

# Extra Help

*Handouts*



COLLEGE OF BUSINESS, HEALTH  
AND HUMAN SERVICES  
UNIVERSITY OF ARKANSAS AT LITTLE ROCK



**Handout EH.1.1****AGENDA**

- I.** Welcome/Introduction
- II.** Competencies
- III.** Icebreaker Activity
- IV.** Expectations of the Extra Help Family Service Worker
  - A.** DCFS Mission and Practice Model
  - B.** The Life of a Case
  - C.** Extra Help Job Duties
  - D.** S.O.P. & S.D.M.
- V.** Valuing Confidentiality
- VI.** Dual Role of Child Welfare Service Worker
- VII.** Discussion for Skill Development
  - A.** Introducing Self to the Client
  - B.** Clarifying Role with the Client
- VIII.** Basic Communication Overview
  - A.** Factors Influencing Effective Communication
  - B.** Physical Attending Skills
  - C.** Verbal and Non-verbal Barriers to Communication
  - D.** Word Triggers
- IX.** Engaging Involuntary Clients
- X.** Worker Safety
- XI.** The Interview
  - A.** Stages
  - B.** Tools
- XII.** Practice and Skill Development
  - A.** Beginning Interviewing Skills
- XIII.** Recap of the Day

Handout EH.1.2



Apply for and manage your health care, SNAP, and TEA benefits online

Onde podrá solicitar y manejar en línea sus  
beneficios de atención de salud (health care), SNAP y TEA

Ijo kwemaron in apply ñan e im lale ejmour  
eo am, SNAP, im jibañ ko ikijen TEA ilo online

**VISIT | VISITE | LALE**

**ACCESS.ARKANSAS.GOV**



**To Learn More About These Programs  
Please Visit <https://access.arkansas.gov/Learn/Home>**

More graphics, helpful resources, and other information about Access Arkansas can be obtained from the Arkansas  
Department of Human Resources Website at:

<https://humanservices.arkansas.gov/>

or

<https://humanservices.arkansas.gov/newsroom/access-arkansas-client-toolkit-pilot/access-arkansas-graphics/>

**Handout EH.1.3****APPENDIX 5: PROTOCOL FOR FAMILY SERVICE WORKERS - Responding To  
Methamphetamine and Meth Lab Exposure of Children**

06/2004

The Family Service Worker will:

- A. If discovering a meth lab or suspecting the presence of chemicals being used to make methamphetamine during a home visit or child maltreatment investigation, leave the house, depart the immediate area, contact law enforcement and call the Hotline to report the child maltreatment.
- B. Remain away from the house until after law enforcement has responded to the call and secured the house and the people inside.
- C. Advise the law enforcement officers about any children that are in the house.
- D. Do not enter the house as there may be a risk of self-contamination.
- E. If called to a meth lab site by law enforcement, respond to the call, but not enter the house.
- F. Be sure to put on a pair of disposable Nitrile gloves.
- G. When the child (ren) are brought out of the house, touch them only with gloved hands. Discuss with law enforcement the children's estimated level of contamination and what degree of decontamination is needed.
- H. If the law enforcement officers or other personnel at the scene have decontamination equipment, allow them to decontaminate the children. If there is no decontamination equipment on site, drape a non-contaminated material (e.g., blanket or plastic) around the child(ren) like a cape, head to foot before placing the children in any vehicle. (the FSW will keep a blanket or plastic sheeting in his or her car for use in these cases.) Ensure that the children have something on which to rest their feet.
- I. Transport the child(ren) to an appropriate medical facility previously identified in the city/county where they can be medically examined, tested for exposure and decontaminated, if still necessary. Remember that part of the reason for the medical examination is to collect evidence that the children have been exposed to methamphetamine and/or the chemicals used in a meth lab.
- J. When decontamination, medical testing and medical examination have been completed, follow the appropriate DCFS policies and procedures for placing the child (ren) in out-of-home care.
- K. If the children have not yet been decontaminated, be sure to advise the foster parents of the immediate need to shower or bathe the children with soap and water. Also instruct the foster parents to clean their shower or bathtub with dishwashing liquid and water afterward. Advise the foster parents to dispose of the children's contaminated clothes. Do not try to wash the clothes, as this will spread the contamination.
- L. Advise the foster parents of the immediate need for some new clothes since the child (ren) were not allowed to bring anything (clothes, toys, etc.) from the meth lab sight. In accordance with PUB-30: Foster Parent Handbook (see Clothing section) the Family Service Worker (FSW) will assess, with the foster parent, which items of clothing are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 process. The FSW will accompany the foster parent to the store to approve the purchase.

**Handout EH.2.1****AGENDA**

- I. Review and Welcome Back**
  - A. Defining and Reporting Child Maltreatment
- II. Physical Abuse**
  - A. Risk, Complicating Factors, and Protective Factors
  - B. Physical and Behavioral Indicators
  - C. Slide Presentation
- III. Neglect**
  - A. Physical and Behavioral Indicators
  - B. Poverty vs. Neglect Vignette Exercise
  - C. Failure-to-Thrive
- IV. Emotional Maltreatment**
  - A. Physical and Behavioral Indicators
- V. Sexual Abuse**
  - A. Physical and Behavioral Indicators
  - B. Progression of Sexual Acts
  - C. Sexual Abuse Exams
  - D. Poem by Twelve-Year-Old Girl
- VI. Recap of the Day**

**Handout EH.3.1****AGENDA**

- I. Review and Welcome Back**
- II. Assessment**
  - A. Safety vs. Risk**
  - B. Title IV-E Eligibility**
- III. CANS/FAST**
- IV. Policy Application**
  - A. Family Service Worker Contacts**
  - B. Maintaining Family Ties in Out-of-Home Placements**
  - C. Division Contact with Children in Out-of-Home Placements**
  - D. Contact or Visit?**
- V. Documentation**
- VI. Division Information Management System (CHRIS) Lab**
  - A. Reviewing a Case File**
- VII. Self-Care**
- VIII. Review**
- IX. Endings**
- X. Closing Remarks**

## Handout EH.3.2

**Arkansas Current Safety Threats**

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/ differential response (DR) case.
2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.
3. Caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others.
4. Caregiver's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. Caregiver does not meet the child's immediate needs for supervision, food, and /or clothing.
6. Caregiver does not meet child's immediate needs for medical or critical mental health care (suicidal/homicidal).
7. Physical living conditions are hazardous and immediately threatening to the child's health and /or safety.
8. Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
9. Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
10. Caregiver frequently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn or anxious.
11. Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
12. Family currently refuses access to or hides the child and/ or seeks to hinder an investigation/DR case.
13. The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.
14. Other



## Handout EH.3.3

FAST	CANS (0-4)	CANS 5+
All in-home service cases except DR	Out-of-home placement	Out-of-home placement
Domains Addressed	Domains Addressed	Domains Addressed
<ul style="list-style-type: none"> <li>• Family together</li> <li>• Each caregiver</li> <li>• All children/youth</li> </ul>	<ul style="list-style-type: none"> <li>• Child strengths</li> <li>• Life domain functioning</li> <li>• Regulatory functioning</li> <li>• Preschool/childcare</li> <li>• Child behavioral/emotional needs</li> <li>• Child risk factors</li> <li>• Trauma</li> <li>• Permanency planning caregiver strengths and needs</li> </ul>	<ul style="list-style-type: none"> <li>• Child strengths</li> <li>• Life domain functioning</li> <li>• School</li> <li>• Child behavioral/emotion needs</li> <li>• Child risk behaviors</li> <li>• Trauma</li> <li>• Permanency planning caregiver strengths and needs</li> </ul>
	Answers in the above categories may trigger one or more of the following modules: <ul style="list-style-type: none"> <li>• Developmental needs module</li> <li>• Acculturation module</li> <li>• Sexual abuse module</li> <li>• Substance use disorder - caregiver</li> </ul>	Answers or age in the above categories may trigger one or more of the following modules: <ul style="list-style-type: none"> <li>• Transition age module</li> <li>• Developmental needs module</li> <li>• Substance use module – child</li> <li>• Runaway module</li> <li>• Sexual abuse module</li> <li>• Substance use disorder - caregiver</li> </ul>

## Handout EH.3.4

### HOME VISIT CHECKLIST

\*(Work Aid)\*

Family Name:	Child's Name(s):
Case Number:	Date:
Time: AM/PM Attempted/Completed (Circle One)	Case Type: PS FC Parent Facility/Hospital (Circle One) SS DR (Circle One)

Next staffing/Family Team Meeting date? \_\_\_\_\_

Purpose of contact/home visit: \_\_\_\_\_

List the names of person(s) seen during the home visit and the relationship to the child:

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Please check any of the items below that you observe or discuss during the home visit. Use the column to the right for brief notes to use when writing the narrative and/or following up after returning to the office.

HEALTH/MEDICAL OBSERVATIONS	FOLLOW UP NOTES
<input type="checkbox"/> Smoking inside or outside of the home? <input type="checkbox"/> Food allergies? <input type="checkbox"/> Adequate food and clothing? <input type="checkbox"/> Current Medications?: _____ <input type="checkbox"/> Medications in a safe location? View medication log. <input type="checkbox"/> Any medical appointments? <input type="checkbox"/> Physical observation of child? <input type="checkbox"/> Health insurance? <input type="checkbox"/> DDS referral? <input type="checkbox"/> Glasses, contacts, etc? <input type="checkbox"/> Special medical equipment?: <input type="checkbox"/> ILP services for children over 14?	
EMOTIONAL WELL BEING	
<input type="checkbox"/> Relationships with other children in home? <input type="checkbox"/> Relationships with caregivers? <input type="checkbox"/> School/ daycare adjustment? <input type="checkbox"/> Sleep problems? <input type="checkbox"/> Bedwetting or toileting issues? <input type="checkbox"/> Is caregiver involved with the school? Is caregiver comfortable with school setting? <input type="checkbox"/> Is there an IEP (individual education plan)? <input type="checkbox"/> Emotional or trauma issues?	

<input type="checkbox"/> Counseling/therapy? <input type="checkbox"/> Behavioral Adjustment? <input type="checkbox"/> Family Time with siblings/caregivers? <input type="checkbox"/> APPLA placement/prospects?	
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<b>SAFETY OF HOME</b>	
<input type="checkbox"/> Private place to sleep/area to keep belongings? <input type="checkbox"/> Adequate food? <input type="checkbox"/> Utilities? <input type="checkbox"/> Secure play areas? <input type="checkbox"/> Toys, books, equipment suitable for development of child? <input type="checkbox"/> Pets? <input type="checkbox"/> Home appears to be safe for child? <input type="checkbox"/> Are firearms secured? <input type="checkbox"/> Next court date?	
<b>CAREGIVER VISIT</b>	
<input type="checkbox"/> Stable home free from hazards? <input type="checkbox"/> Stable income? <input type="checkbox"/> Food stamps, WIC, health insurance? <input type="checkbox"/> Random drug screen? <input type="checkbox"/> Referral for drugs, alcohol, psychological counseling, anger management, parenting? <input type="checkbox"/> Next court date?	
<b>FACILITY VISIT</b>	
<input type="checkbox"/> Talk to case manager or therapist? <input type="checkbox"/> Peer relations? <input type="checkbox"/> Progress on treatment plan? <input type="checkbox"/> Discharge plan?	

DCFS Staff \_\_\_\_\_

Date \_\_\_\_\_

Client \_\_\_\_\_

Date \_\_\_\_\_

(I acknowledge I was visited on this date.)

*\*This work aid was developed by MidSOUTH Training Academy IV-E Field Education in conjunction with DCFS, Jefferson County.*

**Handout EH.3.5****FAMILY TIME OBSERVATION FORM**

Date of Family Time: \_\_\_\_\_ Case Name: \_\_\_\_\_

Family Time location: \_\_\_\_\_

Children Involved in Family Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caregiver(s)/Adult(s) Present: _____	Relationship: _____
_____	_____
_____	_____
_____	_____

Adult(s) on Time? \_\_\_\_\_ Time Started: \_\_\_\_\_ Ended: \_\_\_\_\_ Cancelled? \_\_\_\_\_

Explanation: \_\_\_\_\_

Describe Child's Behavior Prior to Family Time: \_\_\_\_\_  
\_\_\_\_\_Describe Initial Greeting Between Adult(s) and Child: \_\_\_\_\_  
\_\_\_\_\_Activities Observed During Family Time: \_\_\_\_\_  
\_\_\_\_\_Strengths Observed During Family Time: \_\_\_\_\_  
\_\_\_\_\_

Transition Activities to End Family Time: \_\_\_\_\_

\_\_\_\_\_

Reactions to End of Family Time and Separation by:

Adult(s): \_\_\_\_\_

Children: \_\_\_\_\_

Comments regarding Family Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Concerns Noted During Family Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Scheduled Family Time: \_\_\_\_\_

Family Time Supervisor Signature: \_\_\_\_\_ Family Time Supervisor Signature: \_\_\_\_\_

## CHRIS Handout EH.3.6

## MIDSOUTH TRAINING DIVISION INFORMATION MANAGEMENT SYSTEM (CHRIS) LOG IN

1. Log on to a MidSOUTH Computer:

Username:

Password:



2. When you get to the desktop:

3. Double-click the CHRIS icon



4. You should see the CHRIS Login Box



5. Enter the MidSOUTH CHRIS Logon user ID and User Password below.

User ID: Student28

User Password: tstudent28

**Remember:** This CHRIS User ID and Password is ONLY for use in the MidSOUTH Training for the CHRIS system

## CHRIS Handout EH.3.7

**REPORTS OVERVIEW**

The reports listed are a few of the reports that contain useful information when completing a case review.

- **CANS-FAST (Family) Case Plan (Post 02/12/2015) – CFS - 6010**
  - Prints information from the following CHRIS screens:
    - Client/General Information
    - Client/Relationship
    - Case Plan/Plan Goals
    - Case Plan/Needs/Svcs
    - Case Plan/Court Order
  - Can be printed at any time.
    - If an unapproved family case plan is printed it will have DRAFT printed out across the page.
    - All Family Case Plans entered in CHRIS are listed on the CANS/FAST Initiated Case Plan window to choose to review/print.
    - Choose to print the full (Family) Case Plan (default) or the Sibling Visitation (Family Time) Plan Only
  - No changes can be made on this report.
    - If changes need to be made they have to be made on the Family Case Plan screens.
- **Family Advocacy and Support Tool (FAST) AR – CFS-6009**
  - Prints information from the following CHRIS screen(s)
    - Access/Plan/FAST
      - The Family Together tab
      - Caregiver Status tab
      - Caregiver Advocacy Status tab
      - Youth Status tab
  - Can be printed at any time.
    - If an unapproved FAST is printed it will have DRAFT printed out across the page.
    - All FAST entered in CHRIS are listed on the Select FAST Form window to choose to review/print.
  - No changes can be made on this report.
    - If changes need to be made they have to be made on the FAST screens/tabs.
- **Child and Adolescent Needs and Strengths (CANS) AR 0-4 – CFS-6009**
  - Prints information from the following CHRIS screen(s)
    - Access/Plan/CANS
      - Child Strengths tab
      - Domain Functioning tab
      - Needs and Risk tab
      - Trauma tab
      - Youth Client Modules tab (if completed)
      - Caregiver tab
  - Can be printed at any time.
    - If an unapproved CANS is printed it will have DRAFT printed out across the page.
    - All CAN 0-4 entered in CHRIS will be listed on the Select Client CANS Form window to choose to review/print.
    - Choose to Display All Rating (default) or Actionable Items Only (items rated a 2 or 3) on report.

- No changes can be made on this report.
  - If changes need to be made they have to be made on the CANS 0-4 screens/tabs.
- **Child and Adolescent Needs and Strengths (CANS) AR Comprehensive 5+ – CFS-6009**
  - Prints information from the following CHRIS screen(s)
    - Access/Plan/CANS
      - Child Strengths tab
      - Domain Functioning tab
      - Needs and Risk tab
      - Trauma tab
      - Youth Client Modules tab (if completed)
      - Caregiver tab
  - Can be printed at any time.
    - If an unapproved CANS is printed it will have DRAFT printed out across the page.
    - All CAN 5+ entered in CHRIS will be listed on the Select Client CANS Form window to choose to review/print.
    - Choose to Display All Rating (default) or Actionable Items Only (items rated a 2 or 3) on report.
  - No changes can be made on this report.
    - If changes need to be made they have to be made on the CANS 5+ screens/tabs.
- **Contacts Report – CFS-6011**
  - Prints information from the following CHRIS screen(s)
    - Services/Contacts
      - Client Contact tab
      - Client Schedule/Waivers tab
  - Select to print all the contacts entered on into CHRIS on a family or select to print by a certain Date Range/Sort Order on the Report Date Range window.
  - Sends report directly to the default printer.
- **Client Information– CFS-6002**
  - Prints information from the following CHRIS screen(s)
    - Client/Gen Info.
      - Client Information tab
        - Race/Ethnicity/Living Arrangement tab
        - Birthplace/Citizenship/Language tab
        - Characteristics tab
        - Criminal Info tab
      - Address/Phone # tab
      - AKA/Marital/Military tab
      - Employment tab
      - Education tab
    - Client/Relations
    - Client/Finances
      - Eligibility
      - Income
      - Debts
      - Assets
  - Client specific (choose client to print from the Select Client window)
  - Sends report directly to the default printer.



- **Court Report– CFS-6011**
  - Prints information from the following CHRIS screen(s)
    - Court/Report/Report
    - Client/Gen Info.
  - Can be printed at any time.
    - If an unapproved Court Report is printed it will have DRAFT printed out across the page.
    - All Court Reports entered in CHRIS will be listed on the Select Court Report window to choose to review/print.
    - Choose to Display All Rating (default) or Actionable Items Only (items rated a 2 or 3) on report.
  - No changes can be made on this report.
    - If changes need to be made they have to be made on the Court Report screen.
- **Report to the PA – CFS-6003**
  - Prints information from the following CHRIS screen(s)
    - Investigate/PA
    - Investigate/Client/Gen Info.
      - Client Information tab
      - Address/Phone # tab
      - Employment tab
      - Education tab
    - Investigate/Coll info.
    - Investigate/Interview
      - Vctm Intv
      - Sblg Intv
      - O/P Intv
      - Coll Intv
- **Placement History Report – CFS-6018**
  - Prints information from the Placement screen for each child