

**File Name:** Cps crisis intervention manual.pdf

**Size:** 4841 KB

**Type:** PDF, ePub, eBook

**Category:** Book

**Uploaded:** 23 May 2019, 23:35 PM

**Rating:** 4.6/5 from 627 votes.

**Download Now!**

Please check the box below to proceed.



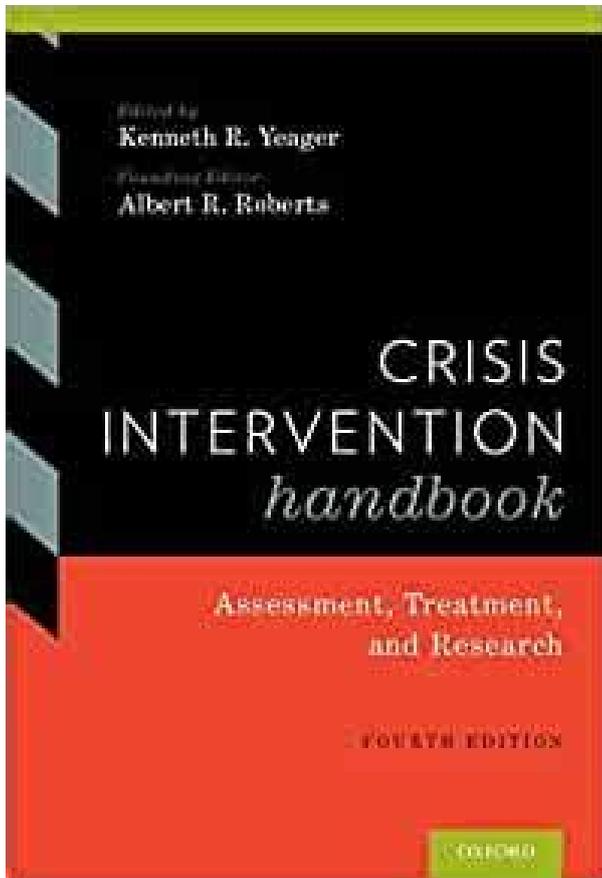
I'm not a robot



reCAPTCHA  
Privacy - Terms

## Book Descriptions:

# Cps crisis intervention manual



A qualitative inquiry into the work of child protective services CPS workers was conducted to explore their perceptions and experiences of crisis and crisis intervention, along with the emotional effects their work has on them. The results of that work were extensive and have been reported by us in other publications. This paper focuses on the study's finding that workers in the field perceived crisis as deeply interwoven into the fabric of their everyday CPS work. Yet, in spite of this everpresent nature of crisis, none of the workers reported an awareness of crisis intervention theory and purposeful use of crisis intervention skills. This paper reviews our findings on CPS's experience of crisis and then presents a model of crisis intervention that can be useful in child protective services work. The model is illustrated through a case application. This crisis intervention framework should have applicability across various international contexts since the nature of assisting abused children and the psychological sequelae of abuse are universal. The use of an application that addresses the issues CPS workers experience may help to mitigate much of the welldocumented stress of the work and improve outcomes for the children served. Download fulltext PDF A qualitative inquiry into the work of child protective services CPS workers was conducted to explore their perceptions and experiences of crisis and crisis intervention, along with the emotional effects their work has on them. This paper reviews our findings on CPS ' s experience of crisis and then presents a model of crisis intervention that can be useful in child protective services work. Th is crisis intervention framework should have applicability across various international contexts since the nature of assisting abused children and the psychological sequelae of abuse are universal. Introduction The abuse of children is a global problem Van Soest, 1997. <http://9ja-bet.com/userfiles/flip-ultra-camcorder-2nd-generation-manual.xml>

- **cps crisis intervention manual, cps crisis intervention manual pdf, cps crisis intervention manual download, cps crisis intervention manual 2017, cps crisis intervention manual 2016.**

Crisis Intervention  
in  
Child Abuse and Neglect

Charles E. Gentry

1994

US Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth, and Families  
National Center on Child Abuse and Neglect

Understanding Crisis

[Introduction](#)

[Definition of Crisis](#)

[Elements of Crises](#)

[The Phases of Crisis](#)

[Client Feelings During Crisis](#)

[Psychological Effects of Crisis](#)

[Summary](#)

Introduction

Family crises are not unusual events in the field of child protection. A child's disclosure of sexual molestation, the birth of a drug-addicted infant, the discovery of a teenager's dependence on drugs, a parent's arrest for violent behavior, the threat of a family's eviction from public housing, or a parent overwhelmed with the needs of a child illustrate just some of the crises experienced by families. Although the state of crisis is short lived, generally lasting 4 to 6 weeks, it is a period of heightened family vulnerability and imbalance that requires a carefully planned response. This section provides an overview of crisis, its definition, elements, and phases. In addition, the feelings and psychological effects typically experienced by family members in crisis are presented to increase awareness of the ramifications of crisis.

The problem is addressed by many countries' child welfare and protection systems. Therefore, systems for the protection of children are international phenomena with commonalities and differences Lewis, et al., 2004; Guidi, 2014; Benbenishty, et al., 2015. Workers in all these systems are dealing with the traumatic circumstance of witnessing stories of child maltreatment while often facing critical public controversy and scrutiny Ayre, 2001. Workers in the field of child welfare and child protection should fully understand and respond skillfully to the crises and tremendous trauma endured by the children and families they serve and seek to protect. Crisis and trauma are omnipresent in the field of child welfare but research is scant. This paper will briefly describe results of the authors' research on the experience of child protective services workers regarding their perceptions of crisis and crisis intervention, and then propose a crisis intervention model that may be helpful to international workers in child welfare practice. A case example will illustrate the use of the model in practice. The earlier publication notes that there are two types of crises that workers in the field encounter acute and chronic USDHHS, 1994. Acute crisis refers to sudden events that affect generally wellfunctioning families, while chronic crisis refers to a pattern of persistent problems endured by families with overall poor psychosocial functioning. Zell 2006 found that 34% of child welfare caseworkers studied reported dealing with crises on a daily basis. In addition to having to confront emergent situations, the work of child welfare and protective service workers is well documented to be traumatic. CPS workers endure burnout and vicarious traumatization Horwitz, 1996; Pryce, 2007. They are first responders, just as emergency room staff, fire and rescue workers. <http://himapandya.com/images/uploads/flip-recorder-manual.xml>



In spite of all this, there is sparse literature focused on CPS workers' perception of crisis and their particular experience of what constitutes crisis and how they respond professionally. Therefore, Tavormina 2009 undertook a qualitative study of CPS workers' perception of crisis and their understanding of how they intervened in the face of it. Overview of research method and results Since little is known about coping with crisis from the experience of child welfare protective services workers themselves, a qualitative methodology was chosen. Tavormina and Clossey 2015 reviewed the research process. Two public child welfare agencies in a rural region of the United States were approached and permission to interview protective service workers was granted. The agencies were also important for the research because they were CPS workers who met the criteria and agreed to be part the study were interviewed in a private and confidential location. A total of 12 respondents were recruited into the study. Respondents were interviewed about their perception of crisis, how they dealt with it professionally, and its personal impact. The interviews were taped and transcribed. Each transcript was analyzed for meaning and categorized according to developing patterns that appeared to emerge. The results illustrate four themes perception of what constitutes crisis, perception of responding to crisis, emotional effects of compassion fatigue, and effects on energy and resources. The first theme describes how CPS workers define crisis in their work. These events were labeled "biopsychosocial breakdown" to describe the broad nature of crises workers encountered. The second theme described workers response. Workers described trying to protect and assess often simultaneously, trying to deescalate situations, investigate allegations, minimize the disruption of child placement, build a cooperative and respectful working relationship, and stay positive.

Importantly, none of the workers identified using a specific crisis intervention model, nor did any demonstrate a clear knowledge of crisis intervention theory or skills. Instead, they described using intuition and experiential knowledge. The remaining two themes described the emotional effects on workers, including compassion fatigue and secondary trauma, and changes in worker's energy levels. Crisis laden work takes an emotional toll and affects worker retention. The concern with appropriate training and support for child welfare personnel transcends the United States' national boundaries, as evidenced by a government report from the UK posted online [www.gov.uk](http://www.gov.uk), 2015. In this paper, we describe a crisis intervention model that can be applied child protective services

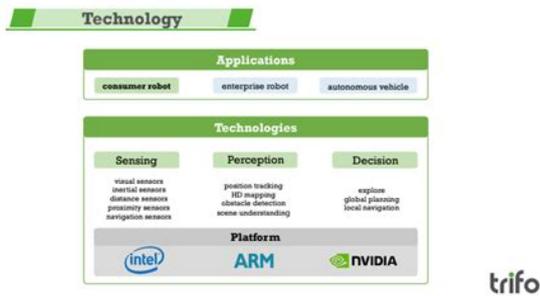
work. Crisis Intervention in Child Protective Services Work Understanding the Effects of Abuse on Children Lisa, age 6, was sexually abused by her mother. Lisa's brother was also sexually abused. When asked to talk about her feelings, she stated, "We didn't have anything to do. It was boring. There was nothing to do at night. We just went to bed and my mom went with us because she had nothing better to do." Sexual Molestation Amanda, age 13, was sexually abused by her step father. A sexually explicit note to her step father was discovered by her mother who reported the abuse to child protective services. Amanda testified against her stepfather in criminal court which resulted in him going to jail. Subsequently she reports feeling forced to admit to the sexual abuse and states that she still feels loyalty to her abuser. She angrily recounts, "He was better to me than my mom. He took me places, bought me stuff, and cared about me. I didn't mind what he did. I felt like a grown up. He didn't treat me like I was a dumb kid to be bossed around. He even bought me cigarettes and let me drink beer."



<http://www.bosport.be/newsletter/boss-gt-8-manual-pdf-download>

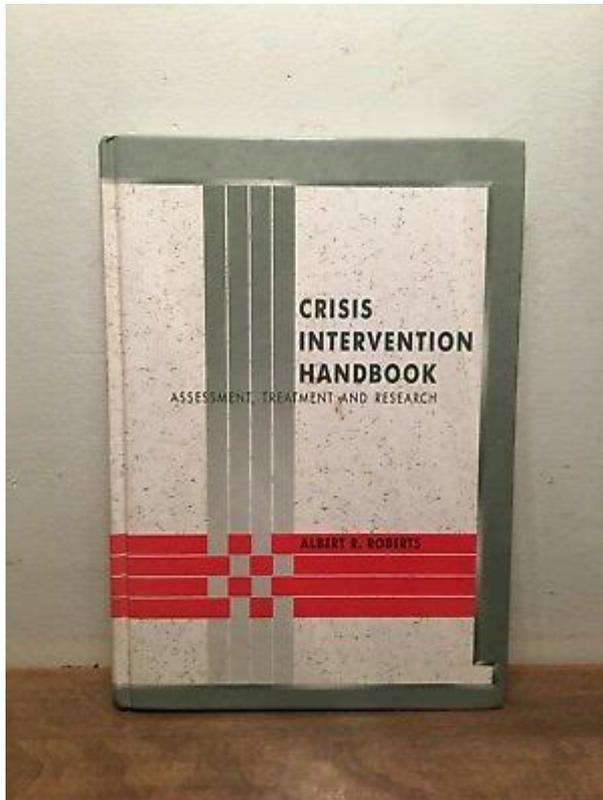
" Sexual Molestation and Vaginal Penetration Rob, age 9, lives with his maternal aunt after his mother abandoned him and his younger sister. He was physically abused by his aunt who slammed his fingers between desk drawers for lying about finishing his homework. He stated, "Please don't take me away. I gotta help take care of my little sister. It was my fault. I am bad. I'm always lying and making trouble for Aunt Mi mi." Physical Abuse with Three Broken Fingers The above vignettes illustrate the perspective of child abuse victims. It can be seen that these children struggle to make sense out of what occurred and often will minimize the abuse as well as maintain a positive internalization of their abusers. It is common that an abused child's Children will often retain the belief in their caretakers' love and blame themselves, which functions to help them deny the abuse. Abused children suffer damage neurodevelopmentally and endure delays in speech, academic abilities, and motor skills CrossonTower, 2010. They have trouble with affect, often suffer symptoms of hypervigilance, have problems trusting, struggle to play appropriately and evidence destructive behaviors CrossonTower, 2010. The experience of physical abuse results in problems with anger and sense of worthlessness. Maltreated children may display a variety of dissociative disorders that can be conceptualized as a developmental interruption in their capacity to integrate their identity and manage their emotions Weber, 2008. Dissociative symptoms can potentially disrupt every area of psychological functioning." p. 291. Yates 2007 explains that the stress response involves the limbichypothalamicpituitaryadrenal LHPA and the norepinephrine sympatheticadrenalmedullary NESAM system.

<http://www.maisonvallomy.com/images/96-dodge-intrepid-repair-manual.pdf>



Once stressful stimuli reach the amygdala, the hypothalamus responds by releasing corticotropin-releasing hormone (CRH), which in turn stimulates the pituitary gland, which stimulates the adrenocorticotropic hormone (ACTH) to release cortisol into the bloodstream (Yates, 2007). This stress hormone acts throughout the entire body to suppress the immune system, affect the conversion of glucose, reduce fear responses, and affect learning and even memory. The norepinephrine-sympathetic-adrenal medullary system is stimulated as well. The corticotropin-releasing hormone (CRH) affects an area of the brainstem to increase the production of norepinephrine and activate the sympathetic nervous system (Yates, 2007). The release of norepinephrine and epinephrine into the bloodstream elevates heart rate and blood pressure to get the body ready for fight or flight (Yates, 2007). These chemical processes are activated in response to maltreatment with resultant effects on neurodevelopmental processes that manifest as some of the behaviors described above. The children depicted in the vignettes that began this section show signs of such problems. Most apparent are the cognitive distortions the children experience in attempts to do anything a child protective services worker can do at the time of initial contact to begin to mitigate these effects is crucial. Times of crisis present moments when clients are often most amenable to change. Understanding the crisis-laden nature of child protective services work and how to handle crises can go a long way towards placing a child on a path of recovery. A Model of Crisis Intervention (Collins and Collins, 2005) published their model of crisis intervention, which attempts to correct for the limits they found in existing crisis intervention theories and models.

<http://www.maivalueconsulting.com/images/96-dodge-ram-1500-owners-manual.pdf>



Limits identified include lack of a model that could provide guidance for both single session and ongoing crisis counseling, lack of holistic attention to both individual and environment, and a framework suitable across a wide range of crisis. Collins and Collins 2005 articulate a developmental ecological approach to crisis. This framework is well suited to social work as the discipline best equipped to work in child welfare protective positions. In summary, this approach is holistic in attention to both individual and environment and provides a framework for short and long term work that can guide intervention for various types of crises. All social work curricula require a course entitled, "Human Development and the Social Environment." Ecological theory uses the metaphor of ecology to conceptualize the dynamic interplay between living organisms and their environment, thereby alerting social work Collins and Collins 2005 specify that workers must assess client affect, behavior, cognition, development and ecosystem. Once this kind of thorough understanding of the client in crisis is established, the worker may choose a single session approach or long term approach. In the field of child welfare, protective services workers often have a very short time frame in which to respond. The approach is articulated as a model that can help CPS workers respond to the crises they cope with as an ongoing part of their work. A case will be presented and the steps of a single session crisis intervention will be demonstrated. As noted in the research, CPS workers find almost everything in their daily investigative work to be crisis laden. The Collins and Collins 2005 model could be illustrated using any of the biopsychosocial breakdowns that constitute the kinds of crises workers reported in the research Tavormina 2009 conducted. The case described below will focus on the crisis of abuse disclosure and subsequent removal of the child from the home.

The Collins and Collins 2005 model is applied to the case to illustrate the use of this crisis intervention model. The case. A child protective service agency received a referral from a local elementary school guidance counselor who reported suspected childhood sexual abuse of one of her students, Casey, age 9. That morning, Casey confided to the guidance counselor that her father "does bad things to me and I'm not supposed to tell what he does." A caseworker from child protective services was immediately sent to the school to investigate the referral. Casey was initially shy when talking with the caseworker. She became more verbal and cooperative as the interview progressed and then she finally disclosed to the CPS worker the details of being severely The

caseworker decided to take emergency protective custody of the child and arranged to coordinate these efforts with the police. When the worker and Casey arrived at the agency, Casey refused to get out of the car, became agitated, began kicking the back of the seat, and started screaming that she wanted to go home. The worker arranged for a crisis counselor, with a specialty in working with children who have been sexually traumatized and could be involved in foster care, to talk to Casey. The crisis counselor arrived in the parking lot of child protective services and requested to speak with Casey alone in order not to further overwhelm or agitate her. The crisis counselor walked slowly up to the side of the car and stood about six feet from the passenger rear window and bent down to see Casey sitting in the back seat staring straight ahead appearing not to notice anyone. Her eyes looked red from crying and her hair was disheveled. Her affect was blunt and she appeared to be dazed.

<https://stellabakingcompany.com/wp-content/plugins/formcraft/file-upload/server/content/files/162866a9bc741d--C514-manual-transmission.pdf>

The framework of goals for crisis counseling following the disclosure of child sexual abuse included the following; 1 seek to help Casey increase her capacity for selfsoothing and regaining appropriate behavioral controls; 2 strive to be a safe person that Casey could trust with her feeling of loss, sadness, and anger etc.; and 3 be truthful and honest with Casey regarding the necessity for her to be removed from her home. Ongoing assessment would seek to gauge her risk to self or others. It would be important to help Casey feel a sense of control and choice whenever possible to increase appropriate selfpower and choice. Process recording of intervention. CW speaking slowly and loudly because Casey is in the car Hi, Casey. My name is Michele. waving hello I want you to know that I am not going to come any closer to the car I was hoping we could talk about why you do not want to get out of the car. Casey I want to go home and they won't take me! There is the sound of Casey kicking the seat. She still has not looked at the counselor but she now appeared angry. CW It sounds like not being able to go home is really making you mad. What do you think the seat would say. Could you roll down the window a bit so I could hear you better Casey rolls the window down halfway. Thank you. You know, I thought I heard you say that you thought telling about what happened is making you think you might have to stay with another family for now sounding genuinely confused Casey Yeah. sounding sarcastic He said if I told I'd get in trouble and have to go to foster care. I thought I was going to talk to the police and he'd get in trouble. pause They just lied to me to get me in the car and take me away! Eye contact with counselor is improving. CW looking very surprised Oh, now I think I get it. pause Let me know if I got this right, okay. You think you're being punished for telling and that if you go into foster care it means I can see why you would be mad about that.

[www.dayiprofil.com/upload/files/98-lexus-gs400-repair-manual.pdf](http://www.dayiprofil.com/upload/files/98-lexus-gs400-repair-manual.pdf)

I would be mad too if they put children in foster care to punish them. Is that you think Casey I told what happened and now they said I might be going into foster care. CW But you didn't do anything wrong by telling. Telling was a brave thing to do and it was the right thing to do. I am really proud of you and very glad that you told. Going to stay with another family even if it is foster care is meant to keep you safe to make sure no one hurts you like that anymore. Does that make sense. Casey No! starts to cry I want him to get in trouble. pause HE NEVER GETS IN TROUBLE.It's against the law and that's why the caseworker wants the police to know. She was not lying to you about the police knowing about what happened to you. You are not in trouble for telling but things will change now in order to keep you safe from harm. pause Do you understand you are not in trouble. Casey Yes A "yes" that sounds tentative and not confident. But, I don't want to go to foster care. Casey Why can't I just go home. Casey begins sobbing and holding her head in her hands. Children should not have to make abuse stop all by themselves. Do you know that none of this is your fault. CW What he did was very, very wrong for a grown up to do to a child. Children just can't make it stop all by themselves.

They need the help of some adults to make it stop and keep them safe. Right now, part of being safe is that you have a safe place to live right now. What do you think that means. Casey hesitates and looks at CW I might not be able to go home right now. I don't want to stay away long. I want to go to my same school. I want to go and stay with my Grandmamma. I want to see my brothers and sisters tonight. CW Wow, you have great questions. I like that you have some ideas about what you want right now. I cannot answer all of those questions but I would like to help you tell more people what you want and see if we can make a plan to find you the safest and most comfortable place to be right now.

Oh, I brought some juice for us to drink. I thought you might be thirsty so I brought an apple juice and an orange juice. Would you like one Casey I'll take the apple juice. I need your help here. I told you when we first met that I wouldn't come any closer to the car without your permission. My arms aren't long enough to hand you the drink. Do you think it would be okay if I sat in the car with you so we can talk more. We could keep talking and have some juice together. Casey Okay CW Where would you like me to sit. Casey Over here pointing to the other side of the back seat CW gets in car and smiles pleasantly at Casey Boy, I'm glad you let me come in and sit down. I really appreciate that because my legs were getting tired and numb. CW Really said in a surprised tone I can see why today may be like no other day you ever had. It does seem like it will be a really, really hard day but in the end it could turn out to be a really, really good day for you. pause I don't know if that will make sense to you now. CW smiling proudly at Casey Exactly. That is something that is usually hard to tell. What was it like for you. Casey I did not know I was going to tell but it slipped out. CW So how did you end up telling. It just came out. pause I can't believe I really told. CW You did the right thing in telling. said with emphasis Are you surprised you really told the secret. Casey Yeah. I guess things will be different now. CW Yes, they will. How do you think things will change. CW I'm not sure either but I think we need to talk about it more with the people who work to keep children safe. She works inside the building right here. I think it would be good idea to go inside and speak with her about what can or what could happen now. It would be great too if you would tell her about what you would like right now. I don't think anyone knows all the answers to all the questions but asking them all is fine.

It is the perfect time to ask lots of questions and tell people You may not get everything you want but at least you will know the answers and you can ask all the questions you want. Casey Okay, I can do that. small smile I like to ask questions. small laugh CW Sounds like a good plan. Also, if you are hungry you can ask for something to eat to go with the drink I brought. The initial assessment of Casey's affect indicted that she was experiencing shock and confusion, a common byproduct of a traumatic disclosure. The enormity of her disclosure of sexual abuse and the realization that the caseworker planned on not letting her go home until safety could be assessed felt punitive to Casey. When the crisis worker initially met Casey her affect could be referred to as blunt, stunted, or bland, but during the course of the crisis intervention it became evident that Casey was attempting to numb expectable overwhelming feelings of anger, sadness, confusion, and selfblame. Casey's behavior clearly communicated that she 1 was displeased about not immediately going home; 2 felt angry and was seeking a way to express her disagreement about what was happening to her; 3 was desirous of regaining a feeling of control and choice; and 4 had the strength and fortitude to "make a stand" against another perceived violation. Her refusal to get out of the car needed to be respected. This indicated that she wanted her desires to be noticed and had empowered herself to express her feelings even if she reject ed what was These same personal qualities enabled her to survive sexual trauma and led to her eventual disclosure of the abuse. Casey's cognitive perception of why she could be placed in foster care was distorted and false. She thought she was being lied to and deceived about why she was going to the protective services office.

Since childhood sexual abuse violates a child physically, emotionally, and cognitively, it is important

not to assume that the child perceives reality in the same manner as it is being presented by others. Casey had distorted facts about foster care presented to her by her father and based her actions on these perceptions. Developmentally, Casey needed to have information presented to her in a clear manner that she could clearly understand. An adult who was being empathetic to her discontent was more likely to be heard because the adult was not monopolizing the conversation or discounting her perspective. The adult must earn the right to be heard by the child through active listening and compassion. Children typically have fairly predictable and constant daily routines and function within the context of their familiar environments. Even abuse can become familiar and routine for children. Casey was struggling to find a way to comfort and soothe herself in a situation that was foreign to her developmental experience. Obviously Casey recognized that foster care would entail drastic changes in her environment, including the loss of many people, places, and things that were important and valuable to her, even if only temporarily. The crisis counselor needed to be respectful of the loss and change of ecosystem that foster care would entail and seek to find ways to ease this transition, like helping Casey to get favorite objects to take with her. One recommendation commonly made to retain workers is to increase their sense of competency. To do this, we propose a crisis intervention model that can be used by child welfare protective services workers. The model described was applied to the crisis of child disclosure of abuse and removal, but it can be used for the many crises child protective services workers face routinely. This model can be taught to CPS to increase competency.

It is important to address the development of training modules using the model into training, and studying the efficacy of the training and practice outcomes. References American Psychiatric Association 2015. Diagnostic and statistical manual of mental disorders 5 th edition. Washington DC American Psychiatric Publishing. Clinical Social Work Journal, 28, 921. Psychoanalytic Psychology, 5, 305337. Child Welfare, 89, 931. CrossonTower, C. 2010. Understanding child abuse and neglect 8 th edition. Boston, MA Allyn and Bacon. Retrieved May 29, 2015. Figley, C.R. ed. 2002. Treating compassion fatigue. Child Welfare, 79, 7595. Guidi, P. 2014. Social work assessment of a family with an abused child Compulsory intervention in Italian and Swedish public social services. Chicago, Illinois Lyceum Books. Child Abuse Review, 16, 7792. Tavormina, M. 2009. Child protective service workers' self perceptions of awareness, knowledge, and skills in crisis intervention. Crisis intervention in child abuse and neglect. Retrieved from U.S. Department of Health and Human Services, Administration for Children and Families, National Clearinghouse on Child Abuse and Neglect Information USDHHS 2003. New York, New York The Guilford Press. Van Soest, D. 1997. The global crisis of violence. Washington DC NASW Press. Weber, S. 2008. Diagnosis of trauma and abuserelated dissociative symptom disorders in children and adolescents. Journal of Child and Adolescent Psychiatric Nursing, 21, 205 212. Winnicott, DW. 1953. Transitional objects and transitional phenomena. International Journal of Psychoanalysis, 34, 8997. Winnicott, D.W. 1958. The capacity to be alone. International Journal of Psychoanalysis, 39, 416420. Child Welfare League of America, 85, 38103.

Treating Compassion Fatigue NY Routledge Book Fulltext available May 2002 Cr Figley This brief book brings together researchers and practitioners from medicine, nursing, psychiatry, psychology, social work, marriage and the family and others to explain, measure, prevent, and treat compassion fatigue. This the introduction and other front matter for the book. View Show abstract Social work assessment of a family with an abused child Compulsory intervention in Italian and Swedish public social services Article Jan 2014 Paolo Guidi Social workers' assessments represent a relevant theme in social work research and practice. The question of how social workers consider child and family problems and what is seen as appropriate interventions has been a point of debate in the literature and practice during the last decades, in particular when it deals with children at risk of maltreatment and abuse. This study develops a previous research among Nordic countries and is based on a crossnational comparison between Sweden and Italy. It aims to highlight tendencies in

social work practice, in particular when compulsory measures are at stake. A questionnaire including a vignette story of a fouryearold child and his family, previously proposed to social workers in Stockholm, is now submitted to two groups of social workers employed in public social services in Malmo Sweden and Genoa Italy. The crosscountry comparison reveals commonalities and differences in social work practice protection tendencies in relation to two national child protection systems. Results show high commonalities between Italian and Swedish social workers' assessments at the level of practice. Italian social workers are, in general, more interventionist than are their Swedish counterparts.

<http://www.diamondsinthemaking.com/content/boss-gt-8-manual-pdf-download>