Common Core 3.0

# 200 Level: Foundation Block Knowledge & Skill Reinforcement Lab: Trauma-informed Practice & Key Issues

Trainer Guide

CDSS

April 30, 2019

Use Foundation End of Block Evaluation Materials Dated December 31, 2018.

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# Acknowledgements

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and Families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: https://www.youtube.com/watch?v=BIQG65KFKGs

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to: https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30

CalSWEC

FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: http://calswec.berkeley.edu

# Introduction

***Please read carefully as a first step in preparing to train this curriculum.***

**IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.**

**GENERAL INFORMATION**

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions within an agency.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact calswec_rta_cc@berkeley.edu or 510-642-9272.

**COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES**

**Learning Objectives**

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

*Knowledge Learning Objectives* entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

**Agenda**

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs

slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

**Lesson Plan (Trainer's Guide only)**
The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

**Evaluation Protocols**
It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

**Training Segments (Trainer's Guide only)**
The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer's Supplement is provided that includes additional information or materials that the trainer needs. The Trainer's Supplement follows the Training Activity to which it applies.

**Training Content (Trainee's Guide only)**
The Training Content in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

**Supplemental Handouts**
Supplemental Handouts refer to additional handouts not included in the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

**References and Bibliography**
The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

**Materials Checklist (Trainer's Guide only)**
In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

**Posters (Trainer's Guide only)**
Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

# Tips for Training this Curriculum

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.

**TRAINING PREPARATION**

It is ***recommended*** the trainer preview the following eLearning(s) and/or classroom training in preparation for delivery of this training.

1. Introduction to Trauma-informed Practice eLearning
2. Trauma-informed Practice classroom
3. Key Issues in Child Welfare: Substance Use Disorders
4. Key Issues in Child Welfare: Intimate Partner Violence
5. Key Issues in Child Welfare: Behavioral Health
6. Key Issues in Child Welfare: Social Worker as Practitioner

It is ***suggested*** you orient yourself to all the blocks in preparation for this training in order to make links and dig deeper into skill building:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit CalSWEC website for more information at: https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30

The 200 Level Foundation Block course, *Key Issues & Trauma Informed Practice*, is a one day knowledge & skill reinforcement lab in which trainees will learn about the correlation between children and parents' personal, historical and/or cultural experiences related to exposure to trauma and some behaviors associated with substance use disorders, intimate partner violence and/or behavioral health disorders. This training will include an end of block evaluation to evaluate knowledge gained through eLearning, classroom and field modules.

It is strongly encouraged that trainees complete the eLearnings associated with this module as well as the foundation block. Likewise, it is strongly encouraged that trainers familiarize themselves with the content and learning objectives associated with the eLearnings so that they may gauge trainee's level of familiarity with the content coming in to this course.

A portion of the training is based on the Team-Based Learning (Balan, Clark, and Restall, 2015) facilitated training format, which provides a coherent framework on which to build a flipped classroom experience. Team-based learning (TBL) draws upon varying levels of experience and expertise as a group learning process. More information on the TBL format is available at http://www.teambasedlearning.org; however, prior to facilitating this module, trainers must have a broader base of knowledge about the TBL classroom besides that of the website.

Part of the group TBL activity consists of using score cards. These score cards can be purchased from http://www.epsteineducation.com/home/order/default.aspx. A packet of 500 score cards cost $115.00. One score card is needed per group.

For the purpose of effectively training this class, it is imperative that instructors trust the TBL format. Facilitated learning allows for deep, critical thinking which often inspires debate among trainees. This also means that trainees may debate the wording of questions or scenarios presented. Instructors must understand that the purpose of the questions is to facilitate deep thinking, and that questions students perceive to be "bad" can also inspire great conversation. Instructors should not get defensive about trainees critiquing the questions that are provided; instead, it is imperative that trainers reassure the trainees that the purpose of the question is to inspire thinking – it is not about receiving the perfect score or getting the questions correct.

**FAMILY FRIENDLY LANGUAGE**

Trainers are the example for modeling this for participants. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family…rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0.

The content in this training may be traumatic for participants. Set the tone for a safe learning environment by letting trainees knows there will be scenarios and pictures involving possible child maltreatment. Those of you with past personal or professional experiences may experience feelings of anxiety or discomfort. Encourage participants to think about how they might effectively deal with these responses.

**SAFETY ORGANIZED PRACTICE**

Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice[1]
- Signs of Safety[2]
- Structured Decision Making[3]
- Child and family engagement[4]

[1] Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy.* NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice.* NY: Longman.

[2] Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children, 19*(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

[3] Children's Research Center. (2008). Structured Decision Making: An evidence-based practice approach to human services. Madison: Author.

[4] Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) Contemporary risk assessment in safeguarding children. Lyme Regis: Russell House Publishing.

- Risk and safety assessment research
- Group Supervision and Interactional Supervision[5]
- Appreciative Inquiry[6]
- Motivational Interviewing[7]
- Consultation and Information Sharing Framework[8]
- Cultural Humility
- Trauma-informed practice

[5] Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

[6] Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

[7] Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

[8] Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children. 19*(2):12-15.

# Evaluation

This curriculum uses a knowledge post-test evaluation to both promote learning and provide evaluative feedback on the curriculum. There must be a high level of standardization in both the content and delivery each time that training is delivered in order to utilize data collected to inform curriculum improvement. Trainers must follow the curriculum as it is written and include all activities that lead to the eventual evaluation segment.

To complete the evaluation activity trainers must follow the instructions found in the evaluation segment of this Guide. When conducting the evaluation activity and debrief please follow the instructions found in the evaluation segment and note that all trainer verbal directions are **bolded**.

Answer Sheets

Prior to beginning the testing make sure that you have enough post-test evaluations and are using an Answer Sheet supported by the teleform software utilized to process Answer Sheets at CalSWEC. In addition, check that you are administering the correct version of the Answer Sheet, i.e., the version noted at the bottom of the front page of this Guide.

If you are not sure whether the test version that you have printed is current, please connect with the Regional Training Academy or University Consortium for Children and Families for which you are training.

If you have administered an old version of the Answer Sheet please make note of this on the cover sheet as a failure to do so could lead to lost testing data, as those answer sheets would have been phased out.

County and Training Site Code Information

Trainees must write their County and Training Site codes on the top of their Answer Sheets. For completion of the County and Training Site codes section of the Answer Sheet, please make sure that you supply the relevant documents to trainees. If you do not have a document with this information it should be made available from the Regional Training Academy or University Consortium for Children and Families.

Please note that evaluation instruments are subject to periodic revision. The relevant evaluation tool posted on the CalSWEC website is the most current version available. For questions regarding evaluation, contact Tenia Davis, teniad@berkeley.edu.

# Agenda

| | |
|---|---|
| Segment 1: Welcome and Introductions to the Training | 9:00am – 9:10 am |
| Segment 2: Review of Trauma and Key issues in child welfare | 9:10 – 9:40 am |
| Segment 3: Working with Parents Who Have Been Impacted by Trauma | 9:40 – 10:45 am |
| ***Break*** | ***(15 minutes)*** |
| Segment 4: Supporting Parents with Co-occurring Disorders (COD) | 11:00 am – 12:05 pm |
| ***Lunch*** | ***(60 minutes)*** |
| Segment 5: Putting Theory into Practice | 1:05 – 1:25 pm |
| Segment 6: Think Tank Activity: Putting It All Together | 1:25 – 2:35 pm |
| ***Break*** | ***(15 minutes)*** |
| Segment 7: Wrap Up, Reflection, and Application | 2:50 – 3:00 pm |
| Segment 8: End of Block Evaluation and Debrief | 3:00 – 4:00 pm |

# Learning Objectives

**Knowledge**

K1. The trainee will describe the correlation between child(ren) and parent's exposure to trauma and some behaviors associated with substance use disorders, intimate partner violence, and/or behavioral health disorders.

K2. The trainee will recognize the increased likelihood of a person re-experiencing trauma when these maladaptive behaviors are present and not adequately assessed, and addressed by culturally relevant interventions.

**Skill**

S1. Using a vignette, the trainee will be able to demonstrate at least three strategies of Trauma-Informed Practice that mitigate the impact of trauma and support healing as it relates to increasing safety and reducing re-occurrence of future child maltreatment.

**Values**

V1. The trainee will adopt the use of strengths-based, trauma-informed, culturally humble and collaborative approaches to address the impacts of substance use disorders, intimate partner violence, and/or behavioral health issues on child safety and risk.

V2. The trainee will recognize that their role as part of a government system may be perceived or experienced by children and families as traumatic rather than helpful, based on personal, historical, and/or cultural experiences.

## Lesson Plan

| Segment | Methodology and Learning Objectives |
|---|---|
| **Segment 1**<br>**10 min**<br>**9:00 am – 9:10 am**<br><br>Welcome and Introductions to the Training | **Activity 1A**<br>Introduce the goals of the training, explain logistics, review the Learning Objectives for the course and go over Group Agreements.<br><br>*PowerPoint slides: 1-6* |
| **Segment 2**<br>**30 min**<br>**9:10 am – 9:40 am**<br><br>Review of Trauma and Key Issues in Child Welfare | **Activity 2A**<br>Provide a lecture to review key concepts, including the definition of trauma and key issues in child welfare.<br><br>*PowerPoint slides: 7-23*<br>*Learning Objectives: K1, K2, V1, V2* |
| **Segment 3**<br>**65 min**<br>**9:40 – 10:45 am**<br><br>Working with Parents Who Have Been Impacted by Trauma | **Activity 3A**<br>Place trainees into groups that are organized to ensure a balance of experience levels at each table.<br><br>**Activity 3B**<br>Assign a brief reading on the subject, and administer the individual readiness assurance test based on the reading.<br><br>**Activity 3C**<br>Facilitate group participation in a Team Readiness Assurance Test (TRAT) as a follow up to the IRAT.<br><br>*PowerPoint slides: 24-26*<br>*Learning Objectives: K1, K2, V1* |
| **BREAK**<br>**15 minutes**<br>**10:45 – 11:00 am** | |
| **Segment 4**<br>**65 min**<br>**11:00 am – 12:05pm**<br><br>Supporting Parents with Co-occurring Disorders (COD) | **Activity 4A**<br>Instructor will introduce concept of supporting parents with co-occurring disorders through the use of two videos, followed by facilitation of table talk activities to guide trainees toward a deeper understanding of COD.<br><br>**Activity 4B**<br>Following another brief video about integrated approaches to COD, bias, and meeting parents where they are at, instructor will facilitate a "cultural iceberg" activity and discussion to help trainees better understand how their own culture can affect the work they do with children and families.<br>*PowerPoint slides: 27-31*<br>*Learning Objectives: K1, K2, V1, V2* |

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| **LUNCH**<br>**60 minutes**<br>**12:05 – 1:05 pm** | |
| **Segment 5**<br>**20 min**<br>**1:05– 1:25pm**<br><br>Putting Theory into Practice | **Activity 5A**<br>Facilitate a group activity in which trainees apply their knowledge on trauma and key issues toward a child welfare case scenario<br><br>*PowerPoint slide: 33*<br>*Learning Objectives: K1, K2, V1* |
| **Segment 6**<br>**70 min**<br>**1:25 – 2:35 pm**<br><br>Think Tank Activity: Putting It All Together | ***Activity 6A***<br>Facilitate a group activity in which groups will use a key issue(s) case scenario to summarize and synthesize information using a culturally sensitive and trauma informed approach.<br><br>***Activity 6B***<br>Groups will present to the larger group, and trainees will help identify other services that are trauma informed and culturally appropriate to assist in creating success for the families in the case scenarios.<br><br>*PowerPoint slide: 34*<br>*Learning Objectives: S1* |
| **BREAK**<br>**15 minutes**<br>**2:35 – 2:50 pm** | |
| **Segment 7**<br>**10 min**<br>**2:50 – 3:00 pm**<br><br>Wrap Up, Reflection, and Application<br>**Segment 8**<br>**3:00 – 4:00 pm**<br>**60 min**<br><br>End of Block Evaluation and Debrief | ***Activity 7A***<br>Wrap-up the training for the day and debrief what worked well and suggested improvements.<br><br>*PowerPoint slides: 35-36*<br><br>Trainer will administer the End of Block Evaluation. |

# Segment 1: Welcome and Introductions to the Training

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|---|---|
| **Segment Time:** | 10 minutes |
| **Activity Time:** | 10 minutes |
| **Trainee Content:** | Trainee Guide: Agenda<br>Trainee Guide: Learning Objectives |
| **Materials:** | Chart pad, markers, and tape |
| **Slides:** | 1-6 |

**Description of activity:**

The trainer will welcome the trainees, provide an overview of the training Agenda, and briefly examine the learning Objectives in this module, as well as review Group Agreements.

**Before the activity**

- This module requires trainees to work together, as such, group agreements must be established.

**During the activity**

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| • Welcome the trainees to the training and introduce yourself.<br>• Discuss logistics related to the training site (parking, bathrooms, etc.).<br>• Review any housekeeping items. |  <br>  |

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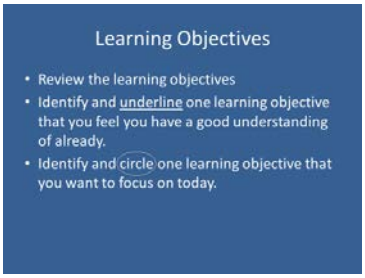
| • Provide an overview of the Agenda for the day. Let trainees know there is a written Agenda in the Trainee Guide. |  |
| • Give trainees two minutes to read the learning Objectives on page 6 of the Trainee Guide on their own.<br>• Ask trainees to underline one Learning Objective that they feel they have a good understanding of already. Have them circle one learning objective they want to focus on today.<br>• Ask the group if there are any questions or comments regarding the Learning Objectives. |  |
| • After reviewing the Learning Objectives, briefly review the two main goals of the day as they are presented on the slide. |  |
| • Let trainees know up front that the content in this training may be traumatic for trainees. Set the tone for a safe learning environment by letting trainees knows there will be scenarios and pictures involving possible child maltreatment. Those of you with past personal or professional experiences may experience feelings of anxiety or discomfort. Encourage trainees to think about how they might effectively deal with these responses. Tell them to feel free to talk with you at break, lunch or after the close of the training if you are experiencing distress. You may leave the room if you find it necessary to do so.<br>• Tell trainees that, as we engage in activities, whether in small groups or the entire class, share only what you feel comfortable sharing.<br>• Briefly go over the group agreements that have been shared in previous trainings.<br>o **Collaboration** - We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it. |  |

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| o **Ask lots of questions -** Point out that the trainer can't make the training relevant for each person because there are many people in the room with different experiences and different needs. Trainees have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.<br>o **Be Open to Trying New Things -** As professional we feel more comfortable and competent sticking with what we know. We don't always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new thing telling ourselves things like "she doesn't know what she's talking about…she has never worked in our community with the people we work with…"But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they are agreeing to try new things even if they feel uncomfortable.<br>o **Make Mistakes -** As professionals we don't like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don't want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others.<br>o **Confidentiality -** This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.<br>o **Be responsible for your own learning -** As adult learners we realize you come with knowledge, skills and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other trainees as well as to the trainer/facilitator. This includes being on time, sharing the floor, and keeping cell phones off. | |

**Transition to the next segment**

- Move on to the next segment, review of trauma and best practices approaches for working with children, youth and families in child welfare.

# Segment 2: Review of Trauma and Key Issues in Child Welfare

### *ACTIVITY 2A: Lecture/Review of Trauma and Key Issues in Child Welfare*

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| **Segment Time:** | 30 minutes |
| **Activity Time:** | 30 minutes |
| **Trainee Content:** | Trainee Guide: *Review of Key Concepts* |
| **Materials:** | Chart pad, markers, tape |
| **Slides:** | **7-23** |

**Description of activity:** This segment reviews the key concepts of trauma and key issues in child welfare. The trainer will provide examples of each of these key concepts. Table groups will have the opportunity to review key concepts and discuss as a group in preparation for the Team Based Learning Activity in the next segment.

**Before the activity**

- Trainers should take the Trauma-informed Practice.
- Trainer T4T (60-minute webinar) as a resource: It is strongly recommended that trainers take this webinar PRIOR to training this class.
- Trainers should be prepared to facilitate conversations with trainees in the room; there may be some difficult discussions that arise through this class as the subject of trauma is discussed.
    - If a traumatic response does come up during class among trainees, it is important for the trainer to acknowledge this and have follow-up conversations during breaks or after class (helping trainees to process it and help them identify their support network and resources for follow up).
- Remind trainees that this is a parallel process as social workers are learning to respond to children and families in a trauma-informed and supportive way.
- Review the PowerPoint and Trainee Guide.

**During the activity**

- Ask trainees to turn to their Trainee Guide containing detailed information on Trauma-informed Practice and Key Issues in Child Welfare, and invite them to follow along throughout this discussion.
- Briefly review best practices in child welfare (covered throughout Common Core 3.0 classes).
- As a reminder, Trauma-informed Practice is one of the key best practices in child welfare. It is essential that we have a trauma-informed lens when working with parents and children who have experienced trauma in the past or as a

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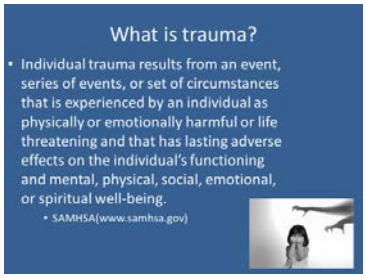
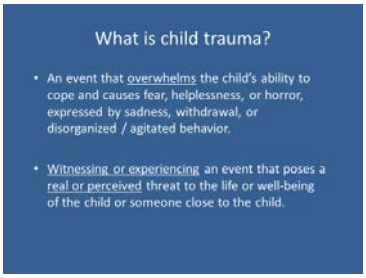
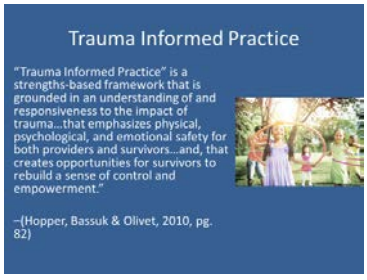
| result of involvement with child welfare services. It is important to remember that any level of involvement with CWS has the potential to cause trauma for a family.<br>• Maintaining a strengths-based and humble approach to working with families helps us engage with families who have experienced trauma or any of the key issues we will be discussing today.<br>• Today we will review and discuss the following key concepts (review concepts on slide)<br><u>NOTE TO TRAINERS:</u> Briefly review the next several slides as trainees follow along in their Trainee Guides "Review of key concepts"….This is meant to be a brief overview (20 minutes). Trainees will then have a chance to discuss toward the end of this 30 minute segment.<br>• Trainers should prepare trainees by introducing the topic of trauma and reminding them that this could stir up some emotional triggers to their own traumas throughout the discussion. The purpose of this class is to go deeper and really look at some underlying trauma experiences, which could be an uncomfortable space for some.<br>• Remind trainees that this is a parallel process as social workers are learning to respond to children and families in a trauma-informed and supportive way. | |
| • Review the definition of trauma, and then move on to the definition of child trauma. |  <br>  |
| • Ask for a volunteer to read the definition of Trauma-Informed Practice from the slide<br>• Ask for any volunteers if there is anything they feel should be added to this definition for consideration moving forward. |  |

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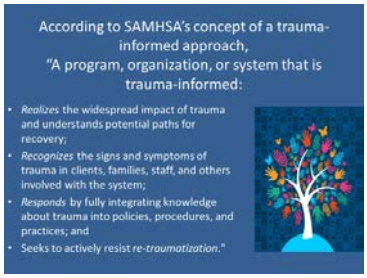
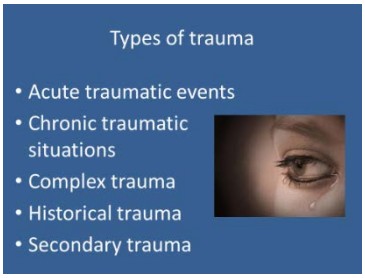
| • Now that trauma has been defined and the working definition for Trauma-informed Practice has been established, review SAMHSA's concept for a trauma-informed approach from and organizational/system standpoint as illustrated on the slide.<br>• Before moving to the next slide, ask trainees for some examples of acute trauma and chronic trauma. Do not correct a trainee yet if they are not getting it right. This can be used more constructively in the following slides instead. |  |
| • Briefly review types of trauma. Remind trainees that they can follow along in their trainee guides "Review of Key Concepts" (beginning at page 7) and ask them to give examples of each type of trauma (from page 8).<br>• Ask trainees to review acute traumatic events.<br>• Recall previous answers to trainees' examples of acute trauma and try to make the link here. Ask trainees if they have any additions for the list.<br>• Ask trainees to review chronic traumatic events in theTrainee Guide.<br>o Recall previous answers to trainees' examples of chronic trauma and try to make the link here.<br>o Review In Utero experience with trainees, explaining that ongoing exposure to domestic violence even in utero causes distinct symptoms in babies in their first year of life including nightmares, being bothered by loud noises and bright lights, avoiding physical contact, having trouble experiencing joy and a startling response.<br>o Discuss the differences between gang zones (where gangs are active in a community or area where children reside); war zones (a region or area where war is ongoing, where structures are damaged due to military conflict; and combat zones (the forward part of the military operation including the front line during a war).<br>• Discuss PTSD in the context of trauma: Ask trainees how key issues impact children and families who experience PTSD.<br>o Guide the discussion around how people who experience trauma learn to cope in the moment to survive, but emphasize that these coping mechanisms can get in the way when they are trying to be a safe parent to their children.<br>• Dig deeper with trainees about how they view parents who experience key issues<br>o Is a parent choosing to do this; or are they still trying to survive their trauma history?<br>• Ask trainees to review historical trauma on pages 8-9 of their Trainee Guide<br>o Review the examples provided and ask trainees for specific examples of historical trauma. |  |

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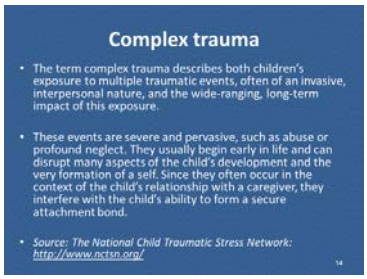
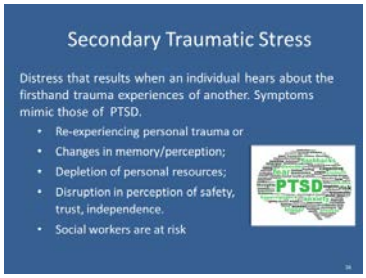
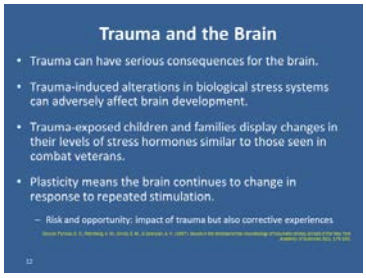
| o Ask trainees how they would recognize that historical trauma has played a part with a family they are working with.<br>o Guide the discussion around cultural humility. | |
| • Briefly review the definition of complex trauma, commonly seen in children in child welfare.<br>• Ask trainees if they have any additional thoughts or questions about complex trauma. |  |
| • It is important to remember that any level of involvement with CWS has the potential to cause trauma for a family.<br>• Explain that the social worker can be the single most important tool in a parent's recovery by making a connection. Parents with trauma histories have difficulty trusting and a worker who recognizes a parent's trauma and engages and connects with the parent can have a significant impact. Or, the reverse can happen: workers who are not engaged or who have bias can get in the way of helping families. It can be the key difference between re-traumatizing families and helping them heal.<br>• Ask trainees to for some strategies they might take to lessen the traumatic impact of their intervention in the lives of the children and families they work with. |  |
| • Provide a brief review of secondary traumatic stress in the context of child welfare, including a definition of secondary traumatic stress.<br>• Make the connection between STS and the work of a child welfare social worker. |  |
| • Discuss with trainees the impacts that trauma has on the brain for children and how this can carry into adulthood.<br>• Parents and children impacted by trauma who come into contact with child welfare may have a heightened sense of fear based on past traumatic experiences, which creates a constant level of stress hormones. It is as if the child or parent is anticipating the next traumatic event.<br>• Neuroplasticity is the ability of the brain to change based on continuing the same behavior or feelings. This ingrains those trauma experiences, but neuroplasticity can also help create new ways of behaving or feeling. |  |

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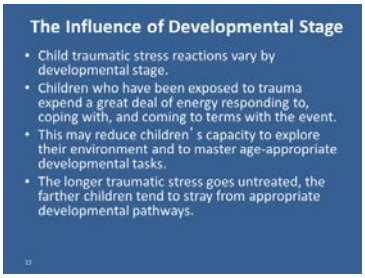
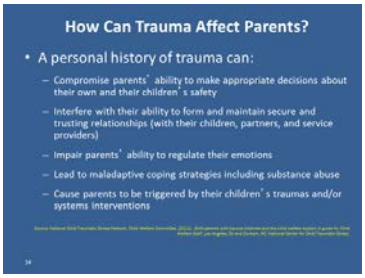
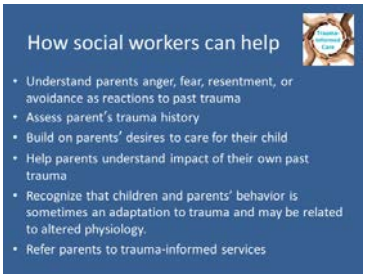
| • Remind trainees of the impacts trauma has on the development of children and as they grow into adulthood. Discuss the points on the slide and ask the trainees what they will see in children they work with. Lead the discussion to make the point that if all of this energy is being expended trying to cope with trauma, can we, their teachers or caregivers, expect them to master developmental tasks, school performance, potty training, etc.? |  |
| • Inform trainees that we will be talking about parents who have trauma histories.<br>• Discuss how parents' trauma histories influences how they parent.<br>• Working with parents with trauma histories can create situations where parents will avoid trauma triggers, and this can get in the way of the parent seeing red flags in their children. They may minimize or deny the child's experience. |  |
| • Being trauma informed can have a significant positive impact. Most of these points are review, but remind the trainees of the previous trauma training they have had.<br>• Discuss physical and psychological safety being paramount.<br>• Discuss that the worker may know a situation is safe but children may not feel they are.<br>• Ask trainees to imagine working with a child who has experienced traumatic stress and is now going to a resource home. Ask volunteers to anticipate what they might do or say to help this child feel physically and psychologically safe. |  |
| • Ask trainees to turn to page 13 of their Trainee guide, which is where the key issues portion of the review begins.<br>o Why is it important to have an understanding of these key issues as a child welfare social worker?<br>o Is there anything new in the guide that was not covered in previous classes?<br>***Behavioral health issues***:<br>• Behavioral health issues express themselves very differently from person to person. Two individuals suffering from the same condition, for example, can vary enormously in terms of their ability to handle day-to-day demands.<br>• It is clear that behavioral health concerns are linked to increased risk of child maltreatment; however, social workers should not automatically identify children as being at risk based on the presence of a behavioral health concern.<br>• Discuss how protective factors fit in. |  |

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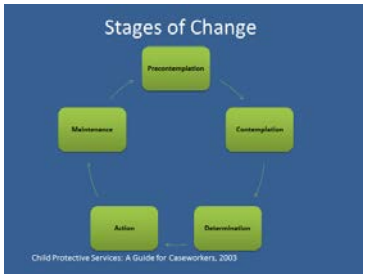
| • Check for any questions to try and verify this is mostly review content for the trainees.<br><br>***Substance use disorders:***<br>• About 80% of families trainees will work with are affected by substance use disorders.<br>• Substance use disorders impact the way people live, how they function, how they interact with others, and how they parent their children.<br>• Substance use disorders can influence parental discipline choices and child-rearing choices, which may have a negative impact on children.<br>• Point out that because a person uses drugs (legal or illegal), does not necessarily mean that the drug use is having an impact on their children.<br>• We must recognize and be able to articulate when the substance use impacts parenting to where a child is unsafe.<br><br>***Intimate partner violence:***<br>• Safety first for adult survivors and children<br>• Hold the person who batters accountable<br>• Child being a witness is a traumatic and serious event<br>• IPV is a learned behavior - It's about power and control<br>• Acknowledge survivor's right to choice<br>• Emphasize the importance of safety planning | |
| • Remind trainees of the Stages of Change (briefly review). Inform trainees that a more detailed breakdown of the stages of change is available in their Trainee Guides.<br>• Why is it important to understand the Stages of Change when working with families in child welfare?<br>• Remember that relapse is a normal part of the recovery process |  |
| • Ask trainees to form into table groups to briefly discuss how they feel the key issues intersect with trauma and prepare to report out some of the examples they came up with. Give them about 5 minutes to discuss.<br>• Spend about 5 minutes having groups report out some examples of how key issues intersect with trauma.<br>• Ask trainees how they perceive the interconnectedness with both parents and children.<br>• If volunteer responses and/or follow up discussion does not materialize toward this organically, emphasize the fact that to help parents or children make | |

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| positive behavioral changes, the trauma must be addressed. The expectation that workers sometimes have is that if the substance use is addressed, then the children will be safe, but what is the underlying issue that created the substance use, or other coping strategies that are now impairing the parent or child's ability to function? "What happened to you vs. what is wrong with you?"<br>• Trainer examples of how key issues intersect with trauma:<br>o When IPV is experienced, it is related with depression, suicidality, generalized anxiety disorder, and PTSD.<br>o IPV is associated with increased substance use, and increased substance use is associated with an increased risk of IPV.<br>o It is recommended that interventions for IPV, substance use disorders, and behavioral health issues be integrated and trauma informed.<br>o Co-occurring disorders: Behavioral health issues and substance use disorders are often co-occurring. We will take a closer look at co-occurring disorders later on today.<br>o Development of strong social networks have been reported to be helpful.<br>• Ask trainees: What comes first…..the key issues? Or the trauma?<br>• Remind trainees about the ACEs study (more information is available to them in the Trainee Guide). | |

**Transition to the next segment**

- Thank trainees for their participation and inform them that we will now participate in a team-based learning activity to review these concepts further.

# Segment 3: Working with Parents Who Have Been Impacted by Trauma

### *ACTIVITY 3A: Team Formation and Preparation for Team-Based Learning Activity*

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| **Segment Time:** | 65 minutes |
| **Activity Time:** | 10 minutes |
| **Trainee Content:** | N/A |
| **Materials:** | White board and/or chart paper |
| **Slides:** | **24** |

**Description of activity**
The trainer will place trainees into groups that are organized to ensure a balance of experience levels at each table.

**Before the activity**

- It is important for the trainer to become familiar with the Facilitated Team-Based Learning training format, which provides a coherent framework on which to build a flipped classroom experience. Team-based learning (TBL) draws upon varying levels of experience and expertise as part of a group learning process. Background information regarding TBL is available at http://www.teambasedlearning.org.
- Please refer to the following handouts about the TBL training format: "*Intro to TBL*" and "*12 tips for effective TBL.*" These may be provided as either physical or digital copies depending on the RTA/UCCF. Links to digital copies are included below:
  - Intro to TBL: https://c.ymcdn.com/sites/teambasedlearning.site-ym.com/resource/resmgr/Docs/TBL-handout_February_2014_le.pdf
  - 12 Tips for Effective TBL: http://dx.doi.org/10.3109/0142159X.2014.1001729
- For the purpose of effectively training this class, it is imperative that instructors trust the TBL format. Facilitated learning allows for deep, critical thinking, which often inspires debate among trainees. This also means that trainees may debate the wording of questions or scenarios presented. Instructors must understand that the purpose of the questions is to facilitate deep thinking, and that questions students perceive to be "bad" can inspire great conversation. Instructors should not get defensive about trainees critiquing the questions that are provided; instead, it is imperative that trainers reassure the trainees that the purpose of the question is to inspire thinking – it is not about receiving the perfect score or getting the questions correct.
- Part of the group TBL activity consists of using score cards. These score cards can be purchased from http://www.epsteineducation.com/home/order/default.aspx. A packet of 500 scorecards cost $115.00. One score card is needed per group. The process and flow of the format specific to this segment is summarized here:
  - Trainees will be asked a scaling question to determine their level of comfort with case planning, and will then be grouped into teams to ensure a balance in skill level for each group.
  - In their groups, trainees will be given an Individual Readiness Assurance Test (IRAT) based on the content previously covered in the 100 level that will be reviewed in this course. The test questions will often appear to have more than one right answer, but there can only be one correct answer – this is intended to help generate rich discussion and debate later on in the process.

- Once trainees have individually completed the IRAT, they will be asked to engage in the Team Readiness Assurance Test (TRAT), which involves teams comparing and discussing their individual answers and deciding on one collective team answer for each question.
- The trainer will then facilitate a sharing out of team answers, providing points to the team that gets the answer correct the quickest. Teams will be allowed and even encouraged to argue and debate for their "incorrect" answer if they feel it is the better one, and it is imperative the trainer welcome this kind of debate and take advantage of the critical thinking it inspires.

**During the activity**

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| • The first step is to create groups of 4 trainees with varying levels of expertise (you can have a few groups of 3 rather than a few groups of 5).<br>1. To do this you will ask the trainees to physically stand/place themselves along a wall according to the scaling question, *"How much experience do you have in working with parents with trauma histories".* The scale will be 1-10; 1= very little experience and 10 = a great deal of experience.<br>2. Establish one side of the wall (for example, the east side will be where trainees who describe themselves as a "1" will stand and opposite side of the wall will be where the "10"s stand, with everyone else somewhere in between.<br>3. At this point, you will have the trainees' number themselves off such that there are groups of 4. For example, if there are 20 trainees they will number themselves 1-5; and all of the "1's" will form a group and so on and so forth.<br>• Ask the teams to sit together.<br>• Ask the teams how it felt to be moved to another group and have to physically get up and move their items after being in one spot for most of the day. Note the parallel process of how children experience this every time they have to move placements.<br>• Each team should create a "Team Name" for themselves. Go around the room and ask for the team names and write them on a white board or flipchart paper. | |

### *Activity 3B: Individual Readiness Assurance Test (IRAT)*

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| **Segment Time:** | 65 minutes |
| **Activity Time:** | 20 minutes |
| **Trainee Content:** | Trainee Guide: Birth Parents with Trauma Histories and the Child Welfare System<br>Trainee Guide: Team-Based Learning: Application Activity Questions |
| **Materials:** | TRAT Score Cards<br>Letter cards (sets needed for each group)<br>Answer Key for the Readiness Assurance Test Cards |
| **Slide:** | **24** |

**Description of activity**
The trainer will facilitate a test activity based on the reading: *Birth Parents with Trauma Histories and the Child Welfare System.*

**Before the activity**

- Explain to trainees that they will first read an article, and then take a brief quiz on the reading, as well as other material covered. Reassure them that this is NOT a test that will be graded or dissected by the instructor. They will do this individually.

**During the activity**

- Refer trainees to the Trainee Guide containing the article "Birth Parents with Trauma Histories and the Child Welfare System."
- Remind trainees that they have seen this article in a previous Core class, but they may have a different lens now that they have worked in the field for a while, so we are revisiting this article to explore the trauma histories of birth parents involved in the child welfare system.
- Stress to the trainees that the purpose of this activity is to generate a rich conversation. This means they will take the test on the reading individually, and then, as a group, they will decide what the correct answer is. How they come to consensus around the correct answer will be up to them. Also tell trainees that they may find some questions vague, and to follow the instructions of "what of the below is the BEST option."
- Tell trainees to complete the reading now and to then take the test on the following page immediately after. Let them know they will have 15 minutes to complete the reading and test.


### *Activity 3C: Team Readiness Assurance Test (TRAT)*

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| **Segment Time:** | 65 minutes |
| **Activity Time:** | 35 minutes |
| **Trainee Content:** | Trainee Guide: Birth Parents with Trauma Histories and the Child Welfare System Trainee Guide: Team Based Learning: Application Activity Questions |
| **Materials:** | IF AT Score Cards*<br>Letter cards (sets needed for each group)<br>Answer Key for the Readiness Assurance Test Cards |
| **Slides:** | **24-26** |

**Description of activity**
The trainer will facilitate the Team Readiness Assurance test based on the reading "Birth Parents with Trauma Histories and the Child Welfare System" and other material learned. The group will then discuss their individual answers and as a group decide upon a single, best answer.

## Before the activity

- Have copies of the IF AT score cards, Form D031 (one per group, see illustration in the appendix section).
- IF AT score card may be purchased from http://www.epsteineducation.com/home/order/default.aspx **(Order under Form D021 under special instructions)**.
- **OPTIONAL SCORING INSTRUCTIONS:*
  - Please note: This activity is most effective if using the IF AT Score Cards.
  - If you do not have the IF AT Score Cards, the trainer can use the following optional scoring instructions for this activity. Please note that the activity will flow a little differently if you are using this optional scoring method:
    - Ensure that each team has a blank piece of paper to use for scoring.
    - Instruct each group to review the IRAT questions, compare their individual answers, and collaboratively form one team answer for each question.
    - Ask each team to keep track of their collective answers to each question on the TRAT on their piece of paper.
    - The instructor will walk around to each group and check to see if their first collective answers are correct for each question. If they are not, the instructor will ask the groups to try again to come up with their next best collective answer.
    - The instructor will continue to walk around to each group and ensure they are coming up with the correct answer using the TRAT answer sheet in the Trainer Guide (page 62).
    - Once teams are done collectively answering all of the TRAT questions, ask them to score their answers according to how many times it took them to get to the correct answer.
    - The scoring format is as follows:
      - First try: 4 points
      - Second try: 3 points
      - Third try: 2 points
      - Fourth try: 1 point

- In the next segment, the instructor will ask each group to report how many points they earned in total. Write the results next to their team names on the flip chart or white board used earlier.

## During the activity

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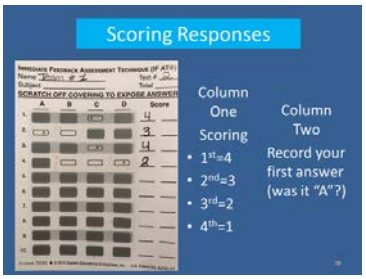
| • Pass out the IF AT scorecards, one per group. If you do not have the IF AT Score Cards, please refer to the optional scoring instructions above.<br>• Stress to the trainees that the purpose of this activity is to generate critical thinking and a rich conversation. They will have the opportunity to compare their individual answers, discuss, and decide what the best answer is as a group.<br>• Remind trainees that they may find some questions seem to have more than one right answer based on the information, and they should choose what they believe to be the one best answer.<br>• Instruct each group to review the IRAT questions, compare their individual answers, and collaboratively form one team answer for each question. Using the scorecards, they will scratch off their first answer. If it is the correct answer they will see a star under the scratched off area. If it is not the correct answer they will decide their second guess, and then scratch that off. They should keep doing this until they find the right answer, even if it is the only one left. As they do this, they should award themselves points based on how quickly they chose the right answer. The scoring format is as follows:<br>o First try: 4 points<br>o Second try: 3 points<br>o Third try: 2 points<br>o Fourth try: 1 point<br>• Remind groups to mark their FIRST guess on the answer card (see sample on following slide) and how many points they get for their answer.<br>• Give the group 15 minutes to complete this activity. Periodically go around the room and give trainees a 10-minute and 5-minute warning to help them stay on task and complete the activity timely. |  |
| • While the discussion takes place, switch to the slide showing the score card for reference and repeat the scoring information if anyone needs clarification.<br>• Also, they should mark their first response in the 2nd column, for the purposes of the group debrief.<br>• While the trainees are engaging in the activity, move about the room and be available for any comments or even complaints about the answers, but do not help anyone with the "right" answer. Ideally, the arguments you hear from |  |

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| the trainees during this period will be useful for facilitating the upcoming discussion.<br>• As the groups are working, pass out the letter card sets (A, B, C, D), one to each group. | |
| • Once 15 minutes are up and the teams appear to have finished answering the questions, explain to the trainees that you will now have the groups share the answers chosen for each question on the Readiness Assurance Test.<br>• Go through each question on the Team Readiness Assurance test and have the teams share their answers by raising the letter card that represents their first answer.<br>• On the white board or flip chart paper that lists the team names, write a 1, 2, 3, and 4 under each team name to correlate with each question of the test (based on whether they guessed the correct answer during their first, second, third, or fourth try; see scoring information above). As you debrief each test question, write the score of each team next to each question (1-4). Once you have debriefed all of the questions, total each team's score to determine which team has the highest score.<br>• As you facilitate group discussion around the test questions, try to rely on the groups to defend their answers. Do not defend the questions if they present a scenario for choosing a different answer based on stipulations or other considerations they have for choosing a different answer, but rather encourage them for thinking critically and be prepared to award points if it's clear that based on their argument, their answer would indeed have been best.<br>• Remind the groups that they can make a case for why their answer is the best answer, and that this could change their final score and thus the results of the team rankings. This should help inspire participation moving forward. |  |

# Segment 4: Supporting Parents with Co-occurring Disorders (COD)

## *ACTIVITY 4A: Introduction to supporting parents with co-occurring disorders (COD)*

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| **Segment Time:** | 65 minutes |
| **Activity Time:** | 35 minutes |
| **Trainee Content:** | Trainee Guide: Discussion Questions for COD Videos |
| **Materials:** | Computer with internet connection and audio that is synced to a large screen<br>The URLs for the videos are:<br>https://www.youtube.com/watch?v=Q4ccdNMtYlw<br>https://www.youtube.com/watch?v=ARQuTgXumok |
| **Slide:** | 27 |

**Description of activity**
Trainees will view two videos on supporting parents with co-occurring disorders (COD) and case planning to support the path to recovery and will relate the concepts from the videos to examine their own best practice interventions and community resources.

**Before the activity**

- Bring up the videos:
  The URLs for the videos are as follows:
  Video #1: Supporting parents with COD in child welfare (6 minutes, 28 seconds):
  https://www.youtube.com/watch?v=Q4ccdNMtYlw
  Video #2: Case planning that supports the path to recovery (8 minutes, 25 seconds):
  https://www.youtube.com/watch?v=ARQuTgXumok
- Have Trainee Guide turned to the appropriate page.

**During the activity**

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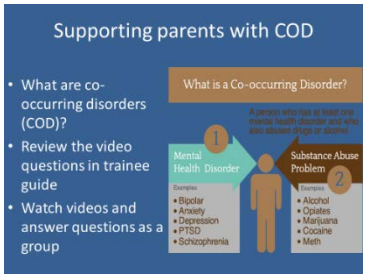
| • Introduce the next topic: Supporting Parents with Co-occurring Disorders (COD) (also known as Dual Diagnosis).<br>• Let trainees know that we will now be watching a series of videos that introduce the concept of co-occurring disorders – the presence of both a behavioral health issue AND a substance use disorder, which is very common among parents in child welfare. |  |

- Note that Intimate Partner Violence may also be present in families with COD due to complex behavioral issues and stressors that can be present in the home.
- It is important to be aware of how to identify, assess, and treat COD due to its prevalence in child welfare and complex nature.
- Instruct trainees to turn to the Trainee Guide for a list of discussion questions. Inform them that they will now watch a 6-minute video on supporting parents with COD, after which they will be asked to discuss these discussion questions in groups. Encourage them to review the questions briefly before watching the video so that they can consider their responses. We will take a short break between each video to discuss and debrief the questions.
- Show the trainees the video "Supporting Parents with Co-occurring Disorders in Child Welfare" created by the Center for Advanced Studies in Child Welfare. *See the link above for the URL.*
- Once the video is completed, instruct trainees to work as a group at their tables to complete the discussion questions for this video. Let them know that they will have about 5 minutes to form their answers, after which time they'll be asked to share some of their responses with the larger group.
- Once 5 minutes are up, invite groups to volunteer their answers to each of the questions.
- Answer each of the questions and ensure a different group answers each question. Debrief each question to ensure trainees understand the concepts presented in the video.
- Trainer prompts for debrief of Video #1 questions:

    1. **What are "co-occurring disorders (COD)?"**
        a. Co-occurring substance use disorder and behavioral health issues
    2. **Why is it important to understand how to identify and treat COD in child welfare?**
        a. 50-80% of people struggling with either BH or Substance use disorders may actually have COD
        b. It is estimated 70-80% of parents involved with CWS have COD (per the video)
        c. COD can be complex and required knowledge and creative case planning
    3. **What are some ways that COD impact children and families receiving child welfare services?**
        a. Essential to understand how they impact each other and what the underlying behaviors and symptoms are

b. This is a complex intersection…..Is the substance use leading to behavioral health issues? Is the parent using substances to help cope with the BH issue?

**4. What are some strategies described in the video to work effectively with parents who have COD?**

a. Proper identification/watching for signs:
   i. Presenting symptom: Substance abuse, then realize they have mental health issues they are dealing with…using to medicate
   ii. Kids not supervised…missing school

b. Consult with a mental health professional or substance use treatment provider

c. Build a relationship with the person – allow the person to tell their story in a safe space. Be an ally, a good listener, someone they can trust

d. Anticipate barriers to recovery such as relapse….recovery timelines look different for each person. Be open to learning about personal and systemic barriers

e. Creative and individualized case planning

f. Check for biases!

g. Bring hope to the family

h. Build strong support networks

i. Be aware of cultural factors

j. Treat the parent as experts of their own lives

k. Celebrate small successes!!! Very important! (See next question)

**5. Why is it important to celebrate small successes along the way?**

a. Brings hope to the family and shows support, every small success is a step in the right direction and can be built upon (strengths-based practice and appreciative inquiry)

- Next, show trainees the second video: "Case Planning That Supports the Path to Recovery" created by the Center for Advanced Studies in Child Welfare. *See the link above for the URL.*
- Have trainees follow the same steps as outlined above, this time using the questions on the following page of their guides.
- Trainer prompts for debrief of Video #2 questions:

1. **What are some strategies used to treat co-occurring disorders in families as outlined in the video?**
    a. An integrated approach – both behavioral health AND substance use treatment together
    b. Collaborative case planning with support network and all providers
2. **Are these strategies similar or different to those used in your county and/or agency?**
    a. In California counties, it is common to hold Family Team Meetings and/or Child and Family Team Meetings to invite all service providers to the table for collaborative safety and case planning
3. **After a co-occurring disorder is identified, what are some next steps for social workers working with the family?**
    a. Identifying the right resources
    b. Creating a welcoming and safe environment
    c. Learning about the individual's perspective of their situation
    d. These are often the toughest cases and required extra time and care to learn how to best support the family.
    e. Develop an individualized case plan that will match the parent's motivation and perceptions and what should happen next
    f. Key to trust building – follow through with what you say you will do
4. **What are the benefits of collaborative case planning?**
    a. Helps workers receive helpful and neutral advice, guidance and support
    b. Engaging the family and support network in safety planning
    c. Looking at strengths and complicating factors, early warning signs and triggers in order to develop a comprehensive safety plan
    d. Help brainstorm coping strategies with the family – what will help them when they feel triggered?
        i. Who in their network can they call?
    e. Create the safety plan with the support network
        i. Work with the support network to identify strategies that will help when they see warning signs of triggers and relapse
        ii. List specific behaviors of each network member
        iii. Practice and role play the safety plan to increase the confidence of all family and network members that the plan will be successful
        iv. Ensure the family has necessary resources and support to make the plan work successfully (individualized and trauma informed)
5. **Does your agency or community use integrated approaches as outlined in the video? If so, what are they and how can you partner with them to support the families you are working with? If not, how can you be creative in helping to use these concepts to help families? How can you enhance your current programs and services using a trauma lens?**

| | |
|---|---|
| a. Integrated service providers? Family Team Meetings?<br>**6. Please describe at least one intervention outlined in the videos that you would like to start using in your practice.** | |

## Transition to the next activity

- Thank trainees for their participation and tell them we will now move on to the next activity, looking at bias, culture and meeting parents where they are at.

***ACTIVITY 4B: Review of bias and culture: Meeting parents where they are***

| | |
|---|---|
| **Segment Time:** | 65 minutes |
| **Activity Time:** | 30 minutes |
| **Trainee Content:** | Trainee Guide: Discussion Questions for COB Videos<br>Trainee Guide: The Cultural Iceberg |
| **Materials:** | Chart pad, markers<br>Computer with internet connection and audio that is synced to a large screen<br>The URL for the video is: https://www.youtube.com/watch?v=h_3bKM7lXyY |
| **Slides:** | 28-31 |

**Description of activity**
Trainees will view a video on integrated approaches, bias, and meeting parents where they are, and will relate the concepts from the video to examine their own bias and culture and how that impacts their ability to meet parents where they are in a trauma-informed way.

**Before the activity**

- Bring up the video: Integrated approaches, bias, and meeting parents where they are.
  - This video is 7 minutes, 16 seconds long
  - The URL for the video is: https://www.youtube.com/watch?v=h_3bKM7lXyY
- Have Trainee Guide turned to the appropriate page.

**During the activity**

- Inform trainees that they will now be watching a video about integrated approaches, bias, and meeting parents where they are and will relate the concepts from the video to examine their own bias and culture and how that impacts their ability to meet parents where they are in a trauma informed way.
- Instruct trainees to turn to the Trainee Guide for a list of discussion questions. Inform them that they will now watch a 7-minute video, after which they will be asked to discuss these questions in groups. Encourage them to review the questions briefly before watching the video so that they can consider their responses.
- Show the trainees the video "Supporting Parents with Co-occurring Disorders in Child Welfare" created by the Center for Advanced Studies in Child Welfare. *See the link above for the URL.*

- Once the video is completed, instruct trainees to work as a group at their tables to complete the discussion questions for this video. Let them know that they will have about 5 minutes to form their answers, after which time they'll be asked to share some of their responses with the larger group.
- Once 5 minutes are up, invite groups to volunteer their answers to each of the questions.
- Answer each of the questions on the worksheet, ensuring a different group answers each question.
- Debrief (5 minutes) each question to ensure trainees understand the concepts presented in the video.
- Trainer prompts for debrief of video questions:

    1. **What are some potential barriers to successful recovery for individuals with COD?**
        a. Potential bias or misunderstandings can start to shape the way we view families with COD (or any of the key issues)
        b. Parents may feel looked down upon, judged, misunderstood, or unheard
    2. **What are some suggestions in the video for ways to avoid or manage bias when working with individuals with COD?**
        a. Be aware of your own potential biases and judgments based on your own personal history of trauma, etc.
        b. Remember we are all human
        c. Don't pre-judge….really get to know the person
        d. Accept and meet them exactly where they are
        e. Focus on individual behaviors vs. the diagnoses
        f. Revisit and update the case plan as needed
        g. Refer parents to service providers that take an integrated approach
    3. **What are the benefits of an integrated approach to case planning and service delivery?**
        a. Helps us meet the families where they are at
        b. Helps us focus on individual behaviors vs. the diagnoses
        c. Helps build buy – in….families feel heard and understood

- Ask trainees: what else helps us meet families where they are at?
    - Answer: an understanding of their culture and how it may impact their experiences of trauma.

| | |
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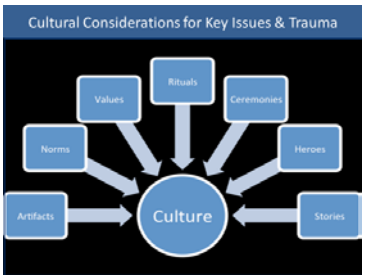
| • Discuss the influences that culture can have on trauma. All trauma is not the same and all people do not experience trauma in the same ways. Culture is significant in understanding how individuals react and cope with trauma.<br>• Examples:<br>o Children from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.<br>o Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) adolescents contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity.<br>o Immigrant and refugee families often face additional traumas and stressors, especially when they are undocumented.<br>o Shame is a culturally universal response to child sexual abuse, but the victim's experience of shame and the way it is handled by others (including family members) varies with culture.<br>• Ask trainees: how does our understanding of culture intersect with our biases? |  |
| • Emphasize that in addition to utilizing a strength-based approach to child welfare practice, it is essential that we consider the family in the context of the family's own culture. When interviewing and engaging with the family and family's network, for example, it is important to assess:<br>o The family's cultural background<br>o The family's immigration or acculturation status; (be sure to explain that the trainee should talk with the family about the purpose of this inquiry, and confidentiality protections in place not to share this information with immigration authorities)<br>o The family's ethnicity, religion, socioeconomic status, age, gender, gender expression, sexual orientation, and geographic location (rural or urban)<br>o Trauma experiences<br>o Resiliency<br>• Remind trainees of the online module on key issues and the issues that culture plays in families they will work with.<br>• Ask trainees to consider how each cultural consideration listed on the slide could have an influence on trauma.<br>• Trainer should be prepared to provide examples of differences in the way people experience trauma and cope with trauma. Add Trainer Notes to provide examples, stories that reflect the differences in the way people experience trauma and cope with trauma.<br>o Ask them to think about where they came from, their family, their place in society and their culture. |  |

| | |
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| o Ask how this influence their view of the families they work with and how understanding someone's culture can help them understand how to help them make behavior change.<br>o Ask them if different disciplines have a specific culture. For example, does law enforcement have a culture? Do lawyers? Social workers? | |
| • Have the trainees get into pairs. Once they are in their groups, ask them to review the Cultural Iceberg handout in the Trainee Guide. Instruct the trainees to choose one component from their Surface Culture and one component from their deep culture to share with their partner.<br>• Give them about 5 minutes total.<br>• After 5 minutes have passed, reconvene the larger group. Briefly review the Surface Culture, those things that we see, and then move on to Deep Culture, things that we do not see but are implied.<br>• Ask trainees to share some examples from cultures that they work with. Ideally, trainees will drive this discussion. Below are some examples to add if necessary.<br>o Concept of time: In the city, 2:00 is on time; in rural areas 2:15-2:20 is on time. In some other communities, 1:55 is on time.<br>o In Native cultures:<br>● Facial expressions: Raised eyebrows in Yup'ik is an affirmative response or hello.<br>● Relationship to animals: Pets vs. subsistence<br>o Concept of past and future: Differences in planning for retirement vs. living for right now.<br>o Cross-cultural communication: The words used may mean something different (pants to a British person means underwear).<br>• If trainee-driven discussion has not arrived at this point organically, close out the activity by making the connection between understanding/appreciating these key cultural factors, and improved engagement with children and families.<br>• Key takeaway: An understanding of how culture impacts trauma and how trauma may be experienced differently based on culture is essential to helping social workers and helping professionals manage and remain aware of their potential biases and/or misunderstanding that can present barriers to successful recovery and positive behavior change. |  |

**Transition to the next segment**

Lunch break! 60 minutes

## LUNCH FOR 60 MINUTES

# Segment 5: Putting Theory into Practice

### *ACTIVITY 5A: Putting theory into practice*

| | |
|---|---|
| **Segment Time:** | 20 minutes |
| **Activity Time:** | 20 minutes |
| **Trainee Content:** | Trainee Guide: Putting Theory into Practice Case Scenarios |
| **Materials:** | Flip chart pad, markers |
| **Slide:** | **33** |

**Description of activity**

The trainer will facilitate a group activity in which trainees apply their knowledge on trauma and key issues toward a child welfare case scenario.

**Before the activity**

- Review the four different scenarios that are in the Trainee Guide.

**During the activity**

| | |
|---|---|
| • Inform trainees that we will now be utilizing a short scenario to practice applying information on trauma and key issues.<br>• Refer trainees to the Trainee Guide containing the case scenarios for this activity.<br>• Assign each table/group one of the scenarios to discuss and answer the questions listed. Instruct the groups to assign one member to chart the answers on a piece of flip chart paper; one member to read the scenario aloud during the report out; and one member to report their answers to the discussion questions during the report out.<br>• Let the groups know they will have 10 minutes to read their scenario, collaboratively answer the questions, and prepare to report out to the group.<br>• Prompt the trainees to go beyond what they see on the surface and try to find empathy for the families in these scenarios.<br>• After 10 minutes have passed, ask group to read their scenario aloud and report out what they discussed regarding trauma triggers and cultural implications that came up for them<br>• Trainers should add those that the trainees did not identify. |  |

| | |
|---|---|
| • Allow the trainees to explore how they might feel working with this family and what difficulties might they encounter with their own feelings and values.<br>• Once the discussion is finished, thank the entire group for the engaging discussion. | |

**Transition to the next segment**

Congratulate the trainees on the critical thinking they did during this activity and move on to the Think Tank activity.

# Segment 6: Think Tank Activity: Putting It All Together

### *ACTIVITY 6A: Think tank case discussion group activity*

| | |
|---|---|
| **Segment Time:** | 70 minutes |
| **Activity Time:** | 25 minutes |
| **Trainee Content:** | Trainee Guide: Case Vignette Worksheet<br>Trainee Guide: Blank Iceberg Handout |
| **Materials:** | Chart pad, markers, tape |
| **Slide:** | **34** |

**Description of activity**
Trainees will work in their groups to collaboratively examine current cases and identify what is working well and what key issues they are experiencing.

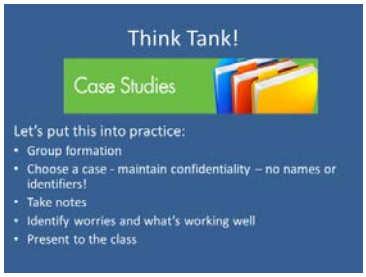
**Before the activity**

- Review the *Case Vignette Worksheet* (page 34 of Trainee Guide) and the *Blank Iceberg* (page 36 of the Trainee Guide).

**During the activity**

- Refer trainees to the Trainee Guide containing the instructions and worksheet for the case vignette. Go over the instructions with them located in their guides.
  - Help groups select separate scribes for 1, the *Case Vignette Worksheet* and 2, the *Blank Iceberg*.
  - Each table group will come up with a case of a family they are working with that have some or all of the key issues (intimate partner violence, substance use disorders, behavioral health issues).

    ***IMPORTANT: Remind trainees of the importance of maintaining confidentiality in the details they share. Keep names anonymous and identifying details omitted.***
  - Remind trainees that even though one member of each group will be presenting on a family they are working with, the group should treat this as "their case" and everyone can contribute toward the discussion about potential interventions, even though the person presenting the case will have the most information to present and discuss initially.



- Remind trainees that this is an opportunity to think through this case in a different way.
- The Blank Iceberg scribe will write down the Surface Culture and Deep Culture of the family based on the information presented to the team.
  - Remind this scribe to reflect back to the iceberg they completed earlier in the day for guidance.
- The Case Vignette Worksheet scribe will take notes based on the information presented to the team, including:
  - Family history & patterns
  - Reason for CW involvement
  - Family strengths
  - Family support network
  - Current status of case
  - Interventions used with the family
  - Possible interventions they may consider using to help address family needs (trauma informed and culturally relevant)

- Instruct teams to chart 3 things that are working well for the family and 3 worries related to the case.

NOTE TO TRAINERS: it is important to ensure that a safe and supportive space is created so people presenting their family/case don't feel judged. This can be accomplished by having groups ask questions of the person presenting the case details that are not judgmental in nature:

- Have you thought about?
- Have you considered?
- I wonder about?

- These different voices can ask questions/inquiry, but not give advice (have you considered/reflective questions).
- Ask trainees to consider:
  - What questions would you want to ask?
  - What are you wanting to go back and ask/do with the family?
  - Based on all of the information presented earlier in today's class AND everything you have learned in the 100 level Foundation Block classes, eLearnings and field activities…..what are some best practice interventions you would like to try with this family?
- Provide trainees with 20 minutes to discuss their cases, complete the worksheet and iceberg, and prepare to report out their results to the larger group.

| | |
|---|---|
| • During the activity, move around the room and check in with groups as they are finishing up, and take notes. Information gained from these exchanges can be used to help facilitate discussion in the upcoming activity. | |

***ACTIVITY 6B: Think Tank report out and debrief***

| | |
|---|---|
| **Segment Time:** | 70 minutes |
| **Activity Time:** | 45 minutes |
| **Trainee Content:** | Trainee Guide: Case Vignette Worksheet<br>Trainee Guide: Blank Iceberg Handout |
| **Materials:** | Chart pad, markers, tape |
| **Slide:** | **34** |

**Description of activity:**
Trainees will work in groups and present their case to the other trainees. All trainees will attempt to "think outside the box" for ideas to help identify trauma informed and culturally appropriate services or activities for the case.

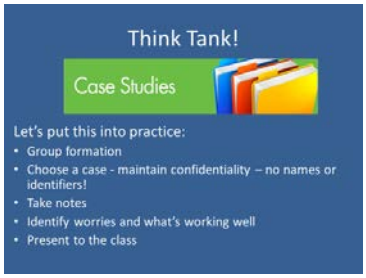
**Before the activity**

- Move around the room and check in with groups as they are finishing up Activity 6A and take notes. Information gained from these exchanges can be used to help facilitate discussion in the upcoming activity.

**During the activity**

- Give each team about 7-8 minutes to present their case to the class (4 groups should take about 30 minutes total; if there are more groups, consider adjusting the allotted time).
- Ask each group to present the following:
  - Basic information about the case and key issues present in the family
  - 3 worries about the family and 3 things working well.
  - What are previous interventions you have tried with the family?
  - Based on what you are worried about or current challenges with the family, what are some best practice interventions you would like to try with the family in the future?
- Encourage the large group to provide constructive feedback to the team presenting, i.e., other things to consider, other successful interventions they may consider…etc. Simulating a think tank and allowing critical thinking and sharing of ideas in a supportive atmosphere of shared learning.

NOTE TO TRAINERS: Once again, it is important to ensure that a safe and supportive space is created so people presenting their family/case don't feel judged. Remind trainees to ask questions of the groups that not judgmental in nature:



| | |
|---|---|
| o Have you thought about?<br>o Have you considered?<br>o I wonder about?<br>• Ask trainees if they were able to fill out their blank cultural iceberg for the family. In order to meet this family's cultural needs, we need to know who they are and where they come from. If they are not able to fill this out, talk with them about how to get the information to help them. Ask them what questions could they ask? Does trauma history go in surface culture or deep culture?<br>• Debrief the activity. Ask trainees:<br>o How can you apply this activity and what you have learned to the families you are currently working with?<br>o What are some things you came up with as a group?<br>o Is anyone willing to share any biases they may have surfaced?<br>o What key issues came up and how were they impacted by trauma?<br>o What are some interventions you came up with?<br>o What about reasonable efforts? | |

**Transition to the next segment**

Thank trainees for their participation in the discussion and let them know we'll take a 15-minute break and then come back to wrap things up and get set for the End of Block Evaluation.

**BREAK – 15 MINUTES**

# Segment 7: Wrap Up, Reflection, and Application

### *ACTIVITY 7A: Wrap up activity and discussion*

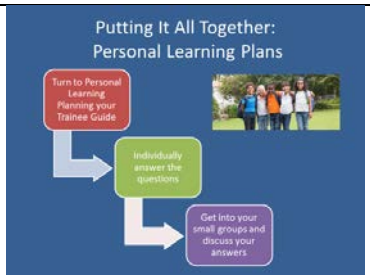
| | |
|---|---|
| **Segment Time:** | 10 minutes |
| **Activity Time:** | 10 minutes |
| **Trainee Content:** | Trainee Guide: Personal Learning Plan |
| **Materials** | N/A |
| **Slides:** | 35-36 |

**Description of activity**
The trainer instructs the trainees to fill out a *Personal Learning Plan* in their Trainee Guide. The trainer will also wrap up the training by thanking the trainees for participating.

**Before the activity**

- Review the personal learning plan on page 37 of the Trainee Guide

**During the activity**

| | |
|---|---|
| • Direct trainees to the Trainee Guide: Personal Learning Plan<br>• Instruct trainees to answer the Personal Learning Plan questions individually. |  |
| • Ask the trainees what they learned from the training today and what they are most excited about implementing when they return to the office. What are they willing to "try on?"<br>• What are they worried about upon returning to the office with this new information?<br>• Ask trainees what worked well during this training and what could be improved.<br>• Thank trainees for attending and participating in the various activities. |  |

**Transition to the next segment**

# Segment 8: End of Block Evaluation and Debrief

| | |
|---|---|
| **Segment Time:** | 60 minutes |
| **Materials** | End of Block Evaluation Materials<br>Participant Satisfaction Survey |
| **Slides:** | 37 |

**Description of activity**
The trainer will proxy the end of block evaluation with trainees.

## Before the activity

Ensure that there are enough copies for all trainees of the respective materials noted below. The documents and all up-to-date evaluation materials are located in the *CalSWEC's Canvas Platform found under CalSWEC's Child Welfare In-Service Training Evaluation page.* **Contact your respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.**

## During the activity

- **End-of-Block post-evaluation instructions FOR TRAINERS**

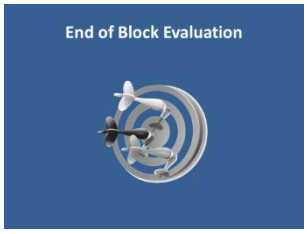
  To complete the end-of-block post-evaluation activity you should have the following materials:
  - Informed Consent Document
  - Document with County and Training Site Codes
  - Answer Sheet(s)
  - End-of-Block Post-Evaluation Tool(s)

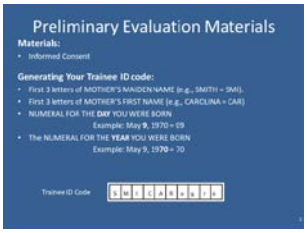
  *Hand out the Informed Consent form, County and Training Site Codes document, and Answer Sheet to Trainees.*

  ***Disclaimer:*** *Trainees who do not wish to participate in the research study do not have to enter their unique ID Code.*

  Begin Verbal Directions –
  **We are preparing to initiate the end-of-block post-evaluation. This evaluation is not used to assess your performance, but rather to inform our continued improvement of the curriculum. Please take a few minutes to review the Informed Consent form and to complete your Answer Sheet. If you do not have an Informed Consent form, County and Training Site Codes document, or Answer Sheet, or if you have questions, please raise your hand.**

  **Make sure you use only ballpoint pens with black ink. If you make a mistake, put a clear well defined X over the mistake and fill in the bubble next to the correct answer**



- You can also refer trainees to the first page of the evaluation answer sheet for instructions on how to fill in the form**.**

- **45 minutes for exam –** Taking the end-of-block evaluation provides data on how the curriculum can be improved.

  *When trainees have completed their Answer Sheets, provide them with the end-of-block evaluation.*

  Verbal Directions (Continued) –
  **We are now ready to begin the end-of-block evaluation. The purpose of this end-of-block post-evaluation is to help us identify areas within the curriculum that can be improved. The end-of-block evaluation is composed of 45 knowledge items which will cover content from eLearning, 100-level and today's 200-level classroom.**

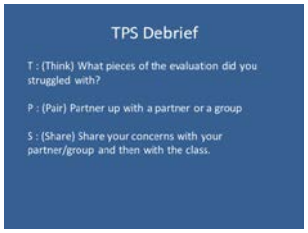
  **When answering a question please make sure you completely fill in the circle with heavy, dark marks. Any stray marks can affect processing. Are there any questions? If there are no (additional) questions, please begin.**

  NOTE TO TRAINERS: If you have trainees present who you think qualify for ESL accommodations, please be attentive to their progression throughout the evaluation activity so to provide any assistance that they may need.

  - □ **At the end of 45 minutes (or when all trainees appear to have completed the evaluation)**, walk around and collect the Answer Sheets and end-of-block post-evaluations. Check trainees' Answer Sheets to make sure that they were completed correctly.
  - □ Place the Answer Sheets in the provided envelope and complete the Cover Sheet provided for submission to CalSWEC.
  - □ Move on to the debrief activity.

- **15 minutes for debrief** - The end-of-block post-evaluation is intended to provide trainees with a learning opportunity. Once trainees complete the end-of-block evaluation, the debrief activity should be initiated to allow time for trainees to reflect on their learning. For the debrief activity, the technique ***think-pair-share (TPS)*** will be used as a collaborative learning strategy for students to work together to find answers to their evaluation related questions. This technique requires students to (1) think individually about an answer to a question; and (2) share their insights with each other (and as a pair with the larger group). This technique is useful as discussing an answer with a partner can serve to maximize participation, focus attention, engage trainees in comprehension, and highlight that peers have answers too (not just trainers).

  To implement the *think-pair-share (TPS)* activity, please follow this **Knowledge Post-Evaluation Debrief Activity Protocol**:



| | |
|---|---|
| • ***Trainer Note:*** ***If you are administering this tool via NCR or Teleform, please collect ALL Trainee Answer Keys in advance of the TPS activity*** *so that Trainees' are not provided with the opportunity to change their answers. However,* ***the knowledge evaluation instrument can remain with the Trainees' throughout the TPS activity, but these tools must be collected before Trainees' exit the Training Room*** *so to prevent the tool from entering circulation which can invalidate the instrument.* ***If you are administering this tool electronically,*** *please ensure that Trainees' submit their evaluation in Qualtrics so that they are not able to change their answers once submitted. Once their evaluation is submitted, they will be advanced to a summary that will allow them to see the evaluation questions and their answer. Please ask that Trainees' not .pdf this document.*<br><br>o **T** : (Think) Trainers begin by asking trainees to "think" about which pieces of the evaluation they struggled with. (***1 minute***) And to form a pair while "thinking".<br>o **P** : (Pair) Each trainee should be paired with another trainee or a small group. (***1-2 minutes***)<br>o **S** : (Share) Trainees will share their concerns with their partner (***4 minutes with 2 minutes for each pair to share)***. Trainers expand the "share" into a whole-class discussion. (***7 minutes for a large group discussion***)<br><br>• During the **S** (Share) portion of the activity, please refer to the ***Knowledge Evaluation Answer Key*** to address Trainee questions or concerns (or to provide an answer if needed). Please transcribe what is shared by the Trainees' and provide to CalSWEC via the WebForm: https://app.smartsheet.com/b/form?EQBCT=9552be804ddd480ea8458a8f63d6a0f7<br><br>• If you have questions or concerns related to the debrief activity or the knowledge evaluation, please submit to CalSWEC via the WebForm: https://app.smartsheet.com/b/form?EQBCT=9552be804ddd480ea8458a8f63d6a0f7<br><br>Have trainees complete the participant satisfaction survey before leaving. | |

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**Videos used in this course**

Video #1: Supporting parents with COD in child welfare (6 minutes, 28 seconds)
https://www.youtube.com/watch?v=Q4ccdNMtYlw

Video #2: Case planning that supports the path to recovery (8 minutes, 25 seconds)
https://www.youtube.com/watch?v=ARQuTgXumok

Video #3: Integrated approaches, bias and meeting parents where they are (7 minutes, 16 seconds
https://www.youtube.com/watch?v=h_3bKM7lXyY

## Materials Check List

- Trainer Guide
- Trainee Guide
- Power Point
- Computer/laptop that is:
  - Linkable to a large (preferably LCD projector) screen
  - Connected to LCD Speakers
  - Connected to the internet
- Easels, chart paper (preferably with self-adhesive), markers, Post-its, Blue Tape
- Colored Paper
- Team Based Learning Activity Score Cards
  - The Team Based Learning (TBL) activity consists of using score cards. The score cards can be purchased from http://www.epsteineducation.com/home/order/default.aspx (Version w/10 questions and 4 answer choices). You will want to make sure that the correct answers on the test answer sheet correspond with the correct answers (stars) on the score cards. To do this, scratch off the score cards with a coin to reveal where the stars are located, then update the answer sheet of the trainers guide.
- For Trainer:
  - Letter Cards (one set per group)
  - Team Readiness Assurance Test with ANSWER KEY
- Participant Satisfaction Surveys

Videos:

- The URLs for the videos are as follows:

  Video #1: Supporting parents with COD in child welfare (6 minutes, 28 seconds):
  https://www.youtube.com/watch?v=Q4ccdNMtYlw
  Video #2: Case planning that supports the path to recovery (8 minutes, 25 seconds):
  https://www.youtube.com/watch?v=ARQuTgXumok
  Video #3: Integrated approaches, bias and meeting parents where they are (7 minutes, 16 seconds:
  https://www.youtube.com/watch?v=h_3bKM7lXyY

# Appendix

**Appendix Contents:**

- Team Readiness Assurance Test with ANSWER KEY
- Illustration of TRAT Scratch off Score Sheet
- Template for the Letter Cards

## Team Based Learning: Application Activity Questions (with answer key)

**Instructions**

After reading *"Birth Parents with Trauma Histories and the Child Welfare System,"* please answer the following questions:

1. Twelve months ago, John and Elaina had their three children (boys 8 and 14, and a daughter aged 9) removed from their care for chronic neglect. Twelve referrals had previously been made for general neglect based on the parent's substance use. The children had been left alone in their apartment for three days while John and Elaina went on a drug binge. The three children have been living in the current resource family home for the past 10 months and are doing well overall except for a few incidents of sexualized behavior on the part of the younger children. When the resource family tried to talk with the children about the observed behavior, the children seemed confused and not able to understand the concerns. The parents deny observing any sexualized behavior by their children. The resource family is interested in adopting all three children. The social worker wants to reunify John and Elaina with their children, but thinks that their one bedroom apartment is not adequate. John and Elaina have successfully completed their substance use treatment and parenting program, and they visit their children as often as possible. They have made positive behavioral changes that show they can provide safety, and they continue to look for jobs.

   **What is the most appropriate trauma-informed approach the social worker can take?**

   a. Recommend that services be continued for six months to obtain an assessment from a psychologist regarding the children's sexualized behavior and begin therapy as needed.

   **b. Reassess any potential biases and the Minimum Sufficient Level of Care. Convene a family team meeting to develop a safety plan with their support network to identify support for the parents so they can reunify with the children.**

   c. Continue services for parents and add counseling recommendation for children and parents.

   d. Continue with concurrent plan of adoption.

**ANSWER: B**

*Rationale: This scenario raises core practice issues, e.g., the trauma produced by removal, the norms of sexualized behavior between siblings, the individual trauma history of the parents, protective capacity of parents especially regarding the trauma associated with siblings sexualized interactions. There may be some concerns (risks vs. safety) about the 1 bedroom apartment given the ages of the children; however, with the progress that the parents have made, a reunification assessment should look at the possibility of returning the children with a strong support network and safety plan in place.*

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2. Two teenage parents (Sarah, mother, 15 and Steve, father, 16) leave the hospital with their newborn without completing discharge paperwork after Sarah overhears that nurses suspect she was using drugs while pregnant. A social worker is called to the hospital but misses the parents. Due to prior involvement with the Sarah's family,

the social worker goes to the maternal grandmother's (Mary) home where she finds Sarah with the baby. (Sarah had been a dependent of the court and removed from the Mary when she was 8 years old. They were reunified after 12 months.) Mary tells Sarah that she does not have to cooperate and says that she will assume responsibility for the baby and that Sarah, Steve and the baby can live in her house until she graduates from high school and they find an apartment. Sarah agrees to work with the social worker through a plan of family maintenance so that she can get child care while she is in school. She also agrees to attend a parenting class but denies a substance use problem of any kind and refuses a drug and alcohol assessment.

One month later, Mary calls the social worker to complain that the Sarah has been skipping school to "hang out with father;" they have begun to stay out overnight; have left the baby at day care; and have started fighting almost every night. When the fighting escalated to the father shoving Sarah and hitting her with his fist, Mary called the police and Steve was arrested. Sarah is seeking an emergency protective order. Mary says Sarah is not committed to the baby and she wants her grandchild placed with her and will adopt if necessary. She wants Sarah out of her house immediately.

**What is the most important next step that the social worker should take in deciding whether the infant can be protected without removal?**

a. Meet with Sarah privately, discuss how things are going with Mary, and ask her to discuss her plans for raising her child with Steve.

b. Discuss with Steve how he sees his role as a father, what his plans are for being involved in his child's life and what type of support system he has.

c. Explain to Sarah the consequences of failing to comply with the terms of the family maintenance agreement and the possibility that the baby could be removed from her care.

**d. Review the mother's prior 300 dependency case file and help her identify current strengths, any past trauma and any therapeutic interventions that might help her better bond with the baby and increase her protective capacity.**

**ANSWER: D**

*Rationale: The capacity of the social worker to craft a strong trauma informed case plan within voluntary family maintenance is limited unless there is full engagement. In this case, the plan has depended on the engagement primarily of the mother and grandmother. Sarah's experience as a dependent of the court may be fueling her current behavior including possible substance use and/or behavioral health issues, and what appears to be weak bonding with her baby. Working with teenage parents also requires specific training and sensitivity. The social worker is only at the beginning of being able to assess whether the infant can safely remain with the mother and/or both parents with a safety plan in place and a strong network of support.*

**3.** Four months ago, Child Welfare Services opened a family maintenance case for Keesha's family due to the intimate partner violence between Kesha's parents (Sasha and Frank). Last week, the nurse at Keesha's school reported to Child Welfare Services that Keesha, age 9, had told her teacher that most nights her father gets drunk and fights with her mother in front of her. These fights have included hitting, punching, and throwing things at each other. Case records show that at the initial family meeting, it was decided that the safety goal

would consist of keeping Keesha in her home on the condition that the parents agree to call maternal grandma (Karen) when Frank starts drinking. The parents also agreed that Keesha will go to the next-door neighbor's house when the parents have physical arguments, and the neighbor agreed.

One month after this initial meeting, the social worker was contacted by the school. Keesha's grades have been falling, and for the past 2 weeks she has often been late, and her overall attendance has dropped. The social worker contacted Karen, who stated that she is worried that Keesha is often "right in the middle of the violence" between her parents and "it scares her, she closes down, and even has nightmares sometimes." The social worker meets with Frank and Sasha and learns that Frank lost his job two weeks ago. They cannot afford to keep their apartment and are now facing eviction.

**What is the best way for the social worker to assess if the family maintenance plan is sufficient to keep Keesha safe?**

a. Meet with parents to determine if father will agree to enter a substance use treatment program.

**b. Immediately schedule a family team meeting to assess the safety plan**

c. Remove Keesha and place her with her grandmother.

d. Amend the family maintenance plan to include domestic violence counseling and alcohol treatment for Father

**ANSWER: B**

*Rationale: This scenario includes intimate partner violence, substance (alcohol) use, and behavioral impact of trauma. The existing safety plan depends on Keesha's capacity to get to the neighbor's house when her parents fight and the parents calling the maternal grandmother when the father drinks. Neither of these requirements are automatic but depend on intentional actions by persons who may be involved in an emotional or threatening situation.* ***Answer B*** *brings the safety network back together to review the efficacy of the plan and the new circumstances, i.e., Keesha's school attendance and failing grades in a familiar and supportive setting. The other answers make assumptions about what is causing the school problem, are extreme (removal), or replace one ineffective plan for Keesha with another (someone else to care for her when parents are fighting).*

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**4.** The police called Child Welfare Services when Tina's mother Susan was detained for prostitution. She explained to the Emergency Response (ER) social worker that she had recently lost her "lousy" minimum wage job, that prostitution was the only way to make enough money to keep a roof over her daughter Tina's head, and that she only prostitutes at night while Tina (age 4) is asleep so it has no impact on her. She explained that a cousin lived next door and sometimes provides care for Tina. The police cited Susan, and she took the ER worker to her nearby apartment. When they arrived, Tina was asleep and the cousin was leaving the apartment. Tina awoke and was clingy with the relative and did not seem to notice when her mother entered or left the room.

**Using a trauma lens, what is the best analysis of Susan's thinking about her responsibility as a parent?**

a. Susan may have untreated trauma that affects the ways that she is able to connect with her child.

b. Susan may have untreated trauma that causes her to isolate herself from traditional social supports.

**c. Susan may have untreated trauma that interferes with her ability to parent.**

d. Susan may have untreated trauma that interferes with her ability to manage her impulses while parenting.

**ANSWER C**:

*Rationale: All the other options are subsets of the generalized analysis in A and might emerge as the social worker establishes a relationship with Susan. The presenting circumstances would not likely support removal without further evidence of abuse or neglect. A family maintenance plan with the cooperation of the cousin could be used as a means of helping Susan understand the possible impact on Tina. However, without a realistic alternative for income in the immediate and short term future, it is highly unlikely that Susan will retire from her current source. Establishing a trusting relationship with Susan that will provide a safe space for her to explore her trauma and accept supports such as trauma informed services, child care, and employment assistance may help her commit to creating a safe home for Tina that is not jeopardized by participating in illegal activity and being absent for long periods of time.*

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**5.** Cindi, age 20, is the mother of a 3-year boy (Sam) and an 18-month-old girl (Lucy). During a hospital visit for Lucy, she admits to the hospital social worker that she has been using meth on and off since she was about 15 and needs help. Child Welfare Services is called and during the interview, the Emergency Response (ER) social worker decides that the children are unsafe and must be removed due to Cindi's use of meth and what appears to be the general neglect of the children. Cindi breaks down and tells the worker something she has never talked about with anyone, i.e., that she was sexually assaulted by her older brother approximately five years ago. She did not feel that she could tell her mother at the time because her older brother was her mother's favorite and her mother would not have believed her.

**What should be the first trauma informed support that the social worker offers Cindi?**

a. Tell Cindi that her past trauma is related to how she is currently coping by using meth.

b. Take time with Cindi to reflect on how the removal and the presence of child welfare may have triggered memories of past trauma.

c. Set a time to follow up and be prepared to connect Susan with trauma informed services.

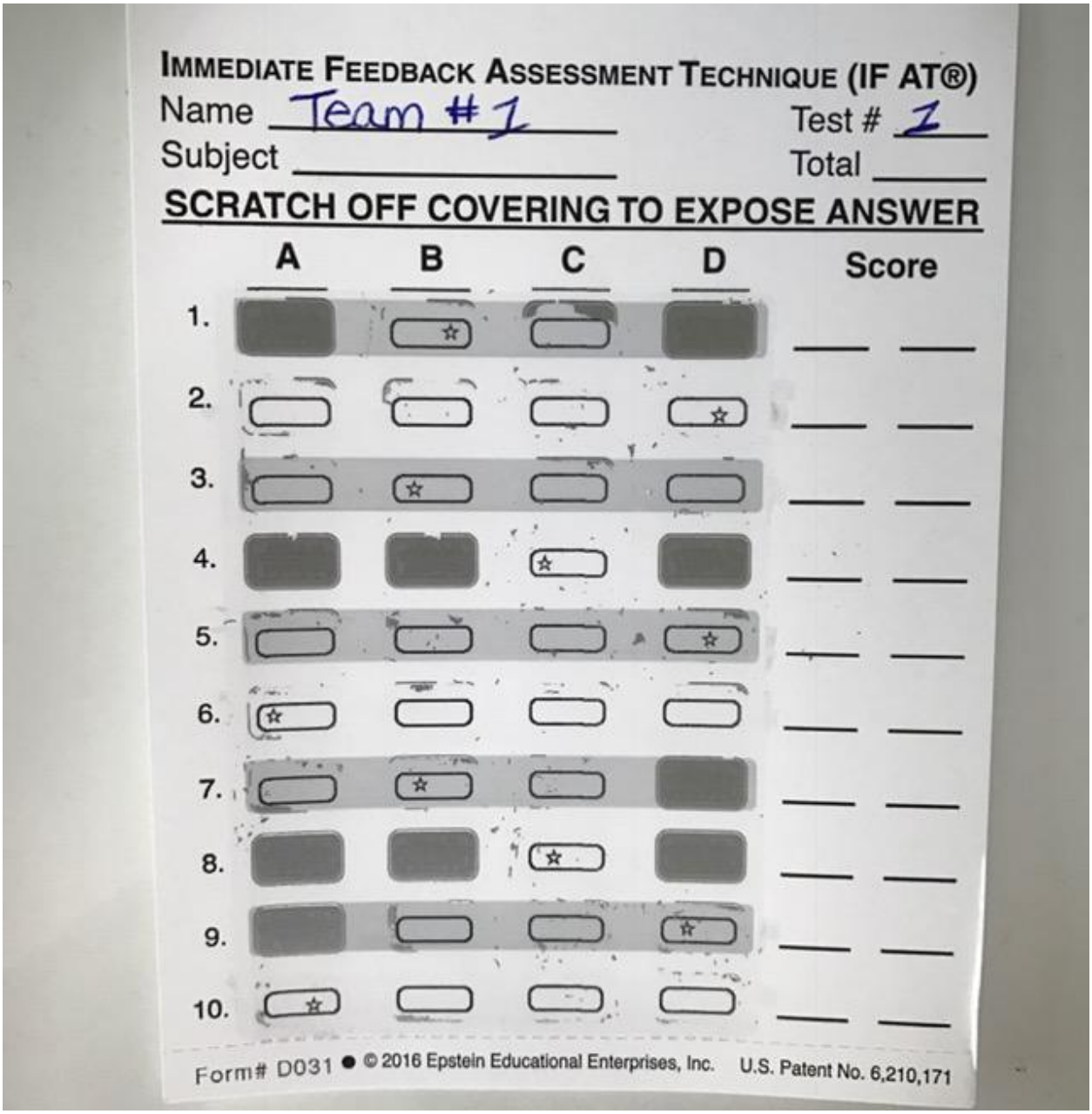
**d. Take time with Cindi to explore what happened, her feelings about being assaulted, and how her life decisions may have been impacted.**

**ANSWER D:**

*Rationale: Cindi's statement to the social worker reflects a frequent story among parents who use substances. Although each of the other options may be relevant to the case plan and inform trauma informed services, the opportunity to*

*engage the parent at this critical moment should not be replaced by conversation that focuses on the consequences of removing her children. The opportunity to fully "tell her story" and be heard is important to her taking control of her life again. Through careful use of affective listening techniques and creation of a safe space, this conversation can initiate a critical healing process for Cindi.*

**Sample Illustration of a IF AT Scratch Off Score Sheet (Form D031)**



IMMEDIATE FEEDBACK ASSESSMENT TECHNIQUE (IF AT®)

Name Team #1 Test # 1

Subject _____ Total _____

SCRATCH OFF COVERING TO EXPOSE ANSWER

| | A | B | C | D | Score | |
|---|---|---|---|---|---|---|
| 1. | | ☆ | | | ___ | ___ |
| 2. | | | | ☆ | ___ | ___ |
| 3. | | ☆ | | | ___ | ___ |
| 4. | | | ☆ | | ___ | ___ |
| 5. | | | | ☆ | ___ | ___ |
| 6. | ☆ | | | | ___ | ___ |
| 7. | | ☆ | | | ___ | ___ |
| 8. | | | ☆ | | ___ | ___ |
| 9. | | | | ☆ | ___ | ___ |
| 10. | ☆ | | | | ___ | ___ |

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**Template for the Letter Cards**

Each group will need their own set of letter cards. For example, if you have 30 people you would have 6 sets of cards (6 groups with 5 people each). Template is provided on the following page.

A B

C D