Safety Intervention During CPS Intake with Methamphetamine Using Caregivers

Gathering Information and Responding to CPS Referrals Which Include Possible Methamphetamine Use

Introduction

Increasingly, CPS referrals include concerns about methamphetamine use associated with child abuse and neglect allegations. Most common are reports of neglect where the caregivers are using methamphetamine. Less common, but no less concerning, are situations where caregivers are manufacturing or selling methamphetamine and are often using as well. While not as frequent as reports of neglect, methamphetamine-related referrals involving aggression against children are gravely concerning.

Making informed and effective intake decisions about referrals that appear to involve a methamphetamine concern can be enhanced by the following three things:

1. Intake staff should be well informed and conversant about individual and family dynamics and symptoms of methamphetamine use.
2. Intake staff must make a diligent effort to collect sufficient information, beyond maltreatment allegations related to individual and family functioning, that might expose methamphetamine use.
3. Intake staff should understand and apply criteria for analyzing the potential for severe harm to a child that can result from family situations in which methamphetamine use and/or production are occurring.

The Intake Challenge

Information collection and analysis consists of many challenges. Perhaps the most common is related to the limited information that reporters possess. Typically, reporters are motivated or able to report on their concerns more specifically with respect to a particular allegation of maltreatment, such as a child was left alone unsupervised. Often, people closer to a family being reported have important, relevant information but are not necessarily aware that what they know beyond the alleged maltreatment has much of a bearing on CPS decisions. Regarding a concern for methamphetamine use, some reporters may have considerable, specific information and be well prepared to report it in highly descriptive and vivid ways in terms of caregiver behavior and related effects. However, the intake challenge being referred to here is concerned with the importance of intake staff seeking information from nonprofessional and professional reporters who may not be aware of or alert to the presence of behavior and effects that are associated with methamphetamine production or use.

The information collection test is to:

1. avoid assumptions about what reporters may or may not know and
2. explore child functioning, adult functioning and general family functioning to rule in and rule out symptoms, behavior and effects that may be consistent with methamphetamine concerns.

Intake staff are encouraged to routinely introduce inquiries regarding substance use within a family. Regardless of a reporter's response about whether substance use is an issue in a particular report, intake staff can seek to qualify how behavior and its effects help to either support or exclude the use of substances. This pursuit can probe into areas of individual and family functioning that help to confirm when substance use does not appear to be an issue or when signs are apparent that substance use is an issue. The exploration can help reporters reveal information that sheds light on the kind of substances likely being used and characteristics of substance use such as amounts, frequency and circumstances. When this challenge is effectively met, results in the gathering of report information can reveal and expose the likely or certain use and/or production of methamphetamine.

A final challenge in gathering information during intake when substance use, and in particular methamphetamine use, is in question is the fear the reporter may have in being too open, sharing too much or disclosing information that he or she believes could result in personal repercussion from the family/individual being reported. This information collection concern is more about intake staff taking time to explain the intake decision making process, how initial assessment will occur and the guarantee of confidentiality for reporters. But, perhaps more importantly, the difficulty identified here is concerned with reassuring reporters, providing support and encouragement and reaffirming the importance of what they know and how it can be useful for the child, caregivers and the family.

The Screening Decision

Nationally, CPS agencies use similar criteria for determining whether to accept and assign a report for CPS initial assessment. These usually include information that is consistent with legal definitions for child abuse and neglect, age of a child, sufficient information to locate a child and so on. Within these broader prescriptions for conducting screening decisions, sometimes agencies identify specific criteria to analyze reported information. That is possible to do when reports of child maltreatment include a methamphetamine component.

The following reports involving a specific allegation that identifies a vulnerable child should be accepted for assignment for initial assessment:

1. described methamphetamine use by a primary caregiver;
2. reported production of methamphetamine or storage of methamphetamine production materials in a home where a vulnerable child resides; or

3. portrayal of primary caregiver behavior and family functioning that includes symptoms and effects that reasonably can be associated with methamphetamine use.

Arguably, some methamphetamine users may be taking specific measures to assure that their children are cared for and protected. In that sense, methamphetamine use alone may not be sufficient for an agency to accept the report for assignment to initial assessment. In other words, screening criteria typically associate any kind of family behavior or condition such as substance abuse as an influence on or even cause of alleged maltreatment. The problem alone, in this instance methamphetamine use, may not be considered enough to accept a report for assignment. However, it is reasonable that in most instances when a report directly identifies methamphetamine use or describes conditions indicative of methamphetamine use, the report was prompted by a concern for child safety and includes allegations of child maltreatment.

Intake Information Gathering

Information gathering must be sufficient to support and enable intake staff to accept a report for assignment for initial assessment and to determine the time within which face-to-face contacts must be made. It has been emphasized that focusing on specific allegations or conducting a passive interview that relies primarily on "the story" a reporter tells may result in insufficient information that fails to expose possible methamphetamine problems. Furthermore, it has been emphasized that information collection efforts that seek to more broadly understand what is happening in a family considers child vulnerability, caregiver functioning, family functioning, family circumstances and substance use. Additionally, it should be emphasized that the breadth and depth of information that is possessed by a reporter and collected by an intake worker provides the decision-making foundation for identifying whether a child is in danger at the time of the report (i.e., present danger) or whether a child is living in a state of danger (i.e., impending danger).

Regarding information collection, exploration and probing that can and should occur during the intake information gathering process, this paper can provide only a sampling of the kinds of inquiry that focus information gathering to consider the presence of methamphetamine as an issue in a reported case. The examples provided here should not be thought of as exhaustive but representative of the sort of information-gathering effort that should be a conscious part of ruling in or ruling out methamphetamine as a problem within what is being reported.

Sample questions and response content indicative of possible methamphetamine use are listed below:

Intake Inquiry	Potential Meth Related Response
How would you describe the child's general health including any health problems?	← *Appears ill, chronic coughing, skin and eye irritations, dizziness*
If child is a newborn, how would you describe the child's current functioning?	← *Difficulty sucking and swallowing, hypersensitivity to touch, excessive muscle tension*
Are you aware whether the child needs medical attention?	← *Trouble breathing, severe rash, fainting*
How would you describe the child's appearance?	← *Pale, undernourished, watery eyes, developmentally lagged, skin sores/rashes*
How would you describe the child's behavior?	← *Anxious, fearful, reluctant to go home, tired, lethargic, crying, irritable*
How do you describe the child's general functioning?	← *Developmental disorders, cognitive deficits, learning disabilities, poor social adjustment, language deficits* (when mother used meth during pregnancy)
How does the child describe his/her caregivers including any concern about how the caregivers are acting, how they appear, how they are spending their time?	← *Caregivers are not getting to jobs, losing weight, often confused, irritable, lethargic or sleeping, sad or depressed, behaving in sexually inappropriate ways*
Has the child mentioned to you or do you know about other adults in the household?	← *Numerous and/or transient adults in household, physically or sexually threatening, adult sexual behavior in child's presence*
How do you describe the appearance of the caregivers?	← *Recent fast weight loss, appearing anorexic, tooth decay, skin scabs/rashes, disheveled, profuse sweating, may smell like mayonnaise or glue*

How would you describe the health of other family members including any specific health problems you've noticed?	← *Severe itching, dental decay, high temperature, tremors, convulsions, sleepiness/lethargy*
How would you describe the behavior of the caregivers?	← *Highly energized and/or sexualized, agitated, depressed, easily excited, rapid speech, long period of being awake or sleeping, hostile, disoriented, confused*
How would you describe how the caregivers respond to the needs of the child?	← *Ignores child, has unrealistic expectations for child's age, does not provide for basic needs, irritable and aggressive toward child, does not adequately protect or supervise*
How would you describe the manner, frequency and circumstances in which alcohol or drugs are being used by the caregivers, including kinds of substances being used and the presence or evidence of use such as drug paraphernalia?	← *Specifically names methamphetamine; describes caregivers' high energy periods alternating with lethargy and sleep; describes alternating eating pattern; expresses concern about a decrease in rational, responsible behavior; notes increased dose and frequency of use. Evidence of substance use may include razor blades, mirrors, straws, syringes, heating spoons, surgical tubing, pipes, empty liquor bottles, etc.*
How would you describe the daily/typical routine of the household?	← *Numerous adults in and out at all hours, adults awake or sleeping for long periods*
How would you describe the appearance and general up-keep of the house and yard?	← *Uncared for, large amount of garbage, fenced, aggressive animals in yard*
Are you aware of any hazards in or around the house?	← *Clogged toilets, inadequate heating, open fires, broken glass, untrained or aggressive dogs*
Have you noticed any odors coming from the house?	← *Smell described as "chemical," may be toxic*

Have you noticed collections of things associated with production of methamphetamine?	← *A variety of glassware, a power source, tubing, containers of chemicals and pills, pressurized tanks, plastic tubes, mason jars, propane tanks, camp stove fuel, ammonia, empty cans, funnels*
How would you describe the amount/type of food in the house?	← *Little or no food, food is spoiled, no food appropriate or necessary for young children*
How would you describe the caregivers' attitude toward you, other family members, neighbors, teachers or authorities such as law enforcement?	← *Unpredictable, fearful, hostile, paranoid, possibly violent, secretive*

Admittedly, collecting intake information related to a report is not quite as precise and obvious as may be apparent in these questions and prospective answers. Additionally, answers to any or for that matter all the questions have to be considered carefully within the context of what a reporter is sharing generally and other information about the family resulting from the intake process. In other words, what these questions and answers represent is information that can be associated with or indicative of methamphetamine-related concerns but may not reflect exact truth. The challenge in intake decision making is not to draw hard and fast conclusions; not to understand a reporter's answers necessarily as facts rather than unverified information; and not to "over-assess" what is being identified. "Over-assessing" refers to making more out of what is being reported than may actually exist or is an accurate depiction of a family. Answers such as have been given could contribute to a conclusion that methamphetamine is a problem, yet other explanations for some, most or all of the answers may be possible too. The intention of information gathering that considers questions such as the ones provided for here is to form a picture of a family. The picture of a family can support intake decisions concerning the appearance of methamphetamine-related issues that affect screening and response decisions. The extent to which the answers given to these questions can be further examined with a reporter increases the confidence that intake staff can have concerning the meaning.

The Urgency Decision

The determination of the appropriate response time to an allegation of abuse or neglect is the first child safety decision in the CPS intervention process.

The decision for how soon an initial assessment worker should respond with a face-to-face visit is based on information within a report that identifies a possible threat to a child's safety. The identification of methamphetamine use by caregivers or a description

of conditions that might indicate methamphetamine use is not, in and of itself, enough information to determine the appropriate response.

There are three standards that apply when analyzing information within a report to judge the possibility of a threat to child safety: a vulnerable child, present danger and impending danger.

1. A vulnerable child refers *to any child that cannot protect him or herself including children who are dependent on others for security and sustenance.*
2. Present danger refers to *an immediate, significant and clearly observable family condition occurring in the present tense, already endangering or threatening to endanger a child*.
3. Impending danger refers to *a state of danger in which family conditions, behaviors, attitudes, motives, emotions and/or situations are out-of-control and, while the danger may not be currently active, it can be anticipated to have severe effects on a child at any time.*

Identifying the Presence of a Vulnerable Child

Safety is only an issue when there is a vulnerable child in a family. The following table looks at these factors and the impact of a methamphetamine environment.

Vulnerability	**Impact of a Methamphetamine Environment**
Age	Adults are not meeting basic needs which the child is unable to do for him/herself. The susceptibility for severe harm is extreme due to the high level of dependence of a young or disabled child.
Powerless	Caregivers are high, lethargic or sleeping and unable to provide care and protection. Child cannot influence parent's behavior. Other drug-using adults are in the household and are threatening to the child.
Nonassertive	Child cannot compete with drug for parent's attention. Child will not/cannot seek help from other adults.
Invisible	Caregivers are not responsive to the presence or needs of the child due to preoccupation with securing and using drug.

Safety Threshold Criteria

When judging how quickly to respond, intake staff consider whether reported information indicates the existence of present danger or impending danger. In order for reported individual and family behavior and conditions to represent either present danger or impending danger, they must meet a safety threshold.

Here are some examples of how the information within a report concerned with methamphetamine use is consistent with safety threshold criteria:

Safety Threshold Criteria	**Examples of Reported Manifestation of Methamphetamine Use or Concerns**
Specific and observable	The reporter has witnessed and is able to describe emotional or physical condition of a child such as extreme anxiety, fear, dangerously inadequate clothing, hunger, chronic coughing and/or meth-related symptoms; reporter is able to describe behaviors in caregivers such as extreme weight loss, heightened sexual activity, insomnia, hyperactivity, aggression, severe depression or long periods of sleeping; reporter may have witnessed caregiver production or use of methamphetamine.
Out-of-control	The reporter indicates that caregiver appears to be highly emotional, aggressive, confused, “high” and/or is not able to execute daily responsibilities such as getting up, working, securing and preparing food and supervising young children; reporter indicates caregiver does not know about or cannot control the behavior of other adults in the home; reporter describes meth use as highly frequent; routine; progressively increased amounts; use with other substances.
Certain to happen in the present or near future	The reporter’s information is based on recent contact and/or indicates that dangerous behavior has been occurring consistently over time and may be escalating; reporter indicates that the meth user(s) is/are primary caregiver(s) of a child; reporter indicates that a caregiver

	responsible for a vulnerable child is currently using and is high.
Likely to have severe effects	A child is young or unable to provide self-care and protection, and adults are in such a state as to commit violent and/or sexual acts or neglect to respond to serious medical or physical safety conditions.

Using Present Danger to Determine CPS First Contact Response

Present danger contained or described within a CPS report establishes a clear direction about what the response must be. When present danger is identified within a CPS report, the face-to-face response with the child and other family members should be immediate (from within 0 to 2 hours). The requirement to respond immediately is based on present danger which means that the danger a child is in or the presence of an active threat is occurring when the report is received.

When reporters describe circumstances that reveal any of the conditions described below, they are reporting present danger.

Present Danger	**Examples of Manifestation of Methamphetamine Use or Situations**
Reported Maltreatment	Physical or sexual assault is occurring, neglect is at the point of acute physical distress, living arrangements are life threatening including toxic exposure to methamphetamine, fire hazards, vicious animals, dangerous exposure to weather.
Reported Child	A vulnerable child is unsupervised now, is extremely fearful of adults in the home, needs immediate medical care, describes specific threats of assault or exposure to pornography.
Reported Caregiver	A caregiver is unable to provide basic care now; cannot perform parental responsibilities; is under the influence of methamphetamine now; behavior may be agitated, extremely excitable, volatile or fearful if caregiver is on a high dose; a caregiver may be hallucinating, paranoid, convulsing if overdosed or disoriented, depressed, lethargic and sleeping for days if withdrawing.

Reported Family	Caregivers have a history of transience or of fleeing from law enforcement or previous CPS investigations, may attempt to hide child, family situation is volatile and may escalate into violence when approached.

Considering Impending Danger as a Factor in Response Time

Robust information collection during the intake interview may reveal impending danger. This is so because impending danger refers to threatening family conditions that are often not obvious or actively occurring at the time of the report. In effect, at the time of a report, it may be that nothing dangerous is directly happening to a child (i.e., the child is not in present danger), but the child may be living in a situation that represents a state of danger. Revealing indications of this "state of danger," which is referred to as impending danger at intake, is much more likely when intake workers interview in depth and reporters are encouraged to bring to light all that they know. Thorough knowledge of methamphetamine characteristics, effects and manifestations can not only help intake staff in gathering sufficient information but also support the analysis of the relationship of reported family conditions to impending danger. It is such an analysis that provides for more effective decision making concerning appropriate response times.

Remember that impending danger means that a child reasonably could be severely harmed at any time within the near future. *Near future* refers to the same day to within the next several days. Family behaviors or conditions reported during intake that are consistent with impending danger should result in a response within the same day the report is received to within 24 hours from the time the report is received. Variation in how soon CPS responds to impending danger depends on what is contained within the report, the condition of the child, the location of the child and the presence of or access to responsible adults.

Some ways in which impending danger might be occurring as identified within a report are listed here.

Impending Danger	**Examples of Manifestation of Methamphetamine Use or Situations**
Caregiver(s) have not/cannot/do not explain injuries/or conditions.	Child is chronically ill, underdeveloped. May be hungry and inadequately clothed. Child may be anxious and fearful. Caregiver expresses no concern, is unable to explain the condition, refuses to explain the condition or provides an explanation that is not believable.

Child is described as having serious effects (physical, emotional, behavioral) of maltreatment.	Child has cough, itching skin, watery eyes, is vomiting, etc. Child is fearful, anxious, depressed.
It is not clear whether there will be a responsible adult in the home who will perform parental duties now or during the next several days.	Caregiver may be sleeping excessively, depressed or has exhibited recent irresponsible behavior such as not picking child up or leaving child alone for amounts of time that are not age-appropriate; caregiver is not adequately providing for child's basic needs such as food and clothing; caregiver's behavior is erratic and inconsistent.
There are indications that one or both caregivers may not/cannot control behavior.	Descriptions of caregiver behavior include recent job loss; school and/or law enforcement contact which have been ineffective in responding to concerns; caregivers appear not to respond to increasingly undesirable consequences of their behavior; there are indications that the family situation is deteriorating with longer and more frequent episodes of behaviors that pose serious threats to the child's safety.
There are indications that one or both caregivers are violent.	There has been recent law enforcement intervention; there is a history of domestic abuse or other violent acts; child describes caregiver's behavior as threatening; reporter has witnessed a physical altercation by caregiver; weapons are present in the home.
One or both caregivers are described as likely to overtly reject intervention.	There is a history of unsuccessful attempts at intervention in response to concerns about family behavior/activity; family is isolated from neighbors and/or other family members; caregivers have had negative experiences with other regulatory or helping agencies.
Family does not/will not have resources to meet basis needs.	Money is being spent on drugs over basic necessities; caregiver is not able to work due to drug impairment; food and shelter are not seen as priorities or concerns by caregivers.

Worker Safety

Worker safety is a critical issue when approaching a family where adults may be involved with methamphetamine. While some methamphetamine users in the early stages of minimal use may be rational and cooperative, users of longer duration and/or amounts can be potentially dangerous when high due to increased aggression and paranoia. Adults involved in the manufacture or distribution of methamphetamine may have weapons, vicious animals or booby-trapped yards. It is imperative that intake staff explore with reporters the potential for violence involving caregivers or others who may be in the home. Intake staff should explore with reporters other dangers workers may face such as the presence of weapons, toxic environments or isolation. Intake staff must be certain to record any indicators of reported worker safety issues or those the intake worker may assume based on what information was reported. Intake staff should consult with supervisors about the need for involvement of law enforcement for the first contact with the family. If there is a suspicion of manufacturing in the home, workers should collaborate with law enforcement, acquiesce to law enforcement's lead and should employ personal safety protocols regarding chemical contamination for themselves and all children at the site.

Critical Thinking Exercise

This paper provides ideas for collecting information and identifying the possible presence and/or use of methamphetamine within a report of maltreatment. Examples about specific behaviors or conditions that could result from a caregiver's use of methamphetamine have been described to provide guidance about making the critical safety decision of response time. The following case information and critical thinking questions are provided to assist the reader in applying the concepts provided in this paper.

The Russell Case

The Russell case (which follows below) is an example of how the behavioral descriptions of information suggestive of methamphetamine use should be analyzed for threats to child safety in order to make screening and response time decisions.

Read the referral information gathered by the intake worker, and then consider the critical thinking questions that follow.

CPS Report

RFS Name: Russell **RFS ID:** Q000565656

RFS Date: 9/30 **Taken By:** Pamela Bennett

Worker Assigned:

Request Type: A/N Report **Alcohol:** **Drugs:** Yes

Screening Decision: Assign for IFA **Screening Date:** 9/30
Screened Out Reason:
Screened By: Kim Wieczorek

Children Referred

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

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

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

Others

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

Allegations

Maltreatment	Victim	Alleged Perpetrator	Relationship
Neglect	Angel Russell	Angela Russell	Mother

Referral – Get information on all areas that apply.

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

condition to care for Angel, so he took her back home with him. He told Angela that she was to pick her up after school on Monday. Angela told Brian to "go to hell" and that he would never see Angel again. Brian told Angela that she needed to "get her shit together."

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

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

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

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

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

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

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

RFS Notes:

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

RFS Contacts

Date	Person	Purpose	Type	Outcome

Reporter Information

Name	Organization	Frequency of Contact with Family	Feedback Requested
Brian Russell		Father	

Critical Thinking Questions

- Do you find signs and indicators that methamphetamine use may be a factor in this report?
- Within the reported information, can you identify either present danger and/or impending danger?
- How might Angel be vulnerable?
- Based on indications of present danger or impending danger, how quickly should CPS respond to this report?

Critical Thinking Challenge

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

How did the following intake information influence your screening and response time decision?

- The reporter is the separated noncustodial father.
- The mother has a new boyfriend.
- The teacher describes the child as having been a good student.
- The report appears to contain no specific indications of abuse or neglect.
- The report does not indicate that Angel has ever been without adult supervision.

Analyze your decisions for any underlying assumptions that led to your conclusions. What is the factual basis or supporting evidence for these assumptions? How valid do you think these assumptions are?

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

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

For additional resources which may be of interest please click on the title below:

- Safety Intervention in Methamphetamine Using Families: A Practice Guide for Safety Decision Making and Safety Management in Child Protective Services
- The Differences Between Risk and Safety
- Prioritization for Response from Intake: The First Safety Decision
- The Vulnerable Child
- Threats to Child Safety: Danger