

# Learner Handouts

## **CWS2010W: In-Home Services Skills**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

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**LTD** Local Training  
and Development

# START | STOP | CONTINUE

Your investment in best practice is actively creating a Virginia that is engaged, collaborative, and trauma-informed at each level of work with individuals, family, children and professionals. As you continue to improve the practice at your local department of social services (LDSS), it may be helpful to consider aspects of your individual work and local department's culture that needs to:

**START – behaviors or activities to create and maintain a best practice approach to your work**

**STOP – activities that are counterproductive to best practice**

**CONTINUE – practices already conducive to best practice and necessary for successful implementation**

Please use the columns below to record what you would like to START, STOP, or CONTINUE in your personal practice, as well as throughout your LDSS.

START	STOP	CONTINUE

# The CANS Assessment Domain Items

Rating	Supervision – Please rate the highest level from the past 30 days.
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Parent/Guardian/Caregiver Strengths and Needs Domain

## Parent/Guardian/Caregiver Strengths and Needs Domain

Rating	<i>Involvement with Care - Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for child.
1	Caregiver has history of seeking help for his/her children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist his/her child.
3	Caregiver wishes for child to be removed from his/her care or is not visiting child in out of home care.

## Parent/Guardian/Caregiver Strengths and Needs Domain

Rating	Organization - <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well-organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

**Rate the Adjustment to Trauma domain using information in the vignette below.**

Ava is a 14-year old with a significant history of ongoing physical and emotional abuse by her biological mother. In addition, Ava was sexually abused by her mother's boyfriend at the age of eight years. Since Ava was 11-years old, she has reported nightmares, losing track of time, and levels of elevated anxiety connected with memories of the abuse. Two weeks ago, Ava was referred to FFT (Functional Family Therapy). She is currently living temporarily with her mother's sister with visitation from her biological mother.

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Adjustment to Trauma - Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	No evidence.
<input type="checkbox"/> 1	History of suspicion of problems associated with traumatic life events.
<input type="checkbox"/> 2	Clear evidence of adjustment associated with traumatic life events. Adjustment is interfering with child's functioning in at least one life domain.
<input type="checkbox"/> 3	Clear evidence of symptoms of Post-Traumatic Stress Disorder (PTSD), which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

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**Rate the School Behavior domain using information in the vignette below.**

16-year old Missy chronically skips school. She currently lives with her loving and supportive grandmother, while her mother is seeking services for substance use at a long-term rehabilitation program. Missy is currently unable to visit her mother, though they frequently write to each other. On average, Missy attends school one to two days per week. When she is present, Missy consistently disrupts the class by excessively talking and occasionally bullying other students. Missy loves attention, even if it is negative. Because Missy currently has an Individualized Educational Plan (IEP) in place, she is often assigned after-school detention and has not been assigned out-of-school suspension. On occasions, Missy has been witnessed walking away from the school (of course, without permission), during school hours.

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	School Behavior- Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	Child is behaving well in school.
<input type="checkbox"/> 1	Child is behaving adequately in school although some behavior problems exist.
<input type="checkbox"/> 2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
<input type="checkbox"/> 3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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**Caregiver Assessment: Rate the Discipline domain using information in the vignette below.**

Brady is a seven-year old male diagnosed with Autism Spectrum Disorder. Brady was toilet-trained last year, but still displays only a minimal amount of unsolicited verbal communication with peers or adults. Brady can perform basic math functions and language functions at the level of a four-year old. Brady and his dad were brought to the attention of child welfare when Brady arrived to the Chesapeake Autism School with bite marks on his upper arm, lower back, and stomach. When Child Protective Services interviewed Brady's father they learned that he lost his temper and disciplined Brady by biting him. The incident occurred two days prior to the CPS visit. Brady's mom lives in another state and has never been a part of Brady's life. CPS put a Safety Plan in place and transferred the case to In Home Services. Since the In-Home services case opened three weeks ago, there have been no recent occurrences of Brady's dad physically abusing Brady.

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Discipline- Defined as all parenting behaviors and strategies to support positive behavior in children. Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	Parent/Guardian/Caregiver generally demonstrates an ability to discipline his/her children in a consistent and respectful manner. Parent's expectations are age appropriate and he/she is usually able to set and enforce age appropriate limits.
<input type="checkbox"/> 1	Parent is often able to set and enforce age-appropriate limits. On occasion his/her interventions may be too harsh, too lenient or inconsistent. At times, his/her expectations may be too high or too low.
<input type="checkbox"/> 2	Parent demonstrates limited ability to discipline his/her children in a consistent and age-appropriate way. He/she is rarely able to set and enforce age appropriate limits. His/her interventions may be erratic and overly harsh, but not physically harmful. Expectations of child's behavior are frequently unrealistic.
<input type="checkbox"/> 3	Significant difficulties with discipline methods. Discipline is unpredictable. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.)



**Rate the Substance Use domain using information in the vignette below.**

Lacy is a 14-year old who is temporarily residing with her grandmother. Lacy has a history of using illegal substances. She and her mother were brought to the attention of child welfare when her mother locked Lacy out of the house and neighbors noticed Lacy sleeping on the playground sliding board in their subdivision for three nights in a row. When Child Protective Services visited Lacy's mother, they discovered that she had no interest in following a Safety Plan and could benefit from services for her own substance use issues. In the past, Lacy has used heroin as her drug of choice; although, since she has been living with her grandmother, has not used in the past 42 days. Also, Lacy admitted to taking Xanax twice a day to get through the school day in the past. Currently, Lacy has no issues with truancy now that she lives with her grandmother and is a C student. She has no behavioral issues in class, but does receive afterschool detention every once in a while for dress-code violations. Overall, Lacy is a very pleasant young lady to speak with. She has a great sense of humor, a close-knit circle of friends, and a school-age boyfriend. Since Lacy's mother has been admitted into a long-term rehabilitation facility, she and her mother correspond regularly and their relationship has strengthened. Lacy's grandmother has no behavioral issues with her, except their disagreements about Lacy's iPhone usage and her reluctance to clean her room.

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Substance Use – Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	No evidence.
<input type="checkbox"/> 1	History or suspicion of substance use.
<input type="checkbox"/> 2	Clear evidence of substance abuse that interferes with functioning in any life domain.
<input type="checkbox"/> 3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child who is intoxicated at the time of the assessment (i.e., currently under the influence).

**UPDATE: Rate the Substance Use domain using information in the vignette below.**

Lacy's grandmother has noticed new and disturbing behaviors that were not present before. For instance, Lacy has begun skipping school. When Lacy's grandmother confronts her about the phone calls she receives from the school, Lacy becomes irate and even violent. She has also begun hanging out with a different group of teens, many of them older than Lacy. On several occasions, Lacy's grandmother has caught her sneaking into the house through the back window as late as 4 a.m. Again, when Lacy's grandmother confronts Lacy, she yells and screams and throws objects across the room. The home environment has become so toxic that Lacy's grandmother decided to search Lacy's bedroom to find out what Lacy was really getting into. Upon searching Lacy's closet, her grandmother found an old shoebox containing drug paraphernalia and blue pills that appear to be Ecstasy. Lacy's grandmother threw the box away, but did not confront Lacy. She feared another violent confrontation. When she caught Lacy sneaking into the home at 3 a.m., the grandmother administered a home drug test. Lacy tested positive for opiates. Lacy's grandmother calls you to relay the latest news. You arrive to the home to complete a re-assessment three days later.

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Substance Use – Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	No evidence.
<input type="checkbox"/> 1	History or suspicion of substance use.
<input type="checkbox"/> 2	Clear evidence of substance abuse that interferes with functioning in any life domain.
<input type="checkbox"/> 3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child who is intoxicated at the time of the assessment (i.e., currently under the influence).

## **Amy's Documentation: Gina**

As a teen, Gina often experienced bullying and prejudice at her local high school due to her biracial heritage. After Gina was raped by her mother's boyfriend she felt dirty and considered that maybe her mother was right...it was Gina's fault. She always felt that her mother hated her because she was constantly cursing at Gina and yelling about how much Gina looked and acted like her no good, lying daddy. To escape from her mother and, oftentimes herself, Gina began experimenting with drugs. At age 19, Gina discovered that she was pregnant. She had attended many parties over the past several months, and engaged in sexual intercourse with multiple men whom she did not know. She had no idea who the father of her unborn child could be. Gina considered terminating the pregnancy, but was several months along before she realized she was pregnant and deep down inside, wanted someone to love her.

A neighbor referred Gina to CPS when she discovered Tristen unsupervised by an unconscious Gina. The neighbor walked down the hall to check on Gina because she heard Tristen crying uncontrollably. Usually the neighbor did not get involved with others, but an entire hour had elapsed and the child did not sound like he was going to calm anytime soon. Upon knocking, the neighbor discovered that the door was ajar and discovered Tristen sitting alone in his pack n' play with crackers sprawled around him and grape juice spilt upon his shirt and shorts. The neighbor was incapable of rousing Gina, but knew she was high because she saw the drug paraphernalia next to Gina's foot. The neighbor lifted Tristen from his pack n' play, left Gina a note pinned to her shirt, and took Tristen to her apartment to keep him safe while Gina slept off her high.

An In-Home case was opened to offer services and monitor Gina's protective framework. Amy, the Family Services Specialist, met with Gina and discovered that Gina lives alone with her toddler in the section eight apartment. Gina is currently receiving benefits for TANF, SNAP, and Medicaid. Amy concluded that Gina appears to possess a natural, maternal bond with her son. Gina also has a small support system as her mother and sister visit often, and sometimes Gina's sister spends the night to give Gina a break. Both Gina's mom and sister appear to care deeply about Gina and Tristen's wellbeing.

After completing the Suite of Tools, it was determined that Tristen was safe to remain in the home with Gina. Amy put a traditional service array in place for Gina. It included, required drug screenings, a substance abuse assessment, parenting classes, a GED completion referral, and LDSS monitoring.

## **The Phone Call...**

Gina's illegal substance usage escalated.

One week ago, Gina went into the bathroom to use heroin. Another neighbor was alerted when she saw Tristen wandering down the corridor of the apartment building all alone. The neighbor banged on Gina's door, but no one answered. The police were called.

When the police broke down the door, they found Gina passed out on the bathroom floor.

Gina was rushed to the hospital. Gina has been hospitalized. Tristen is temporarily living with Gina's mother. The neighbor gave the police Gina's mother's contact information.

You must now reassess the Suite of Tools. For time's sake, we will **re-rate the CANS Assessment only**. In the Suite of Tools reassessment overview, the Safety Assessment, Risk Reassessment, and Candidacy Determination have already been reassessed, also.

## Overview of Suite of Tools Findings

<p><b>Safety Assessment</b></p> <p>Conditionally Safe</p>	<p><b>Risk Assessment</b></p> <p>High Risk</p>	<p><b>Candidacy Determination</b></p> <p>Candidate for Foster Care</p>	<p><b>CANS Assessment</b></p> <p><u>Supervision</u> Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.</p> <p><u>Social and Family Connections</u> Caregiver has significant family and social network that actively helps with raising the child.</p> <p><u>Substance Use</u> Caregiver has some substance use difficulties that interfere with his/her capacity to parent.</p>	<p><u>Safety</u> Threats to child's safety have been identified but may be effectively managed by caregiver protective capacities and supportive services.</p> <p><u>Parent Traumatic Reaction</u> Parent has moderate adjustment difficulties impacting ability to care for child.</p> <p><u>Parent's Understanding of Impact of Own Behavior on Children</u> Parent has limited understanding of the impact of his/her behavior on child</p>
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**Reassess the following domains based upon recent occurrences.**

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Supervision- Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	Caregiver has good monitoring and discipline skills.
<input type="checkbox"/> 1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
<input type="checkbox"/> 2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
<input type="checkbox"/> 3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

**Reassess the following domains based upon recent occurrences.**

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	
<input type="checkbox"/> 0	<b>Social and Family Connections</b> – This item refers to non-paid help or assistance. Please rate the highest level from the past 30 days. Caregiver has significant family and social network that actively helps with raising the child (i.e., child rearing).
<input type="checkbox"/> 1	Caregiver has some family or social network that actively helps with raising the child (i.e., child rearing).
<input type="checkbox"/> 2	Caregiver has some family or social network that may be able to help with raising the child (i.e., child rearing).
<input type="checkbox"/> 3	Caregiver has no family or social network that may be able to help with raising the child (i.e., child rearing).

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**Reassess the following domains based upon recent occurrences.**

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Substance Use Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	Caregiver has no substance use needs.
<input type="checkbox"/> 1	Caregiver is in recovery from substance use difficulties.
<input type="checkbox"/> 2	Caregiver has some substance use difficulties that interfere with his/her capacity to parent.
<input type="checkbox"/> 3	Caregiver has substance use difficulties that make it impossible for him/her to parent at this time.

**Reassess the following domains based upon recent occurrences.**

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Safety – This rating refers to safety of the assessed child. It does not refer to the safety of others based on any danger presented by the child. Please rate the highest level from the past 30 days.
<input type="checkbox"/> 0	Household is safe and secure. Child is at no risk from others.
<input type="checkbox"/> 1	Household is safe but concerns exist about the safety of the child due to unsafe circumstances in the past which warrant continued monitoring of safety threats.
<input type="checkbox"/> 2	Threats to child's safety have been identified but may be effectively managed by caregiver's protective capacities and supportive services.
<input type="checkbox"/> 3	Safety threats to child have been identified and caregiver's protective capacities are not sufficient to ensure the child's safety. Safety plan or protective custody is needed or has occurred.

**Reassess the following domains based upon recent occurrences.**

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Parent Traumatic Reaction – Describes post-traumatic reactions faced by parent/guardian/caregiver including emotional numbing and avoidance, nightmares, flashbacks that are related to the child's or his/her own traumatic experiences.
<input type="checkbox"/> 0	No evidence of traumatic stress reaction or parent has adjusted to traumatic experiences without notable post-traumatic stress reactions.
<input type="checkbox"/> 1	Parent has some mild adjustment problems related to the child's or his/her own traumatic experiences. Parent may exhibit some guilt about child's trauma or have become somewhat detached or estranged from others. These symptoms may mildly impact his/her ability to provide care for child.
<input type="checkbox"/> 2	Parent has moderate adjustment difficulties (e.g., intrusive thoughts, hyper vigilance and constant anxiety) impacting ability to care for child.
<input type="checkbox"/> 3	Parent has severe adjustment difficulties (e.g., intrusive thoughts, hyper vigilance and constant anxiety) associated with traumatic experiences which significantly impact his/her ability to care for child.

**Reassess the following domains based upon recent occurrences.**

**Check the box beside the rating you would assign.**

**Provide information to support your choice in the box below the domain item.**

Rating	Parent's Understanding of Impact of Own Behavior on Children – Describes the degree to which a parent has self-awareness regarding how his/her actions and behavior affect his/her children.
<input type="checkbox"/> 0	Parent has clear understanding of the impact of his/her behavior on child and is able to adjust behavior to limit negative impact.
<input type="checkbox"/> 1	Parent has some understanding of impact of his/her behavior on child but may struggle at times to change behavior to limit negative behavior.
<input type="checkbox"/> 2	Parent has limited understanding of the impact of his/her behavior on child.
<input type="checkbox"/> 3	Parent has no understanding or denies any impact of his/her behavior on child.

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## **Engaging with Hyon: Her Story**

Hyon's parents fled to South Korea leaving their family behind in Communist North Korea. Hyon is the oldest of three, all girls. She did not grow up under the influence of the family elders as is common in Korean culture. Her parents were grieving the loss of contact with their parents and did not have much emotional energy for their daughters.

Being the oldest, Hyon had a lot of responsibility for her younger sisters and sometimes resented that she was not able to do some of the things other children were allowed to do. As a young adult, Hyon began working on a U.S. Army base counting supplies. Her English language skills were limited, but she was able to develop a friendship with a young soldier, named Alonzo, who was stationed in South Korea and worked in the warehouse with her.

Eventually, Alonzo and Hyon began secretly dating. Her parents strongly disapproved of Alonzo and distrusted his western influences. They told Hyon that she brought shame to her family with this relationship. Knowing her parents disapproved did not deter Hyon's pursuance of the courtship. When Alonzo received orders to go to Ft. Hood, Texas, he asked Hyon to marry him.

Unbeknownst to her parents, Hyon was already two months pregnant. She and Alonzo were married then moved to Texas. Hyon became estranged from her family forever. Upon moving to Texas, Hyon felt isolated. She was not working and knew no one besides her husband. Hyon's limited English language skills deterred the other military wives from engaging in conversation with her. Alonzo, though occasionally attentive to Hyon's needs, was absent most of the time. He was constantly traveling and training at other bases. By the time her baby, Gina, was born, Hyon was experiencing postpartum depression. She did not bond well with this new baby and felt tired and overwhelmed about her premature marriage, the

move to another country, and most of all, her estrangement from her family.

The following year, her second daughter, Christina, was born. Hyon experienced postpartum depression again and felt even more isolated and hopeless. After discovering that Alonzo had had an affair, Hyon filed for a divorce and refused to allow Alonzo to contact their children.

When Hyon's daughter, Gina, alleged sexual abuse by Hyon's then boyfriend, Hyon could not accept that another man had betrayed her and convinced herself that the incident was Gina's fault. She accused Gina of enticing her boyfriend with her 14-year-old body. This created a formidable wedge in Gina's relationship with her mother, but Hyon did not care. She had learned from her previous marriage to look out for herself above anyone else.

Once Gina gave birth to her son Tristen, Hyon adored him. She showed him affection that she was never capable of displaying to her two daughters. Although Gina and Hyon's relationship was fractious, Hyon frequently visited Gina's apartment to babysit Tristen or take him to her home for days at a time. When the local department of social services asked Hyon to temporarily care for Tristen while his mother, Gina, received services, she did not hesitate to agree.