

Foundations Unit 3

Handouts



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

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UNIT 3 – HANDOUT 1**Johnson Family Social History**

Jenny Johnson is a 26-year-old mother of an 8-year-old daughter named Lucy. Jenny comes from a family of four children that range in ages from 26-35. After 50 years, Jenny's parents are still married and believe wholeheartedly that family is very important, and they have been model parents for all their children.

You can solicit some historical information from Jenny regarding her upbringing. Jenny reports that although her parents are still married and tried to “act” as model parents she struggles with some of the things that she was subjected to as a child. You discover that Jenny was actually the product of her father's affair with a woman that he had a relationship with for many years before she died leaving Jenny to be raised by her father and stepmother Jean at the age of three. Jean had her own struggles as she was charged with the task of raising Jenny as her biological child despite her reluctance.

Jenny was made to feel like she was not a part of the family and was routinely beaten by her stepmother. Jenny's father Charles was not always around and failed to protect Jenny from his wife due to his own guilt and issues with alcohol. Charles would drink on a regular basis. Verbal and sometimes physical fights between him and Jean would escalate to the point that the children would become afraid and hide out in their closets.

At the age of 17, Jenny left her family home to move in with her boyfriend John. Jenny was drawn to John because of his staunch opposition to alcohol. She wanted to avoid anyone that reminded her of her own father. John also had a family history of alcoholism, and he would use heroin to escape his own feelings of inadequacy, fear of failure, and memories of child abuse that he endured as a child. Jenny became pregnant with Lucy at the age of 18 and by this time, she and John had both become addicted to heroin.

Research indicates that some caregivers who maltreat their own children describe a history of maltreatment in their own lives.

- Can you identify what type of maltreatment Jenny and John were subjected to?
- Knowing what you know now, does your perception of the parents change? Why or why not?
- How would you approach this family in a way that is family-centered?

UNIT 3 – HANDOUT 2**Kennedy Family Social History**

Tanesia Kennedy is the 47-year-old mother of Larry. Tanesia has one other sibling that is younger than she is. Their maternal grandmother raised Tanesia and her sister because their mother suffered from a mental illness that prevented her from being able to care for Tanesia and her sister. Tanesia was extremely smart, and she excelled in all of her classes. Because of her good grades, Tanesia was allowed to participate in extracurricular activities despite her grandmother's stern and strict style of parenting. During an overnight camping trip, one of the camp counselors raped Tanesia. She refused to tell anyone, especially her grandmother because she didn't think that she would believe her. The traumatic rape caused her to feel inadequate and unlovable. She would meet Greg shortly after she completed high school, and they married 1 year later.

Greg Kennedy is the 48-year-old father of Larry and husband of Tanesia. Greg is an only child, and his mother and stepfather raised him until the age of 10. Greg's mother and stepfather had been together since he was born, and he was the only father that Greg had ever known. Greg witnessed his stepfather beat his mother daily. His mother was very accomplished and had her own business providing senior day care services for low-income families. Even at a young age, Greg could not understand why his mother was choosing to remain with his stepfather despite his repeated abuse. One day following his return home from school, Greg entered the home and heard the screams of his mother as his stepfather was beating her. The next thing that Greg remembered was the coroner taking his stepfather away in a van. His mother was being taken in a police car and he was in the back seat of a state car on his way to foster care.

Greg's mother was incarcerated for the murder of his stepfather, and he had to remain in foster care because there were no other family members available to care for him. By the time that Greg turned 19, he had "drifted" through 15 different resource homes. While in these various homes, he was subjected to physical abuse, verbal abuse, and emotional abuse. He was not able to see his mother on a regular basis, and he fell into a deep depression following the news that his mother had passed away from a heart attack while incarcerated.

Research indicates that some caregivers who maltreat their own children describe a history of maltreatment in their own lives.

- Can you identify what type of maltreatment Tanesia and Greg were subjected to?
- Knowing what you know now, does your perception of the caregivers change? Why or why not?
- How would you approach this family in a way that is family-centered?

UNIT 3 – HANDOUT 3**Rodriguez Family Social History**

Regina Rodriguez is the 37-year-old mother of 4-year-old Ramon, who is the subject of a maltreatment report. She is divorced from Ramon's father. Regina grew up in a single parent home with her mother Virginia and her younger sibling Rodney. Since Regina was the older of the two siblings, she was often made to babysit and take on the role of being a "mother" to Rodney when her mother was gone to work or out with her boyfriend. Regina never felt like she had a childhood because she was always taking on the demands of keeping the house together for her mother.

Despite her brother's (dis)ability and her mandated duty to care for him, she grew extremely close to him, and he became her confidante and friend. Regina was 3 years older than Rodney. As Regina entered her early teenage years, she grew increasingly frustrated with her responsibilities of caring for her younger brother. Her mother's availability to her and her brother would continue to lessen as she was consumed with her own romantic relationships and activities that would frequently take her away from the home. Regina's mother demanded that she take Rodney to his medical appointments, and she was responsible for paying the household bills and buying groceries for the house. Virginia would leave the money for Regina to pay the bills, but she would never take on the responsibility of being a mother to her and her brother.

At the age of 16, Regina met and fell for her first school crush; however, she was limited to seeing her new beau at school only because of her responsibilities at home. One night Regina was asked by her boyfriend to go with him to the movies. She really wanted to go but knew that her mother was not due to be home until 7pm and the movie began at 6pm. Regina opted to go to the movies because her mother promised that she would be coming home that night. Regina bathed Rodney and fed him as she always did and tucked him into bed for the night. She kissed him and told him "Mom will be home soon" and then she left to go the movies.

Virginia didn't make it home that night until 8:30pm. Regina didn't get home until 9:00pm. When she arrived at the house she noticed a heavily smoked filled street, a fire truck, and police cars. She was extremely confused and scared. She was informed that her house had caught on fire and her brother Rodney had been rushed to the hospital because of smoke inhalation. Regina has carried the guilt of leaving her brother alone for all these years. Her feelings of guilt about not being there to protect her brother, and her resentment toward her mother have interfered with her ability to properly care for her own child Ramon.

Research indicates that some caregivers who maltreat their own children describe a history of maltreatment in their own lives.

- Can you identify what type of maltreatment Regina was subjected to?
- Knowing what you know now, does your perception about the caregiver change? Why or why not?
- How would you approach this family in a way that is family-centered?

UNIT 3 – HANDOUT 4**Wilson Family Social History**

Nancy Wilson comes from a two-parent family. She is the only living child, as her younger sibling Susan died when she was an infant from SIDS (Sudden Infant Death Syndrome). Prior to her sister's death, her family was "picture perfect". They would go on family vacations together; they were very involved in the community as a family, and it was evident that they all genuinely loved one another. Following the death of her sister, things within her family changed drastically. Her mother became extremely depressed and was unable to cope with the loss of her child. She stopped going to work and she no longer took interest in Nancy or Nancy's father. Nancy's father had to pick up another job to help pay for the household expenses. Although Nancy was only 15 at the time, she became the one that was responsible for taking care of the home and her mother. Initially, Nancy's mother refused to let anyone go into the baby's room or to throw anything away that reminded her of Susan. After time, Nancy's mother began to hoard more and more things over the years. Nancy's father was not able to do anything because he was rarely at home and even when he was, he was emotionally absent.

Nancy would continue to live with her parents until the age of 21.

Steve Wilson also came from a two-parent family, and he had one brother named John that was 5 years older than he was. Despite the age difference, Steve and his brother were very close. Steve's father was the breadwinner of the family and his mother worked part-time as a librarian because she loved to read. John was a computer geek and Steve enjoyed playing games with his brother when he was allowed to because John would sometimes isolate himself in his room for hours at a time. Steve never understood why his father would always go into John's room when his mother was not at home. He started to notice that his brother John would become very upset when he had to do anything with the family that involved his dad. At the age of 16, John would die by suicide and Steve was left with many unanswered questions that no one seemed to have the answers to. At the age of 12, Steve's father sexually violated him, and he attempted to tell his mother, but feared that he would cause more pain to his mother as she was still grieving the loss of John. The abuse would continue until the age of 20, when Steve finally moved out of the home. Steve has never disclosed his history of sex abuse to anyone.

Research indicates that some caregivers who maltreat their own children describe a history of maltreatment in their own lives.

- Can you identify what type of maltreatment Nancy and Steve were subjected to?
- Knowing what you know now, does your perception of the caregivers change? Why or Why not?
- How would you approach this family in a way that is family-centered?

UNIT 3 – HANDOUT 5

Caregiver's Trauma History

Trauma Can Affect Caregivers by....

- **Compromising their ability to make appropriate judgements about safety** – some caregivers may be overprotective; others may not recognize situations that could be dangerous.
- **Making it hard to form and maintain secure, trusting relationships** – this can lead to:
 - Disruptions in relationships with infants, children, and teens, or negative feelings about parenting; parents may personalize their children's negative behavior, resulting in ineffective or inappropriate discipline.
 - Challenges in relationships with family service workers, resource parents, and service providers and difficulties supporting their child's therapy sessions.
- **Impairing their capacity to regulate their emotions**
- **Causing them to develop poor self-esteem and maladaptive coping strategies**, such as substance abuse or abusive intimate relationships that caregivers maintain because of a real or perceived lack of alternatives.
- **Making them vulnerable to trauma triggers** extreme reactions to situations that seem benign to others. These responses are especially common when caregivers feel they have no control over the situation, such as facing the demands of the child welfare system. Moreover, a child's behavior or trauma reactions may remind caregivers of their own past traumas or feelings of helplessness, which can cause impulsive or aggressive caregiver behaviors toward the child. Caregivers may also seem disengaged or numb (in efforts to avoid trauma reminders), making engaging with caregivers and addressing the family's underlying issues difficult for family service workers and others.
- **Impairing their ability to make decisions**, making future planning more challenging.
- **Making them more vulnerable to other life stressors, including poverty, lack of education, and lack of social support.** These stressors can worsen trauma reactions.

Resources: Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff. National Child Traumatic Stress Network, 2011.

UNIT 3 – HANDOUT 6

SAFETY THREATS: PRACTICE A

Upon the first face-to-face visit, the worker was invited inside the home. There was a strong odor coming from dirty dishes covered in spaghetti with mold on it; these dishes were on the table. During the visit, the 3-year-old-child was observed eating moldy spaghetti off these dishes. Cockroaches were observed throughout the family home, including in the 15-month-old's crib. Both children had visible dirt and a strong odor. The 3-year-old had bite marks on his legs; he also had a rash on his arm that looked red, swollen, and possibly infected. He complained that his arm hurt twice while the worker was in the home. When the worker asked about the rash, Mom said she didn't take him to the doctor because it would "heal up eventually."

SAFETY THREATS: PRACTICE B

Upon the first face-to-face visit, the worker noticed that the 7-year-old had a large bruise on his upper arm, as well as several smaller "fingerprint" bruises on his lower arm. When a worker interviewed the child alone, the child said his dad got mad when they got an answer wrong on his math homework. The child stated that his dad hit him with a closed fist on the upper arm as the child tried to shield himself. He said that dad then grabbed his arm and dragged him to his bedroom. Child said dad told the child he had to stay there the rest of the night. Child reports this happened around 6:00 or 7:00 p.m. and that he did not get dinner that night.

UNIT 3 – HANDOUT 7

SAFETY PLANNING CAPACITIES PRACTICE

Purpose: To practice identifying protective capacities.

Instructions: Read the following scenario, using the safety- planning capacities section of your SDM Manual on page 9, determine which safety capacity applies to the scenario below.

Scenario: Mom understands why hitting her 8-year-old child was wrong since it left bruises and sees that it put her child in danger. She is willing and able to participate in safety interventions to keep her child safe in the home throughout the investigation. She reached out to her sister, who offered to be a support person for Mom to call when she feels stressed and is thinking about hitting her child again.

SAFETY INTERVENTIONS PRACTICE

Purpose: To practice identifying safety interventions.

Instructions: Read the following scenario(s), using the safety intervention section of your SDM Manual on page 9, determine which safety intervention applies to the scenario(s) below.

1. Grandma will temporarily move into the home to live with the family. Grandma will always be around to provide supervision to the children when mom is at work and unavailable to tend to them.
2. Mom and child will move to a relative's home while they work on securing formal community support. Both parents agreed that this would give them time to "cool off" from each other to work on themselves and learn new ways to manage their stress. They plan to have their pastor facilitate weekly check-ins about their child. The pastor has agreed to support the family and will contact the worker if needed.

UNIT 3 – HANDOUT 8

AFFIDAVITS: KEY TO THE CASE**DEFINITION:**

A voluntary declaration of facts written down and sworn to by the DCFS worker or CACD worker before a notary.

FAMILY INFORMATION:

All children: Full names and dates of birth

Mother: Full name, date of birth, address, and mother to which of the above named children (include all mothers)

Father: Full name, date of birth, address, and father to which of the above named children (include all fathers)

If from someone other than a parent(s):

Full name, date of birth, address, relationship of person you removed the child from – statement as to why the children could not be returned to the parent

Does any family member claim to be a member of a Native American Tribe?

If so, inform your supervisor and OCC attorney immediately and plan from there.

EFFORTS TO LOCATE

- For any person listed above whose address is unknown, list all efforts to locate.
- Use Agency Approved forms or work aids that delineate agencies, people and resources to help locate.

DESCRIPTION OF REASONABLE EFFORTS TO PREVENT REMOVAL

- All prior contacts with DCFS, dates and duration.
- Date of the first contact in the situation addressed in the affidavit.
- All services provided in the current situation and in any previous case; a description of the need or problem the services addressed and the outcome of services.
- Make a clear statement about why the services did not prevent removal.
- Differential Response interventions can be considered
- Statement about why the services or intervention did not prevent removal, including emergency situations where the immediate threat to the child's health and safety did not permit offering of services

CHRONOLOGICAL DESCRIPTION OF THE CIRCUMSTANCE REQUIRING PROTECTIVE CUSTODY OR OTHER COURT INTERVENTION

- Time and date of 72 Hour Hold (if applicable)
- Dates of contacts, names of people interviewed, information obtained
- DO NOT identify the reporter
- Behaviors ~~and~~/or physical conditions that show immediate danger
- All facts obtained in the investigation to date

ADDITIONAL INFORMATION NEEDED BY OCC*Witness Information*

- Names, addresses, telephone numbers, email and ~~or~~ other contact information

INFORMATION ON CRIMINAL CHARGES

- What are the charges
- What is the status of the charges?

UPDATES OF ANY INFORMATION INCLUDED IN THE AFFIDAVIT THAT CHANGES

- Affidavit must be amended, or the new information cannot be used during adjudication

NOTE: This is a summary of information to gather. The exact place or places you enter it will depend on the affidavit form you use.

UNIT 3 – HANDOUT 9

DCFS Internal Procedure 300: Professionalism in the Courtroom

July 25, 2019

Given the Division of Children and Family Services' (DCFS) duty to provide services to protect children, legal intervention becomes necessary at times causing DCFS to report information on a routine basis to Courts. Courts are by nature, formal and require specific etiquette and a high degree of professionalism. While it is understood that each judge establishes regulations for their individual courtroom, DCFS staff are expected to abide by the judges' expectations as well as the following DCFS protocols in every courtroom.

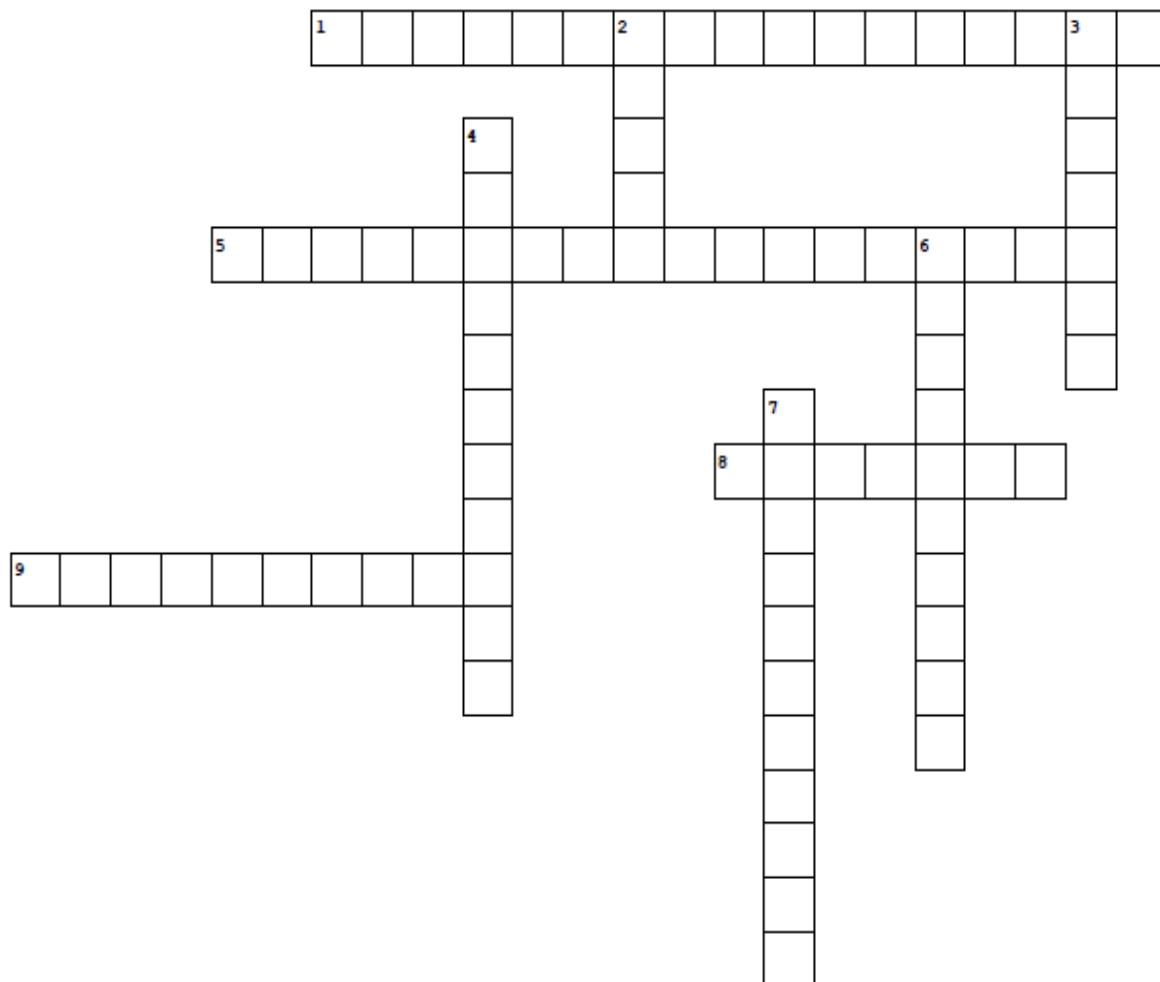
- No gum, food, or drink in the courtroom.
- No sunglasses or hats are to be worn in the courtroom.
- Cellular phones are silenced while in the courtroom and should not be used unless court related business is being conducted.
- Enter the courtroom and remain seated quietly during hearings. Talking or shuffling papers in the gallery and movement in the courtroom are distractions.
- Staff should complete and distribute court reports for hearings to parties 14 days prior to every hearing. An addendum can be completed, as necessary, prior to hearings.
- Blaming of other staff during hearings is not appropriate. All DCFS staff work for the same employer. Issues belong to DCFS, not Central Office, an individual area, county, supervisor, or FSW.
- Staff will adhere to the following dress code when entering the court room (even if only to transport a client):

The following are prohibited when appearing in court:

- 1) Bare shoulders, midriff, or thighs
- 2) Visible cleavage or buttocks
- 3) Polo or t-shirts
- 4) Jeans, capris, or leggings
- 5) Open toed shoes, open toed sandals, or flip flops of any kind
- 6) Sneakers or tennis shoes unless required for medical reasons
- 7) Large or excessive jewelry, facial jewelry

UNIT 3 – HANDOUT 10

Legal Definitions Crossword Puzzle



Across

1. means abuse, neglect, or abandonment of a child by the caretaker.
5. by Proxy or a factitious illness by Proxy if the incident is reported and confirmed by medical personnel.
8. to provide care and maintenance, proper or necessary support, or medical, surgical, or other necessary care.
9. physical discipline DOES NOT cause injury more serious than transient pain or minor, temporary marks.

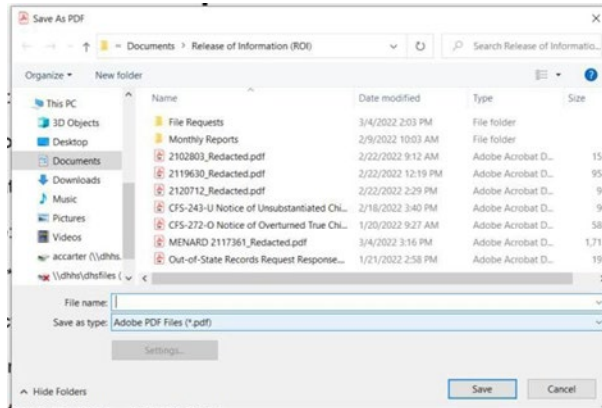
Down

2. any non-accidental physical injury.
3. the inaction of a caregiver causing harm to the child.
4. when a parent fails to provide reasonable support and to maintain regular contact with their child.
6. harboring, transporting or obtaining a child for labor.
7. required initiation of the investigation in 24 hours even though it is not defined as "severe maltreatment".

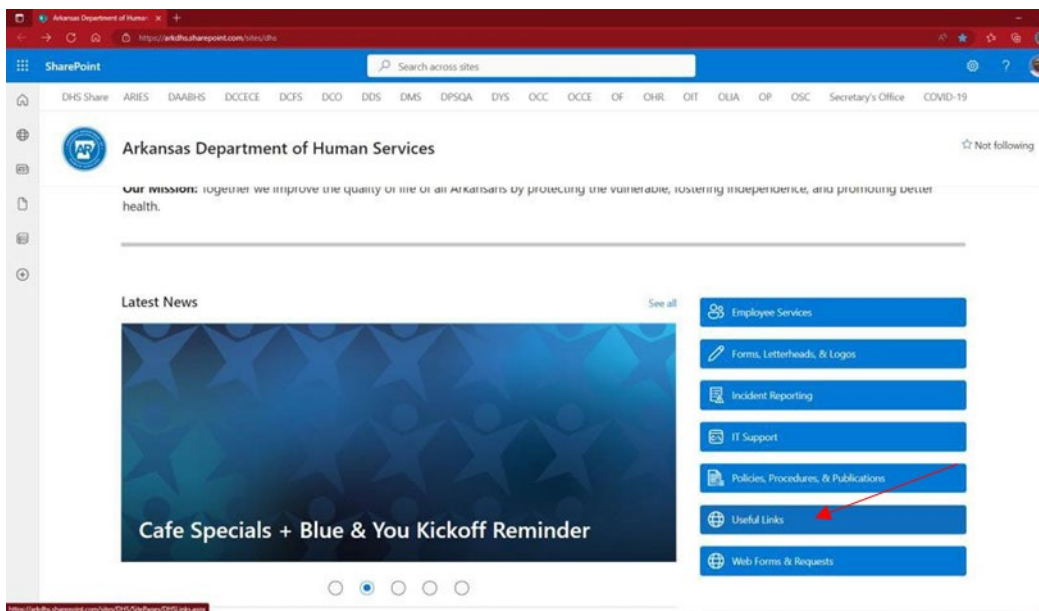
UNIT 3 – HANDOUT 11

UPLOADING FILES TO EDOCTUS

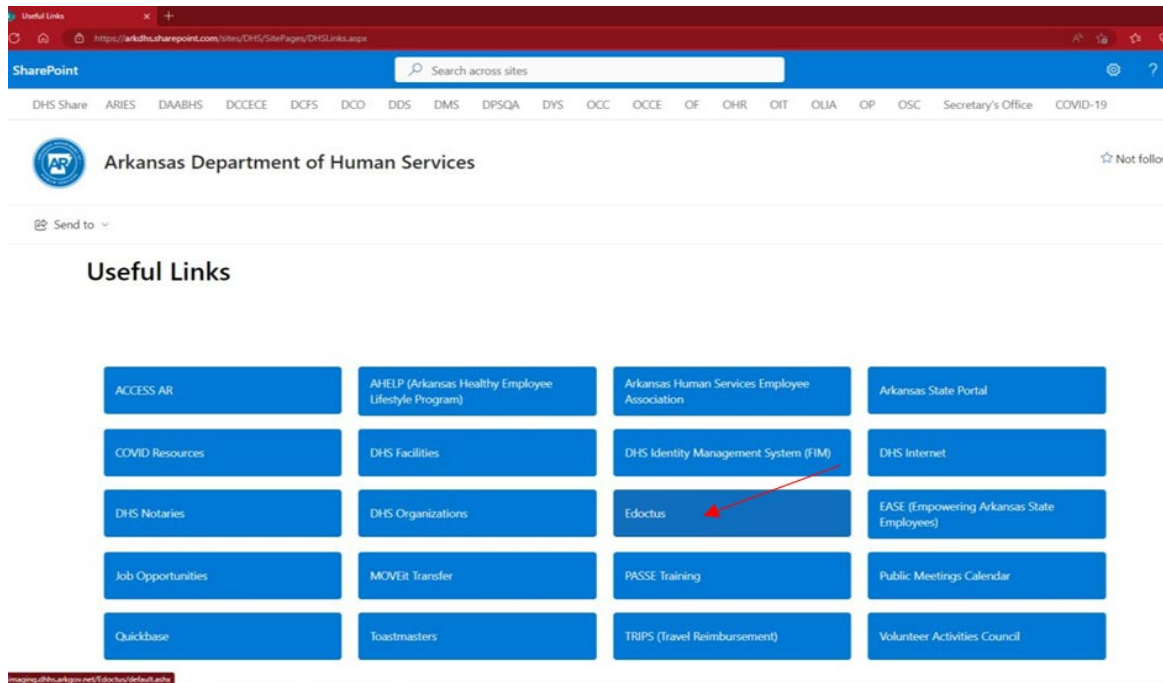
1. Scan entire file to yourself as a PDF and save the document to your computer where you can easily find it (be sure all color photos are scanned on a scanner that recognizes color). Media files will have to be stored separately and uploaded individually using these same instructions.



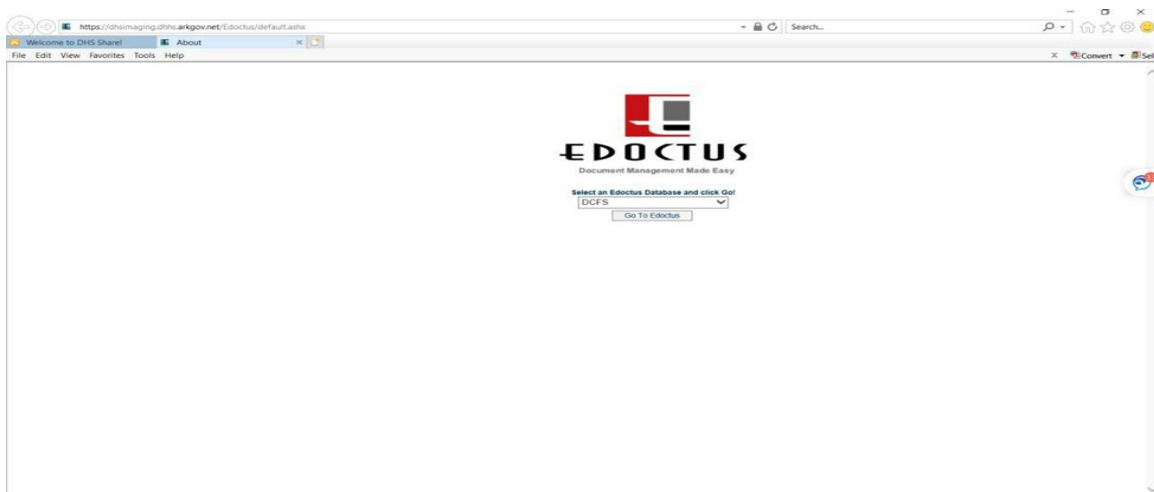
2. Access Edoctus on Microsoft Edge (must download the 'Register Edoctus Client Extension' from the Software Center)
 - Go to [DHS Share Arkansas Department of Human Services](https://sharepoint.com) - Home (sharepoint.com)
 - Click 'Useful links'



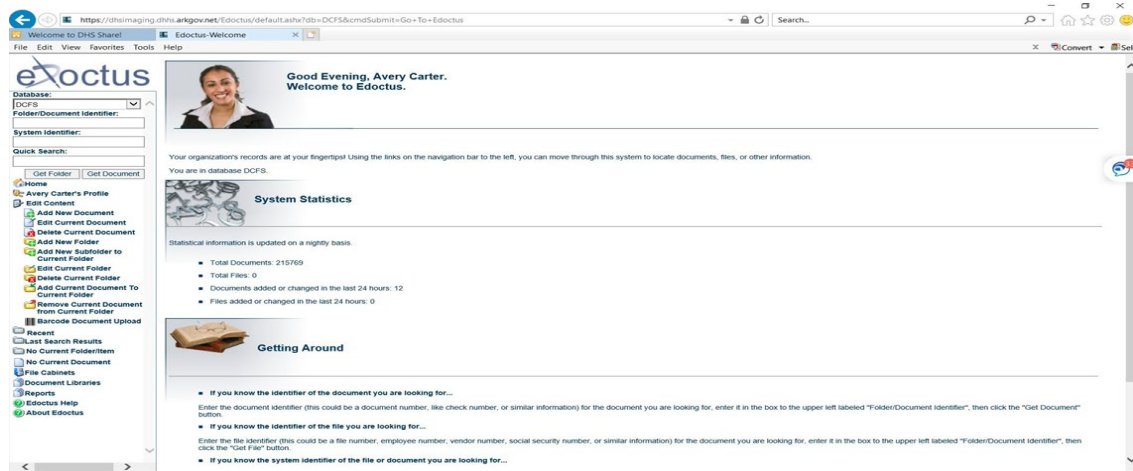
- Click 'Edoctus'



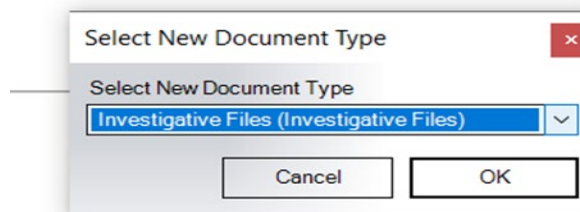
- Use the dropdown arrow to select 'DCFS' if it is not already selected and then click 'Go To eDoctus'.



3. On the left side of the screen under 'Edit Content' select 'Add New Document'.



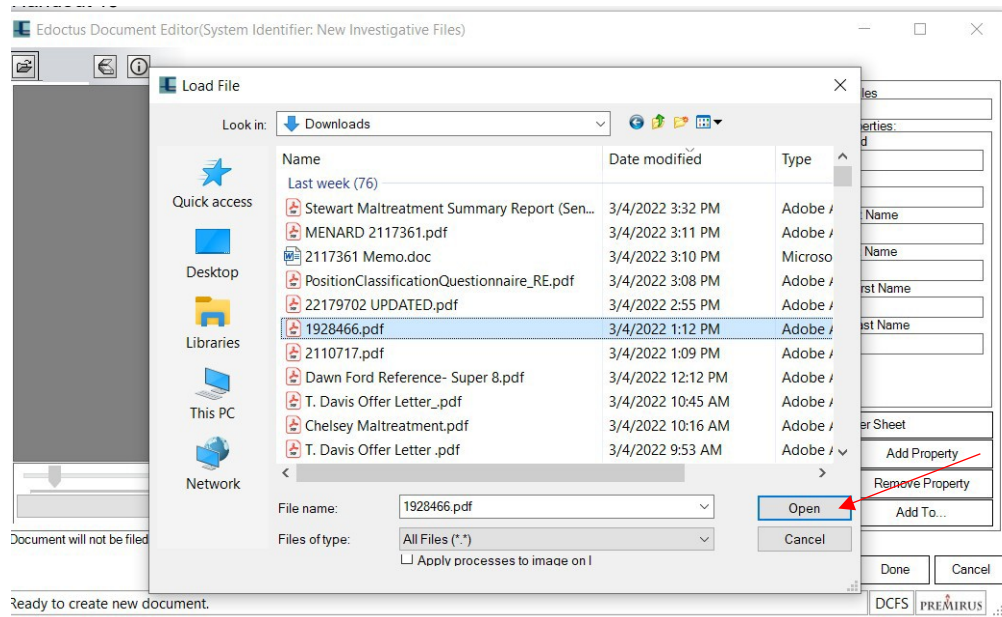
4. Select the Document Type using the Dropdown arrow as "Investigation Files".



5. Click the 'Open File' Icon to bring up the File Explorer to locate the file or media you previously saved.

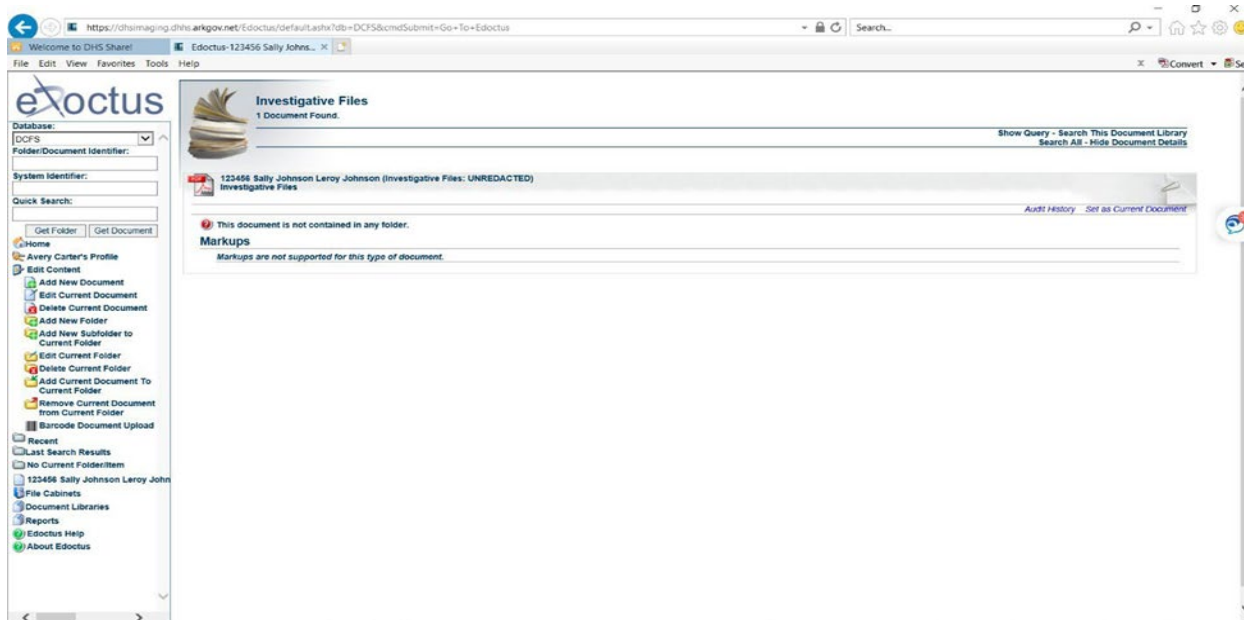


6. The File Explorer will open so you can search for the file or media you are trying to upload. Once you have found the file, click the file name and then select 'Open.'



7. Fill in the following information on the right side of the upload box:
- Investigative File: Write the word 'UNREDACTED' to indicate this is the unredacted copy of the file.
 - If this is a media, write whether it is an audio or video. If there are multiple media recordings, identify the media by the type of media and the number this media should appear in numerical order out of the total number of available media (i.e. DVD 1/3 to indicate this is the first DVD out of 3 DVDs total)
 - Date Scanned: the date you are uploading the file or media
 - Referral #: The referral number associated with this file/media
 - Victim's First Name: If there are multiple victims you can use the oldest child's first name
 - Victim's Last Name: If there are multiple victims, you can use the oldest child's last name
 - Offender's First Name: If there are multiple offenders you can type the full name of the first offender
 - Offender's Last Name: If there are multiple offenders, you can type the full name of the second offender and so on

8. Carefully review the information to ensure everything is correct and then click 'Save' and then click 'Done.' Your screen should be similar to the screenshot below showing the PDF you just uploaded.



You have successfully uploaded the investigation file.