

# **CWS5011W: Case Documentation**

## **LEARNER HANDOUTS**

**October 4, 2023**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

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**LTD** Local Training  
and Development

VDSS Family Services Training would like acknowledge the Pennsylvania Child Welfare Resource Center and the University of Pittsburgh-School of Social Work, the Family and Children's Resource Program, Jordan Institute for Families UNC-Chapel Hill School of Social Work, and the Academy for Professional Excellence/Project MASTER and the Adult Protective Services Training Project, Bay Area Academy San Francisco State University School of Social Work for graciously granting permission to VDSS to use and adapt curriculum for this course.

## Agenda

	<b>Content</b>
	<b>Activity A:</b> Welcome and Introductions
	<b>Activity B:</b> Value of Good Case Documentation
	<b>Activity C:</b> Advanced Writing Skills: Video Camera & GIRPP
	<b>Activity D:</b> Advanced Writing Skills: Relevance, Sequencing, & Transcription
	<b>Activity E:</b> Skill Building Application
	<b>Activity F:</b> Special Documentation
	<b>Activity G:</b> Summary & Closing

## Practice Profiles Documentation Skill Sets

Optimal Practice	Developmental Practice	Unacceptable Practice
<b>1. Language/Communication</b>		
<p>Uses a concise narrative that reflects all facts pertinent in providing a historical testimonial to the work done throughout the life of the case, while reflecting the depth of information that is needed for assessment, planning, and decision making.</p> <p>When information is shared with families, sensitivity is given to their traumatic experiences while maintaining and honoring full disclosure. This is especially relevant during Family Partnership Meetings.</p>	<p>Uses a narrative to provide historical testimonial that may be lacking in facts or including details not pertinent to the case.</p> <p><i>Examples:</i></p> <p>Develops a service plan unreflective of all identified needs of the family or the level of risk.</p> <p>Completes assessments which lack the full history of the family necessary to develop the service plan.</p> <p>Documents key elements such as "Dispositional Assessment" and "Justification for Level" with facts insufficient to support a decision regarding abuse and neglect.</p>	<p>Narrative provides limited information indicating that the worker fails to gather pertinent facts in the field. Narrative reflects an inaccurate accounting or lacks any detail to support decisions or conclusions.</p> <p>Documentation of interactions with the family does not reflect the depth of information that is needed to develop assessments, service plans and for making important decisions or be a true historical document for the life of the case.</p>
<p>Demonstrates the understanding that documentation is a reflection of professionalism and, as the official record, it has to meet the requirements of all state/ federal laws, regulations and standards of practice.</p> <p><i>Examples:</i></p> <p>Avoids subjective decision-making and remains objective in the gathering of information.</p> <p>Uses an appropriate degree of formality for the intended audience, and refers to family members and collateral contacts by full name and identified role in the case.</p> <p>Uses appropriate grammar, terminology, and spelling, while avoiding jargon and abbreviation.</p> <p>Documents information that is factual and relevant to the purpose of involvement with the family.</p> <p>Focuses on transparency without "surprises" with documents supplied to the court.</p>	<p>Inconsistently uses objectivity and formality when creating the document. May not have a total awareness or understanding of how documentation is a reflection of professionalism and that as the official record has to meet the requirements of all state/ federal laws, regulations and standards of practice that DSS has the responsibility to follow. Occasionally does not use the degree of formality an official record requires.</p>	<p>Documents opinions without facts to support them. Uses jargon, lingo, and abbreviations, as well as inappropriate degree of informality for the intended audiences. Narrative includes poor grammar, repeated misspellings, and inappropriate terminology. State/federal laws, regulations and standards of practice are neglected.</p>

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## Practice Profiles Documentation Skill Sets

Optimal Practice	Developmental Practice	Unacceptable Practice
<b>2. Youth, Family and Caregiver Voice</b>		
<p>Values the importance of conversations with the family and youth. The client's perspective is consistently reflected in the case record by incorporating clients' own words, stories, goals, and feedback. Documents information obtained during all meetings gathered using various interviewing skills.</p> <p><i>Examples:</i></p> <p>Solicits and records responses gathered from open-ended questions to gain detailed information beyond the immediate safety, well-being and permanency concern.</p> <p>Provides detailed information gathered about family experiences, where they have lived, extended family members, how they view their children, recreational activities, and what they like about being a parent.</p>	<p>Inconsistently includes clients' own words, stories, goals, and feedback. Documentation focuses solely on safety, well-being, and permanency. Selectively gathers and/or incorporates collateral information.</p>	<p>Documentation reflects worker's bias and opinions, as opposed to objective behavioral observations and direct input from the clients. Documentation does not incorporate information from the family or collateral contacts.</p>
<p>Documents interactions with children and families to reflect their participation in case decisions. Includes a precise narrative of what is discussed including the family's reactions and thoughts.</p> <p><i>Examples:</i></p> <p>Records the family's opinions and their contributions to the decision making process.</p> <p>Includes the parent's knowledge of their child and what they would like to happen with problematic behavior.</p> <p>Documents the family's insight regarding the reason for DSS involvement.</p> <p>Uses tools such as Eco-mapping, Genograms and probing questions to help determine children's safe places and to identify people to help determine their needs.</p>	<p>Selectively documents interactions with children and families. Narrative may include limited or general details of the family's reactions and thoughts.</p>	<p>Documentation is not inclusive of family input. Contains worker opinions and biases. Omits the clients' own words, stories, goals and feedback.</p>

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## Practice Profiles Documentation Skill Sets

Optimal Practice	Developmental Practice	Unacceptable Practice
<b>3. Respect for Family Privacy</b>		
<p>Follows all federal/ state laws, regulations and standards of practice for releasing information. Secures the consent of the family, ensures they have a full understanding of why the information is needed, and who will be receiving it. Documents the purpose of and recipient for all released information. Ensures all necessary consents for release of information have been acquired and are present in the formal record. Information about children's needs is shared when appropriate.</p> <p><i>Example:</i></p> <p>Shares information about the child's needs such as traumatic experiences so that substitute caregivers don't trigger those memories.</p>	<p>Makes observable effort to learn all state/federal laws, regulations guidance and standards of practice that governs the protection and release of client information. Frequently seeks supervisor assistance to determine conditions when it is appropriate to release information.</p>	<p>Shares information regarding the clients in a reckless manner without regard for the laws and regulations that governs its release. Displays a lack of respect for the client's right to privacy.</p>
<p>Conveys respect for the family by asking permission to take notes or record an interview. Informs the family of their right to see information in their formal records and shares the laws, regulations and guidance that govern the transparency of our record keeping.</p>	<p>Inconsistently informs clients of their rights regarding access to their formal record, how to access the information, or who is entitled to their information either with or without their consent.</p>	<p>Does not inform clients of their rights regarding access to their formal record, how to access the information or who is entitled to their information either with or without their consent.</p>
<p>Follows the protocols and rules of storing, maintaining and purging information set forth in law, regulation and guidance.</p>	<p>Follows the protocols and rules of storing, maintaining and purging information set forth in law, regulation and guidance but with continual supervisory oversight.</p>	<p>Regardless of supervisor prompting, does not follow the protocols and rules of storing, maintaining and purging information set forth in law, regulation and guidance.</p>

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## Practice Profiles Documentation Skill Sets

Optimal Practice	Developmental Practice	Unacceptable Practice
<b>4. Timeliness</b>		
<p>Demonstrates the importance of timely and accurate input of case information by consistently reflecting names, dates, times, and descriptions of all contacts with the clients, collaterals and service providers. This prevents families from having to retell their traumatic history.</p> <p><i>Examples:</i></p> <p>Uses techniques such as time management, protected time and organizational skills to meet all deadlines in a timely manner.</p> <p>Ensures that the case record is in compliance with mandatory guidance and program requirements such as response times, mandatory contacts, and timely data entry.</p> <p>Responds timely to emails and voice mails.</p>	<p>Reflects names, dates, times, and descriptions of all contact with the clients, collaterals and service providers in the case record with supervisory oversight.</p>	<p>Regardless of supervisor prompting, does not reflect names, dates, times, and descriptions of all contact with the clients, collaterals and service providers in the case record.</p> <p><i>Examples:</i></p> <p>Submits ICPC paperwork after a deadline passes which causes delays in permanency or even the need to send a child back.</p> <p>Records material about a placement change without regard to timelines resulting in IV-E billing errors.</p>

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**Common Documentation Issues  
(based on VDSS case review findings)**

- Opinions
- Vague or generic descriptions
- Acronyms and jargon
- Errors- SSN, DOB, etc.
- Lack of clear, concise information
- Confusing text- Misuse of pronouns (she/he) or role (mother/father, aunt/uncle, sister/brother)
- Failure to include information about interactions/observations with each person listed as a participant
- Failure to complete the documentation/comments section in OASIS- often left blank
- Lack of observation details about each child (safety, mood/temperament, dress, etc.)
- Lack of documentation about conversation with each child/attempts to engage with each child
- Repetitive documentation (copied and pasted from month to month) appears that no progress is being made on case
- Not entering correct purpose(s) for each contact (as per program specific guidance)
- Erroneously entering contacts as completed rather than attempted when no one is present

## ***Rat Feces Activity***

Read the following narrative information carefully:

***The worker walked into the kitchen and observed rats scurrying under the cabinets when the light was turned on. Feces were all over the floor. The client's daughter said her mother liked rats but she didn't like people. Mrs. Jones said she was surprised that the rats stayed around with so little food in the house, then she walked out of the room.***

Now read the following statements about the narrative. Circle "T" if the statement is true, "F" if the statement is false, and "Q" if you do not know if it's true or false.

- |   |   |   |   |
|---|---|---|---|
| T | F | Q | 1. Rat feces covered the kitchen floor.   |
| T | F | Q | 2. The client's daughter didn't provide her mother with enough food.                        |
| T | F | Q | 3. It was reported that the client liked people.  |
| T | F | Q | 4. The worker turned on the kitchen light.  |
| T | F | Q | 5. Mrs. Jones liked rats.   |
| T | F | Q | 6. Someone turned on a light.   |
| T | F | Q | 7. Mrs. Jones doesn't like people.  |
| T | F | Q | 8. There was not very much food in the kitchen.   |
| T | F | Q | 9. The client is ambulatory.  |
| T | F | Q | 10. Mrs. Jones went to another room after she talked to the worker.                         |
| T | F | Q | 11. Rats went under the cabinets when the light was turned on.                              |
| T | F | Q | 12. The worker interviewed the client and her daughter.                                     |
| T | F | Q | 13. The client's house was not very clean.  |
| T | F | Q | 14. The worker walked into the kitchen.   |
| T | F | Q | 15. The age of the client was not revealed in this part of the narrative.                   |
| T | F | Q | 16. Mrs. Jones was hungry.  |
| T | F | Q | 17. The narrative mentions three people: the worker, the client, and the client's daughter. |

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## Sample Agenda using GIRRP

### Introductions, engagement, and purpose of visit

**Goal:** Review case goals relating to:

- Safety
- Risk
- Permanency (maintaining connections, stability of current situation)
- Well-being (health, mental health, development, behavior, education, social activities, and relationships)
- Adjustment to the placement
- Progress on case plans and action plans

**Intervention:** Plan for creating safety for the children:

- Current needs
- Identification of behaviors that need to change to create a safe environment
- Identification of family strengths to support changes (emotional, mental, and behavioral strengths; positive experiences with similar situations; work; stable housing; resources; network of friends; and family)
- Exploration of formal and informal resources to support needs

**Response:** How is the individual or family responding to interventions:

- Action items from last visit (What worked? What didn't happen?)

**Progress:** What has or has not changed since the last interaction

**Plan:** What are the next steps

## Martin Family Case GIRPP Notes

As you watch the two case vignettes, please take notes in the space provided below as if you were the caseworker. On the line provided write acronym word

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I: \_\_\_\_\_

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R: \_\_\_\_\_

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P: \_\_\_\_\_

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P: \_\_\_\_\_

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## What to Document

Examples of information that **are important** to include:

- Dates, times and type of contact with the client or individuals involved with the client
- Description of services provided directly or by referral
- Significant events, such as death, illness, marriage, divorce, change in family or household configuration, stressors, etc.
- Initial and subsequent assessments of psychosocial functioning, safety, permanency, and well-being
- Service plan and progress on achieving goals
- Referrals to service providers and progress
- Supervision and consultation notes

Examples of information that **may not be important** to include:

- Detailed content of rapport-building conversations not related to case (e.g. *interests/hobbies of child or family*)
- Complaints about other staff/professionals by client that are irrelevant to the case plan (e.g., *negative statements made about a judge following a court hearing*)
- Religious or political views of family unrelated to their case
- Sensitive, personal information about the client unrelated their case (e.g. *previous employment as an exotic dancer*)
- Unsubstantiated rumors/accusations by family/collaterals not related to the case (e.g., *marital infidelity*)
- Physical characteristics/looks of client unrelated to case (e.g., *tall/petite, light-skinned/dark-skinned, thin/heavy, etc.*)
- Personal opinions/judgments (e.g., *client wasted money on...*)
- “Off the record” statements by team members (e.g., *frustrations, predictions about outcomes, relationships of family to other clients, etc.*)

## Case Record Diet Exercise

Cut out excess! Leave in essential nutrients. Reduce/edit the following case documentation entry making sure it is clear, objective and complete.

**Directions:** Cross-out non-relevant information and make additions (if necessary) making sure only the most pertinent information is included.

9/4/08

Home visit: It was a rainy day and I had a hard time finding the place because some of the roads were closed. Besides that, I got a late start because my supervisor wanted to see me, so that threw me off my schedule. Client opened the door and let me in. She told me to sit down but all the chairs were covered with stuff. I really didn't want to sit down, but I managed to find a spot where I was comfortable. Client was wearing a housedress that was a bit too long. It had a small stain on the right sleeve. She was eating a turkey sandwich on white bread with mayonnaise. It looked pretty good. She told me someone had brought it to her but she couldn't remember who it was. I asked her how she was feeling since her discharge from the hospital. She said she was feeling okay except that the top of her head was on fire and it was probably because of the people next door who put a spell on her. I looked in the refrigerator (which made me feel like a snoop) and found moldy, orange juice, a 6 pack of beer, eggs, bread, twinkies, cheese, a jug of wine, apples, and some things with mold on them. While I was there, the phone rang. It was a friend, checking up on her. I asked her if she needed anything. She said no and left.

### **Transcription Scenario #1: CPS Ongoing Contact with Infant**

FSS arrived at the Jones home. When FSS arrived, FSS noted that Abby was asleep in her crib and the crib was filled with blankets as well as stuffed animals. FSS addressed with Mr. and Mrs. Jones the safe sleep guidelines and provided them with the safe sleep pamphlet. Mr. and Mrs. Jones agreed to keep Abby's sleeping environment free of blankets and other soft objects as well as have Abby sleep in her crib at all times when sleeping and to put her to sleep on her back.

While Abby was sleeping, FSS and Mr. and Mrs. Jones sat and reviewed the Service Plan. Mr. Jones reported that he has not been attending AA meetings regularly as he feels uncomfortable going to meetings alone. FSS asked Mr. Jones if he would feel more comfortable if his Recovery Coach could attend the meetings with him; Mr. Jones agreed and FSS stated that she would talk to the Recovery Coach about attending these meetings with Mr. Jones. Mr. Jones reported that his last drink was earlier this week. He reported, and Mrs. Jones confirmed, that he went out to a bar with his friend from work and stayed at the friend's home; he was not intoxicated around Abby. FSS did not notice the smell of alcohol or believe Mr. Jones to be intoxicated. FSS asked Mr. Jones if he thought there were any additional services or supports he needed to gain sobriety. Mr. Jones stated that he believed having his Recovery Coach accompany him to AA meetings would be enough. Abby awoke. Mrs. Jones picked her up and held her as FSS and the family continued to discuss services. FSS noted that Abby appeared well bonded to Mrs. Jones as demonstrated through her eye contact with Mrs. Jones. She was dressed appropriately and was clean. FSS had no concerns about Abby based on observations.

FSS and Mr. and Mrs. Jones continued to review the service plan. Mrs. Jones stated that she felt that her substance abuse therapy was going well. She felt that she had a good rapport with the therapist. She was currently working on developing coping strategies for when she felt the urge to drink. FSS asked Mrs. Jones when her last drink was and Mrs. Jones reported that it was the night that the police had been called and DSS came to the home three weeks ago.

FSS reviewed with Mr. and Mrs. Jones the risk assessment results and explained that given that Mr. Jones was still yet active in substance abuse treatment and that Mrs. Jones had relapsed only three weeks ago that the risk assessment was still very high and the case would remain open. Mr. and Mrs. Jones stated that they wanted the case to remain open and understood the needs that had to be addressed before the case could be closed.

FSS asked Mr. and Mrs. Jones if she could look around the home. FSS was permitted to look around the home. FSS noted that the home was free of health and safety concerns. FSS observed no evidence of alcohol in the home nor any health or safety concerns.

**Transcription Scenario #2: Post Termination Visit:**

FSS arrived at the foster home to meet with Emily and her foster parents, Jack and Diane. Emily reported that she was attending the Homecoming dance on Saturday. She told FSS that she was doing well at school (all A's) and planned to take her PSAT next month. Diane told FSS that Emily attended her annual checkup last week and had no issues. Diane stated that her dental is scheduled for next month.

Emily and FSS went into Emily's room to talk privately. FSS asked Emily how she felt that the adoption would likely be finalized in the next couple months. Emily said that she was relieved and glad that she will get to be a normal kid instead of "the foster kid" in her class. FSS asked Emily how contact with her bio mom was going. Emily stated that she enjoyed seeing her mother because she knew that it was just a visit and she wouldn't be going back to live with her. Emily said that they visit about once a month which is "all I can handle". FSS asked if her bio mom was still bringing her grandmother to visits too. Emily stated that she comes about every other time and that she really enjoys seeing her grandmother. Emily further stated that she would rather see her grandmother than her bio mother; FSS told Emily that she would talk to Jack and Diane and her grandmother to see if that could be arranged. FSS asked Emily if she was having any issues in the home. Emily said that she and Diane argue sometimes about the clothes Emily wants to wear but Emily acknowledge these arguments were "just typical mother daughter stuff."

FSS met with Jack and Diane downstairs alone. Jack and Diane stated that they had signed the petition yesterday for the adoption. FSS explained that once she receives the Order of Reference from the court she will start working on Report of Investigation. Following the submission of the Report of Investigation, the adoption should proceed quickly. Both acknowledged that they were excited for the adoption to be finalized. FSS asked how visits were going with Emily's bio mom. Both stated that Emily seemed to enjoy the visits and that they had not seen any behaviors after visits. FSS explained that Emily had requested to see her grandmother more and Jack and Diane told FSS that they had her phone number and would call to arrange more frequent visits. FSS asked Jack and Diane if there was anything additional they felt they needed for support. Both stated that there was nothing that they felt they needed other than the family therapy already in progress.

FSS noted no health or safety concerns during the visit. FSS completed a safety assessment; see hard file for details.



### **Transcription Scenario #3: APS Exploitation Case**

Mrs. Jenkins has 2 children. The son lives in North Carolina and has POA for financial matters. The hospital social worker called him frequently asking for his help in completing a Medicaid application, but he kept avoiding her. When he finally came to Virginia, he refused to pay any of his mother's bills and wouldn't meet with rehabilitation facility social worker. He seems like a real loser and FSS Peterson suspects that he might have exploited his mother. It's possible that he used her credit card for motel stays in NC, but he denies it. He said he cut up the credit cards but could not prove it.

Her daughter isn't much better. She alleges that her brother is misusing her mother's money but she herself had credit cards in her mother's name, which she says she cut up. She says she really cares about her mother, but has not shown herself to be very responsible either. She is a long haul truck driver and is never home. She is also very jealous of her brother, since Mrs. Jenkins has always treated him very special and wanted him to handle everything. She is afraid of her brother and can't stand up to him. FSS Peterson observed that when they were interviewed at the rehabilitation facility, he is a bully and she acted really submissively.

Mrs. Jenkins was interviewed during her stay in the hospital. The first time she seemed okay but said it was too early to answer questions (it was 2 p.m.). She was probably trying to hide the fact that she didn't know the answers. She remembered some things about her childhood but said that she has 6 children. She has 2 children who are living and one who died a while ago. She talked about him as though he were still alive. Her short term memory is severely impaired. She seemed depressed and didn't care about the conservatorship.

At the second interview at the rehabilitation facility Mrs. J seemed really out of it but she wasn't depressed any more. She was inarticulate and needs increasing help with all her ADLs.

## Understanding S.E.E.M.A.P.S.

The purpose of S.E.E.M.A.P.S. is to complete a holistic assessment makes for a more accurate and overall stronger understanding of the family or individual. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family or individual's life is divided into seven domains or dimensions. These dimensions (Social, Economic, Environmental, Mental health, Activities of daily living, Physical health and a Summary of strengths) help ensure that the worker assesses all areas of a family's life.

Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

Below these seven S.E.E.M.A.P.S. dimensions are defined by example exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

### **Social**

Who lives in the house? How are people connected to each other? What is the feeling when you enter the house (comfortable, tense, etc.)? How do people treat one another? How do they speak to and about one another to someone outside the family? How far away is this home from other homes? Would it be likely that people would be able to visit here easily? Who does visit the family? Are older adults isolated from family and/or friends? Ask questions to determine what individuals, organizations, and systems are connected to the family. Are those people/organizations/systems helpful or not? Are adults able to connect usefully with their children's schools, doctors and friends? What do people in this family do for fun? Does the family engage in some activities of a spiritual nature? What stories do they tell about themselves? How does the family use resources in the community? How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends? Do the children attend school regularly? Do the parents know how to discipline their children or adolescents? Are there behavior problems at school? Can children discern between truths and lies? Do the children have age appropriate knowledge of social interactions? Do the children have age appropriate knowledge of physical or sexual relationships? Are pre-teen or teenage children sexually active?

### **Economic**

Are people willing to discuss their finances after a period of getting acquainted? Do adults here know how to pay bills and handle money? Where does the money come from? Do people in this house know how to acquire resources well enough to get their basic needs met? Do they have

any plan for where the money goes? Does the stated amount of income seem reasonable and possible to live on? If it does not, do members have any plan or idea what to do? Has the family made plans to use economic services? Are food stamps, child support, TANF, Social Security, Medicaid, or Medicare available to them? If not, why not? If income seems adequate but the residence and family members seem needy, is there any comprehensible explanation about where the money goes? Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Do people in this family tend to make workable fiscal decisions? Is there a Power of Attorney or Guardian?

### **Environment / Home**

How does the residence look from the outside (kept up; in disrepair; etc.)? What is the surrounding area like? Places for children to play? Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)? What is the feeling you get when you arrive at this residence? Is the neighborhood comfortable or dangerous? Are there people walking around? Do you get a sense that people in this neighborhood would intervene if a child or older adult were in danger? Inside the residence, is there light and air? Is there any place to sit and talk? Are there toys appropriate for the ages of the children who live there? Can you tell if someone creates a space for children to play? Is there a place for each person to sleep? Is it obvious that people eat here? Can you determine what kind of food is available for people who live here? Are there any pictures of family members or friends? Is there a working phone available to the family? Is there a sanitary water supply available to the family? Are there readily available means of maintaining personal hygiene (toileting, bathing, etc.)? Are there assistive devices or supports available (handrails, canes, safety bars in bathroom)? Is there a heating and/or cooling system in the home? What are the best features of this environment? Is the family aware of weapons safety issues?

### **Mental Health**

Take a mental picture of the people in this family. What is their affect? Does their affect make sense, given the situation? Do members of this family have a history of emotional difficulties, mental illness, or impulse problems? Is anyone on medication? Are any of the medications for mental health related issues (i.e., medications for depression, sleeping pills, anti-anxiety medications, tranquilizers, etc.)? Are persons you interview able to attend to the conversation? Are there times when they seem emotionally absent / distant during conversation? Do people make sense when they speak? Are they clearly oriented to time and location? When people speak to each other, does their communication make sense to you as well as to other family members? Are people able to experience pleasure in some things? Are there indicators that persons in this family have substance abuse addictions? Is there some awareness of the developmental differences between adults and smaller children? How do people in this family express anger? Can people in this family talk about emotions, or do they only "express" them? What is the major belief system in this family? Do members of this family seem generally okay with themselves? Is anyone exhibiting signs of depression (remember that depression in children can show up as hyperactivity)? Does anyone appear to be isolated? Has anyone ever received counseling or been under the care of a physician for a mental health problem? Is there any history of mental illness in the family? Do their thoughts flow in ways

you can understand? If you cannot understand the person, does the rest of the family act like they understand (there may be some cultural language habits that you will have to learn)? Are there funds to buy that medication? Is anyone using substances? What kind? Do they acknowledge a problem if you suspect one?

### **Activities of Daily Living**

Are family members able attend to personal care activities appropriate to age and development? Are there aging adults in the home that are having difficulties attending to personal care needs? Do family members understand "Safe Sleeping" habits (for infants under the age of 18 months)? Is the children's clothing adequate (appropriate as to: weather, size, cleanliness, etc.)? What activities do the family participate in? How does the family spend its free time? Do adults in this family know how to obtain, prepare, and feed meals to children in this family? Does this family speak English or the prevalent language of their community? Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home? Does the family own a car or how do they manage transportation? Is public transportation convenient and available? Do people in this family have the ability and willingness to keep the home safe and reasonably clean? What skill does this family demonstrate the most? Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget? Are the family members employable?

### **Physical Health**

Discuss parents' or safety providers' willingness to protect the children and/or adults that are older or that have a disability. Discuss any additional concerns. Do the children and/or adults that are older or that have a disability appear healthy? Do the children appear on target with their height and/or weight? Are there any special medical concerns faced by family members? If so, who coordinates how to treat or administer care for those concerns? How do people in this family appear? Do they tend to their hygiene on a regular basis? Does anyone appear fatigued or overly energetic? Is anyone chronically ill, taking medication, or physically disabled? Is anyone in this family using illegal drugs or abusing prescription drugs? Do people in this family eat healthy food and/or get regular exercise? Does anyone in this family use tobacco products? Are there any members of the family who appear to be significantly obese? Are there any members of the family who appear to be significantly underweight? How long has it been since members of the family had a physical examination? Are there older children who continue to have bedwetting problems? Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)? What is the healthiest thing this family does? What is the skin tone, hair quality, color of lips (especially with infants) with family members? Have the children had vaccinations? Are they up to date? Does anyone in the family have mobility issues? Are there any signs of palsy or other unusual movements? What is the family's perception of their own physical health? Does the family have medical and/or dental insurance coverage? If so, who is provider? If not, is family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available?

**Summary of Strengths**

What are the major interpersonal strengths about this family? Assess if any adults in the family (especially regular caregivers) have experienced significant trauma in the past. Was there substance abuse or domestic violence issues in their homes of the adult family members? How were adult family members disciplined? Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as goals, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home (grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work everyday, drawing a picture, making friends, and cooking a balanced meal, etc. These interests, talents, abilities, and resources can all be used to help a family meet its needs.

## Photograph Guidelines

### Always take an identifying shot

Always take at least one photograph showing the whole person, the front of the home or an overview of the scene.

### Use the rule of thirds

Using the identifying shot, move in by thirds to show the details of the injury or of an environmental condition (e.g. rat droppings, spoiled food, etc).



(Notice how difficult it is to determine what extremity is being shown in picture (3) without looking at the identifying shot).

### Use a “scale” in photographs

It is helpful to position an ordinary object of known size (e.g. a ruler, a coin or a pen) next to the object or injury being photographed to demonstrate the size of the item being photographed.

### Photograph the injuring object

If the object that is believed to have caused the injury is identified, it is helpful to photograph the object next to the injury. For example, photographing a 1 inch wide leather belt next to a one inch wide bruise may help to demonstrate that the belt was the cause of the injury. (Please note that in some cases the size of the injuring object will **not** match due to swelling, movement of the victim when struck or other factors.)



The following suggestions will help you produce sharp, detailed pictures:

1. Avoid backlighting the person or object as the resulting photograph will be a silhouette without any detail.
2. Use side lighting only if you need to show the texture or depth of a wound.
3. Almost all documentary photographs should be lit from the front if at all possible. However, it is advisable to take photographs in varying light levels.
4. Steady your camera against a table, the roof of a non-running car, etc. and squeeze the shutter slowly so as not to jerk the camera.
5. Make sure that your lens is clean, your batteries are charged and the camera has available memory.
6. Shoot most of your photographs from eye level as this makes it easier to judge the perspective of objects in the picture.

## **Maintain the “original” photograph**

In some cases, photographs may need to be enhanced in order to clearly see some details. Enhancements include changes in lightness/darkness, sharpening the focus, cropping the photograph, etc.

**Do not enhance the “original” photograph.** Make a copy and then make any necessary enhancements. The changed photograph needs to be labeled as having been enhanced with notations of what changes were made. The notation should reference the original photograph and both photographs (the original and the enhanced version) should be kept in the same electronic file.