NOTE:
In order to view the video clips in this document, you must be connected to the Internet through a broadband connection. (i.e. Cable, DSL or corporate network) and have Adobe Acrobat Reader v6.0 (or higher) and Microsoft Windows Media Player v9 (or higher) installed on your machine.

http://www.adobe.com/products/acrobat/readstep2.html

http://www.microsoft.com/windows/windowsmedia/download/

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Safety Management with Methamphetamine-Using Caregivers

Identifying and Controlling Safety Threats at Initial Assessment

Introduction

Safety decision making at Initial Assessment confronts the questions of (1) whether or not children can remain safely in their own home and (2) how any threats will be managed so that safety is reasonably assured. When there are indications of methamphetamine use, workers need to understand the relationship of the methamphetamine use to safety threats and safety management.

Fundamentally, the challenge in determining the right approach to safety management with these families is to identify correctly the methamphetamine-related safety threats and to evaluate the capacity of the caregivers to protect their children.

The Initial Assessment process of (1) Information collection, (2) Understanding, and (3) Identification of methamphetamine-related issues, problems and affected family circumstances reduces down the specifics of what is happening within the family to the identification of safety threats that must be controlled as the function of safety management.

Understanding a caretaker's methamphetamine-related behavior in terms of how it is threatening to a child's safety allows workers to formulate actions to manage the threats in the least intrusive way. Even when law enforcement is present, CPS must still execute its information collection and decision-making responsibilities concerned with child safety. By using established safety concepts to assess and analyze family situations and by skillfully gathering sufficient information, workers can strengthen the confidence in their decisions.

Safety Concepts

A child is unsafe when she is vulnerable to present danger (immediate) or impending danger (near future) and caregivers are unable or unwilling to provide protection. Judging safety management considers what safety threats exist, how safety threats are occurring in a family and whether caregivers can and will protect.

Safety assessment involves:

1. Identifying and understanding methamphetamine-related behavior and family circumstances so that you can –
2. Identify safety threats that correspond to methamphetamine-related behavior and family circumstances.

Safety analysis involves:

1. Fully examining how safety threats are occurring within a family to determine the necessary level of intrusion and level of effort required to assure child safety so that you can –
2. Consider whether caregiver protective capacities are sufficient to assure protection and –
3. Develop a sufficient continuing safety plan.

This process is crucial to deciding how to manage safety. It is one or more of these safety threats that safety management must be sufficiently able to manage or control.

Identifying Safety Threats

Present Danger

Some situations are understood easily at the point of first contact because there is an immediate, significant and clearly observable family condition occurring which is already endangering or threatening to endanger a child. This is present danger and will likely always require separation of the child from the situation at least until more information is collected and more can be understood about the nature and extent of the methamphetamine use and its effects on parenting, protectiveness and family life. Examples of methamphetamine-related present danger include:

- Toxic environment
- Violent/acting out caregiver
- Child alone—unsupervised
- Child showing symptoms of access to methamphetamine
- Signs of methamphetamine use – high such as:
    - Euphoria
    - Grinding of teeth, rapid breathing
    - Sweating, hyperactivity, tremor—shaking hands
    - Rapid or pressured speech
    - Irritability, paranoia, suspiciousness, hallucinations
    - Presence of drug paraphernalia
    - Unpredictable, fearful, hostile, paranoid, highly secretive.

Impending Danger

More challenging safety management decisions arise in family situations where impending danger exists because of methamphetamine use and related safety threats. Impending danger may not be obvious or occurring in a present context. Impending danger refers to a state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a danger. Safety threats may not be currently or always active but can be anticipated to become active and have severe effects on a child at any time. The child lives in a general state of danger.

We know from reviewing multiple safety models that there are universal safety threats. These threats are contained in virtually all safety models in one form or another and represent what generally is accepted as criteria for judging the presence of impending danger.

Universal safety threats are as follows:

- Nobody to supervise
- Violence
- Lack of impulses
- No motivation
- Insufficient knowledge or skill
- Distorted view of a child
- Deprivation of essential resources
- Serious threats
- Intention to seriously harm
- Hiding child; refusing access
- Unmet exceptional needs
- Dangerous environments
- Serious injuries
- Provocative or self-destructive child behavior
- Fear as an expression of threats or terror
- Unexplained injuries

<u>How safety threats can occur in the methamphetamine-using families</u>

Impending danger can be evident by methamphetamine-related functioning and family situations**.** Examples of functioning and family situations that can be compromised by the use of methamphetamines follow below.

The caretaker(s) may be:

- Physically debilitated
  - Tremors, weakness, weight loss, headaches
- Psychologically debilitated
  - Confusion, irritability, poor concentration, paranoia, hallucinations, panic reactions, fatigue, depression, memory loss, anger, insomnia, psychosis
- Cognitively debilitated
  - Recognition, information processing, communication, inability to learn from experience, attention, memory, poor judgment, or

The parenting & family situations may include:

- Inconsistent or avoiding parenting
- Chaotic home life; high-dangerous traffic
- Lack of resources/provisions
- Access to drugs/paraphernalia
- Deteriorating relationships

These are examples of what one sees in a case that represent the basis for, association with or cause of threats to safety. This leads to the critical process of matching family conditions to safety threats. At this point, foundation safety concepts are employed in an analytical process to judge how to manage safety in methamphetamine-related cases**.**

Making the Connection: Linking Behaviors to Safety Threats

The following table maps the connection between the universal safety threats and the examples of methamphetamine-related family conditions. By reviewing the table, you can see how the governing concepts of what constitutes a threat to a child's safety applies in cases where methamphetamine is being used by caretakers.

Meth-Related Behavior and Family Situations	Safety Threats
Physically debilitated, psychologically debilitated, confusion, poor concentration, fatigue, memory loss, insomnia	Nobody to supervise
Irritability, anger, panic reactions, violence/acting out	Violence
Psychosis, panic reactions, depression	Lack of impulses – lack of control
Fatigue, depression	No motivation
Poor information processing, inability to learn from experience, attention, poor memory	Insufficient knowledge or skill
Poor information processing, psychosis, confusion	Distorted view of a child
Attention, memory loss, depression, inconsistent parenting, avoiding parenting, lack of resources/provisions	Deprivation of essential resources
Psychosis, anger, panic reaction, confusion, violence/acting out	Serious threats
Irritability, panic reactions, anger, psychosis, violence/acting out	Intention to seriously harm
Secretiveness	Hiding child; refusing access
Attention, memory loss, depression, inconsistent parenting, avoiding parenting	Unmet exceptional needs
Chaotic home life, high-dangerous traffic, access to drugs/paraphernalia, lack of resources/provisions	Dangerous environments
Psychosis, anger, panic reaction, violence/acting out	Serious injuries
Irritability, anger, panic reactions, violence/acting out	Provocative or self-destructive child behavior
Chaotic home life, high-dangerous traffic, irritability, anger, panic reactions, violence/acting out	Fear as an expression of threats or terror
Any possibility or combination	Unexplained injuries

Gathering Sufficient Information

The quality of safety assessment and safety analysis is totally influenced by the quality and sufficiency of the safety-related information collected during the initial assessment. Safety-related information qualifies the judgment about the presence of impending danger. A thorough Initial Assessment process explores with the caretakers questions of the extent of the maltreatment, the circumstances surrounding the maltreatment, their adult functioning, and their parenting and discipline practices. Children are interviewed to assess their functioning and to add to the understanding of the maltreatment as well as parental and family functioning.

It is imperative that the safety assessment be based on sufficient information available to fully understand the methamphetamine use and its effects on caregivers, children and the family. The collection of safety-related information is the most critical influence in safety decision making. Determining impending danger requires having sufficient information to know and understand the individuals and family.

Watch the video clips for examples of eliciting safety-related information. These clips are focused on the reported maltreatment and alleged events related to the mother's methamphetamine use which rendered her unsuitable to care for the child. The videos provide limited examples and should not be thought of as sufficient information collection related to a fuller, deeper understanding about what is transpiring within the family.

The Non-Maltreating parent – Bryan

Listen to how the worker asks for specific descriptions of the mother's behavior.

- How does Bryan's description of Angela's behavior fit with indications of methamphetamine use?
- How does Bryan describe Angela's general functioning?
- What are Angel's feelings about the situation?

(Click on the Image to Play the Video, then Right-Click for more options)

The Child – Angel

Listen to how the worker asks the child to describe her feelings of being safe.

- Does Angel's description of her mother's behavior indicate methamphetamine use?
- Are there safety concerns in her home environment?
- What is Angel feeling when she is at home?

(Click on the Image to Play the Video, then Right-Click for more options)

Although the worker, Lisa, is focused on the alleged maltreatment incident, by asking questions beyond the alleged maltreatment, she is building an understanding of any safety threats of impending danger that may be present.

Managing Methamphetamine Safety Threats

Making a Determination

At the completion of the initial assessment, CPS concludes the safety assessment by reaching a determination that a child is safe or unsafe. The conclusion about safety is based on the safety-related information, the identification of safety threats and a judgment about the capacity of caregivers to protect. This conclusion is followed by an analysis of safety threats as they occur within a family in order to guide what actions are necessary and what level of effort is needed to effectively manage safety. This analysis seeks to understand threat occurrence with respect to intensity, frequency, duration, influences, associated problems or stressors.

Thinking about Caregiver Protective Capacity

As part of drawing a conclusion about a child's safety, a judgment must, by definition, be made concerning whether a caregiver can and will control and manage safety threats or protect a child who is threatened by impending danger. Consideration for caregiver protective capacity focuses on the caregiver's abilities, willingness, motives, experience and believability with respect to intentions to assure child safety. Looking at positive examples of protective capacity and comparing them to previously discussed methamphetamine-related safety threats can help identify strengths and weaknesses in the caretaker's willingness and ability to protect their child. Caregiver protective capacities are cognitive, behavioral and emotional. Some examples of demonstrated protectiveness include the following:

- Caregiver is intellectually, emotionally and physically able to intervene to protect child.
- Caregiver does not have severe individual needs which might affect child safety.
- Caregiver is capable of understanding specific threats and need to protect.
- Caregiver can articulate a plan to protect the child.
- Caregiver cooperates with CPS.
- There is no precedence for current safety threats.
- Caregiver displays concern for child and child's experience.

Listen to the conversation between the worker, Lisa, and the mother, Angela, in the video clip related to learning about caregiver protective capacity.

Can you identify any protective strengths? Does Angela recognize threats to Angel? How does she express her concern for Angel? How effectively does Angela meet her own emotional needs? Does Angela have a history of protective behavior? How able is Angela to take action and make realistic plans for protecting Angel?

(Click on the Image to Play the Video, then Right-Click for more options)

Analyzing Safety Threats

Understanding the capacity and willingness of caretakers to protect their child from threats is a crucial piece of reaching a conclusion about how safety will be managed. This understanding along with identifying the methamphetamine-related safety threats provides a basis for considering the least intrusive interventions. The purpose of this analysis is to analyze methamphetamine-influenced safety threats, family functioning and family against community resources in order to produce a sufficient safety plan. This analysis occurs as a result of a mental and interpersonal process between a family, a worker, a supervisor, family supports and resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified safety threats and therefore assuring child safety. This is how to determine whether to manage safety in methamphetamine cases with an in-home or out-of-home safety plan or a combination of the two. To effectively complete this analysis, it is important to have as full an understanding of the caregivers and the family situation as possible. That is why a safety analysis is best completed in association with the completion of the initial assessment/investigation.

The following four questions drive an analysis process to determine whether an in-home safety plan is possible. These questions are concerned with the reliance of the home situation; calmness of the home situation; caregiver willingness, acceptance and capacity; and safety management resource availability.

First Analysis Question: How are *methamphetamine-influenced* safety threats manifested in the family?

1. How long has methamphetamine use or conditions in the family posed a safety threat?
2. How frequently does methamphetamine use or a family condition pose a safety threat?
3. How predictable is the safety threat associated with methamphetamine use or other family conditions? Are there occasions when the safety threat is more likely to be an active influence?
4. Are there specific times during the day, evening, night, etc. that might require "special attention" due to methamphetamine use; methamphetamine-related behaviors; or the way in which the safety threat is manifested?
5. Does methamphetamine use or *methamphetamine-related* safety threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)?

- ❑ It must be clear how safety threats are occurring and operating in the family before a determination can be made regarding the type of safety plan required (i.e., in-home safety plan, out-of-home safety plan or a combination of both).

- ❑ If indications are that *methamphetamine-related* safety threats are constantly and totally incapacitating with respect to caregiver functioning, then an out-of-home safety plan is suggested.

Second Analysis Question: Can an able, motivated, responsible non-methamphetamine-using adult caregiver adequately manage and control for the child's safety without direct assistance from CPS?

1. Is there a non-maltreating/non-methamphetamine-using caregiver (or other responsible adult) residing in the home?

2. Does the non-maltreating/non-methamphetamine-using caregiver have sufficient protective capacities (strengths) and demonstrate a willingness to protect?
   a. Have they demonstrated ability to protect in the past?
   b. Do they have a specific plan for protection?
   c. Are they physically and emotionally able to intervene and protect?
   d. Do they clearly understand the specific threats to safety?
   e. Are they properly attached to the child?
   f. Are they empathetic and do they believe the child?
   g. Are they cooperating and properly aligned with CPS?

3. Does the non-maltreating/non-methamphetamine-using caregiver in the home have sufficient personal and family resources (as needed) including family network support and access which empower him/her to fulfill protective responsibilities?

- ❑ If it is determined that the non-maltreating/non-methamphetamine-using caregiver can and will protect the child without the need of CPS safety intervention, then the safety planning analysis is concluded at this point. The child can be considered safe even in the presence of *methamphetamine-related* safety threats. There is no need for a safety plan.

- ❑ Absolute certainty is necessary that the non-maltreating/non-methamphetamine-using caregiver is able, willing, motivated, resolute about doing whatever is necessary to protect. It is crucial that the judgment is fully justified and supported by verifiable facts about the caregiver as evidenced through history, current behavior, expressed intent, demonstrated capacity and assertive willfulness.

- ❑ If there is no non-maltreating/non-methamphetamine-using adult in the home to provide protection, continue the safety analysis to rule in/rule out the use of in-home safety management.

Third Analysis Question: Is an in-home CPS managed safety plan an appropriate response for this family?

1. Are caregivers residing in the home?

2. Is the home environment a non-dangerous environment? Is it calm and consistent enough at a minimal level so as to assure that a sufficient CPS managed safety response can be provided in the home?

3. Are the caregiver(s) willing for safety actions, tasks or safety services to be provided, and do they accept and cooperate with an in-home safety plan response?

4. Are there sufficient resources within the family or community to perform the safety actions, tasks, or services necessary to manage the identified safety threats?

- ❑ Rigor should be applied in considering the least intrusive measures possible to assure child safety. That requires the ability to fully justify any "no" answer to the questions concerned with considering in-home safety management as an option.

- ❑ Question 4 is a general consideration of family and community resources that is considered in more depth if the answer is "yes." To answer this question "no," it must be well established that resources are so deficient that it is commonly known that some *methamphetamine-related* safety threats (as analyzed) cannot be managed because of the absence of family or community resources.

- ❑ **If the answer to any of the questions listed above is NO:** Proceed with an out-of-home safety plan.

- ❑ **If the answer to all of the questions above is YES:** Proceed to the next safety intervention analysis question.

Fourth Analysis Question: What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage *methamphetamine-related* safety threats?

1. Considering how *methamphetamine-related* safety threats are manifested, what specific safety responses/services are necessary (an effective match) for controlling safety threats?

2. How are the selected in-home safety actions intended to control the identified *methamphetamine-related* safety threats? How are safety responses/services going to work?

3. What is the level of effort needed from safety service providers to adequately control and manage *methamphetamine-related* safety threats?

   a. How much of a response seems reasonable in order to assure child safety?
   b. How often during the week will the family require assistance and supervision in order to assure child safety?
   c. How long and in what intervals seem necessary?
   d. Are there special periods of time that require specific attention?

4. Who can and will assure effective implementation of the in-home safety plan?

   a. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?
   b. What community/service-oriented resources are known to the agency that could potentially be used as an in-home safety response?

5. Are potential providers suitable to participate in the in-home safety plan?

   a. Protective Capacities
   b. Trustworthy
   c. Committed
   d. Properly aligned with CPS
   e. Supportive and encouraging
   f. Flexible access
   g. Promptly available

6. Are necessary safety planning resources available and accessible to the family at the level of effort, frequency and amount required to assure child protection? Given the nature and intensity of the *methamphetamine-related* safety threats, are there sufficient lay or professional resources within the family and community to perform safety actions, tasks or safety services necessary to manage the identified *methamphetamine-related* safety threats—existing impending danger?

- ❑ **If the answer to question 6 is NO,** the analysis does not support the use of in-home safety management; proceed with an out-of-home safety plan.

The Safety Plan

Remember that safety plans are actions taken that are oriented towards controlling impending danger rather than changing the conditions that cause the impending danger. It should have an immediate effect and contain safety services and actions only, not services designed to effect long-term change. It must be sufficient to ensure safety. The end result of Initial Assessment is creation of the least intrusive plan to sufficiently manage safety.

Critical Thinking Exercise

This paper provides ideas for identifying and understanding impending danger safety threats in methamphetamine-using families. Examples of specific behaviors or conditions that could result from a caregiver's use of methamphetamine have been linked to universal safety threats. An analytical process for determining how safety will be managed has been provided as guidance for making the critical safety decision of in-home or out-of-home safety management.

The following case information and critical thinking questions are provided to assist the reader in applying the concepts discussed in this paper.

The Russell Case

The Russell case (which follows below) is an example of how initial assessment information suggestive of threats of impending danger should be analyzed for safety management decisions.

Read the Initial Assessment information and then consider the critical thinking questions that follow.

CPS Report

Name: Russell
Date: 9/30
Request Type: A/N Report **Alcohol:** **Drugs:** Yes
Screening Decision: Assign for Initial Assessment/Investigation
Screening Date: 9/30

Children Referred

Name	DOB	Age	Client ID	SSN	Member Role
Angel Russell		7		123-45-5998	Child

Parent(s)/Stepparent/Caregiver/Others Living in the home

Name	DOB	Age	Client ID	SSN	Marital Status
Angela Russell		24		575-46-5783	Separated

Others

Name	DOB	Age	Client ID	SSN	Member Role
Bryan Russell		23		786-48-8584	Father/Out of Home
Brenda Martinez		43			Relative Non Caregiver

Allegations

Maltreatment	Victim	Alleged Perpetrator	Relationship
Neglect Lack of Supervision	Angel Russell	Angela Russell	Mother

Referral – Get information on all areas that apply.

A. Brief Description of CA/N:
Bryan reports that he and Angela have been separated for six months. They have had a flexible arrangement for visitation with Angel. Recently, Angela has been leaving Angel with Bryan every week-end. This past week-end, Angela failed to pick up Angel at the arranged time on Saturday evening. Bryan found Angela home alone and acting very out-of-control. Angela was acting very strange and out-of-character: she was irritable, argumentative and physically aggressive; she was talking nonstop but making no sense; she tried to force herself sexually onto Bryan with no regard for Angel's presence or the inappropriateness of her behavior; she was talking a mile a minute and jumping from one subject to another. Angela was unable to give any reason for not coming to get Angel on Saturday. Angela was breathing rapidly and sweating. Bryan believes that Angela was "on something." Bryan reports that he tried to get Angela to go to the hospital with him, but she refused. At that point they began arguing. Bryan decided that Angela was in no condition to care for Angel, so he took her back home with him. He told Angela that she

was to pick her up after school on Monday. Angela told Bryan to "go to hell" and that he would never see Angel again. Bryan told Angela that she needed to "get her shit together."

B. Child (ren's) Condition:

Angel was upset that her parents were fighting. She was worried about who would take care of Angela on Sunday night. Bryan states that Angel does well in school and is a really good kid. He has noticed that she seems to worry about Angela a lot lately, but he had thought that was because of their separation.

C. Parent or responsible caregiver information:

Bryan states that Angela has always seemed pretty depressed. However, lately, he has noticed that she seems more depressed, lethargic, often over-sleeping and allowing regular daily activities and home management to go undone. While she used to never miss work, she has not gone to work at least 3 times in the past few weeks. Bryan knows that Angela has a new boyfriend, Phil Feldman, but he does not believe that Phil lives in the home. Bryan has met Phil Feldman once and considers him to be "a shady" guy with an attitude. Angela has been acting strange lately. She has been really "spacey," really aggravated and argumentative. Bryan believes that Angela is taking drugs and that this is causing her to be unable to care for Angel. Bryan states he doesn't know what she is on and also is not familiar with methamphetamine use. He says he currently isn't in a position to take care of Angel full-time. He is making Angela's mortgage payments on the house, rent on his apartment, and providing money for Angel and Angela's basic needs. Angela's job is part-time and insufficient to fully support her and Angel. Bryan is unaware of any other source of income available to Angela. He is available to care for Angel during the week-ends, but not during the week.

D. Family Information:

Bryan reports that Angela has a pretty rocky relationship with her mother, but didn't provide additional information at this time. He said that Angela's mother, Brenda Martinez, likely doesn't know what is going on with Angela, and she is not a resource to Angela or Angel. Bryan stated that he spent time in the foster care system as a child.

E. Intervention Issues:

Angela is reported as having been generally passive for the most part; however, recently, she has been more aggressive and agitated or alternatively lethargic, unconcerned and avoiding. Bryan believes that Angela is using drugs and that her new friends are providing her with drugs.

F. Other:

Bryan wanted to stress that he isn't trying to make trouble for Angela and that he isn't out to take Angel away from her. He is just really concerned about Angel's safety while she is in Angela's home. He can't parent Angel full-time so he just wants to make sure that she is safe with Angela.

School Information:
Angel's teacher reports that Angel generally has gotten good grades and been successful in her two years of school. She is a well-behaved little girl. Within the past couple of months, the teacher has noticed a marked change in Angel. Angel has seemed very preoccupied. She often seems anxious. Her school performance is hurting because of poor concentration. She has been tardy more often, and her hygiene has taken a definite decline. She has been absent from school twice during the last month and reported to her teacher that her mother failed to wake her up in time to catch the bus.

Employment Information:
Angela works at JC Penney's part-time.

Notes:
No previous CPS reports on Russell family. Record check on a Phil Feldman indicates arrest for possession and dealing methamphetamine – no charges filed.

Reporter Information

Name	Relationship	Frequency of Contact with Family	Feedback Requested
Bryan Russell	Father	Weekly	Yes

INITIAL ASSESSMENT AND SAFETY EVALUATION

Worksheet and Conclusion

Family:	Russell, Angela
Address:	2308 Market St.
Phone:	269-6040

Initial Assessment Contacts/Process: Record the Initial Assessment Process, identifying dates, times, sources of information, other important specifics and general information which is deemed important. Continue on additional pages as necessary.

9/30 Tuesday. Referral - Source is bio-father, Bryan Russell.

9/30 School Visit @ Hawthorne ES.

8:50 a.m. Face-to-Face with Ms. Lovato - Angel's 1st grade Homeroom teacher.

9:00 a.m. Face-to-face with Angel. No school staff was present. Interview was conducted in the counselor's office.

9/30 10:30 a.m. Home Visit. Face-to-face with Angela Russell, mother of child. Contact was rushed. Mother needed to leave for work. Basic information was supplied to mother including her rights and purpose of the Home Visit. She agreed to meet again after 6:00 p.m. when she returns from work.

9/30 1:30 p.m. Office Visit. Face-to-face with source and Bryan Russell.

9/30 4:30 p.m. Home Visit. Present were mother and father of child. Protective Action was put in place. Set up Home Visit for 10/1. Requested that mother please ask her boyfriend, Phil Felder, to also be present.

10/1 Home Visit. No one was at the home.

10/1 Went to mother's place of employment, JC Penny's to reschedule new Home Visit.

10/2 10:00 a.m. HV. Face-to-face with mother. Mother informed that Phil is not going to be involved with the initial assessment.

1. Maltreatment: *What is the extent of the maltreatment?*

Lack of Supervision

- Angela began using methamphetamines within the past two months; she may use them as often as twice or more times a week currently.
- Angela shows an increasing pattern of attending more to her own needs and interests than to Angel's.
- Angela has increased her dependence on Bryan taking care of Angel on week-ends in order for her to be involved in substance use and partying. Angela failed to pick up Angel from Bryan's on 9/28.
- On that evening, Angela was incoherent, agitated, disoriented. All accounts and symptoms support that Angela was high on methamphetamines that evening. She was unable to care for or provide protection for Angel.
  (Interviews with Angel, Angela, and Bryan/Collateral Contact with Hawthorne Elementary/Lab test results from County Alcohol and Drug Testing Center)
- **Finding:** Substantiated neglect of Angel Russell by her mother, Angela Russell.
  Lack of supervision

Statutory Definitions

- o Who lacks proper parental care through the actions or omissions of the parent, guardian, or custodian;
- o Whose parent, guardian, or custodian fails or refuses to provide proper or necessary subsistence, supervision, education, medical care or any other care necessary for the child's health, guidance, or well-being;
- o Whose parent, guardian or custodian knowingly exposes the child to an environment that is being used for the manufacture, use, or distribution of methamphetamines or any other unlawfully manufactured controlled drug or substance.

(Interviews: Angela; Angel; Bryan)

2. Nature: *What surrounding circumstances accompany the maltreatment?*

- Bryan and Angela separated 6 months ago; emotionally devastating effect on Angela; Angela's depression has worsened since the separation.
- Past two months - Angela met/became involved with Phil Felder; thinks of him as boyfriend; Felder has a criminal record (at least has been charged); questionable friends with questionable lifestyles.
- Phil Felder has not made himself available for interviews. It is confirmed that he does not reside in the family home. A record check indicates that he was charged with possession and dealing methamphetamines. The charges were dropped.
- Angela does not admit directly to use of meth; denies Felder's use or distribution; can be concluded that he introduced Angela to the drug and is influential in her using meth.

- Bryan has Angel bi-monthly weekends as agreed since separation; past two months Angel has stayed with Bryan on most week-ends – increased so Angela could party.
- On 9/27 (Saturday), Angela failed to pick Angel up at Bryan's apartment as previously agreed. On 9/28 Angela still had not picked Angel up, had not contacted Bryan about changes in plans, and was not accessible by phone when Bryan tried to reach her. Bryan took Angel home between 5 and 6 p.m. on Sunday night 9/28. Angela was incoherent, scattered and hyper; sexually aggressive; disoriented physically and socially; became hostile; was unable to communicate clearly; was totally unsettled moving from room to room, topic to topic, etc. Bryan believes she was on drugs and wanted her to go to the emergency room.
- Angel is anxious and afraid of some of her mother's friends that she brings over, particularly her mother's boyfriend, Phil Felder; scared of friends and loud parties; is required to stay in her room when her mother's friends are at the house. There is no indication that any other adults have been abusive toward Angel.
- Angela's behavior and inaccessibility as a parent has progressed during the past two months and has worsened lately as evidenced by the recent incidence.
- Angela denies having any problems, denies use of substances, denies any negative influences by people she is associating with, denies that the events of 9/28 occurred as others describe, denies that Angel's safety is in any way threatened.
- Angela blames Bryan for CPS involvement indicating that he is merely mad about her being late to pick up Angel.
- Angela believes or at least purports to be a responsible mother who is misunderstood and unappreciated.

(Interviews: Angela; Angel; Bryan)

3. Child Functioning: *How does the child function on a daily basis? Include pervasive behaviors, feelings, intellect, physical capacity and temperament.*

Child Angel Russell 7 yrs.

- Angel Russell is 7 years old and is physically, developmentally age appropriate; bright, does well with her school work.
- Has become clingy and seems preoccupied and sometimes tense or anxious; gets along well with peers.
- Was very involved with friends and social with others; not uncommon now for her to cling to the teacher's aides at recess or otherwise avoid play.
- Is fearful of home situation and specifically of Phil although that is not fully understood except that she assures that he has not hurt her; fear is localized around her mother's behavior, others in the home and the general life situation involving her between her father's and her mother's lives.

- Is lonely and apprehensive about her mother pulling away from her; loves her mother and made several positive descriptive statements about her.
- Is passive, agreeable, easygoing, compliant. Is motivated to be seen as a good child and to behave. May be assuming growing responsibility for taking care of routine things for herself such as bathing, breakfast, etc.

(Interview: Angel; teacher)

4. Parenting – Discipline: *What are the disciplinary approaches used by the parent and under what circumstances?*

Parent 1: Angela Russell

- Angela is adamant that she does not need to discipline Angel; states that she is a good kid who does not require any punishment.
- Personally defines discipline as punishment (grounding, spanking, time-outs, etc.) and something she does not have to do.
- No evidence that Angela is able to individualize the specific strengths, limitations, needs of Angel.
- Doesn't perceive her own responsibilities for seeking and setting boundaries, limit setting, etc.
- In the past, Angela has been described as having provided proper structure and consistent routine in the household, much less so now.

Parent 2: Bryan Russell

- Bryan does not reside in the household; Phil does not reside in the household. Angela is the primary caregiver.

(Interviews: Angela; Angel; Bryan)

5. Parenting – General: *What are the overall, typical, pervasive parenting practices used by the parent? (Do not include discipline.)*

Parent 1: Angela Russell

- Angela describes Angel as a good girl but cannot or does not expand much further than that when asked to describe her daughter; does not view Angel as a problem and does not think that she is in any way responsible for her problems and current situation.
- Has had some problem with the adjustment to becoming a single parent and all the added tasks that have been thrown upon her; describes it as being much more stressful mostly because there is no help and talked more about the things that Bryan used to do than what she does now.

- Used to work full-time at JC Penny's and that now she can't because she has to do all the additional parenting things that were covered by Bryan.
- Feels like she has "always been a Mom," and cannot remember what life was like when she was without having to do everything; she feels like she lost a part of her growing-up years to parent Angel.
- Believes that children that are 7 are for the most part self-contained and can take care of themselves; believes that all children do at that age is watch TV and cartoons and that is why she bought the TV for her to have in her room.
- Was unaware and did not understand why Angel was often scared in their home and was generally worried about her well-being.
- Does describe her daughter in positive and endearing terms; perceives her as a good child and seems to love her.
- Parenting knowledge and skill had not been an issue until within the past two months; no past CPS involvement in the last 7 years.
- Denies that she has become less accessible to Angel and is generally insensitive to or out of touch with how Angel is doing and feeling; does not acknowledge that her self-interests and current behavior have any relationship to Angel's safety or well-being.

(Interviews: Angela; Angel; Bryan)

6. Adult Functioning: *How does the adult function with respect to daily life management and general adaptation? What mental health functioning and or substance use is apparent on a daily basis?*

<u>Parent 1: Angela Russell</u>

- Angela Russell is rather isolated from any longstanding relationships; father, who sexually abused her, died when she 14; has almost no relationship with her mother; states that her mother is crazy and has all kinds of mental health issues. (It is confirmed that her mother has a diagnosed mental disorder.) Relationship with her mother is such that she is vigorously opposed to having her involved in this matter.
- Is depressed which is a problem of some standing worsened by separation. Says she never has had any mental health assessments or evaluations; received medication from her physician for depression.
- Has some friends at her job but they seem to be superficial part-time employees that come and go like a revolving door.
- Thinks that she could be fun and happy, but she is not because there is no one there to support and encourage her.
- Feels her "life sucks" and is hopeless and overwhelming; feels depressed often and describes herself as sometimes being very depressed; is lonely.

- She feels like all she has now is her new friends and Phil and fits with her desire "to escape"; feels isolated and that no one is doing or helping her with all the routine things that she had grown accustomed to.
- Feels like she missed a part of her life; wants to have fun and "wants to do something for her."
- Generally disappointed in life; continues to struggle with separating from Bryan; feels hopeless about her current situation and her future.
- In denial about her behavior, Angel's situation; denies using meth or other substances; denies that Phil and his friends are a negative influence on her as an adult and in particular as a mother.
- Maintains longstanding successful employment at JC Penney's working daily shifts usually from 10 – 2; has worked at Penney's for a number of years; relies heavily on Bryan for support for the house and household money.
- Is attractive and presents herself very well (grooming, dress, etc. in terms of work); communicates effectively; is relatively passive although occasionally becomes irritated and impatient; is sufficiently assertive to state her beliefs and positions but also is somewhat fatalistic about limits in her power and capacity to decide and run her life.
- Did not complete high school, having dropped out because of pregnancy with Angel; appears to be above average in intelligence.
- Not verified through evaluation but appears from all sources and through descriptions of events and circumstances that Angela began using meth within the past two months; likely has used mainly on weekends; usage appears to be increasing in frequency and occurrence; may be using from 2 to 5 times a week; although not exaggerated, is showing some meth-related symptoms such as increased depression, fatigue, irritation, confusion about events and people (such as remembering the names of people she should be able to recall).
- Is protective and defensive of Phil who likely is providing her with meth and seems to either know very little about him personally or is keeping him out of the CPS intervention.

Parent 2: Bryan Russell

- Bryan does not reside in the home. Phil does not reside in the home.

(Interviews: Angela)

Safety Evaluation

Family: Russell

Describe and date each safety threat marked "yes."

Safety Threats

☒☐☐☐ **No adult in the home will perform parental duties and responsibilities.** Angela has been progressively less able to assure that Angel is supervised and protected due to the use of methamphetamine and emotional problems. She has been unavailable to Angel when she has friends in the home "partying." No other adult resides in the home.

☒☐☐☐ **One or both parents cannot control behavior and/or are violent.** Various sources of information including observations and interview information confirm that Angela is using meth; perhaps as much as 2 - 5 times a week; she denies it; she is drawn to the lifestyle; she shows symptoms of meth use both when high and when coming down. She is in denial; doesn't see the danger or consequences; and is not motivated to behave differently.

☐☐☐☐ **Child is perceived in extremely negative terms by one or both of the parents.**

☐☐☐☐ **Parents do not have resources to meet basic needs.**

☐☐☐☐ **One or both parents fear they will maltreat child and/or request placement.**

☐☐☐☐ **One or both parents intended to hurt child and show no remorse.**

☒☐☐☐ **One or both parents lack knowledge, skill, or motivation in parenting which affects child's safety.** Angela denies her behavior and the current home situation is a danger to Angel; she is unable to recognize Angel's needs or limits concerned with self-protection; she is consumed with her own emotions and needs; her inaccessibility to protect and care for Angel is increasing and she shows no acknowledgement or interest to behave differently. She is motivated to "escape" and to continue to pursue her life with friends and partying.

☐☐☐☐ **There is some indication that parents may flee.**

☐☐☐☐ **Child has exceptional needs which parents cannot/will not meet.**

☐☐☐☐ **Living arrangements seriously endanger the physical health of the child.**

☐☐☐☐ **Parents' whereabouts are unknown.**

☐☐☐☐ **Child shows effect of maltreatment, such as serious emotional symptoms and lack of behavioral control.**

☐☐☐☐ **Child shows effects of maltreatment such as serious physical symptoms.**

☐☐☐☐ **One or both parents overtly reject intervention.**

☒☐☐☐ **Parents cannot or do not explain injury or condition.**
Angela denies any problems; denies use of drugs; denies that she was unable to care for Angel; blames Bryan for the CPS report; is unable to explain or justify either the alleged concerns reported or her current lifestyle and behavior.

☒☐☐☐ **Child is fearful of home situation.** Angel reports being afraid when Angela's friends are in the home, particularily Angela's boyfriend, Phil. Angel's fear is both specific (to the home) and generalized (to life being experienced). Her anxiety is apparent in all areas of her life and is affecting her functioning.

☐☐☐☐ **Child is seen by either parent as responsible for the parent's problems.**

☒☐☐☐ **Parent shows no concern or remorse for injury or condition.** Angela is in denial about events and circumstances that have been confirmed; she denies the seriousness of her choices and behavior or its relationship to placing Angel in danger. She believes that Angel is safe. Since she is unable to accept the realities that exist in her life, she feels no sense of responsibility or remorse.

☐☐☐☐ **One or both parents have failed to benefit from previous professional help.**

Analysis for In-Home Services: Please justify answer.

1. Are parent(s) residing in the home?

Yes, Angela continues to reside in the home at 2308 Market Street.

2. Is the home calm/consistent enough to allow for safety services to come into the home?

No, at this time it has not been possible to assess Phil's presence in the home or to establish how often he is present in the home. Additionally, Angela's choices and current lifestyle involve people in the home which may present a danger to Angel and, at the very least, are a source of her fear.

3. Are parents willing to allow and/or participate with an in-home plan?

Angela says she is accepting of an in-home safety plan; however, she denies that Angel is not safe and shows no recognition of the need for a safety plan. It is judged she therefore would not be supportive of an in-home option. Angela states that she will "do what she has to" to get Angel back in the home, but at this point her actions have not demonstrated her commitment. She continues to have an undefined relationship with Phil and has tested positive for methamphetamine use.

4. Can an in-home plan be put into place without the need for evaluations?

Yes. Evaluations will be necessary for treatment planning but not for safety intervention.

5. Are services/resources available to participate with in-home safety plan?

No. At this point it is very difficult to predict Angela's behavior or what may be happening in the home. This would mean virtually constant safety supervision and monitoring. There are not identified resources that can provide this level of safety intervention.

(If **no** to any of the above, an in-home safety plan would not be appropriate for family.)

6. If analysis indicates an in-home safety plan is not appropriate and out-of-home placement is denied, please explain below and complete an in-home safety plan, OR if parent refuses to cooperate, thoroughly document attempts to engage the family and follow up with States Attorney/Tribal Prosecutor. Include dates of correspondence.

Please proceed to in-home safety plan if analysis supports development.

Critical Thinking Questions

- How might Angel be in danger?

- Do you think Angela would be willing and able to keep Phil out of the home when Angel is present?

- What influence does Angela's history have on her current behavior?

- How do Angela's feelings of disappointment in life affect her ability to effectively parent Angel?

Critical Thinking Challenge

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from or generated by observation, experience, reflection, reasoning, or communication as a guide to belief and action.

How did the following information gathered during the initial assessment process influence your thinking about managing safety in this family?

- The relationship between Angela and Bryan
- The relationship between Angela and Phil
- Angel's general demeanor and behavior
- Angela's positive statements about Angel and saying she will do whatever she needs to
- Angela's history as a parent
- The indications of methamphetamine use

Analyze your thinking about safety management in this family for underlying assumptions that influenced your conclusions. What is the factual basis or supporting evidence for these assumptions? How valid do you think these assumptions are?

Additional Resources

For additional resources that may be of interest, please see titles listed below.

- Safety Intervention in Methamphetamine-Using Families: A Practice Guide for Safety Decision Making and Safety Management in Child Protective Services
  http://www.nrccps.org/PDF/Finalintropracticeguidemethoct05.pdf

- Safety Intervention During CPS Intake with Methamphetamine-Using Caregivers
  http://www.nrccps.org/PDF/SafetyInterventionDuringCPSIntakewithMethamphetamine.pdf

- Protective Capacities
  http://www.actionchildprotection.org/PDF/July2003ProtectiveCapacities.pdf

- The Art in Conducting the Protective Capacity Assessment
  http://www.actionchildprotection.org/PDF/OctTheArtConductingPCA.pdf

- Analyzing Safety Threats
  http://www.actionchildprotection.org/PDF/MarAnalyzingSafetyThreats.pdf

- Comparing and Understanding the Differences: Risk of Maltreatment, Present Danger, Impending Danger
  http://www.actionchildprotection.org/PDF/Januaryarticle.pdf

For more information on critical thinking, see http://sun-design.com/talitha/fallacies.html

For more information on safety intervention concepts and practice, see www.actionchildprotection.org/articles.php