worker has no special right or entitlement to refuse such an assignment.
The previously assigned worker maintains their professional obligation to document their work with the family, appear in court if needed with safety supports in effect, and support the Division's continued work with the family. Safety concerns do need to be addressed with the DAG prior to court hearings to request additional court supervision.

Removal of a Child

Case Practice Model encourages us to engage the family with a Family Team Meeting during this process. This policy now requires that the Family Team Meeting should be conducted without creating undue risk to workers or family members.

The third section in this policy is Family Engagement. Paragraphs 2 and 3 have been changed to reflect the fact that worker safety and family safety are both to be considered when efforts to hold a Family Team Meeting prior to placement are conducted. Language regarding this has been strengthened as well. It expands on the various ways that safety must be considered as part of the planning where safety threats are present, anticipated, or perceived.

The policy is unchanged about the need for engaging the family via a Family Team Meeting prior to a placement. Creative and protective techniques to engage family members—including relocating the site, breaking the parties into smaller groups, using technology to establish communication, and introducing law enforcement—are included in the new policy. Policy is unchanged about the need for placement if no services or resources can be identified to keep the child safe within the family setting. It is also unchanged about holding the Family Team Meeting within 72 hours of placement.
“...if it appears that placement may be warranted, and a meeting can be conducted without creating undue risk to workers or families, CP&P shall conduct a Family Team Meeting with the family and supportive persons and involved professionals before the child is placed.”

“The safety of workers and families must be considered when planning for pre-removal meetings. Where safety threats are present, anticipated or perceived, precautions must be taken to alleviate those threats, and may include conducting the meeting at a CP&P office, conducting separate meetings with subsets of the larger family team (this may be particularly appropriate in Domestic Violence situations, see CP&P-VIII-B-1-100), or arranging for law enforcement presence outside the meeting (see HSP policy). In extreme circumstances, where safety threats cannot be adequately mitigated, meetings may be conducted via telephone or through attorney intermediaries.”

Announced or Unannounced Visits CP&P Vol. II-C-5-900

Division policy for an initial response of an investigation allows for unannounced visits. The advantages include, but are not limited to, first-hand observation of the child or parent’s spontaneous reaction to our presence. Conditions in the home and the safety and risks to the child can be more readily assessed. However, the new policy addition in this section recognizes that “[…] unannounced visits may increase the risk of Worker safety hazards, and caution is essential in planning and conducting such visits.” It refers you back, once again, to the Worker Safety Issues section already discussed.

Notes:
A new paragraph was added dedicated to the Procedures Related to Worker Contact with Parent When Case Goal is Reunification. Quite simply, it states:

“The safety of the Worker or any other person in the home cannot be compromised to meet parental visitation requirements. Where a parent’s mental state, substance abuse, propensity towards violence or other behavior leads to concerns about the safety of the visiting worker, precautions must be taken in accordance with CP&P-IX-A-1-100. If risks cannot be adequately mitigated, Workers and Supervisors should request that the appropriate DAG seek modification of the visitation schedule or other action from the court. LOMs are authorized to temporarily suspend worker-parent visitation pending determination by the court.”

Worker-Parent Contact: Worker Safety Paramount

This is a new section that has been added. Frequent worker-parent contact is essential to keep the parent involved with the child. Ideally, we can engage the parent and encourage, advocate, and support services for the parent toward reunification. We know that successful engagement of the parents will advance the permanency of children. Research has proven that frequent visitation between children and their parents does increase the probability of reunification.

“Worker-parent contact may create unacceptable risks to the safety of Workers. Appropriate steps must be taken to control for these risks, in accordance with CP&P-IX-A-1-100. If risks cannot be adequately mitigated, court action may need to be sought to limit or suspend these visits. LOMs are authorized to suspend visits pending determination of the matter by a court.”

This does not impact the parent-child visitation schedule.

Policy Notes:
**Activity #3: Exploring Attitudes and Beliefs**

**Objective:** Explore workers’ attitudes and beliefs about worker safety and interactions with the family members that workers support.

**Large Group Activity:**

The trainer is now going to ask you a series of questions. You should answer the questions using a scale of 1-5 with 1 being *mostly disagree* and 5 being *mostly agree*. Keep in mind that this is not a test, so there is no need to worry about what others will think about individual responses. It is important that all participants feel comfortable and respected while talking about their feelings around safety in the workplace.

"I believe safety is a shared responsibility at all levels of the New Jersey Department of Children and Families."

**Notes/Reflections:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Exploring Attitudes and Beliefs

“I believe that by using good casework practice skills I can diffuse most crises and deliver services without jeopardizing my safety or the safety of my families.”

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New Jersey Child Welfare Training Partnership

Exploring Attitudes and Beliefs

“I believe I am able to predict behaviors or situations that would threaten my safety.”

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New Jersey Child Welfare Training Partnership

Notes/Reflections:
**ACTIVITY #4: INTRODUCTION TO THE FOUR A’S OF SAFETY**

**Objective:** Explain and explore how caseworkers can use strategies that promote worker safety during interactions with families.

**INTRODUCTION**

We will be talking throughout the next two days about “preparation as prevention.” We will talk about things that workers can do to prepare for interactions with families as well as things that agencies can do to help create safety within the workplace.

**Notes:**

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**WORKER SAFETY CHECKLIST**

*Prior to initiating the home visit:

- Assess the intake (know potential risk contributors: substance abuse, domestic violence, mental illness, history of violence, etc.)
- Review any prior case history
- Determine if assistance from law enforcement is needed
- Notify office staff when leaving, and provide a contact number, address, and estimated time of return
- Don’t wear excessive jewelry
- Familiarize yourself with the area you are traveling
- Plan the route you will take to the home
- Make sure the vehicle you are taking is in good working condition and has enough gas
- Make sure you have your cell phone and that it’s charged
- Lock valuables in the trunk of your vehicle, if you must take them with you

*When parking and exiting your vehicle:

- Park in the direction you wish to leave
- Park in the street rather than the driveway (if possible)
- Canvas the neighborhood
- Take only items necessary to complete the home visit
- Keep vehicle doors locked

*When approaching the home:

- Visually inspect the outside of the home and surrounding area
- Take note of the entrances/exits to the house
- Look/listen for signs of disturbance inside the home
- Listen/look for signs of animals in the residence
- Look/listen for hazardous chemicals on the property
- Take note of any smells associated with substance abuse, etc.
*When entering the home:

__Enter a door within plain sight of the street__
__Wait for a person to answer the door; do not enter unless someone greets you__
__Do not enter the residence if no adult is present__
__Make note of any animals in the home__
__Complete an initial environmental scan for barriers to exits__
__Scan for weapons in the space you are in__

*When in the home:

__Stay close to an exit (always stay between family members and the exit)__
__Remain alert and observant__
__Know everyone who is in the residence at all times__
__Maintain personal and professional boundaries__
__Use non-threatening body language and remain calm and polite__
__Respect the family’s home__
__Listen to your instincts and feelings__
__Be cautious and use common sense__
__Leave immediately if there is a perceived safety risk__

*When leaving the home:

__Thank people for their time__
__Have car keys out and ready upon approaching your vehicle__
__Observe the back seat before entering your vehicle__
__Observe for people or activity taking place in relative proximity to the residence__
Small Group Activity

Which of the items, if any, do you currently do? Why or why not?
How do you assess/manage your own safety before, during, and after interactions with families?

Notes:
The Four A’s of Safety

The New Jersey Department of Children and Families supports caseworkers as they practice and promotes worker safety. Awareness, assessment, anticipation, and action are important elements of worker safety; and safety starts with an awareness of self, others, the environment, and policy.

The Four A’s of Safety provide a framework for preparing and managing safety before, during, and after a visit with a family.

The Four A’s of Safety are:

- **Awareness:** What information do I have?
- **Assessment:** Am I in danger? Do I feel threatened?
- **Anticipation:** What is most likely to happen?
- **Action:** What do I need to do?
When we talk about safety in our work, we must include the following:

- **Self** is the only tool individuals have with them. It is the only constant and reliable tool for intervention and self-defense. **Self** as a tool includes not only skills, but also awareness and assessment of one’s own values, beliefs, attitudes, stereotypes, and judgments.

- **Other** is *with whom* the worker engages in an interaction. Safety is most often a concern in dealing with persons with particular types of emotional states.

- **Environment/Context** is the *where* of a potentially dangerous situation. **Environment** includes what to look for as well as observations made.

- **Policy** is the overarching framework that serves to protect the worker.

Notes:
The following chart provides examples of questions to ask related to the important elements of safety:

**THE FOUR A’S OF SAFETY**

<table>
<thead>
<tr>
<th></th>
<th>AWARENESS</th>
<th>ASSESSMENT</th>
<th>ANTICIPATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td>What information do I have?</td>
<td>Am I in danger? Do I feel threatened?</td>
<td>What is most likely to happen next?</td>
<td>What do I need to do?</td>
</tr>
<tr>
<td></td>
<td>- What do I know about myself?</td>
<td>- What am I thinking and feeling?</td>
<td>- Are my attitudes, biases, and stereotypes creating more tension?</td>
<td>- Do I intervene, call the police, wait for more information, or leave?</td>
</tr>
<tr>
<td></td>
<td>- What are my own strengths and weaknesses?</td>
<td>- What is my mood?</td>
<td>- Can I reduce my risk?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What triggers me?</td>
<td>- Am I already triggered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What is the limit of my patience?</td>
<td>- Am I furthering the situation by my words/behaviors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Do I need help?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHERS</td>
<td>What do I know about the person(s)?</td>
<td>What emotional state is the person in—positive, negative, or agitated?</td>
<td>If behavior is negative or dangerous, can it or will it diminish?</td>
<td>Do I intervene, call police, wait for more information, or leave?</td>
</tr>
<tr>
<td></td>
<td>- What am I hearing and seeing?</td>
<td>- Is the person under the influence of drugs or alcohol?</td>
<td>- Can I reduce my risk?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Are there people present who escalate danger?</td>
<td>- Does the person have mental illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENVIRONMENT /CONTEXT</td>
<td>What do I know about the environment?</td>
<td>Am I physically trapped?</td>
<td>If danger exists, can I leave if necessary?</td>
<td>Do I need to rearrange my current environment or move to a different environment?</td>
</tr>
<tr>
<td></td>
<td>- What am I observing?</td>
<td>- Are my options limited?</td>
<td>- Are my choices becoming fewer?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What resources are available to me?</td>
<td>- Am I physically threatened?</td>
<td>- Is my risk of danger increasing?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Do I sense danger?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLICY</td>
<td>What are the policies/laws that protect and support me?</td>
<td>What are the policies/laws that protect and support me?</td>
<td>Will my actions protect me legally?</td>
<td>Are my actions logical, reasonable, and necessary?</td>
</tr>
<tr>
<td></td>
<td>- What are the professional expectations of conduct?</td>
<td></td>
<td>- Can I expect to be supported?</td>
<td></td>
</tr>
</tbody>
</table>
Reflection Question:

⇒ How do you plan to use this information?
Objective: Explain the element of awareness in violence prevention.

Awareness: Aspects of Nonverbal Communication

The element of awareness is about knowing what information you have—before, during, and after visiting with a family. The Worker Safety Checklist is an example of an action you can take before an interaction with a family.

When we interact with others, we continuously give and receive wordless signals. All of our nonverbal behaviors—the gestures we make, the way we sit, how fast or how loud we talk, how close we stand, how much eye contact we make—send strong messages. These messages don't stop when you stop speaking. Even when you are silent, you are still communicating nonverbally.

Notes:

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__________________________________________________________

What are some nonverbal indicators that a family member might become violent?

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__________________________________________________________

__________________________________________________________

__________________________________________________________
Nonverbal communication—body language, tone, and word choice—provides a lot of information about others that workers should pay attention to and be aware of while engaging with a family.

Which of the three aspects of nonverbal communication has the most influence on communicating with others?

- Body Language
- Tone
- Word Choice

Notes:

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
AWARENESS: BODY LANGUAGE

Body language refers to the nonverbal signals that we use to communicate. According to experts, these nonverbal signals make up a huge part of daily communication. From our facial expressions to our body movements, the things we don’t say can still convey volumes of information.

Body Language Matching Activity:

Match the body language in COLUMN A with the corresponding message in COLUMN B.

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shoulder shrugging ____</td>
<td>A. Mocking or uncaring</td>
</tr>
<tr>
<td>2. Jaw set with clenched teeth ____</td>
<td>B. Accusing or threatening</td>
</tr>
<tr>
<td>3. Finger pointing ____</td>
<td>C. Anxious</td>
</tr>
<tr>
<td>4. Fake smile ____</td>
<td>D. Hostile or threatening</td>
</tr>
<tr>
<td>5. Excessive gesturing, pacing, fidgeting, weight shifting ____</td>
<td>E. Not open-minded, not listening</td>
</tr>
<tr>
<td>6. Touching, even when culturally appropriate ____</td>
<td>F. Uncaring or unknowing</td>
</tr>
</tbody>
</table>

Notes:

ELEMENTS OF BODY LANGUAGE

- MOVEMENT
- TOUCH
- PERSONAL SPACE
- POSTURE
Movement

Consider how our perceptions of people are affected by the way they sit, walk, stand up, etc. The way you move and carry yourself communicates a wealth of information to the world.

⇒ What role does your perception of how a person moves and carries himself/herself play while interacting with families?

Touch

We communicate a great deal through touch. Think about the messages given by the following:

- A weak handshake
- A timid tap on the shoulder
- A warm bear hug
- A reassuring slap on the back
- A patronizing pat on the head
- A controlling grip on your arm

⇒ What are your thoughts about touch in work with families?

It is important to be aware of each individual’s level of comfort with touch, even if it seems minimal to you (e.g., touching someone on the arm as a way of recognizing something someone said).
Personal Space

It is also important to understand an individual's needs related to space. Watch as the trainer demonstrates the nuances of personal space needs.

- What observations did you make?
- How might you feel when another person (colleague, family member) has different boundaries (spatial) from you?
- How do you address your own spatial boundaries?

Additional things to think about related to personal space:

- Consider the needs of people with mental illness.
- Anxiety increases with loss of personal space.
- Do not touch a hostile person, even in kindness. They may interpret this as an aggressive action.
- Announce your intentions: “I need some space; I’m going to back up.” This is a way to provide structure to the interaction.
- Positioning yourself at an angle at the side of a person (or not directly in front of the person) feels less aggressive to some people and also allows for a sense that the individual can leave or walk away if necessary.

Posture

Two forms of posture have been identified—open and closed—which may reflect an individual's degree of confidence, status, or receptivity to another person. Someone seated in a closed position might have arms folded, have legs crossed, or be positioned at a slight angle from the person with whom he or she is interacting. In an open posture, you might expect to see someone directly facing you with hands apart on the arms of the chair. An open posture can be used to communicate openness or interest in someone and a readiness to listen, whereas the closed posture might imply discomfort or disinterest.
AWARENESS: LISTENING AS A FORM OF BODY LANGUAGE

Like other forms of body language, attentive, reflective listening is a skill that can help you with an angry or violent person. Listening is about using body language and supportive verbal comments to let the speaker know that you are listening.

- How do you convey to others that you are paying attention?

Listening to our families in a way that is empathic, concerned, and uncritical is an invaluable skill that plays a role in preventing conflict escalation.

- What is the role of listening in preventing conflict escalation and in de-escalating conflict?

Attentive (open), reflective listening is made up of some very specific characteristics:

- Being quiet and attentive so people have the room to express themselves
- Using minimal encouragers (supportive verbal statements) that do not convey judgment

  Minimal encouragers demonstrate to a person that you are listening and paying attention without interrupting the dialogue.

Examples of minimal encouragers:
• Not interrupting, but encouraging the family member’s expression of feelings

When a person is having trouble verbally expressing self or is angry, we should not interrupt, speak over the person, or offer unsolicited advice.

Most likely, in listening openly and reflectively, you will have an easier time noticing (being aware of):

• Cues
• Subtle shifts in mood
• Changes in tone
• Differences in behaviors that may be indicators of escalating (or de-escalating) anger

While listening and looking for clues as to the other person’s state of mind and how they view the situation, you will usually find that the person feels vulnerable in some way; ascertaining what this is can be very valuable in diffusing the tension in the situation.

**AWARENESS: ASPECTS OF COMMUNICATION**

While body language comprises most of nonverbal communication, *tone* is another important and critical aspect of communication we should be aware of. In communication, tone expresses the speaker’s feelings or attitudes. Listeners interpret the speaker’s message through tone.

![Image of the Tone of Voice poster](image)
Four aspects of speech that relate to HOW we communicate with others include the following:

- Tone
- Volume
- Rate of Speech
- Politeness

How have you noticed these aspects in your own daily conversations?

---

**Tone of Voice**

What do you think is being communicated through each of these different tones of voice?

- Stern
- Timid/Wavering
- Lowered/Uncertain
- Raised

What are some examples of when it might be a good time to use a stern (confident) tone in our communication with families?
Additional things to think about when considering tone of voice:

- Keep in mind that when we are feeling bored or down, our speech tends to become more monotone in quality.
- When we are feeling angry or excited, our speech tends to become higher pitched.

**Volume**

⇒ What do you think is being communicated through each of these different volumes of voice?

Loud/Overpowering

Soft/Assuming

⇒ When might it be a good idea to use an authoritative volume with families?

---

**Rate of Speech**

⇒ What do you think is being communicated through these different rates of speech?

Slow/Rhythmic

Controlled

Additional things to think about when considering rate of speech:

- When we are angry or excited, our speech tends to become more rapid.
- When we are bored or feeling down, our rate of speech tends to be more slow.
What do you think is being communicated through these different aspects of politeness?

- Being Respectful
- Please and Thank You
- Use of Titles/Names

Politeness should be authentic and honest. People can tell when you are being phony. This leads to distrust.

**Awareness: Word Choice**

Another critical element of communication to be aware of during our interactions with families is *word choice*. Consider this quote:

> Handle them carefully, for words have more power than atom bombs.
> 
> - Pearl Strachan, British Politician

What is your reaction/response to this quote by Pearl Strachan, British politician (1930)?
Important considerations for core conditions and word choice:

- **Respect:** Show commitment. Develop empathy. Communicate warmth. Suspend critical judgment. Reinforce the family’s strengths.
- **Genuineness:** Match your verbal and nonverbal behavior.
- **Competence:** Stay non-defensive.
- **Empathy:** Express your desire to understand, learn what is important to the family, identify the family’s feelings, and reflect the family’s implicit messages.
- Use statements that reflect feelings rather than advice or your opinion (respect, empathy, competence).
- Reflecting back what you heard from a family is a way to demonstrate understanding, express empathy, and help the speaker feel that his or her voice has been heard and understood.
- Responding and acting in an empathic way will give you the leverage necessary to help the family correct or reframe a negative statement or idea (competence).
- Be genuine by not making any promises to a family that you can’t keep, such as stating they definitely won’t have their children removed or admitted to a hospital. If you have to break this promise, your trust will also be broken; it will be difficult to rebuild.
- Use neutral and honest statements: “I don’t know what will happen yet. I need to complete my evaluation first; then you will be able to have your thoughts and feelings known at a family meeting.”
- Use open-ended responses that do not convey judgment (respect, competence).
AWARENESS: WHEN THINGS DO NOT GO WELL WITH FAMILIES

We know that, despite all of our preparation and good attempts to prevent conflict escalation, caseworkers sometimes find themselves in disagreements with families or have to engage with a family member who is very angry. It is important to know how to respond to these situations safely and effectively.

Think about a time when things did not go very well while engaging with a family and you found yourself in a verbal power struggle with a family member.

⇒ What happened that led you into the power struggle?

⇒ What did the power struggle accomplish?

⇒ What could you have done differently?
If you find yourself in a power struggle, there is an easy way to prevent the situation from escalating. Practice the five important don’ts when it comes to making word choices. It starts with the acronym T.A.C.O.S. This strategy provides us with an easy way to remain aware of ways to respond to violence escalation.

When it comes to word choices, do not use words that:

- Threaten the person/aggressor
- Argue with or aim to contradict the person/aggressor
- Challenge the person/aggressor
- Order or command the aggressor to do something
- Shame or disrespect the aggressor

Notes:
AWARENESS: CONFLICT RESPONSE

The Four A’s of Safety include the element of self because it is important to consider one’s self in preparing for safety during interactions with families.

Remember, self is the only constant and reliable tool for intervention and self-defense. Self as a tool includes not only skills, but also awareness and assessment of one’s own values, beliefs, attitudes, stereotypes, judgments, AND unique responses to crisis and conflict.

Behaviors for dealing with conflict are learned from family patterns and childhood experiences. One theory states that people assume a style of conflict that resembles roles played in their childhood family environment (victim, martyr, peacemaker, rebel, etc.). However, many people find they assume different conflict management styles with different people and in different contexts.

Notes/Reflections:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Partner Activity:

Turn to a partner and share what you have learned from your family of origin about resolving conflict. How is this different when you need to resolve conflict at work?

________________________________________________________________________
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________________________________________________________________________
Partner Sharing

➤ Imagine an angry parent begins to verbally assault you during a home visit. How would you need to deal with this situation?

➤ What efforts might you have to make to adjust your primary method of conflict management in order to engage families?
Large Group Reflection Questions:

- How will having awareness of your own conflict management method help you in your interactions with families?

- How might your method contribute to an escalation of a family member?

- How might your method contribute to de-escalation of a family member?

Nonverbal communication and awareness of one’s approach to conflict management are key aspects of preparedness and prevention of violence escalation.

What key learnings will you take away from the material we have covered this morning?
Activity #6: The Four A’s of Safety—Assessment

Objectives: Describe the role of assessment in violence prevention, explain common risk factors that contribute to the potential for violence, and highlight how to recognize and trust one’s intuition during interactions with others.

Introduction

In order to prevent violence, we must first be aware of and skilled at assessing the risk factors associated with potential for violence. Let’s move on and explore the next element of the Four A’s of Safety: Assessment.

 affliction

❖ How confident are you in your skills to assess the potential for violence within a family?

Assessment: Risk Factors Associated with Interpersonal Violence

- Individual/Clinical
- Demographic
- Biological
- Historical
- Environmental/Contextual
Although it is not always possible to know for certain which interactions will turn violent, we can use the information we have about families to assess the level of risk related to the potential for violence.

Research has identified common risk factors associated with interpersonal violence:

- **Individual/Clinical Risk Factors**
- **Demographic Risk Factors**
- **Biological Risk Factors**
- **Historical Risk Factors**
- **Environmental/Contextual Risk Factors**

**Characteristics or Features That Play a Role in Common Risk Factors**

Can you identify characteristics or features that play a role in each of these categories?

**Note: Remember that we all must guard against common generalizations and stereotypes about violence and dangerousness. Instead, we must be knowledgeable about ACTUAL risk factors (as we’ve just discussed) and the contexts that may increase the likelihood of violent behavior by others.**

<table>
<thead>
<tr>
<th>Individual/Clinical Risk Factors</th>
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</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Demographic Risk Factors

- *Young age (although not always)*
- *Male gender (although not always)*
- *Low socioeconomic status (although not always)*
Biological Risk Factors

Historical Risk Factors

Environmental Risk Factors

**ASSESSMENT: RECOGNIZING AND TRUSTING YOUR INTUITION**

It is important to understand the potential for risk within a family, and we can rely on experience and research to help us develop our skills related to assessing the level of potential risk prior to and during an interaction with a family. Sometimes, though, we have to rely on what we know instinctively, or intuitively.

As you’ll recall, there are four elements within the Four A’s of Safety: self, others, environment/context, and policy. We discussed earlier that the self is the only tool we *always* have with us. It is a powerful tool available to us during the assessment process.

Each of us is born with the ability to take in and process a great deal of information in the blink of an eye. Sometimes, we have an immediate sense or understanding about a person or situation that causes us to feel a certain way—maybe curious or uneasy. Some people call this a “gut feeling” or intuition.

Let’s explore how to use the tool of intuition to manage our safety during interactions with families.
What experiences have you had where you relied on a “gut feeling” about something when you were interacting with a family.

- What did you experience?
- Did you trust your “gut” right away? Or did you disregard it?
- How much do you value your intuition when working with families?
Video: (Run Time = 38 seconds)

Significant research has been done around the role of intuition in preventing a violent attack. Gavin de Becker has worked with individuals regarding fear and the importance of recognizing and trusting our “gut,” “instinct,” or “intuition” when faced with threatening or potentially threatening situations. We are going to watch a clip from a lecture given by de Becker regarding a common response to our intuitive impulses.

Watch the brief clip, and make note of anything the speaker says that resonates for you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Video Clip Discussion Question:

⇒ Why do we have a tendency to “cross-examine” our own intuitive impulses?
Video: (Run Time = 8 minutes 3 seconds)

Watch the next video clip. Take notes on anything that resonates for you as you view this clip:

__________________________________________________________________________

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HOW INTUITION COMMUNICATES
In what other ways does intuition communicate?

Like other intuitive impulses, fear is a powerful indicator that we need to do something to mitigate a potential threat or take action to remove ourselves from the presence of a threat. It can be difficult, at times, to sort through the difference between “true fear” and “unwarranted fear.” There is, however, a distinct difference.

What comes to mind when you hear the words “true fear” and “unwarranted fear?”
Video: (Run Time = 5 minutes 27 seconds)

We are going to watch another clip from de Becker. In this clip, he provides a definition for fear and explains the difference between “true fear” and “unwarranted fear.”

Take notes about anything that resonates for you as you view this clip:

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________________________________________________________________________________________________________________________
A DEFINITION OF FEAR: A SIGNAL IN THE PRESENCE OF DANGER

"A signal in the presence of danger..."

- GAVIN DE BECKER

FEAR

Does this definition reflect your understanding of fear?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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Regarding the difference between “true fear” and “unwarranted fear,” how can being aware of risk factors associated with interpersonal violence contribute to your understanding if you are experiencing “true fear” or “unwarranted fear?”

__________________________________________________________________________

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__________________________________________________________________________
What did you learn about the role of intuition in assessment?
ACTIVITY #7: THE FOUR A’S OF SAFETY—ANTICIPATION (STAGES OF ESCALATION)

Objectives: Explain the role of anticipation in violence prevention, and describe the common stages of escalation.

INTRODUCTION

When we are working with families, we are constantly assessing our environment for potential threats. Child protection workers engage with families who are often in crisis or at a physical or emotional low. Working with families in crisis sometimes places caseworkers in the midst of crisis and volatile behaviors. Being able to anticipate and recognize behaviors that (may) indicate an escalation toward potential violence is an important skill all caseworkers must have.

Without a doubt, workers have experienced times when they were engaging with a family (in the field or in the office) and an individual became upset. The experiences that you have had in your interactions with families provide many lessons that lend to developing critical skills and awareness in identifying situations and triggers that (may) lead to a conflict escalation.

Group Exploration Activity:

Think about your experiences of how people react to you as a child protection worker:

1. Imagine someone from DCP&P was at your door. What would your initial reaction be?

2. What are signs of an individual’s increased anxiety?
3. What are warning signs a person might display before lashing out?

ANTICIPATION: STAGES OF ESCALATION

As you may know, conflict escalation usually progresses in stages. There are seven identifiable stages of escalation:

1. **Calm** – Person is relatively calm and cooperative
2. **Trigger** – Person experiences unresolved conflicts; this triggers the person’s behavior to escalate
3. **Agitation** – Person is increasingly unfocused and upset
4. **Acceleration** – Conflict remains unresolved; person FOCUSES on the conflict
5. **Peak** – Person is out of control and exhibits severe behavior
6. **De-escalation** – Vents in the peak stage, person displays confusion; severity of peak behavior subsides
7. **Recovery** – Person displays willingness to participate in activities

Conflict may move through all seven stages, but it may also skip stages, depending on the person involved in the situation. We’ve talked about preparation as a prevention strategy for conflict escalation. Being “crisis oriented”—or using crisis thinking—means we have an action plan in place to avoid uncertainty (e.g., following the Four A’s of Safety). Being “non-crisis oriented”—or using non-crisis thinking—means we downplay the possibility of crisis and seek impulsive solutions.

De-escalation techniques can help you identify when a situation is spiraling out of control and give you options to avoid reaching stage five, where someone else’s loss of control puts you most at risk. If we are using crisis thinking, we are prepared to use de-escalation techniques. (Note: This is an example of how a stage may be skipped.)

Notes:

In more detail, the seven identifiable stages are as follows:

**STAGE 1: CALM**

Traits and factors related to calm:

- No escalation occurring
- Family willing to engage

**STAGE 2: TRIGGER**

Traits and factors that may trigger aggression:

- Psychiatric illness
- Feelings of powerlessness, fear, grief, injustice, boredom, humiliation
- Access to weapons
- Physical disability or chronic pain
- Personal history of child abuse
- Substance abuse
- Prior history of violence
- Highly stressful situations: removal of children, involvement by child protection, court proceedings, compliance with services, parental rights termination
- Ages 15-40 (especially males)
Are there any characteristics on the list of triggers that surprise you? Why or why not?

Would you add anything else to this list?

STAGE 3: AGITATION

Traits and factors of agitation:

• Person feels excited, tense, confused, irritable
• Pain and stress can increase agitation
• Can come on suddenly or over time
• May last for minutes, days, months
• May lead to a change of alertness (delirium)
• Many causes for agitation: alcohol/drug intoxication or withdrawal, trauma, anxiety, depression, mania

What are some other behavioral signs of increased agitation and tension?
STAGE 4: ACCELERATION

Traits and factors associated with acceleration:

- Questioning, arguing, threats
- Noncompliance and defiance
- Provocation of others
- Rule violations

⇒ What experiences have you had with people in this stage?

⇒ How did you know the individual was escalating?

⇒ What other traits would you add to this list?
STAGE 5: PEAK

Traits and factors associated with peak:

- Overall behavior is out of control, creating safety concerns
- Physical aggression
- Severe tantrums
- Property destruction
- Self-injury
- Running, screaming

⇒ What experiences have you or others you know had working with individuals at this stage?

⇒ What was done to manage personal safety in these situations?

STAGE 6: DE-ESCALATION

Traits and factors associated with de-escalation:

- Overall behavior shows confusion and lack of focus
- Confusion
- Withdrawal
- Denial
- Blaming others
- May respond to concrete directions
How confident are you in your ability to de-escalate a volatile situation?

STAGE 7: RECOVERY
Traits and factors associated with recovery:

- Overall behavior shows an eagerness for busy work and a reluctance to interact
- Eagerness for independent work
- Subdued behavior
- Defensive behavior
- Sleep

What do you do to re-engage with a family after you have experienced a conflict situation with them?
Activity #8: The Four A’s of Safety—Action and De-escalation

Objectives: Start the Day Two curriculum review. Demonstrate verbal de-escalation techniques necessary for promoting worker safety during interactions in child welfare practice.

Introduction

You may, at times, find yourself in dangerous situations by virtue of the circumstances of why you are involved with families. Your presence in the homes of families can increase stress. Now that we have explored the stages of conflict escalation, let’s turn our focus to de-escalation strategies.

Earlier, we discussed techniques and strategies that lend to preventing escalation, which can also be effective de-escalation techniques (e.g., core conditions, T.A.C.O.S., body language, word choice). Verbal de-escalation is an intervention for use with people who are at risk of aggression. It is basically using calm language, along with other communication techniques, to diffuse, redirect, or de-escalate a conflict situation.

Action: De-escalation

De-escalation is about trying to give the individual a sense that he or she is in control. Why? Because he or she is in a crisis, which causes the person to feel out of control. A person in crisis is typically not logical. The person’s normal coping measures are not working at this time.
It is important to know:

“The first and only de-escalation objective is to reduce the level of anxiety to encourage the possibility for discussion.”

What comes to mind for you as you read this statement about the objective of de-escalation?

**ACTION: RESPONDING TO OTHERS—ESCALATION & DE-ESCALATION**

Now that we are familiar with the stages of escalation, let’s talk about ways to respond to a person going through (some) of the stages of escalation. We will begin with Stage 2: Trigger.

**STAGE 2: TRIGGER**

Our response to defensive behavior is often the key to avoiding a physical confrontation with someone who has lost control of his or her behavior.

It is important to know the *logic of de-escalation*:

---

**The Logic of De-Escalation**

- If you take a LESS authoritative, LESS controlling, LESS confrontational approach, you will actually have MORE control.
- De-escalation is about trying to give the person a sense that he or she is in control.
- A person in crisis is not typically logical. A person’s normal coping measures are not working at this time.

New Jersey Child Welfare Training Partnership
How will following this logic help avoid triggering a family member?

Obviously, we can’t always know what is going to trigger a person to escalate. Being aware of how our presence and style of engaging with others is impacting the individuals with whom we are interacting can help us respond effectively (take action) if we do something or say something that triggers the individual.

**STAGE 3: AGITATION**

Agitation is met with exploration and support. If a family member demonstrates a level of agitation, the caseworker should do the following:

- Continue active listening
- Pay closer attention to environmental cues
- Use positive communication skills
- Try to remain in dialogue
- Remain present in the situation
- Continue to build rapport
- Add structure to the communication
- Make limits clear and calm
- Pay close attention to their own feelings and emotions
- Use “I” statements and avoid using the word “why”
- Conduct a silent assessment, paying attention to escape routes, protective barriers, and shields
When faced with increased anxiety and agitation, caseworkers should remember the engagement skills for working with resistance:

- **Recognize the Cues** – Identify the forms of increased anxiety, be aware of nonverbal messages, and trust your instincts.

- **Manage Your Emotions and Reactions** – Do not take an individual’s feelings personally, empathize with their situation, and remember increased levels of anxiety are predictable and natural.

- **Reflect the Form of Resistance and Allow for Silence** – Use “I” statements, and provide others the opportunity to talk uninterrupted (“I notice my being here has caused you to raise your voice. Tell me more about that.”).

- **Use Active Listening and Attending Behaviors**

- **Demonstrate Case Practice Model Core Conditions** of genuineness, empathy, competence, and respect.

  ⇒ How can you “remain present in the situation” and “add structure to communication?”

---

**STAGE 4: ACCELERATION**

Acceleration is met with assessment and redirection. If a family member demonstrates pre-aggressive behaviors, caseworkers should:

- Lower the tone of their voice
- Choose their words carefully
- Take a few deep breaths
- Avoid any challenges/power struggles (e.g., “You do realize I have the power to remove your children.”)
- Explore what a behavior means to a family member

When faced with accelerating behaviors, caseworkers should reflect and reframe the other person’s behaviors (e.g., “I notice a change in your body language. Let’s talk about what you are feeling.”). Additionally, caseworkers should avoid engaging in power struggles and continue exploring and focusing on the other person’s verbal and nonverbal behaviors.

  ⇒ How do you know when you have engaged in a power struggle with another person?
STAGE 5: PEAK

Peak is met with control and protection. If a family member peaks, the caseworker should:

- Remain calm
- Provide structure that is logical, reasonable, and necessary
- Consider their own personal safety options:
  - Contacting the police
  - Removing himself or herself from the environment
  - Suggesting reasonable limits

When engaging with an individual in this stage of conflict escalation, caseworkers should remember individuals act out of fear, frustration, anger, and/or organic causes (e.g., mental illness). It is important to reassure and talk to the person who may be acting out of fear. Keep the following in mind:

- Provide physical and psychological space if they remain in a potentially dangerous situation.
- Try to identify the cause of the other person’s frustration, and help the person meet any needs that have not been adequately met.
- Help families find an appropriate way to cope with their feelings. Be cautious to not challenge or confront the person. Oftentimes, being silent and actively listening will help improve the situation.
- Notify your supervisor AFTER THE INCIDENT of a family member acting out to determine if further action is necessary.

STAGE 6: DE-ESCALATION

De-escalation is met with facilitation and recovery. During de-escalation, caseworkers should:

- Separate the person from the act.
- Understand aggressive actions are not the sum total of who they are as a person.
- Remove the “personal” from the incident; family members’ direct actions at what you represent, not who you are.
- Remember, you or another caseworker might work with this family in the future.
As part of tension reduction, caseworkers should try to restore trust with the family. It is important that emotional barriers never permanently stop the engagement process. Caseworkers should address their family’s feelings of vulnerability to decrease the likelihood of future dangers.

While this is the sixth stage on this list, it is a good place for caseworkers to start when engaging with families who are particularly resistant or challenging to the worker (prevention).

**ACTION: VERBAL DE-ESCALATION TIPS**

Having specific strategies to respond to the needs of individuals in the various stages of escalation is very useful. There are other helpful strategies that you can employ to help de-escalate a tense situation.

The verbal de-escalation tips below may help you respond to difficult behavior in the safest, most effective way possible:

- **Be empathic and nonjudgmental.**
  - When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings.
  - Whether or not you think those feelings are justified, they’re real to the other person. Pay attention to them.
  - Keep in mind that whatever the person is going through may be the most important thing in their life at the moment.
• **Respect personal space.**
  o If possible, stand 1.5 to 3 feet away from a person who is escalating. Allowing personal space tends to decrease a person’s anxiety and can help you prevent acting-out behavior.
  o If you must enter someone’s personal space to provide care, explain your actions so the person feels less confused or frightened.

• **Use nonthreatening nonverbals.**
  o The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication.
  o Be mindful of your gestures, facial expressions, movements, and tone of voice.
  o Avoid crossed arms, hands in the pockets, or arms behind the back since they can be interpreted as negative (defensive) body language.
  o Keeping your tone and body language neutral will go a long way toward defusing the situation.

• **Focus on feelings.**
  o Facts are important, but how a person feels is the heart of the matter.
  o Some people have trouble identifying how they feel about what’s happening to them.
  o Watch and listen carefully for the person’s real message.
  o Supportive words like “that must be scary” will let the person know that you understand what’s happening.

• **Ignore challenging questions.**
  o Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand.
  o Ignore the challenge but not the person. Bring the focus back to how you can work together to solve the problem.

• **Set limits.**
  o If a person’s behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits.
  o Offer concise and respectful choices and consequences.
  o A person who is upset may not be able to focus on everything you say.
  o Be clear, speak simply, and offer the positive choice first.
• **Choose wisely what you insist upon.**
  
  o It is important to be thoughtful in deciding which rules are negotiable and which are not.
  
  For example: If a person doesn’t want to shower in the morning, can you *allow them to choose* the time of day that feels best for them?
  
  o If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

• **Allow silence for reflection.**
  
  o We’ve all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it’s the best choice. Silence can give a person a chance to reflect on what’s happening and how he or she needs to proceed.
  
  o Believe it or not, silence can be a powerful communication tool.

• **Avoid over-reacting.**
  
  o Remain calm, rational, and professional.
  
  o While you can’t control the person’s behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses.
  
  o Positive thoughts like “I can handle this” and “I know what to do” will help you maintain your own rationality and calm the person down.

• **Allow time for decisions.**
  
  o When a person is upset, they may not be able to think clearly.
  
  o Give them a few moments to think through what you’ve said.
  
  o Try counting to ten after asking a question and before interjecting a comment or another question. Sometimes people need time to think about their response.
  
  o A person’s stress level rises when they feel rushed. Allowing them time brings calm.

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⇒ Are there other strategies you would add to the list?
Audio Recording: De-Escalation (Run Time = 13:54)

We are going to listen to an audio recording of a threatening situation. You may have heard it before. It is the recording of a 911 call made by Antoinette Tuff, a staff member at a school in Georgia, during a situation involving an armed intruder in school.

As you listen, make note of the de-escalation strategies that Ms. Huff uses during the call, taking note of what she said and how she said it, or what she did and how she did it. Does she use any of the core conditions of genuineness, respect, competence, and empathy?

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Small Group Debrief:

In your small groups, reflect upon and discuss the following questions about the recording you just heard.

What did you notice about Ms. Tuff’s tone of voice while she was engaging with the armed man?

____________________________________________________________________________________

____________________________________________________________________________________

What did you notice about the language she used with the 911 Operator?

____________________________________________________________________________________

____________________________________________________________________________________


____________________________________________________________________________________

____________________________________________________________________________________

If you could ask her, what do you think Ms. Tuff would say about how her intuition influenced how she responded that day?

____________________________________________________________________________________

____________________________________________________________________________________
What did the 911 Operator do to help Ms. Tuff in this situation?
**Activity #9: Day One Wrap Up**

**Objectives:** Review the material covered through the training day, provide a summary of main learning points, and allow time for last questions and thoughts from participants.

What are the main learning points from the material we covered today?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Notes/Reflections:

______________________________________________________________________________

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______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

______________________________________________________________________________
DAY TWO

SAFETY AWARENESS FOR THE CHILD WELFARE PROFESSIONAL
DAY TWO
<table>
<thead>
<tr>
<th></th>
<th>Agenda Day Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Opening Session</td>
</tr>
<tr>
<td>2</td>
<td>Practice De-Escalation</td>
</tr>
<tr>
<td>3</td>
<td>Factors That Impact Our Response to Danger</td>
</tr>
<tr>
<td>4</td>
<td>Considerations for Working with Specific Populations</td>
</tr>
<tr>
<td>5</td>
<td>Active Threat Response</td>
</tr>
<tr>
<td>6</td>
<td>Situational Conflict and Case Review</td>
</tr>
<tr>
<td>7</td>
<td>Worker Safety and Self-Care</td>
</tr>
<tr>
<td>8</td>
<td>Wrap Up</td>
</tr>
</tbody>
</table>
ACTIVITY #1: OPENING SESSION

Objectives: Welcome back! Review the key learning points from Day One, and discuss the agenda and expectations for Day Two.

What are the seven stages of escalation?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________

What is the objective of de-escalation?

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Questions I still have about worker safety:

________________________________________
________________________________________
________________________________________
________________________________________
ACTIVITY #2: PRACTICE DE-ESCALATION

Objective: Demonstrate de-escalation strategies and techniques that participants learned on Day One of the training using case scenarios.

INTRODUCTION

We are going to begin the day by practicing the de-escalation strategies that we learned yesterday. Refer back to the verbal de-escalation tips on pages 72-74 in this Participant Guide. As we engage in this activity, you may want to refer to this list or the information about strategies for responding to the different stages of escalation.

Group Activity:

• Each group will have two scenarios to role play (see pages 83-84). Participants are to take turns playing the role of caseworker, family member, and observer.
  
  o The person in the family member role is to act out the family member statement provided in the scenario.
    
    ▪ The family member should engage with the caseworker according to how the caseworker is doing in terms of attempts to de-escalate. For example: If the caseworker uses a strategy that “works,” you should respond accordingly (move into the recovery stage); if he/she does something that upsets you, you should respond accordingly (continue to escalate.)
  
  o The person in the caseworker role is to use strategies we just learned to try to de-escalate the family member.
  
  o The observer should take note of what the caseworker does well and what he or she could have done better:
    
    ▪ What did the caseworker do/say to begin to try to de-escalate the situation? Was it effective? How did you know? If it was not effective, how did you (observer) know? What did the caseworker do next?
    
    ▪ Was the caseworker able to de-escalate the situation? How? What happened?

• Groups will then move on to role play the second scenario.
SCENARIO #1:

You are meeting with a young woman named Elise for the first time. Elise is 21 years old, and she is involved with your agency because she left her two children, ages 5 months and 6 years, home alone for two days. The report alleges that Elise was out selling heroin with her boyfriend. Records indicate that Elise has a history of involvement with law enforcement (possession of drugs) and a history of bipolar disorder.

During your visit, Elise is unable to sit still and continues to keep looking out the window. When you ask her if she is okay, she gets angry.

Caseworker: (in a tentative voice) I notice you keep looking out the window and can’t seem to sit still. Are you okay?

Family Member: (pacing, yelling) Am I okay? Do I look like I’m okay? I got you people screwing with my life. You took my kids, and I have no idea where they are. Who do you think you are, anyway? I suppose this is your doing (throws a piece of mail at the worker and continues pacing the room).

Observer:

What did the caseworker do/say to begin to try to de-escalate the situation? Was it effective? How did you know?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If it was not effective, how did you (observer) know? What did the caseworker do next?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Was the caseworker able to de-escalate the situation? How? What happened?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SCENARIO #2:

You arrive for an initial visit with the family at their home. The agency received a report of physical abuse by the father toward his 16-year-old daughter. The report alleges that dad and daughter were arguing, and dad pushed his daughter up against the wall causing an injury (bump and soreness). You had the opportunity to call ahead and schedule a time to meet with the family. When you called, you spoke with mom about the reported concern.

When you arrive, it is early evening, but it is dark outside. As you approach the house, the door opens and a man steps out onto the front steps. You introduce yourself and ask if you are at the right house.

Caseworker: (in a curious voice) Hello; I am (name). Is this the Johnson residence?

Family Member: (slams the door behind him and begins to yell at the caseworker very aggressively, moving toward him/her) I don’t know who you people think you are, calling my house and talking to my wife about family business, and then you have the nerve to show up on my doorstep. Let me tell YOU something—you ain’t coming into my house. You ain’t gonna tell me how to be a parent and what I can and cannot do to my kids. This is my house!

Observer:

What did the caseworker do/say to begin to try to de-escalate the situation? Was it effective? How did you know?

If it was not effective, how did you (observer) know? What did the caseworker do next?

Was the caseworker able to de-escalate the situation? How? What happened?
 ACTIVITY #3: FACTORS THAT IMPACT OUR RESPONSE TO DANGER

Objective: Identify factors that impact how we respond to danger and threatening situations.

HUMAN RESPONSE TO DANGER

We’ve talked at length about de-escalation techniques over the course of this training. You might be interested to know that de-escalation responses don’t come naturally to us. Our tendency is toward fight, flight, or freeze when we are in situations that compromise our safety.

The typical responses most humans have when faced with a stressful or dangerous situation are fight, flight, and freeze (FFF). The fight or flight response is about survival. This response gets activated in us when we believe we can outrun or outfight the threat in front of us.

Take a look at these two lists:

<table>
<thead>
<tr>
<th>List #1</th>
<th>List #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crying</td>
<td>Restless legs/feet; numbness in legs</td>
</tr>
<tr>
<td>Hands in fists; desire to punch, rip</td>
<td>Anxiety/shallow breathing</td>
</tr>
<tr>
<td>Flexed/tight jaw, grinding teeth, snarl</td>
<td>Big/darting eyes</td>
</tr>
<tr>
<td>Fight in eyes, glaring, fight in voice</td>
<td>Leg/foot movement</td>
</tr>
<tr>
<td>Desire to stomp, kick, smash with legs or feet</td>
<td>Reported or observed fidgetiness, restlessness, feeling trapped, tense</td>
</tr>
<tr>
<td>Feelings of anger/rage</td>
<td></td>
</tr>
<tr>
<td>Homicidal/suicidal feelings</td>
<td></td>
</tr>
<tr>
<td>Knotted stomach/nausea, burning stomach</td>
<td></td>
</tr>
</tbody>
</table>

List #1 represents the __________________________ phase of the human response to danger.

List #2 represents the __________________________ phase of the human response to danger.
What about the freeze response?

For some people, the freeze response can occur when they are terrified and feel like there is no chance of survival or escape. Sometimes people pass out, and sometimes they have no memory of the incident afterwards.

**THE ROLE OF CULTURE IN RESPONSE TO DANGER**

While we are born with survival instincts like fight-flight-freeze, there are many factors and influences that affect a person’s response to danger. Culture is one of those influences.

What differences (cultural, individual) influence how people respond to danger?
Culture can play a significant role in how an individual responds to danger. Culture may influence how a person processes a dangerous event or asks for help. Beliefs, values, norms, and practices that are learned and shared among cultural groups, families, and organizations can influence how an individual responds to danger. Even thinking, decision making, and actions within a particular group play a role.

Reflect on the following:

❖ How does your culture impact how you respond to dangerous situations?

❖ How does the culture of your agency/office impact how you respond to danger?

❖ How does the community in which you live influence your response to danger?
Other factors that may influence an individual’s response to danger include biological and psychological factors. Individuals who are struggling with issues related to mental illness and substance abuse may respond differently to danger. They may respond inappropriately (move toward the threat), or they may not respond at all (disengage) when faced with a dangerous situation. The nature of an individual’s mental illness or substance use can increase their vulnerability when faced with threatening situations. People living in situations where domestic violence is a threat may also have adaptive ways of responding to danger.

What types of adaptive responses have you experienced when working with families?

It is important to be aware of the unique influences that impact a person’s response to danger. As caseworkers, we need to remain aware of our own frame-of-mind while we are working with families. There are many things that we confront and encounter on a regular basis in our work and in our personal lives that can impact how prepared we are to manage a dangerous situation.
Objective: Identify issues related to, and steps workers should take when working with, specific populations (e.g., domestic violence, substance abuse, mental illness).

INTRODUCTION

Yesterday, we talked about conflict escalation and de-escalation strategies in our work with families. We also talked about preparation as a strategy to ensure safety as we engage with families. In our work with families, we will find a combination of contributing factors occurring together. Domestic violence, substance abuse, and mental illness are three contributing factors that most often coexist in the families with whom we work.

Upwards of 70-80% of your caseload will likely involve the presence of at least one of these contributing factors within a family. Untreated mental illness and active substance abuse and/or domestic violence can significantly increase the likelihood of an unstable home environment. It is not unusual to have individuals impacted by mental illness who are also impacted by substance abuse.

When two factors present together (e.g., mental illness and substance abuse), we call this co-occurring disorders. For example, it is not uncommon for persons with mental illness to “self-medicate” by using street drugs and alcohol. Additionally, domestic violence has been linked to anxiety and depression. Domestic violence incidents may often be exacerbated or intensified by an abusive partner’s use of alcohol or drugs.

These factors can sometimes exacerbate the normal tension between a family and a caseworker.
SMALL GROUP DISCUSSION QUESTIONS

When considering your personal safety:

What would you do prior to initiating the home visit with this family?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What are some concrete ways you can prepare for working with this family?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What would you take note of as you approach the home?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What would you do when entering the home?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What would you do when leaving the home?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Intake Summary #1: Stefan Family (Contributing Factor = Mental Illness)

A teacher from the local high school called to report concerns about Stacy, a 15-year-old student who has not attended school for over two months. She is new to the school district this year. The reporter tried to engage with the parents at the beginning of the school year, but they were very guarded/private and didn’t seem interested in interacting with school personnel. The school has sent repeated letters and made several calls to the home, all of which have been unanswered.

Stacy lives in Smallville with her mother, Marilyn Stefan, who suffers from “paranoia.” The reporter states that Marilyn has a great deal of difficulty enforcing rules for her daughter, especially since her husband left the home approximately three months ago. The reporter said that Mr. Stefan (first name unknown) has a lot of “mental problems,” and she thinks he has been hospitalized due to mental health concerns. She thinks this is why Stacy stopped coming to school. The reporter does not know if Mr. Stefan has returned to the home.

The family has a history of involvement with child protective services in a neighboring county.

Intake Summary #2: Jones Family (Contributing Factor = Substance Abuse)

The school social worker called about three children—Jonathan (age 9) and twin infants, Jenna and Kayla (6 months). He believes the children’s mother, Ellen, and father, Steve (Jonathan’s stepfather), are using heroin.

The social worker states that he stopped by the house the other day to drop off some paperwork that mom needs to sign and saw what he believes to be drug paraphernalia on the kitchen counter. He noticed a strange odor in the air, and the house was dirty. He stated that mom, Ellen Jones, works nights at a local bar and sleeps a lot during the day, leaving Steve to care for Jenna and Kayla. He reports that the 9-year-old reported to him today that his stepfather often leaves him alone with the infants and that last night he turned off the power in the house and left.

There are two previous reports of neglect of Jonathan within the last 12 months, both unsubstantiated.
Intake Summary #3: Frankie (Contributing Factor = Domestic Violence)

Caller reports that she just witnessed her neighbors fighting with one another in their driveway. She heard them yelling at one another, so she looked out and saw the dad grabbing mom by her throat. When their 11-year-old son tried to intervene, the dad slapped him across the face and knocked him to the ground. Dad took off in a car.

The caller believes the child was bleeding from the head after he hit the ground. The caller has seen similar incidents in the past and is worried about the boy. The caller indicates the dad is constantly putting the boy down and that she has observed bruises on him when he comes over to play with her son.

The caller shared that the boy, Frankie, goes to school with her son at Johnson Elementary School. His parents’ names are Darlene and Frank. She does not know their last name.

Intake Summary #4: Harrison Family (Contributing Factor: Domestic Violence & Substance Abuse)

A police report is received regarding a domestic violence incident between Janice and Lee Harrison. Police were called to the Harrison residence due to a verbal altercation between Janice and Lee. Records indicate that Jackson Harrison (12 years old) called 911 for help because his mom and dad were fighting, and he was afraid that his mom was going to get hurt.

When police arrived at the home, Jackson was waiting right outside the front door. He said he was afraid to go inside because he is afraid his dad will “hurt him again.” The police officer noticed a cut on the boy’s forearm. When asked, the boy said his dad threw a beer bottle at him and it broke on his arm. He began to cry because he was worried about his mom. The police could hear loud arguing in the home and what sounded like large objects crashing on the floor. When police entered the home, Mr. Harrison threatened to kill his wife for calling the police. Police report that Lee appeared to be intoxicated, and they observed three empty bottles of vodka and several empty, and broken, beer bottles lying on the floor. Mr. Harrison was arrested for threatening his wife and harming his son. Mr. Harrison was taken to detox.

Police spoke with Mrs. Harrison who stated that she would like to press charges against her husband for making terroristic threats (threatening to kill her) and get a restraining order. A review of records indicates that Lee Harrison has three prior arrests related to violence toward his wife. One incident also involved injury to his son, Jackson. This incident had been reported to child protection.
Intake Summary #5: Eliza and Becca (Contributing Factors: Mental Illness & Substance Abuse)

Anonymous caller reported that her new neighbor, Christine, is having trouble caring for her two children, Eliza (6 years old) and Becca (3 years old). She believes that there is no heat or water in the home. She has seen the family huddled around an outdoor campfire every night this week. She reports that the 6-year-old was burned in the neck and ear area last week because the mother was heating the house with the oven. The oven door was open and the child’s clothing caught fire. The child was seen at Children’s Hospital and treated.

The reporter states that mom has “a pot problem.” She stated that Christine smokes “a lot of weed.” She stated that Christine told her she can’t work because she gets “too anxious about everything” to keep a job. She thinks Christine gets her pot from a boyfriend.

The reporter states that Christine is very private. She doesn’t like people coming around, which is why she moved out to the country—“to get away from nosey people.” There is never any food in the home, but the family eats a lot of fast food.

The reporter states that she saw some of Christine’s mail and noted that her last name is Wilson.

There have been two previous reports with mom as the alleged perpetrator. Both reports were substantiated neglect.

Notes:

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**Activity #5: Active Threat Response**

**Objectives:** Explain the human response to danger, and describe the active threat response (ART) as a means of finding safety during an immediately dangerous situation.

**Introduction**

Our best hope is that you will be able to help individuals de-escalate so that communication with them is possible. However, it is important to acknowledge that there are, at times, limitations that workers face in protecting themselves even with preparation and planning.

It is important that we know what to do to get to safety in situations that we are unable to de-escalate.

**Active Threat Response (ATR)**

![Active Threat Response Banner](image)

The Active Threat Response provides step-by-step actions workers can take if/when they find themselves in an immediately dangerous situation and their safety has been compromised. This framework is intended for situations in which a worker’s immediate safety is compromised.

Another strategy could be to enable the threatening person to leave the situation. If the individual does leave, it is important that the worker contact law enforcement immediately to report the threat.
Video: (Run Time = 4 minutes)

We are going to watch a short video that explains and demonstrates the Active Threat Response. This video is from the U.S. Department of Homeland Security and is geared toward an “active shooter situation,” but the principles and steps apply to any active threat situation.

ACTIVE THREAT RESPONSE

- **Run**
  - If there is an escape route, attempt to leave.
  - Leave whether others agree or not.
  - Leave your belongings behind.
  - If you’re on the phone, get off the phone.
  - Help others leave, if possible.
  - Prevent others from entering the area, if possible.
  - Call 911 once you are in a safe area.

- **Hide**
  - Lock and barricade the door.
  - Silence your phone.
  - Hide behind large objects.
  - Remain very quiet.
  - Your hiding place should:
    - Be out of the shooter’s view;
    - Provide protection if shots are fired or dangerous objects are thrown in your direction; and
    - Not trap or restrict your movements or options.

- **Deflect**
  - Put something in between you and the threat (hold up your bag/briefcase to deflect a punch or notebook; put a chair in the way of the attacker to slow him/her down or prevent them from advancing toward you).
  - Throw a heavy object at them or in their path to prevent them from advancing toward you.

- **Fight**
  - Attempt to incapacitate the threatening individual.
  - Act with physical aggression.
  - Improvise weapons.
  - Commit to your actions—YOU MUST WIN.
• **When Help Arrives**
  - Remain calm and follow instructions.
  - Keep your hands in view at all times—make no sudden movements.
  - Avoid pointing and yelling.
  - Know that help for the injured is on the way.

Note. Adapted from “The 7th sense: A practice approach to personal safety in the workplace,” by Sandy King. Used with permission.

**Discussion Questions:**

Does your agency have a policy regarding involving law enforcement in work with families?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is the role of law enforcement in your work with families?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

When and how do you engage law enforcement in your work with families?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

From your experience, what situations have necessitated involvement of law enforcement?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
What questions or concerns do you have about the **Active Threat Response**?
Activity #6: Situational Conflict and Case Review

Objective: Explore possible scenarios, as well as actual situations, in which things did go wrong during caseworker interactions with families and what can be learned from these experiences.

Introduction

Even though we have discussed numerous safety skills and techniques, identified potentially dangerous situations, and explored strategies for ensuring safety in work with families, no caseworker can be 100% assured of their safety in each and every interaction with children and families.

We are going to spend some time exploring workplace scenarios and review an actual case in which something did go wrong for a worker. We will talk about how caseworkers can learn from this experience to become better prepared for working safely.

Conflict Escalation in the Workplace Environment

We are all aware that conflict can escalate in any environment. Let’s spend some time exploring situations in which conflict escalated with family members in the workplace environment (e.g., office, meeting rooms).
Scenario 1:
Loud, angry voices are coming from a Family Team Meeting being held in a meeting room near your office. You do not know what family is in the meeting and are unsure of who is facilitating the meeting.

Scenario 2:
A family member comes to the office to speak with you without an appointment. He gets angry and storms out of the office, threatening to come back with a gun.

Scenario 3:
A loud argument is taking place in the hall between two unknown individuals.

Scenario 4:
It is a quiet day in the office; several people are out sick and others are out in the field making home visits. You are preparing to meet with a family member in your office who has a history of violent crimes, including assaulting a police officer.

Your Group Scenario #____

The best way to respond/intervene in this situation:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
CASE REVIEW

Unfortunately, and sadly, there are times when things go seriously wrong when workers are engaging with families in the field. Next, we are going to review an actual case in which things went seriously wrong for one caseworker in Ohio.

On October 16, 2001, a Family Case Manager from Franklin County (Columbus) in Ohio was stabbed to death in the home of a family with whom she was working. Nancy Fitzgivens was an accomplished worker with experience in both life and child welfare. She raised two sons, was married, and was pursuing her Master’s degree in Social Work. These are the details of the case:

General Information

- Franklin County is the 3rd largest metro area in Ohio.
- Nancy, age 43, was enrolled in the Master’s program for Social Work at Ohio State University.
- Nancy was stabbed to death in a home on October 16, 2001. To date, Greg Pack has not said why he killed Nancy or what happened in his house that day.
- A home visit was requested by the family. This was the first time in over three years the family had asked for a visit at their home.
- Nancy had been the Family Case Manager for the previous 18 months.
- The children were originally removed for neglect, mental health issues of the parents, and physical abuse allegations involving excessive discipline.

Father’s History:

- Bi-Polar II disorder with psychotic features
- Poor to non-medication compliance
- Six in-patient psychiatric admissions over ten years for violent behaviors (stays ranged from two weeks to six months)
- Last psychiatric evaluation stated “extremely poor recovery prognosis” and “should be considered a ticking time bomb”
- Evidence of paranoid behaviors

Additional History:

- Seven incidents of domestic violence with common law wife of 20 years
- Serious drug and alcohol problems (marijuana and cocaine)
- Failed to make mental health counseling appointments for months prior to the incident
Additional Case Details

- There was a pending permanent custody trial one week from the date of the murder.
- Greg allegedly sent his wife out to get him cigarettes before the murder, so she was not at home during the crime. She has the receipt for the purchase and went where she could be videotaped in the store. Police believe she knew this was going to happen but, to date, she has not been charged.
- Nancy left behind two adult children in their 20s and a husband.
- Greg was sentenced to 25 years to life for Nancy’s murder.
- Greg left the scene after putting on a clean shirt and drove himself to a mental health agency. Once there, he reported he wanted to get back on his medication. It appears he knew what he was doing and was setting up an insanity defense.

What stands out to you in this case?
What risk factors can you identify?
How would you prepare for meeting with this family?
Based on what you’ve learned over the past two days, what else is important to take into consideration?
This case involved substance abuse, mental illness, and domestic violence. While violence towards caseworkers is not common, this case proves it is possible to get hurt on the job. This case stresses the importance of never having a false sense of security with the families with whom you work.

This case also highlights the need to know your cases, to read all reports from service providers, and to check past history. Caseworkers should always observe for inconsistent patterns of behaviors (e.g., requesting a home visit for the first time in three years). Caseworkers should discuss red flag behaviors with their supervisor. Consistent review of case documentation is necessary, and consistent staffing is important.

In no way do we want to give the impression that the child welfare worker is to blame for the outcome of this situation. This story provides a stark example of the risk that caseworkers can face in field. It is important that we learn from situations like this so we can try to prevent it from happening again.

⇒ What can we learn from reviewing a case like this?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________


**Activity #7: Worker Safety and Self-Care**

**Objectives:** Review all of the information we have discussed over the course of the training, have workers identify what safety means to them, and identify strategies that promote self-care.

**Debrief of Case Review and Course Material**

Reviewing the case study about what happened to Nancy Fitzgivens, the worker from Ohio, was likely difficult on some level for many of you.

- What concerns do you have about your safety when working in the field with families?

- What concerns do you have about your safety in your work (office) environment?

We have covered a lot of important information pertaining to violence prevention and strategies to de-escalate violent situations. We realize that it is impossible for anyone to put all of this information into practice overnight. We have provided you with a copy of Personal Safety for the DCF Professional in Appendix G of this Participant Guide. This handout was created as a quick reference guide for caseworkers and contains all of the important information that we discussed during the past two days.
WHAT DOES SAFETY MEAN TO YOU?

This course has covered many aspects of worker safety. We have provided you with tools, strategies, and handouts in an effort to help build your skills and awareness around violence prevention and safety. We have considered the ways in which preparation can ensure safety in our work with families, reviewed the stages of escalation, and practiced de-escalation strategies. We also identified attributes and qualities that you think workers need in order to stay safe in their work with families.

We have explored many different strategies for staying safe, and we want you to use these strategies. However, it is also important that each of us is clear about what it means to be safe on a personal level. This will be different for each of us.

Partner Activity:

- Pair up with another person (preferably someone you DON’T know).
- Spend a few minutes sharing responses to these questions:

  ➔ What do I need to feel safe in my work with families?

  ➔ What strategies do I use to ensure this?
What elements do my partner (for this activity) and I have in common?

What elements are unique to me?

WALL OF STRATEGIES

Spend a few minutes paging through your Participant Guide to briefly review the material we have covered over the past two days. Identify one new piece of information and one new strategy you have learned that will help you manage your safety when engaging with families. Please record your responses below and then write each on the sheets of newsprint posted around the room.

One new piece of information I learned:

One new strategy I learned:
ACTIVITY #8: WRAP UP

Objectives: Review the training material and allow participants to ask any additional questions or make any additional comments related to the lessons learned from the two days of training.

Notes/Reflections:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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REFERENCES


APPENDICES
Threats Against Field Staff

Child protective services intervention may inadvertently cause stress to client families. Some particularly volatile clients may react to CP&P intervention with violence or threats of violence toward Division staff.

When a Worker perceives a threat from a person/environment, including, but not limited to: in person, by letter, e-mail, or by telephone contact, the Worker:

- Secures his or her own immediate safety by leaving the situation/home as necessary (Note: When not able to secure safety by removing himself/herself from the situation, etc., the CP&P employee is entitled to defend and protect himself/herself, if he or she reasonably believes that physical force is necessary to protect himself/herself against death or serious bodily harm. A CP&P employee’s right to self defense is not altered, diminished or increased because he or she is employed by the Division);

- Seeks the assistance of Local Law enforcement and/or Human Services Police assigned to the Department, if immediate action or protection of the Worker, child or other person in the home is needed (see CP&P-II-C-4-300);

- Advises his or her Supervisor, the Casework Supervisor or Local Office Manager as soon as possible (from the field if the situation is critical);

- Documents the threat on a NJ SPIRIT Contact Sheet, CP&P Form 26-52 and/or Critical Incident Report, CP&P Form 21-10, if appropriate;

- Refers to the threat/risk to worker safety when later completing case recording documents; and

- Drafts wording for a WORKER ALERT label for the case record, pending supervisory approval.

The Local Office Manager contacts the area director to report all threats to staff. The area director will report to the director in accordance with CP&P-IX-D-1-100.
The assigned Worker and Supervisor conference and document the situation to determine whether the presenting threat requires the need either for a teamed response or a joint CP&P - law enforcement response.

In addition, whenever the Supervisor learns of a serious or potentially dangerous threat to a Worker or other CP&P staff, he or she consults with LO administrative staff and the Human Services Police to determine whether a criminal complaint should be filed with the local police and/or other protective measures taken. All evidence supporting the perceived threat should be retained and brought to the attention of the DAG.

See CP&P-IX-L-1-100 procedures for Representation of State Employees Assaulted or Threatened in the Course of Their Official Duties, regarding assistance with legal representation for assaulted or threatened CP&P employees.

**Documenting Worker Safety Issues**

Particularly volatile/potentially dangerous clients, and client home/neighborhood situations which could present risk to the personal safety of CP&P field staff should be identified and documented in appropriate case record materials, including but not limited to:

- the Screening Summary, DCF Form 1-1, completed in NJS, if such information is learned during screening;
- the Investigation Summary, DCF Form 2-1, or CWS Assessment Summary, DCF Form 3-1, if such information is learned during initial response;
- the Discussion of Safety and Risk Factors section of the Family Summary/Case Plan, CP&P Form 26-81;
- the Case Summary for Closing/Transfer, CP&P Form 26-57;
- the Intra-Office Case Transfer Checklist;
- the outside of the CP&P case record; and
  - the Worker’s case contact activity note, CP&P Form 26-10
  - worker/supervisor conference notes

**Worker Alert Labels**

A white WORKER ALERT label may be applied to the front of the CP&P case record jacket to alert staff to dangerous or potentially dangerous situations. These labels should be dated and include a reference to the specific activity note, which contains details of the reason for the alert. Reasons for alert include, but are not limited to, the following:

- a history of assaultive or violent behavior in the family, and the cause(s) of that behavior, if known (e.g., drug or alcohol abuse, mental illness, domestic violence);
• guns/weapons in the home/carried by family members;
• attack dog on premises;
• residence in high crime, drug, gang or extremely rural, isolated, or otherwise dangerous area;

The decision whether to apply a WORKER ALERT label to a case record is made by the Worker and his Supervisor during case conferencing activities with input from the Casework Supervisor, if necessary. Such a decision shall be made after the initial field response, when a case is being prepared for transfer out of the Intake Unit or to another office or unit, following a significant incident or investigation finding, or at any time deemed appropriate.

Each WORKER ALERT label is dated and therefore must be reviewed periodically during case conferencing to determine whether the alert designation remains viable. The decision to remove/eradicate a WORKER ALERT label is made by mutual agreement between the Worker and Supervisor, or by the Casework Supervisor.

**Worker Safety Intervention Plan**

A worker safety intervention plan is formalized by the assigned Worker and Supervisor during case conferencing when a particular client— an adult or a child -- or family or environment has been identified as being potentially dangerous to staff or presenting a risk to the personal safety of staff and/or authority figures. A worker safety intervention plan can be a simple written outline or paragraph describing specific precautions to be taken upon intervention. Approval by the Casework Supervisor may be necessary, depending on the nature of the plan. Copies of the plan are kept by the Worker and Supervisor, and a copy is attached to the Resource Sheet filed in the case record. Worker safety concerns are also documented in NJ SPIRIT applications, to produce DCF Form 1-1, Screening Summary, completed when documenting CPS reports or CWS referrals. If a WORKER ALERT label is on the record, the worker must refer to the dated contact notes. REFER TO THAT PLAN BEFORE INITIATING CONTACT WITH THE CLIENT FAMILY. The plan is dated and reviewed periodically during case conferencing and whenever the WORKER ALERT label is reviewed.

A Worker safety intervention plan serves to promote the responding Worker's well-being/lessen risk of threat to personal safety when intervening/initiating contact with the client family. Details in the plan could include, but are not limited to:

• Where and when it is best to meet with the client (e.g., meet with the client at a neutral setting, not at the family home);

• Who, if anyone, should be present when CP&P field staff meet with the client (e.g., another CP&P staff member should be present during home visits; the Human Services Police should accompany the assigned Worker when new allegations are under investigation; the client's therapist may be willing to provide assistance/prevent a crisis);
• Whether or not the child should be present when CP&P meets with the parent(s);

• Specific actions to be taken under certain circumstances which have been in evidence in the past (e.g., immediately leave the client home -- with or without the children -- if the client appears to be under the influence of drugs or alcohol or actively psychotic).

It may be necessary to seek relief from the Family Court to ensure the Worker's safety. Such an option should be discussed with the DAG Litigation Specialist. The worker safety intervention plan could specify that relief from court will be pursued if a specific behavior persists or in the event of a new incident.

If an after-hours crisis is anticipated, the assigned Worker or Supervisor contacts SCR and leaves special instructions for case handling precautions. If a case presents ongoing serious concerns regarding risk to staff safety upon intervention, the Supervisor advises the County SPRU Coordinator, who forewarns the SPRU staff of risks associated with the case. In addition, the LO Manager consults with the SCR Administrator/designee to determine whether special arrangements are to be implemented to accommodate the case. Special arrangements may include requesting after hours assistance from the Human Service Police, in accordance with the Protocol for Requesting HSP Services, found in CP&P-II-C-4-300.
**New Jersey Department of Children and Families Policy Manual**

<table>
<thead>
<tr>
<th>Manual:</th>
<th>CP&amp;P</th>
<th>Child Protection and Permanency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume:</td>
<td>IX</td>
<td>Administrative</td>
</tr>
<tr>
<td>Chapter:</td>
<td>A</td>
<td>Worker Safety</td>
</tr>
<tr>
<td>Subchapter:</td>
<td>1</td>
<td>General</td>
</tr>
<tr>
<td>Issuance:</td>
<td>150</td>
<td>Teamed Field Response (Buddy System)</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>3-24-2015</td>
<td></td>
</tr>
</tbody>
</table>

**Purpose**

The purpose of this issuance is to establish policy and procedures governing teamed field response (aka the Buddy System) for the conduct of CP&P case work.

**Policy**

**A) Teamed Field Response.**

Situations may and frequently will arise in the conduct of CP&P work when safety concerns necessitate the assignment of a two person team to work that would normally be undertaken by a single worker. Such use of a “teamed field response” or “buddy”, even when required by this policy, must be approved by a supervisor. Teams may be comprised of two workers, or the buddy role may be filled by law enforcement officers, community service providers or others.

**B) Approval of Teamed Field Response**

Supervisors shall determine the need for a teemed field response based on consideration of worker safety. Absent compelling reason to do otherwise, deference should be given to the expressed safety concerns of the requesting worker.

Supervisors shall not, under any circumstances, unreasonably deny or discourage the use of teemed field response as a means of ensuring worker safety.
C) **Circumstances REQUIRING Teamed Field Response**

Supervisors are required to approve the use of teemed field response in the following circumstances:

1. A teemed response is required in any case where Division records indicate the client has a history involving: a) assaults or threats of violence; or b) a conviction involving the use of a weapon in the commission of a crime or disorderly persons offense. In these situations, the buddy should be the Human Services Police or other law enforcement officials.

2. A teemed response is required in all active cases that involve ongoing domestic violence situations, where the alleged batterer resides in or frequents the home. For additional safety precautions, see the [Domestic Violence Protocol](#).

3. A teemed response is required in all initial responses to allegations of abuse in unknown (no prior CP&P history) cases if requested by the assigned worker.

4. A teemed response is required in all responses to known high crime and initial responses to known drug-use locations. The designation of such known high crime and drug-use areas is to be established by mutual agreement between local office management and field staff on an office-by-office basis. The determination that an area is a high crime or drug-use area must be communicated by local office management to the Area Director as soon as such determination is made. Area Office SPRU Coordinators share this information with SPRU Supervisors and SPRU Workers.

5. A teemed response is required in all cases in which the Division is making an out-of-home placement into a resource family home. By assisting the Worker, the buddy helps the child by lessening trauma associated with separation from the family of origin. The buddy permits the assigned worker to focus solely on the child's needs. See [CP&P-II-C-5-500](#).

6. A teemed response is required in all cases where the Worker is transporting a child with known behavioral problems (e.g., a history of sexual acting out, making false accusations or running away). When transporting a group of children, a teemed response is necessary in order to assist with supervision of the children while driving to the destination. Requests for assistance by Human Services Police may be appropriate.

7. Previously assaulted field staff are entitled to a buddy until such time as the Worker and his or her Supervisor jointly decide that a buddy is no longer routinely needed. The input of a crisis counselor or a treating professional may be sought, if agreed to by the Worker, to resolve any
questions or dispute about the issue of the worker’s readiness to respond to routine Division field assignments alone.

D) Teamed Field Response in Other Circumstances

Where teamed field response is not required by this policy, supervisors may determine that it is necessary based on consideration of all circumstances surrounding a case or work environment. If a supervisor determines that a teamed field response is necessary, workers are not permitted to decline.

E) Composition of Teams and Deference to Law Enforcement Accompaniment

In all field response situations described above, the buddy may be: another CP&P staff member; a CP&P Supervisor, see CP&P-III-C-5-100; a Family Preservation Service (FPS) worker; a Youth Advocate Program (YAP) staff member; a homemaker; a school staff person; a mental health/crisis team worker; a county welfare agency representative; a self-help counselor, such as an authorized Youth Companionship Service Program worker; a Human Services Police Officer or other law enforcement officer; or other individuals providing services or assistance to the Division. The Supervisor, with input from the Worker, determines what other person(s) may serve as a buddy on a particular case situation.

In any of the above situations where policy or prudence call for a joint response by CP&P and law enforcement (e.g., Human Services Police, local police, county prosecutor office detectives), such law enforcement personnel shall be utilized in lieu of other types of buddies.

Procedures

A) Recording of Teamed Field Response

At the conclusion of any case work by a team, a NJ SPIRIT Contact Sheet, CP&P Form 26-52, will be completed that both identifies and includes input from the assigned buddy.
Purpose:

This issuance establishes policies and procedures on the carrying and use of chemical repellents by CP&P staff.

Authority:

N.J.S.A. 2C:39-6(i)).

Policy:

Chemical Repellents Permitted Under State Law

Employees are permitted by State law to carry containers of over-the-counter chemical repellents for purposes of self-defense. Such containers may release no more than three-quarters of an ounce of a substance not ordinarily capable of lethal use or of inflicting serious bodily injury.

CP&P Neither Prohibits Nor Encourages

CP&P neither prohibits nor encourages staff to carry or use chemical repellents.

Reimbursement

The Division does not pay for or reimburse employee repellent purchases as its use is discretionary.

Procedures:

Key Terms (Definitions):

“Chemical Repellent” means a pocket-sized device which contains and releases a chemical substance not ordinarily capable of lethal use or of inflicting
serious bodily injury, which is intended to produce temporary physical discomfort or disability through being vaporized or otherwise dispensed in the air.

Forms and Attachments:

Related Information:

None
Purpose

The purpose of this issuance is to establish policy and procedures related to the transfer of case responsibility within an office or unit when such transfer is motivated by concerns for worker safety or well-being.

Policy

A) **Transfer of Cases When Danger Is Unique to an Individual Worker**

CP&P recognizes that the sensitive and emotional nature of its work may provoke feelings of anger or hostility in clients, and that these feelings inescapably create risks to the personal safety of CP&P’s Workers. Hostility is most often directed towards the division itself, and the resultant safety concerns are applicable to any agent acting on its behalf, and the pervasive risk of these situations must be controlled for in accordance with CP&P-IX-A-1-100. Situations may, however, arise in which an individual Worker is personally the subject of a concerning or dangerous level of client animosity. In those situations, prompt and diligent efforts must be made to mitigate potential danger by transferring responsibility for that client’s case to a different Worker.

B) **Expedient Transfer Shall Not Be Inhibited By Policy or Caseload Requirements**

Where an LOM determines that an intra-office case transfer is necessary to ensure the safety of a Worker, such transfer shall not be inhibited or delayed. This obligation supersedes any contrary policy or caseload limitation requirements.
C) Obligations to the Newly Assigned Worker

Where a case has been transferred by an LOM for safety related reasons, the LOM, personally or through the newly assigned Worker’s supervisor or casework supervisor, must inform the newly assigned Worker of the reason for the transfer and provide any available information relevant to ensuring the newly assigned worker’s safety. The LOM must ensure that the WORKER ALERT label and worker safety intervention plan are in the record prior to transfer. See CP&P-IX-A-1-100. The newly assigned Worker has no special right or entitlement to refuse such assignment.

D) No Duplication of Efforts

When a case is reassigned, the previously assigned worker must provide all relevant information to the newly assigned worker in an expedient manner.

Transfer of case does not alleviate the need for further court appearances. Safety concerns should be addressed with the DAG prior to court hearings to request additional court supervision.

The LOM or designee will comprehensively assess the skills and ability in identifying the newly assigned caseworker.
### Overview 5-10-2010

N.J.S.A. 30:4C-1 declares it is the public policy of the State of New Jersey “that the preservation and strengthening of family life is a matter of public concern as being in the interests of the general welfare, but the health and safety of the child shall be the State’s paramount concern when making a decision on whether or not it is in the child’s best interest to preserve the family unit” (emphasis added).

It is CP&P policy that the decision to remove a child be made when there is imminent danger to the child, or risk of injury or death if the child remains in the home, under the care of the parent, legal guardian or legal custodian, and that danger/risk cannot be alleviated by any resources currently available to CP&P or the family.

When the safety and protection of children and the preservation and improvement of family life are in conflict with each other, public policy makes clear that protection of the child must take precedence until such time as it is determined that the family situation has improved sufficiently to assure the child’s safety within the home.

When developing a Safety Protection Plan with the parent(s) to prevent the child’s removal, in which the plan will limit a parent’s right to access his or her child, family, and/or home, such a plan can only be viewed as a short term alternative to court action. Consult the Casework Supervisor and the Deputy Attorney General under these circumstances. See CP&P-III-B-6-600, Use of the Safety Protection Plan Requiring Special Protocol.

When domestic violence co-occurs with child abuse and or neglect, see CP&P-VIII-B-1-100, Domestic Violence, and the DCF Domestic Violence Protocol, for additional considerations regarding removals and out-of-home placement.

The removal of a child marks the beginning of a placement episode. See CP&P-IV-A-9-100, Placement Episode.

## Table of Contents

<table>
<thead>
<tr>
<th>Manual:</th>
<th>CP&amp;P</th>
<th>Child Protection and Permanency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume:</td>
<td>II</td>
<td>Intake, Investigation and Response</td>
</tr>
<tr>
<td>Chapter:</td>
<td>C</td>
<td>Initial Response</td>
</tr>
<tr>
<td>Subchapter:</td>
<td>2</td>
<td>General</td>
</tr>
<tr>
<td>Issuance:</td>
<td>700</td>
<td>Removal of a Child</td>
</tr>
</tbody>
</table>

**Effective Date:** 4-16-2015
Authority 7-28-2008

- N.J.S.A. 9:6-8.16 et seq., Child Taken to Physician or Hospital for Treatment of Serious Physical Injury; Protective Custody
- N.J.S.A. 9:6-8.27, Temporary Removal With Consent
- N.J.S.A. 9:6-8.28, Preliminary Orders of Court Before Preliminary Hearing Held
- N.J.S.A. 9:6-8.29, Emergency Removal Without Court Order
- N.J.S.A. 30:4C-1, Public Policy
- N.J.S.A. 30:4C-11, Application for Care or Custody; Verification and Investigation; Acceptance of Care or Custody
- N.J.S.A. 30:4C-11.2, Reasonable Efforts Not Required; Criteria
- N.J.S.A. 30:4C-12, Complaint; Investigation; Hearing; Order Making Child Ward of Court; Duration of Order; Extension
- N.J.S.A. 30:4C-15; Guardianship; Petition

Situations When Removal Should Be Considered 9-26-2011

Consider removing a child in the following situations, upon conducting a child protective services investigation or at any other point in time during agency intervention:

- child has been injured in the past (especially if the injuries were serious, life-threatening, chronic, or of an unusual or suspicious nature).

- In the past, the child’s sibling, or another child, was killed or seriously injured by the parent, legal guardian, or legal custodian, or by another member of the immediate household.

- The parent, legal guardian, legal custodian, or other adult in the home has little control over his or her own behavior, which impacts on the condition of the child.

- The relationship between the parent, legal guardian, legal custodian, or another household member and the child is one of ambivalence and negativism resulting in hostility, indifference, rejection, alienation, or aggression toward the child, which is, or is likely to be, characterized by violence and/or extreme emotional abuse or neglect. (This situation may be one in which the child is an active participant in provoking and/or continuing the destructive relationship.)
• The family is experiencing serious disruptions which consume all parental energies and the parent, legal guardian, or legal custodian has no personal resources to devote to the child (particularly a young child or a child with a disability) until the crisis is resolved.

• Attempts by CP&P to utilize all available resources have failed to correct the family situation, and the child continues to be in imminent danger, or at risk of serious or substantial abuse or neglect.

• The child has suffered serious and/or unusual or unexplained injuries, and CP&P is unable to gather enough consistent information to determine whether the child is in danger or at potential risk. (Placement should occur while more diagnostic work is done, additional collateral contacts are made, and a detailed review and analysis of all available information is completed by CP&P and medical and/or mental health consultants.)

• There is sound reason to believe that physical or sexual abuse or neglect is occurring, and the parent, legal guardian, or legal custodian is unwilling or unable to take sufficient corrective action to protect the child and assure the child’s health and safety. Examples: A parent demonstrates an unwillingness or inability to protect a child from danger posed by an older sibling, the parent’s paramour, or another individual with access to the child; or a child is in need of medical or psychiatric treatment to save his or her life or physical or emotional health and well-being, and the parent, legal guardian, or legal custodian refuses to provide, permit, or arrange for the needed treatment.

• A child’s behavior is dangerous to him or herself or others, and the parent, legal guardian, or legal custodian is unwilling or unable to control that behavior.

• The parent, legal guardian, or legal custodian appears indifferent to the child’s immediate safety, injuries, health, mental health status, and/or other conditions that merit immediate attention and concern.

• Physical conditions in the home are hazardous or grossly inadequate and pose serious or immediate danger to the child’s health, well-being, and safety.

• The parent, legal guardian, or legal custodian refuses CP&P access to a child who is suspected of being injured or in danger.

• There is reason to believe that a family under investigation is about to flee or hide a child from CP&P.

• A child, age 7 years old or younger, or a child with an emotional, developmental, and/or a physical illness or a disability, is left home alone, and the Division is unable to locate or contact the child’s parent or caregiver.

• If more than one child, or a group of children, is found alone, the Division assesses the abilities and judgment of the oldest child to care for him or herself, maintain order in the home between the children, and supervise the other children (particularly in case of an emergency, such as a fire or power blackout) during the interim period when adult supervision is unavailable.
• A child has been abandoned or is inadequately supervised.

• The Division has reason to believe that a child, recently added to a family by birth or by some other means, may be at risk of maltreatment because the parent(s), legal guardian, legal custodian, or another adult household member has been known to the Division or another state’s CPS agency in the past, and the court has substantiated that children under his or her care and supervision have been abused or neglected, and the Division has reason to believe that the conditions or circumstances leading to the abuse or neglect in the past have not changed, or the Division is unable to determine whether or not those conditions or circumstances have changed. Note: This may include situations whereby an adoptive parent has died or is living apart from the child, and a parent, whose legal rights to the child were terminated (TPR) due to abuse/neglect, is now residing with the child.

In some physical or sexual abuse investigations or investigations that involve the co-occurrence of child abuse and or/neglect and domestic violence, when it has been determined that family members must be separated, at least temporarily, to ensure the safety of the child, serious consideration should be given as to whether the perpetrator - rather than the child - should leave the home. See CP&P-III-B-6-600, Use of Safety Protection Plan Requiring Special Protocol, CP&P-VIII-B-1-100, Domestic Violence.

Family Engagement 4-16-2015

If a child is found to be in danger (i.e., not safe) when CP&P conducts a child safety assessment (see CP&P-III-B-6-600), the assigned Worker considers whether a Safety Protection Plan can be developed with the parent, guardian, or legal custodian, to avoid unnecessary separation of a child from his or her family, while keeping the child safely at home. See CP&P Form 22-22, Safety Assessment (In-Home Cases). See CP&P-III-B-6-600, Child Safety Assessment (In-Home).

If it appears that placement may be warranted, and a meeting can be conducted without creating undue risk to workers or clients, CP&P shall conduct a Family Team Meeting with the family and supportive persons and involved professionals before the child is placed. The purpose of this meeting is to 1) discuss family dynamics and the presenting situation; and 2) develop a plan to best serve the needs and interests of the child and family. See Family Engagement, CP&P-III-B-5-500; for a description of the FTM process, see CP&P Form 22-47, Family Team Meeting Brochure.

The safety of workers and clients must be considered when planning for pre-removal meetings. Where safety threats are present, anticipated or perceived, precautions must be taken to alleviate those threats, and may include conducting the meeting at a CP&P office, conducting separate meetings with subsets of the larger family team (this may be particularly appropriate in Domestic Violence situations, see CP&P-VIII-B-1-100), or arranging for law enforcement presence outside the meeting (see HSP policy). In extreme circumstances, where safety threats cannot be adequately mitigated, meetings may be conducted via telephone or through attorney intermediaries.

If no services or resources can be identified which are sufficient to keep the family together while keeping the child safe, removal must be considered.
If the family cannot meet before the child is placed, CP&P convenes the meeting within 72 hours of placement.

**Least Restrictive Setting 7-28-2008**

When removal and placement cannot be avoided, the disruption that the child may experience is minimized, and emotional trauma may be reduced, by placing the child in the most familiar, least restrictive setting.

The first alternative considered is placement with a relative or a close friend (often referred to as a “family friend”), to offer the child some degree of familiarity and continuity.

A relative or family friend may be identified during family engagement. He or she must be willing and able to:

- Assure the child’s ongoing care and safety;
- Protect the child from further abuse or neglect by the parent or other caregiver;
- Support the Division’s case plan;
- Actively participate in the CP&P home study process and the Office of Licensing resource family licensing process, and, ultimately, meet New Jersey licensing standards for resource family care; and
- Make both a short term and a long term commitment to the child, if necessary, if the child’s reunification with his or her family of origin is not possible. See **CP&P-IV-A-11-100**, Making the Resource Placement Decision - Adoption and KLG (Kinship Legal Guardianship).

If more than one child must be placed, CP&P is committed to placing the siblings together, whenever possible.

In addition, when possible and safe, CP&P places the child in his or her home neighborhood. The Worker attempts to arrange for the child to continue to attend the same school, making special transportation arrangements, when necessary.

When placement with a relative or a family friend is not possible, the least restrictive placement of choice is placement in a licensed resource family home. In order for this to be an appropriate placement, the child must be able to:

- Participate in family life; and
- Live in the community without presenting a danger to him or herself or others.

If such placement is not appropriate for the child, alternative types of placement are considered, such as group or residential care, or, for an adolescent, independent living (see **CP&P-VI-A-2-101**).
Consult Supervisor in Removal Decision  5-10-2010

The Worker conferences the case with his or her Supervisor (or a covering Supervisor or the Casework Supervisor; the SPRU Supervisor is contacted by the SPRU Worker when needed after hours) prior to removing the child from the home. Discuss:

- Whether a Safety Protection Plan can be developed, to keep the child safely at home. See CP&P-III-B-6-600. The Worker or Supervisor consults the Casework Supervisor as well, if the plan will limit a parent’s rights to access his or her child, family, or home. See CP&P-III-B-6-600.


- Authority for removal and placement; whether to file court papers to authorize the placement or make an emergency removal without a court order.

- Family engagement; identify who should attend the meeting with the family (whether the meeting is to be held before placement -- preferred, when possible -- or within 72 hours of the child’s placement).

- Whether to seek police assistance, or Human Services Police assistance, when conducting the removal. See CP&P-II-C-4-100, and CP&P-II-C-5-150.


- Whether the element of surprise is necessary to protect the child when initiating the removal.

When domestic violence co-occurs with child abuse/neglect, see CP&P-VIII-B-1-100, regarding when to hold separate family team meetings, additional considerations on removal and out-of-home placement, and safety considerations for the Worker.

When the Worker is unable to leave the home and unable to communicate with a Supervisor, and there is imminent danger to the child’s life, safety, or health, the responding Worker must act under Title 9 (N.J.S.A. 9:6-8.29 and 9:6-8.30) and remove the child without a court order. The Worker contacts the Supervisor immediately upon leaving the home.

If the removal cannot be accomplished without endangering the Worker, contact the police immediately.

Pre-Placement Assessment (Health)  7-28-2008

For all children removed and placed out of home, a pre-placement assessment (health) is required. See CP&P-V-A-1-1300. This requirement applies to all emergency removals conducted by CP&P, the police, or probation officers, as authorized by N.J.S.A. 9:6-8.29.

Whenever a child has been removed without a court order, CP&P shall arrange for a pre-placement assessment of the child to occur within 24 hours of placement. CP&P has legal authority to consent to this procedure pursuant to N.J.S.A. 9:6-8.30.c. CP&P is also
authorized to consent to needed medical care, medication, or treatment. In accordance with the statute, medical reports are released to CP&P, to help CP&P determine whether the child was abused or neglected.

**NJS tip** - Document the pre-placement health assessment (PPA) in the Medical/Mental Health Window > Medical History Tab > Medical/Mental Health Type Field.

**Requirements when Removing a Native American Indian Child 7-28-2008**

If the child being removed and placed is unmarried, and either a member of a federally recognized Native American Indian tribe, or eligible for membership in a federally recognized Indian tribe, and the biological child of a member of an Indian tribe, the Federal Indian Child Welfare Act of 1978 (ICWA), and Federal regulations issued subsequent to the law's enactment, apply.

When a federally recognized Native American Indian tribe is identified, they must be notified, in writing via registered mail with return receipt requested, of any court proceedings. The tribe is a full party to the case and has the same rights as the legal parent or guardian.

For further information, see CP&P-II-C-2-200, Native American Indian Children, and CP&P-IV-B-2-100, Resource Home Selection.

**Identify Child’s Place of Birth and Obtain Long Form Birth Certificate 11-9-2009**

Whenever a child is removed and placed out of home by CP&P, the assigned Worker must ask the parent, legal guardian, or legal custodian where the child was born. Document the child’s place of birth - both the city and the state (or city and country for foreign-born children) - in the Person Management Window in NJ SPIRIT. For a child under age 2, also note the name of the hospital where he or she was born. Obtain this information at the court proceeding, if unable to document it beforehand.

Within thirty (30) days of an out-of-home placement of a child for the first time, request a certified copy of the child’s long form birth certificate from the DCF Bureau of Vital Statistics (BVS) Liaison located in the DCF Office of Facilities and Support Services. The birth certificate is required:

- By the Division of Family Development when filing for child support on behalf of CP&P for a child in out-of-home placement. See CP&P-IX-F-1-225, Support Procedures.

- For the Title IV-E review held 45 days after the child enters placement, to help determine if the child is Title IV-E eligible, enabling the Division to claim Federal financial reimbursement. See CP&P-IV-F-1-100, Title IV-E Foster Care, Kinship Guardianship, and Adoption Assistance.

See CP&P-III-C-6-100 When To Obtain Specific Certified Long Form Documents and Requesting Long Form NJ State BVS Certificates from DCF BVS Liaison, and CP&P Form 26-8, Request for NJ Birth/Death/Marriage/Civil-Union/Domestic Partnership Certificate, for policies and procedures regarding obtaining a certified copy of the child’s birth certificate. The CP&P Form 26-8 is located in the on-line Forms Manual (21-35). If the child was born out-of-state, see CP&P-III-C-6-100 Obtaining
Out-of-State Certified Documents. If the child was born in a foreign country, see CP&P-III-C-6-100 Obtaining Foreign Certificates.

Removal of a Child – Authority

Legal Authority for Removal and Placement 7-28-2008

The law authorizes CP&P to remove a child from the custody of his or her parent(s), legal guardian, legal custodian, or other person responsible for his or her care, and place the child out of home to assure his or her safety:

• With a court order; or
• Without a court order, when a child is in imminent risk of harm.

CP&P may place a child by a parent’s written voluntary consent only when placing a child in congregate care or in an independent living setting.

With a Court Order 7-28-2008

Both Title 9 and Title 30 authorize CP&P to file a complaint with the Superior Court, Chancery Division, Family Part for an order allowing CP&P to remove a child from his or her home. The order to remove a child may be either written or verbal. CP&P files an Order to Show Cause and Verified Complaint. Appropriate court orders include:

• An order of temporary custody under N.J.S.A. 9:6-8.21 et seq. or N.J.S.A. 30:4C-12;
• A guardianship order under N.J.S.A. 30:4C-15;
• An emergency order under N.J.S.A. 9:6-8.28; or
• A Juvenile in Family Crisis Order for out-of-home placement, or another court order for out-of-home placement pursuant to N.J.S.A. 2A:4A.

After initiating reasonable efforts to prevent placement of the child, see CP&P-III-B-2-200, and upon determining that placement is necessary, the Worker or Supervisor consults the Litigation Specialist. The plan must be approved by the Deputy Attorney General (DAG), who then determines under which law the petition should be filed.

NJS tip - Document consultation with the DAG on a Contact Activity Note > Category Litigation > Type of Activity > DAG Conference.

Disagreement With the DAG 7-28-2008

If the Deputy Attorney General does not find sufficient cause for court action, but the Worker, upon consulting with the Supervisor and Casework Supervisor or Local Office Manager, determines the safety of the child requires his or her removal, see CP&P-IX-L-1-400, CP&P/Division of Law Dispute Resolution.
Emergency Removal Without a Court Order Under Title 9   7-28-2008

Only the police, designated probation officers, physicians, or CP&P can 1) remove a child from his home or place of residence, and/or 2) keep the child in custody without a court order. N.J.S.A. 9:6-8.29.

Removal may occur only when there is imminent danger to the life, health, or safety of the child, and there is insufficient time to apply for a court order. The statute requires the removing authority to immediately inform CP&P of the child’s removal.

In accordance with N.J.S.A. 9:6-8.30, CP&P, when informed of an emergency removal or when making the emergency removal, takes steps, as necessary, to advise the child’s parent, legal guardian, or legal custodian:

- That an emergency removal has been made;
- The facility to which the child has been taken (the statute defines “facility” as a hospital, shelter or child care institution in which a child may be placed for temporary care, but does not include a resource family home);
- To appear in Superior Court, Chancery Division, Family Part, for a hearing, to be held within two court days of the child’s removal. The Division shall make a reasonable effort, at least 24 hours prior to the court hearing, to:
  - Notify the parent, legal guardian, or legal custodian of the time to appear in court; and
  - Inform the parent, legal guardian, or legal custodian of his or her right to obtain legal counsel, and how to obtain legal counsel in that county/jurisdiction through the Office of the Public Defender, if the parent, legal guardian, or legal custodian cannot afford an attorney.


Physicians or hospital Directors may take a child into protective custody for a period of up to three (3) court days pursuant to N.J.S.A. 9:6-8.16 to 8.20. See CP&P-II-B-1-800, “Protective Custody or ‘Hospital Hold.’”

NJS tip - Document the “Dodd” removal in the Legal Action Window > Legal Action Initiated Field.
With Parental Consent (Strictly Limited to Placing in Congregate Care or Independent Living Only) 4-6-2009

CP&P may seek and/or accept a parent's consent on a signed placement agreement to place a child in congregate care (a youth shelter, group home, or residential school setting) or an independent living program or arrangement, provided that the child has not been subject to child abuse or neglect. If the child was abused or neglected, which resulted in the need to remove and place the child, parental consent cannot be recognized as authority to place.

A child’s request or consent is not authorization for his or her removal and placement.

CP&P voluntary placement agreement forms, to document a parent's voluntary consent, include:

- CP&P Form 25-59, Residential Placement Agreement and/or Acknowledgement Between the State of New Jersey Division of Child Protection and Permanency and Parent(s), Legal Guardian or Legal Custodian. See CP&P-IV-E-1-400, Authorization for Residential Placement; and

- CP&P Form 10-8, Consent to Independent Living by Parent(s), Legal Guardian, or Legal Custodian. See “Obtaining Voluntary Consent” and “Required Consents For Voluntary Placement” in CP&P-VI-A-2-101, Independent Living.

Forms are available in both English and Spanish.

NJS tip - Document the parent’s voluntary consent for placement in the Legal Action Window > Legal Action Initiated Field.

Other Authorizations for Placement 7-28-2008

CP&P has authorization to remove and/or place a child in resource family care, or to continue the child’s placement, in the following additional situations, under the authority indicated:

- An emergency removal for the protection of the child under N.J.S.A. 9:6-8.29 (including placement of runaways in need of temporary care);

- A parent’s signed Surrender of Custody and Consent to Adoption, CP&P Form 14-86, or 14-86(S);

- A Safe Haven infant is being placed from the hospital (see CP&P-IV-C-5-100); or

- A child is moving out of state with resource family parents, and an Order of Compliance is needed by the new state of residence in accordance with the Interstate Compact on the Placement of Children. (See CP&P-VIII-D-1-300.) In addition, CP&P Form 10-12, Consent to Out-of-State Placement by Parent(s) or Legal Guardian, must be signed.

When seeking to remove a child from a resource family home, see policy at CP&P-IV-B-7-100. NJS tip - Document authority for placement in the Legal Action Window > Legal Action Initiated Field.
Removal of a Child - Procedures for Emergency Removal (Without a Court Order)

Notifying Parent(s) of Emergency Removal 7-28-2008

The Worker provides the parent, legal guardian, or legal custodian with CP&P Form 21-6, Notice of Emergency Removal Pursuant to N.J.S.A. 9:6-8.29 and 9:6-8.30 Without Court Order, to inform him or her, in writing, of:

- The action being taken – the emergency removal of the child pursuant to State law;
- The identity of the removing authority - CP&P, the police, or county probation;
- When and where the court hearing will be held;
- Where/how to seek legal counsel in that particular county/jurisdiction; and
- The authority under which CP&P is taking the action.

If the emergency removal is made by CP&P, the removing CP&P Worker prepares the form at the time of the removal. If the child was removed by a police officer or county probation employee, the removing authority is required, by law, to contact CP&P through the State Central Registry. The assigned CP&P Worker prepares the form and attempts to serve the parent as soon as possible after the removal occurred.

Complete CP&P Form 21-6 in accordance with local county court practice. Include protocols for contacting the Public Defender in that specific county. Consult the Deputy Attorney General assigned to the Local Office for the time that CP&P-initiated hearings are held in that county.

SPRU Workers complete the CP&P Form 21-6 in accordance with the county of SPRU service protocol.


Parent Not Home at Time of Removal 7-28-2008

When the parent, legal guardian, or legal custodian is unavailable to accept the CP&P Form 21-6 (e.g., child left alone - parent cannot be located), the Worker leaves the completed notification form in or around the home for the parent, legal guardian, or legal custodian to find upon his or her return.

The assigned Worker completes the Certification of Service section of the form, to document: 1) that the parent, legal guardian, or legal custodian was not home to receive notice; and 2) the location where the letter was left.

Child Not Home, Removed from Another Location 7-28-2008

If a child is not home, an emergency removal of the child may be made only if:
• The parent(s), legal guardian, or legal custodian cannot be contacted to complete a Safety Protection Plan;

• There is imminent danger to the child's life, safety or health if he or she remains where he or she is, goes home, or continues in the care and custody of the parent, legal guardian or legal custodian; or

• There is insufficient time to file a complaint and obtain a court order under N.J.S.A. 9:6-8.28.

Removing a Child from School 7-28-2008

Removing a child when he or she is in school is permissible in the following circumstances:

• In physical abuse situations, when the parent, legal guardian, or legal custodian is a threat to the safety of the child, and confrontation between the parent, legal guardian, or legal custodian and child or with the Worker is likely to bring about physical injury to the child, or, in domestic violence situations, physical injury to the non-abusive parent, and the police are either unable or unwilling to escort the CP&P Worker into the home;

• In emotional and/or child sexual abuse situations, when confrontation between the parent, legal guardian, or legal custodian and the child is likely to cause severe, unusual, and potentially irreversible emotional harm or psychological damage to the child; or

• When the strategy of removing the child from the home is likely to make the child vulnerable to an attempt by the parent, legal guardian, or legal custodian to take physical custody and flee with the child, or hold the child hostage, and the local law enforcement agency is unable, unavailable, or unwilling to escort the Worker and child into that home.

School Authorization 7-28-2008

When it is necessary to remove a child from school, the Worker provides the Principal or his or her designee with a completed copy of CP&P Form 21-30, Removal of Student from School. The Worker also provides a copy of the court order granting CP&P custody of the child, if applicable. The complaint/court order is a confidential document and is not to be provided to any other school authorities. Advise the Principal/designee that CP&P Form 21-30 and court papers must be kept confidential.

Emergency Removal After Hours (SPRU) 7-28-2008

The SPRU Worker follows II C 1300 policy when removing a child after hours. Obtain a pre-placement health screening; see CP&P-V-A-1-1300.

A complaint must be filed in the Superior Court, Chancery Division, Family Part, within two court days following the SPRU Worker’s emergency removal. The SPRU Worker should be prepared to consult the Litigation Specialist first thing the following work day, to prepare the necessary papers (complaint, affidavit, etc.) for court.
The assigned Worker at the Local Office and his or her Supervisor conference the SPRU response/report the next work day, to review the information upon which the decision to remove and place was made. If details are needed, consult the SPRU Worker or SPRU Supervisor.

**Removal by Other Persons or Agencies 7-28-2008**

If any police officer, probation officer, or physician acting under Title 9 removes a child from a parent's custody, the following procedures apply:

- The removing authority (police officer, probation officer, or physician) must contact CP&P immediately (by calling the State Central Registry, 1-877 NJ ABUSE).
- CP&P, once notified, is responsible for initiating a child protective services investigation.
- CP&P must file a complaint pursuant to N.J.S.A. 9:6-8.30.
- A court hearing must be held within two court days following the removal.
- The Worker officially advises the parent, legal guardian, or legal custodian of the removal by providing a completed CP&P Form 21-6, Notice of Emergency Removal Pursuant to N.J.S.A. 9:6-8.29 and 9:6-8.30, Without Court Order.
- The Worker advises the person who made the removal that he or she must appear in court.

Obtain support documents, when available, as potential evidence for court - police incident reports, hospital/medical charts and records, etc. Certify each using CP&P Form 21-8, Certification of Documents.

Direct any questions first to the Litigation Specialist, and, when necessary, to the DAG.

If the CP&P investigation indicates that removal was not necessary, CP&P is authorized to return the child home.

If CP&P returns the child within two court days, CP&P is not required to file at court. The matter is not heard at court, unless the child’s parent, legal guardian, or legal custodian makes application to the court for a review.

Prior to returning the child home, CP&P evaluates the safety of, and potential risk to, the child, and assesses the family’s circumstances. Develop and implement a Safety Protection Plan, if warranted. See CP&P-III-B-6-600.

**Trainees Seek Assistance when Removing Children 7-28-2008**

A Trainee, while in his or her pre-service training period, is not permitted to conduct an emergency removal without assistance from an experienced CP&P Worker. See CP&P-IX-C-4-100.
Voluntary Revocation of Emergency Removal Without a Court Order

The Decision to Return a Child Home 9-21-2009

If the CP&P investigation indicates that removal is no longer necessary, CP&P is authorized to return the child home (N.J.S.A. 9:6-8.30). A decision to return the child home must be made by the assigned Deputy Attorney General, Casework Supervisor, Supervisor, and CP&P Worker within two court days of initiating the emergency removal.

If CP&P returns the child within two court days, CP&P is not required to file a petition at court, unless the Division deems it necessary to present the case in court for precautionary measures. The law permits the parent(s), legal guardian(s), and/or caregiver(s) to make an application to the court, if they so choose.

Formal Conference 9-21-2009

Prior to returning the child home, a formal conference via telephone or in person must be held with the assigned Deputy Attorney General, Casework Supervisor, Supervisor, and the CP&P Worker. The participants of the conference evaluate any potential risk to the child, and assess the family circumstances to ensure the safety of the child. The CP&P Worker documents the outcome of the conference in NJS on a CP&P Form 26-52.

Procedures to Return a Child Home 9-21-2009

Once the formal conference is held and the decision to return the child home is confirmed, the CP&P Worker must complete CP&P Form 21-16, Notice of Voluntary Revocation of Emergency Removal Without a Court Order. The form is used to provide notice to the parent(s), legal guardian(s), and/or caregiver(s) when CP&P decides to return a child home within two court days of the emergency removal. It also informs the parent(s), legal guardian(s), and/or caregiver(s) that court is canceled, unless the parent(s), legal guardian(s), or caregiver(s) makes an application to the court, or if the Division deems it necessary to present the case in court for precautionary measures.

If all three are present during the meeting, the Casework Supervisor, Supervisor, and the CP&P Worker sign the form at the end of the formal conference. If the Casework Supervisor is not present during the formal conference, the Supervisor and the CP&P Worker sign the form. The CP&P Worker takes the signed form to the parent(s), legal guardian(s), and/or caregiver(s) for their signature, to document receipt of the CP&P Form 21-16. The CP&P Worker provides a copy of the CP&P Form 21-16 to the parent(s), legal guardian(s), and/or caregiver(s). The Casework Supervisor signs the form last as an administrative action, to document final approval of the decision to return the child.

Whether the emergency removal was made by a CP&P Worker, a Police Officer, or a County Probation employee, the removing or assigned CP&P Worker prepares the CP&P Form 21-16 and gives it to the parent(s), legal guardian(s), and/or caregiver(s) to advise them of CP&P actions and of their right to petition the court. Upon returning the child, the CP&P Worker must also complete CP&P Form 22-22, NJ CP&P Safety Assessment (In Home).

In NJ SPIRIT, the CP&P Worker must create a Legal Action/Legal Status window and indicate the current legal status of the child.
Announced or Unannounced Visit

First Visit

The Division representative may, in his or her investigation, make an unannounced visit to the child's residence. Often the safety of the child will not allow time to make an appointment. It is also advantageous to the investigation to have the parent and/or perpetrator and child react spontaneously to the presence of the Worker and the report of the referral.

The Worker assesses child safety during the first visit to the client home.

In some circumstances announced visits may be made, for example, when:

- the parent/perpetrator is already known to CP&P and the immediate safety of the child is not at stake, allowing time to make an appointment;
- the parent has requested the service and the appointment may be made at the time of request for service;
- the parent/perpetrator is not at home and a phone call would have to be made in order to arrange for the interview.

Subsequent Visits

At the time of the first contact with the parent, the Worker will need to determine on a case by case basis whether subsequent visits will be announced or unannounced. This determination should be discussed with the parent and be part of the case plan between the parent and the Worker.

Because unannounced visits may increase the risk of Worker safety hazards, and caution is essential in planning and conducting such visits. See CP&P IX-A-1-100.
Purpose:

This issuance establishes the policy and procedures for CP&P Workers to regularly meet with each child, adolescent or young adult, his or her parent, and, if applicable, out-of-home placement provider, for families in open case status, commonly known as Minimum Visitation Requirements (MVR).

Authority:

- N.J.S.A. 30:4C-25, Agents to Visit Children
- N.J.A.C. 10:122D, Services for Children in Out-of-Home Placement
- N.J.A.C. 10:133D-2, In-Person Visits with Clients and Out-of-Home Placement Providers

Policy:

A) Regular MVR Schedule

In order to assure the maximum benefit of CP&P support and services to children and their families, Workers make regular, in person, face-to-face visits with all children in open case status, their parents, and, if applicable, the out-of-home provider. Workers visit with the child, his or her parents, and placement provider as frequently as feasible and necessary to implement all elements of the case plan and to achieve permanency.

B) Frequency of Visits

The established MVR Schedule shall fall between a range of once every week to monthly. When the child is living in his or her own home, the MVR schedule is determined by the New Jersey CP&P Family Risk Assessment, CP&P Form 22-23, and ranges from one to four visits per month. A child in out-of-home placement shall have face-to-face visits with his or her Worker at least twice per month during the first two months of an initial placement, or a change of placement, and thereafter at least once per month throughout the child’s placement. When the case goal is reunification, the Worker continues to visit with the parent or guardian at least twice per month, and at least once per month if the goal differs from reunification. The Worker and
Supervisor review the MVR schedule at least once every six months. Modifications to the MVR schedule are made when necessary.

If a court order requires more frequent in-person visits than this policy, then the court order takes precedence. If the court order requires less frequent Worker-client contacts than this policy, the policy takes precedence.

Families experiencing serious problems, where the risk of removal of a child is extremely high (e.g., drug involved parent, allegations of sexual abuse) may require more frequent visits by the Worker.

C) Purpose of MVRs

In-person visits shall be made to determine:

1. Whether the child is receiving appropriate care and is safe from harm;
2. Whether the objectives of the case plan are being met;
3. What progress is being made toward achieving the case goal;
4. Whether barriers to achieving the case goal are being alleviated.

For children in placement, in-person visits shall also serve to determine:

5. The child's adjustment to, and progress in, the out-of-home placement; and
6. Any other relevant information or concerns about the child from the out-of-home placement provider or the child.

D) Compliance Requirements

The in-person visitation (MVR-minimum visitation requirement) schedule is met when:

- The child, parent(s) when available, and out-of-home placement provider have been seen by the Worker, and
- The current living and sleeping arrangement of the child have been seen at least once during the child's schedule.

Any exception to the established in-person visitation/MVR schedule requires supervisory approval. The reasons for the exception must be clearly documented in the electronic case record and approved by the Supervisor. The Supervisor consults the Casework Supervisor in MVR planning and exceptional situations, when necessary. Some exceptions require Local Office Manager approval in writing; see CP&P-III-C-3-100, Visit Once Every Three Months with Local Office Manager Approval. Whenever the in-person visit is not completed according to the established schedule, reschedule a visit as soon as possible.

Efforts to locate missing children or parents are made in earnest according to the procedures outlined in CP&P-III-C-4-100, Locating a Missing Child/Family, or CP&P-III-B-2-100, Permanency Planning; CP&P-III-B-2-100, Locating A Missing Parent, and documented in the electronic case record.
If a court order requires more frequent in-person visits/MVRs than this policy, then the court order takes precedence. If the court order requires less frequent Worker-client contacts than this policy, the policy takes precedence.

If the child is in a day camp, the Worker visits the child after camp hours. If the child is in a sleep-away camp for more than two weeks, the Worker will need to see the child at the sleep-away camp. Consult the Supervisor if this course of action is not feasible.

If a child is visiting a relative out of state who is a potential placement resource, the Worker contacts the DCF Interstate Services Unit to coordinate a courtesy visit by that state’s CPS agency through the Interstate Compact on the Placement of Children, and/or to request a home study. See CP&P-VIII-D-1-300, CP&P Requests to Out-of-State Agencies.

Exceptions to MVR contacts may need to be made if the parent is incarcerated, hospitalized, in a residential or substance abuse treatment program or facility, residing out of state, or serving in active military service. Document decisions made to permit exceptions, who made the decision, and the reason for the exception. Safe Measure reporting results - "concerns," etc. - may need to be adjusted, based on the granting of an exception to the policy, duly documented in writing.

E) Face-to-Face

MVR visits with children under CP&P care, custody, or supervision; adolescents or young adults; parents; and, if applicable, out-of-home placement providers, for families in open case status who live in New Jersey, or within 50 miles of the State border, are conducted in-person and face-to-face.

F) Least Restrictive Setting

The Worker holds MVR visits in the least restrictive and most comfortable setting possible, preferably in the home, or the resource family home. Office visits may be necessary for meetings with clients known to be violent, mentally unstable, or who have poor impulse control.

G) Missed Visits

The Worker makes a good faith effort to maintain the MVR schedule. Any exception to the established in-person MVR schedule requires supervisory approval. The reasons for the exception must be clearly documented in the electronic case record and approved by the Supervisor.

H) Local Office Manager Authorized to Waive MVR Requirement to Meet with the Parent on a Monthly Basis

The Local Office Manager is authorized to waive an MVR requirement for monthly in-person Worker-parent contact on a case-by-case basis in the following limited circumstances:

- The parent is unwilling to meet with the Worker in-person, as evidenced by the parent repeatedly missing scheduled contacts, the Worker’s inability to meet with the parent by unannounced attempts at varying times, or the parent’s verbal or written refusal to meet with the Worker.
The Worker is unable to meet with the parent due to the parent's unavailability. Such exceptional circumstances include, but are not limited to: the parent resides out of country, the parent is in active military service overseas, or the parent is incarcerated, hospitalized, or in a residential treatment setting.

The Case Plan does not indicate a continuing need for interaction between the parent and the Worker or other CP&P representative, and the parent requests that in-person contact with CP&P stop, as indicated by his or her action or inaction.

I) Interstate MVRs – Children in New Jersey

Workers have in-person visits with children from out-of-state who are in placement in New Jersey when CP&P is providing courtesy supervision on behalf of a sending state, under the Interstate Compact on the Placement of Children. See CP&P-VIII-D-2-200, CP&P Supervision of Out of State Agency (OSA) Placements.

J) Interstate MVRs – New Jersey Children Placed Out-of-State

When a New Jersey child is placed with a provider who resides out-of-state, the Local Office Manager may approve a modified MVR schedule. See heading C), Procedures for Worker Visits with the Child and the Placement Provider When the Child is Placed Out-of-Home. Between regular visits by the Worker and the child, the Worker maintains monthly telephone contact with the child, parent, and out-of-home placement provider, as well as with collateral individuals, such as school personnel.

K) MVR’s Done by Others on Behalf of CP&P

A Contracted Agency representative, support staff, an out-of-state CPS agency acting under the Interstate Compact on the Placement of Children, or a service provider who completes the MVR on behalf of CP&P must meet the following requirements:

• Be recognized and approved in advance by CP&P as an entity eligible to conduct an MVR;

• Be a planned, in-person contact; and

• The entity documents, in writing, a narrative describing the visit, for the child’s case record.

L) Trainees and MVRs

When Trainees are in pre-service training, they are not permitted to complete MVRs alone within their first 60 days of service. Assistance and accompaniment by an experienced, skilled Worker is required.

Procedures:

A) Procedure for Establishing and Monitoring the Minimum Visitation Requirement

The Supervisor establishes the in-person MVR schedule in consultation with the Worker at the time of case plan development, within 60 calendar days of State Central
Registry assigning the case to the field office, or within 30 calendar days of a child's out-of-home placement, whichever comes first.

The established MVR schedule for the Worker to meet with the child, his or her parent and the out-of-home provider, if applicable, range from once every week to monthly. Any exception requires Local Office Manager approval.

The Worker shall advise each child, his or her parent, and the out-of-home placement provider of the schedule for in-person visits and any changes in the schedule.

Supervisors monitor completion of the MVR schedule on a monthly basis.

The following factors are considered when determining the frequency of MVR contact:

- The need for protection of the child; higher risk requires more frequent visits;
- The need for more frequent visits at the beginning of cases, when risk has just been identified and CP&P does not know the family well, while the Worker starts to build a positive relationship with the family;
- The child’s initial adjustment to out-of-home placement and the demands of permanency planning; when a child is first placed out of home, the visitation schedule is enhanced, to help the child adjust to the placement while the Worker works intensively with the parent toward timely reunification;
- The need to provide direct services by the Worker;
- The frequency of in-person visits needed to facilitate safety and case planning, including, but not limited to:
  - The need to ensure the safety of the child;
  - The need to build a trusting relationship with a particular family member;
  - The need to impart skills or model behavior to a particular family member;
  - A need for more frequent contacts at the approach to reunification/return home date.

Within 10 working days of receiving the a case assignment, when a case is transferred from “intake” to “permanency” OR transferred from one CP&P Worker to another, the Worker sees a) the child in his or her current residence, b) the parent(s) or other caregiver(s), c) all other household members (including other children placed or residing in the home), and d) the out-of-home placement provider(s), if applicable.

When possible, the sending Worker accompanies the receiving Worker for the initial contact. See CP&P-III-C-1-100, Intraoffice Case Transfer, and discussion of transfer of case assignments in CP&P-III-C-1-200, Office of Supervision, and I F 206.3, Re-assignment of Ongoing Cases.

Supervisors monitor completion of the MVR schedule on a monthly basis.
B) Procedure for MVR Schedule When Child Is Living in His or Her Own Home

When the child is living at home with his or her parent or guardian, the MVR schedule is based upon the level of risk determined by CP&P Form 22-23, New Jersey CP&P Family Risk Assessment.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Overall Visitation Requirement</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>One face-to-face visit per month by the Worker with the child(ren) and parent(s) or caregiver(s); and One collateral contact per month by the Worker.</td>
<td>The Worker must have a face-to-face visit with all children and parent(s)/caregiver(s) at least once per month in the family home. The child and parent/caregiver must be seen together at least once per month.</td>
</tr>
<tr>
<td>Moderate</td>
<td>One face-to-face visit per month by the Worker with the child(ren) and parent(s); and Two collateral contacts per month by the Worker.</td>
<td>The Worker must have a face-to-face visit with all children and parents/caregivers at least once per month in the family home. The child and parent/caregiver must be seen together at least once per month.</td>
</tr>
<tr>
<td>High</td>
<td>Two face-to-face visits per month with the child(ren) and caregiver(s) by the Worker or a service provider acting on behalf of CP&amp;P; and Three collateral contacts per month by the Worker.</td>
<td>The Worker must have a face-to-face visit with all children and parents/caregivers at least once per month in the family home. The child and parent/caregiver must be seen together at least once per month. Up to one face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by a written narrative and provided to the Worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT.</td>
</tr>
<tr>
<td>Very High</td>
<td>Three face-to-face visits per month with child(ren) and parent(s)/caregiver(s) by the Worker or a service provider acting on behalf of CP&amp;P; and Three collateral contacts per month by the Worker.</td>
<td>The Worker must have a face-to-face visit with all children and parents/caregivers at least twice per month. At least one of these visits must be in the family home. The child and parent/caregiver must be seen together at least once per month. Up to one face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by a written narrative and provided to the Worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT.</td>
</tr>
</tbody>
</table>
For all in-home cases, regardless of the risk level, all household members/active case participants must be seen together in the home at least once per month.

C) Procedures for Worker Visits with the Child and the Placement Provider When the Child is Placed Out-of-Home

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>“MVR” by Worker with the Child</th>
<th>“MVR” with the Placement Provider</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Family Homes including Foster, Relative, KLG, Adoptive; Ind. Living; Group Homes; Shelters; in-state and within 50 miles of the NJ State border</td>
<td>Two face-to-face visits with the child the first two months the child is in placement, and any subsequent placement.</td>
<td>The Worker must have one face-to-face visit per month; and One collateral contact per month.</td>
<td>The first of the two visits may be at the time of placement. The visit with the child must take place in the resource family home or facility where the child is placed. The Worker must have a face-to-face visit with the child within five working days of placement, in the home/facility where the child is placed.</td>
</tr>
<tr>
<td>Treatment-based out-of-home placement programs, in-state and within 50 miles of the NJ State border</td>
<td>Two face-to-face visits per month with the child the first two months the child is in placement, and any subsequent placement.</td>
<td>The Worker must have one face-to-face visit per month with a member of the child’s treatment team. One collateral contact per month.</td>
<td>The first of the two visits may be at the time of placement. At least four face-to-face visits per year; aim to coincide with scheduled treatment team meetings. The Worker must have a face-to-face visit with the child at the facility within five working days of placement.</td>
</tr>
<tr>
<td>Placement Type</td>
<td>“MVR” by Worker with the Child</td>
<td>“MVR” with the Placement Provider</td>
<td>Guidelines</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Resource Family Homes and treatment-based out-of-home placement programs: Out-of-state, beyond miles of the NJ State border</td>
<td>Four face-to-face visits per year, <em>once every three months (quarterly)</em> by the Worker or a local State CPS agency representative.</td>
<td>The Worker must have <strong>two</strong> face-to-face visits per year with the child's resource family parent, facility Social Worker, or a member of the child’s treatment team.</td>
<td>The CP&amp;P Worker must have a face-to-face visit with the child at the resource family home or facility at least twice a year.</td>
</tr>
<tr>
<td>NOTE: This schedule must be approved by the Local Office Manager.</td>
<td></td>
<td>Monthly telephone contacts.</td>
<td>A representative from the local State CPS agency must have a face-to-face visit with the child at the resource home or facility at least twice a year (3 months apart from the visit by the CP&amp;P Worker) on behalf of CP&amp;P (acting through the ICPC).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The CP&amp;P Worker must have a face-to-face visit with the child in the resource family home, or visit the child and attend the conference to develop the treatment plan at the facility where the child is placed, within one month (30 calendar days) of placement.</td>
</tr>
</tbody>
</table>

During MVRs, in addition to meeting with the child and the placement provider separately, the Worker also meets with the child and the placement provider together.

**D) MVRs with the Child**

When a child is placed out-of-home, or has a change in placement, the assigned Worker proceeds as follows:

1. Have face-to-face contact with the child, his or her parent, and the placement provider, within five (5) work days of the placement. See the child in the placement home.
2. Help the child to understand the reasons for his or her placement, and the case goal. Help him or her adjust to the placement setting.

3. Strengthen and maintain the child’s relationship with his or her own family, when appropriate.

4. Involve the child in selecting, understanding, accepting, and adjusting to the permanency plan.

5. Assist the child and placement provider to establish and maintain an ongoing and supportive relationship for the duration of the child's placement.

6. Meet with the child in private. Also, meet with the child and the resource family parent, or other placement provider, together. Identify the child’s specific needs and any problem areas of concern. Provide or arrange services to appropriately address the child’s needs. Identify and reinforce the child’s strengths.

7. Provide advocacy and support services to all parties within program and fiscal parameters.

8. Develop a written plan to prepare an adolescent for self-sufficient living.

9. Advise the child of the progress toward achieving the case goal.

10. Facilitate visits in accordance with the visitation plan between the child, parent, siblings, and other interested relatives.

11. Document each in-person visit on a Contact Activity Note in NJS within seven days of contact. Document all contacts with the child, siblings, parent, resource parent, and other household members.

12. The Worker shall have at least two face-to-face visits with the child per month for the first two months that the child is initially placed or changes placements, unless the LOM has approved a different MVR schedule. At least one such visit must occur in the home of the out-of-home placement provider. The first visit may be at the time the child is placed. After the second month of placement, hold visits once every month, at a minimum.


E) Procedures Related to Worker Contact with Parent when Case Goal is Reunification

The chart below lists the MVR schedule for the Worker to meet with the child’s parent or guardian when the case goal is “reunification.” When the case goal differs from reunification, the Worker is to visit with the parent or guardian at least once per month.
The safety of the Worker or any other person in the home cannot be compromised to meet parental visitation requirements. Where a parent’s mental state, substance abuse, propensity towards violence or other behavior leads to concerns about the safety of the visiting worker, precautions must be taken in accordance with CP&P-IX-A-1-100. If risks cannot be adequately mitigated, Workers and Supervisors should request that the appropriate DAG seek modification of the visitation schedule or other action from the court. LOMs are authorized to temporarily suspend worker-parent visitation pending determination by the court.

### Worker Minimum Visitation Requirements for Parents of Children in Placement with a Goal of Reunification

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<tr>
<td>Low</td>
<td>Two face-to-face visits per month by the Worker.</td>
<td>Two face-to-face visits with the parent(s) per month by the Worker, preferably in the parent’s home.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Two face-to-face visits per month by the Worker.</td>
<td>Two face-to-face visits with the parent(s), preferably in the parent’s home.</td>
</tr>
<tr>
<td>High</td>
<td>Two face-to-face visits per month by the Worker or a service provider acting on behalf of CP&amp;P.</td>
<td>Two face-to-face visits with the parent(s) per month, preferably in the parent’s home. Up to <strong>one</strong> face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by a written narrative and provided to the Worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT.</td>
</tr>
<tr>
<td>Very High</td>
<td>Three face-to-face visits per month by the Worker or a service provider acting on behalf of CP&amp;P.</td>
<td>One face-to-face visit with the parent(s) at least twice per month. At least one of these visits must be in the parent’s home. Up to <strong>one</strong> face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by a written narrative and provided to the Worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT.</td>
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The assigned Worker proceeds as follows:
1. See the parent within five (5) working days following the child’s placement.

2. Negotiate and renegotiate, as necessary, the visitation plan with the parent and other interested parties, as outlined in CP&P-IV-A-5-100. Complete CP&P Form 26-83, Visitation Plan.

3. Encourage the parent's involvement throughout the placement process and the period of supervision. Hold Family Team Meetings, when appropriate.

4. Ensure the parent's continued understanding of resource family care and of his or her parental rights and responsibilities.

5. Determine the permanent plan and monitor progress toward achieving it.

6. Update the parents on the progress toward achieving the case goal.

7. Identify, provide, and coordinate needed services, including those services designated to facilitate and maximize contacts between the child, siblings, and parent.

8. Keep the parent informed of the child’s progress in the resource family home, school, and community and of any change in placement.

9. Share health care and mental/behavioral health information concerning the child with the child’s parents and the resource family parents.

10. Inform the parent of the child’s school progress and of the parent’s right and responsibility to be involved in the child’s education.

11. Involve the parent in all significant decisions regarding the child and, when appropriate, encourage the parent’s participation in routine affairs.

12. Document all contacts in the electronic case record maintained in New Jersey SPIRIT.

13. Maintain contact with an institutionalized parent in cooperation with institutional staff.

14. If the parent is unwilling to meet with the Worker, as evidenced by his or her refusal to meet or by repeatedly missing or cancelling appointments to meet, the Worker conferences the matter with the Supervisor. If the Supervisor concurs, the issue is brought to the attention of the Local Office Manager, who is authorized to waive the MVR requirement.

F) Procedures Regarding Worker Contact with Out-of-Home Placement Provider

The Worker visits the placement provider at the location where the child is placed, i.e., in the Resource Family home, independent living setting, etc. The Worker and placement provider work together as partners.

The assigned Worker proceeds as follows:
1. Involve the placement provider in planning for the child, as appropriate, and share relevant information.

2. Consult the placement provider when developing and renegotiating the child’s visitation plan, CP&P Form 26-83.

3. Identify roles and responsibilities for providing and arranging for services for the child.

4. Ensure that the child’s needs continue to be met, and provide or arrange for advocacy and support services for the placement provider on behalf of the child.

5. Consult the placement provider regarding the child’s strengths, special needs, and problems.

6. Provide the placement provider with comprehensive health and education information concerning the child.

7. Monitor the placement provider’s involvement in the case plan.

8. Update the placement provider on the progress toward achieving the case goal.

9. Record all contacts with the placement provider in a Contact Activity Note in NJS, including significant changes or problems, and the efforts made to resolve the problems.

G) Procedures Regarding Visits with Child in a Treatment-Based Program Out-of-State

When a child is placed in a treatment-based out-of-home placement program further than 50 miles of the New Jersey State border, the assigned Worker proceeds as follows:

1. Speak with the child by telephone within five working days of the child’s placement, unless contraindicated by the individual treatment plan for the child.

2. Within one month (30 calendar days) of placement, visit the child and attend the conference to develop the child’s treatment plan. Include the parent(s) in this and all subsequent treatment team meetings, whenever possible.

3. Thereafter, at least four face-to-face visits with the child at the facility are required per year (once every three months) by the CP&P Worker or a representative from the local State CPS agency, who may make every second visit, alternating with the CP&P Worker, as explained below.

The assigned CP&P Worker must have at least two face-to-face visits per year (i.e., once every six months, but not more than 180 days apart) with the child at the facility, and with the child’s Social Worker or a member of the child’s treatment team. Monthly telephone contacts are also required.
For MVR requirements to be met, a representative from the local State CPS agency must have two face-to-face visits with the child at the facility per year (i.e., once every six months, three months after the visits by the CP&P Worker) on behalf of CP&P, acting through the Interstate Compact on the Placement of Children. See CP&P-IV-A-2-500, Safety Assessments in Congregate Care Programs, and the Congregate Care Questionnaire, CP&P Form 22-10.

H) Visitation Schedule When Child or Parent Reside Out of State

The Local Office Manager may give written approval of an in-person visitation schedule of once every three months (i.e., quarterly) for a child, parent, or out-of-home placement provider, when a child resides in:

1. An out-of-state, treatment-based out-of-home placement program further than 50 miles of the New Jersey State border; or

2. An out-of-state resource family home further than 50 miles of the New Jersey State border. The LOM may approve a yearly in-person visitation schedule of two (2) in-person visits by the CP&P representative and two (2) in-person visits by a representative from the lead child welfare agency in that state on an alternating basis, pursuant to the Interstate Compact on the Placement of Children, N.J.S.A. 9:23-5 et seq.

I) Missed Visits

The Worker makes a good faith effort to maintain the MVR schedule. Any exception to the established in-person MVR schedule requires supervisory approval. The reasons for the exception must be clearly documented in the electronic case record and approved by the Supervisor.

When a parent refuses to meet with the Worker or regularly misses scheduled visits with the Worker, the Worker conferences the situation with the Supervisor to determine a best course of action. Consider renegotiating the contact schedule with the parent or requesting the Local Office Manager waive the MVR requirement due to the parent’s failure to cooperate.

If any in-person visit is not completed, the Worker documents the reason in the case plan, and reschedules the visit as soon as possible.

J) Procedures Regarding MVRs in Unusual Situations

- Child In Day Camp or at Sleep-Away Camp for More Than Two Weeks

  If the child is in a day camp, the Worker visits the child after camp hours. If the child is in a sleep-away camp for more than two weeks, the Worker will need to see the child at the sleep-away camp. Consult the Supervisor if this course of action is not feasible.

- Child is Visiting Potential Resource Out of State

  If a child is visiting a relative out of state who is a potential placement resource, the Worker contacts the DCF Interstate Services Unit to coordinate a courtesy
visit by that state’s CPS agency through the Interstate Compact on the Placement of Children, and/or to request a home study. See CP&P-VIII-D-1-300, CP&P Requests to Out-of-State Agencies. This also applies if the child is residing in an out-of-home placement out of state.

- **Adolescent or Young Adult in Independent Living Placement**

  The Worker shall have face-to-face contact with the adolescent in independent living at least once every month.

  The Worker is required to visit the adolescent at the adolescent’s residence at least once every three (3) months, at least four visits per year.

- **Adolescent or Young Adult who is Attending College**

  **In State** - the Worker visits with the adolescent who lives on campus and attends college in state once every three months. Schedule the visit in a mutually agreed upon location.

  **Out of State** - the Worker is required to have face-to-face contact with an adolescent who attends college out of state when the adolescent is back at the resource home or other placement location while on a school break.

- **Parent of Young Adult (18-21 Years Old) in Placement or Independent Living**

  For young adults, age 18 or older, in out-of-home placement or independent living, who agree to continue to receive services from or through CP&P, the CP&P Worker contact with their parents or guardians is as follows:

  - If the whereabouts of the parent or guardian are unknown, close out the parent/guardian (remove the parent/guardian from the case). There is no MVR requirement to see the parent/guardian.

  - If CP&P has guardianship of the child (or if CP&P had guardianship, but the order was dismissed based on the child reaching the age of majority), the child is emancipated, or if there is no parent-child contact, close out the parent/guardian (remove the parent/guardian from the case). There is no MVR requirement to see the parent/guardian.

  - If there is ongoing parent-child contact, but the case goal is NOT reunification, reinforce positive, safe parent-child visitation and contact. The Worker maintains contact with the parent in support of the child’s continued interaction with the parent. The Worker and Supervisor determine, together, during case conferencing, whether to keep the parent open as an active case participant, or close out the parent (remove the parent from the case). If the parent remains open as a case participant, the Worker and Supervisor determine the Worker-parent MVR schedule, and document it in the electronic case record.

- **Other Exceptional Circumstances**

  Exceptions to the MVR schedule are determined on a case-by-case basis.
Any exception to the established in-person MVR schedule requires supervisory approval and the reasons for the exception must be clearly documented in the electronic case record in a Contact Activity Note, approved by the Supervisor or higher authority. The Supervisor consults with the Casework Supervisor regarding MVR planning in exceptional situations, when necessary.

An exception for the Worker to meet with the parent may be warranted when a parent is incarcerated, hospitalized, in a residential or treatment facility, or serving overseas in active military service. A parent incarcerated or in a treatment facility does not automatically warrant an exception to the MVR schedule for the Worker to meet with the parent.

When a parent is unwilling to meet with the Worker or “routinely” misses advance-scheduled MVR visits with the Worker, the Worker discusses the situation with his or her Supervisor. If warranted, the Supervisor may direct the Worker to seek Local Office Manager approval to waive the MVR requirement.

**K) Documenting MVR Schedule and Individual Visits**

The assigned Worker documents the in-person visitation schedule for each family member receiving services in NJ SPIRIT upon completing the case plan.

Different schedules may be selected for each family member. Example: Child - once a month; Parent - once every two weeks; Placement Provider - once a month.

Whenever the in-person visitation schedule changes, the Worker documents the change and the reason for the change in an updated Case Plan, and advises the child, parent, and out-of-home placement provider of the schedule change, as appropriate.

TheWorker documents each in-person visit on a Contact Activity Note in NJS, printable as a Contact Sheet, CP&P Form 26-52. Record entries as soon after the contact as possible, but no later than seven (7) days after the contact or event. The Supervisor reviews and approves each Contact Activity Note in NJS (electronic approval).

Include in the Contact Activity Note:

- The date of the contact;
- Who was seen;
- Where the MVR occurred; and
- What happened during the contact (in narrative text).

If the MVR occurs during a Family Team Meeting, complete the Contact Activity Note within three (3) days of the meeting.

If the MVR is conducted by an outside entity, the assigned Worker assures that this contact information is documented on a Contact Activity Note in NJS, printable as a Contact Sheet, CP&P Form 26-52, or the Worker completes the Contact Activity Note.
him or herself. Assure that entries are recorded as soon after the contact as possible, but no later than seven (7) days after the contact or event.

Key Terms (Definitions):

- **“Minimum Visitation Requirement” or “MVR”** means the minimum number of face-to-face, in-person visits between a Worker and a client - children under supervision, their parents or other caregivers, as well as the child’s out-of-home placement provider. Whenever possible, the MVR occurs where the child or parent resides - in the family home or the resource family home - rather than in the CP&P office.

- **“Parent,” as used throughout this policy, refers to the custodial parent or caregiver, or the parent or caregiver who had custody of the child before the child was removed from the home and placed into an out-of-home placement setting by CP&P.**

- **“Out-of-home placement provider” or “placement provider”** means the person or facility providing direct out-of-home placement care and services to a child or children in an out-of-home placement setting, including a resource family home (i.e., a resource family parent), a contract foster home, a kin caregiver’s home, a pre-adoptive home, a group home, a shelter, or a residential treatment center or facility. Also known as the “substitute care provider.”

Forms and Attachments:
- CP&P Form 22-23, New Jersey CP&P Family Risk Assessment
- CP&P Form 26-83, Visitation Plan

Related Information:
None
Worker Contact with the Child's Parent 5-10-2010

The Worker maintains contact with the parent in order to keep the parent involved with the child and to accomplish the permanent plan. The first visit by the Worker with the parent occurs within five working days of the date of initial placement. The first visit may be in conjunction with the development of the visitation plan which must be developed through negotiation and agreement with the parent and other parties within five working days of the date of initial placement. See CP&P-IV-A-5-100. Complete CP&P Form 26-83, Visitation Plan.

Frequent, personal Worker-parent contact is directed toward:

- determining the permanent plan and developing a case plan with the parent. See CP&P-III-B-1-100 and CP&P-III-B-2-100;
- monitoring progress toward the permanent plan and modifying the case plan, when appropriate;
- updating “the. . .parents. . .on the progress toward achieving the case goal;” (N.J.A.C. 10:122D-2.4(a)4)
- “providing advocacy and support services to all parties, within program and fiscal parameters;” (N.J.A.C. 10:122D-2.4(a)2)
- encouraging partnership with the resource family parents, as appropriate;
- developing and updating a written visitation plan for contacts between the parent and the child, as outlined in CP&P-IV-A-5-100, CP&P Form 26-83;
- facilitating visits in accordance with the case plan between the child, parent, siblings and other interested relatives;
- keeping the parent informed of the child's progress in the resource family home, school, community, and any change in placement;
• “sharing health care information concerning the child with the child's parents and the resource family parents;” (N.J.A.C. 10:122D-2.5(h)) and

• “informing the parent of the child's school progress and of the parent's right and responsibility to be involved in the child's education.” (N.J.A.C. 10:122D-2.6(f)4)

While the child is in placement, the Worker involves the parent in all decisions having a significant impact on the child, as well as more routine matters. The Worker also encourages the parent to take an active role concerning court proceedings involving the child.

If the child moves from one placement to another, the Worker notifies the parent in writing and in person, when possible. See CP&P-IV-A-3-200. Document all contacts with the child's parent, including telephone contacts, in the electronic case record in NJS.

A parent in an institution must be kept informed of his or her child's progress in resource family care, school, and the community. The parent maintains the right to be involved in planning for his or her child and is assisted to do so. CP&P is responsible for working with institutional staff in terms of supporting the case plan and assisting the parent in appropriate planning for the child. The Worker contacts the child's parent or obtains reports through the social service department of the particular facility or through the Bureau of Parole, when appropriate.

CP&P requires that visits between the child and an institutionalized parent be arranged when it is consistent with the permanent plan and when the child, based on age and emotional ability, can accept visits in the institutional setting. The decision regarding such visits is based on an assessment of the least detrimental alternative for the child. See CP&P-IV-A-5-100. The parent and the child are encouraged to supplement these visits by letters, on-line communication, and scheduled telephone or cell phone contacts.

See CP&P-III-C-3-100, Visitation with Children in Placement, their Parents, and their Placement Providers.

Worker Safety Paramount 4-16-2015

Worker-Parent contact may create unacceptable risks to the safety of Workers. Appropriate steps must be taken to control for these risks, in accordance with CP&P-IX-A-1-100. If risks cannot be adequately mitigated, court action may need to be sought to limit or suspend these visits. LOMs are authorized to suspend visits pending determination of the matter by a court.

Procedures Related to Worker Contact with the Child's Parent 5-10-2010

The assigned Worker proceeds as follows:

1. See the parent within five working days following the child's placement and as required by the in-person visit schedule. See CP&P-III-C-3-100, In-Person Visits with Clients and Out-of-Home Placement Providers (MVRs).

2. Negotiate and renegotiate, as necessary, the visitation plan with the parent and other interested parties, as outlined in CP&P-IV-A-5-100. Complete CP&P Form 26-83, Visitation Plan.
3. Encourage the parent's involvement throughout the placement process and the period of supervision, using the partnership model/hold Family Team Meetings, when appropriate.

4. Ensure the parent's continued understanding of resource family care and of his or her parental rights and responsibilities.

5. In conjunction with the parents, whenever possible, determine the permanent plan and monitor progress toward achieving it, utilizing the Case Plan.

6. Update the parents on the progress toward achieving the case goal.

7. Identify, provide, and coordinate needed services, including those services designated to facilitate and maximize contacts between the child, siblings, and parent.

8. Keep the parent informed of the child's progress in the resource family home, school, and community and of any change in placement.

9. Share health care and mental/behavioral health information concerning the child with the child's parents and the resource family parents.

10. Inform the parent of the child's school progress and of the parent's right and responsibility to be involved in the child's education.

11. Involve the parent in all significant decisions regarding the child and, when appropriate, encourage the parent's participation in routine affairs.

12. Document all contacts with the child's parent in the electronic case record/NJS.

13. Maintain contact with an institutionalized parent in cooperation with institutional staff.
APPENDIX B: UNIVERSAL PRECAUTIONS

Universal Precautions

In order to avoid discrimination, treat all bodily fluids and fecal matter as though they may be infected and observe the following precautions:

1. **Use Barrier Protection:** Cover up any open wounds or sores before proceeding.

2. **Wear Gloves** when handling bodily fluids or contaminated materials and other waste.

3. **Wear a Face Mask/Gown**

4. **Use Caution** when handling sharp objects, needles, and waste.

5. **Discard Contaminated Materials.** Follow biohazard procedures for disposal.

6. **Clean Area** thoroughly with disinfectant

7. **Wash Hands Thoroughly** with soap and water for at least 20 seconds.

8. **Wash Clothing** in hot water.
APPENDIX C: WORKER SAFETY CHECKLIST

*Prior to initiating the home visit:

  __Assess the intake (know potential risk contributors: substance abuse, domestic violence, mental illness, history of violence, etc.)
  __Review any prior case history
  __Determine if assistance from law enforcement is needed
  __Notify office staff when leaving, and provide a contact number, the address, and estimated time of return
  __Don’t wear excessive jewelry
  __Familiarize yourself with the area you are traveling
  __Plan the route you will take to the home
  __Make sure the vehicle you are taking is in good working condition and has enough gas
  __Make sure you have your cell phone and that it’s charged
  __Lock valuables in the trunk of your vehicle, if you must take them with you

*When parking and exiting your vehicle:

  __Park in the direction you wish to leave
  __Park in the street rather than the driveway (if possible)
  __Canvas the neighborhood
  __Take only items necessary to complete the home visit
  __Keep vehicle doors locked

*When approaching the home:

  __Visually inspect the outside of the home and surrounding area
  __Take note of the entrances/exits to the house
  __Look/listen for signs of disturbance inside the home
  __Listen/look for signs of animals in the residence
  __Look/listen for hazardous chemicals on the property
  __Take note of any smells associated with substance abuse, etc.
*When entering the home:

__Enter a door within plain sight of the street
__Wait for a person to answer the door; do not enter unless someone greets you
__Do not enter the residence if no adult is present
__Make note of any animals in the home
__Complete an initial environmental scan for barriers to exits
__Scan for weapons in the space you are in

*When in the home:

__Stay close to an exit (always stay between family members and the exit)
__Remain alert and observant
__Know everyone who is in the residence at all times
__Maintain personal and professional boundaries
__Use non-threatening body language and remain calm and polite
__Respect the family’s home
__Listen to your instincts and feelings
__Be cautious and use common sense
__Leave immediately if there is a perceived safety risk

*When leaving the home:

__Thank people for their time
__Have car keys out and ready upon approaching your vehicle
__Observe the back seat before entering your vehicle
__Observe for people or activity taking place in relative proximity to the residence
APPENDIX D: UNDER THE INFLUENCE AND OUT OF CONTROL—HOW TO VERBALLY INTERVENE WITH AN IMPAIRED INDIVIDUAL

- Expect unpredictable behavior. Mood swings and aggressive behaviors are common.

- Keep the message short and simple. The person may not be able to process information very well.

- Remain calm and patient. Be prepared to repeat to yourself several times if necessary.

- Avoid sounding judgmental. Try to focus your concern on the individual’s safety.

- Don’t assume you are safe. Even if you feel you know the individual, use a team approach if there is a potential for danger.

- Know when to call for backup. If the person is belligerent, makes threats, or gets more out of control, call your supervisor and/or the police.

APPENDIX E: BEHAVIORS BY ABUSIVE PARTNERS

In assessing safety and risk, the following behaviors by abusive individuals should be considered indicators of heightened risk to both the adult victim and the child(ren):

- Use of or threats with a weapon
- Access to or possession of a gun
- Threats to kill the survivor or children
- Stalking behavior, including following the victim(s), telephone harassment, pursuit of surveillance
- Control of most or all of the survivor’s daily activities
- Unemployment (*While unemployment is unlikely to cause abuse in someone who was not previously abusive, it may make a batterer more dangerous because he or she has less to lose.*)
- Causing serious physical injury
- Choking or strangling the survivor, or attempting to do so
- Sexual assault
- Drug use
- Frequent and/or heavy drinking
- Abuse during pregnancy
- Violent or extreme jealousy
- Suicide threats or attempts
- Violence outside the home
- Injuries to children
- Serious acts of violence in front of children

### OFFICE PROCEDURE
- Make fellow staff aware of your day’s schedule.
- Keep address/family file updated.
- Obtain precise driving instructions and review directions prior to leaving the office.

### IN THE CAR
- Ensure the vehicle you will be taking is in good working order, and has enough gasoline to get you to and from your destination.
- When approaching, be sure to look under the car. Before entering your car check the back seat.
- Keep your car doors locked. If necessary, keep windows only partially open above the ear while driving.
- Keep valuables out of sight.
- Avoid hazards that can flatten your tires or otherwise immobilize your car.
- If possible, try to park where you can see the car while you’re inside the home. Park in the direction you want to go when you leave.
- Choose a parking space that is well lit or offers a safe walking route. Do not park in the driveway to lessen the chance of being blocked in. Lock car.
- Be wary of dead end streets.

### IN THE COMMUNITY
- Work with a partner if/when possible.
- Be alert and observant; pay attention to your immediate surroundings; walk confidently and purposefully.
- Arrange your schedule so you can make visits to new or questionable areas early in the day. You’ll be less likely to encounter illegal activities or loitering during daylight hours.
- Wear shoes and clothing that make it easy to move quickly; avoid carrying a purse when possible; carry a minimal amount of money and keep your drivers license and keys on your person (not in your purse or briefcase).
- Lock your purse or briefcase in the trunk of the car BEFORE you leave the office.
- Make yourself known to area businesses and institutions, as well as management and security personnel in public housing and other high-rise buildings.
- Call your supervisor/office at scheduled check-in time.

### APPROACHING THE HOME
- Trust your instincts. If you feel uncomfortable in any given situation, leave. If you think you are being followed, go to the closest public space. If a car continues to follow you, turn and drive/walk in the opposite direction.
- Drive around the area of the residence looking for unsafe conditions (poor lighting, unsecured animals, people drinking, etc.). Also, look for resources such as open businesses, other community workers like police, fire department or utility workers.
- If people are loitering on the street or sidewalk, walk around them or cross the street. If you are verbally confronted, maintain a professional manner and do not attempt to answer verbal challenges.
- If you must use an elevator, use an empty one if possible. Always stand next to the door and control panel. If you have a problem, push all of the buttons so the elevator stops on all the floor. Press the appropriate floor number yourself, don’t ask someone else to. If someone suspicious gets on while you’re already on the elevator, get off as soon as possible.
- Pay attention to signs like “No Trespassing”, “Beware of Dog”, etc., as they may be an indicator of the resident’s attitude toward strangers.

### IN THE HOME
- Make note of entrances/exits to the home. Sit as close to an entrance/exit as possible.
- Pause at the door before knocking, to listen for loud fighting (or other disturbances). Do Not Enter a home if you suspect unsafe conditions exist.
- If an unfamiliar person answers the door, find out who the individual is. If there are people present that you feel are a threat, reschedule the visit.
- If you decide it’s safe to enter, don’t let your guard down. Stay alert to signs of violence or unwanted advances from any family members.
- Do not go into a dark room, basement or attic first. Follow, never lead, even if you’ve been in the home before.
- If the pet is a nuisance, ask the family to put it in another room for the duration of your visit.
- Be aware of traffic in and out of the home while you are there.
- If you see a firearm, or see someone is armed, leave as soon as possible. Ask the family/individual to put the firearm in another room for the duration of your visit.
- If you feel unsafe because of a heated family argument, leave as soon as possible.
DEALING WITH HOSTILE/ANGRY PERSONS

People may become angry because of difficulty in finding help for their situations, emotional pain or discomfort or fear and anxiety about the reason for your visit. The following tips can help prevent escalation of an angry individual:

- Respond to the person in a calm and firm manner. A lower volume of voice can help the individual calm down.
- Help the individual define their anger and verbally acknowledge it. “I understand you are angry about this”.
- Reinforce the positive long-term benefits of your assistance, your commitment to their best interest and your role as their ally.
- Encourage the individual to sit down.
- Practice ahead of time what you’d say or do in these types of situations.

REMEMBER:

Run and Escape from the Situation if Possible, If Not

Your Hiding Place Should:
- Be out of the shooter’s view
- Provide protection if shots are fired or dangerous objects are thrown in your direction
- Not trap or restrict your movements or options

Deflect:
- Put something in between you and the threat
- Throw a heavy object at them or in their path to prevent them from advancing toward you

When Help Arrives:
- Remain calm and follow instructions
- Keep your hands in view at all times – make no sudden movements
- Avoid pointing and yelling
- Know that help for the injured is on the way
Please use these questions to complete the standardized Training Experience Evaluation Form provided to you by the instructor. On that form, please be sure to completely fill in the circle to the extent to which you agree with each of the following statements about the quality of today’s training.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>The Trainer was able to engage participants.</td>
</tr>
<tr>
<td>2</td>
<td>The Trainer demonstrated expertise related to the training topic through her/his knowledge, skills and practice experience.</td>
</tr>
<tr>
<td>3</td>
<td>The Trainer’s presentation was clear, concise, and organized resulting in an effective training.</td>
</tr>
<tr>
<td>4</td>
<td>The Trainer was able to answer participants’ questions.</td>
</tr>
<tr>
<td>5</td>
<td>The content of the curriculum/training materials provided me with knowledge and skills I will need to meet my responsibilities in this area of work</td>
</tr>
<tr>
<td>6</td>
<td>The instructional materials (power point slides, handouts, participant manual) were helpful to building participants’ knowledge and skills in this topic.</td>
</tr>
<tr>
<td>7</td>
<td>The activities (role plays, small group exercises, lectures, discussions) were helpful to building participants’ knowledge and skills in this topic.</td>
</tr>
<tr>
<td>8</td>
<td>The training curriculum provided different instructional activities in a way that will enable participants to use the information with children and families.</td>
</tr>
<tr>
<td>9</td>
<td>Children and families will benefit from knowledge and skills participants gained during this training.</td>
</tr>
<tr>
<td>10</td>
<td>Overall, the training was a useful experience.</td>
</tr>
</tbody>
</table>

Please return the completed evaluation form to the Trainer.
Thank you for helping us to understand your experience with this training.