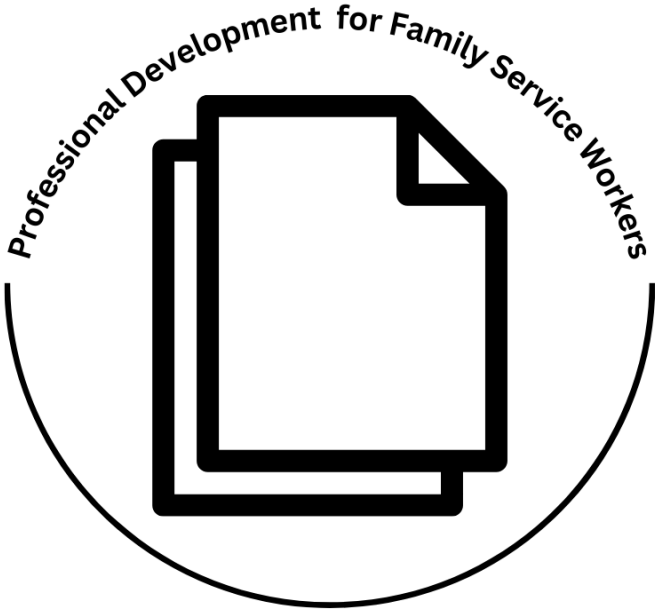
MidSOUTH Training Academy

# Program Assistant

*Handouts*

## Week 1




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

# ARKANSAS MISSION AND PRACTICE MODEL: AT ONE TABLE

## Mission

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency, and well-being of all children and youth.

## Vision

Every child has a safe and stable home every single day.

## DCFS Priorities

The Arkansas Division of Children and Family Services (DCFS) has collaboratively designed a practice framework to guide the top three priorities of the agency.

1. Safely stabilize and preserve families; and if that is not possible…
2. Safely care for children and quickly reunify children to their families of origin. If children must be removed from the home, relative and fictive kin caregivers will be considered immediately and throughout the entire engagement with the family; and if reunification is not possible…
3. Safely support the permanency, well-being, and development of culturally safe lifelong relationships for children and youth.

## DCFS Values

**Value 1:** Relationships with children, youth, and families are the foundation

**Value 2:** Collaborative partnerships with resource families

**Value 3:** Helping children and youth achieve their full potential and develop lifelong relationships

**Value 4:** Shared responsibility with community partners

**Value 5:** A strong working relationship with the legal system

**Value 6:** A workplace culture characterized by reflection, appreciation, and ongoing learning

# DCFS

## Mission Statement

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the **safety, permanency**, and **well-being** for all children and youth.

**Arkansas Department of Human Services**
**Division of Children and Family Services**
CHECKLIST OF HOMEMAKER'S ACTIVITIES

Name of Homemaker: Supervisor:

Period Covered; From: To:

Name of Family:

Activities Undertaken by In-Home Caretaker/Homemaker

| **Housekeeping** | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Dusted and vacuumed | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Washed dishes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Cleaned kitchen | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Cleaned bathroom | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Cleaned bedroom | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Laundry | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Other (Specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | | | | | | | | | |

| **Homemaking** | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Grocery shopped | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Cooked meals | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Cared for children | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Cared for adult | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Assisted w/money management & budget | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Established household routine | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Other (Specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | | | | | | | | | |

| **Personal Care** | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Assisted w/bathing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Fed family or adult | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Helped w/dressing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Assisted w/grooming, shampoo, shaking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Assisted w/mobility (moving from bed to chair, to wheelchair, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Assisted w/care of teeth & mouth | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Other (Specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | | | | | | | | | |

| **Substitute Parenting** | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Provided child care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Adapted home to meet family needs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Accompanied to doctor/clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Other (Specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | | | | | | | | | |

| **Teaching** | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Demonstrated parenting skills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Taught exercises | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Taught homemaking skills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Taught menu planning & nutrition | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Other (Specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | | | | | | | | | |

| **Relationship Support** | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

CFS-324 (06/19/80)

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Emotional support | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Socialization experiences | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Listened, visited | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Child stimulation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Encouraged | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Escorted parent on errands | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Other (Specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | | | | | | | | | |

**Major Accomplishments with Family**

1.

2.

3.

4.

**Special Problems of the Family (e.g., danger of abuse, neglect, etc.)**

1.

2.

3.

4.

**Areas Which Need Improvement**

1.

2.

3.

4.

**Comments**

Division of Children and Family Services FSPP

# POLICY I-E: CONFIDENTIALITY

01/2020

## OVERVIEW

The Division of Children and Family Services (DCFS or Division) is committed to best practice in relation to respecting client confidentiality. Information is confidential if it is not intended to be disclosed to persons other than those to whom disclosure is allowed under the statute. All employees of the Division shall maintain the confidentiality of children and families served by DCFS. Confidentiality applies to verbal, written and/or electronic transmittal of information including information in the CHRIS.

No DCFS employee may accept employment or engage in any activity while serving as a DCFS employee, which might reasonably be expected to require or induce the employee to disclose confidential information. In addition, no DCFS employee may disclose confidential information or use confidential information for the gain or benefit of the employee or person in a close, personal relationship to the employee.

## INVESTIGATIVE RECORDS

Child maltreatment investigative data, records, reports, and documents are confidential and may only be disclosed as provided for in the Child Maltreatment Act codified at A.C.A. § 12-18-101 et seq.

If a DCFS employee wrongfully discloses confidential information, he or she is guilty of a Class A misdemeanor and can lose his or her job. For a Class A misdemeanor, the sentence shall not exceed one year in the county jail and a $1,000 fine. See A.C.A. §12-18-205.

## IN-HOME AND FOSTER CARE CASE RECORDS

Reports, correspondence, memoranda, case histories, or other materials related to protective services and foster care records, shall be confidential and shall not be released or otherwise made available, except to the extent permitted by federal and state law and only as listed below. This includes protected health information compiled or received by a licensee or a state agency engaged in placing a child.

**A.** To the Director of the Child Welfare Agency Review Board as required by regulation;

**B.** For adoptive placements, as provided by the Revised Uniform Adoption Act, § 9-9-201 et seq.;

**C.** To multidisciplinary teams under A.C.A. § 12-18-106(a);

**D.** To the child's parent, guardian, or custodian.

1) However, the licensee or state agency may redact information from the record such as the name or address of foster parents or providers when it is in the best interest of the child.

2) The licensee or state agency shall redact counseling records, psychological or psychiatric evaluations, examinations or records, drug screens or drug

Evaluations, or similar information concerning a parent if the other parent is requesting a copy of record;

**E.** To the child;

**F.** To health care providers to assist in the care and treatment of the child at the discretion of the licensee or state agency and if deemed to be in the best interest of the child.

1) Health care providers include doctors, nurses, emergency medical technicians, counselors, therapists, mental health professionals, and dentists;

**G.** To school personnel and child care centers caring for the child at the discretion of the licensee or state agency and if deemed to be in the best interest of the child;

**H.** To foster parents, the foster care record for children in foster care currently placed in their home. 1)

1) However, information contained in records released by the Department to the foster parent about the parents or guardians and any siblings not in the foster home will not be re-disclosed by the foster parent and will only be used to assist the foster parent in the care of the child placed in the foster parent's home (see Policy VII-H: Providing Information to Foster Parents);

**I.** To the Child Welfare Agency Review Board. However, at any board meeting no information which identifies by name or address any protective services recipient or foster care child shall be orally disclosed or released in written form to the general public;

**J.** To the Division of Childhood and Early Childhood Education, including child welfare agency licensing specialists;

**K.** For any audit or similar activity conducted in connection with the administration of any such plan or program by any governmental agency which is authorized by law to conduct such audit or activity;

**L.** Upon presentation of an order of appointment, to a court-appointed special advocate;

**M.** To the attorney ad litem for the child;

**N.** For law enforcement or the prosecuting attorney upon request;

**O.** To circuit courts, as provided for in the Arkansas Juvenile Code of 1989, § 9-27-301 et seq.;

**P.** In a criminal or civil proceeding conducted in connection with the administration of any such plan or program;

**Q.** For purposes directly connected with the administration of any of the state plans as outlined;

**R.** For the administration of any other federal or federally assisted program which provides assistance, in cash or in kind, or services, directly to individuals on the basis of need; or

**S.** To individual federal and state representatives and senators in their official capacity, and their staff members, with no re-disclosure of information.

1) No disclosure shall be made to any committee or legislative body of any information which identifies by name or address any recipient of services;

**T.** To a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury;

**U.** To a person, provider, or government entity identified by the licensee or the state agency as having services needed by the child or his/her family;

**V.** To volunteers authorized by the licensee or the state agency to provided support or services to the child or his/her family at the discretion of the licensee or the state agency and only to the extent information is needed to provide the support or services.

**W.** To a person, agency, or organization engaged in a bona fide research or evaluation project that is determined by the Division to have value for the evaluation or development of policies and programs within DCFS.

1) Any confidential information provided for a research or evaluation project shall not be re-disclosed or published.

**X.** To a child fatality review panel as authorized by the Department of Human Services;

**Y.** To a Child Welfare Ombudsman.

Any data, records, or documents described above that are released to a law enforcement agency, the prosecuting attorney, or a court by the Department of Human Services are confidential and shall be sealed and not re-disclosed without a protective order to ensure that items of evidence for which there is a reasonable expectation of privacy are not distributed to persons or institutions without a legitimate interest in the evidence.

**FOSTER CARE AND ADOPTIVE RECORDS**

Foster home and adoptive home records are confidential and shall not be released except:

A. To the foster parents or adoptive parents;

B. For purposes of review or audit, by the appropriate federal or state agency;

C. Upon allegations of child maltreatment in the foster home or adoptive home, to the investigating agency

D. To the Child Welfare Agency Review Board;

E. To the Division of Children and Family Services of the Department of Human Services and the Department of Education, including child welfare agency licensing specialists;

F. To law enforcement or the prosecuting attorney, upon request;

G. To a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury;

H. To individual federal and state representatives and senators in their official capacity, and their staff members with no re-disclosure of information;

I. No disclosure shall be made to any committee or legislative body of any information that identifies by name or address any recipient of services;

J. To the attorney ad litem and court appointed special advocate, the home study on adoptive family selected by the Department to adopt the juvenile.

Any person or agency to whom disclosure is made shall not disclose to any other person reports or other information obtained. Any person disclosing information in violation of A.C.A. §12-18- 104 shall be guilty of a Class A misdemeanor. Nothing in this section shall be construed to prevent subsequent disclosure by the child or his/her parent or guardian.

The Family Service Worker may by law sign for releases of information for children in DHS

custody.

The Family Service Worker must present a copy of the custody order to receive medical and school records.

The CFS-4000 or DHS 81: Consent for Release of Information must be signed by the parent to receive copies of parent's records; however, the parent's signature is not necessary for obtaining records for the child.

An attorney ad litem shall be provided access to all records relevant to the child's case, including, but not limited to, school records, medical records, juvenile court records and Department of Human Services records to the extent permitted by federal law.

**ADOPTION RECORDS**

Non-identifying information from finalized records can only be released by the Arkansas Mutual Consent Voluntary Adoption Registry. Identifying information from a finalized record can only be released by court order.

**RELEASE OF INFORMATION REQUESTS REGARDING CHILD IN FOSTER CARE**

When a release of information regarding a child is requested, the FSW shall take the necessary steps to guard the confidentiality of personal information. The steps include:

A. Assuring that no identifying or potentially harmful information on a child is released; and,

B. The consent shall be reviewed and approved by OCC.

Court orders that direct the release of specific information to specified offices, agencies or people will be construed as proper consent for release of information. No other consent is necessary. However, OCC will be informed whenever such a release of information is being made.

Children in foster care may appear in publications such as the school yearbook, school newspaper, youth group newsletter, and similar publications or platforms that would be considered normal and age-appropriate without a media release as long as they are not identified as being in foster care.

Requests for media releases that would not be considered normal and age appropriate includes requesting permission to release photographs, voice reproductions, slides, video tapes, movie films, promotional pamphlets, news releases, etc. The FSW will review the contents of such release along with OCC and make any necessary modifications. Consideration will be given to the protection of the child's identity and assurances that the contents of the material released will present the child in a light that would not be distasteful or negative to the child. The DCFS Director or designee swill be consulted in matters that may reflect on the Division. In cases of consents for coverage by news media, consultation will also be sought from the DHS Director of Communications and the child's attorney-ad-litem. The foster parents and other placement providers will be informed of these policies.

The Adoption Specialist must obtain documented consent from a child 12 years of age or older, to show photographs for recruitment of an adoptive family.

Division of Children and Family Services FSPP

**FREEDOM OF INFORMATION ACT**

Personnel records can be disclosed to the public, unless to do so would clearly be an unwarranted invasion of privacy. Therefore, the Department can not release the Social Security Number, school transcripts, or PPES information of any staff unless that person has been suspended or terminated as a result of his/her PPES score. Grievance information becomes public record after the grievance process is completed if a grievance is appealed to the State Grievance Review Committee. If the grievance is not appealed to the state level, the discipline does not become public record. See A.C.A §25-19-105.

Any data, records, reports, or documents that are created, collected, or compiled by or on behalf of DHS, the Department of Arkansas State Police, or other entity authorized under A.C.A §12-18-101 et seq. to perform investigations or provide services to children, individuals, or families shall not be subject to disclosure under the Freedom of Information Act of 1967, A.C.A §25-19-101 et seq.

access
ARKANSAS

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

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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/

# BETTER CONTACT DOCUMENTATION SAMPLE

***CHRIS Screen Path:*** Workload>Select Family>Show>Services>Contacts>New

**Type/Location**: Face to Face (Home)
**Status:** Completed

**Contact Date:** 07/16/2012
**Time:** 10:45 A.M.

**Purpose:**
Housekeeping, Medical/Dental/Teaching (From CHRIS Pick lists)

**Participants**: (from available Clients in case; there is also a spot to add non-client/non-collateral participants and there is the capacity to add a collateral from the Contact screen). In this example, participants would be:

- Collette Tums (role PRFC)
- George Brown (mother's significant other)
- Sammy Tums (4-year-old child)
- Jenny Tums (18-month old child)

**Comments:** (This is where you document the facts of your contact)
PA _____ (put your surname here), arrived at the home at 10:45 in the morning for a scheduled visit. PA knocked several times with no result. The door was eventually answered by 4-year-old Sammy. When PA entered the home, Ms. Tums was asleep in the bedroom and Mr. Brown was asleep on the sofa in the living room. PA called out and woke Ms. Tums and Mr. Brown.

While the adults talked, the children stayed in front of the television. PA noted when she arrived that Jenny's diaper was soiled. When the adults made no move to change her, PA suggested that Ms. Tums change the diaper. At this point, Ms. Tums said that she was not changing the diaper as often as she knew she should because they had run out of money until her next check which she would receive on Friday and she was trying to make the diapers last that long. She has medication for the diaper rash but is also trying to make it last.

PA observed the following conditions in the home: There were old pizza boxes, empty beer bottles, empty soda cans, cigarette butts and a soiled diaper on the floor in the living area and in the kitchen. There was molded food in the boxes and on the floor within reach of the toddler. There was a strong odor of urine and feces throughout the house. The family is low on food. There was a pile of dirty clothes on the floor in the adult's bedroom. There were folded, clean clothes in the children's room and the sheets were clean (although the mattress still has a strong urine odor). Some of the household trash had been bagged.

PA discussed the purpose of the visit which was to continue work on housekeeping skills. PA did point out the improvement efforts and asked what would help Ms. Tums make more of these positive changes. Ms. Tums said that she was working nights now and was exhausted when she returned home. It would help if Mr. Brown would take a more active role in picking up after himself and the children and in the care and supervision of the children. At this point he said that these types of things are the woman's job. Ms. Tums and PA cleaned the house together and PA noted that Ms. Tums appears to know how to clean. She said that it is hard to find the money for trash bags and cleaning supplies. She is aware that it is potentially dangerous to leave old food and trash where the children can get into it.

PA discussed with Ms. Tums the problems that led to her missing two doctor's visits. This is due to no reliable transportation. PA and Ms. Tums explored resources that might benefit the family. Ms. Tums is aware of a food pantry that might offer assistance, but she is unable to get there. PA offered to take Ms. Tums to the food pantry today and to provide transportation to the next doctor's appointment which is Wednesday, July 25th at 10:30 am.

PA also discussed day care assistance with Ms. Tums. PA will ask FSW to check into possible day care resources.

# 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 methlab.
- **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.

# METHAMPHETAMINE: CHILDREN AT RISK

**Risks to children include:**

- Exposure to explosive, flammable, toxic ingredients stored in kitchen cabinets, bathrooms and bedrooms
- Access to meth and paraphernalia
- Presence of loaded weapons in the home and booby traps (due to paranoia of meth users)
- Physical and sexual abuse
- Exposure to high risk populations (sexual abusers, violent drug users)
- Neglect including poor nutrition, poor living conditions
- Presence of pornography

**If a pregnant woman uses meth, the baby may experience:**

- Premature birth
- Growth retardation
- Withdrawal symptoms including abnormal sleep patterns, high pitched cry, poor feeding
- Cerebral injuries
- Limpness
- Apparent depression
- Shaking and tremors
- Irritability
- Fits of rage
- Sensitivity to stimuli including human touch and regular light
- Coordination problems
- Birth defects (6 times more likely) including effects on the central nervous system, heart and kidneys
- Cerebral palsy and paralysis are common

*The effects of meth last longer than crack and can lead to more damage. Levels of meth present in breast milk are higher than the level in blood.*

Sources: Dr. Rizwan Shah, Iowa Child Protection Council; Dr. Michael Sherman, Chief of Neonatology at UC Davis; Dr. Annette Grefe, Yellowstone Pediatric Neurology

**Parents who use meth often exhibit:**

- Extreme mood fluctuations
- Violent behavior
- Depression
- Poor impulse control
- Bizarre behaviors
- Lack of attention to hygiene
- Acute psychotic episodes
- Poly-drug abuse

*As meth use continues, the parent is unable to provide basic needs to the child. Due to changes in brain chemistry, the parent loses the capacity to care about anything but meth.*

**Children whose parents use or manufacture meth may experience:**

- Respiratory problems
- Delayed speech and language skills
- Higher risk for kidney problems and leukemia
- Malnourishment
- Poor school performance/attendance problems
- Isolation
- Physical, sexual and emotional abuse
- Poor dental health
- Hyperactivity and attention disorders
- Lice
- Obesity
- Other developmental problems
- Violent behavior
- Drug usage
- Lack of boundaries/easy attachment to strangers

**Medical personnel may notice:**

Agitation, inconsolability, tachycardia, respiratory problems (often meth kids present with asthma), nausea, protracted vomiting, hyperthermia, ataxia, roving eye movements, seizures, and headaches.

Source: Dr. Jennifer Geyer, Mesa Center Against Family Violence

This grant project is partially funded by the Edward Byrne Memorial Justice Assistance Grant Program, awarded by the Federal Bureau of Justice Assistance, as administered by the Kansas Criminal Justice Coordinating Council. The opinions, findings and conclusions, or recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Kansas Criminal Justice Coordinating Council or the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

Kansas Methamphetamine PREVENTION PROJECT

For more information, to schedule a presentation or to become involved in Drug Endangered Children efforts, contact Cristi Cain at (785) 266-8666 or ccain@parstopeka.com.

# SCENARIO – PROGRAM ASSISTANTS
## Time: 7-10 Minutes

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The Program Assistant has just been assigned to work with Ms. Grossman, who has had an open Protective Services Case for the past three months, regarding inappropriate supervision of her four children (ages: nine months, twenty-two months, five years, and eight years old).

Ms. Grossman is twenty-three years old, low functioning, is not employed, and has no transportation or phone.

She rents a small two-bedroom trailer with an outhouse. The electricity is scheduled to be cut off next month. She has a well with a broken water pump going to the kitchen.

The closest neighbor is two miles up the road. Frequently, she walks to the neighbor's house to use the phone, leaving the children in the care of the eight year-old for five to six hours at a time.

# Interview Skills Checklist

Program Assistant: _____ Date: _____
Site: _____ Series: _____ Rater: _____

The assessment will be done on three components of the interview: 1) Relationship Building, 2) Verbal and Listening Skills, and 3) Non-Verbal Behavior. Skills are to be critiqued by using the scale provided and supported by using the comment section. **NOTE: If rating is a -1 or -2, please provide specific feedback.**

| -2 | -1 | 0 | +1 | +2 |
|---|---|---|---|---|
| Unsatisfactory | Needs Improvement | N/A (Did Not Address) | Satisfactory | Good |

## PART 1: Relationship Building

_____ 1. The PA greeted and talked with the client in a way that helped the person feel more comfortable.
Comments: _____
_____

_____ 2. The PA was able to learn about the client's concerns and/or feelings about the Division and seeing a DCFS representative.
Comments: _____
_____

_____ 3. The PA clearly communicated the purpose of interaction and what would happen during the interaction.
Comments: _____
_____

_____ 4. The PA was nonjudgmental and was able to convey respect, warmth, and empathy.
Comments: _____
_____

_____ 5. The PA demonstrated a "strengths perspective" in interviewing by complimenting the client on what's working well.
Comments: _____
_____

## PART 2: Verbal and Listening Skills

_____ 1. The PA responded to issues and feelings as they occurred, yet was able to keep the interview focused.
Comments: _____
_____

_____ 2. The PA was able to gather relevant information with balance between focus on person, problem, and the environment.
Comments: _____
_____

_____ 3. The PA refrained from advising or giving premature solutions.
Comments: _____

_____ 4. The PA demonstrated appropriate use of "open ended" questions, "closed" questions, and clarifying questions.
Comments: _____

_____ 5. The PA demonstrated use of "minimal encouragement" and "silence" as a way to get additional information from the client.
Comments: _____

**PART 3: Physical Attending and Non-Verbal Behavior**

_____ 1. The PA was able to remain calm without becoming flustered in the session.
Comments: _____

_____ 2. The PA demonstrated congruence between verbal and non-verbal behavior.
Comments: _____

_____ 3. The PA demonstrated appropriate eye contact, attentive body posture, and moderately expressive use of arms and hands.
Comments: _____

_____ 4. The PA's speech was clear, rate was appropriate, pitch was varied, and warmth in tone was demonstrated.
Comments: _____

Additional Feedback (strengths, concerns, etc.)

_____

_____

_____

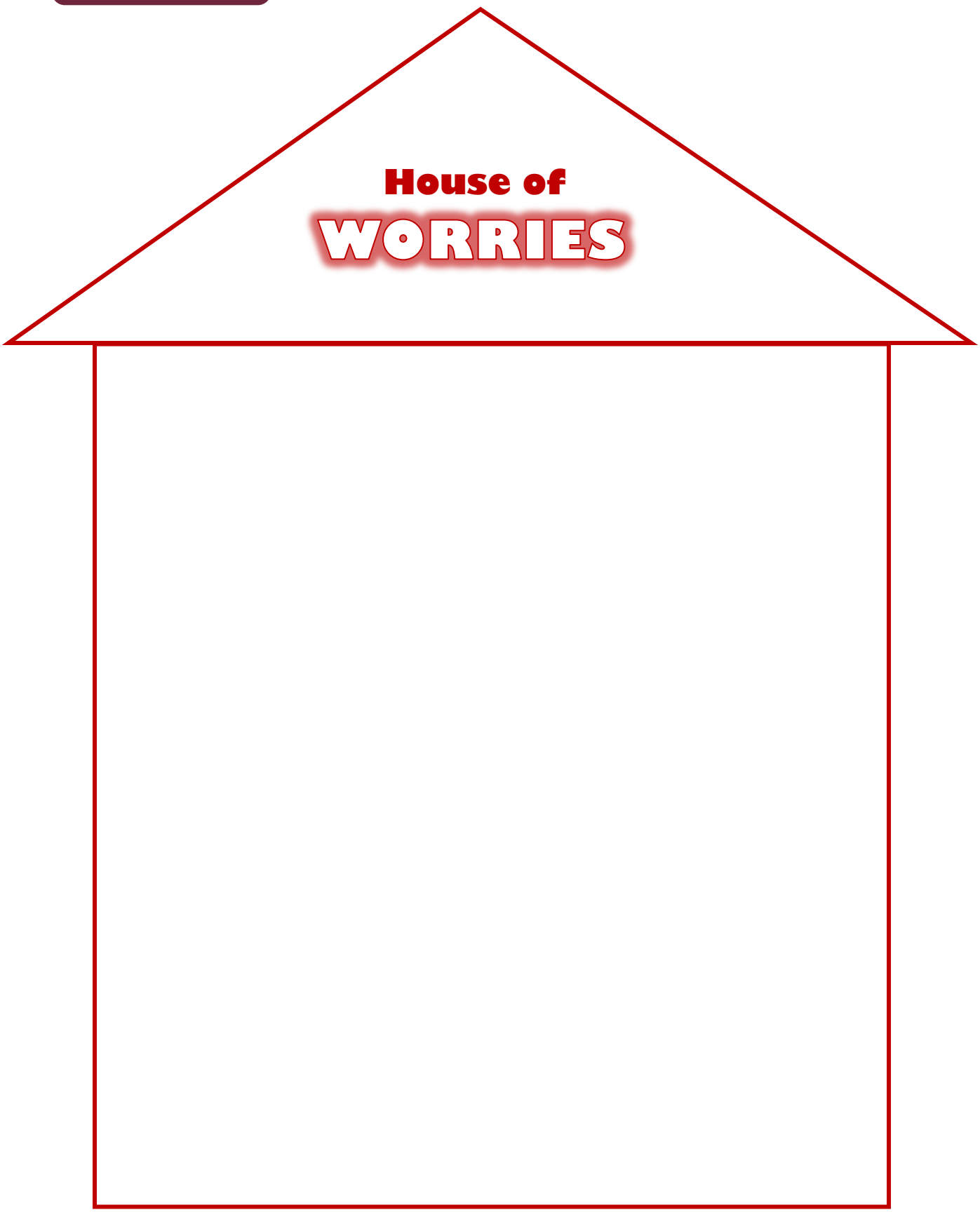
| -2 | -1 | 0 | +1 | +2 |
|---|---|---|---|---|
| Unsatisfactory | Needs Improvement | N/A (Did Not Address) | Satisfactory | Good |

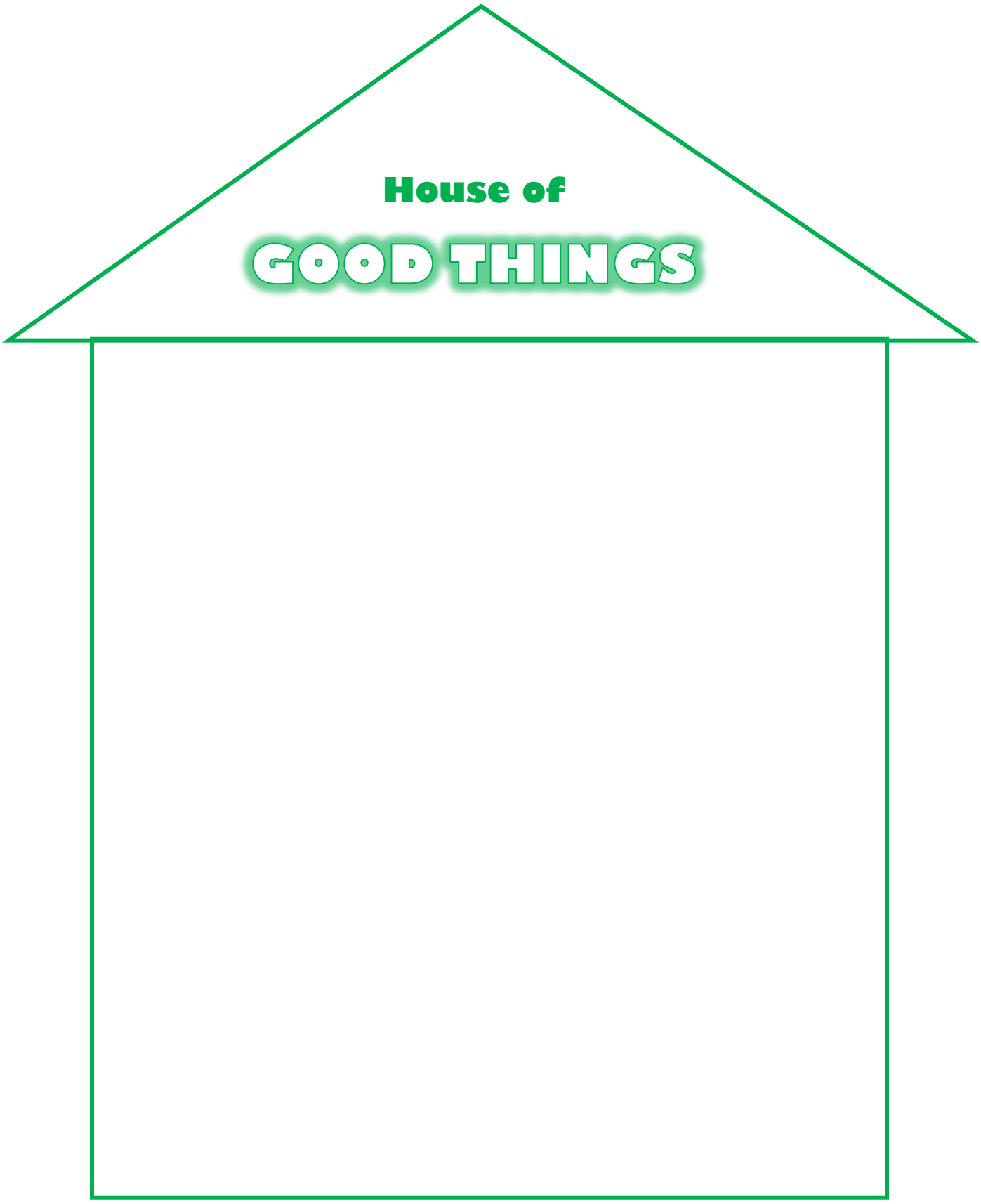
# THREE COLUMN MAPPING

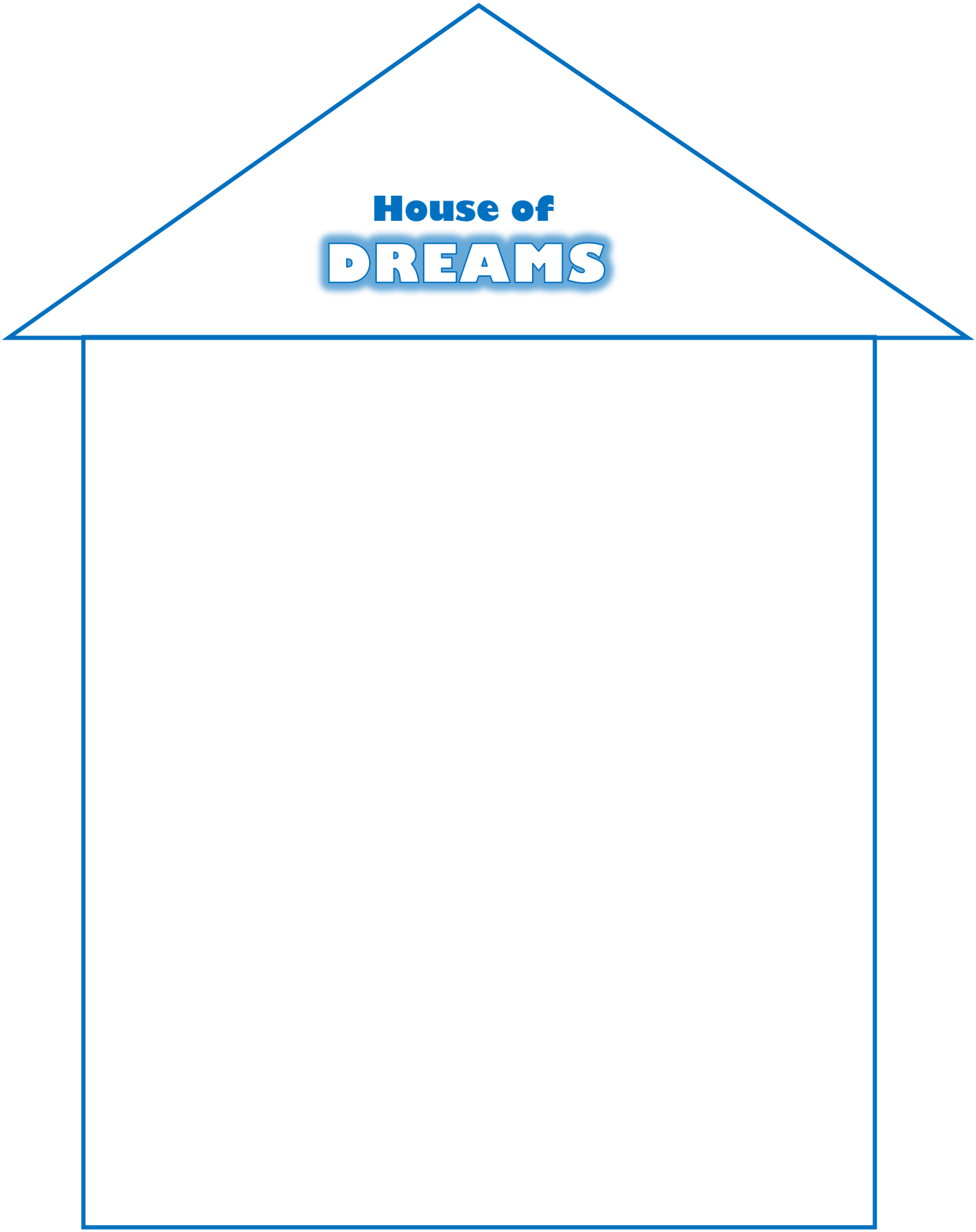
| What are we worried about? | What is going well? | What needs to happen next? |
|---|---|---|
| | | |

**0** ← → **10**

| | |
|---|---|
| **Unsafe** | **Very Safe** |
| (Child cannot remain at home) | (Close case) |


House of
WORRIES

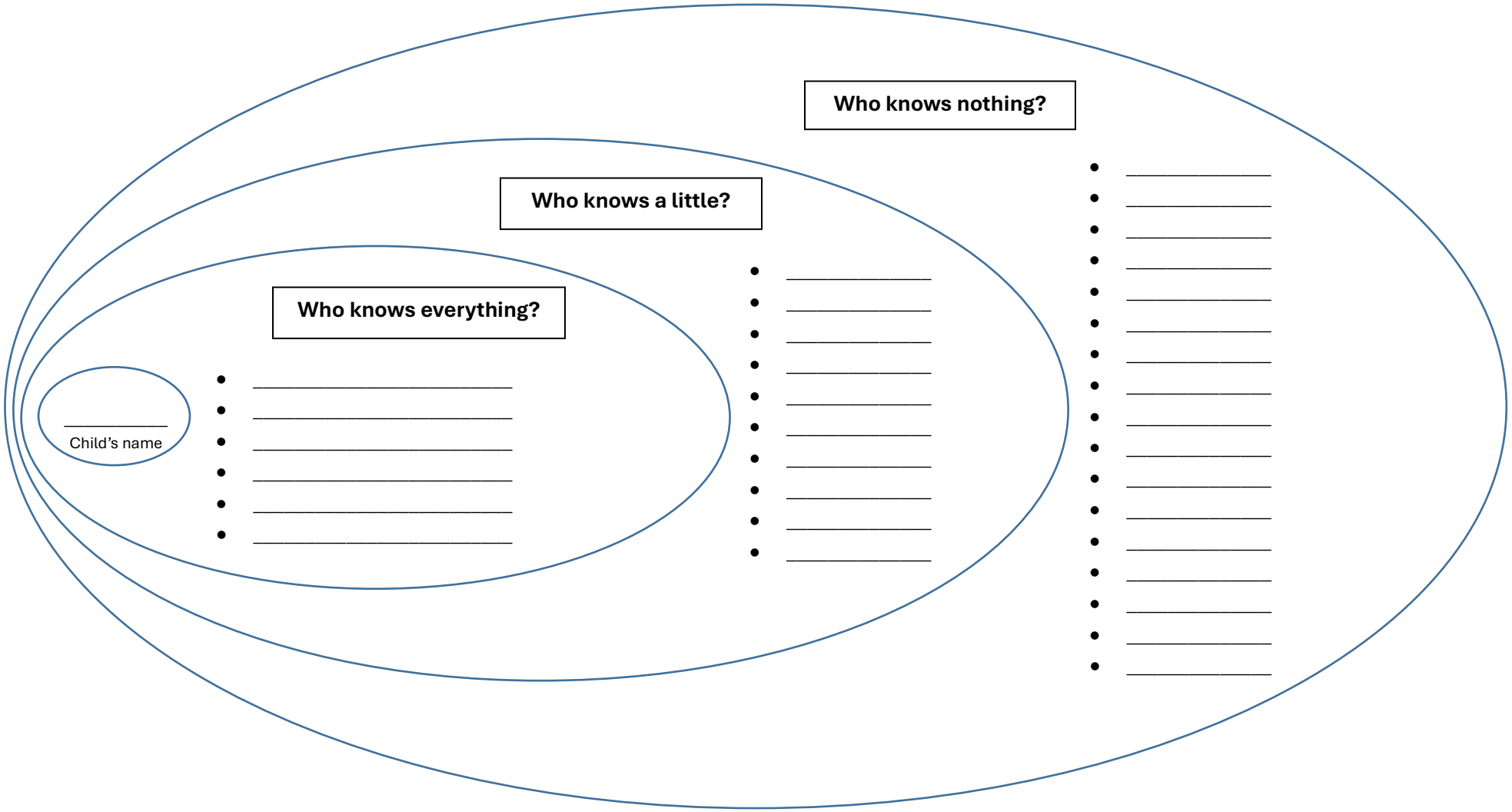

House of
GOOD THINGS


House of
DREAMS

# CIRCLES OF SAFETY & SUPPORT

(Example)

# CIRCLES OF SAFETY & SUPPORT



# HARM, WORRY, & AND GOAL STATEMENT PRACTICE

It was reported by police and medical personnel that Cheryl turned on the gas of her kitchen stove while her two daughters were at home. She reportedly moved the girls to another room before turning on the gas and the family of three passed out from the fumes. A neighbor smelled gas, broke down the door, and called the police. At the hospital, it was reported that Cheryl had a history of mental illness and received a diagnosis of major depression. Medical personnel stated that she did well at the inpatient unit during a brief stay last week. The family doctor and school had no concerns before this incident and described many positive interactions between Cheryl and the children.

Cheryl had a job as a clerk for a long time, however, she recently lost her job and is currently unemployed. The girls' father, John, was violent towards Cheryl in front of them and they have not seen their father for more than two years. John has not been located and has not returned any calls or answered letters from Child Protective Services (CPS). CPS will continue attempts to contact John.

Cheryl would like to be reunified with her children; she agrees to not be around the children by herself and is willing to work with CPS. Cheryl agrees to see the family doctor about her depression, its background, and any health or body issues that may be contributing to it. CPS has offered to provide transportation for doctor visits, to accompany Cheryl if she wishes, and she's begun meeting with Betsy, her CPS coach. Her former classmate, Trina, has taken on the role as the resource parent to the girls and says that Cheryl is welcome to come over anytime as long as she calls first. Cheryl's been having approved supervised visits with Trina in the morning to help the kids get ready for school. CPS will convene a family meeting next week with Cheryl to help her and her support network make a plan to address the worry statements and move toward reunification. Cheryl wants to invite Trina, her neighbor Paul, her mother, and her aunt to the family meeting. The family doctor may also participate by phone.

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| HARM | WORRY | GOAL |
|---|---|---|
| | | |

# HOW I HANDLE CONFLICT

Below are paragraphs that reflect differing styles of handling conflict. Read the sets of responses and determine which of the five sets best reflects your feelings and behaviors around conflict situations *most of the time.* Indicate the one that most describes your likely feelings and behaviors with an 'M'. Indicate the one that least describes your likely feelings and behaviors with an 'L'.

Once you are finished with the front side, flip to the back side for an explanation of the results. Each blank on the front side is numbered, so you only need to find the matching number on the back side to see which conflict management style is most and least like you.

I. _____

I am usually firm in pursuing my goals and I try to win my position. I make at least some effort to get my way and will argue the benefits of my position.

II. _____

I am concerned with satisfying all our wishes and I try to seek the help of others in finding a solution. I want to get all issues out in the open and to work with everyone's ideas.

III. _____

I am willing to give up some points in exchange for others and always try to find a fair combination of gains and losses. The best solution is to propose a middle ground.

IV. _____

It's easier to let others take responsibility for solving the problem and I try to postpone until I have time to think things over. Differences are not always worth working out.

V. _____

I try to stress the things in which we both agree and often sacrifice my wishes for the wishes of the other person. In general, I try to smooth someone's feelings and preserve our relationship. If it makes the other person happy, I'll let him maintain his views.

Thomas – Kilmann, "Conflict and Conflict Management." *The Handbook of Industrial and Organizational Psychology*. New York: Rand McNally, 1975, Volume 2. Permission for use requested

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# STYLES OF CONFLICT MANAGEMENT

**I.** ***COMPETING*** is assertive and uncooperative – an individual pursues his own concerns at another's expense. This is power-oriented – using one's rank, abilities, or whatever it takes to win.

**II.** ***COLLABORATION*** is both assertive and cooperative. It involves the attempt to work with others to find a solution that fully satisfies everyone's concerns. Collaborating is a "win-win" for everyone involved. It requires digging deeply into the issue, fully exploring all concerns, and developing creative solutions.

**III.** ***COMPROMISING*** is intermediate in both assertiveness and cooperativeness. The goal is to find some solution, which will partially satisfy both parties. It gives more than competing – but less than accommodating. It addresses issues more directly than avoiding, but not as in-depth as collaboration.

**IV.** ***AVOIDING*** is unassertive and uncooperative – the individual does not pursue his own concerns or those of another person. The conflict is not addressed.

**V.** ***ACCOMMODATING*** is unassertive and cooperative – the opposite of competing. There is a tendency to neglect one's concerns in favor of another's; there is an element of self-sacrifice in this mode.

Thomas – Kilmann, "Conflict and Conflict Management." *The Handbook of Industrial and Organizational Psychology*. New York: Rand McNally, 1975, Volume 2. Permission for use requested.


“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
- Maya Angelou