

Program Assistant

Participant Manual
Week 3



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

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COMPETENCIES

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| 100-1 | The worker knows how to use the state's legal definitions of physical abuse, sexual abuse, neglect, dependency/neglect, dependency and endangerment to determine the validity of child maltreatment reports. |
| 100-2 | <p>The worker understands the Family Service Worker's role in the court systems and how to use the court systems to protect children including:</p> <ul style="list-style-type: none">• How to gather pertinent evidence and write effective affidavits and court reports• How to prepare for court• How to present effective testimony |
| 101-1 | <p>The worker knows the values of family centered child welfare practice and understands that effective family-centered services can strengthen families, promote positive change and help prevent removal of children from their homes. Family-centered child welfare values include:</p> <ul style="list-style-type: none">• Safe and stable families• Permanence for children• Preservation of parents' and children's rights and dignity• Client self-determination• Reasonable efforts• Respect for individual and cultural differences• Awareness of how one's own values and culture can impact the delivery of child welfare services. |
| 101-2 | The worker understands the dual roles of the Family Service Worker to protect children from maltreatment and to empower families by providing services designed to strengthen and support families. |
| 101-3 | The worker understands the dual roles of the family service worker to protect children from maltreatment, empower families, and provide services that preserve safe and stable families. |

- 101-5** Using required agency protocols, the worker can determine when reports of maltreatment are true, when they are unsubstantiated and can use the data gathered in assessments to plan and provide relevant protective and supportive services.
- 101-6** The worker knows the broad range of responsibilities of the child welfare agency and the range of interventions to assure child safety from least intrusive to most intrusive, including providing supportive services, differential response, in-home services, arranging temporary out-of-home placements and reunification, placement with fit and willing relatives, and providing permanent homes for children who cannot return to their parents or caregivers.
- 101-7** The worker knows the proper roles and responsibilities of other community agencies and child welfare service providers and knows how to collaborate with these agencies and providers to develop case plans and provide services that assure a safe and stable family environment for children.
- 101-8** The worker can recognize indicators of mental health problems, substance abuse, and interpersonal violence and can assess the degree to which these problems are impacting child safety and family stability.
- 102-1** The worker understands knows the importance of effective assessment, case planning and concurrent planning and understands the factors that must be addressed in a thorough assessment including contributing factors to maltreatment, the functioning of the family as a unit, the cognitive, behavioral, social and emotional strengths and limitations of each family member, the formal and informal resources available to the family, and any other domains address by agency assessment tools and protocols.
- 102-2** The worker knows strategies to engage family members in constructive and collaborative casework relationships that empower families; promote family participation in assessment and planning; overcome resistance; are culturally sensitive; and defuse anger, fear and hostility while appropriately using authority to assure the protection of children.

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| 102-3 | The worker knows how to involve families in the development of appropriate, time limited case goals and objectives; knows how to prioritize family and child needs; knows how to formulate observable, behavioral measures of goals and objectives which address the highest priority needs; and knows how to identify the most appropriate services and activities to meet the case plan objectives. |
| 102-4 | The worker understands the factors that must be addressed in the family strengths and needs assessment, including the contributing factors to abuse or neglect, the functioning of the family as a unit, the cognitive, behavioral, social, and emotional strengths and limitations of each family member, and resources available to the family. |
| 102-6 | The worker understands the dynamics of resistance and knows how casework methods can defuse family member's hostility, fear, and anger. |
| 102-7 | The worker knows how family-centered casework methods are used to promote safe and stable families and to promote permanency for children by involving parents and other family and/or community members in assessment and case planning; providing services to maintain children in their own home; assuring family members' involvement with their children in placement; and providing the necessary services to achieve timely reunification or other permanency options. |
| 103-1 | The worker has a thorough knowledge of the stages, processes and milestones of normal physical, cognitive, social, and emotional development of children from birth through adolescence. |
| 103-2 | The worker knows the potential negative impacts of maltreatment and trauma on normal development and can identify indicators of developmental delay or problems related to trauma in children who have been abused or neglected. |
| 103-4 | The worker is able to educate and advise families, caregivers, and foster parents about the effects of abuse and trauma on children and help them have reasonable expectations for abused, neglected and traumatized children. |
| 104-1 | The worker understands the process and dynamics of normal, reciprocal attachments. |

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| 104-2 | The worker understands the potentially traumatic outcomes of separation and placement for children and families - including psychological crises, serious disruption of family relationships and attachment, and disturbances in the child's development – and can weigh the risk to a child of remaining with his/her family against the trauma of separation when deciding whether to place a child out-of-home. |
| 104-3 | The worker understands the serious negative effects on children in changing and inconsistent living arrangements, including many changes in out-of-home caregivers, and can recognize the physical, emotional, and behavioral indicators of placement-induced stress. |
| 104-4 | The worker understands the necessity of permanency planning and reasonable efforts to prevent removal, to prevent placement disruption and to achieve timely reunification or other permanency options. |
| 104-5 | The worker can identify ways that agency foster care policies and practices can contribute to successful out-of-home placements, including properly structuring a placement to help prevent crisis and its consequences; involving agency team members, and designing placement activities, including pre-placement preparation and visits, that minimize stress and provide emotional support to the child and family. |
| 104-6 | The worker understands the concept of "continuum of care" in determining the best placement for a child; knows strategies to identify, strengthen, and maintain the least restrictive, most homelike, culturally relevant placement to meet a child's needs; and knows how to prepare kinship relatives, foster parents, and other caregivers to receive children in placement to reduce stress and facilitate adjustment. |
| 104-7 | The worker knows the necessity of regular and frequent visits to maintain family members' relationships with the child in out-of-home placement, and can use casework strategies that empower families to participate in planning and attending visits, assessing the child's developmental, medical, social, and emotional needs and determining appropriate services. |

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| 105-1 | The worker understands the importance of CHRIS in the effective delivery of casework to the family and the management of the child welfare system. |
| 201-3 | The worker understands the value of pre-service and ongoing in-service training for foster and adoptive families. |
| 201-4 | The worker can assess the needs of children requiring foster or adoptive placement and can select the most appropriate, least restrictive, most homelike, culturally relevant placement setting to meet the child s developmental and treatment needs. |
| 201-8 | The worker can prepare children for adoption, including use of life books, stories, play, and other methods to communicate with the child, to reduce placement-induced stress and to maintain identity and continuity for the child |

***Division of Children and Family Services
FSW Competency List**

SEPARATION, PLACEMENT, AND PERMANENCY ISSUES FOR CHILDREN IN OUT-OF-HOME (FOSTER) CARE AGENDA

- I. Welcome**
- II. Separation, Loss, and Grieving**
- III. Rights of Children in Out-Of-Home Care**
- IV. Rights of Biological Caregivers**
 - A. Home care skills**
 - 1. Budgeting
 - 2. Environmental Safety
 - 3. Housecleaning / Shopping / Food Preparation
- V. Rights of Resource Caregivers – Guest Speaker**

OBJECTIVES

At the completion of the training, Program Assistants will:

- Understand the child's feelings of powerlessness and victimization from the separation experience.
- Understand the grieving process including the tasks of mourning.
- Be familiar with the various types of placements for children in out-of-home care.
- Be familiar with the rights of children in out-of-home care, biological caregivers, and resource caregivers.
- Understand how to structure caregiver/child visitation to promote reunification.
- Understand basic policy regarding Transitional Youth Services.
- Develop skill in teaching home-care skills to client families.

FOUR TASKS OF MOURNING

When interacting with children who are experiencing grief, it is important to remember their developmental level. For example, a toddler will likely not be able to understand many of the larger concepts related to the loss of a loved one and may not understand the nature of their separation (regardless of whether it is a temporary or permanent separation).

Task 1: To accept the reality of the loss

- A child's ability to work through Task 1 is affected by:
 - Their developmental level
 - Their age
 - Their previous history of loss

Task 2: Experience the pain of the loss

- Child may experience any number of emotions among them: Sadness, Anger, Fear, Guilt, and/or Relief or Happiness.

Task 3: Adjust to the new environment without the lost person

- This task is about figuring out what life is going to be like moving forward with loss.
- The child will find ways to get needs met in the absence of the person who died or is gone.

Task 4: Reinvest in the new reality

- The child becomes more future oriented.
- The child begins to pursue goals.

Based on J. William Worden's Tasks of Mourning

RESPONSIBILITIES OF DCFS TO CHILDREN IN OUT-OF-HOME CARE

1. Place the child in a resource home, provisional resource home, or other substitute care facility that can best serve the child's needs and is the least restrictive environment.
2. Place the child close to birth/legal caregivers to allow frequent contact.
3. Ensure the child has regular visits with birth/legal caregivers, siblings, and others with whom there is a significant relationship, unless restricted by court order.
4. Give the child honest information regarding all decisions.
5. Provide the child the basic rights inherent to all children as stated above.
6. Allow the child to participate in family case planning, conferences, family team meetings, and court hearings, etc., whenever possible and age appropriate.
7. Keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders).
8. Help the child return to the birth/legal caregivers' home at the earliest possible time or be legally freed to form new family ties with relatives or adoptive caregivers.
9. Prepare the child for successful transition to adulthood.

(Information obtained from AR DCFS PUB-30, Revised August 2013)

PREPARING YOUTH FOR INDEPENDENCE

Each child in DHS custody, age 14 or older, for whom the **goal is not reunification** shall be provided the opportunity to develop skills that will enable them to live independently and to have the opportunity to be actively involved in planning for his/her future. These skills include:

- Health care;
- Securing and maintaining housing;
- Purchasing and preparing food;
- Managing money;
- Purchasing and caring for clothes;
- Securing transportation;
- Obtaining and maintaining employment; and
- Accessing community resources.

To learn these life skills, youth ages 14 or older will be referred to the Transitional Services Coordinator (TSC). The instruction will address not only these skills but will also address discussions about reasons the child is in care, the child's plans for leaving care, and strategies for maintaining relationships with family and social support systems.

Each child in out-of-home care, aged fourteen or older, will be assessed every six months to determine his/her progress toward acquiring independent living skills. DCFS shall provide any service identified as necessary to help the child achieve the goal of independence.

Each resource caregiver caring for a child fourteen or older and each family service worker responsible for a child fourteen or older shall receive training in helping children achieve independence.

The current Medical Passport and all other essential medical information shall be provided to any youth in out-of-home care who are residing independently. The youth shall be assisted in maintaining access to health care.

Food for Thought

*How might **you** help facilitate a youth's journey to independence?*

(Information obtained from AR DCFS PUB-30, Revised August 2013)

TRANSITIONAL YOUTH SERVICES**LIFE SKILLS CHECKLIST****31 Things to Help Teens in Your Home**

- Buy an alarm clock or use the alarm on their phone to teach them time management.
- Teach them good hygiene and self-care.
- Help them learn to complete applications and/or resumes.
- Teach them how to read a pay stub.
- Help them get a job if they can balance both school and employment.
- Help them open a bank account and learn to balance their account.
- Teach them how to create a realistic budget and why they should save 20% of their income.
- Teach them how to use computers and other electronics.
- Help them develop a Life Book/scrapbook.
- Encourage them to develop at least one good friendship.
- Encourage positive recreational activities, such as team sports, school clubs, or faith-based youth groups.
- Get them connected with a church/youth group of their choice.
- Assist them in developing good communication skills on the phone, in groups, and one-on-one.
- Encourage a sense of humor and teach them ways to have fun/good recreation.
- Discuss sex/sexuality and make sure they understand birth control.
- Show them cost-effective places to shop for food, clothing, and furniture.
- Discuss interest rates and financing demonstrating why it is better to buy than rent to own.
- Teach them how to use coupons, comparison shop, and use apps/internet to save money.
- Show them how to locate resources using the internet and other resources.
- Teach them how to read a road map/use digital navigation.
- Assist them in making a list of important phone numbers and current medications for their wallet.
- Show them how to use library services and get a library card.
- Take them on a tour of your town; show them where the utility company, DHS office, post office, courthouse, telephone company, hospital, bus station, & etc. are located. Explain what services are available at each location and how to pay a bill or complete an application for each.
- Teach them how to use public transportation (bus, taxi, Uber).
- Help them get a driver's license and price insurance. If the youth has not yet earned a driver's license, help them get a state-issued ID.
- Teach them to cook 5 nutritious meals and how to handle and store food properly.
- Teach them how to take and manage their own medications, schedule an appointment, and refill prescriptions.
- Teach them how to use kitchen appliances.
- Teach them how to thoroughly clean the kitchen and bathroom and other housekeeping skills.
- Teach them how to wash their clothes both at home and at a laundromat.
- Teach them how to mend clothing and sew on a button.

RESPONSIBILITIES OF DCFS TO BIRTH/LEGAL CAREGIVERS

1. Offer and provide services that will help keep their family together.
2. Let them know they may seek the assistance of an attorney any time a legal action involves their child. Arkansas law requires that defendants have the opportunity to be represented by legal counsel at all stages of court proceedings. If it is determined by the court that a caregiver or legal guardian, based on their financial resources, is unable to pay for an attorney, the court will appoint an attorney to represent them.
3. Let the family know why it was necessary to temporarily remove their child and place him or her with a resource family.
4. Do not judge or criticize the family. Acknowledge that they share in their child's life.
5. Let the family know how they can still be involved in their child's life while they are in out-of-home care.
6. Let them know what they must do to have their child return home.
7. Include the family when creating the family case plan.
8. Give the family every possible support and service for achieving the goals of the case plan to help their child return home.
9. Return their child home when the necessary changes or conditions required by the court have been made.

ROLES OF FAMILY TIME SUPERVISORS

- Assist caregivers with family time planning.
- Ensure child safety and limit setting.
- Make sure the rules of family team meetings are followed.
- Monitor caregiver-child interaction.
- Model appropriate interaction with child & educate caregivers on parenting techniques.
- Learn more about the family.
- Assess levels of attachment and bonding
- Point out family strengths and give positive feedback.
- Develop relationships and build trust with caregivers.
- Facilitate age-appropriate activities.
- Process family time with caregivers, child, and resource caregivers, deal with emotional fallout after family time.
- Document interaction or the lack of it during family time.
- Clean up service after family time, or sometimes before

CAREGIVER EDUCATION

- Don't assume caregivers have already received important visit information. Clearly explain the importance and purpose of family time. Caregivers need to plan for and fully participate in family time. Let them know what is expected.
- Explain your role as family time supervisor.
- Develop rules and guidelines **specifically for each family** with caregiver participation.
- Rules may include advance notification of visit cancellation, timeliness, and who will be allowed to attend family time.
- Specify for all visitors the subjects that shall not be discussed when children are present (such as sexual abuse allegations, negative comments about resource caregivers, pressing child for location information, or any other information that may be upsetting or harmful for the child).
- Discuss child safety measures such as remaining in sight of the family time supervisor.
- Provide schedule information: time, frequency, length, location, and transportation options. Provide a monthly calendar for all parties.
- Provide visit information in written form so that caregivers can refer to it as needed. May add other helpful information such as parenting tips.
- Let caregivers know what they may bring to visits such as food, clothing, favorite toys, games, a camera, etc. & discuss appropriate family time activities.
- Discuss emotional aspects of family time for caregivers and children.
- Ask caregivers to refrain from discussing case specifics or compliance during family time.

FAMILY TIME IN A BOX

**Put on Your Thinking Caps**

What are some suggestions for the box if the child is 11?

What are some suggestions for the box if the youth is 17?

HOME CARE SKILLS

- Budgeting
 - Safety/House Cleaning
 - Shopping/Food Preparation
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1. Each group takes one topic.
 2. Discuss skills used in teaching topic to clients.
 3. Plan a role play to demonstrate these techniques to the other groups.

RESPONSIBILITIES OF DCFS TO RESOURCE PARENTS

1. Provide pre-service training and continuing education.
2. Provide all available information concerning the child and the birth/legal family situation to enable them to make an informed decision about the ability or inability to provide care for the child and participate in the case.
3. Involve them as team members in pre-placement activities and family case planning as well as family team meetings/staffings and court proceedings.
4. Ensure they have a clear understanding of their role as well as the role of other team members in achieving case goals.
5. Provide them with a board payment for food, clothing, and shelter for children in their care.
6. Allow them to continue their own family patterns and routines, as much as possible.
7. Allow them to request the removal of a child from their home, with notice.
8. Give advance notice, whenever possible, when a child is to be removed from their home.
9. Promptly inform them of any complaint against their home or of any condition or problem in the home that adversely affects their status as resource caregivers and provide guidance and support toward the resolution of the condition or problem. (See section on Complaints Against Resource (Foster) Family Other Than Child Maltreatment.)
10. Provide access to an internal review of adverse action procedures when differences arise with DCFS that have not been resolved to their satisfaction (see section on Internal Review of Adverse Action Involving Resource (Foster) Caregivers).
11. Inform them of DCFS programs, services, and policies, which relate to out-of-home care.

(Information obtained from AR DCFS PUB-30, Revised August 2013)

RESPONSIBILITIES OF RESOURCE PARENTS TO DCFS, THE CHILD, AND THE CHILD'S FAMILY

1. Participate in resource caregiver pre-service training and continuing education programs designed to enhance their ability to care for children in out-of-home care.
2. Help develop an individualized training plan and follow the plan.
3. Follow the policies and the decisions of DCFS and accept the supervision of DCFS; Cooperate with monitoring and investigations, and provide information required to verify compliance with rules.
4. Assist the child and DCFS in planning and achieving the child's return to their caregivers' home or to a permanent placement.
5. Communicate with the attorney ad litem about the status and needs of the child so that the attorney can present to the court a complete and accurate picture of the client.
6. Attend and participate in case planning and case plan reviews.
7. Provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline.
8. Provide the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards, and risks.
9. Establish well-defined rules; set expectations and limits consistent with the child's age, and clearly establish there will be consequences for inappropriate behavior; discipline with kindness and understanding; train and teach the child using positive techniques that stress praise and encouragement, rather than using negative techniques.
10. Protect the child by locking up all dangerous objects and substances.
11. Store all medications in a secure location and follow the instructions on the label when giving them to the child. Understand the possible side effects of all medications and keep a log of all medications given to the child.
12. Provide for enrollment and regular school attendance when age-appropriate in an accredited school and encourage the expression of the child's strengths and special talents. Provide the child with regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in their care.

13. Attend school conferences concerning a child in out-of-home care, and notify DCFS of any situations that may affect the case plan or require agency involvement.
14. Notify DCFS promptly of serious illness, injury, or unusual circumstances affecting the health, safety, or welfare of the child in out-of-home care.
15. Provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and gender, and comparable to community standards.
16. Allow children in out-of-home care to acquire and keep personal belongings.
17. Cooperate with DCFS in arranging for routine medical and dental care as well as making sure the child receives appropriate care during any illness. Accompany the child on all medical appointments.
18. Provide routine transportation for each child.
19. Protect the child from exposure to second-hand smoke and take every precaution to ensure his or her health and safety.
20. Maintain a record of health care and immunization records via the Medical Passport.
21. Keep a lifebook for the child that includes periodic photographs of the child; a record of the child's memberships, activities, and participation in extracurricular school or church activities; trophies, awards, ribbons, etc.
22. Speak positively of the child's birth/legal family.
23. Maintain absolute confidentiality of private information about each child in out-of-home care and the birth/legal family.
24. Fully cooperate with DCFS's efforts to achieve the case plan goals for each child in out-of-home care, including family time.
25. Maintain open communication with all team members, including communication with the child's birth/legal family when contact between resource caregivers and the family is part of the family case plan.
26. Give advance notice to DCFS of any major changes that affect the life and circumstances of the resource family, including change of residence, whenever possible.
27. Show support and help prepare the child for any move that they must make (back to their family, to a relative's home, another resource home, an adoptive home, or independent living).
28. Keep the terms of the Initial Resource Home Agreement and Addendum.

(Information obtained from AR DCFS PUB-30, Revised August)

LEGAL ISSUES AGENDA

- I. Introduction**
- II. Legal Basis for DCFS Services**
 - A. Legal Laundry List**
 - 1. Child Maltreatment Act
 - a. Mandated Reporters
 - b. Buzz Words
- III. Legal Process**
 - A. Types of Courts in Arkansas**
 - B. Arkansas Juvenile Code**
 - 1. Types of Juvenile Court Hearings
 - 2. Dependency-Neglect Flowchart
 - 3. Agency, Legal & Community Participants
 - C. The Clock is Ticking DVD**
- IV. Preparing for Court**
 - A. Tips for Testifying**
 - B. Rules for Direct & Cross Examination**
 - C. Testimony Practice – “Paula Mills” Case**
- V. DCFS Policy & Procedure – Policy Jeopardy**
- VI. Summary**

OBJECTIVES

At the completion of this training, the Program Assistant will:

- Be able to identify the general responsibilities of the child protection agency (DCFS) as dictated by the Child Maltreatment Act and the following responsibilities specific to Program Assistants: reporting complaints of maltreatment, assisting in the provision of reasonable efforts to the families, and participating in juvenile court proceedings.
- Be able to distinguish between the different types of court hearings cited in the Juvenile Code.
- Be able to demonstrate that he/she can testify in a mock courtroom setting by using a set of standards outlined by the Office of Chief Counsel.
- Be able to recognize basic DCFS policies and procedures relating to the following topics: case openings, case plans/staffing, casework practice, out-of-home placements, and medical issue.

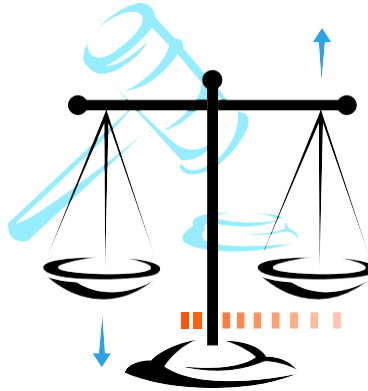
LEGAL LAUNDRY LIST

Child Maltreatment Act	Legal authority to assess child maltreatment reports; legal authority for DHS to take children into protective custody; establishes people required to report suspected maltreatment.
Arkansas Juvenile Code	Legal authority for the <u>court</u> to issue an order for emergency custody placing children in DHS custody; establishes the Juvenile Division of the Circuit Court to handle delinquency, FINS, and dependency/neglect issues. Time frames for hearings; outlines “Reasonable Efforts.”
Adoption Act	Legislation different from the Juvenile Code dealing with the adoption of children; drives the policy of the Division with regard to adoption.
Domestic Abuse Act	Legal authority for the court to remove abusive spouses or boyfriends from the home.
Child Care Licensing Act	Legal authority to regulate child care facilities.
Interference with Custody Act	Legal authority to return children to a caregiver who has been awarded custody by a court; DCFS personnel will accompany law enforcement officials when they pick up a child, and will place the child in out-of-home care until the custodial caregiver can get the child.
Interstate Compacts for Placement of Children	Set of laws regarding placement of children in state custody from one state to another.
Child Placement Agency Licensing Act	Legal authority for the State to establish standards for agencies involved in placement of children.
Freedom of Information Act (FOI)	Legal authority to release public records; to keep the business of public officials “public.”
Administrative Procedures Act	Legal authority to conduct fair hearings, and to appeal decisions founded upon child abuse complaints.

These acts are just some of the important pieces of state legislation that impact the ways the Division of Children and Family Services does business. The legislation drives the Division’s policies and procedures.



COURTS IN ARKANSAS



- **Arkansas Supreme Court** – usually constitutional matters: cases are determined by court rules
- **Arkansas Court of Appeals** – all cases filed here on appeal except if the rule notes otherwise
- **Circuit Court** – General jurisdiction trial courts. Handles appeals dealing with felonies, large money, divorce, alimony, child custody, support, adoption, and guardianship.

Circuit Court Consists of Five Divisions:

1. Criminal
 2. Civil
 3. Probate
 4. Domestic Relations
 5. Juvenile Division – Judge is called the Circuit Judge and handles all juvenile matters including paternity cases, FINS cases, adoption, and dependency/neglect.
- **District Court** – (formerly known as municipal) Handles civil actions involving small money issues, misdemeanor offenses, felony pleas, and traffic violations.
 - **City Court** – operates in small communities where district courts do not exist. Deals with traffic & minor offenses

ARKANSAS JUVENILE CODE: Types of Juvenile Court Hearings

Probable Cause (Emergency Hearing)

- Purpose: To determine whether a juvenile can safely be returned home prior to the adjudication hearing.
- Issues: Alternative placements to out-of-home care or the parental home. Family time schedules and conditions. Judge may order specific services. No court report needed.

Adjudication Hearing

- Purpose: To determine whether the allegations in the petition are substantiated by proof. It is a two-pronged process. The court must first decide that the allegations are true, and if true, must then decide if the allegations constitute a dependency/neglect finding. *If the allegations are not proven, the petition can be dismissed.*
- Issues: Placement Services Visitation
Reasonable Efforts
What changes/improvements must occur Responsibilities of all parties

Review Hearing

- Purpose: To determine progress toward improvement, compliance with the Court's orders by all parties, and evaluation of the child and family's status. Review hearings are **required** on all out-of-home placements.

Permanency Planning Hearing

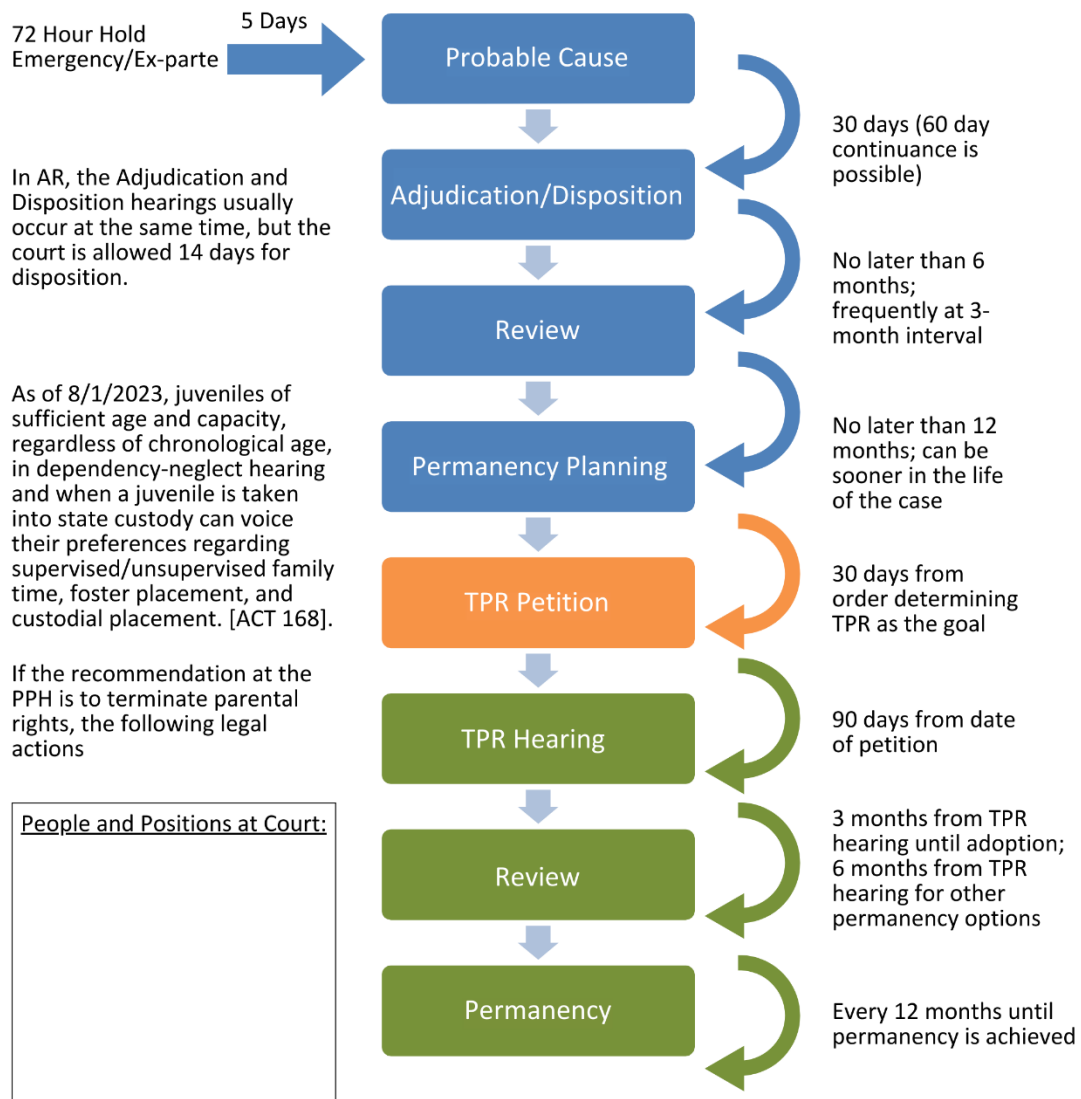
- Purpose: To determine a permanent placement for the child; must occur within 12 months of the child entering care.

Termination Hearing

- Purpose: To legally remove all parental rights and responsibilities; child may still inherit from biological caregivers.

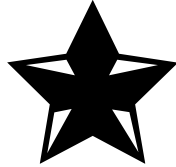
Dependency-Neglect Proceedings

Pivotal Date = Date Child Entered Care



PERSONS WHO SHOULD BE PRESENT AT THE REVIEW HEARING

- **Judge**
- **Caregivers (including putative fathers) and counsel for caregivers (Legal Aid, private attorney, etc.)**
- **Age-appropriate children**
- **Attorney ad Litem for child & CASA volunteer if appointed**
- **Relatives with legal standing or other custodial adults**
- **Resource caregivers**
- **Assigned caseworker & agency attorney**
- **Court reporter**
- **Security personnel**
- **Other professionals involved with the family – mental health, medical, etc.**

TIPS FOR TESTIFYING IN COURT:

- You may feel “alien” in the courtroom. You might want to visit the courtroom prior to testifying or watch a video of a testimony. You may want to ask co-workers, who have testified, for advice.
- Be prepared! Refresh your memory regarding your credentials, arrive early to court, and rehearse your testimony (a tape recorder may be useful).
- Review the case file. Look specifically at the case plan and court orders.
- Be sure your documentation is up to date. Make note of important dates of the services you offered to the family.
- If possible, visit the DCFS attorney prior to court to find out what types of questions you may be asked.
- Dress professionally and be business-like in the courtroom.
- Avoid distracting mannerisms: gum chewing, toe-tapping, wearing sunglasses, eating food, etc.
- Listen carefully to the question. Don’t be rushed in answering; take your time.
- Speak loudly and clearly. Always be honest and tell the truth.

RULES FOR DIRECT EXAMINATION

- When your OCC attorney is questioning you, freely give details pertaining to the subject to which you are being questioned. (Don't make the attorney drag the details out of you.)
- Stay on the subject asked; don't jump to other issues. Let the attorney ask you about those.
- Try to avoid hearsay answers. If you are in doubt as to whether your answer will be hearsay, ask your attorneys before the hearing. If you can't do that, don't repeat what someone told you unless asked.

RULES FOR CROSS-EXAMINATION

- Listen to the question. You can't answer the question if you aren't sure what was asked.
- Be sure you understand the question before you answer. If you don't understand the question, tell the court, or ask for it to be rephrased. Keep asking until you understand the question.
- If at all possible, answer the question with just a "yes" or "no" answer. Do not nod your head for "yes" or "no."
- Don't explain. Also, don't elaborate. If your answer needs to be explained, your attorney will ask you to do so when they question you again.
- Take your time. You aren't required to answer as quickly as the question is asked.
- Keep your cool. You are a professional; act like one. If you lose your cool, you'll end up saying something or acting in a way that hurts the case.
- If the OCC attorney says "Objection" while you are testifying, STOP. Don't answer the question until the court rules on whether the objection is overruled (in which case you'll answer the question) or sustained (in which case you won't answer the question).

ABOVE ALL, TELL THE TRUTH!

LEGAL DEFINITIONS

Adoption – Adoption is the act of terminating a child’s legal rights with relation to his or her natural caregivers and substituting those rights with adoptive caregivers. New birth certificates show the adoptive caregiver as the birth caregiver.

Affidavit – Sworn written statement signed in the presence of a notary public. The facts outlining endangerment of the child are listed. It is attached to a petition and together provides notice to the defendant.

Allegation – Charge or claim of an act by petition which must be proven for the petition to be granted.

Appeal – The transfer of a case from a lower to a higher court for a review of the lower court’s decision.

Attorney ad Litem (AAL) – Represents the best interests of the child.

Office of Chief Counsel (OCC) – Represents Agency (Do not ask OCC to talk to our clients.) The OCC does not represent DCFS employees in private matters.

Best Interest of Child – Standard for the judge to use in deciding an abuse or neglect case.

Burden of Proof – “The duty to prove an allegation in order to move forward in a legal proceeding.” In a civil case, the burden of proof is by a preponderance of evidence; in a criminal case, the burden of proof is beyond a reasonable doubt, which is a more severe test of evidence. In a child maltreatment case, the burden will be by a preponderance of evidence. "Preponderance of the evidence" means the greater weight of evidence. The greater weight of evidence is not necessarily established by the greater number of witnesses testifying to any fact or state of facts. It is the evidence which, when weighed with that opposed to it, has more convincing force and is more probably true and accurate. If, upon any issue in the case, the evidence appears to be equally balanced, or if you cannot say upon which side it weighs heavier, you must resolve that question against the party who has the burden of proving it. The OCC has the burden of proof in a child maltreatment case. The burden of proof for termination of rights is still by a preponderance of evidence through “clear and convincing” testimony. The burden of proof for ICWA cases is higher than other cases in juvenile court.

Circumstantial Evidence – Testimony not based on actual personal knowledge or observation of the facts in controversy, but of other facts from which deductions are drawn, showing indirectly the facts sought to be proved. Example: View child with belt marks – see a belt in the home that matches the marks.

Complaint – Initial pleading filed to begin a lawsuit.

Court Report – Crucial to OCC representing DCFS. The Statute provides that the complete address of all parties is required so that distribution of the court report can be made to all parties seven days prior to hearing. Include the names of the caregivers and children (last- known address; publish in the newspaper, if necessary). If incarcerated, give prisoner #; tell if caregivers are represented by counsel.

Delinquency – Behavior which would be considered criminal conduct if committed by an adult.

Direct Evidence – Evidence which is linked directly to the event, such as photos, x-rays, doctor's reports, testimony, etc.

Driver's License – See procedures VIII-D1 and Policy IX-F. Foster children can have a driver's license under certain conditions. The Foster child must be enrolled in the Chaffee Independent Living Program. DCFS will pay the additional insurance cost for the foster child.

Ex Parte – done by one party only; an ex parte communication is where one party to a dispute communicates to a judge without the other party's presence.

Emergency Ex Parte Order – OCC files a complaint (accompanied by affidavits prepared by case worker and an order) based upon the information given by DCFS staff requesting an emergency Ex Parte order. The OCC then takes the complaint and order to the Judge, and the Judge will decide if an emergency exists and sign the order giving temporary custody or whatever other relief is sought.

Expert Opinion/Evidence – Expertise and experience in a particular area, usually a degreed professional such as a doctor, MSW, psychiatrist or licensed social worker.

Foster Caregiver Adoption – If a request is made for the adoption of a child in out-of-home care, the resource caregivers are considered along with other applicants. The county office would make a recommendation regarding foster caregiver adoption. The permanency planning unit also reviews cases.

Guardianship – Private action; does not terminate parental rights.

Hearsay Evidence – Testimony given by a witness who relates not what he or she heard, saw, or knew personally, but what others have said. In such cases, that knowledge is dependent on the credibility of the other person, and as such, is not admissible in court unless it meets a hearsay exception. (There are 24 exceptions to the hearsay rule.)

Highest Burden of Proof – Beyond a reasonable doubt is the highest burden of proof in criminal cases.

Indian Child Welfare Act – An Act designed to preserve the heritage of a child that comes into foster care and is of Indian descent. In such cases, contact OCC; special procedures are involved.

FINS (Family in Need of Services) – Status offender – truancy, etc. – court can give DCFS custody on its own motion.

Jurisdiction – Power of a court to hear a particular case.

Motion – A request to the court that is filed after the court case begins. For example, when a child has been sent home and abuse occurs again, a motion is then filed for emergency custody (caregivers have 20 days to respond – 30 days if out of state).

Narrative – Relevant, factual documentation to timely relate the caregivers' compliance or non-compliance with the case plan. It addresses what problems the services are designed to solve and why these barriers must be solved in order to have the children returned. (Document visitation, delivery of services and results.)

Parens Patriae – State power to protect minors; State acts in place of caregiver to legally protect against the disability of abuse and neglect.

Perjury – Intentional false testimony.

Permanency Planning Hearing – Held after child has been in care 12 months. This hearing is to determine the child's permanent plan: either return home, go into long-term foster care, independence, adoption, relative guardianship (a petition for court order in P.S. cases).

Petitioner – A person who files a petition needs to be the one who investigated (and a resident).

Photographic Evidence – Take multiple pictures of injuries. Also take pictures of the house and all rooms for evidence. Ask client permission first; if denied, don't take pictures, just be specific in documenting graphic details.

Private Counsel – Represents client. Not a public-interest attorney.

Relative Placements – If it is in the best interest of the juvenile, the court can transfer custody to a relative or to other individuals ONLY after a full investigation of the placement is conducted by DHS and submitted to the court in writing and the court determines that the placement is in the juvenile's best interest. This is not the same as provisional foster care, but rather temporary custody to a relative or other person. DCFS cannot make this placement, it must be made by the court. Not permissible once DCFS is involved – must have a home study first. Beware – services don't stop to caregiver – not until the child goes home or a relative seeks guardianship or adopts the child.

Review Hearings – Held every six months, at least.

72-Hour Hold – Protective custody of a child in imminent danger when there isn't time to petition the court and receive an emergency order. Can be taken by designated DCFS employee, law enforcement, or hospital administrator/physician.

Stipulation – Agreement between attorneys to allow a certain fact admitted into evidence without further proof.

Subpoena – Order from court telling you to show up and testify. If you receive a *subpoena duces tecum*, call your OCC. This is a subpoena that commands the production of specified documents/evidence in a person's possession.

Summons – Notifies person of the filing of a lawsuit and gives deadline for answering the suit (used for caregivers and children over ten years of age).

Termination of Parental Rights – Legal proceeding to free a child from caregiver's claim. Caregivers no longer have rights or contact with child. Agency no longer has to work with caregivers. Agency should be given right to consent for adoption.

30-Day Non-Emergency Petition – Requires reasonable efforts on part of agency to prevent removal, also requires a founded allegation of child maltreatment. This is a petition which is filed when a 72-hour hold is not taken on the children, but a court case is needed to compel the caregivers to accept services.

Warning Order – If caregivers can't be served a summons, publish a warning in the newspaper in the county where the caregivers reside. This is handled by OCC.

Warrant – A judicial writ issued by a judge authorizing an officer to make a search, a seizure, an arrest, or to execute a judgment

SCENARIO: Testimony Practice- “PAULA MILLS”

Kimberly Mills is a 30-year-old woman who has a six-year-old daughter named Paula. She had a previous protective services case with DCFS in August 2017 for inadequate supervision due to substance use (meth). This resulted in successful case closure in February of 2018 because she completed the services and showed she was able to provide adequate care for her child. Services included substance abuse treatment, parenting classes, and counseling.

On August 21, 2021, the police were called to the home because Susan Jenkins, a neighbor, smelled smoke. Susan went over and observed ten-year-old Paula through the window and heard her screaming. The police and fire department arrived at the home and observed the stove on fire. Ms. Mills was unconscious on the sofa and Paula was screaming in the corner of the living room. They also saw that the home was in disarray and there was drug paraphernalia on the coffee table- a needle, syringe, and pills. They collected samples and quickly evacuated the child and the mom. Due to the amount of smoke, an ambulance was called to the scene to rule out smoke inhalation. Both Ms. Mills and Paula were transported to Baptist Memorial Hospital.

At the hospital, Ms. Mills woke up combative and refused treatment for herself and for her child. She threatened to leave with her daughter against medical advice. The samples taken from the scene were found to be positive for meth. The hospital placed a call to the hotline and DCFS dispatched an on-call worker to the location. After being interviewed, Kimberly remained combative and threatening toward hospital staff and the worker. During the struggle, she assaulted the officer. The hospital staff was then able to examine her for smoke inhalation and possible drug overdose. She was treated and cleared. Once Ms. Mills was discharged, she was taken into custody and transported to Yellville County Jail. After that, a decision was made to place Paula in protective custody. She was provided medical attention, which resulted in the hospital keeping her overnight for additional testing and observation. Paula’s lab results confirmed a mild case of smoke inhalation. She was distressed to be separated from her mother but was reassured that her mother was safe and that she would have a visit with her soon.

After being discharged from the hospital, Paula was placed in the approved resource home of Jane and John Smith. The next day, Paula was taken for a visit with her mother at the jail, where Ms. Mills was awaiting arraignment. When asked if there was someone in her network who would be willing to be considered as a kinship care for Paula, Ms. Mills offered her sister as a possibility. On August 23rd, the family service worker did the paperwork and Paula was placed with her maternal aunt, Donna Smith. At the time of the Adjudication and disposition hearing, it was decided that Paula would continue in the placement with the maternal aunt. She is adjusting well in the placement with her aunt and continues to have routine visits with her mom.

Family Name: MILLS
CHRIS Case Number: 22222222

Arkansas Department of Human Services

COURT REPORT

COURT INFORMATION

Hearing Type: Court Review

County of Jurisdiction: Marion (Yellville)

Hearing Date: 12/21/2021

Judge's Name: Hon. Deanna S. Layton

II. CHILD(REN)

Name	Date of Birth
PAULA MILLS	01/11/2011

III. DHS RECOMMENDATIONS

- ☐ Return Home
- ☒ Continued Resource Care and Work with Family
- ☐ Placement with Relatives
- ☐ Proceed Toward Custody with Parental Rights Terminated
- ☐ None of the Above

DHS Recommendations Text:

The Department respectfully recommends that Paula continues to remain in out-of-home care with a permanency goal of reunification with Kimberly Mills and a concurrent plan of permanent relative custody with Donna Smith.

IV. FAMILY PROGRESS

A. Child Welfare Background and Reasons for Intervention:

Kimberly Mills had a prior protective services case with DCFS in August 2017 for inadequate supervision due to substance use. (meth) This resulted in the successful closure in February 2018 because she completed the services and showed she was able to provide adequate care for her child. Services included substance abuse treatment, parenting classes, and counseling.

Harm Statement: It was reported that on August 21, 2021, the police were called to the home because Susan Jenkins, a neighbor, smelled smoke. Susan went over and observed ten-year-old Paula through the window and heard her screaming. The police and fire department arrived at the home and observed the stove on fire. Ms. Mills was unconscious on the sofa and Paula was screaming in the corner of the living room. They also saw drug paraphernalia – a needle, syringe, and pills. The police took items observing the chain of custody for evidence and quickly evacuated the child and the mom. Due to the amount of smoke, an ambulance was called to the scene to rule out smoke inhalation. Both Ms. Mills and Paula were transported to Baptist Memorial Hospital. At the hospital, Ms. Mills woke up and was combative and refusing treatment for herself and for her child and threatening to leave with her daughter against medical advice. The samples taken from the scene were found to be positive for meth. The hospital placed a call to the hotline and DCFS dispatched an on-call worker to the location.

After interviewing Ms. Mills, she remained combative and threatening toward staff and the worker. During the struggle, she assaulted the officer and was taken into custody.

Ms. Mills was transported to Yellville County Jail. After that, a decision was made to place Paula in protective custody.

She was provided medical attention, which resulted in the hospital keeping her overnight for additional testing and observation. Paula's lab results confirmed a mild case of smoke inhalation, and the child was extremely upset to be separated from her mother but was reassured that her mother was safe and she would have a visit with her soon.

B. Child(ren)'s Situation (physical, emotional, educational, psychosocial) Including Current Health and Safety Needs and Current Placement (Independent Living, if appropriate):

Paula remains in a kinship placement with her maternal aunt, Donna Smith. Paula is adjusting well in Donna's home. She continues to attend her neighborhood church and youth meetings every Wednesday night. Paula has maintained her relationships with her friends and visits them twice a week. She attends school activities, such as basketball games, on a routine basis. Paula has continued family counseling with her mother at Ozark Counseling Services once a week and participates in school-based individual counseling weekly. A progress report was requested 12/23/2021 and is attached to the court report.

C. Children's Adjustment in Placement and Progress in School:

Paula was able to remain in her school of origin. The school was provided LEA 384 and 383 on August 24th and is aware Paula may experience some adjustment issues. Paula is in 4th grade at Yellville Summit School. Paula is doing well in school and brought home A's and B's on her last interim report and her final grades will be sent out 1/5/2022. Paula does not have any special educational needs.

**D. Parent's Current Living Situation (Financial, Physical, Mental, and Emotional):
Worry Statements:**

Ms. Mills has maintained her residence at the Summerville Apartments at 2315 Horizon Drive, Marion, AR. She continues to work at Chick-fil-A as a full-time line cook. With the help of the PAs, she is maintaining appropriate environmental conditions.

Worry Statement: Ms. Mills and Donna are worried Paula could experience homelessness, lack of adequate nutrition, or social instability if Ms. Mills is unable to maintain full-time employment.

Goal Statement: Paula will feel safe and secure in the care provided for her when Ms. Mills uses positive coping skills and always reaches out to the network for help when triggered. Ms. Mills has a stable residence through the assistance of family members. Ms. Mills is currently managing her depression and anxiety through attending counseling and medication management with the Ozark Guidance Center. Progress report requested from OCG 9/27/21 and is attached to this court report.

E. Parent's Progress on Disposition Order/Court Order/Treatment Plan/Efforts to Correct Conditions(s):

Ms. Mills has completed her substance abuse program at First Step Recovery Centers Addiction and Mental Health Services and is enrolled in After Care services at this time, which include meetings every Monday from 6-8. She maintains weekly contact with her NA sponsor. She's currently compliant with the court orders. She attends individual counseling every Tuesday at Ozark Guidance Center.

She also attends family counseling with Paula on Tuesdays following her individual therapy. Ms. Mills is compliant with her counseling and understands her responsibility to provide for her daughter's safety and supervision, as well as her emotional needs.

She completed her parenting classes on November 19th but requested In-Home parenting assistance with housekeeping and meal planning twice a month to help prepare meals to bring with her to her visits with her daughter. The In-Home parenting services started on December 2nd and will continue on Wednesdays until January 14th. Ms. Mills kept her initial appointment on the 1st but missed the one on the 15th. The next scheduled In-Home appointment is December 29th. Ms. Mills takes notes and is able to shop for the items and prepare the food to be transported for her visit with Paula. The PAs have had to help remind her of dates she was supposed to be doing the dishes or to go to the grocery store on several occasions.

Ms. Mills has consented to 7 drug screens and also has random drug screens at her After Care program. She has failed 2 out of the 7 drug screenings, one on September 13th and one on October 11th. She disclosed prior to the drug screening that she had used meth. The first time she did not reach out to her NA sponsor, but she did reach out on the second relapse.

Worry Statement: Ms. Mills and all Network members are worried that Mrs. Mills' relapse will continue to put Paula in situations where Paula is unsafe, scared for her mother's safety, and traumatized.

Goal Statement: Paula will feel safe and secure in the care provided for her when Ms. Mills uses positive coping skills and always reaches out to the network for help when triggered. Ms. Mills is attending counseling and has demonstrated an ability to reach out to her sponsor, Millie, and therapist, Sam at Ozark Counseling Services, when she is having trouble coping and wants to use meth.

Ms. Mills has not had the opportunity to contact the network to keep Paula safe and for this reason, the Department is recommending that family time be expanded to unsupervised weekends to provide Ms. Mills the opportunity to demonstrate this action of protection.

F. Family Time (Visitation Between Child(ren) and Parents, Relatives, Siblings, etc., and Results):

Her initial visit was on August 27th. They continue to meet 1-5 on Fridays. Of the 18 visits, she has completed 13. She missed September 10th, September 17th, October 8th, October 22nd, and November 12th. During each of the missed family time visits, Ms. Mills contacted the PA in advance. Reasons she missed included having a flat tire, being sick, and forgetting.

The visits occur in the home of the maternal aunt, and they are currently supervised by the aunt and the PA. During the visits, the mom is appropriate with Paula and brings meals and games, puzzles, and books. On occasion, Ms. Mills has brought polish and they have a spa day together. When Paula has needed to be redirected, Ms. Mills has used skills learned in her parenting classes.

Worry Statement: Paula is worried about the well-being of her mom and that she may miss family time or relapse.

Goal Statement: Visits will continue to be supervised in the home by the maternal aunt, Donna Smith. Paula will have a sense of safety and security about her mother's well-being when Ms. Mills has routine contact with Paula each week. Paula and Ms. Mills have a minimum of 4 hours per week of bonding and interaction in the home of Donna Smith. What's working well during family time is Ms. Mill's overall consistent sobriety and demonstration of age-appropriate discipline and planning of interactive activities with Paula. Ms. Mills attends all family time as scheduled and Paula demonstrates a respect for her mother by following directions and showing affection in the form of hugging and verbal, "I love you's". At some point, the goal would be for the family time to be unsupervised.

G. Permanency Plan:(Include Independent Living Information, if appropriate):

Worry Statement: Donna and Paula are worried that Paula will be confused, scared, and sad if Paula is unable to return to Ms. Mill's home.

Goal Statement: Paula will have a sense of security about her future when DCFS completes an adoption packet and concurrent plans for permanency in Donna's home as a backup plan. The network has agreed that the best concurrent plan for Paula is to remain in the care and custody of Donna Smith if reunification with Ms. Mills is not possible. The network agrees that Paula is very bonded to Ms. Mills and that terminating parental rights would not benefit anyone in the family. Donna Smith has agreed to work with the network to provide supervision for and allow continued contact between Paula and Ms. Mills on a long-term basis if necessary.

Worry Statement: Paula, DCFS, and Ms. Mills are worried that Paula will suffer emotionally, physically, and socially if she loses her connections with her Network.

Goal Statement: Paula will remain connected with her network and her neighborhood culture. On a short-term basis, the network has agreed to work together to ensure Paula can continue attending her church youth group on Wednesday nights and her neighborhood basketball game twice per week.

H. Additional Information (location of siblings, services offered, etc.):

Ms. Mills has a stable support network she has expanded her network to include those necessary to support her sobriety and provide stable care for Paula. Services benefiting the family include: provisional resource home, crisis intervention, network development, substance misuse outpatient treatment, individual counseling.



I. SIGNATURES

Family Service Worker

Date

Supervisor

Date

POLICY JEOPARDY

NOTES:

Legal:

Family Case Plans/Family Team Meeting/Staffing:

Casework Practice:

Out-of-Home Placements:

Medical Issues:

ETHICS AND SELF CARE FOR CLIENTS

- I. Ethical Standards of DHS (Conduct Standards)**
- II. Ethics Defined**
- III. Ethical Resolution Dilemmas (Activity)**
- IV. Self-Care for Clients**
- V. Post Assessment/Celebration**

OBJECTIVES:

At the completion of the training, Program Assistants will:

- Know the ethical standards of DHS.
- Know the Code of Ethics for Child Welfare Workers and how it applies to the work of DCFS.
- Recognize possible ethical conflicts that may arise in the day-to-day activities of a Program Assistant and develop skill in responding appropriately.
- Know strategies to help client families manage time effectively.
- Know strategies to help client families deal with stress.

DEFINING YOUR VALUES

1. What does the word “ethics” mean to you?

2. Where do ethics come from?

3. Who, in your own life, influenced your ethics and morals positively?

4. Has anyone or anything had an adverse effect on your moral growth?

5. Would you be willing to talk to someone, inside your agency, or elsewhere about questions you might have about ethics or value issues? If so, to whom, and under what circumstances?

CASE STUDIES

1. Joan is a PA in the Happy County DCFS office. Joan has recently undergone a divorce and is having a hard time making ends meet financially. On a recent home visit with a client who has undergone similar problems, Joan finds herself confiding in the client about her financial problems. Karen Allen, the client, tells Joan how grateful she is for all the emotional help that Joan has given to her family. Ms. Allen states she recently got a new job and would like to loan Joan the money she needs. Joan can take as much time as necessary to pay back the loan. Should Joan accept?
2. Robert is a PA involved in transporting children in out-of-home care to and from their resource homes in order for the children to visit their birth parents. The children in out-of-home care are ages 10 and 12. After the children's visit, Robert drives them back to the resource home. He arrived home 15 minutes before the time the resource Mom told Robert she would be home. Robert knocks on the door, and no one answers. Robert has two other children he must pick up and deliver, and it is already 4:30. Robert leaves the two children on the front porch of the resource home, after talking to a neighbor who agrees to be available if the children need anything. Robert instructs the children not to move until the resource Mom arrives. Is there a problem?
3. Kimberly is a PA working with a client's family. The protective services case on the family was opened because of physical abuse when the stepfather whipped the seven-year-old boy with an extension cord and left several cuts and marks. At the home visit today, Kimberly observed new bruises on the child. Kimberly has been working with this family for five months, and this is the first evidence of any type of abuse in the home since DCFS became involved. Kimberly talks with the family about the fresh marks and agrees not to report the new injuries to the agency because of the family's cooperation with her and their willingness to accept responsibility for the problem. Is there a problem?
4. You are attending a dinner party with friends. One of your friends announces that they have found the perfect babysitter. When she mentions the babysitter's name you almost lose your supper. The babysitter in question is a woman with an open protective service case. This woman has allowed several different men to sexually abuse her four-year-old. You want to warn your friend. May you?
5. Minnie is a PA who has been working with the Carry family for one year. A decision has recently been made to close the Carry case. Minnie has worked long and hard with Ms. Carry in helping her learn how to nurture and care for little Harry, a failure-to-thrive child. When Minnie is making her last home visit, Ms. Carry presents her with a small gift of appreciation for helping the family stay together. Should Minnie accept?

6. Jamar is a PA working with the Hopeful family. One of the identified needs of the family is assistance with transportation. The family is really looking for a cheap source of transportation. Jamar has an old car he has wanted to get rid of. He offers to sell the car to the family at a fair price. The client agrees and pays in cash. Is there a problem?
7. Mary is a PA working with a single father of six-year-old twins. She has helped Richard find day care services for the children while he works and has also addressed budgeting issues with Richard. Mary likes Richard as a person, and feels he is working hard to make a better life for his children. On a recent home visit Richard asked Mary if she would allow him to take her to dinner. Should she go?
8. Raymond has just returned from a home visit with a client of the agency. During the home visit, the client stated to Raymond that the client was going to “Cut Bill’s fucking throat!” Bill is the client’s next-door neighbor who made the initial complaint of child maltreatment against the family. Raymond sincerely feels that Bill could be in danger. What should he do?
9. Buddy is a PA in Wonderland. Buddy is conducting a home visit at the Miller home. The family is having a cookout, and it is after 4:30 p.m. The Miller family asks that he stay for dinner and offers him a beer. What do you do?
10. A family that you are working with calls you on Friday morning. The family is going out of town for the weekend. They were planning on leaving the youngest child with a babysitter who canceled out at the last minute. The family asks you if you can keep the child between 10:00 p.m. Friday night and 8:00 a.m. Saturday morning, when the original babysitter can take over. Can you?

STEPS FOR ETHICAL PROBLEM SOLVING

An ethical dilemma occurs when a professional has to choose between opposing duties and/or values of a caregiver.

- Step 1: Determine the ethical issue or dilemma.

- Step 2: Identify the key values or principles involved.

- Step 3: Rank the values or ethical principles which, in your professional judgment, are most relevant to the dilemma.

- Step 4: Develop a plan of action based on your prioritized ethical considerations.

- Step 5: Implement your plan.

- Step 6: Reflect on the outcome.

GUIDELINES FOR AVOIDING ETHICAL DILEMMAS

- Obey the law, but don't hide behind it.
- Do the right thing when there is such a thing.
- Listen to your conscience, although you cannot always trust it.
- Talk it out with others but choose your "others" carefully.
- Prepare to be punished for honesty.
- Stay out of ethical debt.
- Sweat the small stuff.
- React to smells.
- Be a cheerleader for ethical champions.
- Permit mistakes so you do not promote cover-ups.
- Mind more than your own business.
- Learn to live with shades of gray.
- Bear the blame for your behavior.
- Let pride be your guide.
- Do not **say** what you believe about ethics; live your ethics.
- The buck stops with you. Notice that "I" is at the center of the word ethical.

TIME TEST

Answer true or false to each of the following questions:

1. ____ The harder you work, the more you get done.
2. ____ It is best to work a short time on one job; then switch to another to avoid boredom.
3. ____ It is sometimes important to say “no” to requests.
4. ____ If your thoughts are organized, a cluttered work area really has no negative effect.
5. ____ Many people waste time trying to reach perfection.
6. ____ Prepare your “to do” list first thing in the morning.
7. ____ When going through mail, it is best to make immediate decisions on most items.
8. ____ 80% of the things you value most can be found in 20% of the things you actually do.
9. ____ Set a deadline for each job, even if your supervisor hasn’t.
10. ____ Schedule time in your day for unexpected events.

Learning Log (from this morning)

Learning:

Action Step:

Learning:

Action Step:

HELPING CLIENTS MANAGE

To help clients manage their time and reduce their stress, you have to have developed these skills yourself.

A. Generate a list of tips for managing your time at work or at home.

1. _____

2. _____

3. _____

4. _____

5. _____

B. From your list, generate a list of behaviors for helping client families manage their time more effectively.

1. _____

2. _____

3. _____

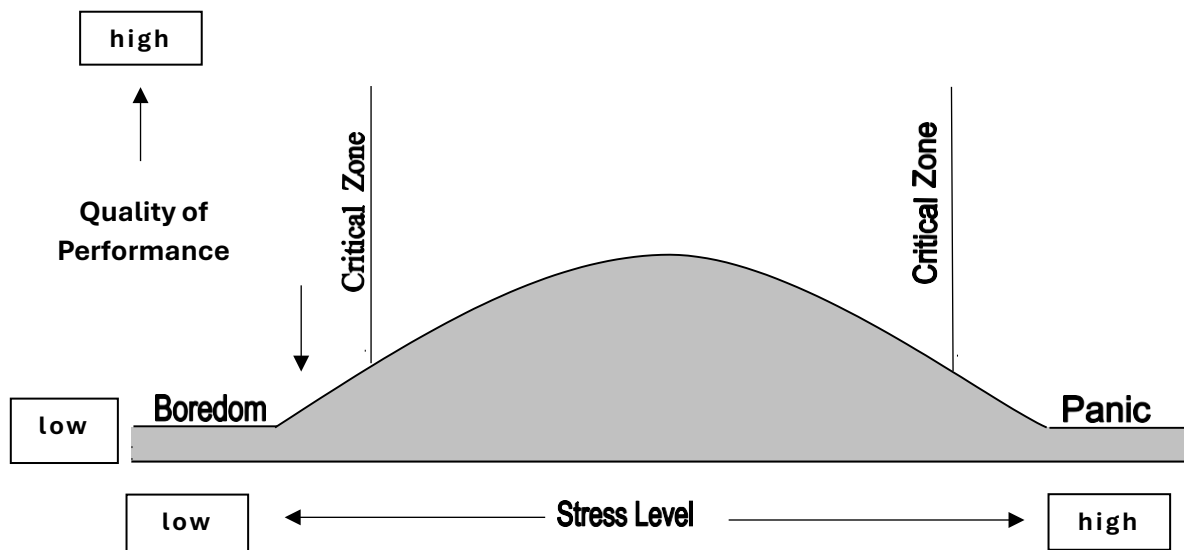
4. _____

5. _____

REDUCING STRESS

The objective of stress management is to keep stress or tension levels within the optimal range for performance, health, and well-being.

At *high* levels of stress, performance is low because stress impairs physical and intellectual functioning. In this state it feels as if you are spinning your wheels. High stress interferes with creative performance and may be manifested by hyperactivity, forgetfulness, frequent mistakes, lack of concentration, or irritability. Unrelenting high stress can damage your health.



When overstimulated, you must try to *reduce your tension* level to bring it back down to the ideal range. Place a checkmark by activities as you use them.

- ☐ Meditate
- ☐ Breathe deeply
- ☐ Systematically relax your muscles
- ☐ Imagine a relaxing scene
- ☐ Listen to slow, melodic music
- ☐ Take a day off
- ☐ Watch fish swim in an aquarium
- ☐ Take a warm bath
- ☐ Lie on a soft bed
- ☐ Eat bland food
- ☐ Drink warm milk or herbal tea
- ☐ Take a stroll
- ☐ OTHER:

STRATEGIES FOR PROGRAM ASSISTANTS IN TEACHING FAMILIES STRESS MANAGEMENT SKILLS

1. Have families participate, as much as possible, in decisions that affect their case.
2. Outline objectives clearly to families and be sure instructions are clear.
3. Evaluate completion deadlines; are they reasonable?
4. Have regular “check-ins” to provide accurate and timely feedback on progress.
5. Give reassurance that good work is noted and appreciated. Praise family members for small successes!
6. Establish a system of support for family members. Refer individuals to support groups when appropriate.
7. Teach family members stress reduction techniques and coping skills.
8. Others: