General Guidance for Virtual Contacts with Adults

This job aid provides tips for the Child Welfare Professional on what to consider before and during virtual contact with adults.

Before Virtual Contact

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Review decision tree issued by Department of Children & Families, *When Can Child Welfare Professionals Make Virtual Contacts?*	Decision tree will tell you if the person/family is eligible for virtual contact	**When the danger is understood and controlled:** "It's my job to understand if children are in danger. As you know from our conversations, we have identified danger and CPS is confident that we will be able to work together to keep the child safe using the plan we have developed and implemented together, therefore, we can proceed with virtual contacts right now." **Or, when danger is not identified:** "It's my job to understand if children are in danger. As you know from our conversations we have not identified danger, however, as we've talked about, I will continue to work with you to address _____need until the end of the assessment period. Because CPS has not identified danger, our remaining contacts will be virtual."

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Define the key purpose of the contact	What do I need to know, decide, &/or accomplish by the end of the contact?	"Our time is valuable. Before we connect virtually, I will prepare for a productive contact. Between now and then, think about what you want to get out of our time together."
☐ Draft an agenda	What topics need to be discussed and in what order?	"I encourage you to make a list of important items you want to talk about. We'll add them to the agenda at the beginning."
☐ List questions you need to ask	**When the danger is understood and controlled:** What questions do I need to ask to ensure the Protective Plan is working? Does the Safety Plan remains sufficient, feasible, and sustainable? **When there is no danger identified:** If there is no danger/no plan, what am I still worried about that I want to check in on? What additional information do I need to complete my work with the family? Are there additional resources that I can provide to support them when I close the case?	**When the danger is understood and controlled:** "When we meet, I will ask questions that help me decide if the Protective/Safety Plan continues to be do-able and realistic for everyone involved." **When there is no danger identified:** When there is no danger identified: "When we meet, we'll finish up _____ tasks before CPS ends its involvement."

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Determine if virtual contact is accessible for the other person	Does the other person have what they need to come prepared for the contact	"Are you willing to be seen via technology?" AND "Do you have access to a computer/laptop, tablet, or smartphone with a webcam?" AND "What about WiFi, or a cellular hotspot? Do you have access?" AND Is there a private place in your home where you can meet with me (other than the bedroom/bathroom; if bedroom is only option- 'Do you have a desk or table you can sit at?)
☐ Test the connectivity/ technology	Do I have time right now to test the connect and troubleshoot (if not, when is the earliest I can do it?)?	"Let's test our connection and technology beforehand. Do you have 5 minutes to do that right now?"

Tips

- Secure a private location (e.g., home office, or room with a door)
- Dress in business casual attire; avoid loud colors, checks, stripes, black/white
- Keep jewelry simple
- Remove audible distractions (e.g., turn off television, mute phone, and place pets in different room)
- Position a noise reduction/white noise machine outside the door
- Ensure a neutral background appears on the camera; blue is the optimum color, use an adjustable screen or place a divider behind your chair, avoid background pictures
- Position yourself in front of a wall, not a door (in case someone comes in unexpectedly)
- Check audio continuity and clarity - if there is echoing place pillows near the microphone
- Use headphones with a microphone to ensure clear audio and confidentiality

During Virtual Contact

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ State the purpose and goals of the contact, check for understanding	What was my key purpose for this contact? Review the agenda you drafted.	"I gave some thought to our visit and the purpose/goal is to_____. Is that what you expected we'd be taking about? I have developed an agenda to help guide our time. These are the things I need to talk about.
☐ Inform participants how long the contact is expected to last	Can we cover the necessary agenda items in the time I have available? Are there any items that can wait, if so when can I propose we circle back to them? Can we cover them through email/phone?	"Based on our agenda, I anticipate we'll need X minutes today. Will that work with your schedule?"
☐ Orient participant to technology	What might the participant be wondering about the technology? What can I point out that makes the virtual environment known and familiar?	"Let me point out a couple of things on your screen (share your screen so agenda is visible to you and the other adult)
☐ Ensure confidentiality	What am I doing right now to ensure the participant's confidentiality?	"Can you hear me clearly and at an ok volume?" Let them know to speak clearly/loudly if you notice issues with the audio on their end. Check in on battery life: "I want to be sure we stay connected. Is your device currently charging?" "Since we are not meeting in person, I want to assure you I'm taking steps to ensure your confidentiality. For example," · • Private location, with door • Point out use of sound machine, headphones, etc. • Take notes using initials and do not document other identifying information for someone else to see

31

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Determine location in case of an emergency	What information do I need to provide to law enforcement, or 9-1-1 in case of an emergency (e.g., Present Danger is active or it might become active soon, or need for medical attention etc.)	"Since we are not in person, I need to ask a few questions so I can help you if there is an emergency: • What is the address of your current location? • Are there any people in the household that pose a threat to you, or your child today?"
☐ Confirm Household Members	Was I able to meet face-to-face with all adults and children noted as living in this household? If new people are in the home collect information and notify CPS professional: • Name • Date of birth	Has anyone new moved into the house since our last visit? Anyone left? Has anyone stayed overnight for a few nights? Anyone new spending a significant amount of time here?
☐ Provide COVID-19 related updates	Why they are there and their role in the household What does the participant need to know about COVID-19 in our community, region, state, nation to help them take necessary precautions today?	Ask the person (if they are present) or another adult how they became involved with the family and their role, especially as it relates to the child. "I want to share some important information about COVID-19. Please stop me if you already know it."

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Discuss the plan with Parents/Caregivers	Do the parents understand the need for the case to continue to be open with services? Is the family making progress on their plan? Have parents been able to meet with providers during this crisis? If any services have been impacted, how has the family been coping and has it affected the household?	Verbally summarize plan: do you understand your role? Are you committed to continuing your part? How? Is there anything about the plan that needs to be discussed or potentially changed? Have you been able to meet with your providers? If not, how come? What needs to happen next to get things back on track? Regarding the plan: what progress has been made? What has been working well? Are you trying anything new? How is that going? Do you need anything from the agency to continue to make progress? Does anyone in the family have any medical or mental health concerns or diagnoses? Have you been able to have your medical needs met? Medications filled?

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Summarize content and list next steps	What did we cover today, what do I need to do next, what does the participant need to do next? When do we need to connect next?	"This was productive! We talked about…you agreed to do…and you can count on me to do…before our next contact." If this is the last contact summarize totality of involvement, including decisions and progress made. When it is the last contact, participant should get a clear picture about what it means to have CPS involvement end (e.g., future contact must be initiated by the participant, CPS does not have the authority to re-engage services without legitimate reason to do so).

Tips

- Continue to check in on how they are doing during and after to ensure services are delivered in an ethical and efficient manner.
- Look directly at the camera and lean forward on occasion.
- Be 10% more active/lively than usual to be as effective as in person meetings
- Pay attention to lighting so that your face is not in a shadow.
- Gaze in upper third of the screen; do not look down at the bottom of the screen
- Avoid shuffling papers, sniffling, tapping fingers or pen, and typing.

Interview Questions for Adults

This job aid provides a list of questions for the Child Welfare Professional to consider asking an adult household member to further understand the impact of the COVID-19 pandemic

Family Functioning

- Is everyone in your family able to get what they need (food, clothing, housing, medical care)? Have there been any problems? Are you able to access what you need to care for your family? What would help?
- Who can help you? Do you have supportive family, friends, or neighbors to help you and your children?
- How is everyone in the family getting along with each other? Is anyone having a particularly hard time? How is everyone passing the time? Do you have activities you do together? Do you need ideas?
- Are you worried about anyone? Why?

Parenting Practices

- What's it like parenting right now? How is it different? What's going well? What are some of the challenges?
    - o What changes have you noticed in your child's behavior? Are you concerned?
    - o Who were your children/youth connected to outside of the home? How are they staying in touch with their friends?

Adult Functioning

- How are you trying to take care of yourself during this time? How are you trying to take care of your family?

- How are you and your family holding up? o How are you dealing with social isolation? How have you managed thus far? o How is everyone coping with stress? Are you finding it difficult to bounce back or manage? o Is anyone having a particularly hard time? What seems to be bothering you the most? What makes it better/worse? Have people in your family had to face crises before? What did they do?
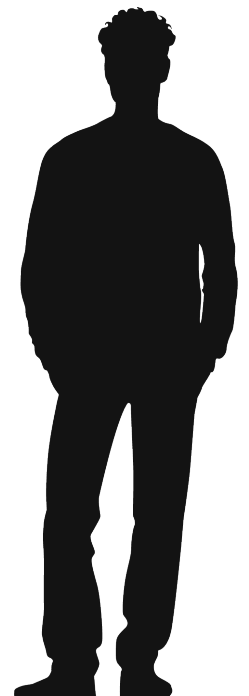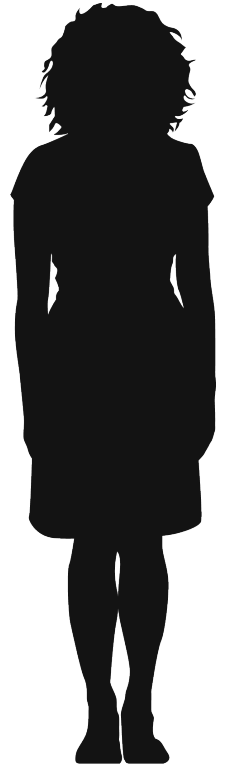
Using the Whiteboard Function in Zoom during Virtual Contacts

This job aid helps the Child Welfare Professional use the Whiteboard function in Zoom to engage in information gathering in meaningful ways during the virtual contact. Please see other job aids for ideas on specific tools to use.
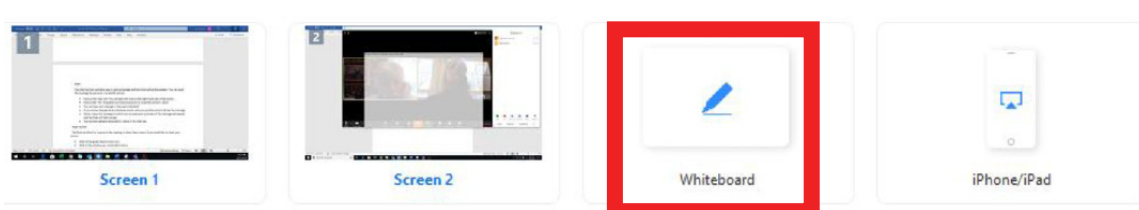
Consult with your supervisor and legal representation to determine how your agency elects to save documentation generated during a virtual contact.
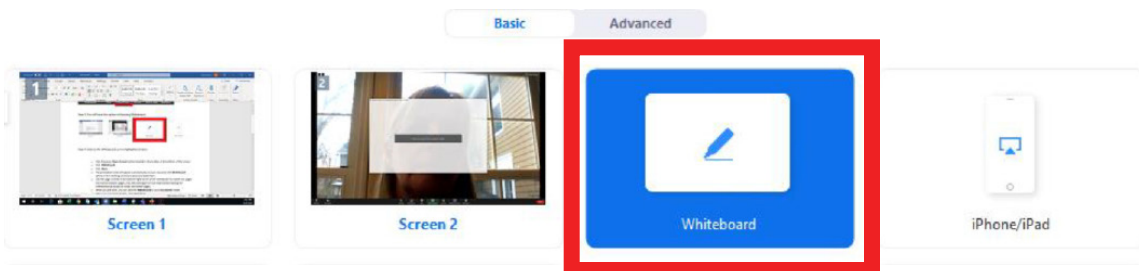
Steps in Zoom

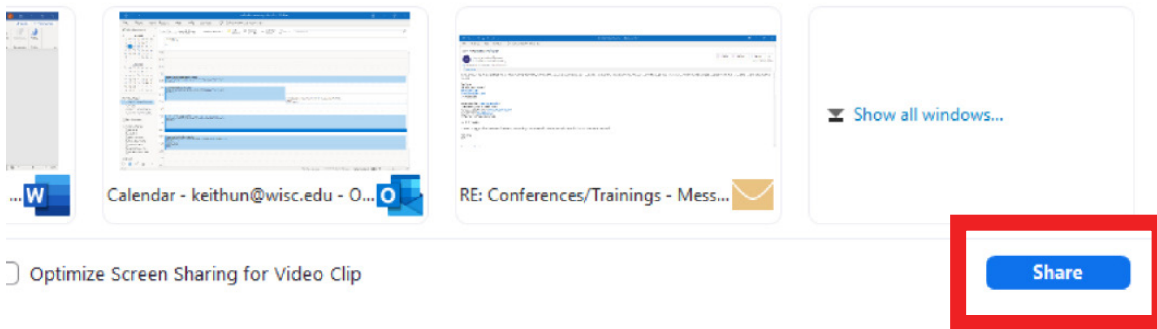Step 1: Click on the green Share Screen button located at the bottom of the screen.
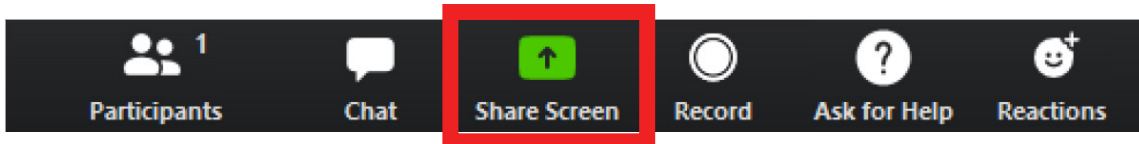
Step 2: You will have the option of choosing Whiteboard.

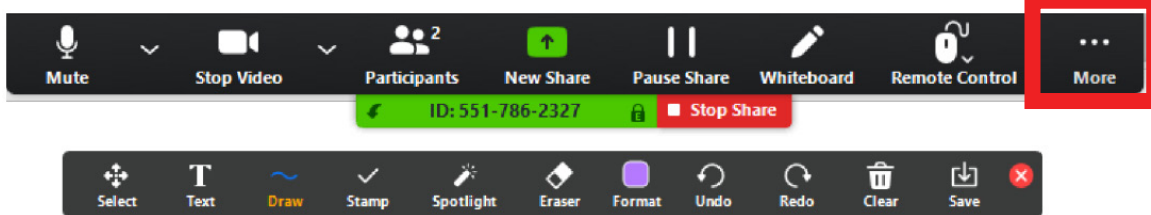Step 3: Click on the Whiteboard so it is highlighted in blue.

Step 4: Click Share.

Optimize Screen Sharing for Video Clip

Calendar - keithun@wisc.edu - O...   RE: Conferences/Trainings - Mess...   Show all windows...

Share

Step 5: The annotation tools will appear automatically.

Mouse Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save

Step 6: Click on the three dots above the More on the toolbar at the top of the screen.

Mute Stop Video Participants New Share Pause Share Whiteboard Remote Control More
ID: 551-786-2327   Stop Share

Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save

Step 7: Choose "Disable participants annotation" when you do not want the other person to contribute. This will make you the only person who can write on the Whiteboard. Skip thisstep if you want them to co-create with you.

Step 8: Click on the Draw icon when you want to draw shapes and move your curser to the spot on the whiteboard you would like the first entry to be.

Mouse Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save

Step 9: Click on the Text icon when you want to write information. Move your curser to the spot on the whiteboard you would like the first entry to be.

Mouse Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save
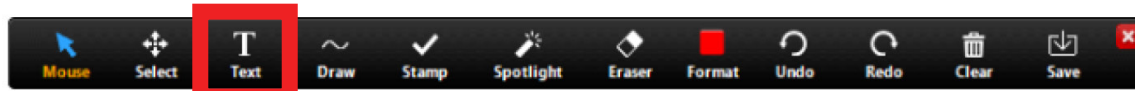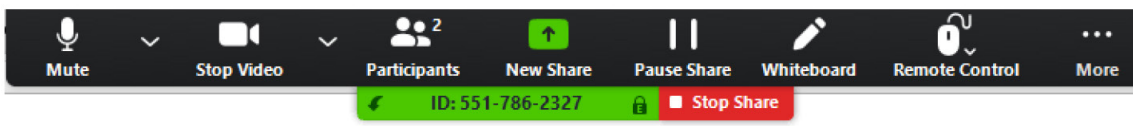
Step 10: Fill the board with drawings and responses. If you need an additional page, go to the bottom right corner of the whiteboard to create new pages and switch between pages.

Step 11: When you are done, you can save the Whiteboard to your Documents folder on your desktop.

Step 12: When you have saved the Whiteboard and would like to stop, click Stop Share.

Step 13: Chat box can be used throughout the virtual contact if the other person would rather type their response instead of say it out loud. In this case, you may decide to save the text from the chat box. To do that go to the bottom right of the chat box and click on the three dots. It will have the option to Save Chat to your desktop.
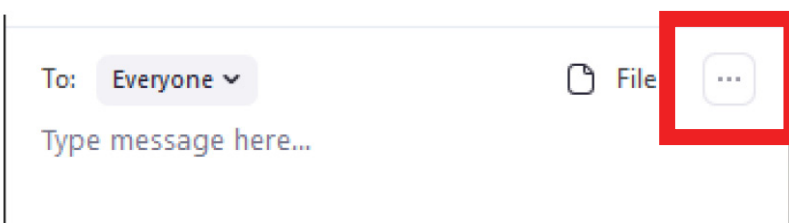
# Engaging the Expert with Two Circles

This job aid helps the Child Welfare Professional engage with a child/youth/parent to learn more information about several different topics

Child Welfare Professionals gather sufficient and relevant information to inform decision-making over the course of their work with families. This tool was developed by a social worker in Eau Claire county. It helps engage people in conversations about difficult topics in a way that places the other person at the center, as an expert. The tool is easy to use. It only requires pen and paper. In a virtual environment it can be created in Zoom using a white board, or the Child Welfare Professional can easily invite the other person to draw the two circles. Follow the steps below to get started.
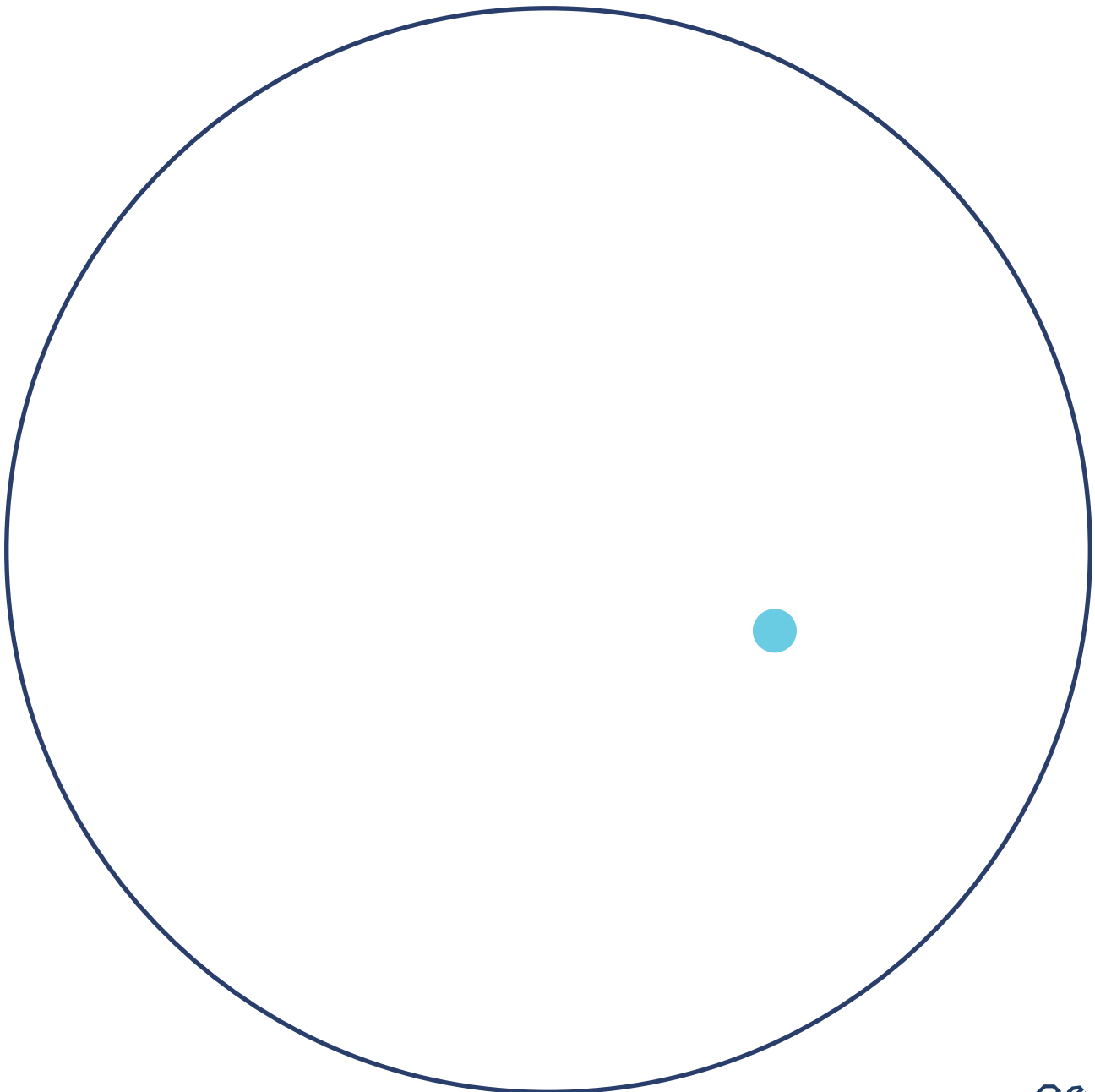
Steps to Take	What CPS Professional Says	Exemplar
Draw a small dot anywhere on the paper or whiteboard	• "When I first start talking to people about these things this is how much I know."	• "When I first start talking to people about these things this is how much I know."
Draw the large circle around the small dot	• "In my job I learn a lot of information about people- what they do and how they think and feel."	• "In my job I learn a lot of information about people- what they do and how they think and feel."
Point to small circle to emphasize how little you know about the topic	• Pause for effect	• Pause for effect
Share what you already know	• "For example, what I know about <insert topic>" is <insert summary of what you know>."	• "For example, what I know about your drinking is that it caused you to drink too much on Wednesday night and that create a dangerous situation for your child."
Emphasize the vast white space between the larger and smaller circle	• Pause for effect	• Pause for effect
Invite the other person to provide more infromation	• "I want to invite you to tell me all that you know about <insert topic>."	• "What I don't know, and I'd like to learn more about is everything else that contributes to this small piece of information that I have right now."
Ask for permission	• "I have some questions I need to ask you so that I can understand this small piece of information (point to the dot). Is now a good time, or should we take a break and come back to it."	• "I have some questions I need to ask you so that I can understand this small piece of information (point to the dot). Is now a good time, or should we take a break and come back to it."

| Steps to Take	What CPS Professional Says	Exemplar
Give permission	• "How about you take your pencil (or use the Zoom function) to write/type in the information that I'm missing right now. This is the information that you think would help me better understand the tiny dot."	• "How about you take your pencil (or use the Zoom function) to write/type in the information that I'm missing right now. This is the information that you think would help me better understand the tiny dot."
Engage in Active Listening	• The goal is to not say much! · Use statements that forward the conversation (e.g., "Uh, huh…," "Interesting." "Say more."	• Actions will speak louder than words at this stage in the process Convey warmth · Be open · Stay neutral

Instructions for Using a Genogram Tool

This job aid provides instructions for developing a genogram. Genograms can be developed using pen and paper or using the whiteboard feature in Zoom.
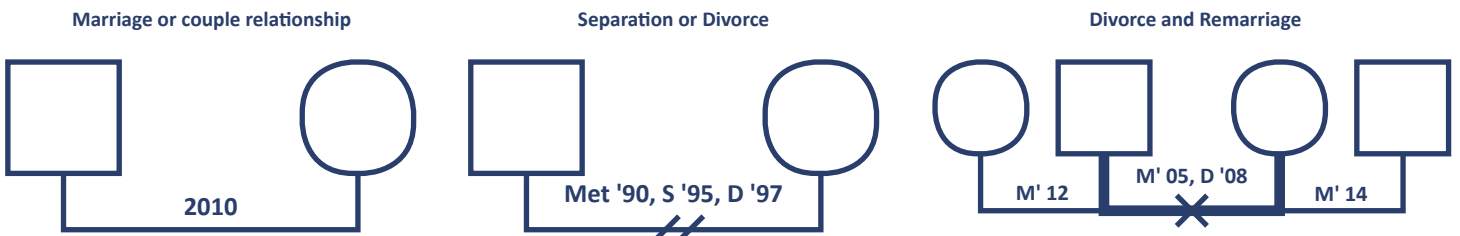
A genogram is a visual showing a family's multigenerational relationships (i.e. a type of family tree). This tool can be helpful to draw with a parent to help them identify additional family members who may support them or be placement options for their child(ren).

Common Symbols and Instructions:

Males are depicted as squares. Females as circles. Age can be entered in the center of the symbol if known.

Male	Female	Birthdate	Age	Death
		'91	'82 / 38	1943-2002 / 59
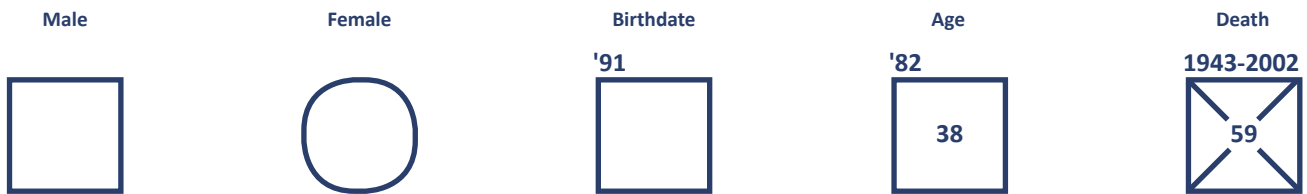
Relationships are drawn with lines (dates optional). Divorce or separation are drawn with slashes or X's.

Marriage or couple relationship
2010

Separation or Divorce
Met '90, S '95, D '97

Divorce and Remarriage
M' 12   M' 05, D '08   M' 14

Children: List in birth order beginning with the oldest on left.

'04 — **Biological Child**

P '14 '05 — **Foster Child**

P '06 '06 — **Adopted Child**

'13 '13 — **Twins**

'14 '14 — **Identical Twins**

'20 — **Pregnancy**
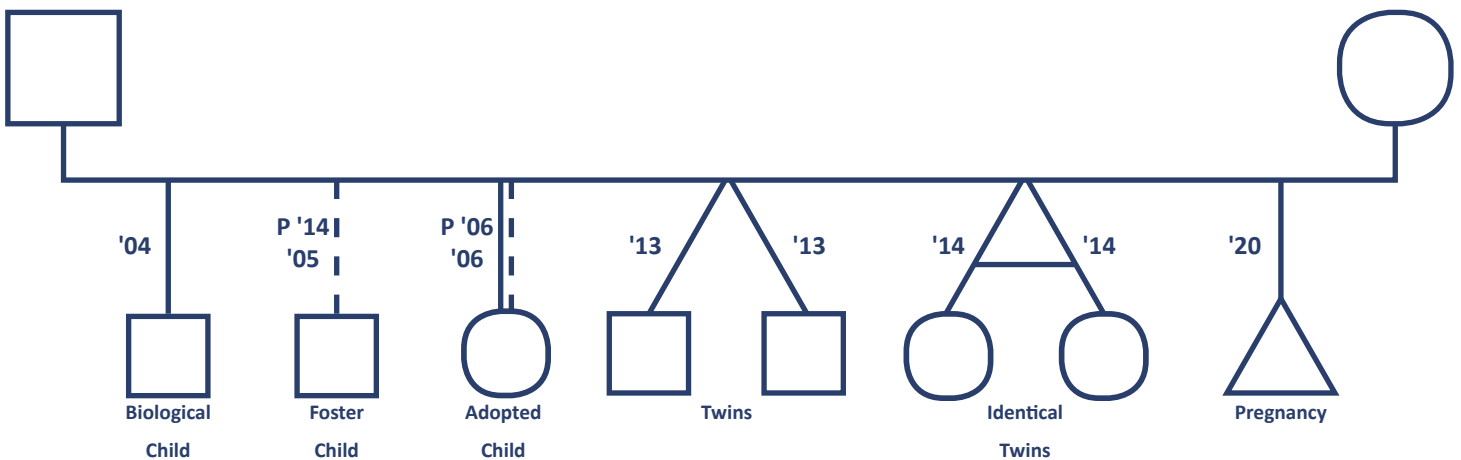
Genogram Example: Star Wars - Luke & Leia

Owen Lars   Beru Whitesun (Lars)

Anakin Skywalker
(Darth Vader)

Padme Amidala

Bail Organa   Breha Organa

Luke Skywalker   Han Solo   Princess Leia Organa (Solo)

Ben Solo (Kylo Ren)
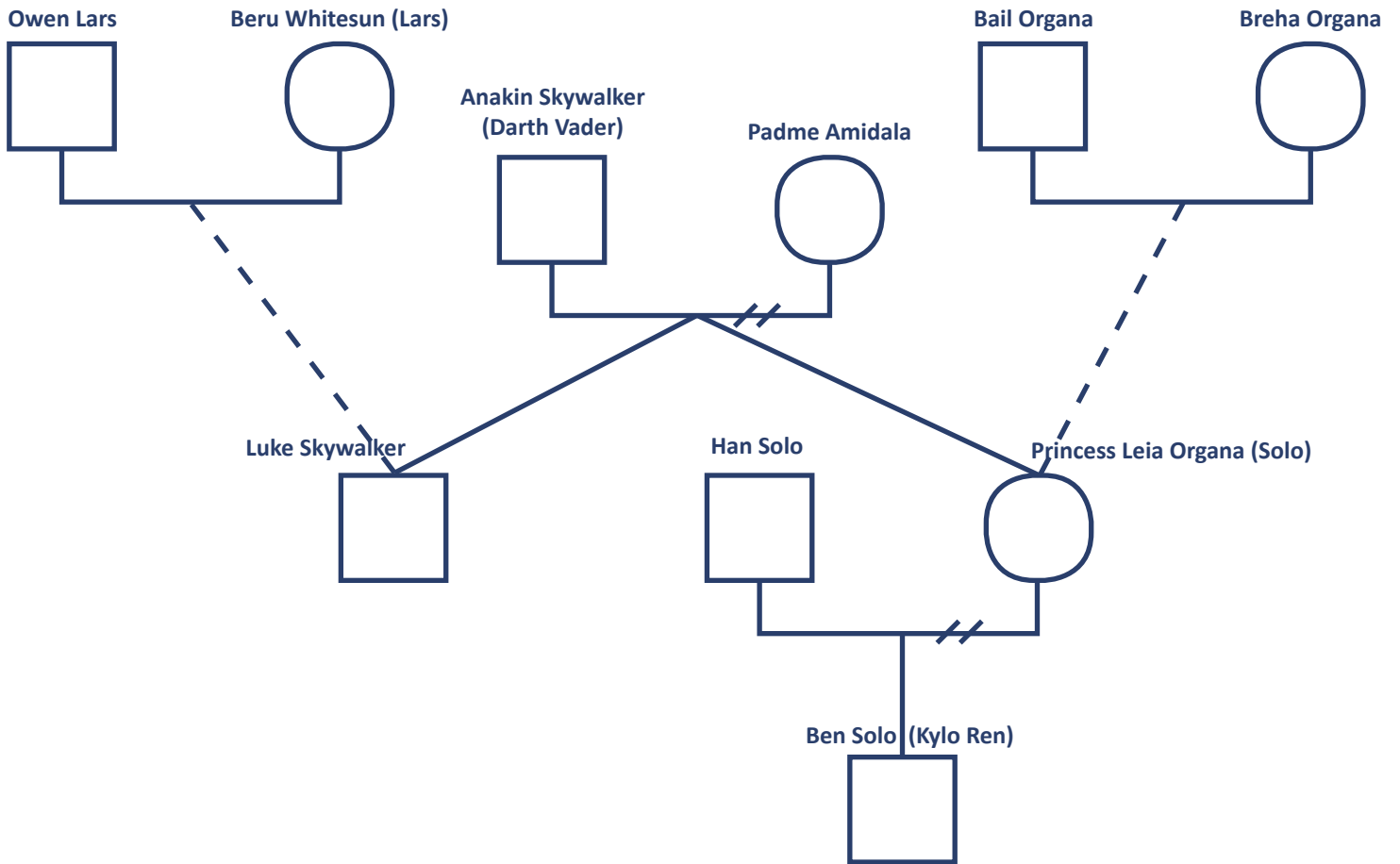
Virtual Contacts

Information Gathering with

Children

General Guidance for Virtual Contacts with Children/Youth

This job aid provides reminders for the Child Welfare Professional on what to consider before and during virtual contact with a child/youth.

Before Virtual Contact

Steps to Take	Ask Yourself	What to say to Parent/Caregiver Before the Virtual Contact with the Child/Youth
☐ Establish if the interview needs to be done in private. Enlist the parents help so they feel included	• Does the information I have right now indicate I must interview the child in private? • What would it take for me to feel confident the child/youth will be forthright even if the parent/caregiver is there?	• "I have already talked with your child/youth. When I talk to your child virtually, I typically like to do that in private. I know that can be difficult to do right now. I will need your help to make that happen. Where is a room in the house that the child can go to meet with me? How can we ensure the technology works? Can I call you during the interview if the child/youth gets stuck and needs help operating the technology?
☐ Define the key purpose of the contact	• What do I need to know, decide, &/or accomplish by the end of the contact? • • What needs to happen in the contact so I can answer the question, "Is this child/youth safe?"	• "Before I meet with your child I will prepare for a productive contact. Between now and then, think about any questions or concerns you may have about my contact with them. I will check in with you before I meet with the child/youth so that we can get your questions/concerns addressed beforehand."

44

Steps to Take	Ask Yourself	What to say to Parent/ Caregiver Before the Virtual Contact with the Child/Youth
☐ Decide how you will follow up with the parent/caregiver	• Based on what I know of the parent/caregiver what type of follow up will they want after I speak with the child/youth	• "After I complete the contact with the child/youth, I'll want to connect with you briefly so that I can let you know how it went and share any relevant information. Do you have 10 minutes available after the contact to meet with me?"

Before Virtual Contact Tips

- Secure a private location (e.g., home office, or room with a door)
- Dress in business casual attrite; avoid loud colors, checks, stripes, black/white
- Keep jewelry simple
- Remove audible distractions (e.g., turn off television, mute phone, and place pets in a different room)
- Position a noise reduction/white noise machine outside the door
- Ensure a neutral background appears on the camera; blue is the optimum color, use an adjustable screen or place a divider behind your chair, avoid background pictures
- Position yourself in from of a wall, not a door (in case someone comes in unexpectedly)
- Check audio continuity and clarity; if there is echoing, place pillows near the microphone
- Use headphones with a microphone to ensure clear audio and confidentiality

Steps to Take	Ask Yourself	Tools to Use
☐ Engage the child	• What can I reasonably expect of this contact given the child/youth's age, abilities, & interest? • What engagement strategies will I use?	• Review the Developmental Ages & Stages handout to set your own expectations for what the child can be expected to do during the virtual contact. Consider age and abilities when determining the duration and sequence of contact. • Review the How to Build Rapport with Children During Virtual Contact handout and decide on a strategy to build early rapport with the child.
☐ State the purpose and goals of the contact, check for understanding	• What was my key purpose for this contact?	• Review the agenda you drafted to help you prioritize the information you gather.
☐ Orient child to the virtual environment	• What functions do I need to explain to the child/youth so the virtual environment can feel friendly and familiar to them?	
☐ Provide COVID-19 related updates	• Did the parents/caregiver indicate they want me to check in with the child about their understanding of COVID-19? • Did I learn anything from the child that I can tell the parent/caregiver so they can help increase the child's understanding, or reduce worry?	• Review Trinka & Sam Fighting the Big Virus and What's Up with this Coronavirus? handout with the child to engage in conversation about this change in their circumstance and learn how they are making sense of it.

| Steps to Take	Ask Yourself	Tools to Use
☐ Observe the Child(ren)	• How does the child/youth look physically? • What parts of the child/youth body were visible during the contact? • Did you prompt the child to show your parts of their body (e.g., "You are looking so strong! Show me your muscles," or "Put your ear up to the camera, I need to know you're listening really carefully to these directions, ok now let me see the other one"). • Did the child get up and move around during the contact? What motions was the child/youth able to do (e.g., get up and walk around, jump up and down, etc.)? For example, "Run to your room to get a favorite item," or "Jump up and down if the answer is 'yes.'" • Were there any signs of pain or distress during movement? • What is the emotional state of the child? • Are there any concerning observations regarding the child's appearance, words, or behaviors?	• Review the Developmental Ages & Stages handout for developmental milestones to look for during the contact

Steps to Take

☐ Speak with child/youth, in private, if possible
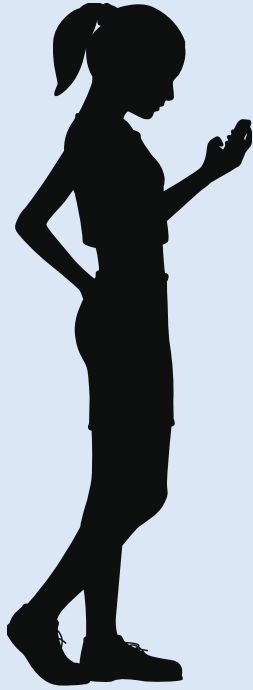
☐ Summarize content and list next steps

Ask Yourself

- Was I able to speak and or interact with all children in the home?
- Did I give the child the option of using the chat box if there was information they did not want to share aloud?
- Did the child describe any conditions in the home that are of concern to CPS (i.e., new or reemerging danger)?
- What did I learn about the child's safety?
- What did I learn about the child's well-being? Physical & emotional/mental health? Learning and development?
- Were there any concerns noted in the child's appearance or behaviors?
- Did the child say anything that CPS would be concerned with?
- What did I learn from the child/youth?
- Did I repeat what I learned back to the child so that they had a chance to correct me?
- Based on what I heard, what do I need to do next?
- What concrete thing can I tell the child/youth about next steps?
- Did I provide contact information for the child/youth in case there is an emergency?

Tools to Use

- Review the different types of tools you can use to gather information during a virtual contact. Decide if you want to use one of these tools:
  - *Engaging the Expert with Two Circles*
  - *Genogram*
- Review the Using the Whiteboard Function in Zoom handout and test the functions if you decide you want to use them instead of pen and paper
- Review the Interview Questions for Children handout and select relevant questions you want to ask during your contact
- Review the Developmental Ages &Stages handout to decide what information you can share back with the child/youth at the end of the session toprovide them with a concrete understanding of what will happen next.

During Virtual Contact Tips

- Continue to check in on how they are doing and ensure services are delivered in an ethically and efficient way
- Look directly at the camera and lean forward on occasion
- Be 10% more active/lively than usual to be as effective as in person meetings
- Pay attention to lighting so that your face is not in a shadow
- Gaze the upper third of the screen; do not be looking down at the bottom of the screen
- Avoid shuffling papers, sniffling, tapping fingers or pen, and typing

Interview Questions for Children

This job aid provides a list of questions for the Child Welfare Professional to consider asking a child/youth to further understand the impact of the COVID-19 pandemic.

Child Functioning

- Tell me about your day.
- What are you doing for fun?
- What do you miss the most about school? Why?
- How are things going for you?
- Are you feeling okay?
- How is learning (school) going? What new thing did you learn this week?
- Is there something you are worried about this week? Looking forward to?
- Who is someone you go to when you are scared? Feeling sad? What do they do to help you feel better?

Define the household and learn more about disciplinary approaches, parenting practices, and family functioning

- What things do you like to do at home?
- What do you like to do with your family?
- What are some of the best things about being at home?
- Do you have responsibilities at home? What are they?
- Who lives and stays in your home (including pets)? Who visits?
- Who is taking care of you? What are they doing to make sure you have everything you need? What do they do?
- Who goes out and gets food for you?
- What is your favorite food to get at the grocery store?
- What do you like to eat? Who makes your meals? Who do you eat with?
- What are the rules in your house?
- What happens when someone (sibling, pet, parent) breaks a rule?
- What have you done in the last few days that you got into trouble for?
- What happens when you get in trouble?
- What is everyone doing during the day?
- Do you have activities you do together?
- Tell me how things are going at home.
- Are you worried about anything?
- How is everyone getting along with each other? Is anyone having a particularly hard time?
- Where do you sleep at night? Does anyone else sleep with you? Do you sleep well?
- Who wakes you up in the morning?
- Who takes care of you when you get hurt? What do they do?
- Are you worried about anyone? Why?
- How can you tell when someone in your home is having a particularly hard time? What do they do? What makes them feel better

When monitoring/reassess safety

- Older children: do you understand why professionals are involved and understand what they are doing?
- What happens when you go to or receive services from (safety service provider)? What did you learn? What was frustrating? Interesting?

How to Build Rapport
with Children During Virtual Contact

This job aid provides the Child Welfare professional with ideas on how to build early rapport with children ages 4-12 years old.

It can be particularly challenging for the CPS professional to build rapport with a child when the two are in different physical locations and a screen separates them. Since early efforts to engage children is key to sustaining their interest and attention this document highlights considerations and offers suggestions to support the CPS professional during subsequent contacts with children.

Tips:

- Pay attention to age and development. Children's and youth's attention span will vary and impact how long they are able to interact via video or phone. Special considerations may be needed for young children or children/youth with disabilities or other special needs.
- Make it a social, interactive experience – consider using aids to engage with children or youth.
- Consider the time of day that you're interacting with the child or youth; try to avoid times in the day where the child or youth may be more distracted, such as during mealtimes.
- Manage your own expectations for how you will interact with the child/youth via video or phone and what information you will be able to gather. Be patient, go slowly, one step at a time, and try not to get frustrated.

Engagement Strategies for Children

Jump (ages 4-8)

Explain to the child, "We are going to stand in front of our screens so we can both see each other. O'm going to ask you some questions, and if the answer to the question is YES, then you will jump up and down two times. If the answer to the question is NO, then you woill stand still. For example, if the question is: 'Jump up and down two times if you have a pet' then you will jump up and down two times if you have a pet, and you will stand still if you do not have a pet."

Sample Questions
- Jump up and down two times if you are wearing socks
- Jump up and down two times if you have brown hair
- Jump up and down two times if you have an older sister
- Jump up and down two times if you have broccoli
- Jump up and down two times is you are wearing blue
- Jump up and down two times if you have a pet

Lowenstein, L. (2020). Creative interventions for online therapy with children: Techniques to build rapport [PDF file].
www.lianalowenstein.com

Sample Questions Continued
- Jump up and down two times if you love chocolate
- Jump up and down two times if you like green
- If you like to build stuff with Legos
- If you are wearing shoes
- If you like ice cream
- If you have a younger brother
- If your name starts with the letter J
- If you have ten fingers and ten toes
- If you are in grade 2

Copy Me (Ages 4-8)

Explain to the child, "We are going to stand in front of our screens so we can both see each other. I'm going to clap my hands in a certain way, then you have to copy me. For example, if I clap my hands three times softly, then you have to clap your hands three times softly. We'll play a few rounds."

Variations: Make a funny face for the child to copy. Make a funny body movement for the child to copy.

Rock, Paper, Scissors (ages 4-10)

CPS professional and child each make a fist with one hand and they tap their fists, once, twice, and on the third time, form one of three items: a rock (by keeping the hand in a fist), a sheet of (paper by holding the hand flat, palm down), or a pair of scissors (by extending the first two fingers and holding them apart). The winner of that round depends on the items formed. If the same item is formed, it's a tie. If a rock and scissors are formed, the rock wins because a rock can smash scissors. If scissors and paper are formed, the scissors win because scissors can cut paper. If paper and a rock are formed, the paper wins, because a sheet of paper can cover a rock.

In this adapted version of the game, play Rock, Paper, Scissors. The winner gets to ask the other person a question (see sample questions below). Since this is a rapport-building activity, the questions should be easy to answer and require minimal emotional risk-taking.

Some children might have difficulty coming up with questions to ask the Child Welfare Professional. As such, prior to the session, it is recommended to cut out the questions, place them in a bag, and the child can decide

The child can devise their own question, or have the Child Welfare Professional pick a question to answer from the bag.

Sample Questions for Rock, Paper, Scissors:
- What's one of your favorite colors?
- What's one of your favorite animals?
- What's one of your favorite TV programs?
- What's one of your favorite breakfast foods?
- What's one of your favorite snack foods?
- What's one of your favorite desserts?
- What's one of your favorite flavors of ice cream?
- What's a food you really hate?
- What's a food you really hate?
- What's one of your favorite books?
- Who is one of your favorite TV characters?
- What's one of the best gifts you have ever received?

All About Me Show and Tell (ages 6-10)

Explain to the child, "We're going to do an activity called 'All About Me Show and Tell.' I'd like you to go get something in your room (or home) that's important to you, and bring it back to show me. Then we'll play 'SHOW and TELL' (you will SHOW me the item and TELL me about it). The item might be a favorite toy, stuffed animal, photo, something you made, an item from a collection, or an award you won. You have 30 seconds to go find the item and bring it back to show me."

Allow the child ample time to show and discuss the item. Ask exploratory questions about the item to show an interest and to further engage the child.

Younger children will require the assistance of a parent to appropriately move away from the screen as they go find the item.

Five Favorites (Ages 6-12)

Prior to the session, cut out five game cards (see sample questions below), fold each card, and place the cards in a paper bag.

Sample Game Cards:
- Favorite color
- Favorite food
- Favorite TV show
- Favorite animal
- Favorite movie

Funny Faces (ages 8-12)

Child Welfare Professional and child will each need a piece of paper and something to write with.

Explain to the child, "We are going to sit in front of our screens so I can clearly see your face and you can clearly see my face. We are going to try and draw each other's faces but the rule is we have to look at each other and can't look at our drawings until both our drawings are finished. We're going to draw each other at the same time. We will start drawing when I say "GO!"

As the drawing begins, the child usually tries to peek at their drawing and this usually creates a lot of laughter as the practitioner keeps reminding the child of the no peeking rule.

When the Child Welfare Professional and child are both done, they hold up what they have drawn and this usually creates more laughter.

Next discuss what parts of the drawing look most/least like the other person.

INFANT
Birth to 18 months

DEVELOPMENTAL CONCERNS

Colic: unknown cause, no known "cure"; inconsolable crying, usually begins around 2-4 weeks; often continues until 3 months of age; baby often cries for as long as 3 hrs. usually beginning after 6:00 pm., lasting until midnight, can occur anytime

Consult Physician for the following conditions:

Wheezing (before 6 months): can be a symptom of bronchitis

Chronic ear infections: usually begin after three months of age; may impede language development

Gastroesophageal Reflux (GER): most babies cry incessantly, may vomit dozens of times per day

Diarrhea: loose, watery stools more than 6 to 8 times daily, danger of dehydration – dry mouth/ decreasing numbers of wet diapers

Pyloric stenosis: projectile vomiting caused by obstruction of valve between stomach & small intestine

Cerebral palsy: head lag after 5 mon.; doesn't transfer objects across midline by 7 mon., falls forward in sitting position after 8 mon.; drags legs, walks on tiptoes, persistent use of one hand

Social/Communication - Red Flags for Developmental Disabilities : No big smiles/warm/joyful expressions by 6 mon., no back-and-forth sharing of sounds/smiles/or other facial expressions by 9 mon. or thereafter; no babbling by 12 mon.; no back-and-forth gestures (pointing, reaching, waving) by 12 mon. no words by 16 mon.; loss of speech/babbling or social skills at any age

COGNITIVE

2-4 months: early sounds usually vowels (eh, ah)

4-8 months: babbling most vowels, half of the consonants; interest in objects; tracks across midline; discriminates between people – known & unknown; vocalizes when talked to

8-12 months: may say one or two words; imitates sounds; responds to simple commands & own name

12 months: achieves object permanence (objects do not vanish when hidden)

12-18 months: takes things apart; says at least 6 words; communicates by pointing; gets known objects when asked

EMOTIONAL

5-6 months: stranger anxiety

8-10 months: separation anxiety

10-12 months: tuned in to verbal & nonverbal cues, which communicate affection or rejection; the infant is determining his/her place in the world – whether s/he is valued or devalued.

12-18 months: attachment relationship is being formed

PHYSICAL

Birth-2 months: simple reflexes - grasping, sucking

2-4 months: lifts & turns head; head lags when pulled to sitting position; bats at objects; can make vowel sounds (eh, ah); grasps objects

4-8 months: can track items across midline; can lift head & sustain position; can sit with support, back rounded; head lag disappears; brings objects to mouth

8-12 months: crawls; develops finger-thumb opposition & eye-hand coordination (can retrieve toy); sits without support

12 months: average age for walking (can vary from 8 months to 16 months); says mama, dada

12-18 months: holds & drinks from cup; waves bye-bye; scribbles with crayon grasped in fist; takes things apart; begins to use spoon; climbs

SOCIAL

Birth-2 months: prefers to look at human faces; recognizes mother's voice; likes to be held & rocked

2-4 months: beginning to smile; cries when annoyed

4-8 months: laughs out loud; can smile at recognized persons; begins to coo; listens to voices; likes patty-cake & peek-a-boo

8-12 months: repeats sounds made by others

12-18 months: sustains social contact, may show displeasure if contact broken

TODDLER
18 months to 3 years

PHYSICAL

18-Month-Old: sleeps 12 hours/night; naps; pretty good balance, can stoop & recover, can finger-feed; will hold objects with fingers rather than whole hand; opens closets, drawers; stacks 2-4 blocks

2-Year-Old: walks well, goes up & down stairs, runs, uses spoon & fork, turns pages singly, kicks ball, attempts to dress self, builds 6-block tower, pushes or pulls toys with wheels

SOCIAL

18-Month-Old: imitate adult behaviors; very social; likes simple pretend play

2-Year-Old: solitary or parallel play; dependent on adult guidance; can describe immediate experiences; listens to stories; socially immature (doesn't understand how others feel, think); may follow simple directions; strong sense of independence ("no," temper tantrums)

COGNITIVE

18-Month-Old: imitative play (use toy lawn mower appropriately); ball is thrown; comprehends spoken language

2-Year-Old: says words (about 270), phrases & simple sentences; understands simple directions; identifies simple pictures (symbolic thought – words stand for objects, receptive language); short attention span

EMOTIONAL

18-Month-Old: temper tantrums; says "no"; wants things "right now"; may be physically aggressive when frustrated; may do opposite of what s/he is told

2-Year-Old: self-centered; possessive; easily frustrated; can't choose between competing alternatives; enjoys physical affection; likes repetition, consistency; responds to humor or distraction better than to discipline or reason; more ready to explore environment

DEVELOPMENTAL CONCERNS

Social/Communication Red Flags for Developmental Disabilities:

No 2-word meaningful phrases (without imitating or repeating) by 24 mon.; any loss of speech or babbling or social skills at any age

Developmental Delay (by age 2): cannot walk by 18 mon.; fails to develop a mature heel-toe walking pattern after months of walking, or walks only on his/her toes; does not follow simple instructions by age 2; cannot push a wheeled toy by age 2

Developmental Delay (by age 3): frequent falling/difficulty with stairs; persistent drooling or very unclear speech; inability to build a tower of more than 4 blocks; difficulty manipulating small objects; inability to copy a circle; inability to communicate in short phrases; no "pretend play"; failure to understand simple instructions; little interest in other children; extreme difficulty separating from mother

55

PRESCHOOLERS

3 years to 6 years

PHYSICAL

3-Year-Old: runs well, stands briefly on 1 foot; feeds self well, pours from pitcher; puts on socks, buttons & unbuttons; draws circles & crosses; builds 10-block tower; perpetual motion

Rule of Three: 3 ft tall, 33 lbs., 3 years old

4-Year-Old: gains 4-5 lbs., 3-4 inches; self-sufficient in many home routines; wash & dries face; can dress self except tying; draws "person"

5-Year-Old: gains 4-5 lbs., 3-4 inches; hops; skips; skates, rides bike; prints simple letters; can tie shoes; small muscle develop; girls about 1year ahead

COGNITIVE

3-Year-Old: vocabulary 900 words; uses short sentences; uses words to express thoughts; answers questions; matches primary colors; begins to recognize size /shapes; imaginative; magical thinking; enjoys music; most become toilet trained this year (girls earlier than boys)

4-Year-Old: uses complete sentences (1,500 words); endless questions; dramatic; can draw simple objects

5-Year-Old: talks clearly; 2,000 words; tells long stories; knows colors; follows directions; knows difference between fact & fiction; knows age; simple time concepts (night, day, later, after)

SOCIAL

3-Year-Old: parallel play, but likes being around others; can take turns; enjoys brief group activities that don't require skill; toys are focus of play; likes to "help" – responds to verbal guidance

4-Year-Old: cooperative play; highly social; talkative; may play group activities like tag, duck-duck-goose, understands rules;

5-Year-Old: has "special" friends; can play simple board games that require taking turns & observing rules; eager to take responsibility

EMOTIONAL

3-Year-Old: more easy going, less resistant to change; greater sense of personal identity; beginning to explore environment; imaginary friends

4-Year-Old: seems surer of self; can be reckless in behavior; may be defiant; needs limits; imaginary fears

5-Year-Old: self-assured, home-centered; likes to be with mother; enjoys responsibility; knows "right & wrong," but doesn't understand concepts behind rules

DEVELOPMENTAL CONCERNS

Asthma: coughing and/or making a whistling or wheezing sound as s/he breathes

ADHD: more active, more easily distracted, more excitable than peers; specific signs

Exhibits three or more of the following:

- Difficulty paying attention to activities that interest other children his/her age
- Difficulty following simple instructions
- Repeated running into the street, interrupting other children's play, racing through off-limits areas without considering consequences
- Unnecessarily hurried activity, such as running, touching, and jumping without periods of rest
- Sudden emotional outbursts, such as crying, angry yelling, hitting, or frustration that seems inappropriate
- Persistent misbehavior despite being told "no" many times

SCHOOL AGE
6 years to 12 years

PHYSICAL

Early School-Age: growth slow, but steady, 3 to 4 in, per year; active, energetic, lots of motion; prime time for developing gross & fine motor skills necessary for sports & music

Late School-Age: perfect gross & fine motor skills; can perform complex motor activities – skateboard, piano, gymnastics; early physical development associated with puberty

COGNITIVE

Early School-Age: "five to seven shift" – striking progress in children's cognitive development between ages 5 -7; significant advances in reasoning, logic, memory, problem solving; use language as tool to enhance communication, recognize the difference between behavior & intent; good time to learn foreign languages; begin to read & write, well developed concepts of time & numbers; attention span ~15-20 min

Late School-Age: end of prime time for learning foreign languages; can exchange thoughts & opinions; can understand others' perspectives; can compromise/identify new solutions; distinguish between "pretend" & "real"; good understanding of space, time, & dimension; most thinking is very concrete, abstract thinking may begin to emerge

SOCIAL

Early School-Age: expanding world – school, church, neighborhood; best friends and peer groups; rules thought to be unchangeable; social roles are perceived as fixed & defined (teacher, clergy, coach); fairness is important

Late School-Age: understanding of rules & social roles expands (rules can be negotiated & adapted; social roles encompass activity, life is broader than that role); notices gender differences; more aware of personal appearance

EMOTIONAL

Early School-Age: fear of the unknown; sensitive to criticism; still loses control of emotions; "good" & "bad" usually defined by family values

Late School-Age: often attached to an adult (coach, teacher, neighbor); increasingly responsible & dependable; gains pleasure from results of own efforts – needs to experience success; sensitive to others' opinions of him/her; increasing self- control & tolerance of frustration; can delay gratification

DEVELOPMENTAL CONCERNS

Developmental Disabilities: a developmental disability is a condition or disorder, physical, cognitive, or emotional in nature, which has the potential to significantly interfere with the normal process of a child's growth and development. To be considered a "developmental disability" the disorder must be present and affect the child before age 22.

Possible disorders include: intellectual disability, cerebral palsy, epilepsy, autism, learning disabilities, speech and language disorders, spina bifida, hearing loss and deafness, visual disorders and blindness, orthopedic disorders, and congenital malformations

Dyslexia: (common signs): Reversing letters/ numbers or seeing them upside down; reading very slowly; struggling to decode words; continually misspelling fairly simple words; most children have these problems when they first learn to read; if no improvements are made over several years, these problems may be a sign of dyslexia.

If, by age 7, the child often does the following, consult a physician:
- Confuses the order of letters in words
-Does not look carefully at all letters in a word, guessing word is from first letter
-Loses place on a page while reading, sometimes in the middle of a line
-Reads word by word, struggling with almost every one of them
-Reads slowly, tires easily from reading

Note - difficulties with school activities (learning and memory), peer interactions, and behaviors: may be the result of prenatal exposure to alcohol or other drugs

Anorexia: now seen as early as age 8 or 9; a mental illness defined by an obsession with food and an acute anxiety about weight gain; more often seen in girls, but increasingly being seen in boys

See also red flags Preschooler ADHD

ADOLESCENCE
12 years to 21 years

PHYSICAL

Early & Middle Adolescence: rapid gains in height and weight: boys – 4 inches in one yr., girls – 3.5 inches in one year; weight – boys (muscles), girls (body fat); develop secondary sex characteristics: boys (pubic hair, voice changes, facial hair; increased sweat, acne), girls (pubic hair, underarm hair, breasts, increased sweat, acne); need 9.5 hours sleep; can be clumsy; significant brain changes occurring

Late Adolescence: sexually mature; generally have reached adult height & weight; final sculpting of the brain

COGNITIVE

Early & Middle Adolescence: developing advanced reasoning skills – hypothetical, "what if"; developing abstract thinking skills– consequences, things that cannot be seen, heard, or touched (trust, beliefs, spirituality); able to demonstrate higher level thinking skills in situations of "cold cognition" (little or no emotional connotation or context, i.e., classroom), less able to do so in emotional situations (risk-laden circumstances &/or with peers)

Late Adolescence (18-21): more likely to display affect regulation – understand consequences of behaviors & act appropriately even in emotionally-laden situations; however, for many, this is still a developing capacity

SOCIAL

Early Adolescence (12-14): distancing from parents; identification with peers and peer standards; social status related to group membership; acceptance important

Middle Adolescence (14-17): more one-to- one relationships – same & opposite sex; intimate relationships (deep sharing – loyalty, understanding); sexual experimentation; may espouse moral beliefs, but behave in a contrary fashion

Late Adolescence: more likely to re-establish relationships with adults; able to share thoughts on same level; adults again are considered to be reliable sources of ideas, opinions; better able to control behaviors to coincide with personal values

EMOTIONAL

Behavior largely driven by emotions, high emotional intensity they lack full control of behaviors; establishing personal identity, autonomy–make & follow-through on decisions, establish right & wrong; intimate relationship(s); comfortable with sexuality; sense of individual talents and abilities

Early Adolescence: most emotional time; engage in risk-taking activities; volatile; mood swings; lack judgment in high intensity situations

Middle Adolescence: may become very skeptical of previously accepted values; pursuing own "truth"; identity/values struggles

Late Adolescence: self-image, self-identity (+/-) largely formed based on experience & perception of one's "place"

DEVELOPMENTAL CONCERNS

Headaches and Migraines: Headaches common in teens (50-75% report at least one per month); usually tension headaches or migraines

Headaches most commonly caused by:
- Illness - viral infections, strep throat, allergies, sinus infections and urinary tract infections, fever
- Skipping Meals– not getting enough fluids, which leads to dehydration, also may cause a headache.
- Drugs - alcohol, amphetamines, cocaine, and other drugs
-Sleep problems
- minor head injuries
- certain foods (dairy products; chocolate; food additives like nitrates, nitrites and monosodium glutamate).
- Prescribed medication (birth control pills, tetracycline for acne, high doses of Vitamin A.

Only in very rare cases are headaches a symptom of a brain tumor, high blood pressure or other serious problem.

Suicidal Thoughts and Depression: suicide is third leading cause of death among young people 15-24 years old, many teens who consider suicide suffer from depression - unhappiness, as well as feelings of inner turmoil, chaos, and low self-worth; persisting sadness, hopelessness and anger.

Alcohol and Drug Abuse: may alter adolescent brain development and lead to addiction; may be associated with depression.

Schizophrenia: affects an estimated 1 percent of Americans; symptoms include hallucinations, delusions, bizarre and psychotic thoughts, hearing voices, and depression; causes are unknown; typically hits without warning in the late teens or 20s.
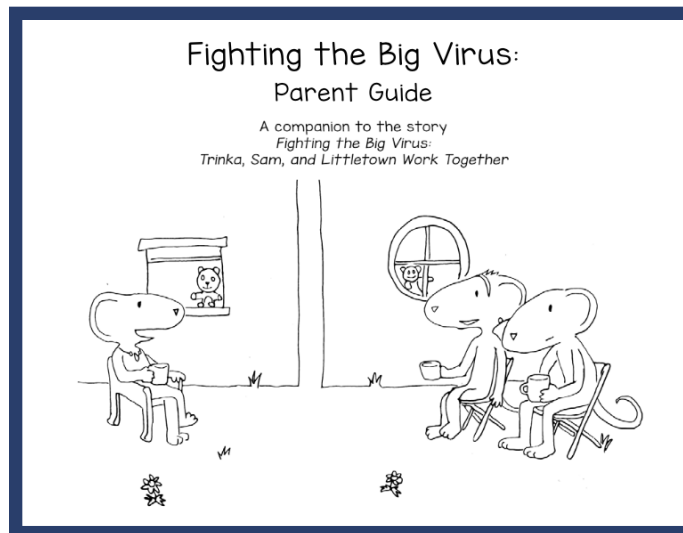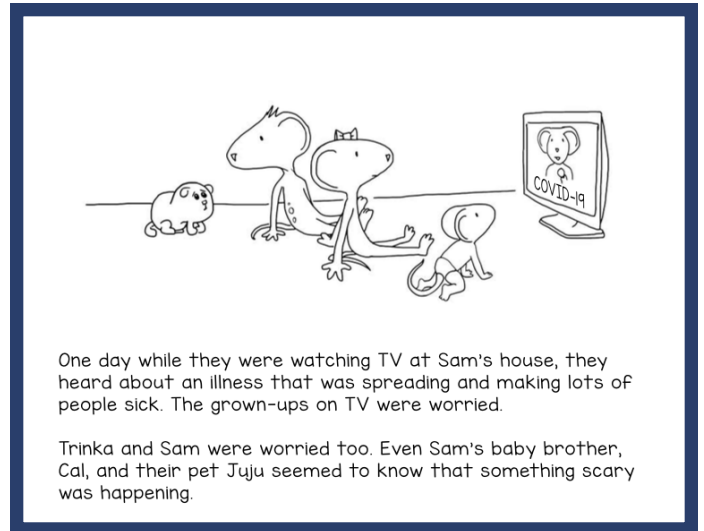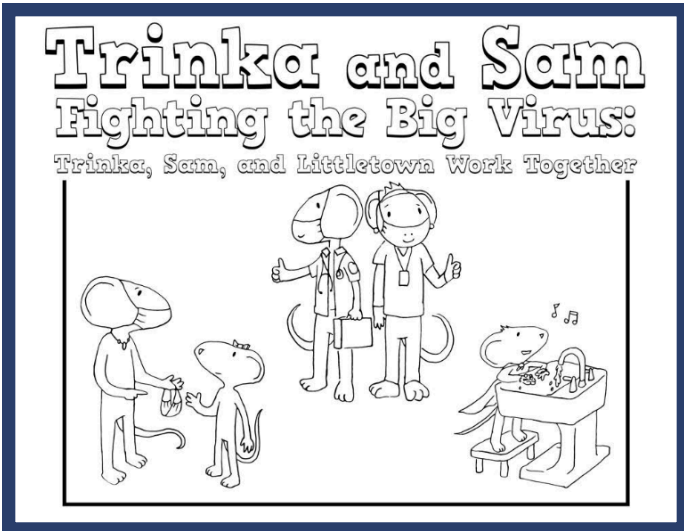
See also School-Age Anorexia.
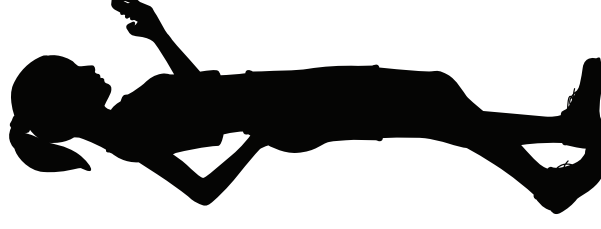
Trinka and Sam Fighting the Big Virus

The purpose of this job aid is to introduce the Child Welfare Professional to a tool that can be used to engage a child on the topic of COVID-19. Includes a parent guide to help parent's talk to children about the COVID-19 pandemic. See bibliography for full picture book reference.

One day while they were watching TV at Sam's house, they heard about an illness that was spreading and making lots of people sick. The grown-ups on TV were worried.

Trinka and Sam were worried too. Even Sam's baby brother, Cal, and their pet Juju seemed to know that something scary was happening.

Fighting the Big Virus:
Parent Guide

A companion to the story
*Fighting the Big Virus:
Trinka, Sam, and Littletown Work Together*

Ippen, C.M.G., & Brymer, M. (2020, April 18). Fighting the big virus: Trinka, Sam and Littletown work together [PDF file]. Piplo Productions.
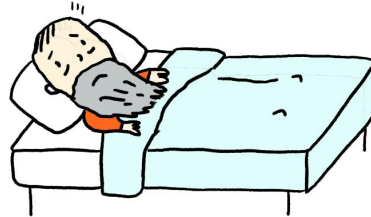
WHAT'S UP WITH THIS CORONAVIRUS ?

The purpose of this job aid is to introduce the Child Welfare Professional to a tool that can be used to engage a youth on the topic of COVID-19.

The coronavirus is a germ. It's so small that we can't see it.

MWAH HA HA! I'm invisible!

When kids get this virus, most of the time it's no big deal. But adults and especially older people can get really sick.
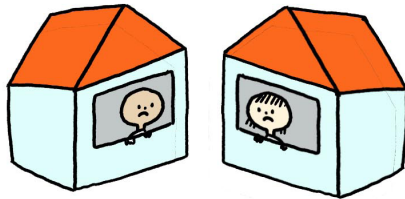
The Coronavirus travels from person to person if they touch or come close together. It can spread to many people very fast.

There's a new home for you, my child!

To slow down the virus and to keep it from making too many people sick, many schools are now closed and people are asked to stay home as much as possible.
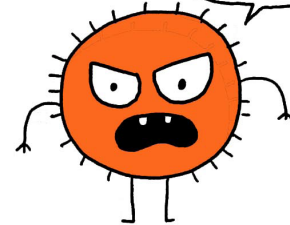
People who are sick are asked to stay at home alone to keep the virus from spreading to new people.

It's ok, Grandma, we'll talk on the phone instead!

It's hard not to be together but it makes it even harder for the virus to spread to new people.

Oh, shoot.

Even when we don't feel sick, we can help slow down the virus by washing our hands often, coughing into our arms and avoiding crowds.

Cough!

When we slow down the virus, we give scientists and hospitals more time to find a cure and to take care of sick people.

If everyone makes an effort, we can protect each other and save many lives!

Okay, okay, I get it! I'm leaving.

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With help from Simon Gravel

Gravel, E. (n.d.) Coronavirus: free printable comic for kids.

http://elisegravel.com/en/blog/coronavirus-free-printable-comic-for-kids/?fbclid=IwAR3vgQ8_