

# A Guided Tour of Risk Assessment in Child Welfare

Jane F. Gilgun

Prepared for the Third Annual Child Welfare Conference, Risk and Strengths Assessments, University of Minnesota, Duluth, April 10, 2000, sponsored by The Title IV-E Child Welfare Training Project, Department of Social Work, University of Minnesota, Duluth, and the Center for Advanced Study in Child Welfare, University of Minnesota, Twin Cities. Jane Gilgun, Ph.D., LICSW, is professor, School of Social Work, University of Minnesota, Twin Cities, 1404 Gortner Avenue, St. Paul, MN 55108. Phone: 612/624-3643; fax: 612/624-3744; e-mail: [jgilgun@tc.umn.edu](mailto:jgilgun@tc.umn.edu)

## Foreword

The development of the instruments in this packet was funded by the McKnight Foundation, St. Paul, MN, to the Center for Advanced Study in Child Welfare, University of Minnesota, Twin Cities, Esther Wattenberg, Principal Investigator, and the Minnesota Agricultural Experiment Station, Jane Gilgun, Principal Investigator. The title of the McKnight project was "Finding Optimal Placements for Children in Foster Care." The title of the Experiment Station project is "The Development of Violent Behaviors."

The author thanks members of the research team: Esther Wattenberg, Gail Walters, Meghan Kelly, Natalie Hopfield, and Anne Rieke. The participation of more than 300 Minnesota service providers in focus groups; consultations with Ann Hill, Steve Campbell, Mark Sinclair, Bauz Nengchu, and Eustolio Benavides, III, of the Minnesota Ombudsperson Office; with Min Tah, formerly of Family & Children's Services of Minneapolis; and with Gina Washington, J.D., of the Minnesota Department of Human Services, are gratefully acknowledged. Any errors, misinterpretations, and misguided thinking are strictly the responsibility of the author.

### **About the Author**

Jane Gilgun is a professor, School of Social Work, University of Minnesota, Twin Cities. A child welfare social worker for more than 8 years, she has published on such topics as how persons overcome adversities, the development of violent behaviors, the meanings of violence to perpetrators, and qualitative research methods. She has written more than 20 strengths-based instruments. She currently is writing a book called *The Design and Analysis of Qualitative Research*. She has won awards for her research and for a violence prevention program she developed. She has a Ph.D. in family studies from Syracuse University, a master's in social work from the University of Chicago, and a licentiate in family studies and sexuality from the University of Louvain, Belgium.

## Overview

This guided tour of risk assessment in child welfare builds on two ideas: 1) the experiences of service providers can contribute to effective child welfare practice and 2) comprehensive assessments of clients require identifying resources and risks within an ecological framework. These ideas are the basis of the tools in this document. These tools are intended to be guidelines and checkpoints for service providers as they work with clients from intake to case closing.

As aids to decision-making, the tools do not substitute for good judgment. Ideally, they would be used as one of several sources of guidance for decision-making at key points in clients' movements through child protection systems.

The instruments are based on focus group research with more than 300 Minnesota service providers, research on risk and resilience, and the requirements of the Adoption and Safe Families Act of 1997.

The Appendices to this document provide details on these tools.

# Cultural Competence Checklist

Jane F. Gilgun, Ph.D., LICSW

Spring 2000

*Concurrent planning legislation and other related laws require that assessments, investigations, and services be delivered in ways that are culturally, linguistically, and ethnically appropriate. The following checklist is a guide to culturally competent practice. The Minnesota State Ombudspersons Office was particularly helping in writing this checklist.*

- Clients perceive service professionals as respectful of their cultural heritage, including their present and past circumstances, especially their cultural norms, expectations, and practices.
- Clients perceive the assessment as ethnically, culturally, and linguistically appropriate.
- The child protection workers and other professionals doing the assessment are ethnically, culturally, and linguistically competent to do so.
- Agency personnel include extended family members and non-blood kin such as godparents in making important family decisions, as parents want and allow this.
- Verbal communications with clients are in languages clients can understand and speak, including sign language for deaf people.
- The interpreter respects the confidential nature of child protection work.
- The interpreter is trained for translating within child protection services.
- The interpreter translates accurately.
- The interpreter is neutral and does not give advice and opinions about the case.
- The interpreter understands the culture of the families for whom the translation is being done.
- Written materials provided clients are in languages clients understand and can read.
- Child protection social workers explore with parents their understanding of the laws of the U.S. regarding children, such as education, medical care, and child abuse and neglect.
- Child protection social workers inform clients of the consequences of not cooperating with assessments **AND** clients understand the seriousness of consequences; they do not see consequences as empty threats.
- Child protection workers facilitate clients' access to culturally-specific helping (healing) systems.

Notes:

**Scoring:** *Scoring is not necessary, but if you want to, you can score the strengths by summing the number of boxes checked. The score for deficits is the number of boxes **not** checked.*

# Egregious Harm Checklist

Jane F. Gilgun, Ph.D., LICSW  
Spring 2000

*Egregious harm is an adjudicated felony-level crime against a child. The items on the checklist constitute egregious harm to a child but egregious harm is not limited to this list. State law may add to this list. Source of items for this checklist is state legislation.*

*Legislation permits the bypassing of reasonable efforts under conditions of adjudicated egregious harm. Careful assessment may reveal positive qualities in the parents and their circumstances that could lead to concurrent planning. These qualities include the identification of substantial strengths, substantial and enduring taking of responsibility for the acts and for changing conditions that led to the acts. Typically, however, these acts indicate are evidence of profound incapacity for parenting.*

<u>parent1</u>	<u>parent2</u>
<input type="checkbox"/>	<input type="checkbox"/> Murder of a child first through third degree
<input type="checkbox"/>	<input type="checkbox"/> Voluntary manslaughter of a child first through second degree
<input type="checkbox"/>	<input type="checkbox"/> Aiding or abetting, attempting, conscripting, or soliciting another to commit murder or voluntary manslaughter of a child.
<input type="checkbox"/>	<input type="checkbox"/> Infliction of substantial bodily harm on a child.
<input type="checkbox"/>	<input type="checkbox"/> Infliction of malicious punishment of a child.
<input type="checkbox"/>	<input type="checkbox"/> Conduct that constitutes felony unreasonable restraint on a child
<input type="checkbox"/>	<input type="checkbox"/> Felony neglect or child endangerment
<input type="checkbox"/>	<input type="checkbox"/> Malicious punishment of a child
<input type="checkbox"/>	<input type="checkbox"/> Assault on a child first through third degree
<input type="checkbox"/>	<input type="checkbox"/> Solicitation, inducement, or promotion of prostitution of a child
<input type="checkbox"/>	<input type="checkbox"/> Receiving profit derived from prostitution of a child.

Notes:

*A single check mark indicates egregious harm. This checklist does not allow for strengths scores. In other words, when items are not checked, this is not an indicator of strengths.*

# Family Strengths Checklist

Jane F. Gilgun, Ph.D., LICSW

Spring 2000

*Sometimes parents have deficits that interfere with adequate parenting, but there may be moderating conditions that can offset the effects of deficits. These positive factors can be mobilized to give parents the support they need to change the conditions that led to child protection involvement.*

**Moderating Factors:** Conditions that may offset parental deficits.

\_\_\_\_\_  
parent1

\_\_\_\_\_  
parent2

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | state willingness to do whatever it takes to care for their children in own homes.  |
| <input type="checkbox"/> | <input type="checkbox"/> | show their willingness to do whatever it takes by initiating activities that increases their capacity for parenting               |
| <input type="checkbox"/> | <input type="checkbox"/> | follow through on these activities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | have histories of adequate care of children.  |
| <input type="checkbox"/> | <input type="checkbox"/> | take responsibility for their parts in problems that led to placement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | have the personal resources to care for their children, even when the children are medically fragile or have other special needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | have histories of safe and healthy relationships with others.   |
| <input type="checkbox"/> | <input type="checkbox"/> | receive material and emotional support from families, friends, non-blood kin.   |
| <input type="checkbox"/> | <input type="checkbox"/> | long-term stable housing.   |
| <input type="checkbox"/> | <input type="checkbox"/> | have long-term stable work histories.   |
| <input type="checkbox"/> | <input type="checkbox"/> | are law-abiding.  |
| <input type="checkbox"/> | <input type="checkbox"/> | have no history of chemical abuse or have long-term sobriety.   |
| <input type="checkbox"/> | <input type="checkbox"/> | have no history of mental illness or manage it well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | intellectual functioning is adequate for parenting.   |

Notes:

**Scoring:** Scoring is not necessary, but if you want to, you can score the strengths by summing the number of boxes checked. The score for deficits is the number of boxes **not** checked.

# Family Risks Checklist

Jane F. Gilgun, Ph.D., LICSW

*Some parental conditions do not reach the level of egregious harm but they cast serious doubt on capacity for parenting, such as unmanaged psychotic mental illnesses, inability to protect children from maltreatment, and untreated and unmanaged chemical dependency. The Family Risks Checklist presents such conditions. It includes the two statutory conditions of abandonment and previous involuntary terminations of parental rights, conditions that can lead to a bypassing of reasonable efforts. These items focus on deficits. The more deficits in the household, the more dangerous the situation is to children. The situation is likely to be dire if few or no strengths can be identified.*

parent1

parent2

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Parental rights on other child(ren) have been terminated involuntarily. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents have abandoned children.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Extensive criminal involvement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior unsubstantiated reports of abuse and neglect.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior substantiated reports of abuse and neglect.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior placement of biological/adoptive children.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Abusive domestic partnership.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Family of origin has a history of involvement with child protection.    |
| <input type="checkbox"/> | <input type="checkbox"/> | Unresolved, unmanaged histories of childhood abuse & neglect.           |
| <input type="checkbox"/> | <input type="checkbox"/> | Unresolved, unmanaged chemical use issues.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Unresolved, unmanaged mental health issues.                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical health issues that interfere with adequate parenting.          |
| <input type="checkbox"/> | <input type="checkbox"/> | Developmental disabilities that interfere with adequate parenting.      |

Notes:

**Scoring:** *Scoring is not necessary, but as the number of risks mount, so does the probability of parental incapacities. For a more complete picture of parental capacities, this instrument is to be used with the Family Strengths Checklist and the Parental Response to Investigation Checklist. To be thorough, service providers can hold themselves and the service systems accountable by also taking into consideration the Cultural Competence Checklist and the Services Checklist.*

# ***Parental Responses to Investigation Checklist***

Jane F. Gilgun, Ph.D., LICSW

Spring 2000

*This checklist focuses on issues specific to child protection investigations. This checklist assumes that the investigation is culturally competent and will take family strengths into consideration.*

\_\_\_\_\_  
parent1

\_\_\_\_\_  
parent2

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Took steps to protect the children when maltreatment occurred.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Understands purposes of investigation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooperates with investigation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Takes appropriate responsibility for own part in any maltreatment that occurred.   |
| <input type="checkbox"/> | <input type="checkbox"/> | States willingness to participate in appropriate services.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Extended family members/non-blood kin give emotional support during investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Helps identify persons who could care for children if placement appears necessary. |

Notes:

**Scoring:** *Scoring is not necessary, but if you want to, you can score the strengths by summing the number of boxes checked. The score for deficits is the number of boxes not checked.*

## ***Full Disclosure Checklist***

Jane F. Gilgun, Ph.D., LICSW

Spring 2000

*The following checklist assesses full disclosure, a requirement of the Adoption and Safe Families Act of 1997. For such disclosure to be effective, it must be culturally competent.*

### ***Agency's Actions***

- Agency personnel educate parents about the provisions of concurrent planning.
- Agency personnel educate parents about the effects on children of separations and stays in foster care.
- Agency personnel educate parents about the laws of the U.S. regarding children, such as abuse and neglect, education, and medical care.

### ***Parental Responses***

parent1

parent2

- Parents understand the provisions of concurrent planning.
- Specifically, parents understand the implications of the time lines of concurrent planning.
- Parents understand the affects of child placement on children.

## ***Case Plan Checklist***

*The following assesses parental involvement in the case plan, another provision of the Adoption and Safe Families Act of 1997.*

parent1

parent2

- Parents contribute to the development of the case plan.
- Parents accept the services of the case plan.
- Parents visit their children in foster care on a regular basis.
- Parents participate in the services stipulated in the case plan.

Notes:

***Scoring:*** Scoring is not necessary for either of these checklists, but if you want to, you can score the strengths by summing the number of boxes checked. The score for deficits is the number of boxes not checked.

# Services Checklists

Jane F. Gilgun, Ph.D., LICSW  
Spring 2000

*The following checklist is to be used to assess quality of services. Cultural competence of services is necessary to ensure quality. If the services are not culturally competent, then their quality is severely compromised.*

\_\_\_\_\_ parent1

\_\_\_\_\_ parent2

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | are offered in a timely way.  |
| <input type="checkbox"/> | <input type="checkbox"/> | fit the nature of the conditions that led to child placement.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | are ethnically, culturally, and linguistically appropriate.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | are effective.  |
| <input type="checkbox"/> | <input type="checkbox"/> | make provisions for the care of young children for parents have responsibility. |
| <input type="checkbox"/> | <input type="checkbox"/> | are accessible in the sense that parents have transportation to get to them     |
| <input type="checkbox"/> | <input type="checkbox"/> | coordinated with other services parent(s) may be receiving.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | involve other family members as appropriate.                                    |

Notes:

**Scoring:** *Scoring is not necessary, but if you want to, you can score the strengths and risks by summing the number of boxes checked.*

# Attachment Checklist

Jane F. Gilgun, Ph.D., LICSW  
Spring 2000

*When children are in care, visits between parents and children provide opportunities to observe parent-child behaviors. The following checklist directs attention to indicators of attachment.*

## Children's Behaviors

child1	child2	child3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> looks forward to visits with parent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> shows pleasure when greeting parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> shows distress when parents leave
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> shows preference to interact with parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> makes bids for parents' attention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> shows pleasure in parents' attention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> complies with parent(s)' requests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> tries new things in the presence of parent(s)

## Parents' Behaviors

parent 1	parent 2
<input type="checkbox"/>	<input type="checkbox"/> behaviors indicate a willingness to parent
<input type="checkbox"/>	<input type="checkbox"/> behaviors indicate capacities to parent
<input type="checkbox"/>	<input type="checkbox"/> keeps appointments to visit
<input type="checkbox"/>	<input type="checkbox"/> looks forward to visits
<input type="checkbox"/>	<input type="checkbox"/> keeps promises made to child
<input type="checkbox"/>	<input type="checkbox"/> shows pleasure when greeting child
<input type="checkbox"/>	<input type="checkbox"/> appears sad when leaving child
<input type="checkbox"/>	<input type="checkbox"/> responds appropriately to child's bids for attention
<input type="checkbox"/>	<input type="checkbox"/> shows preference for interacting with child during the visit
<input type="checkbox"/>	<input type="checkbox"/> makes bids for child's attention
<input type="checkbox"/>	<input type="checkbox"/> shows pleasure in child's attention
<input type="checkbox"/>	<input type="checkbox"/> helps child articulate feelings and wants
<input type="checkbox"/>	<input type="checkbox"/> is empathic to child's feelings and wants
<input type="checkbox"/>	<input type="checkbox"/> sets and enforces limits
<input type="checkbox"/>	<input type="checkbox"/> comforts child when child is distressed
<input type="checkbox"/>	<input type="checkbox"/> seeks to change conditions that led to the distress
<input type="checkbox"/>	<input type="checkbox"/> participates in age-appropriate activities with child
<input type="checkbox"/>	<input type="checkbox"/> allows children to do some age-appropriate activities on their own
<input type="checkbox"/>	<input type="checkbox"/> relinquishes control over child as child is able to accomplish tasks on her/his own

There are other behaviors that indicate secure attachments. Feel free to add them to this checklist. The more items checked, the more likely there is a secure attachment. This checklist is to be used with other checklists and with social workers' judgments in making decisions about child placement, permanency, and family reunification.

## Guidelines for Making Decisions

### About Family Reunification

Jane Gilgun & Gail Walters

February 20, 2000

### Family's Basic Human Needs



*Met*



*Not Met*

<i>Met</i>				<i>Not Met</i>		
			Food			
3	2	1		3	2	1
			Clothing			
3	2	1		3	2	1
			Housing			
3	2	1		3	2	1
			Medical Care			
3	2	1		3	2	1
			Child Safety			
3	2	1		3	2	1

Notes:

### Conditions Related to Parenting Capacity



*Absent or Well-Managed*



*Present/Not Well-Managed*

<i>Absent or Well-Managed</i>				<i>Present/Not Well-Managed</i>		
			Chemical Abuse/Dependency			
3	2	1		3	2	1
			Mental Illness			
3	2	1		3	2	1
			Developmental Disability			
3	2	1		3	2	1
			Physical Health			
3	2	1		3	2	1

Notes:

## Parental Responses to Initial Investigation



		took responsibility for own part in child's maltreatment			
3	2	1	3	2	1
		took steps to protect child from further maltreatment			
3	2	1	3	2	1
		provided investigators with pertinent information about the maltreatment			
3	2	1	3	2	1
		participated in evaluations and hearings relative to investigation			
3	2	1	3	2	1

Notes:

## Adequacy of Services





*Offered/Appropriate*

*Not Offered/Inappropriate*

		service providers were firm and supportive but non-accusatory toward parents			
3	2	1	3	2	1
		parents participated in development of service plan			
3	2	1	3	2	1
		service providers gave full disclosure: parents understood consequences of accepting/not accepting services			
3	2	1	3	2	1
		services adequate for the problems that interfered with parenting.			
3	2	1	3	2	1
		services culturally, ethnically, and linguistically appropriate.			
3	2	1	3	2	1
		parents had adequate resources to participate in services, such as child care, medical insurance, and transportation to the services.			
3	2	1	3	2	1
		when parents did not fulfill conditions of case plan, service providers explored with parents reasons for this			
3	2	1	3	2	1



Notes:

## Parental Responses to Services

 <i>Yes</i>					<i>No</i> 
3	2	1	3	2	1
parents engage natural supports such as extended family, fictive kin, friends					
3	2	1	3	2	1
parents fulfilled conditions of case plan					
3	2	1	3	2	1
parents eliminate or manage adequately the conditions that led to placement					
3	2	1	3	2	1
conditions that led to placement are still present, but parents are making good progress in changing these conditions.					
3	2	1	3	2	1
parents use insight into how their behaviors have affected their children as motivation to fulfill conditions of case plan					
3	2	1	3	2	1

Notes:

## Child Status

 <i>Yes</i>					<i>No</i> 
3	2	1	3	2	1
evidence of parent-child attachment					
3	2	1	3	2	1
evidence that long-term parent-child contact is in child's best interest					
3	2	1	3	2	1
in case of parental incapacity, an alternative permanency plan exists for child					
3	2	1	3	2	1
parental rights should not be terminated because child is at risk of becoming a legal orphan					
3	2	1	3	2	1

Notes:

## Appendices

# **The Voices of Minnesota Service Providers**

By Jane F. Gilgun

More than 300 service providers, including attorneys, judges, and administrators, participated in about 44 focus groups to discuss the implications of concurrent planning, contained in the Adoption and Safe Families Act of 1997. Generally, discussion centered around the following questions: What are the implications for practice when the timeframe for demonstrating reasonable efforts is 12 months? Will concurrent planning lead some parents to lose their rights to their children unfairly?

Focus group facilitators asked about other issues, such as the characteristics of parents who were not able to respond to reasonable efforts as well as characteristics of parents who did respond, and the adequacy and availability of services.

We were particularly concerned with the identification of parental qualities and services associated with successful reunification. We had in our own experience known parents who had many failures before they were able to meet the conditions of case plans. Sometimes parents took more than 12 months to demonstrate capacities for positive change. The identification of qualities associated with success might contribute to improved services and speedier decisions about reunification or the necessity of alternative permanency plans.

## **What Service Providers Said**

Focus group participants were clear that reasonable efforts rest upon fair and comprehensive assessments and the availability of appropriate services. Concerns about cultural competence were paramount. Culturally incompetent practice and inappropriate services hindered efforts toward family reunification and rendered them unreasonable.

The following are examples of what service providers said.

### **Cultural Competence**

- An African-American mother, originally from the south and now living in ...[a small, almost all white midwestern city], was involved with child protection. Her children were removed but were reunited. The worker had done a site visit and observed

the mother feeding the child pot liquor [the liquid from greens and high in nutrients] and cornbread. The child protection report said the mother was not adequately feeding the child.

- We need parenting programs that are culturally specific. Somali, Asian, Hispanic, and American Indians are underserved in this area.
- Sexual abuse services for African American adult survivors are needed.
- Child protection workers need to educate themselves about African-American culture and history.
- There is only one outpatient chemical dependency treatment program for Southeast Asians. There are no halfway houses, inpatient treatment or sober housing facilities.

### **Basic Human Needs**

- It's hard to make self-actualizing and parenting skills priorities when basic needs haven't been met.
- I'm scared that kids are going to get pulled out because of poverty.
- Due to socioeconomic status, the parents are unable to meet the basic needs of the children.
- Maslow's hierarchy dictates that we should not expect parents to do a good job until their basic food and shelter, etc., needs are met. Under current welfare reform, these things are no longer guarantees.

### **Parental Conditions**

- If we can assess the mental health needs and get treatment for the parents, it's great. One mom was 16 and developmentally delayed. Now that she's on an anti-depressant, she's a fantastic mom.

### **Services**

- One judge continues to order parents to be involved in anger management classes. Yet there are no such classes anywhere in the entire county. There may be individual therapists who provide this sort of therapy, but no actual classes.
- There needs to be some sort of training provided regarding when to request different types of evaluations, such as chemical dependency, psychiatric, or parenting evaluations. Right now, they are often arbitrarily mandated, especially by certain judges.
- Transportation is such a problem. It slows down the process when clients can't get to where they need to be, or we spend a lot of our time transporting them to appointments.

## Parental Responses to Services

- When a family member can share feelings, trust the worker and confide in her. The personality of the worker is a factor.
- The police function of child protection is present, but making the connection with another human being is important.
- I worked with a woman who was into substance abuse, as were her children. She bought drugs for them at parties. She went through treatment and changed. She was intelligent, had supportive people around her, and it was the right time in her life. Despite a bad childhood, she still had empathy for her children.
- Another family of six kids was in foster care for five years. The mom was a heroin addict, but she turned her life around. She's a different woman now. It's like night and day. I don't know if she just grew up. She met this younger man, broke up with her abusive boyfriends,

## Discussion

Through careful listening to the voices of service providers, additional consultations with the Minnesota State Ombudsman's Office, and attention to legislation and research, the tools contained in this document were written.

Based solidly on focus group research, research on risk and resilience, and on legislation, they may be user-friendly. My hope is that social workers will find them to be an aid to practice and not another set of paperwork.

The tools guide practitioners to assess resources as well as risks. Some of the instruments can be scored for both risks and resources and are written so they can account for changes over time. Thus they can be used for both assessment and evaluation of the effects of intervention. Based on both theory and practice, they are an adjunct to practice and put into words how practitioners see clients and how clients respond to services. Clients at intake usually are high on risks and low on resources. The goals of services are to reduce risks and increase resources.

The items of the tools may not fit a particular practice situation. I encourage practitioners to take out items that they don't see as useful and substitute those that fit the practice setting. Whenever modifications are done, however, I hope that the rationale for doing so is solid.

*Jane F. Gilgun, Ph.D., LICSW, is professor, School of Social Work, University of Minnesota, Twin Cities, 1404 Gortner Avenue, St. Paul, MN, 55108. Phone: 612/624-3643; fax: 612-624-3477; email: jgilgun@tc.umn.edu*

# The Significance of Resources in Assessments of Risk

By Jane F. Gilgun

The present tools are based on the principle that resources are significant in assessments of risk. I can demonstrate this principle through survey research and case study research. In a survey that compared Minnesota prison inmates with an adult and an adolescent non-inmate samples (Gilgun, Klein, & Pranis, 2000), my colleagues and I demonstrated through statistical analyses that the addition of assets significantly improved the classification of persons on the basis of risk alone. .

The model that included risks and resources correctly classified subjects as offenders and non-offenders at rates above 80% for the men's samples and close to 80% for the women's samples. The addition of resources decreased the rate of offenders classified as non-offenders (false negatives) and non-offenders classified as offenders (false positives) for the men and the women. We replicated these findings with four different samples.

**Case study research** provides additional insight into assets as moderators of risks. The case of Rob (not his real name) provides an example. Rob, in his late twenties, married, and the father of two sons, had major risks in his childhood and adolescence (from Gilgun, 1996b). These risks included an alcoholic father who sexually abused him from age 8 to 13, who physically abused him, who had tantrums and threw objects in the family home, and who called Rob names such as "dumbfucker," "faggot," "stupid little shit," and "jackass." His parents fought verbally on a continual basis. His mother meted out punitive discipline and was non-responsive to his requests for emotional support. Rob experienced no trust in his family. He confided in his sister once, and she told her parents. Rob was punished. Rob said, "We never talked. We never hugged."

Rob responded to these family issues by withdrawing from them. During adolescence he attempted suicide twice, and he became homophobic. He didn't join the school chess team because he was afraid other teens would think he was gay. Rob vowed never to be like his father

On the basis of Rob's risks and his responses to them, it is logical to think that he did not turn out well. His risk profile, however, gives an incomplete picture. The following are some of Rob's individual, family, extended family, and community assets. His parents had a good, steady income. His mother was a well-organized household manager. When his father hit Rob, his mother would stand between them and insist

the father stop. His father did not physically abuse Rob's mother. Rob lived with his family in same home from kindergarten until he left home in his late teens. The neighborhood was pleasant and residential, with abundant recreational opportunities and excellent schools. Rob's race, ethnicity, and religion were congruent with other persons in the neighborhood.

No one in Rob's extended family were alcoholics, and he had two uncles were who well-known public figures. Rob had frequent contact with these uncles and other members of the extended family, and these experiences were affirming to him. For example, he and his sisters spent several summers with his aunt and uncle on their farm, where he learned to operate farm machinery and take care of animals. His aunt and uncle told him frequently how much they appreciated and admired his abilities.

Rob had many personal assets. He was bright, creative, physically active, industrious. At risk for alcoholism because of his father's alcoholism, he didn't like the taste of alcohol and what it did to him. He rarely drank. He took no pleasure in the sexual abuse, and he therefore was not confused by it. He did not doubt that his parents often were abusive and tended not to blame himself for their behaviors.

Rob had a life-long best friend named Pete, and he was a second son in Pete's family. Pete had been at Rob's many times when his father came home drunk and he also had helped Rob retrieve his father from a neighborhood bar. Rob also was close to Rob's parents, eating dinner with them frequently and going on outings to a local lake. When Rob was a young teenager, Pete's father helped Rob pick out a snowblower and encouraged him to start a snow clearing business, which became successful. Rob and Pete frequently talked about their families with Rob wishing his family was more like Pete's.

Rob kept a diary he named Sam, and in it he wrote his intimate thoughts and feelings. After family fights, he frequently cried himself to sleep at night. He had a degree of privacy in his own bedroom, where he also had stereo equipment. He often consoled himself with music. He wrote stories and one of them was published in a well-known U.S. magazine.

He often dreamed of a better life, and he did not masturbate to soothe himself. He enjoyed the ejaculations he had during wet dreams, and he was not sexually aggressive toward other teenage girls. He once protected a young woman from a rape at a party and ordered the perpetrator out of the home. The perpetrator was giving the party in his family home. Rob went out of his way to please others, and he wanted to be a nice kid. He consciously told himself that he didn't want to be the "little shit" his father said he was

Looking at both assets and risks gives a comprehensive picture of Rob. He is emotionally expressive, he developed long-term confidant relationships, he functioned well sexually, and he consciously wanted to be a nice person.

How did Rob turn out? He put himself through trade school. He became the youngest foreman in his shop. He married Ann, whom he loved and who loved him. Ann had strong ties to her family of origin, and they welcomed Rob like a son. Rob felt part of his Ann's family. Yet, early in his marriage, he was verbally abusive and physically intimidating to his wife and physically abusive to his infant son. When he became abusive, Ann would take the children and go to her parents' home. She urged him to go into therapy. He told her she was crazy, and he wasn't.

One day, Rob had a tantrum, and Ann left with the children. He saw that he had broken his son's toy train. It was then he had an epiphany. The broken toy triggered memories of how his father got into rages and broke his toys. He cried for a long time, and then called Ann to say he wanted therapy. Within a few weeks of couple counseling, he remembered his own sexual abuse, a trauma he had repressed. He then went into treatment for his sexual abuse. Gradually, he saw that he indeed was an abusive parent, and he joined Parents Anonymous (PA), a support group for parents who want to change abusive behaviors toward their children. Rob told the executive director that he was in my research. The executive director told me that Rob has taken major leadership role in PA.

Rob did not emerge unscathed from a troubled childhood and adolescence, but he turned his assets into protective factors that not only helped him see the consequences of his behaviors, but also gave him motivation to pursue a series of therapeutic experiences that helped him let go of his abusiveness.

## **Research on Risk and Resilience**

Research on resilience seeks to identify factors that moderate the effects of risks. When individuals are able to mobilize their resources and cope with, adapt to, or overcome risks, they are said to be resilient (Gilgun, 1996a; Masten, Best, & Garmezy, 1991; Rutter, 1987). Resilience researchers have investigated the effects of such adversities as homelessness, child maltreatment, poverty, foster home placement, and parental mental illness. They showed that resources within individuals, families, and systems external to families are associated with resilience, or good outcomes under adverse conditions.

## Definitions of Key Concepts

This body of research and theory provided definitions of two key concepts that guided the development of the tools in this document. These concepts are risks and assets, sometimes called *resources* or *strengths*. Both are probabilistic concepts.

**Risks** predict that a proportion of at-risk groups will have the associated outcomes but they cannot predict that any one individual will have that outcome. Thus, for example, individuals who have been maltreated in childhood have a risk for maltreating their own children, but other factors could moderate the effects of that risk. Empirical research has shown that this is so (Egeland et al, 1987; Gilgun, 1990, 1991, 1992, 1996b; Korfman & Zigler, 1987). This research provides further evidence that moderating factors exist.

Examples of risks include a history of childhood and adolescent abuse and neglect, homelessness, family disruptions, separations and losses, loss of jobs, dangerous neighborhoods, poverty, racial and ethnic discrimination, and genetic risks predisposing individuals to particular types of physiological reactivity (Cicchetti, 1987; Rende & Plomin, 1993; Richters & Martinez, 1993; Werner & Smith, 1992).

**Assets**, too, are probabilistic concepts and can only predict to groups and not to individuals. Examples of assets are above average IQ, physical appeal, verbal ability, caring parents, resources within neighborhoods, adequate income, and good schools (Cicchetti, 1987; Garmezy & Masten, 1994; Masten et al, 1991; Richters & Martinez, 1993; Rutter, 1987; Werner & Smith, 1992). Some individuals with assets have poor outcomes. They are not able to use their assets to moderate risks, and sometimes their risks overwhelm the assets they have (Masten, 1994; Masten et al, 1991; Rutter, 1987). **Assets become protective factors when they are associated with overcoming risks (Gilgun, 1996a; Masten, 1994).**

Some persons experience cumulative risks; that is, a series of risks that may interact and overwhelm whatever resources an individual can marshal, while in other cases persons appear to have sufficient resources to cope. This idea helps explain why there is such a wide variation in outcomes among persons who have experienced a single known risk, such as child sexual abuse.

Those who have relatively mild outcomes not only have fewer risks, but they also have turned assets into protective factors. Those who have more serious outcomes probably have many interacting risks and fewer assets on which to draw, or do not use well whatever assets their environments offer.

## Discussion

This brief discussion shows the bias in assessing clients on the basis of risk alone and then making enormously important decisions about clients' fitness to parent. To be fair to clients, we must assess on the basis of both risks and resources, and we must provide adequate resources that fit the issues that led to involvement in child protection. Unless we do so, we ourselves are creating risk conditions for clients. Morally and ethically, we cannot continue this practice.

## References

Boyum, Lisa Ann, & Ross D. Parke (1995). The role of family emotional expressiveness in the development of children's social competence. *Journal of Marriage & the Family, 57*, 593-608.

Cicchetti, Dante (1987). Developmental psychopathology in infancy: Illustrations from the study of maltreated youngsters. *Journal of Consulting and Clinical Psychology, 55*, 837-845.

Cicchetti, Dante, Fred A. Rogosch, Michael Lynch, & Kathleen D. Holt (1993). Resilience in maltreated children: Processes leading to adaptive outcomes. *Development and Psychopathology, 5*, 629-647.

Cowger, Charles D. (1994). Assessing client strengths. Clinical assessment for client empowerment. *Social Work, 39*, 262-268.

Egeland, Byron, Deborah Jacobvitz, & L. Alan Sroufe (1988). Breaking the cycle of abuse. *Child Development, 59*, 1080-1088.

Gilgun, Jane F. Christian Klein, & Kay Pranis. (2000). The significance of resources in models of risk, *Journal of Interpersonal Violence, 14*, 627-646.

Gilgun, Jane F., Susan Keskinen, Danette Jones Marti, & Kay Rice. (1999). Clinical applications of the CASPARS instruments: Boys who act out sexually. *Families in Society, 80*, 629-641.

Gilgun, Jane F. (1999). CASPARS: New tools for assessing client risks and strengths. *Families in Society, 80*, 450-459.

Gilgun, Jane F. (1996a). Human development and adversity in ecological perspective: Part 1: A conceptual framework. *Families in Society, 77*, 395-402.

Gilgun, Jane F. (1996b). Human development and adversity in ecological perspective, Part 2: Three patterns. *Families in Society, 77*, 459-576.

Gilgun, Jane F. (1991). Resilience and the intergenerational transmission of child sexual abuse. In Michael Q. Patton (Ed.), *Family sexual abuse: Frontline research and evaluation* (pp. 93-105). Newbury Park, CA: Sage.

Gilgun, Jane F. (1990). Factors mediating the effects of childhood maltreatment. In Mic Hunter (Ed.), *The sexually abused male: Prevalence, impact, and treatment* (pp. 177-190). Lexington, MA: Lexington Books.

Kaufman, J., & Zigler, Edward (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, 57, 186-192.

Kwang, Sung-Chu & Cowger, Charles D. (1998). Utilizing strengths in assessment. *Families in Society*, 79, 25-31.

Garmezy, Norman., & Ann S. Masten (1994). Chronic adversities. In Michael Rutter, E. Taylor, & L. Hersov (Eds.) *Child and adolescent psychiatry*. Oxford: Blackwell.

Masten, Ann S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3-23). Hillsdale, NJ: Erlbaum.

Masten, Ann S., Karin M. Best, & Norman Garmezy (1991). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.

Miller, Scott D., Barry L. Duncan, & Mark A. Hubble (1997). *Escape from Babel: Toward a unifying language for psychotherapy practice*. New York: Norton.

Rende, Richard, & Robert Plomin (1993). Families at risk for psychopathology: Who becomes affected and why? *Development and Psychopathology*, 5, 529-540.

Richters, John E. & Pedro E. Martinez (1993). Violent communities, family choices, and children's chances: An algorithm for improving the odds. *Development and Psychopathology*, 5, 609-627.

Rutter, Michael (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331.

Saleebey, Dennis (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 241-336.

Saleebey, Dennis (1992). (Ed.), *The strengths perspective in social work practice*. New York: Longman.

Werner, Emme E., & Ruth S. Smith (1992). *Overcoming the odds: High risk children from birth to adulthood*. I thaca, N.Y.: Cornell University Press.

*Jane F. Gilgun, Ph.D., LICSW, is professor, School of Social Work, University of Minnesota, Twin Cities, 1404 Gortner Avenue, St. Paul, MN, 55108. Phone: 612/624-3643; fax: 612-624-3477; email: jgilgun@tc.umn.edu.*