

Questions for CPS Reports

The purpose of this job aid is to provide questions to ask the reporter at Access. It includes questions specific to determining the impact of the COVID-19 pandemic on child, adult, & family functioning, and worker safety.

Child Protective Service (CPS) completes the following safety tasks when a reporter calls the child welfare agency with a concern:

- Gathers information related to present and possible/likely impending danger threats to child safety; and
- Makes screening, urgency, and response time decisions based on threats to child safety.

The following template serves as a guide to gather information from the reporter. It is vital that every section of the report is filled out to assess the reporter's concern and decide what to do next. The COVID-19 pandemic may impact the amount of information available to a reporter. In this case, the CPS Professional continues to apply due diligence to the inquiry process, documenting "Reporter was asked and did not know" when the information is not known to the reporter. When CPS decides to initiate contact with the family to assess the concern, the information in the report helps the CPS professional determine the best approach to engage the family.

Child Welfare Statutes and Standards mandate specific information items. Relevant questions are listed in each section to help you elicit necessary information. The sample questions are provided as a guide and support. It is not intended you ask every question unless a CPS supervisor directs you differently.

COVID-19 specific questions are included in this box. They can be found in the child, adult, and family functioning sections, as well as the changes in circumstances.

Steps to Take

Start the call

Address the Reporter's Emotional Need

Engage the Reporter

Example of what to tell the Reporter

- “Hello! You have reached _____ Child Protective Services. Do you have a concern about a child or children?”
- Ok, you’ve reached the right place. To ensure your concern is heard, I will ask you a series of questions that will help us make a sound decision about what to do next.
- The interview typically takes 20 minutes from start to finish. Will that work with your schedule?”
- “It’s common for people to experience a wide range of emotions during the interview. When someone is concerned about a child’s safety it is typical to feel disappointed, frustrated, and relieved. Sometimes people feel all three at once. It’s also common for people to tell me they feel guilty for calling or guilty for not calling sooner. All these feelings are ok.
- During the interview, please feel free to tell me what you need. For example, I’ve been asked to slow down, restate a question, or explain the reason for my question. Please don’t hesitate to let me know what I can do. It’s my job to support the most productive use of our time.”
- “I want to provide some general information about CPS before we get started. Next, I’ll share what to expect during and after our interview.
- First, Child Protective Services (CPS) is a specialized field of the Child Welfare System. My job today is to gather enough information to identify if a child may be unsafe, abused or neglected, or be at risk of abuse or neglect.
- Once I gather the information, I’ll advance it to a CPS supervisor. The supervisor reviews the information and makes the decision about what to do next. For that reason, I will not be able to provide you with a decision at the end of the interview.
- Now, I have some questions to ask you that will help us better understand your concerns and what is going on with the family. I may need to stop you or ask for clarification on my end. If I do that, I intend to ensure I have complete information for our decision, not to interrupt you!”

Tips

- Start by answering with a smile, convey warmth and security in your tone of voice.
- Count to 10 (silently) after asking a question. This gives the reporter time to think and respond.
- Soften your face and relax it so your voice has inflection and isn't tense or flat.
- Each interview must include responses to every item in the Access report. When a reporter does not know the answer, simply write "information unknown to the caller" to clarify the question was asked but did not know the information.

Getting Started in eWiSACWIS

Launch the CPS report in eWiSACWIS and then ask the following questions to document the information you receive from the reporter.

Narrative Tab

Alleged Maltreatment

a.) Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child

Immediate

- “What do you have concerns about?”
- “What have you observed (or heard) about the alleged maltreatment?” “Can you describe, in detail, the maltreatment (severe, multiple injuries, unexplained injuries, child unsupervised)?”
- “Are there multiple alleged victims in the home?”
- “Where did the alleged maltreatment occur?”
- **Dirty house reports** are common but often hard to document. Ask the reporter when they saw the home last, what did they see, smell, feel.
- **If the report is about physical discipline, ask:**
 - “Under what circumstances is this kind of discipline used?”
 - “Does the parent/caregiver use an object?”
 - “Where on the body did they hit the child?”
 - “Do they use this kind of discipline with all the children in the home or only a couple of them?”
- **Concerns about drug or alcohol use:**
 - “What substance is the adult using?”
 - “How often are they using?”
 - “Do they use at home or somewhere else?”
 - “Where are the children when they are using?”
 - “Do you know how the parent behaves when they are under the influence?”
 - “When the parent is using is there another adult who can shield the child from the effects of the parent’s use?”

Surrounding circumstances

- “What, in your view, are the worst aspects of the behavior you are describing?”
- “What do you think is the cause of the problem?”
- “Does another parent/caregiver in the home know about the maltreatment? How have they responded?”

Intervention or services needed

- “I hear you saying that things are not right with this family. What would have to happen for you to know that the problems had been resolved and you no longer had to worry?”
- “You probably thought long and hard before calling us. In your opinion, what would it take to make a difference for these children?”

Child’s injury or condition

b.) Describe the child(ren)’s injury or condition as a result of the alleged maltreatment or service needed.

- “Describe the injury in detail including size, location, color?” “Is it a bruise, laceration, scrape, cut, burn?”
- “Has the child received medical treatment?” “Do they need medical attention?”
- In addition to the injury, or when there isn’t one:
 - “What is the general condition of the child?”
 - “In your opinion, what would stand out to a CPS professional about the child’s condition?”

Child’s location and functioning

c.) Describe the child(ren)’s current location, school/daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.

- “Where does the child attend school/daycare?” “Do you know what days/times they are there?”
- “Is the child at grade level?”
- “Do any of the children have special needs or disabilities?” “If yes, can you describe them?”
- “How do their needs affect their functioning?”
- “Do they have friends?”
- “What concerns do you have about their development?”
- “What are the visitation schedule details?”
- “You said that the child always seems ‘miserable’ and ‘withdrawn’. Are there any times when you have seen them come out of her shell?” “What are they like then?”
- “If this problem is solved, what difference will it make for the child(ren)? How will their lives be different?”
- “What do the children say they want to be different?” “Or if they haven’t said, what would they say if you asked them?”
- If parents are in separate households, get details about visitation schedule and when the child(ren) will see the other parent next.

- “Do you have any reason to believe the child has been exposed to someone who has contracted COVID-19?”
- “How has the child’s life changed since the COVID-19 pandemic?” “How have they adjusted?” “How do you know?”
- “On any given day, are people outside of the house seeing the child?” “Are those people professionals who are required to tell someone if the child is in danger? Like a teacher, or therapist?”

Record Checks

d.) Document relevant information from CPS history, CCAP and Sex Offender Registry-Reverse Address checks

- CPS history for information about family and alleged maltreater found on the Prior Involvement Tab in eWiSACWIS.
- Consolidated Court Automated Program (CCAP) for criminal records Sex Offender Registry-Reverse Address check
- Note: If no relevant information found, document that checks were completed

Access to the Child

Note: This refers specifically to the alleged maltreater.

- e) Describe when the alleged maltreater will have access to the child.
- “Do they live with the family?”

- “Do they provide direct care to the child?”
- “Are there Family Court Custody arrangements?”
- “Do you know what they are?”

Changes in Circumstances

- f.) Describe any changes in circumstances that may make it difficult to fulfill CPS responsibilities
- May include worker safety concerns.
 - Information that family is homeless or transient or has plans to move.

Worker Safety

- Is there anyone in the home who might have been exposed to someone who has contracted COVID-19?
- Are there any people in the home who have underlying health conditions that increase their chances of contracting COVID-19?

Domestic Violence

g.) Describe presence of domestic violence, if applicable, including the demonstration of power and control and entitlement within the home.

- “Do you know if anyone else in the home besides the child has been hurt or assaulted?” “If yes, who?”
- “Have the police ever been called to the house to stop fighting among the family members?” “If yes, tell me about that.”
- “Have the children said that one of their caregivers is a victim of violence or is acting violently in the home?”
- “Do family members appear to be afraid of or intimidated by the alleged maltreater?”
- “Have you witnessed an argument and sensed that it was escalating?”

If the answers to the above four questions indicate the presence of domestic violence in the home, or if it appears that a family member is violent, aggressive, or controlling, these additional questions can assist with assessing the risk of danger to family members.

- “Has the violence changed or increased over time?” “How often does it happen?”
- “Has anyone made threats to hurt or kill him/herself, another family member or pets?”
- “Do you know if there any weapons in the home?” “If yes, what kinds?” “Who had access?”
- “Has the violent parent or caregiver threatened to run off with the child(ren) or threatened to take full custody of the child(ren)?”
- “Are you aware of circumstances in which the parent/caregiver has been criticized or threatened for seeking help or community resources, such as medical, mental health, parenting assistance, childcare, legal action etc.?”
- “Has a family member stalked another family member?” “Has anyone ever taken a family member hostage?”

Family Response

h.) Describe how the family may respond to intervention by the agency, including the parental protective capacities

Family Response to Intervention:

- “Is the family aware the report is being made?”
- “How might the family respond to a CPS professional?”

- “Do you have concerns for the CPS professional’s safety?”
- “Is there another agency or resource that would do a better job than us?” “Or that the family would receive better?”
- “If no, do you know of another agency or resources that CPS can partner with to help this family?”

Parental Protective Capacities:

- “You mentioned that it is not always like this. Can you tell me what is happening when the situation is OK?” “What is different about those times?”

Cognitive- what the parent thinks

- “Are the parents concerned about this problem?” “How do you know they are concerned?” “What have they already done to try and resolve it?” “What do you think they will try next?”

Behavioral- what the parent does

- “It sounds like this has happened before. What have you seen the family do to sort this out in the past?”
- “What have you seen this Mom/Dad do that let you know they are protective of their child(ren) and can keep them safe?”
- “Are there times when they call on other people to help solve problems?” “When do they do that?” “Who do they call on most often?”

Emotional- what the parent feels

- “Are there times when the parent/caregiver is attentive and nurturing rather than what you’re concerned about?” “Tell me more about those times.” “What have you seen the parent or child do instead?” “What do you think contributed to the parent’s/caregiver’s ability to be protective during those times?”

American Indian Heritage

It is required to ask if the child(ren) have any known American Indian heritage.

An eWISACWIS record check for child’s American Indian heritage and tribe can be done.

- “Do you have reason to believe the child or family has American Indian ancestry, or is enrolled with the tribe?”
- “If yes, which tribes and where?”
- If reporter has no information note, “Reporter was asked and indicated they did not know.”

Note: Tribes must be notified within 24 hours of receiving information, regardless of screening decision. When Menominee tribe is identified they must be sent the CPS report.

Other People

If this report is advanced for further assessment, the next CPS professional completes an assessment to determine if the child is unsafe. For that reason, we ask the reporter about other people who might have information on the family.

Document the names and contact information of other people who may have information regarding the child or family.

- “Are there other people who may have information that is helpful?” “Do you have their contact information?”
- “I’m curious who else might have more information about this family?” - “Which other adults in this child(ren)’s life shares your concerns?”
- “Would other people who know the family agree with your perspective?”
- “Who knows the family better than you do?”

Participant Tab

Directions to the house

If known, directions to the house.

- “Where does the child live?”

Household Members | Access Participants

Click the Add/Edit button to search the participants in the CPS Report.

Enter the full name, age, birth date, gender, race and ethnicity and relationship and role in the household. You must identify an Alleged Victim, Report Name and Reporter. For the person making the report, do not select additional roles beyond “Reporter” unless that person is a member of the household. Check for accurate spellings, ages, addresses, and phone numbers.

Reporter Information

While reporters are kept confidential, their contact information is important. If a reporter wants to remain anonymous, it is fine.

- “Could I please have your contact information? We keep your name confidential. Sometimes there are additional questions and someone at the agency may contact you to note how each person is either related or knows one another.

Reporter’s Motivation for calling at this time.

Document the reporter’s motivation and source of information, if possible.

“What prompted you to call today?”

“How do you know the information?”

“How is this behavior or pattern a problem for you?”

“Does the family see you as someone who would have their best interest in mind?”

“Have you done anything (other than notifying us) to address the problem?”

“This situation sounds serious. What do you think should happen?” “How would that solve this problem?”

“What difference will it make for you if the problem is resolved?”

It is vital to get the family’s address and phone number.

- “Are there any family or friends who temporarily call this residence home?”
- “Does anyone stay occasionally?”
- “Are there any other children who are in the home even if it is not every day (shared custody)?”
- “Do any of the children in the household have a parent who lives at a different address?”

Allegation Tab



On the Allegation page, select an Alleged Victim from the drop-down.

Alleged Victim

Gather who the alleged victim is and how the alleged maltreater is related to them.

You will need to categorize the alleged maltreatment as Neglect, Physical Abuse, Sexual Abuse or Emotional Abuse.

Allegation Detail

Record where and when the incident occurred. Enter the date or approximate date of the alleged maltreatment.

If the allegations are regarding a child who is already in out-of-home care, please note that.

Primary Allegation Narrative

(parent, guardian, legal custodian, sibling, foster parent or anyone living in the child's dwelling)

Concerns of maltreatment in the home where the child resides is considered a Primary case. If the child has more than one residence (i.e. parents share custody) the report should be written on the home where the maltreatment occurred. If the reporter does not know who the alleged maltreater is the case will always be a Primary Caregiver case.

Gather as much information as you can regarding the alleged maltreatment.

Make sure you ask clarifying questions when the reporter makes "vague" comments. Ask the reporter exactly what they mean.

Find out the child's current location. Are they expected to be somewhere other than home over the next few days?

Make sure you gather information about every child in the house whether or not they were identified as a victim.

Parent or Adult

i.) Describe the parents or adults in the parental role: current location, functioning, and parenting practices and views of child(ren).

In the event that you are gathering information about alleged maltreatment in the family home you will need to ask questions about the adults in the home: do they work, what is their schedule, how do they function as an adult and parent; are there known mental health disorders or alcohol/drug concerns.

- "Do you have any reason to believe any of the adults in the home have been exposed to someone who has contracted COVID-19?"
- "How has the adult's life changed since the COVID-19 pandemic? How have they adjusted? How do you know?"

Adult Functioning

Describe the family functioning, strengths, and current stressors

- “You described this Mom/Dad as ‘angry’ and ‘abusive.’ Are there times you see them be playful, sweet or nurturing to their children?” “What is different about them then?” “What type of situations are they at their best?”
- “What lets you know that Mom/Dad are doing their very best?”

Parenting practice/views of children

- “If you were to imagine the parent giving advice to a new mother or father, what would they say is most important for a new parent to know about parenting?”
- “From your knowledge of the parent, how did they learn to parent?”
- “How would the parent describe their child to a new teacher?”
- “What have you seen or heard that tells you about the parent’s relationship with the child?”

Family Functioning

j.) Describe the family functioning, strengths, and current stressors

- “The COVID-19 outbreak has impacted many families. On a scale of 1-10 how has the COVID-19 pandemic increased the family’s stress? One being, not at all, and ten being, their stress level is through the roof.”
- “What makes them that number?”
- “What would it take to decrease the number by one point?” (In other words, what would it take to reduce their stress in a small way?)

Family Functioning

- “What does a typical day look like in the family?”

Family Strengths

- “What do you see as positive about the relationship between these parents and their children?”
- “How does this family usually solve problems?” “What have you seen them doing?”

Current Stressors

- “What do you think this family needs to do to protect their children?” “Are the parents capable of doing that?” “Do they have the resources (financial, emotional support, etc.) to make a change?”
- “Are there aspects of your relationship with the family that, in coordination with our involvement or other community services, might help to influence them for the better?”
- “What do you imagine we could do to improve this situation?”

Relationship to the Child

k.) Document the name of the alleged maltreater and the relationship to the child. How they are related to the child

- “Who is the alleged maltreater?”
- “Who is the alleged victim(s)?”
- “How is the alleged maltreater related to the child?”
- “When and where did the incident occur?”

If the child is in out-of-home care, note that.

Secondary

(relatives not living in the home, childcare staff, youth justice center, residential facility staff, teachers)

These are concerns about an adult in the child's life who does not share the same home. You will have to note in the report the answers to the questions regarding the parents.

Prior Involvement Tab

Confirm case type.

- “Are the parents aware of the alleged maltreater?”
- “Did the parents contribute to the alleged maltreatment in any way?”
- “How they have responded if they are aware?”

Non-Caregiver

(family friend; stranger; neighbor; peer)

This alleged maltreater has not supervised the child or exercised control over them. They have never lived with the child.

- “Are the parents aware of the alleged maltreater?”
- “Did the parents contribute to the alleged maltreatment in any way?”
- “How they have responded if they are aware?”

Previous CPS History

The Prior Involvement Tab is a view only tab with columns that can be sorted and hyperlinks to the Access Report and Initial Assessment pages. The system will automatically search all participants in the Access Report and return any prior involvement.

Worker Recommendation

At the end of the report, you will be asked to recommend a “screening decision”.

Decision Tab

Ending the Call

Steps to Take

- End the call

Example of what to tell the Reporter

- “Thank you for taking the time to answer my questions. Like I mentioned earlier, it is my job to gather enough information to identify if a child may be unsafe, abused or neglected, or be at risk of abuse or neglect. Your job of notifying CPS of your concern is done; however, I'd like to gather some final information on what you think should happen next. Thank you for your ideas. Like I mentioned earlier, I will now advance the information to a CPS supervisor for review. The CPS supervisor decides within 24 hours of this interview, sometimes sooner when the situation is urgent. If I need additional information from you to help us decide, what is the best phone number to reach you at? Ok, before we end the interview, what remaining questions do you have for me?”

Questions to Explore when Assessing Mental Health, Substance Use &/or Domestic Violence

The purpose of this job aid is to help the Child Protective Services Professional (CPS) gather information when CPS is concerned about substance use, mental health, or domestic violence. The COVID-19 pandemic has the potential to exacerbate symptoms of mental health and increase substance use. Likewise, it is possible domestic violence will increase in severity. This job aid includes questions to explore with household members to assist CPS in understanding these issues, as well as the impact the COVID-19 outbreak is having on them. In addition, it includes resources to refer people to when evaluations and court-ordered services are not needed.

A child is **safe** when there is an absence of present or impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.

A child is **unsafe** when there is present or impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.

Sufficient and relevant information is gathered to ensure sound safety decision making. Appendix V of the *Safety Intervention Standards* lists information needed to support safety decisions. Included in the list is information about household member's mental health and substance use as well as the presence of domestic violence. When mental health or substance use is a concern to CPS, the CPS Professional gathers quality information that is: 1.) relevant to the concern and 2.) sufficient to understanding whether mental health, substance use, &/or domestic violence pose a danger to a child.

The decision about danger is made when the CPS Professional applies the definition of Present Danger or the threshold criteria for Impending Danger (OVOIS) and determines if the danger is likely to result in severe harm and whether there is a parent who can shield the child from that danger. When CPS determines a child is unsafe, they must take protective action in the form of a Protective/Safety Plan or through placement. Handouts on pages x-y provide the CPS Professional with potential questions to explore during the information gathering process. See Appendix I and VI of the *Safety Intervention Standards* for information regarding the application of the Present Danger definition and Impending Danger threshold criteria. Consult with your supervisor when questions arise during the assessment and planning process.

Information to Explore and Understand

What is the pattern that precipitates the onset of signs/symptoms of mental health concerns:

- When the mental health concern first presented.
- How signs/symptoms have progressed over time.
- What signs and symptoms are.
- How COVID-19 has impacted the frequency, intensity, and duration of signs/symptoms: Increased? Decreased?
- What exceptions there are to signs/symptoms. Times they did not experience them at the same frequency, intensity, duration. What was going on in their life at that time.
- What precipitates the onset of signs/symptoms (i.e., lack of structure/routine, lack of social connection, contact with a certain person).
- How often the circumstances that precipitate an onset occur throughout the day/week/month.
- Who else is concerned about the signs/symptoms that are described (e.g., significant other, friend, etc.).
- What other events and circumstances co-occur with when there is an onset of symptoms (i.e., stop engaging/connecting with other people, home condition deteriorates).
- What helps when there is an onset of symptoms. What helps them stabilize (e.g., is there a crisis plan in place, or could one be created with the help of a professional).

Questions to Explore with a Household Member

- “In my work I talk to lots of people about sensitive topics. I will extend respect to you while we talk. When you need a break from the topic, let me know and we can take five minutes to reset. Let’s get started, I’ll check in to see if you want a break as we go.”
- “When did you or someone else first notice signs that mental health was a concern?”
- “How has your or someone else’s concern changed over time? Has the concern increased or decreased?”
- “Tell me about the times in your life when you, or someone else was not concerned about your mental health?”
- “The current crisis of the COVID-19 pandemic has caused a lot of stress. What is the impact on your mental health?”
- “What typically happens before you or someone else notices signs that your mental health might need more attention?”
- “When have you experienced these signs in the past? Who has been there to support you?”
- “Who is there to support you the next time you or someone else notices those same signs?”
- “When I talk to people about their mental health and signs that they might need help, they usually describe other circumstances or events that are going on at the same time. What else is going on when you notice you need help with your mental health?”

Information to Explore and Understand

What the impact is.

Cognitive- how the signs/symptoms of mental health concerns impact what they think:

- When signs/symptoms are present what the impact on their ability to problem solve is. Are they able to use effective judgment and make reasonable decisions.
- Reality orientation - How it impacts their ability to accurately assess reality.

Emotional- how it impacts how they feel:

- When signs/symptoms of the mental health concern are present, how the person feels and reacts (i.e., guilt, shame, remorse, anger, sadness, etc.)?
- How the person reacts to the onset of the signs/symptoms (e.g., withdrawal, absence, striking out)?

Behavioral-how it impacts what they do:

- What they do when their mental health is a concern.
- What they do when they notice the onset of signs/symptoms.
- How the child/youth experiences it.
- When the parent does not get help, what the impact on child/youth is (e.g., parent recovers by withdrawing, sleeping, striking out, etc.)?

Questions to Explore with a Household Member

•“When people talk to me about their mental health, I hear how it impacts what they think, feel and do. I am going to ask some questions to help me understand:

•“Tell me how you solve problems.”

•“When your mental health gives you problems, how does it impact your ability to make decisions and stay connected to your responsibilities and the needs of others around you?”

•“Mental health concerns impact people’s feelings and reactions differently. Tell me what feelings come up for you when you first notice the signs that you need help.”

•“What type of reactions have the people around you come to expect from you when your mental health is a concern?”

•“How would the people who care about you say you react?”

•“People tell me different things they do when their mental health becomes a concern. Tell me what you typically do.”

•“What about when you reach out for help. How do you do it? Who do you call? How do they typically help?

•“When your mental health is a concern, where is your child/youth and what are they doing? Do they share with you how they think and feel?”

•“What about when you get help. Where is your child/youth and what are they doing? Have they ever shared how they think and feel when you ask for help?”

Information to Explore and Understand

What is the pattern of substance use:

- When substance use began and how has it progressed.
- When does it happen now.
- How COVID-19 has impacted use: Increased? Decreased?
- What exceptions to use are: Times they did not engage in use at the same frequency or intensity. What was going on in their life at that time.
- What precipitates use (i.e., use to cope with stress, celebrate, reward self)?
- How often the circumstances that precipitate use occur throughout the day/week/month (i.e., evening comes once a day, weekends come four times a month).
- Who else participates in the use (e.g., significant other, friend, dealer, no one, or someone else).
- What other events and circumstances co-occur with use (i.e., does it occur on the weekend, at night, during special occasions, etc.).
- How long the use lasts once it starts.

Questions to Explore with a Household Member

- “In my work I’ve learned that people start using as early as childhood. When did you start?”
- “Since then, how has your use looked over time?”
- “Tell me about the times in your life when you did not use?”
- “The current crisis of the COVID-19 pandemic has caused a lot of stress. Would you say you are using more, or less right now?”
- “What typically happens before you use? How often do similar circumstances happen throughout the day/week/month?”
- “When you use, who is typically with you?”
- “When I talk to people about use, they usually describe other circumstances or events that are going on at the same time, what else is going on when you use?”

Information to Explore and Understand

What the impact is:

Cognitive- how substance use impacts what they think:

- How substance use impacts the ability to problem solve.
- How substance use effects judgment and decision making.
- Reality orientation - How substance use impacts ability to accurately assess reality.

Emotional- how substance use impacts how they feel:

- When using, how the person feels and reacts when using.
- After use and when getting sober, how the person reacts to use (i.e., guilt, shame, remorse, anger, sadness, etc.).

Behavioral-how substance use impacts what they do:

- What they do when they use.
- What they do after they use and are getting sober.
- When substance use occurs what the child/youth experiences (e.g., withdrawal, absence, striking out).
 - After use and when sober, what the impact on child/youth is (e.g., parent recovers by withdrawing, sleeping, striking out, etc.).

Questions to Explore with a Household Member

- “When people tell me about their use, I hear how it impacts what they think, feel and do. I’m going to ask some questions to help me understand:
- “Tell me how you solve problems when you are using.”
- “When you are sober again and you think back on your use, do you agree with the thoughts you had, and the decisions you made while using?”
- “When you use how does it impact your ability to stay connected to your responsibilities and the needs of others around you?”
- “Use impacts people’s feelings and reactions differently. Tell me what feelings come up for you when you’re using.”
- “How would the people who care about you say you react when using?”
- “When stop using and are getting sober, how do you feel? What type of reactions have the people around you come to expect?”
- “People tell me different things they do when they use. Tell me what you typically do.”
- “What about when you stop and start getting sober. What do you do then?”
- “When you are using, where is your child/youth and what are they doing? Do they share with you how they think and feel when you are using?”
- “What about when you stop using? Where is your child/youth and what are they doing? Have they ever shared how they think and feel when you’re getting sober?”

Information Gathering when Domestic Violence is a CPS Concern



When you suspect or know of domestic violence, and you're meeting virtually, be sure to meet privately with family members to specifically assess for Present Danger (Child is subject to present/active domestic violence) and Impending Danger (One or both parents/caregivers are violent). For example, the Child Protective Services (CPS) Professional is clear with all family members that CPS speaks with household members individually as a matter of protocol. Then when it's time to speak with the adult victim, state something to the effect of, 'It's a beautiful day out and I'm ready to get outside and enjoy the weather. Why don't we both grab our phones and head out for a walk while we talk.'

The following list of considerations generated by Safe & Together assist the CPS Professional when determining how the danger of domestic violence plays out in a family:

"Remain vigilant against assuming the changes in the family functioning are solely related to the pandemic when they may actually be the result of the perpetrator's coercive control intersecting with the current context."

-Safe & Together Model (2020)

Questions to Ask Yourself

What are the adult and child survivor's current hopes and fears? These may have changed since the pandemic.

Do any of the household members have health issues that make them particularly vulnerable to COVID-19?

What was the perpetrator's behavior like before the pandemic? How did the perpetrator threaten or cause harm?

Establishing this baseline behavior pattern helps the CPS Professional understand if the situation is deteriorating or improving in the current context of the COVID-19 pandemic.

Questions to Ask the Adult Survivor

- "How have recent events changed the way you think about the future?"
 - "What worries keep you up at night?"
 - "What's your child's biggest fear right now?"
 - "What gives you hope throughout the day? What about for your child?"
-
- "Which household members have underlying health conditions that put them at risk of contracting COVID-19?"
-
- "When I talk to people who live with dangerous partners, I hear about things their partner does to scare and hurt them. I've learned that abuse can include violence, but it doesn't have to. Sometimes, it's about threats, or intimidation. It might be a partner who limits access to finances, or restricts connections, even forbidding certain people from communicating. I commonly hear that they have been told if they ever ask for help the the children will be taken away. This makes it especially hard to open up to people like me who work in CPS." -And-
 - "In order to make the most informed decisions, I need to understand what <insert perpetrator's name> says or does to threaten you or put you in real danger."



Questions to Ask Yourself

Has the perpetrator's mental health or substance use changed since the pandemic began and how has this impacted the pattern of coercive control?

- Consider an increase in depression, anxiety, suicidality;
 - Ask about behaviors associated with these changes;
 - Increased depression, suicidality in people with histories of coercive control (with or without physical violence) should be taken as an increased risk for danger and lethality to others.
- Consider the perpetrator's loss of access to support services that might have mitigated perpetration (e.g., perpetrator intervention program or substance abuse treatment or monitoring by probation)

Questions to Ask the Adult Survivor

- "Typically, perpetrators engage in a pattern of dangerous behaviors that become predictable to the people they hurt. To learn if there is a pattern, I need to know the type of behaviors that you have come to predict, and at what critical times or circumstances it occurs."
- "On any given day, what did you 'brace' yourself for?"
- "What did you say to the children, or do to shield them from the danger?"
- Has <insert perpetrator's name> seemed more withdrawn, sad, unmotivated than usual? How do you know? What have you seen them do, or heard them say?
- Has <insert perpetrator's name> been more nervous or worried than usual? How do you know? What have you seen them do or heard them say?
- Are you concerned <insert perpetrator's name> would take their own life, and die by suicide? How come?
- What services were in place to help <insert the perpetrator's name> before the COVID-19 pandemic?
- Is <insert perpetrator's name> still receiving those services? Are they working? What tells you that?



Questions to Ask Yourself

How is the survivor impacted by the perpetrator's behavior following the COVID-19 pandemic?

Is it exacerbating the survivor's substance use or impacting mental health?

Is the perpetrator actively interfering with virtual or other service delivery efforts?

How has the pandemic changed the perpetrator's ability to entrap, control, or monitor family members' movements and activities (in and out of the house)?

What critical supports have been lost in the current situation (e.g., courts are closed; family members cannot visit the house or are police not enforcing intervention orders)?

How can we reduce isolation and access to supports?

Due to social isolation, is there increased monitoring, or interfering with outside contact, and actual abuse?

Questions to Ask the Adult Survivor

- What do you do to cope with the stress related to <insert perpetrator's name> behavior?
- When I talk to people in dangerous situations, it's common for their mental health to be impacted by the dangerous environment, they live in. On a scale of 1-10 how is your mental health in the last 2-3 weeks? What makes you that number?
- It's also common for me to learn that people in dangerous situations use substances to cope with the stress they are under. What substances do you currently use?
- How has <insert perpetrator's name> tried to prevent you from getting the help you need virtually or otherwise?
- What is <insert perpetrator's name> doing or saying to keep you away from other people?
- How is <insert perpetrator's name> limiting your ability to connect with others in-person or virtually?
- How does <insert perpetrator's name> keep track of what you and the children do during the day?
- What supports have you lost during the COVID-19 pandemic?
- How has the loss impacted your sense of safety?
- If anything was possible right now, what supports would you want in place right away?
- How would the supports you mentioned help reduce your feelings of isolation?
- What would need to happen to make sure you had access to the supports you mentioned?
- As a CPS Professional, I learn what happens behind closed doors. For some people, it means their partner is keeping track of their behavior more, or that more abuse is happening because there is no fear of someone from outside noticing. What is true in your house? Is there increased monitoring &/or abuse? What about attempts to interfere with your contact with others? Has that interference increased?

Questions to Ask Yourself

Is there increased interference of the relationship between the other parent and the children?

Are there any factors related to the current situation that have reduced the immediate danger (e.g., the perpetrator is now working more due to the needs of his employment or new family members living in the house are acting as a buffer)?

Questions to Ask the Adult Survivor

- How has <insert perpetrator's name> gotten in between your relationship with <insert names of children>?
- What worries you about how <insert perpetrator's name> does this?
- It's possible the COVID-19 pandemic has created a change in circumstance that decreases <insert perpetrator's name> dangerous behaviors. Have you noticed anything that <insert perpetrator's name> has said or done that tells you the immediate danger is reduced right now?



Virtual Support for People Living with Mental Health Disorders

This job aid highlights support options for people who are experiencing mental health disorders. Includes app, phone support, and online meetings. These services are supportive and cannot be used to control an identified danger threat.

The COVID-19 pandemic and related physical distancing measures have impacted people who experience symptoms of compromised mental health. Connection is critical to recovery. Physical distancing measures challenge a person's ability to get the type of support needed to continue. Access to necessary services has become a barrier to many. The services listed here can be accessed at no cost using a smartphone or computer.

Phone and Online Support

Organization	Service	Method	Website
Crisis Text Line:	Offers 24/7 trained crisis counselors if you text "NAMI" to 741741	Provides phone support	<u>N/A</u>
NAMI Warmline directory	Provides emotional and preventative care support, non-crisis	Offers phone support	https://www.nami.org/NAMI/media/NAMI-Media/BlogImageArchive/2020/NAMI-National-HelpLine-WarmLine-Directory-3-11-20.pdf
NAMI	Hosts online community discussion groups	Hosts online community discussion groups to facilitate peer support	https://www.nami.org/About-NAMI/Join-NAMI/Register
7 Cups	Provides emotional support through volunteers, accessible 24/7	Offers online chat forum	https://www.7cups.com/
18Percent	Offers peer-to-peer support for people experiencing a range of mental health issues	Hosts online support community	https://18percent.org/
Support Group Central	Hosts virtual support groups on various mental health conditions	Provides online support groups	https://www.supportgroupscentral.com
For Like Minds	Provides people who are experiencing mental health, substance use disorders, or stressful life events	Offers online support network	https://www.forlikeminds.com/



Organization	Service	Method	Website
Emotions Anonymous	Offer weekly online meetings facilitated by nonprofessionals	Hosts online meetings	https://emotionsanonymous.org/
The Tribe Wellness Community	Hosts peer support groups, including groups focused on: addition, anxiety, depression, HIV/AIDS, LGBT, marriage/family, OCD, and teens	Provides online peer support groups	https://support.therapytribe.com/

Meditation Apps

Calm

Cost: free and subscription option

Headspace

Cost: free and subscription option

Intimind, Spanish language

Cost: free and subscription option

Liberate, content created by & for people in the black & African communities

Cost: free



Virtual Support for People who Misuse Substances

This job aid highlights support options for people who are experiencing presumed or confirmed substance abuse disorder. These services are supportive and cannot be used to control an identified danger threat.

The COVID-19 pandemic and related physical distancing measures have impacted people who struggle with substance abuse. Treatment and recovery services require people to weigh the need for help and risk of exposure to COVID-19. As a result, a person's ability to get the type of support needed is compromised. This is particularly problematic because connection is critical to maintaining sobriety and recovering.

Access to necessary services for people struggling with substance abuse is not new. In fact, dating back to 1949, Alcoholics Anonymous (AA) found creative ways to reach people who were unable to attend meetings in person. Specifically, they found ways to use the General Service Office to provide confidential correspondence for members who did not have access to a meeting in their town, or who were homebound due to differing abilities.

Seventy-one years later and it's time to get creative again in 2020. Below is a list of alternative options for people who struggle with alcohol and other drugs.

1. Online Zoom meetings and other video conferencing platforms offer meetings for AA, Smart Recovery, Lifering, Al-Anon, etc
2. Communities that offer recovery support through text, voice, and video chats
3. Recovery-oriented podcasts
4. Reading materials and recovery literature
5. Phone calls to sponsors, recovery coaches, and recovery support.
6. Recovery apps on your smartphone and tablets.
7. Telehealth options with therapists, recovery programs, treatment programs, and other supports over video conferencing.
8. YouTube videos on recovery speakers and recovery support.
9. Reddit forums on recovery and sobriety communities.
10. Taking time and making effort for healthy living choices around nutrition, exercise, yoga, meditation, time for fun, learning, and personal growth.

The services listed here can be accessed at no cost using a smartphone or computer.

Podcasts

- Landmark Recovery Radio
- The Betrayed, The Addicted, The Expert

Benson, A. (2020, March 18). Covid-19: Online and remote resources for addiction support. Partnership for Drug-Free Kids.

<https://drugfree.org/parent-blog/covid-19-online-and-remote-resources-for-addiction-support/>

Hoffman, J. (2020, March 26) Online help to stay sober during a pandemic. The New York Times.

https://www.nytimes.com/2020/03/26/health/coronavirus-sobriety-online-help.html?campaign_id=154&emc=edit_cb_20200430&instance_id=18083&nl=coronavirus-briefing®i_id=81014197&segment_id=26257&te=1&user_id=6cb26729886b30bd875398962f37913e

Navarra, R. (2020, April 2). Addiction recovery and shelter in place: What do I do? The Gottman Institute.



Free Apps

Apps below track habits, and offer meditation, and a community of peers

- **Connections** Evidence-based, multipurpose app that tracks sobriety and encourages connection with supportive peers and Addiction Policy Forum counselors
- **Nomo** Developed by a person in recovery; tracks progress to the minute and earn chips when you reach milestones, send notifications to partners when you need support
- **Sober Grid** Large online sober-support community and peer counseling
- **Sober Tool** Counts days sober and money saved, developed by a Harvard-educated licensed chemical dependency and certified alcohol addiction counselor

Phone and Online Support

Organization	Service	Method	Website
Substance Abuse and Mental Health Services Administration	Offer referrals to local treatment and support services through a federal hotline	Phone	https://www.samhsa.gov/find-help/national-helpline
SMART Recovery	Provides abstinence-based supportive services using a cognitive behavioral therapy tool kit	Provides online meetings	https://www.smartrecovery.org/
AA-Alcoholics Anonymous	Offer 12-step abstinence program, includes extensive online resources	Includes extensive online resources	https://aa-intergroup.org/oiaa/meetings/
Narcotics Anonymous	Provides meetings worldwide for people experiencing addiction to drugs, includes virtual meeting options	Utilizes Zoom, Skype and other platforms	https://www.na.org/
Cocaine Anonymous Online	Offers support for people using and abusing cocaine	Utilize email and voice-only conference calls	https://ca.org/
Recovery Dharma	Provides support for individuals in recovery using Buddhist practices	Offers directory of daily online meditations and meetings	https://recoverydharma.online/



Organization	Service	Method	Website
Women for Sobriety	Offers women help to recover from substance use disorders	Provides phone support and online gatherings	https://womenforsobriety.org/
Life Ring	Provides practical, secular support	Offers online meetings	https://www.lifering.org/online-meetings
Moderation Management	Offers support to people who seek to moderate their drinking, not abstain	Includes international network of online meetings	http://www.moderation.org/
In the Rooms	Provides support to people with substance use disorders using a variety of approaches	Includes online meetings	https://www.intherooms.com/home/

Virtual Support for People Living with Domestic Violence

This job aid highlights support options for people who are experiencing presumed or confirmed domestic violence. These services are supportive and cannot be used to control an identified danger threat.

Adult survivors of domestic violence may be further entrapped in their home due to the COVID-19 pandemic, and public safety measures may inadvertently provide increased opportunity for perpetrators to exercise power and control through coercive behaviors that are dangerous to the adult survivor and possibly the children. For example, perpetrators may take advantage of the fact the adult survivor is unable to leave or seek help. The following phone and online support is offered virtually at no cost.

Organization	Service	Method	Website
National Domestic Violence Hotline	Provides 24/7 support to survivors	Call phone number: if phone is not safe, website/text is an option	<p><u>P: 1-800-799-SAFE (7233)</u></p> <p><u>T: LOVIS to 22522 (English)</u></p> <p><u>T: AMORES to 22522 (Espanol)</u></p> <p><u>W: thehotline.org</u></p>
StrongHearts Native Helpline	Offers support and advocacy from 7 a.m.-10 p.m. (CT) for American Indians and Alaska Natives	Call phone number	<p><u>P: 1-844-7NATIVE (762-8483)</u></p> <p><u>W: strongheartshelpline.org</u></p>
RAINN	Connects survivors of sexual assault to local service providers who can provide a series of free services	Offers phone support	<p><u>P: 1-800-656-HOPE (4673)</u></p> <p><u>(English & Espanol)</u></p>

Virtual Support for Parents/Caregivers in Disciplinary Approaches and Parenting Practices

This job aid highlights support options for people who would benefit from support in their disciplinary approaches & parenting practices. These services are supportive and cannot be used to control an identified danger threat.

The COVID-19 pandemic, and related outcomes, have increased stress for most families. People are worried about health and physical well-being, as well as financial stability. Compounding the stress, parents/caregivers were suddenly asked to participate in their children’s education in a way they never have been before. These new responsibilities increased pressure for parents to perform in ways they are not trained to do. At the same time these new responsibilities emerged, parents/caregivers were suddenly without the same access to their support networks, both formal and informal. There was no time to prepare for this new role, or related responsibilities. It goes without saying that parent/caregiver stress is on the rise. For that reason, it is important for Child Welfare Professionals to refer families to supportive services to strengthen parent/caregiver approaches to discipline and parenting practices. Access to related community services has been challenging during the COVID-19 pandemic. For that reason phone and online supports are an alternative, virtual option, available at no cost.

Organization	Service	Method
National Parent Hotline	Provides a trained advocate to offer emotional support, Monday-Friday 12 p.m.-5:00 p.m.	<u>P: 1 (855) 4A PARENT or 1(855) 427-2736</u>
Parenting Beyond Punishment Parent Support Group	Provides an online support group to support parents in peaceful parenting options	Online support group on Facebook, private, closed group
Collaborative Problem Solving	Offers online support group for parents who seek to implement collaborative problem solving in their parenting practices.	Online support group on Facebook, private, closed group
Hand in Hand Parenting Group	Supports parents when parenting gets hard, includes free online class	Online support group on Facebook, private, closed group
Concious Parenting for the Culture	Provides a safe and welcoming space for African American parents to talk to one another about parenting practices and challenges	Online support group on Facebook, private, closed group

Organization	Service	Method
Latinx Parents Practicing NonViolence	Hosts an inclusive space for self-identifying Latinx parents and caregivers to explore positive parenting	Online support group on Facebook, private, closed group
Play Nicely	Program for parents to participate in when they're concerned about their young child hurting other children, includes interactive training on different disciplinary	W: https://www.childrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program
Stop Spanking	Provides videos on spanking, including its effect on brain development	W: https://stopspanking.org/resources/ chchildrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program childrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program