

PARTICIPANT GUIDE

**ADVANCED STRUCTURED DECISION MAKING®
SYSTEM TRAINING: HOTLINE TOOLS**



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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ABOUT EVIDENT CHANGE

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REVIEW OF STRUCTURED DECISION MAKING® SYSTEM FUNDAMENTALS

STRUCTURED DECISION MAKING® DEFINITIONS MATTER

 <p>Read to the period.</p>	 <p>Examples are not all-inclusive lists.</p>	 <p>Be aware of:</p> <ul style="list-style-type: none">• AND• OR
 <p>When unsure, ask others.</p>	 <p>"Unmasked" is different from "unknown."</p>	 <p>Use professional judgment and common sense.</p>

READ TO THE PERIOD

When reading Structured Decision Making® (SDM) definitions, be sure to first read the entire "stem" or foundational definition before looking beyond to examples and conditions. Without reading the stem of the definition first, information that follows may be taken out of context and selected/eliminated in error.

EXAMPLES ARE JUST EXAMPLES

The purpose of the definition examples is to illustrate the severity, threshold, or type of situation that might be seen in a family's situation. Definition examples cannot include every possible instance of circumstances covered by the definition. Sometimes an aspect of a case might appear much like the definition example, but the definition stem does not fit the situation. Sometimes, the exact situation will not be listed as an example, but the definition does apply.

BE AWARE OF AND, OR, AND “AND/OR”

“AND” means that both conditions on either side of the “AND” must be true for the definition to apply. “OR” means that only one condition on either side of the “OR” must be true for the definition to apply. “And/or” means either one or both of the conditions may be true. “AND” or “OR” may sometimes appear multiple times in one sentence or section of a definition.

WHEN UNSURE, USE COMMON SENSE AND CLINICAL JUDGMENT

SDM® assessments and their definitions do not make decisions—workers do. The definitions are designed to structure workers’ assessment and thought processes, but they are not a replacement for the value of experience and judgment in making decisions about families.

“UNASKED” IS DIFFERENT FROM “UNKNOWN”

When thinking about completing the SDM hotline tools, remember that “the assessment prompts practice.” Assessment items are designed to be part of a conversation with the reporter to understand their concern and help assess whether a referral should be screened in and how quickly. Learning how to use the hotline tools should include learning how to prepare for that conversation and the important questions to ask that will help you complete this assessment.

USE COMMON SENSE

When a situation substantially meets the definition (e.g., the definition says the child is age 5 years or older and the child you are working with will turn 5 next week), use your common sense in selecting the item.

COMMON MISTAKES TO AVOID WHEN USING THE SDM® HOTLINE TOOLS

Strengthening SDM hotline tool use in the following areas could lead to better results.

- While completing a hotline tool for every referral is required, creating a referral every time the phone rings is not necessary. When a referral is created unnecessarily, hotline tools are applied to an illogical situation and may yield illogical results. What are some reasons for NOT creating a referral for a phone call? One example might be information on an ongoing case that does not allege abuse or neglect. What would you do instead?
- It is important to understand the functionality of the hotline tool's preliminary screening step. This portion of the tool, which begins the assessment, identifies situations that may prompt creation of a Child Welfare Services/Case Management System (CWS/CMS) referral record and some associated actions but do not require additional SDM assessments.
 - » The preliminary screening step includes circumstances where the referral is evaluated out based upon three key conditions.
 - No child under 18 years of age (no action required).
 - Duplicate referral contains no new information (an SDM hotline tool has already been completed and the response decision is known).
 - Referred to another county (counties may report information to the county with jurisdiction but would not make a response decision for the other county).
- The preliminary screening section also identifies a call related to reports of a safely surrendered baby. In these cases, a CWS/CMS referral is created and the response decision is made based upon California Department of Social Services (CDSS) All-County Letter guidance; no further SDM assessments are required.
- Pay close attention to the definitions. In most instances when the field office disagrees with a hotline decision, or a case reading results in questioning, the decision is characterized by narrative that leaves the reader wanting one more piece of information to complete the definition one way or the other.

SOLUTION-FOCUSED QUESTIONS AT INTAKE

Based on work by Steve de Shazer, Insoo Kim Berg, Adriana Uken, and Coert Visser

QUESTION TYPE	DESCRIPTION	EXAMPLES
Scaling	<p>Scaling questions are probably the most well-known and frequently used of the solution-focused questions. Scaling questions ask the person to imagine a scale from 0 to 10, with 10 being the desired outcome and 0 being that none of the desired outcome is happening yet. The person is then asked to place themselves on that scale.</p> <p>Scaling questions are useful in the following ways.</p> <ul style="list-style-type: none"> • Relatively easy to use and extremely versatile. • Take an abstract concept and turn it into a measurable concept. • Help us think about things as existing on a continuum rather than in absolute terms. • Can be used to assess a range of areas, such as safety, willingness, confidence, capacity, relationships, progress, and agreement. • Help professionals express their judgment in a concrete way that explicitly communicates the possibility of movement and progress. • Allow for dialogue between people (exploring different views). • Help workers understand the views of others (e.g., family members). • Allow for follow-up questions that elicit information across the other domains (what we are worried about, what is going well, and what needs to happen), using the scaling question as a starting point. 	<p>On a scale of 0 to 10, where 10 means the child is safe enough with the caregiver to close the case and 0 means there is not enough safety for the child to live at home, where would you place the situation right now?</p> <p><u>Follow-Up Questions</u></p> <ul style="list-style-type: none"> • What do you think is going well or is already working for the family that has you choosing a number on the scale as high as __? • What are you worried about that has you choosing a number on the scale as low as __? • Have there been times when you would have rated safety in the family higher? Where would you have been on the scale at that point? What was different then? • Have there been times when you would have rated it lower? Where would you have been on the scale at that point? What is different now? • If [significant person] were here, where do you think [that person] would be on the scale? <i>Then, you can ask all the other follow-up questions from that person's position. See relationship questions.</i>

QUESTION TYPE	DESCRIPTION	EXAMPLES
Platform	Platform questions help the reporter notice what has already been achieved or is already working well. By focusing on what has already been achieved, people usually get a different, more positive perspective both on the current situation ('It is not all bad!') and on the future. Once reporters start looking at the glass as half full instead of half empty, they become more hopeful about achieving their goals.	<ul style="list-style-type: none"> • See scaling follow-up questions above about why someone chose a number on the scale as high as __. • What is already happening that made you choose a number on the scale as high as a 6? • At the worst, you would have placed things at a 1, and you are now placing them at a 3. What is the family already doing that moved you up on the scale from a 1 to a 3?
Exception	In solution-focused inquiry, it is assumed that with any problem, there are always times when the problem is less severe or even absent. By asking this question, it is possible to explore when the person has been able to resolve or deal with this problem in the past. The exception question is used to highlight this history of success (or protection) and to explore what the family did differently during these times in the past. The purpose of this question is for the reporter to recognize what worked in the past.	<ul style="list-style-type: none"> • Can you tell me about a time when [the problem] could have happened, but the parents were able to do something else instead? How did they make that happen? • Can you tell me about a time when the caregiver could look after the child and ensure that the child was not hurt or affected by the problems, even though they are dealing with these other difficult things? • Are there times when the problem is less severe or does not happen? What is different about those times? • How has the family solved similar problems in the past? When was this? What was different?
Coping	Coping questions are designed to elicit information about a person's resources that may have gone unnoticed by the reporter. Even the most hopeless story contains examples of coping that can be drawn out, and coping questions begin to gently and supportively challenge the problem-focused narrative. The basic form of the question is: "How do you manage to keep going?" Coping questions can help reporters identify ways in which the family is managing their challenging circumstances, at least to some extent. This helps them see that the family still can do some things well. By exploring how they cope, people can become more aware of what keeps the family going.	<ul style="list-style-type: none"> • What do you think keeps the family going under such difficult circumstances? • How do they manage to deal with such difficult situations each day? • What helps them keep going even though things sound as if they are really difficult?
Relationship/ Perspective Change	The relationship question, or perspective change question, helps reporters view the family from someone else's perspective. It asks people to imagine how, for example, their partner would notice the difference, or what their partner would say they are doing which is helping achieve the goal. By answering the relationship question, people broaden their own perspective and then often find it easier to understand and appreciate the other person's perspective.	<ul style="list-style-type: none"> • What is the first thing that _____ will notice to let them know things are better? • If [any significant person] were here, what would they say about the biggest worry they have for the child? • What will the caregiver say they are doing to cope with the difficult circumstances and stop the child from being harmed?

QUESTION TYPE	DESCRIPTION	EXAMPLES
Preferred Future	<p>One of the most important types of solution-focused questions, the preferred future question invites people to visualize and describe how they would like the situation to be in the future. When the person identifies what they want, it is important to ask them to describe this future in as much detail and as specifically as possible and to describe in concrete terms what the first step will be towards achieving that future. Solution-focused brief therapy research shows that the more detailed the picture and the steps, the more likely the family will be able to achieve them.</p> <p>People usually offer one or two ideas, so it is important to ask follow-up questions to elicit more information. People may also identify what would not be happening in the future, rather than what would be; it is important to ask questions to frame situations in the positive.</p>	<ul style="list-style-type: none"> • What do you hope will come out of this call? What do you hope will change for the family? • Imagine this family has been receiving services for [whatever timeframe is appropriate] and things have really improved for the family. What do you hope will be different? • What differences will tell you this issue is no longer a problem for the family? <p><u>Follow-Up Questions</u></p> <ul style="list-style-type: none"> • What else will the caregiver be doing differently? What else? What else? • If the caregiver has stopped yelling at and hitting their partner, what do you hope the caregiver would be doing instead?

THREE QUESTIONS STRUCTURE

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?



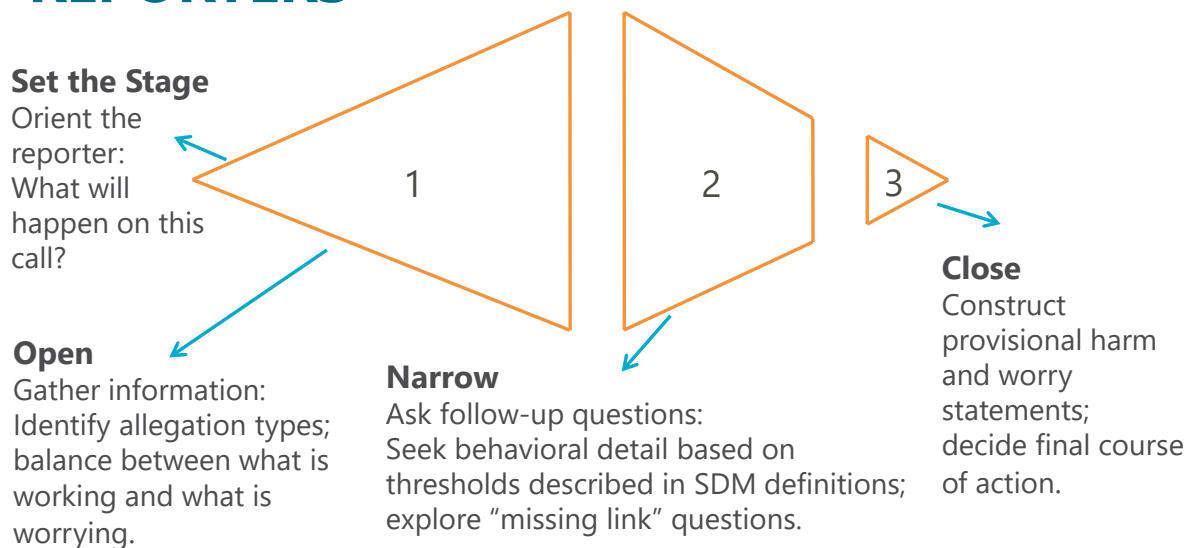
BARRIERS TO INFORMATION GATHERING DURING THE HOTLINE INTERVIEW

While we assume that a concerned person who calls the hotline wants to help, obstacles to and conflicts with sharing the necessary information may exist for this person.

- **Incomplete information about the incident.** The reporter may have observed enough to become concerned but not enough to meet the threshold for child welfare involvement.
- **Incomplete knowledge of child maltreatment law.** The reporter may have observed an incident that they feel requires a response, but an investigation may not be appropriate given legal thresholds of the Child Abuse and Neglect Reporting Act (Penal Code § 11165).
- **Conflicting loyalties.** The reporter may be a close friend or family member concerned that their report could “get the caregiver in trouble” or end a relationship with the caregiver.

USING THE INTERVIEW LADDER APPROACH TO QUESTIONING

STAGES OF A DISCUSSION WITH REPORTERS



The best information is provided by the reporter in their own words in response to an **open-ended, non-directional question**:

- What did you observe?

If the caller does not provide enough information to complete the intake tools without further questioning, start with open-ended orienting questions.

- What about this situation concerned you?
- What about the incident caused you to call the hotline?

As the caller begins to share concerns, identify the allegation type and begin to navigate to the correct SDM definitions and subcategories for follow-up questions.

As you need additional information, move on to **follow-up questions that begin to narrow**, such as:

- I'm hearing that _____ aspect of the situation concerned you; tell me more about that.

Begin to seek behavioral detail based on the thresholds described in the identified SDM definitions.

As you close, try some **fine-tuning questions**. Use item definitions to ask questions that allow you to distinguish among response levels, and explore "missing link" questions. **Use the "Sample Threshold Questions" guide for examples.**

SAMPLE THRESHOLD QUESTIONS

These questions are representative: Not all will be appropriate with each call, and other questions may be helpful in particular circumstances. The questions are suggestions to help determine the screening decision and response priority.

For each main screening category, the following table includes several examples of initial focus questions to help determine whether a reporter’s concern falls within that category. If yes, consider the example questions for the subcategories to determine whether the subcategory applies.

SCREENING QUESTIONS

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
Preliminary Screening		
<ul style="list-style-type: none"> • Are any children in the home under age 18? • Can you tell me anything else about this concern? • Where did the incident occur? • Where do the child and parent live? • Did this incident occur in a group home, residential facility, or other institution? • Was the child brought to a Safely Surrendered Baby site? 		
Physical Abuse		
<ul style="list-style-type: none"> • Did you see an injury on the child? • Did the child tell you they were injured? • Is the child acting injured (even if you can’t see the injury)? 	Non-accidental injury Death of child/another child in home Severe	<ul style="list-style-type: none"> • Did you see how the injury was caused? • Did someone tell you how the injury was caused? (Who?) • From your perspective, was this intentional? What makes you think so? • Did [alleged perpetrator] say anything right before or right after? • Is the cause of death suspected to be abuse? • Who are the other children who live in the home? • Has the child received medical treatment? • What would have happened if there had been no treatment? • Describe the injury.

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
		<ul style="list-style-type: none"> Describe how the child reacted immediately following. [Listen for indicators of pain, impaired movement, loss of consciousness, etc.]
<ul style="list-style-type: none"> What did you see the caregiver do to punish the child? How was the caregiver handling the child? What was happening between the caregiver and other adults in the home when the children were home? Did you see the caregiver do something dangerous near the child? Did you hear the caregiver threaten the child? What did the child (or someone else) tell you about what the caregiver did to punish the child? 	<p>Other injury</p> <p>Caregiver action that likely caused or will cause injury (Other than very minor unless child is under 1 year of age)</p>	<p>Describe the injury.</p> <ul style="list-style-type: none"> To what was the caregiver reacting? What did the caregiver say? What were the circumstances when the child was outside (e.g., temperature, time of day, length of time)? What did the child do while outside? How did the child react to punishment? What part of the child’s body was struck? By what? What happened to the child immediately upon being struck (e.g., fell backward with force, doubled over in pain)? How surprised are you that the child was not injured? Has the caregiver followed through with threats before? Does the caregiver seem to make threats to scare the children? Did it appear to be a figure of speech or a plan? How did the caregiver and child act following the threat (e.g., it was soon forgotten versus continuing rage in the caregiver and fear in the child)? <p><u>Domestic Violence</u></p> <ul style="list-style-type: none"> What was the nature of the altercation between parents? Was a gun or knife involved? Where exactly was the child? What was the child doing during the altercation (e.g., intervening, being held by one caregiver)? Did the parents seem aware of the child’s presence? Did the caregivers take any action to protect the child? <p><u>Other</u></p> <ul style="list-style-type: none"> What exactly was the caregiver doing? What precautions were taken to protect the child? How close was the child? Was the caregiver aware of the child’s presence? How surprised are you that child was not injured?
<p>What happened to the child who died?</p>	<p>Prior death of a child due to abuse or neglect, and a new child is now in the home</p>	<ul style="list-style-type: none"> Do any other children live in the home?

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
Emotional Abuse		
<ul style="list-style-type: none"> • What does the parent do that is upsetting to the child? • What exactly has the caregiver done? How does the child know about it? • How does the child react immediately? • What affect does this have on the child? <ul style="list-style-type: none"> » Mood » Behavior » Relationships » School 	<p>Caregiver actions have led to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others</p>	<ul style="list-style-type: none"> • What is the child's diagnosis? • How long has the child exhibited the symptom (e.g., severe anxiety, depression, withdrawal, or aggressive behavior toward self or others)? • What are the child's specific behaviors? • To what extent have these behaviors affected the child's life? <ul style="list-style-type: none"> » Expelled? Failing school? » Completely isolated or barely talks to anyone? » Losing or gaining weight, persistent insomnia, or sleeping so much that they are missing a lot of school? » Getting into frequent fights, arrests, or injuries? » Suicidal (plan, attempts) or self-harming (cutting, etc.)? • How is the caregiver's behavior contributing to the child's condition? • How long has this been going on? • How does the child react? • To what extent have these caregiver behaviors affected the child's life? • How often does this happen? How long has it been going on?
	<p>Domestic violence (DV)</p>	<ul style="list-style-type: none"> • Does the child see the DV? • How does the child know about DV? • What happens between the caregivers? • Was a caregiver injured? • Are weapons involved? • How often? • Has anyone been injured?
Neglect		
<ul style="list-style-type: none"> • What is the caregiver not doing that a caregiver should do? • Has the child been injured or become ill as a result? • What is likely to happen to the child if the situation does not change? 	<p>Severe neglect</p>	
	<p>Diagnosed malnutrition</p>	<ul style="list-style-type: none"> • Who diagnosed the malnutrition? • When was the diagnosis made?
	<p>Non-organic failure to thrive</p>	<ul style="list-style-type: none"> • Who diagnosed non-organic failure to thrive? • When was the diagnosis made? • What is the child's age versus weight/height? • Has the relationship between child's age and child's weight/height changed recently? • Is the child falling behind on developmental milestones?

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
	Child's health/safety is endangered	<ul style="list-style-type: none"> • What injury or illness has the child suffered? • If the situation is not resolved, what is likely to happen to the child? <p><u>Clothing</u> What was the weather like? How long was the child without appropriate clothing? How did the caregiver cause the child to be without proper clothing?</p> <p><u>Housing Conditions</u> What is the child's lead level? What symptoms does the child have? Has the child required medical care as a result of the living environment that would not have been required if the child was in a different environment? How did the caregiver contribute to that environment? Did the caregiver understand their actions would cause harm? Can the caregiver control the environmental factors that caused harm? What are the chances the child will need medical care soon if the environment is not corrected?</p> <p><u>Medical Care</u> What is the child's condition? What should the caregiver be doing that is not being done? If it is not done, what will happen? How long will it take for that to happen? If the care is provided, how certain is it that the condition will be improved? Does the caregiver know and understand this? (If the medical condition will result in permanent disability, disfigurement, or death without treatment, it is severe. If it will result in lesser harm, it is general.)</p> <p><u>Supervision</u> What is the child's age/developmental status? How long has the child been left alone? How often is the child left alone? What are some examples of things that happened when the child was alone? What makes it particularly dangerous for this child to be alone?</p> <p><u>Other</u></p> <ul style="list-style-type: none"> • What were the specific conditions? • How surprised are you that the child was not injured? • What could have happened to the child if third party had not intervened? • How much longer could the child have been in that situation before becoming ill/injured or dying?
	Unexplained and/or suspicious death of a child, and other children are in the home	<ul style="list-style-type: none"> • What are the circumstances of the child's death? • Who is investigating? • Why is it being considered suspicious? • Who else is in the home?

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
Does the child need something that is not being provided?	General neglect	Understand age/developmental and status/vulnerability of children as context for each question below.
	Inadequate food	<ul style="list-style-type: none"> • What does the child typically eat? • How often does the child go without meals? • What makes the meals inadequate? • Has the child lost weight or failed to gain weight? • Is the child having difficulty in school? • How often does the child go hungry? For how long?
	Inadequate clothing	<ul style="list-style-type: none"> • What clothing does the child wear outdoors? What is the weather like? How long is the child outdoors? • How many days in a row does the child wear clothes between washing? Is the child avoided or ridiculed at school due to clothing? Does the child avoid leaving the house out of concern for clothing?
	Inadequate/hazardous shelter	<ul style="list-style-type: none"> • Would the child likely become ill or injured if the situation in the house is not changed? • To what extent is [dirty clothes, rotting food, etc.] present? How long has it been that way? How does it interfere with normal activities? • What dangerous items does the child get into their hands? • What is the caregiver doing to protect the child? • What is the caregiver doing to correct the situation? • What is the caregiver doing in the absence of [utilities/furniture]? Does that pose a danger to the child (e.g., lack of bed results in orthopedic problems for the child, or an issue makes sleeping on a mattress on the floor dangerous)? • Does the child depend on electricity for a medical device?
	Inadequate supervision	<ul style="list-style-type: none"> • How long was the child alone? • How often? • What happens when the child is alone? • How has the child been prepared to be on their own? • Are there any provisions for supervision? • When the child begins to do something dangerous, what does the caregiver do? • How do we know the child cannot manage on their own?
	Inadequate medical/mental health care	<ul style="list-style-type: none"> • Who indicated the child requires care? • What care is not being provided? • How long has it been that care was not provided? • What has been done to get the caregivers to provide care? • What will happen if care is not provided?

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
	Child has no parent or guardian capable of providing appropriate care	<ul style="list-style-type: none"> • Where is the caregiver now? • How long will they be there? • What plans, if any, were made for childcare? • Why are those plans not working? • What leads us to believe the caregiver is not returning?
	Failure to protect	<ul style="list-style-type: none"> • What about the temporary caregiver suggests that they are inappropriate? How has their [drinking, young age, mental health, etc.] prevented them from providing adequate care? Can you provide an example of that? Has something happened, or nearly happened, while a child was in their care? • Who is harming the child? Does the caregiver know? Who all knows? What do you think the caregiver should be doing that they are not doing?
	Prior failed reunification or severe neglect, and new child in household	<ul style="list-style-type: none"> • How do we know there was a failed reunification or prior substantiation for severe neglect? (Confirm with record check.) • Who is in the house now? Do we know that the child was not there previously?
	Allowing child to use alcohol or other drugs	<ul style="list-style-type: none"> • What did the child consume? • How was the caregiver involved? • How much did the child consume? • How was the child acting afterward? • How often does this happen? • Was this part of any religious or cultural ceremony?
	Prenatal substance use	<ul style="list-style-type: none"> • Did caregiver and/or the baby have a positive toxicology? If not, how do we know the caregiver used substances prenatally? • What does the caregiver say about their substance use? Are there indicators of continuing use (e.g., heard them arranging to get drugs, obvious symptoms of severe dependency)? What drugs does the caregiver abuse? What is their pattern of use? • How has the caregiver responded to baby while in the hospital? Are they attentive, involved in care? Do they indicate preparations for having baby home? Are they passed out, groggy, inattentive?
	Other high-risk birth	<ul style="list-style-type: none"> • How has the caregiver responded to the baby in the hospital? • In what ways has the caregiver(s) demonstrated inability to provide adequate care? • Does the baby have special needs? If so, has the caregiver participated in education to learn to provide care? • Does the caregiver seem to understand basic information about safely caring for the baby?

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
	Prior death of a child due to neglect, and a new child of any age is in the home	<ul style="list-style-type: none"> • What are the circumstances of the child’s death? • Why is it considered suspicious? • Who else is in the home? • Have changes occurred in the caregiver’s circumstances or capabilities since the child’s death?
Sexual Abuse		
Are you concerned about someone having sexual contact with the child?	Any sexual act on a child by an adult caregiver or other adult in the household, or unknown perpetrator	<ul style="list-style-type: none"> • What did the child say happened? Who did the child say did this? Does that person live with the child? How did this happen to come up? • What is it about the child’s behavior that concerns you? How often does the child behave this way? When did it start? Has someone asked the child about this behavior? • Has the child seen a doctor? What do exams/tests show? How significant is that for ruling in or ruling out sexual abuse? • Who saw this happen? What exactly did they see?
	Physical, behavioral, or suspicious indicators consistent with sexual abuse	<ul style="list-style-type: none"> • What behaviors concern you? Do they occur in the presence of other children? • What happens between the children? • What are their ages? (Sizes? Cognitive development?) • Has one or more of the children been pressured or coerced to participate? • Has the child been seen by a doctor? • What is the child saying regarding the location of the pain?
	Sexual act(s) among siblings or other children living in the home	<ul style="list-style-type: none"> • What happens between the children? • What are their ages? (Sizes? Cognitive development?) • Has one or more of the children been pressured or coerced to participate?
	Sexual exploitation	<ul style="list-style-type: none"> • What does the caregiver make the child do? • What does the caregiver know about the child’s activities? What have they done to intervene? • How is the caregiver involved? • Did the child or someone else receive money, food, drugs, or shelter in exchange for a sexual act or performance?
	Threat of sexual abuse	Rule out sexual act or exploitation first.
	Known or highly suspected sexual abuse perpetrator lives with child	<ul style="list-style-type: none"> • How do you know the person has a history of sexual abuse? (Confirm with record check.) • How do you know they live with child? <p>(NOTE: If a known or highly suspected sexual abuse perpetrator has contact with the child but does not live with the child, refer to failure to protect.)</p>

NARRATIVE-ANCHORED FOLLOW-UP	SUBCATEGORY	SAMPLE FINE-TUNING QUESTIONS
	Severely inappropriate sexual boundaries	<ul style="list-style-type: none"> • What exactly does the caregiver do? How often does this happen? • How do you know the children are aware? • What do the children say about how it makes them feel? • What happens that makes it seem the caregiver is doing this on purpose for sexual gratification? • Is there an attempt to do this secretly? • Are the children asked not to talk about it?
Overrides to Evaluate Out		
Is there a reason child protection should not respond?	Insufficient information to locate child/family	FOLLOW COUNTY POLICY FOR EFFORTS TO LOCATE BEFORE MARKING THIS OVERRIDE.
	Another community agency has jurisdiction	<ul style="list-style-type: none"> • Which agency is going to follow up? • On what basis is child protection involvement not required?
	Historical information only	<ul style="list-style-type: none"> • Is the child age 10 or older? AND • Did maltreatment occur at least a year ago? AND • Any reports since then? (Confirm with record check.) AND • What has changed that contributed to the maltreatment?

RESPONSE PRIORITY QUESTIONS

The following are suggestions for questions that can help distinguish yes and no responses to each question box. These are general suggestions. Specific situations may warrant use of other, more individualized questions.

BOX	QUESTION/STATEMENT	SAMPLE QUESTIONS
Physical Abuse		
1	Medical care currently required due to alleged abuse.	<ul style="list-style-type: none"> Is the child currently in the hospital, ER, or doctor's office for evaluation or treatment? Is the child bleeding, burned, unconscious, severely injured, etc.? (Alert 911.)
	Caregiver's behavior is alleged to be dangerous or threatening to the child's health and safety (reasonable person standard).	<ul style="list-style-type: none"> What exactly did the caregiver do to the child? What part of the child's body was injured/hit? With what did the caregiver hit the child? What was the result of impact (e.g., forceful enough for child to fall)? How old is the child? What is the child's size (especially relative to the caregiver)? Is the child able to get away or protect self to any extent? How surprised are you that the child was not severely injured as a result? How precarious was the situation? How long was the child exposed to the elements, and what were the conditions? Had the other party not intervened, or the child not ducked, etc., what likely would have happened? For medical professionals: What kind of force would it have taken to cause an injury like that? What kind of damage can result from an action like that? Does it appear that there has been more than one episode of violence?
	Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent).	<ul style="list-style-type: none"> How old is the youngest child in the home? (If this child is NOT the victim of the current reported incident, is there reason to believe this child is another potential victim?) If over 2: Is there any child who has a severe developmental disability or emotional disability?
2	Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?	<p>Is another adult in the home in addition to the alleged perpetrator? If so:</p> <ul style="list-style-type: none"> Do they know about the alleged incident? If so, what have they said or done in response? Were they present for the alleged incident? Did they do anything to protect the child? Would they be physically and emotionally capable of protecting the child if this happened again? Are they going to be with the child in the next several days? Do they use excessive corporal punishment as well? How much time has passed since the most recent known incident?

BOX	QUESTION/STATEMENT	SAMPLE QUESTIONS
3	Child is fearful or vulnerable.	<ul style="list-style-type: none"> • Does the child appear afraid of going/remaining home? • What has the child said? Is the child acting afraid? • Does the child have a way to stay safe if they go/stay home? • Could the child protect themselves or get away if a problem arises? • Is there reason to suspect another incident tonight or in the next several days? • When are you expecting to see the child again? • Is the child expected to be in school or some other public/planned activity over the next several days? <p>Keep in mind the severity or lack of severity of the allegation. The greater the severity, the more vulnerable the child.</p>
	There is prior history of physical abuse.	<ul style="list-style-type: none"> • CWS/CMS record check. Look for investigated physical abuse by any adult caregiver currently in the home.
	There is current concern that domestic violence will impact the safety of the child within the next 10 days.	<ul style="list-style-type: none"> • Is there any violence in the home? • Do the caregivers get along? • Any violence with current or former romantic partners? • Police record check. • CWS/CMS record check.
Emotional Abuse		
1	Child is exhibiting behavior that threatens the health or safety of the child or others AND caregiver is unable or unwilling to seek appropriate help or control the child's behavior.	<ul style="list-style-type: none"> • Is the child suicidal (i.e., has attempted, has a current plan, or other indication of significant suicide threat)? • Is the child self-harming? • Has the child recently set fires or been cruel to animals? • Is the child threatening to harm others? Is there a plan? Has the child taken some steps toward harming others? • Does the child seem out of touch with reality? • Is the child so depressed, anxious, or withdrawn that they have stopped engaging in daily activities? When did this start? How long has it been going on?
	Caregiver's behavior is alleged to be cruel, bizarre, or dangerous to the emotional health or safety of the child.	<ul style="list-style-type: none"> • What exactly has the caregiver done? Whom did the caregiver hurt? How do you know the child saw or was aware? • What exactly has the caregiver said? Does it seem the caregiver was making a poor attempt at a joke? Was it a figure of speech? How did the child and others respond? Did they seem shaken? Afraid? • How long did the caregiver make the child do [particular action]? How did the child react? How often does this happen? (Consider the child's age.) • How does the child respond to violence between the caregivers? Does the child intervene? Has anyone been seriously injured as a result of DV? Has DV involved guns, knives, or other weapons? Has the child been directly in the path of DV, even if unharmed?

BOX	QUESTION/STATEMENT	SAMPLE QUESTIONS
Neglect		
1	Child requires immediate medical/mental health evaluation or care.	<ul style="list-style-type: none"> • Has a doctor, paramedic, nurse, or another medical personnel reported that the child needs immediate medical evaluation? • Has a mental health professional reported that the child needs immediate mental health evaluation? • If the reporter is a non-medical/mental health person, does the child have symptoms of failure to thrive? • What would happen if treatment does not begin in the next five days?
2	Child's physical living conditions are <i>immediately</i> hazardous to health or safety.	<p>Consider the child's age/developmental status.</p> <ul style="list-style-type: none"> • What exactly is the hazard? How long has the child been living there with that hazard? (Note: In some instances, longer reduces sense of imminence because it suggests that odds of harm are quite low. In other circumstances, longer will increase sense of imminence if cumulative harm occurs over time, such as exposure to toxins.) • Is there something about the child's behavior that makes them more likely to become ill/injured by this? • Has someone recently been injured/become ill? • How long could a child that age be exposed to that before it causes harm? • How seriously would the child be harmed?
3	Child is currently unsupervised and in need of supervision.	<p>Consider the child's age/developmental status.</p> <ul style="list-style-type: none"> • Is the child alone/unattended at this moment? • How recently was the child alone/unattended? • Is there reason to believe the child will again be unattended/alone in the next five days? • Is the person presently caring for the child so impaired/incompetent, etc., that the child has already been injured or nearly injured? • If the child is expected to be left with a concerning caregiver, how often is the caregiver in a condition that they cannot provide appropriate care? What leads to the conclusion that they would be unable to provide care over the next few days? • If the caregiver has disappeared with no apparent intent to return, who is caring for the child now? Are they able and willing to do so for a few days?

BOX	QUESTION/STATEMENT	SAMPLE QUESTIONS
4	Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge.	<ul style="list-style-type: none"> • What substance showed up in toxicology screens and/or what has the caregiver admitted to using? • What is the planned discharge date? • Have the caregivers expressed a desire to discharge against medical advice? • Is there an indication that the caregivers plan to leave without waiting for discharge? • Has the caregiver used recently? Has caregiver used since birth? Are there indications the caregiver will resume use? • Has the caregiver done what is necessary to prepare to take the child home? (Consider any special needs of the child.) • If there is a second caregiver, do they appear willing and able to help even if the birthing parent does not? • Has either caregiver ever had an unsuccessful reunification case? (Record check.)
Sexual Abuse		
1	Is there current abuse/exploitation as evidenced by disclosure, credible witnessed account, or medical evidence?	<ul style="list-style-type: none"> • If the child disclosed, is the child saying an incident happened recently? Did the child name an alleged perpetrator who lives with the child now? • Is there a recent onset of concerning sexualized behaviors? Is there a recent significant change in the child's behavior that suggests abuse is current? • Did a witness see an incident recently? • Does medical evidence suggest recent sexual activity?
2	Is there a non-perpetrating caregiver aware of the alleged abuse/exploitation who is demonstrating a response that is appropriate and protective of the child?	<ul style="list-style-type: none"> • Is another caregiver in the home who is not alleged as a perpetrator? (If no, the box must be answered "no.") • Does the non-offending caregiver know about disclosure/concern? (If no, must be answered "no.") • If the non-offending caregiver knows, how have they reacted? Are they blaming the child or angry at the child? Are they threatening the child to not disclose or to cover up? Are they coaching the child to disclose things that are NOT true? If a medical exam has been recommended, is the non-offending caregiver cooperative? NOTE: This caregiver does not need to express absolute belief in child's disclosure at this time, but a yes answer indicates they are supportive of child and open to hearing the child's account.

THE PURPOSE OF HOTLINE TOOL OVERRIDES

Let's take a closer look at the overrides in SDM assessments and their purpose.

- No assessment tool can account for all unique situations, which is why SDM tools include overrides. Review the policy and procedures instructions related to overrides.
- Some of the hotline tool overrides are a result of exceptions to California statute or local policies and practice.
 - » Overrides on the hotline screening tool specify the reasons for an in-person response when the reporting party's information typically would lead to the decision to evaluate out. The tool also specifies a limited and carefully defined set of reasons for when an in-person response may NOT be appropriate even though the information meets the legal definition for child abuse or neglect. In this second scenario, it is important to remember that a supervisor must carefully review the facts that support the override for safety reasons.
 - » Overrides on the hotline response priority tool specify policy reasons for either increasing response time to 24 hours or decreasing response time to 10 days. The tool also offers a discretionary override for increasing or decreasing the response level, or urgency, of the response. Discretionary overrides to decrease the response level require supervisory approval.
- Evident Change generally expects the override rate for SDM assessments to range between 5% and 10%, with the hotline tools generally having a higher override rate. When workers override the tool at rates lower than 5%, there is concern that workers may not be using clinical judgment in making their decisions. When override rates rise above 10%, there is concern that workers are not using definitions properly or may be forcing the tool to reflect a different decision.

PROVISIONAL HARM AND WORRY STATEMENTS

Harm statements and worry statements are short, simple behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address.

For calls that will be screened in for in-person response, beginning to construct provisional harm and worry statements can help focus the information shared by the reporter to ensure all key stakeholders are clear on why the agency is getting involved and what the agency is worried about. These will also provide a critical foundation for the investigating social worker to build on and fine tune down the line.

PROVISIONAL HARM STATEMENTS

Harm statements are clear and specific **provisional** statements about the harm or maltreatment that the child may have experienced, based upon the reporting party's knowledge. The provisional harm statement needs to include specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child.



Who says (or it was reported)



What caregiver actions/inaction



Impact on the child

PROVISIONAL WORRY STATEMENTS

Provisional worry statements clearly identify what the reporting party is worried may happen if the family and network do not take enhanced actions of protection. Sharing these worry statements with the family (and within the agency) allows the focus to sharpen on key elements that need to change for the case to move forward. It also helps to avoid “case drift.”

Worry statements answer two questions.

- What are we worried will happen to the child if nothing else changes?
- In what situations or context are we worried this could happen?

Provisional worry statements are composed of the following.



Child

may be



Impacted how?

if/when



Context

PROVISIONAL HARM AND WORRY STATEMENT EXAMPLES

PHYSICAL ABUSE

Harm: Reporting party stated that the father, Lee, hit Hiroki (age 8) with his belt, leaving bruises and welts on Hiroki's back and legs.

Worry: Hiroki (age 8) may be injured (have bruises, broken bones, or even more severe injuries) if Lee uses a belt to hit Hiroki when angry.

Harm: Reporting party stated that the mother, Billie, makes Elijah (age 5) hold heavy books above his head for 30 minutes as punishment, and, as a result, he tore his rotator cuff.

Worry: Elijah (age 5) may be injured or emotionally impacted if Billie continues to use physical discipline such as making Elijah hold heavy books above his head for 30 minutes as punishment.

DOMESTIC VIOLENCE

Harm: Reporting party stated that the father, Jason, yelled and hit the mother, Tina, while Tina was holding Chloe (age 3), and Chloe was frightened and got scratched.

Worry: Chloe (age 3) could be physically hurt (scratched, bruised, or more severe injuries) or very frightened if Jason is violent (yells at Tina, physically hurts her) while Chloe is present.

Harm: Reporting party stated that when Susan got intoxicated last night, she hit John, and Charlie (age 15) got in the middle of the fight and got a black eye.

Worry: Charlie (age 15) may be hurt or emotionally impacted (become depressed, unable to finish school) if Susan continues to drink to excess and, during these times, hit and shove John while in Charlie's presence.

SEVERE NEGLECT

Harm: Reporting party stated that the father was arrested for driving under the influence, and his children, Nate and Katina (ages 4 and 6), were in the car at the time of his arrest.

Worry: Nate and Katina (ages 4 and 6) may be hurt or killed in a car accident if the father continues to drive under the influence of drugs or alcohol with the children in the car.

GENERAL NEGLECT

Harm: Reporting party stated that parents Nina and Jay use amphetamines and be unable to look after their new daughter, Cameron (age 6 months), properly (feeding her, cuddling her, making sure that all her medical/health care is done properly).

Worry: Cameron (age 6 months) may become malnourished or very sick if Nina and Jay do not care for her (feed her, provide medical care) when using amphetamines.

EMOTIONAL ABUSE

Harm: Reporting party stated that Paul (Dad) will lose his temper with his sons (Jack and Sam) and say things like "Fuck you, you little bastards, I'm going to cut your fucking heads off," and Jack and Sam are terrified of their dad and feel anxious and scared when they are around him.

Worry: Jack and Sam may become hurt or emotionally impacted (anxious, unable to concentrate in school) if their father loses control and uses threats of violence when angry.

SEXUAL ABUSE

Harm: Reporting party stated that the mother (Christine) has allowed her boyfriend, who is a registered sex offender, to stay in her home at night with her daughter (Mary, age 2), who is non-verbal.

Worry: Mary (age 2) may be harmed (touched inappropriately or sexually abused) if Christine continues to leave her alone with her boyfriend.

INTERVIEWING REPORTERS ABOUT THE ROLE OF CULTURE AND CONTEXT

Mandated reporters, who differ in every State, may require more specific guidelines and better training materials than the brief checklist that often serves as their training for reporting child abuse and neglect. This includes additional training about cultural practices that may be misconstrued as maltreatment, particularly among racial and ethnic populations that are prevalent in their region.

—“Racial Disproportionality and Disparity in Child Welfare,”
Children’s Bureau Issue Brief, November 2016

Racial and cultural disproportionality and disparities in the child welfare system begin with reporters’ calls. While each call to child protection needs to be assessed individually based on the allegations in that call, staff can and should do more to understand the context of the report in order to address disproportionality at this first key decision point.

The following questions can assist staff in gathering information from reporters to determine what role culture and context may be playing in their reporting.

FAMILY IDENTIFICATION

- How do family members identify themselves culturally and racially?
- Are there ways they identify themselves when they speak with you or others about their culture, heritage, and identity?
- Do they face any barriers as a result of being members of that cultural/racial group?

LANGUAGE

- Are there specific languages that the family uses or prefers?
- Do they face any barriers as a result of their language?

FAMILY NORMS

- How do family members define “family”? Who do they include in their family?
- Are there specific cultural parenting practices and approaches to child-rearing that the family holds?
- Are there any cultural traditions or expectations that are important to the family?

FAMILY STRENGTHS

- In what ways does the family draw on their cultural traditions for support?
- In what ways does the family's culture or traditions contribute to effective child-rearing?

COMMUNITY FACTORS

- In what ways does the family draw on the local neighborhood or community for support?
- Has the family faced any barriers or challenges due to the local neighborhood or community in which they reside?

EXPLORING THE CONNECTION BETWEEN CULTURE AND THE CURRENT REPORT

- Are any of the family's specific cultural parenting practices playing a role in this report? If so, how?
- Are language and language barriers playing a role in this report? If so, how?
- In what ways might this family be drawing on their cultural traditions to try to solve the concerns you are describing in this report?

PRACTICE VIGNETTES

VIGNETTE 1

A teacher at the local junior high school calls to report that one of her students, a 12-year-old girl, wrote in an essay for English class that when she was 10, her stepfather would punish her by calling her names, hitting her, or making her hold eight-ounce water bottles in each hand with her arms outstretched for an hour at a time. When the teacher asked the girl about the essay, she reported that the essay was about true incidents and that she is glad that her stepfather is now in jail (on unrelated charges) and has been out of her life for the past year. CWS/CMS confirms no reports on this family in the past two years.

VIGNETTE 2

Mom has two kids—ages 9 and 11. The reporter, who is a neighbor of the family, observed through the family's living room window an altercation that appeared to be physical between mom and her boyfriend, who reporter believes lives in the household. The kids were not observed to be in the living room. Mom has history with CWS and was in foster care as a child. There was one other time when the couple was observed fighting in the yard. The caller reported previously calling the police and CWS when the fight took place in the front yard last year.

VIGNETTE 3

A nurse from a local hospital called the hotline to report the physical abuse and neglect of an 18-month-old child. The nurse reported that she is concerned for child's safety in the mom's care because mom is "quick-tempered, aggressive, and seems like a substance abuser." The nurse reported that she heard that mom became upset with an ex-boyfriend earlier today and "took her anger out on the child." It was reported that mom yelled at child and pushed him away from her, causing child to stumble back and start crying. It was reported that mom then grabbed the child and dropped him in his crib, where he continued to cry. Mom's sister later brought the child to the ER. Mom joined about 45 minutes afterward. The nurse reported that no injuries were noted.

Response priority practice: Assume this will be evaluated in for "Caregiver action is likely to cause injury." What should the response time be and why?

VIGNETTE 4

Single mom lives alone with her 7-year-old son. Reporter is a prevention and aftercare worker from a nurturing parent program. Reporter stated that the house is dark and in disarray and chaos. Half-eaten, dried-out food on paper plates was spread out all over the counters and sink, and cockroaches were observed. Child appears supervised, clean, and well fed, but he regularly plays in the room with the cockroaches. He appears to have multiple red marks of different sizes that look like insect bites on his legs, which he frequently scratches. The reporter stated this is an ongoing issue, and he is concerned about the child's health and well-being.

Response priority practice: Assume this will be evaluated in for "Inadequate/hazardous shelter." What should the response time be and why?

Override practice: Is there a scenario where you would override this? In what way?

INTERVIEWING EXERCISE—FOR A GROUP OF TWO

Break into pairs; one person is “A,” and one is “B.” Take a few moments to review the hotline tool definitions related to your scenarios. For scenarios where you will be the interviewer, think about what you will need to know to properly screen this type of concern. Your role as interviewer is to use what we have learned today to gather enough information to complete the hotline tools while keeping your questions as open-ended as possible.

For scenarios where you are the reporter, think about your role and how you will answer potential questions based on your scenario. **Do not disclose the recommended response for your concern.**

There will be four rounds of the exercise, with each person taking each role twice. Each round will include two minutes of preparation time followed by five minutes for interviewing.

ROUND	PERSON A	PERSON B
1	Interviewer	Reporter
2	Reporter	Interviewer
3	Interviewer	Reporter
4	Reporter	Interviewer

PERSON A

ROUND 1 SCENARIO: INTERVIEWER

A babysitter is calling to report concerns about potential emotional abuse of a 5-year-old boy.

ROUND 2 SCENARIO: REPORTER

You are an emergency department worker calling to report concerns about an 8-year-old girl. The incident fits within the guidelines for severe neglect and requires a response.

Imagine that a mother brought in a child with a broken arm. Mother is currently without a fixed address, and they have been staying with relatives. For the past few days, they have been staying at the child’s grandmother’s house. Mother left her daughter in grandmother’s care while she went out for a few hours to look for a job. She returned to find that the girl had broken her arm due to falling from the roof of the house.

If you are asked open-ended questions or general questions about the child's situation, you may offer some information unrelated to the allegation. You also should include some information related to possible neglect.

ROUND 3 SCENARIO: INTERVIEWER

A neighbor is calling to report concerns about potential physical abuse of a 6-year-old girl.

ROUND 4 SCENARIO: REPORTER

You are a family member calling to report an incident that you believe requires a response. The incident approaches the threshold for physical abuse or neglect. However, no response is required.

Imagine that at a recent family gathering, father was playing with his daughter and tossing her up in the air. He threw his daughter into a moving ceiling fan, and she now has bruising on her face and wide parallel cuts on her face and head.

PERSON B

ROUND 1 SCENARIO: REPORTER

You are a babysitter calling to report concerns about a 5-year-old boy. The incident approaches the threshold for emotional abuse but does not require a response.

Imagine that you have arrived for a babysitting job for a family you sit for frequently. You are five minutes late, and the parents are somewhat rushed getting out the door because they are worried that they will miss the start of their movie. The only child in your charge is a 5-year-old boy who bursts into tears when you ask him how he is. He says that he wants to run away because his father killed his dog. He wants to run away and live with his grandfather. He insists that he will never speak to his father ever again. You have never noticed any inappropriate or abusive behaviors by the boy's father in the past, and the family has always seemed happy and functional to you. The dog was a 15-year-old mutt who had gone blind and was having difficulties with mobility lately. The family has not discussed it with you, but it is reasonable to ask if the dog was put to sleep for veterinary reasons.

ROUND 2 SCENARIO: INTERVIEWER

An emergency department worker is calling to report concerns about the potential neglect of an 8-year-old girl with a broken arm.

ROUND 3 SCENARIO: REPORTER

You are a neighbor calling to report concerns about a 6-year-old girl. The incident fits within the guidelines for physical abuse and non-accidental injury and requires a response.

Imagine that your next-door neighbors are a family (mother and father) with two children. One is a girl, about 6, who walks past your house each day on her way to school. The other child is a boy of about 15 or 16. He does not appear to be home very much and never stops to talk on his way past. When the girl came home from school yesterday afternoon, she looked fine; but this morning, she had a large bruise on her arm.

If you are asked open-ended questions or general questions about the child's situation, you may offer some information unrelated to the allegation. You also should include some information related to possible physical abuse.

ROUND 4 SCENARIO: INTERVIEWER

A family member is calling to report an incident that resulted in the accidental injury of a young girl.

INTERVIEWING EXERCISE—FOR A GROUP OF THREE

Use these instructions only if you are part of a group of three.

One person is “A,” one is “B,” and one is “C.” Take a few moments to review the definitions related to your scenarios. For scenarios where you will be the interviewer, think about what you will need to know to properly screen this type of concern. Your role as interviewer is to use what we have learned today to gather enough information to score the hotline tools while keeping your questions as open-ended as possible.

For scenarios where you are the reporter, your role is to cooperate with the interviewer by answering their questions using the information below. Think about your role and how you will answer potential questions based on your scenario. **Do not disclose the recommended response for your concern.**

While observing as the coach, consider what next questions you might hope the interviewer would ask to support a rigorous and balanced assessment. **Reference the Sample Threshold Questions handout as needed;** if there are questions that you wish the interviewer had asked, write them down for discussion. Offer support *only* when asked.

Both the **interviewer** and the **coach** should have the hotline tool definitions available for reference.

There will be three rounds of the exercise, with each person rotating through each role. Each round will include five minutes for interviewing, and we will begin each round with two minutes of preparation time.

ROUND	PERSON A	PERSON B	PERSON C
1	Interviewer	Reporter	Coach
2	Coach	Interviewer	Reporter
3	Reporter	Coach	Interviewer

PERSON A

ROUND 1 SCENARIO: INTERVIEWER

A family member is calling to report potential neglect related to the nutrition of three children.

ROUND 2 SCENARIO: COACH

Reporter's text: You are a babysitter calling to report concerns about a 5-year-old boy. The incident approaches the threshold for emotional abuse but does not require a response.

Imagine that you have arrived for a babysitting job for a family you sit for frequently. You are five minutes late, and the parents are somewhat rushed getting out the door because they are worried that they will miss the start of their movie. The only child in your charge is a 5-year-old boy who bursts into tears when you ask him how he is. He says that he wants to run away because his father killed his dog. He wants to run away and live with his grandfather. He insists that he will never speak to his father ever again. You have never noticed any inappropriate or abusive behaviors by the boy's father in the past, and the family has always seemed happy and functional to you. The dog was a 15-year-old mutt who had gone blind and was having difficulties with mobility lately. The family has not discussed it with you, but it is reasonable to ask if the dog was put to sleep for veterinary reasons.

ROUND 3 SCENARIO: REPORTER

You are a neighbor calling to report concerns about a 6-year-old girl. The incident fits within the guidelines for physical abuse and non-accidental injury and requires a response.

Imagine that your next-door neighbors are a family (mother and father) with two children. One is a girl, about 6 years old, who walks past your house each day on her way to school. The other child is a boy of about 15 or 16. He does not appear to be home very much and never stops to talk on his way past. When the girl came home from school yesterday afternoon she looked fine, but this morning she had a large bruise on her arm.

If you are asked open-ended questions or general questions about the child's situation, you may offer some information unrelated to the allegation. You also should include some information related to possible physical abuse.

PERSON B

ROUND 1 SCENARIO: REPORTER

You are a family member calling to report what you believe to be abuse and what may approach the threshold for neglect. It does not fit the definition of either and does not require a response.

Imagine that after many years of living on the east coast, you have returned to California to find that your sister is raising her three children (two girls, ages 8 and 9, and a boy, age 12) as vegans. Even their dog is vegan. You are sure that such a diet cannot be sufficient for the needs of growing children. You do not care what your sister has to say about tofu and beans. And all the children clearly have hygiene issues—even the boy has long hair (no matting, looks like he combs it at least once a day).

ROUND 2 SCENARIO: INTERVIEWER

A babysitter is calling to report concerns about the potential emotional abuse of a 5-year-old boy.

ROUND 3 SCENARIO: COACH

Reporter's text: You are a neighbor calling to report concerns about a 6-year-old girl. The incident fits within the guidelines for physical abuse and non-accidental injury and requires a response.

Imagine that your next-door neighbors are a family (mother and father) with two children. One is a girl, about 6 years old, who walks past your house each day on her way to school. The other child is a boy of about 15 or 16. He does not appear to be home very much and never stops to talk on his way past. When the girl came home from school yesterday afternoon she looked fine, but this morning she had a large bruise on her arm.

If you are asked open-ended questions or general questions about the child's situation, you may offer some information unrelated to the allegation. You also should include some information related to possible physical abuse.

PERSON C

ROUND 1 SCENARIO: COACH

Reporter's text: You are a family member calling to report what you believe to be abuse and what may approach the threshold for neglect. It does not fit the definition of either and does not require a response.

Imagine that after many years of living on the east coast, you have returned to California to find that your sister is raising her three children (two girls, ages 8 and 9, and a boy, age 12) as vegans. Even their dog is vegan. You are sure that such a diet cannot be sufficient for the needs of growing children. You do not care what your sister has to say about tofu and beans. And all the children clearly have hygiene issues—even the boy has long hair (no matting, looks like he combs it at least once a day).

ROUND 2 SCENARIO: REPORTER

You are a babysitter calling to report concerns about a 5-year-old boy. The incident approaches the threshold for emotional abuse but does not require a response.

Imagine that you have arrived for a babysitting job for a family you sit for frequently. You are five minutes late, and the parents are somewhat rushed getting out the door because they are worried that they will miss the start of their movie. The only child in your charge is a 5-year-old boy who bursts into tears when you ask him how he is. He says that he wants to run away because his father killed his dog. He wants to run away and live with his grandfather. He insists that he will never speak to his father ever again. You have never noticed any inappropriate or abusive behaviors by the boy's father in the past,

and the family has always seemed happy and functional to you. The dog was a 15-year-old mutt who had gone blind and was having difficulties with mobility lately. The family has not discussed it with you, but it is reasonable to ask if the dog was put to sleep for veterinary reasons.

ROUND 3 SCENARIO: INTERVIEWER

A neighbor is calling to report concerns about potential physical abuse of a 6-year-old girl.