

Common Core 3.0

Trauma-informed Practice

Trainer Guide



December 31, 2018

Use Evaluation Materials Dated June 30, 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 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), STEC has a wide membership that includes Regional Training Academy (RTA) representatives, county representatives, university-based Title IV-E Project Coordinators, the Inter-University Consortium in Los Angeles (IUC), the Administrative Office of the Courts (AOC) and other key stakeholders.

A subcommittee of STEC, the Content Development Oversight Group (CDOG), provided oversight and approval for the curriculum development process. A panel of experts also provided valuable feedback specific to this particular topic of the Common Core. As with many large curriculum projects in public child welfare, significant portions of the Common Core were adapted from existing curricula.

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/sites/default/files/citation_guideline_6-2018.pdf



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.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation:

https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf

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 call CalSWEC at 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.

Evaluation

The California Social Work Education Center (CalSWEC), along with California's four Regional Training Academies (RTAs) and University Consortium of Children and Families (UCCF), will maintain the process of evaluating common core training for new child welfare workers. In addition to participant satisfaction surveys, two types of evaluation will be used: knowledge testing and skills testing. These evaluations have three main purposes: 1. To improve trainings' effectiveness in relation to trainees' needs in order to help them better serve children, youth, and families, 2. To see if the training has been effective in getting its points across, and 3. To establish a standard method of evaluating training effectiveness in response to federal requirements in the Program Improvement Plan (PIP) for California. Thus, the evaluations are not meant to evaluate individuals. The purpose is to obtain feedback on course design and effectiveness.

Pre/post-test is most often used to evaluate knowledge gained as a result of participating in the trainings. Skill-based competencies are competencies that define a desired behavior, activity, or interaction, such as interviewing a child, assessing risk, identifying indicators of child maltreatment, writing a court report, writing a case plan, etc. Embedded evaluation either builds on existing exercises or designs new tasks that can be used as both instructional and evaluation opportunities. This linkage enhances trainee learning and provides feedback to trainers for course improvement, while also providing important data on trainees' acquisition of skills (Parry and Berdie, 2004).

In order to use the data collected in the pre/post-tests and/or embedded evaluation process to improve future versions of the curriculum, there must be high levels of standardization in the content and delivery each time training is delivered. Trainers must follow the curriculum as it is written and include the activities that lead to the eventual evaluation segment. Further, trainers must follow an evaluation protocol for completing the embedded evaluation activity. This protocol is not included in this document, but is available separately from the Regional Training Academy or University Consortium for Children and Families. Please follow this protocol when conducting the evaluation activity and debrief.

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 within an agency.

TRAINING PREPARATION

It is **required** that the trainer preview the following e-Learning as prerequisite to the classroom:

1. Introduction to Trauma-informed Practice

It is **suggested** that you orient yourself to all the blocks in preparation for this training 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 e-Learnings 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>.

This classroom module has a pre- and post-test as part of the curriculum. The trainer will need to plan the training day accordingly.

This full day curriculum introduces trainees to the basic elements of trauma-informed practice. Included in this curriculum is a pre- and post-test that will be part of the Common Core 3.0 evaluation process. Trainees will learn basic definitions and terms related to trauma. There will be opportunity to explore how experiences in childhood and culture impact a person's trauma response.

This curriculum was developed by Central California Training Academy and Shared Vision Consultants. The information in this curriculum was adapted from various resources on childhood trauma including, but not limited to:

- National Child Traumatic Stress Network (NCTSN) – www.nctsn.org
- Child Trauma Academy – www.childtrauma.org
- Substance Abuse and Mental Health Services Administration - www.samhsa.gov/child-trauma

MATERIALS

- Chart Paper, Markers, Post-its
- Stress Thermometer
- Stress Thermometer Activity Scenarios
- Matching Game Cards
- *Helping Traumatized Children: A Guide for Caregivers* article by Dr. Bruce Perry
- **Re-Moved** video
- **Re-Moved** Discussion Questions
- *How to Flourish in Social Work* Handout

- **Just for Laughs** YouTube Video
- **ACEs** video
- ACE Study – Research Brief (July 2014)
- *Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff*
- **Importance of Culture** video
- *Essential Elements*
- Compassion Fatigue Self-Test: An Assessment
- **Frontline: Social Work Short Film** video

COUNTY VARIATIONS IN PRACTICE

While all counties are using some form of trauma-informed practice, there may be differences in tools, policies, and practices related to providing trauma-informed care to children and families. Prior to presenting this training module, review the county policies and practices for standardized assessment and confer with county administration regarding specific county practices.

TRAINING ACTIVITIES

Because this training is activity rather than lecture based, trainers should have extensive knowledge of CC3.0 content, training modalities, adult learning theory, and coaching. Trainers should be prepared to address a wide variety of trainee questions in the moment relying on CC3.0 informational materials and professional experience. Regional Training Academies may have additional resources for preparing trainers to present this curriculum.

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>.

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 practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

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.

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.

Agenda

Welcome, Review of the Agenda and Learning Objectives	9:00 – 9:30 am
Trauma Basics	9:30 – 10:30 am
<i>BREAK</i>	10:30 – 10:45 am
Trauma Basics (cont'd)	10:45 am – 12:00 pm
<i>LUNCH</i>	<i>12:00 – 1:00 PM</i>
Adverse Childhood Experiences	1:00 – 1:50 pm
Historical Trauma and Culture	1:50 – 2:20 pm
<i>BREAK</i>	<i>2:20 – 2:35 pm</i>
Child Welfare's Response to Trauma	2:35 – 2:50 pm
Self-Care	2:50 – 3:15 pm
Post-Test	3:15 – 3:45 pm
Wrap-up	3:45 – 4:00 pm

Learning Objectives

Knowledge

- K1.** The trainee will be able to describe the relationship between a person's culture, experiences of individual, familial and/or historic trauma, and his or her behaviors or responses.
- K2.** The trainee will be able to identify behaviors of children and parents in response to trauma or trauma triggers and ways to support positive adjustment.
- K3.** The trainee will be able to describe how child traumatic stress is exacerbated by ongoing stressors in a child's environment and within the child welfare system.
- K4.** The trainee will be able to identify three things social workers can do to mitigate the impact of and heal trauma for children and families.
- K5.** The trainee will be able to describe the effect of personal trauma history and secondary traumatic stress on social workers and their responses to families and children.

Skills

- S1.** Using a case example, the trainee will be able to recognize, identify, and assess symptoms of traumatic stress within a developmental and cultural context.
- S2.** Using a case example, the trainee will be able to demonstrate three things social workers can do to mitigate the impact of and heal trauma for children and families.

Values

- V1.** The trainee will value referring children with a trauma history for a thorough trauma assessment and specific trauma-related mental health services.
- V2.** The trainee will value working to prevent or mitigate the impact of traumatic stress by using trauma-informed responses.
- V3.** The trainee will value the different roles for social workers and mental health providers in providing trauma-informed services.

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 30 min 9:00–9:30 am Welcome, Review of the Agenda, and Learning Objectives	Welcome and Review of the Agenda Welcome and briefly explain logistics, as well as review the Agenda. Provide context for the training day and review or develop group agreements. Conduct introduction activity and review the learning objectives for the training. <i>PowerPoint slides: 1-10</i>
Segment 2 120 min 9:30 – 10:30 am Trauma Basics	Introduction to basic terms, definitions, and concepts associated with trauma-informed practice Ice breaker Activity, e-Learning review, videos: <i>ReMoved; Just for Laughs</i> <i>PowerPoint slides: 11-18</i> <i>Learning Objectives: K1, K3, K4, K5, K6, S1, S2, V2</i>
10:30 – 10:45 am 15 min BREAK	
10:45 am –12 noon Trauma Basics (<i>cont'd</i>)	
12:00 – 1:00 pm 60 min LUNCH BREAK	
Segment 3 50 min 1:00 pm – 1:50 pm Adverse Childhood Experiences	Introduction to ACES lecture, discussion, and activities related to Adverse Childhood Experiences Study and the long-term impact of childhood trauma. <i>PowerPoint slides 19-24</i> <i>Learning Objectives: K4, V2</i>
Segment 4 30 min 1:50-2:20 pm Historical Trauma and Culture	Information about trauma and culture lecture, video, discussion, and activity related to how culture and trauma intersect (including information about ICWA). <i>PowerPoint slides: 25-35</i> <i>Learning Objectives: K2</i>
2:20 – 2:35 15 min BREAK	

Segment	Methodology and Learning Objectives
Segment 5 15 min 2:35 – 2:50 pm	Introduction to trauma-informed child welfare practices and requirements. Introduction to Katie A./Pathways to Mental Health Services and essential elements of trauma-informed practice
Child Welfare’s Response to Trauma	<i>PowerPoint slides: 36-47</i> <i>Learning Objectives: K6, S2, V2, V3</i>
Segment 6 25 min 2:50 – 3:15 pm	Secondary Traumatic Stress Secondary traumatic stress, prevalence of trauma with child welfare staff, compassion fatigue, and coping strategies for child welfare workers
Self-Care	<i>PowerPoint slides: 48-53</i> <i>Learning Objectives: K7</i>
Segment 7 30 min 3:15 – 3:45 pm	Evaluation Post-Test Distribute evaluation post-test materials and provide instructions to trainees.
Post-Test	<i>PowerPoint slide: 54</i>
Segment 8 15 min 3:45 – 4:00 pm	Transfer of Learning Provide information regarding post-test and review any information the trainees still have questions about. Distribute course evaluation materials.
Wrap-up	<i>PowerPoint slide: 55</i>

Segment 1: Welcome, Review of the Agenda and Learning Objectives

Segment Time:	30 minutes
Trainee Content:	Agenda Learning Objectives
Materials:	Trainee Packet
Slides:	1-10

Description of Activity:

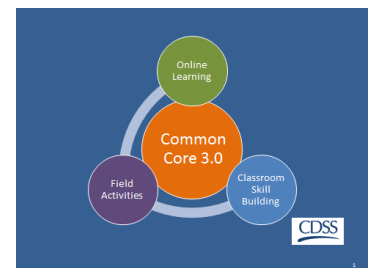
The trainer will conduct an introductory activity, including a review of the agenda; facilitate an introductory activity that reinforces the need for self-care in child welfare work; introduce the trainees to the Goals of the training and the Learning Objectives.

Before the activity

- ❑ Set up the classroom and prepare the evaluation materials.

During the activity


- ❑ Welcome the trainees to the training and introduce yourself.



Trauma-Informed Practice

California Common Core
December 31, 2018



<ul style="list-style-type: none"> ❑ Announce to the trainees: You've been exiled to a deserted island for a year. In addition to the essentials, you may take one movie, one book, and one luxury item to carry with you (but not a boat to leave the island!). ❑ What would you take with you and why? Allow a few minutes for trainees to write their list of three items. Then let them share their names along with their choices with the rest of the group. <ul style="list-style-type: none"> ○ In order to save some time, try to keep this activity to a simple report out rather than an explanation as to why the person chose those three items. ❑ After the activity, let the trainees know that this class will be reinforcing the idea and need for self-care in social work. We deal with trauma every day. It is important to take care of ourselves and remember the things that make us happy and provide an “escape” from the day-to-day work of helping people. These are things that can inspire us in adversity. 	<div data-bbox="1157 111 1510 375"> <h3>Introductions</h3> <p>You have been exiled to a deserted island for a year. In addition to the essentials, you may take one movie, one book, and a luxury item to carry with you (but not a boat to leave the island!).</p> <p>What would you take with you and why?</p> </div>
<ul style="list-style-type: none"> ❑ Provide an overview of the Agenda. 	<div data-bbox="1157 657 1510 921"> <h3>Today's Agenda</h3> <ul style="list-style-type: none"> • Review Learning Objectives • Adverse Childhood Experiences • Historical Trauma and Culture • Child Welfare's Response to Trauma • Self-Care • Evaluation Post-Test  </div>
<ul style="list-style-type: none"> ❑ Review the Goals of the training. ❑ Reinforce that this builds on the e-Learning. 	<div data-bbox="1157 957 1510 1222"> <h3>Goals for Today</h3> <ul style="list-style-type: none"> • Understand how trauma impacts children and adults. • Develop strategies for how to help children and families heal from trauma. • Understand how trauma impacts professionals. </div>
<ul style="list-style-type: none"> ❑ Instruct the trainees to review the Learning Objectives for the class. ❑ Ask them to Identify and <u>underline</u> one Learning Objective that they feel they have a good understanding of already. ❑ Ask them to identify and circle one Learning Objective that they want to focus on today. ❑ Remind the trainees to pay attention throughout the day for information that will help them meet the Learning Objective that they prioritized. 	<div data-bbox="1157 1253 1510 1518"> <h3>Learning Objectives</h3> <ul style="list-style-type: none"> • Review the Learning Objectives • Identify and <u>underline</u> one Learning Objective that you feel you already understand well. • Identify and circle one Learning Objective that you want to prioritize today. </div>

	<div data-bbox="1157 94 1510 357"> <h3>Learning Objectives</h3> <ul style="list-style-type: none"> • K1. The trainee will be able to describe the relationship between a person's culture, experiences of individual, familial and/or historic trauma, and his or her behaviors or responses. • K2. The trainee will be able to identify behaviors of children and parents in response to trauma or trauma triggers and ways to support positive adjustment. • K3. The trainee will be able to describe how child traumatic stress is exacerbated by ongoing stressors in a child's environment and within the child welfare system. </div> <div data-bbox="1157 378 1510 640"> <h3>Learning Objectives</h3> <ul style="list-style-type: none"> • K4. The trainee will be able to identify three things social workers can do to mitigate the impact of and heal trauma for children and families. • K5. The trainee will be able to describe the effect of personal trauma history and secondary traumatic stress on social workers and their responses to families and children. </div> <div data-bbox="1157 661 1510 924"> <h3>Learning Objectives</h3> <ul style="list-style-type: none"> • S1. Using a case example, the trainee will be able to recognize, identify, and assess symptoms of traumatic stress within a developmental and cultural context. • S2. Using a case example, the trainee will be able to demonstrate three things social workers can do to mitigate the impact of and heal trauma for children and families. </div> <div data-bbox="1157 945 1510 1207"> <h3>Learning Objectives</h3> <ul style="list-style-type: none"> • V1. The trainee will value referring children with a trauma history for a thorough trauma assessment and specific trauma-related mental health services. • V2. The trainee will value working to prevent or mitigate the impact of traumatic stress by using trauma-informed responses. • V3. The trainee will value the different roles for social workers and mental health providers in providing trauma-informed services. </div>
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Transition to the next segment

- ☐ Move on to the next segment, Trauma Basics.

Segment 2: Trauma Basics

Segment Time:	135 minutes
Activity Time:	20 minutes – Activity 2A: Stress Thermometer Activity 20 minutes – Activity 2B: Trauma Matching Game 30 minutes – Activity 2C: <u>Re-Moved</u> video 30 minutes – Activity 2D: <u>Re-Moved</u> video Table Group and Large Group Discussion 30 minutes – Activity 2E: How Social Workers Can Help Activity 5 minutes – Activity 2F: <u>Just for Laughs</u> video
Trainee Content:	Trauma Matching Game “Helping Traumatized Children” Article
Materials:	Thermometer poster, chart paper, markers, post-its Thermometer Activity Scenarios Matching Game Cards Matching Game Answer Key <u>Re-Moved</u> video Re-Moved Worksheet How to Flourish in Social Work (https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-poster.pdf) <u>Just for Laughs</u> video
Slides:	11-18

Description of Activity:

The trainer will review the terms and definitions associated with trauma-informed practice.

Before the activity

- ❑ Review the following prior to the training:
 - “Helping Traumatized Children: A Brief Overview for Caregivers” by Dr. Bruce Perry:
https://childtrauma.org/wp-content/uploads/2014/01/Helping_Traumatized_Children_Caregivers_Perry1.pdf
 - Re-Moved video (12 min., 47 sec.): <https://youtu.be/IOeQUwdAjE0>

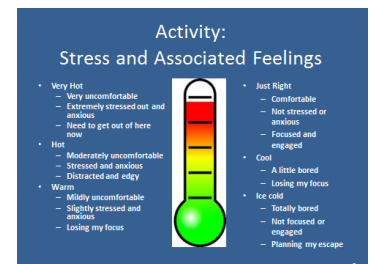
- *Just for Laughs* video (Crashed UFO Prank) (1 min., 17 sec.): <https://youtu.be/5MDxFKxbqTw>

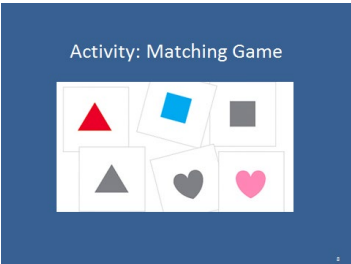
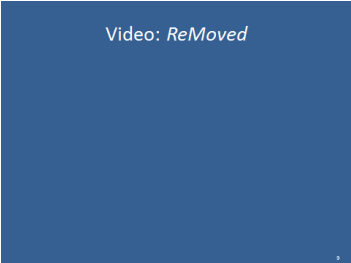
- ❑ Review the “Feelings Thermometer” activity and related scenarios in the Trainer Guide. The trainer will need to print out enough copies of the scenarios to distribute one to each trainee. More than one trainee may have the same scenario. After printing the scenarios, cut into strips. These will be distributed to the trainees during the activity.
- ❑ It is recommended that a re-usable poster be created for the “Feelings Thermometer” activity. If this is not feasible, the trainer will need to draw a thermometer on chart paper and add the following labels to the thermometer:
 - Very Hot (top of the thermometer)
 - Hot
 - Warm
 - Just Right
 - Cool
 - Ice Cold (bottom of the thermometer)
- ❑ Prepare the Matching Game ahead of time by printing the terms and definitions. These will then be cut up and placed into an envelope. Create enough envelope sets for each table group.
- ❑ Make copies of the How to Flourish in Social Work poster (on letter or legal size paper). If this is not feasible, show the poster to the trainees utilizing the following link:
 - <https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-poster.pdf>

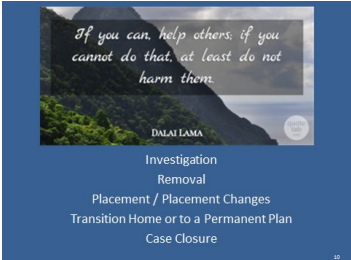
During the activity


❑ Activity 2A: Feelings Thermometer (20 min.; 9:30-9:50 am)

- Review the purpose of the activity and the scenarios in the trainer guide. Ensure that there are enough scenarios for each trainee.
 - Provide one scenario to each trainee. Instruct trainees to put themselves in the position of the person described in their scenario.
 - Trainees will (1) read their scenarios silently; (2) place their names on post-it, and place their post-its on the Feelings Thermometer Poster (which will be hung somewhere in the room) at the level they feel represents their stress based on the scenario.
 - Each trainee will, to themselves, explore physical reactions, emotional reactions, and possible behaviors associated with their stress/feeling rating (could also include coping skills they might use)
 - Break up large group either into table groups or pairs of 2-3 people (depending on time) to discuss/explore their stress/feeling rating and associated physical/emotional reactions, and possible behaviors.
 - Facilitate a large group report out. Ask if anyone would like to share their stress level and how they experienced their scenario.



<ul style="list-style-type: none"> • Conclusion: Trainer to relate activity back to child/youth <ul style="list-style-type: none"> ○ Trainer/group to have discussion on how multiple stressful events compounds upon each other – complex trauma ○ Ask large group how these reactions/behaviors would affect their ability to participate in today’s training <ul style="list-style-type: none"> • Relate back to a child participating in class or parent participating in a meeting or court hearing <p>❑ During next section (e-Learning review), the trainer can reference the Chronic and Acute scenarios.</p>	
<p>❑ Activity 2B: Matching Game (20 min.; 9:50-10:10 am)</p> <ul style="list-style-type: none"> • Distribute an envelope with the Matching Game cards to each table group. Ask the trainees to work as a table group to match each term or concept with the correct definition or description. If they have notes from their e-Learning, they can use them for this activity. • The purpose of this activity is to review the trainee’s knowledge about the different types of trauma and reinforce the information that was covered in the e-Learning. • Have trainees or table groups report out their answers. Review the correct answers using the trainer answer key. 	 <p>The image shows a blue rectangular background with the text "Activity: Matching Game" at the top. Below the text are six white cards arranged in two rows of three. The top row contains a red triangle, a blue square, and a grey square. The bottom row contains a grey triangle, a grey heart, and a pink heart.</p>
<p>❑ Activity 2C: <u>Re-Moved</u> video (30 min.; 10:10-10:40 am)</p> <ul style="list-style-type: none"> • Prior to showing the video, advise trainees that what they are about to see may be upsetting, and could cause strong reactions in some people. Encourage trainees to do whatever they need to do to take care of themselves during the video. • Show the video <u>Re-Moved</u> (12:47) <ul style="list-style-type: none"> ○ Ask the trainees to look for instances of child traumatic stress as they are watching the video. ○ Ask the trainees to pay special attention to possible trauma triggers and how actions of the child welfare system can impact a child’s trauma experience. ○ Refer the trainees to the <u>Re-Moved</u> Discussion Questions in the trainee packet. Instruct trainees to take notes throughout the video. The discussion questions will be the basis for group discussion following the video. • After watching the video, facilitate a self-care activity, such as a simple breathing activity. For this activity, trainees may stand up or remain seated. Ask trainees to place the tip of their tongue against the roof of their mouth, just behind their upper front teeth, throughout the entire exercise. Provide these additional instructions: 	 <p>The image shows a solid blue rectangular background with the text "Video: ReMoved" in white at the top right.</p>

<ul style="list-style-type: none"> ○ Exhale completely through your mouth, making a whoosh sound. ○ Close your mouth and inhale quietly through your nose to a silent count of four. ○ Hold your breath for a count of seven. ○ Exhale completely through your mouth, making a whoosh sound to a count of eight. ○ Repeat the cycle three more times for a total of four breaths. <ul style="list-style-type: none"> ● Remind trainees that this simple exercise can be practiced any time they are feeling anxious or stressed. ● <i>The conclusion of this activity is a suggested time for the 15-minute morning break (10:40-10:55 am)</i> 	
<p>❑ Activity 2D: <u>Re-Moved</u> video debrief (30 min.; 10:55-11:25 am)</p> <ul style="list-style-type: none"> ● After watching the video, ask the trainees to discuss the <u>Re-Moved</u>: Discussion Questions. Allow approximately 10 minutes for the table discussion, walking around and checking in on the groups. ● After the table discussion, bring the group back together. Ask them if there is anything from their discussion that they would like to share with the large group. ● Following the report out, ask the group to brainstorm some of the ways that the child welfare system may cause harm (intentional or unintentional) to children, parents, relatives, and caregivers. Instruct the trainees to think about things that happen during the investigation, removal, placement changes, transition home, moving to a permanent plan, and case closure. The trainer will chart the group's responses. Some examples may include: <ul style="list-style-type: none"> ○ Multiple placements ○ Loss of contact with parents, siblings, friends, spiritual centers, etc. ○ Change in social worker ○ Change in school ○ Not making thoughtful placement matches ○ Not teaming with the family ○ Ignoring or discounting the voice of the child, youth, parent, and/or family ○ Delayed court hearings (which delay permanency) 	

<p>❑ Activity 2E: What can social workers do to minimize the effects of trauma at different stages in the case? (30 min.; 11:25-11:55 am)</p> <ul style="list-style-type: none"> • Staying in the same table groups as the previous activity, ask the groups to brainstorm ideas about how they as social workers can minimize the effects of trauma at different stages of the case. Remind trainees to recollect from the e-learning course that responses to trauma differ by the age of the child. Assign each table one of the following stages in a case: <ul style="list-style-type: none"> ○ Investigation ○ Removal ○ Placement/placement changes ○ Transition home or to permanent plan ○ Case closure • While the trainees are working at their table groups, the trainer should walk around the room ensuring that the groups are on task. If the trainees do not appear to get some of the concepts or are off task, provide some clarification or redirection. 	<div data-bbox="1149 111 1498 373"> <p>How can social workers help children and families AND minimize any possible harm as a result of the agency's involvement?</p> <ul style="list-style-type: none"> • Investigation • Removal • Placement/placement changes • Transition home or to permanent plan • Case closure  </div>
<ul style="list-style-type: none"> • Use the slide as a talking point. • Remind trainees of the article they read during the Trauma-Informed Practice e-Learning course, “Helping Traumatized Children: A Guide for Caregivers” by Dr. Bruce Perry. • Highlight for trainees that the social worker doesn’t have to have all the answers, but they need to know who to talk to and where to refer children if child traumatic stress is present. • Consult with your Supervisor or Behavioral Health Staff. Know how the referral system in your agency works. Look online for information. Be aware of any Katie A. (Pathways to Mental Health Services (aka “Pathways to Well-Being”)) protocols in the county, such as universal behavioral health screenings. 	<div data-bbox="1149 699 1498 961"> <p>How can a social worker help?</p> <ul style="list-style-type: none"> • Let child know they can talk about experiences or fears if they want to. • Listen carefully when they do talk. • Notice behaviors. • Give the child choices and some sense of control. • If you have any questions, ask for help from Supervisor. • Know where to refer. </div>
<ul style="list-style-type: none"> • Use the slide as a talking point. • Discuss options available within the county. • Emphasize that service referrals are not the only way to address trauma. 	<div data-bbox="1149 1150 1498 1413"> <p>Services to Consider When Trauma Is Identified</p> <p>The social worker can make referrals for services to:</p> <ul style="list-style-type: none"> • Behavioral Health Services • Trauma-Focused Therapy • Public Health Nurse or Physician • Special Activities • Educational Staff or Programs </div>
<p>❑ Activity 2F: Transition Activity, <i>Just for Laughs</i> video (5 min.; 11:55 am–12:00 pm)</p> <ul style="list-style-type: none"> • Provide the How to Flourish in Social Work Handout to trainees or access via the following link to show trainees: https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-poster.pdf • Laughter – strengthens the immune system, boosts energy, and diminishes pain. 	<div data-bbox="1149 1444 1498 1707"> <p>Just for Fun!</p> <p>https://youtu.be/3MDxTxbq7w</p> </div>

- | | |
|---|--|
| <ul style="list-style-type: none">• Show video and remind people to laugh 😊 | |
|---|--|

<https://youtu.be/5MDxFKxbqTw>

Transition to the next segment, Adverse Childhood Experiences

- ☐ Move on to the next segment, a discussion about Adverse Childhood Experiences.

Segment 3: Adverse Childhood Experiences

Segment Time:	50 minutes
Activity Time:	25 minutes – Activity 3A: <u>ACEs</u> video and discussion 25 minutes – Activity 3B: <i>Birth Parents with Trauma History</i> Article review and scenario
Trainee Content:	ACEs Research Brief (pp. 26-36 in the Trainee Guide) Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff (pp. 37-39 in the Trainee Guide). The section “How Can Trauma Affect Parents?” is on p. 38. Scenario: Birth Parents with Trauma History (p. 40 in the Trainee Guide)
Materials:	ACEs video Chart paper, markers
Slides:	19-24

Description of Activity:

The trainer will introduce Adverse Childhood Experiences Study (ACES) and explore the long-term impacts of childhood trauma.




During the activity


❑ Activity 3A: ACEs (25 min.)

- Show the ACEs video
- Following the video, facilitate a discussion using some or all of the following questions:
 - What are some adverse childhood experiences that children in the child welfare system have experienced?
 - What are some adverse childhood experiences that parents in the child welfare system have experienced?
 - How are ACEs related to the reason some children are removed?
- Answer any questions the trainees have about ACEs.
- Refer trainees to the ACEs Research Brief on page 26 of the Trainee Guide for additional information about ACEs.

Adverse Childhood Experiences

- https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

<ul style="list-style-type: none"> Children do not benefit from “not thinking about it” or “putting it out of their minds.” In your work with children and youth on your caseload and your role of providing support to birth parents, relatives, foster and adoptive parents, and guardians, there will be questions as to how to deal with and help children and youth with feelings and behaviors. Being able to refer to and/or provide to others an article that gives concrete examples is helpful. Remind trainees about the article they reviewed in the e-Learning, "Helping Traumatized Children: A Brief Overview for Caregivers", Bruce D. Perry, Ph.D., and the Child Trauma Academy, 2014. 	<div data-bbox="1143 107 1495 373"> <h3>How can Birth/Resource Parents support children with ACEs?</h3> <ul style="list-style-type: none"> DOs <ul style="list-style-type: none"> Be nurturing/comforting Be flexible Be honest – even if it's difficult Be patient – the effects of trauma can be long-lasting with a long process for recovery Provide a consistent pattern for the child's day Discuss behavioral expectations/discipline Talk and share info with the SW and MH clinician DON'Ts <ul style="list-style-type: none"> Don't be afraid to talk about the trauma if the child wants to, and listen if they do – follow the child's cues Don't over-react Don't underestimate how important it is for children to know their caregivers are “in control” Don't be afraid to ask for help </div>
<ul style="list-style-type: none"> Just as many children in the child welfare system have experienced different kinds of trauma, many birth parents involved with child welfare services have their own histories of childhood and/or adult trauma. Parents' trauma history is often related to the trauma history of their children, especially in foster care. 	<div data-bbox="1143 489 1495 751"> <h3>Parents' Trauma History</h3> <ul style="list-style-type: none"> Many parents of children in foster care have histories of adult and/or childhood trauma What this means... <ul style="list-style-type: none"> Parents' past or present trauma can make it difficult for them to work effectively with case workers and resource parents towards reunification with their children.  </div>
<p>Use slide as talking point.</p>	<div data-bbox="1143 783 1495 1045"> <h3>How Trauma Can Affect Birth Parents</h3> <ul style="list-style-type: none"> Compromise parents' ability to make judgments about safety Harder for parents to form and maintain secure and trusting relationships Impair their capacity to regulate emotions Low self-esteem and lack of coping strategies can impair a parent's decision-making ability Make the parent more vulnerable to other life stressors  </div>
<p>❑ Activity 3B: Birth Parents with Trauma History (25 min.)</p> <ul style="list-style-type: none"> Have Trainees take a moment to read the section “How Can Trauma Affect Parents?” in <i>Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff</i> on pages 39-40 of the Trainee Guide. Ask trainees to break into pairs. Instruct trainees to read the scenario: <i>Birth Parents with Trauma History</i> on page 41 of the Trainee Guide and below: <ul style="list-style-type: none"> <i>Carol is a parent with whom you are working. Visits with her 2-year-old daughter, Angelique, are scheduled to take place at the child welfare agency office on Tuesdays and Thursdays for one hour. For the last four visits, Carol has either no-showed or has tested positive for methamphetamine prior to the visitation time. Carol hasn't seen Angelique in more than two weeks. You are meeting with Carol to talk about the visitation plan and to collaborate about what can be put in place to make the visits a good experience for her and her daughter. In the past, when you have met with Carol, she has often gotten upset and raised her voice with you. She has stated on several occasions that the caregiver hates her and that the system is rigged to keep her kid away from her.</i> 	<div data-bbox="1143 1077 1495 1339"> <h3>Activity</h3> <ul style="list-style-type: none"> Review pages 38 and 39 “How Can Trauma Affect Parents?” in <i>Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff</i>.  </div>

<ul style="list-style-type: none"> • Ask one person to play the role of the parent and one person to play the role of the social worker. Allow 5 minutes for the first round. Ask trainees to switch roles. Allow another 5 minutes for the role play. • Debrief with the trainees utilizing some or all of the questions below: <ul style="list-style-type: none"> ○ What did the social worker do to help better understand the parent's trauma history? ○ What were some of the ways that the social worker responded to the parents that showed empathy and understanding? ○ In the parent role, how did the social worker let you know that they heard and understood you? 	
<ul style="list-style-type: none"> • Use this slide as a review after the Activity. • Although parents may experience the child welfare system as re-traumatizing there is potential to support their trauma recovery and strengthen their resilience. • Social workers can serve as triggers or can be bridges to hope and healing based on how the SW responds to the parent. • Social workers can share this information with Resource and Adoptive Parents to help them understand how trauma affects both children and parents. 	<div data-bbox="1133 470 1503 749"> <p>How can social workers help parents heal</p> <ul style="list-style-type: none"> • Understand parent's anger, fear, resentment, or avoidance as reactions to past trauma • Assess parent's trauma history • Understand that traumatized parents are not bad and do not judge or blame them • Build on parent's desires to care for their child • Help parents understand impact of their own past trauma • Refer parents to trauma-informed services  </div>

Transition to the next segment

- ❑ Move on to the next segment, Historical Trauma and Culture.

Segment 4: Historical Trauma and Culture

Segment Time:	30 minutes
Activity Time:	14 minutes – Activity 4A: Introduction and <i>Importance of Culture</i> Video 8 minutes – Activity 4B: Cultural Trauma Activity 8 minutes – Activity 4C: <i>Voice of an Angry Young Woman</i> video (Historical Trauma)
Trainee Content:	N/A
Materials:	<i>Importance of Culture</i> video (6 min.) <i>Voice of an Angry Young Woman</i> video (Historical Trauma, 2 min.)
Slides:	25-35

Description of Activity:


The trainer will explore how culture and trauma intersect (including information about ICWA).


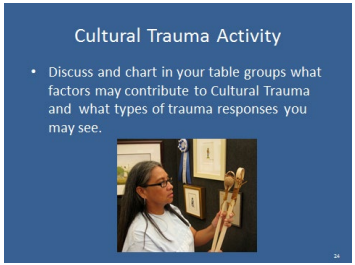
During the activity


- ❑ **Activity 4A: Introduction (8 min.) and *Importance of Culture* video (6 min.)**
- ❑ Culture is defined as a set of beliefs, attitudes, values, and standards of behavior passed from one generation to the next; this can include different notions about wellness, healing techniques, and childrearing patterns (Abney, 1996). Cultural identity and cultural references can be influential in shaping the ways in which children identify the threat posed by traumatic events, interpret them, and manifest distress.
- ❑ For some ethnic minority groups, there is a legacy of poverty, poor mental and physical health, and a pervasive sense of hopelessness in some communities. Racism, prejudice, discrimination, and health disparities persist
- ❑ Rates of exposure to different types of trauma—including family, community, war, and political violence—vary across ethnic and cultural groups. Thus, people of different cultural, national, linguistic, spiritual, and ethnic backgrounds define “trauma” in many different ways and use different expressions to describe their experiences (e.g., visions, ataque de nervios, or spirit possession).
- ❑ 60% of the foster care population in the United States is comprised of children of color and many of these children come from groups with...
 - Discrimination


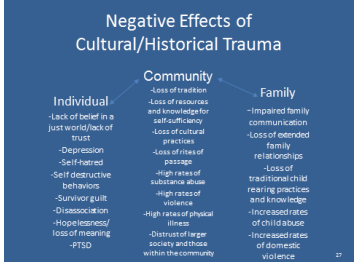
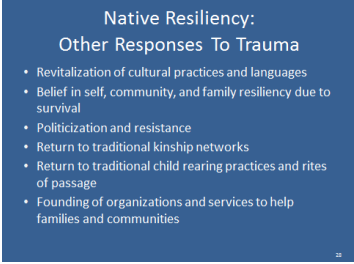

Cultural Trauma


- Social and cultural realities strongly influence children’s risk for—and experience of—trauma.
- Children and adolescents from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.
- In addition, children’s, families’, and communities’ responses to trauma vary by group.

<ul style="list-style-type: none"> • Negative stereotyping • Poverty • High rates of exposure to community violence <p>❑ Additional resources may be found at: http://www.nctsn.org/resources/topics/culture-and-trauma The National Child Traumatic Stress Network: Culture and Trauma</p>	
<p>❑ Some components of trauma response are common across diverse cultural backgrounds. Other components vary by culture.</p> <p>❑ Strong cultural identity and community/family connections can contribute to strength and resilience in the face of trauma or they can increase children’s risk for and experience of trauma.</p> <p>For example, 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.</p> <p>❑ Eight Components of Shame—Lisa Aronson Fontes</p> <ol style="list-style-type: none"> 1. <i>Responsibility for the abuse.</i> Sometimes, blame for the abuse may be inappropriately placed on actions of the child or non-offending parent, rather than on the offender by the child, the family, and community members. 2. <i>Failure to protect.</i> This generally refers to the actions of non-offending parents or other family/kin/community members, and can profoundly affect belief systems regarding the role of parents, gender roles, etc. 3. <i>Fate.</i> Some cultures place a locus of control on the individual, or on forces beyond, which they use to explain how/why sexual abuse has occurred. 4. <i>Damaged goods.</i> This is the sense of being soiled, dirty, bad, or unworthy as a result of the sexual abuse. This can be especially poignant for victims who complied with the abuser’s demands, who experienced sexual arousal or orgasm during the sexual abuse, or who enjoyed the closeness and favored status that the relationship with the perpetrator offered. 5. <i>Virginity.</i> Virginity is highly valued among numerous ethnic, religious, and regional groups. In many cultures, a girl who has engaged in any kind of sexual activity, even against her will, may be perceived as having lost her virginity and thereby be considered either unsuitable for marriage or of lesser value as a bride. Children who have promised “abstinence only” or taken “pledges of virginity” may feel that they have not lived up to their pledge. 6. <i>Predictions of a shameful future.</i> Cultural and popular notions hold that girls who have experienced sexual abuse are likely to become promiscuous and that boys who are abused by men are likely to become homosexuals or offenders. Families may also severely punish the sexual play, masturbation, or reenactment behaviors that occur during or 	<div data-bbox="1143 365 1495 627"> <p>The Influence of Culture</p> <ul style="list-style-type: none"> • Variance of trauma responses • Strong cultural identity and community/family connections • Shame  </div> <div data-bbox="1143 753 1495 1016"> <p>Eight Components of Shame Lisa Aronson Fontes</p> <ol style="list-style-type: none"> 1. Responsibility for the abuse 2. Failure to protect 3. Fate 4. Damaged goods 5. Virginity 6. Predictions of a shameful future 7. Revictimization 8. Layers of shame </div>

<p>following victimization. Families with taboos about discussing any kind of sexual behavior may be particularly reluctant to discuss sexual abuse, contributing to a feeling that it is too shameful to discuss. Conversely, families comfortable with discussing sexual issues may create an environment where the child feels comfortable disclosing details and feelings about the abuse.</p> <p>7. <i>Revictimization.</i> In some cultures, if a girl is known to have been sexually abused or considered to have been “asking for it,” she is considered “fair game” for additional victimization. Or families may be so fearful of revictimization that they overprotect or isolate their children. This can contribute to children feeling that they are being punished for their victimization or that it is their fault.</p> <p>8. <i>Layers of shame.</i> Members of certain cultures, minority groups in particular, can either feel proud and empowered because of their cultural identity, or ashamed for not conforming to a dominant “ideal”.</p>	
<p><u>Importance of Culture</u> video (video is 6 min.)</p> <p>Georgetown University Center for Human Development</p> <ul style="list-style-type: none"> • http://vimeo.com/100521857 	
<p>❑ Activity 4B: Cultural Trauma Activity (8 min.)</p> <ul style="list-style-type: none"> • Have the trainees work in their table groups. Each group will need chart paper. Have the trainees separate the chart paper in half. On one half of the chart paper have the trainees list factors that may contribute to Cultural Trauma. On the second half of chart paper have the trainees list types of trauma responses they may see. • Culture may influence: <ul style="list-style-type: none"> ○ whether or how children talk about experiences ○ children’s reactions, such as particular feelings of shame and guilt ○ how separation impacts their trauma ○ how the child/family feels about treatment • In some cultures, members do not reveal or talk about traumatic experiences <ul style="list-style-type: none"> ○ members internalize greater feelings of shame and guilt ○ separation creates a higher level of additional trauma for its members ○ members are uncomfortable talking to or trusting outsiders, or do not believe it is helpful, so treatment can be viewed with distrust, or lack of confidence in its effectiveness • Many children who enter the child welfare system are from cultural groups that experience prejudice, discrimination, negative stereotyping, 	

<p>poverty, and high rates of exposure to community violence. It is important to understand that such social and cultural realities can influence children's risk for, and experience of, trauma. The responses and resilience of children, families, and their communities to child traumatic stress are also affected by their respective socioeconomic and cultural realities.</p> <ul style="list-style-type: none"> • Psychological symptoms may also be expressed differently in different cultures. This becomes important when considering how to intervene with a traumatized child, especially in determining whether individual or family therapy is appropriate. • Also, it is important to understand that if a child enters the child welfare system and is a member of a cultural group that experiences prejudice, discrimination, or negative stereotypes, he or she needs a foster or adoptive family that understands the importance of embracing the child's racial/cultural origins. Families with specialized knowledge, resources, skills, and capacities are needed to help children address the losses of racial, cultural, and family of origin identity, and to cope with social and familial acceptance of birth status and racial origin. Whenever possible, the child's feelings and/or perceptions about living with a family of a different race or culture (either temporarily or permanently) should be considered along with the impact of those feelings on the understanding and experience of the traumatic event. 	
<ul style="list-style-type: none"> ❑ Native American families have been particularly impacted by trauma. The trainer should spend some time reviewing these terms and their meaning to help the trainees better understand how trauma is passed from generation to generation. These terms are not specific to the Native American population, but can be used to describe the experience of individuals who have experienced violence and trauma historically in our society. ❑ Ask the trainees what other groups in our society have experienced historical trauma (e.g., African Americans, Japanese Americans, Hmong, other refugee populations) <ul style="list-style-type: none"> • <u>Historical Unresolved Grief</u>: Grief as a result of Historical Trauma that has not been adequately expressed, acknowledged, or otherwise resolved. • <u>Disenfranchised Grief</u>: Grief as a result of Historical Trauma when loss cannot be voiced publicly or that loss is not openly acknowledged by the public. • <u>Internalized Oppression</u>: As a result of trauma, traumatized people may begin to internalize the views of the oppressor and perpetuate a cycle of self-hatred as well as inflicted (anger, hatred) on members of one's own group. • <u>Multigenerational Trauma</u>: This occurs when trauma is unresolved, subsequently internalized, and passed to next generation 	<div data-bbox="1144 892 1494 1155"> <h3>Historical Trauma</h3> <ul style="list-style-type: none"> • Historical Unresolved Grief • Disenfranchised Grief • Internalized Oppression • Multigenerational Trauma  <p>➤ The population of Native Americans in North America decreased by 95% between the time Columbus came to America in 1492 and the establishment of the United States in 1776.</p> </div>

<ul style="list-style-type: none"> ❑ Use the slide as a talking point. ❑ There is a cycle that describes the trauma response. ❑ Ask trainees to identify groups within the United States who have been impacted by Historical Trauma. What are some of the events that led to the traumatic experience? <ul style="list-style-type: none"> • Native Americans • African Americans • Asian Americans • Others 	 <p>The diagram illustrates a cycle of historical trauma response. It starts with 'Passion trauma, e.g. substance abuse to next generation' at the top. An arrow points down to 'Cumulative emotional and psychological wounding'. From there, an arrow points left to 'Depression, self-destructive behavior, anxiety'. Another arrow points up to 'Self-medicating to avoid painful feelings'. Finally, an arrow points right back to 'Passion trauma, e.g. substance abuse to next generation'.</p>
<ul style="list-style-type: none"> ❑ Historical Trauma Response—defined by Maria Yellow Horse Brave Heart as a constellation of features in reaction to massive group trauma. <ul style="list-style-type: none"> • Important in terms of child welfare—how these traumas have effected child rearing in Tribal communities over many generations. • For example, the increased incidences of child abuse are often attributable to the parents’ own wounding and the learning of negative child rearing practices in boarding schools. ❑ Parents interacting with the system, due to distrust etc. For example, for some parents the hopelessness and sense of powerlessness can interfere with reunification if a parent believes that once a child is removed they will never come home again. This belief would be supported as community knowledge from past historical experiences. 	 <p>The diagram shows the negative effects of cultural/historical trauma across three levels: Individual, Community, and Family. Individual effects include lack of belief in a just world, depression, self-harm, self-destructive behavior, survivor guilt, dissociation, hopelessness, loss of meaning, and PTSD. Community effects include loss of tradition, loss of resources and knowledge for self-sufficiency, loss of cultural practices, loss of rites of passage, high rates of substance abuse, high rates of violence, high rates of physical illness, and distrust of larger society and those within the community. Family effects include impaired family communication, loss of extended family relationships, loss of traditional child rearing practices and knowledge, increased rates of child abuse, and increased rates of domestic violence.</p>
<ul style="list-style-type: none"> ❑ In Native communities we also see resilient responses to the traumas that have occurred. <ul style="list-style-type: none"> • Many local Tribes have language programs and they are taught at public schools • These are also important opportunities for healing from trauma and reconnecting to the community for many of those families involved with child welfare who might have been disconnected by the historically traumatic events. • Narratives of survival/power of the people and the community • Fights against termination, right to self-determination, fighting for land and water rights 	 <p>The slide lists other responses to trauma under the heading 'Native Resiliency: Other Responses To Trauma'. The responses include: Revitalization of cultural practices and languages; Belief in self, community, and family resiliency due to survival; Politicization and resistance; Return to traditional kinship networks; Return to traditional child rearing practices and rites of passage; and Founding of organizations and services to help families and communities.</p>
<ul style="list-style-type: none"> ❑ Activity 4C: Video – Historical Trauma (video 2 min., mini-lecture and discussions 6 min.) https://www.youtube.com/watch?v=Unm563Eeq-c ❑ ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized Tribe. 	 <p>The slide features a dark blue background with the text 'Video: Case Study – Historical Loss' in white.</p>

<p>❑ Federal law passed in 1978. On June 8, 2016, the Bureau of Indian Affairs (BIA) released the first comprehensive regulations for the substantive legal requirements of the Indian Child Welfare Act. The regulations provide the first legally binding federal guidance on how to implement ICWA. The ICWA was a response to the high number of Indian children removed from their homes. The intent of ICWA was to "protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families" (25 U.S.C. § 1902).</p> <p>❑ Large Group Discussion:</p> <ul style="list-style-type: none"> • How has Historical Trauma impacted this young woman's life? • How might Historical Trauma affect the families that are within your community? <ul style="list-style-type: none"> ○ Have a few individual trainees (2-4 based on time) share personal examples of Historical Trauma from families the trainee has worked with from on the job. 	
<p>❑ <i>Table Group Discussion:</i> Assessments in child welfare should reflect cultural knowledge and competence and always take into account the cultural background and modes of communication of both the assessor and the child/family. Also, one should be aware that even speaking about child maltreatment or sexual issues is taboo in some cultures, so the discussion should be approached with sensitivity and awareness regarding these issues. What are some ways that social workers can discuss traumatic events and safety concerns with families while taking into consideration the family's culture?</p>	<div data-bbox="1143 680 1495 947"> <p>Activity: What can you do?</p> <ul style="list-style-type: none"> • What are some ways that social workers can discuss traumatic events and safety concerns with families while taking into consideration the family's culture?  </div>

Transition to the next segment

- ❑ Move on to the next segment, Child Welfare's Response to Trauma.

Segment 5: Child Welfare’s Response to Trauma

Segment Time:	15 minutes
Activity Time:	10 minutes – Essential Elements Activity
Trainee Content:	Trainee Packet
Materials:	Essential Elements of Trauma Informed Parenting
Slides:	36-47

Description of Activity:

The trainer will introduce Katie A./Pathways to Mental Health Services (aka Pathways to Well-Being); its relationship to the Continuum of Care Reform; and essential elements of trauma-informed practice.

During the activity

- ❑ Katie A. v. Bontá refers to a class-action lawsuit filed in federal district court in 2002 against the State of California and the County of Los Angeles concerning the **availability and provision of behavioral health services to children in California who are either in foster care or at imminent risk of coming into care.**
- ❑ The plaintiff, Katie A., was a 14-year old Caucasian girl in foster care in Los Angeles in 2002. She was removed from her home at age 4 and had been in foster care for 10 years. At age 5, assessments of Katie indicated that she was a victim of trauma and needed intensive trauma treatment and supportive services for her caregiver. From the age of 8, Katie was placed almost solely in congregate (group) care facilities despite the fact that multiple assessments and recommendations from mental health professionals showed that she responded best to one-on-one attention, and had difficulty with peer relations. She was moved through 37 different placements, including 4 group homes, 19 different stays at psychiatric hospitals, a 2-year stay at Metropolitan State Hospital, and 7 different stays at MacLaren Children’s Center. She never received trauma treatment or other individualized outpatient mental health services. The lawsuit alleged that these experiences led to her emotional and educational deterioration.
- ❑ Los Angeles County settled in July 2003, while the settlement agreement with the California Department of Social Services and the California Department of Health Care Services was reached in December 2011.

Pathways to Mental Health Services (formerly known as “Katie A.”)


- What is it?:
 - Class-action lawsuit in California that further delineates and holds accountable the roles of Child Welfare Workers and Behavioral Health clinicians in supporting the mental/behavioral health needs of children and youth

<p>❑ Since then, child welfare and behavioral health leaders from state and local levels have worked together to establish a sustainable framework for the provision of an array of mental health services that occur in home-based or community settings, with the significant participation of families and youth in the planning process. The settlement agreement marks a profound change in the provision of mental health services that requires heightened coordination and collaboration between the systems and staff of behavioral health and child welfare, and the families they serve.</p>	
<p>❑ The Katie A. Settlement Agreement applies to a class of children in California who are:</p> <ol style="list-style-type: none"> 1. in foster care or is at imminent risk of foster care placement, 2. have a mental illness or condition that has been documented or, if an assessment had been conducted, would have been documented, and 3. need individualized mental health services, including, but not limited to, professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition. 	<div data-bbox="1144 430 1494 682"> <p>Katie A. Settlement Agreement</p> <p>A child or youth is a “class” member, and eligible for services, if:</p> <ul style="list-style-type: none"> • the youth is in foster care or is at imminent risk of foster care placement, • the youth has a mental illness or condition, and • the youth needs individualized behavioral health services (e.g., professional assessment, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting). </div>
<p>❑ With the transformational changes brought by the Katie A. Settlement Agreement, child welfare workers need to work closely and collaboratively with trauma-informed behavioral health clinicians to mutually engage children, youth, families, and their support networks in the formation of child and family teams (CFTs). Team members collectively plan the delivery of behavioral health services and monitor ongoing progress toward goals.</p> <p>❑ In addition to the Katie A. Settlement Agreement, the Continuum of Care Reform (CCR) also relies heavily on the utilization of child and family teaming in the provision of trauma-informed, behavioral health services. A fundamental principle of CCR is that “child welfare services are most effective when delivered in the context of a...child and family team (CFT) that shares responsibility to assess, plan, intervene, monitor and refine services over time” (ACL 16-84, 10/7/16, p. 2).</p>	<div data-bbox="1144 871 1494 1123"> <p>Implications for Child Welfare Practice</p> <ul style="list-style-type: none"> • Utilization of Child and Family Teams for planning and monitoring mental/behavioral health services • Intersects with the mandate for Child and Family Teams under the Continuum of Care Reform </div> <div data-bbox="1144 1365 1494 1627"> <p>Pathways to Mental Health Services: Screening</p> <ul style="list-style-type: none"> • MUST SCREEN children and youth for behavioral health needs at intake and every year thereafter. • How is this handled in your county? </div>
<p>❑ Several steps are involved in aspects of trauma-informed practice that utilize the collaborative, family-centered approach of child and family teams. <i>(Each step has a corresponding PowerPoint slide.)</i></p> <ul style="list-style-type: none"> • SCREEN for trauma exposure and behavioral health needs: ALL children and youth MUST be screened for mental health needs at intake, and every year thereafter (ACL 16-84, 10/7/16, p. 5). How is this done in your county? 	

<ul style="list-style-type: none"> • <u>ASSESS</u> <ul style="list-style-type: none"> ○ If the initial screening indicates that the child/youth may have a need for mental/behavioral health services due to trauma exposure or for any other reason, the child welfare worker refers the child/youth to a behavioral health clinician to conduct a more comprehensive mental health assessment. ○ Additional assessments by the child welfare worker and behavioral health clinician are ongoing. 	<div data-bbox="1143 205 1495 464"> <p>Pathways to Mental Health Services: Assessment</p> <ul style="list-style-type: none"> • REFER children/youth to trauma-informed and evidence-based behavioral health services available in their communities. • The behavioral health clinician will conduct a comprehensive mental health assessment. </div>
<ul style="list-style-type: none"> • <u>ENGAGE AND COLLABORATE</u> <ul style="list-style-type: none"> ○ Engage the family, youth, and children (as developmentally-appropriate) in the formation of a Child and Family Team (CFT). ○ “A CFT is a group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, and family’s success. In addition to mandated participation of involved public agency representatives, the composition of the team is driven by family members’ preferences. Successful CFTs include persons with natural supportive relationships with the family, so that the family’s support system will continue to exist after formal services are completed (ACL 16-84, 10/7/16, p. 2). ○ The placing agency (child welfare or juvenile probation) is responsible for engaging members of the CFT and convening CFT meetings. A CFT meeting must be convened by the placing agency within the first 60 days of a child or youth coming into foster care. Typically, the placing agency also facilitates CFT meetings. ○ The placing agency convenes a CFT meeting no less than once every six months, and at least every 90 days for children or youth in placement who are receiving more intensive Specialty Mental Health Services (SMHS). 	<div data-bbox="1143 539 1495 808"> <p>Pathways to Mental Health Services: Collaboration</p> <ul style="list-style-type: none"> • MUST COLLABORATE through CHILD AND FAMILY TEAMS (CFTs). • The CFT is comprised of the youth, family, child welfare social worker and behavioral health clinician, care and service providers, and natural supports as identified by the family. </div>
<ul style="list-style-type: none"> • <u>PLAN SERVICES AND SERVICE DELIVERY</u> <ul style="list-style-type: none"> ○ Child welfare and mental health professionals and other service providers need to become comfortable working within a team environment that empowers youth and families as partners (CPM). ○ Team members work together to articulate strengths and needs and to develop a service plan with identified goals, resources, and natural supports. 	<div data-bbox="1143 1409 1495 1663"> <p>Pathways to Mental Health Services: Service Planning in Child & Family Teams</p> <ul style="list-style-type: none"> • Team members work together to articulate strengths and needs and to develop a service plan with identified goals, resources, and natural supports. • All team members participate in the individualized care plan and are responsible for supporting the child/youth and family in attaining their goals. • Families and youth are empowered as full partners, and their preferences are prioritized. </div>

<ul style="list-style-type: none"> ○ All team members participate in the development of the plan and are responsible for supporting the child/youth and family in attaining their goals. ○ The CFT process reflects the culture and preferences of children, youth, and families, building on their unique values and capacities (ACL 16-84, 10/7/16, p. 3). 	
<ul style="list-style-type: none"> • <u>MONITOR AND ADAPT</u> <ul style="list-style-type: none"> ○ Team members evaluate and refine the plan periodically to assure that progress is made toward the established goals. 	<div data-bbox="1143 289 1495 552"> <p>Pathways to Mental Health Services: Monitoring & Adapting</p> <ul style="list-style-type: none"> • MONITOR services. Collectively, team members monitor the progress of the care plan, and make adjustments as needed to meet goals. • </div> <div data-bbox="1143 621 1495 884"> <p>Pathways to Mental Health Services: Transition</p> <ul style="list-style-type: none"> • As developmental functioning and well-being are improved, the team plans for a transition from formal services to reliance on informal, community supports <p>✓ Check with your supervisor for more county-specific details!</p> </div>
<ul style="list-style-type: none"> • <u>TRANSITION</u> <ul style="list-style-type: none"> ○ As developmental functioning and well-being are improved and goals are within reach or met, the team plans for the transition from formal supports to informal, community-based resources and supports. 	
<ul style="list-style-type: none"> ❑ Now discuss how children and youth with intensive mental health needs are served through Medi-Cal's Specialty Mental Health Services (SMHS). ❑ Children with more intensive needs are entitled to receive medically necessary mental health interventions through Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS). These SMHS services are provided under the direction of the child and family team. ❑ With respect to the Continuum of Care Reform (CCR), the intensive SMHS are utilized to prevent reliance on institutional, residential, or in-patient care. The provision of SMHS is designed to allow youth with intensive mental health needs to live a normalized life in a family-like home in a community setting. ❑ The SMHS are known as: <ul style="list-style-type: none"> • Intensive Care Coordination (ICC); • Intensive Home Based Services (IHBS); and • Therapeutic Foster Care (TFC) ❑ Brief descriptions of the three SMHS are: 	<div data-bbox="1143 1392 1495 1654"> <p>Additional Services for Intensive Mental Health Needs</p> <ul style="list-style-type: none"> • The following Medi-Cal Specialty Mental Health Services (SMHS) are available for children/youth with intensive mental health needs: <ul style="list-style-type: none"> – Intensive Care Coordination (ICC) – Intensive Home-Based Services (IHBS) – Therapeutic Foster Care (TFC) </div>

<ol style="list-style-type: none"> 1. Intensive Care Coordination (ICC): The ICC Coordinator is responsible for working within the CFT to ensure that plans from any of the system partners are integrated to comprehensively address the identified goals and activities of all involved parties. ICC facilitates assessment, care planning, and coordination of services, including urgent services. ICC is used in conjunction with the provision of IHBS and TFC. 2. Intensive Home-Based Services (IHBS): IHBS are non-traditional, therapeutic services that are predominantly delivered in the home, school, or community. IHBS are intensive, individualized, strengths-based, and needs-driven interventions that aim to help the child/youth build skills necessary for successful functioning in their daily home and community environments. Services directly assist the child/youth in supporting behavioral changes for higher functioning and also provide guidance to caregivers and teachers to aid in such efforts. 3. Therapeutic Foster Care (TFC): TFC allows for the provision of short-term, intensive, highly coordinated, trauma-informed, and individualized SMHS activities for children and youth with complex emotional and behavioral needs. They are placed with trained, intensively supervised, and supported TFC parents who work under the direction of a TFC Agency. TFC parents are trained to provide medically necessary, trauma-informed interventions under the supervision of a Licensed Mental Health Professional (or a Waivered or Registered Mental Health Professional). Some examples for using TFC services are when a caregiver's inability to meet the child's mental health needs may result in a placement disruption, and either: (1) a youth is stepping down from a residential, inpatient or institutional setting; or (2) when ICC and IHBS have been or may not be sufficient. <p>❑ The Specialty Mental Health Services of ICC, IHBS, and TFC are provided to children and youth who:</p> <ol style="list-style-type: none"> 1. Are under the age of 21, 2. Are eligible for the full scope of Medi-Cal services; and 3. Meet medical necessity criteria for these Specialty Mental Health Services as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210. <p>❑ <i>Note for the trainer: Membership in the Katie A. subclass is not a prerequisite for receiving these SMHS (see DHCS MHSUDS Information Notice No: 16-004).</i></p> <p>❑ In summary, the advent of changes prompted by the Katie A. Settlement Agreement and the Continuum of Care Reform have made it possible for the</p>	
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<p>child welfare and mental health systems to work collaboratively in partnership with children and families and their support networks within child and family teams to provide behavioral health services that are trauma-informed, culturally appropriate, and sufficiently intensive to meet the needs of children and youth in the least restrictive setting.</p> <p><input type="checkbox"/> Transition to the elements of trauma-informed practice.</p>	
<p><input type="checkbox"/> “Trauma-informed practice focuses upon what has happened to a child and his/her family rather than what is wrong with that child or family. It means using knowledge of trauma and recovery to design and deliver services” (Pathways to Mental Health Services Core Practice Model Guide, 2013, p 17).</p> <p><input type="checkbox"/> Refer trainees to the “Essential Elements of Trauma-Informed Child Welfare Practice” handout in the Trainee Guide.</p> <p><input type="checkbox"/> Assign each table 1-2 essential elements. Ask them to take a few minutes and brainstorm one thing a social worker can do and one thing a caregiver can do to address the element(s) that their table were assigned.</p> <p><input type="checkbox"/> Ask the groups to report out. Highlight some of the key points below if not mentioned by the group:</p> <p><input type="checkbox"/> Maximize the child’s sense of safety:</p> <ul style="list-style-type: none"> • Provide support and comfort to the child. • Listen to the child’s worries and reassure with realistic information. • Reestablish the child’s sense that adults will be protective. • Give repeated concrete clarification about how the child will be kept safe. • Avoid exposing the child and family to inaccurate or potentially re-traumatizing information. <p><input type="checkbox"/> Assist children in reducing overwhelming emotions:</p> <ul style="list-style-type: none"> • Help the child identify and label his or her emotions. • Let the child know that his or her emotions are normal and understandable. • Help children avoid reminders that can result in overwhelming emotions. With older children, help them understand the link between trauma reminders and the overwhelming emotions they may experience. • Provide ways of coping with strong emotions, such as relaxation and physical experience. <p><input type="checkbox"/> Help children make new meaning:</p> <ul style="list-style-type: none"> • Actively listen to the child’s expression of his/her “story.” • Support the child in the development of a Life Book (i.e., a book of stories and memories about the child’s life). <p><input type="checkbox"/> Address the Impact of trauma:</p>	<div data-bbox="1143 357 1498 625"> <p>Essential Elements of Trauma-Informed Child Welfare Practice</p> <ol style="list-style-type: none"> 1. Maximize the child’s sense of safety. 2. Assist children in reducing overwhelming emotion. 3. Help children make new meaning of their trauma history and current experiences. 4. Address the impact of trauma and subsequent changes in the child’s behavior, development, and relationships. 5. Coordinate services with other agencies.  </div>

<ul style="list-style-type: none"> • Remind caregivers and other care providers that visible behavior problems can be a symptom of trauma rather than a sign of “bad” character. This does not relieve children from responsibility for their behavior but may support more constructive choices. • Offer alternative coping strategies that are more adaptive. 	
<p>❑ Use the slide as a talking point.</p>	<div data-bbox="1143 296 1495 558"> <p>Essential Elements of Trauma-Informed Child Welfare Practice (<i>cont’d</i>)</p> <ol style="list-style-type: none"> 6. Utilize comprehensive assessment of the child’s trauma experiences and their impact on the child’s development and behavior to guide services. 7. Support and promote positive and stable relationships in the life of the child. 8. Provide support and guidance to child’s family and caregivers. 9. Manage professional and personal stress. </div>

Transition to the next segment

- ❑ Move on to the next segment, Self-Care.



Segment 6: Self-Care



Segment Time:	25 minutes
Activity Time:	10 minutes – Essential Elements Activity
Trainee Content:	N/A
Materials:	Compassion Fatigue Self-Test: An Assessment <i>Frontline: Social Work Short Film</i> video (3:07) https://youtu.be/84bE1M6Usz0?list=PLoEqrtSDwqBf4O1mxQ60Vi4vEXA06Lqmn
Slides:	48-53


Description of Activity:

The trainer will introduce the concept of self-care for child welfare workers and the impact of secondary traumatic stress.

During the activity

<p>❑ Trainer to read quote and elicit feedback.</p>	<p><i>Quote</i></p> <p>“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”</p> <p>- Rachel Remen, <i>Kitchen Table Wisdom</i></p> 
<p>❑ Social workers, child welfare staff, relatives, foster and adoptive parents, guardians, etc., are all prone to secondary traumatic stress</p> <p>❑ These individuals hear the awful stories lived by the youth they work with. They must be present to help support the youth, usually at the expense of their own well-being.</p> <p>❑ The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.</p>	<p>Secondary Traumatic Stress</p> <p>Distress that results when an individual hears about the firsthand trauma experiences of another. Symptoms mimic those of PTSD:</p> <ul style="list-style-type: none"> • Re-experiencing personal trauma; • Changes in memory/perception; • Depletion of personal resources; • Disruption in perception of safety, trust, independence. 

<ul style="list-style-type: none"> ❑ Secondary traumatic stress refers to the presence of PTSD symptoms caused by the indirect exposure to traumatic material. Several other terms capture elements of this but are not all interchangeable with it. <ul style="list-style-type: none"> • Compassion Fatigue is a less stigmatizing way of to describe secondary traumatic stress and has been used interchangeably with the secondary traumatic stress. • Vicarious Trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person’s traumatic material. • Compassion Satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society. • Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishments. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically 	
<ul style="list-style-type: none"> ❑ Use slide as a talking point. ❑ Organizational factors can also contribute to secondary trauma in the field of child welfare. <ul style="list-style-type: none"> • High caseload • Inadequate resources ❑ Large Group Discussion on what other situations may lead to secondary traumatic stress. 	<div data-bbox="1149 871 1502 1138"> <h3>Sources of Secondary Traumatic Stress</h3> <ul style="list-style-type: none"> • Child or family member death on an active or recently closed case • Investigating abuse and neglect • Working in violent communities • Working with families with extensive abuse histories • Removing a child under distressing circumstances • System frustrations • Verbal or physical assault by parents or community members  </div>
<ul style="list-style-type: none"> ❑ Discuss Compassion Fatigue, a less stigmatizing way of to describe secondary traumatic stress and has been used interchangeably with the secondary traumatic stress. ❑ Review what some of the symptoms may look like. ❑ Refer to the Compassion Fatigue Self-Test: An Assessment: Recommend trainees take time after the training to assess their degree of Compassion Fatigue 	<div data-bbox="1149 1207 1502 1474"> <h3>Compassion Fatigue Self-Test: An Assessment</h3> <ul style="list-style-type: none"> • Cynicism and anger • Anxiety, fearfulness • Emotional detachment • Hopelessness and guilt • Sleep disturbance • Social withdrawal • Diminished self-care • Physical ailments  </div>

<ul style="list-style-type: none"> ❑ The trainer lectures on the importance of taking care of oneself. To do this job, one must be in a good state of mind. ❑ Large Group Discussion—Utilize some or all of the following questions: <ul style="list-style-type: none"> • What are some additional ways to cope with the traumatic situations you are exposed to and the stress that goes along with this job? • Who can you talk to when you are struggling with emotions from this work? • How can you support each other in this work? ❑ Reference the Self-Care Activity from the morning. Remind trainees to make sure they are doing things that provide comfort for themselves. 	<div data-bbox="1149 109 1502 373"> <h3>Coping</h3> <ul style="list-style-type: none"> • Understand and accept one's vulnerability • Learn to balance the needs of the client, the agency, and oneself • Utilize supervision to recognize and address • Recognize when one's self-care system is not working • Recognize negative and positive coping behaviors • Consider offering and asking for peer support  </div>
<ul style="list-style-type: none"> ❑ We know that this profession can be difficult at times. Sometimes we lose hope about what we can do to help children and families. Sometimes we wonder if what we do makes a difference. ❑ Show the <i>Frontline: Social Work Short Film</i> video (3:07). ❑ https://youtu.be/84bE1M6Uz0?list=PLoEqrtSDwgBf4O1mxQ60Vi4vEXA06Lqmn ❑ Reinforce that social workers make a difference every day by being there, listening, and helping children/youth/families heal. What they do and how they do it matters! 	<div data-bbox="1149 535 1502 798"> <h3>Frontline: Social Work Short Film (3:07)</h3> <p>https://youtu.be/84bE1M6Uz0?list=PLoEqrtSDwgBf4O1mxQ60Vi4vEXA06Lqmn</p> </div>

Transition to the next segment

- ❑ Move on to the next segment, Post-Test.

Segment 7: Post-Test

Segment Time:	30 minutes
Activity Time:	30 minutes
Trainee Content:	N/A
Materials:	Evaluation Post-Test
Slides:	54


Activity 8A: Post-Evaluation

Description of Activity:

The trainer will proxy the post-evaluation with participants.

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 on 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.** All materials are subject to change, so check in frequently.

During the activity

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| <p><input type="checkbox"/> Post-evaluation instructions FOR TRAINERS</p> <p>To complete the post-evaluation activity, you should have the following materials:</p> <ul style="list-style-type: none">• Informed Consent Document• Document with County and Training Site Codes• Answer Sheet(s)• Post-Evaluation Tool(s) (The electronic version of this evaluation is provided. Contact your respective RTA/UCCF point person to request this information.) | <p>Post-Evaluation and Closing</p>  |
|---|--|

Post-Evaluation and Closing



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 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.

☐ 30 minutes for exam – Taking the post-evaluation provides data on how the curriculum can be improved.

When trainees have completed their Answer Sheets, provide them with the post-evaluation.

Verbal Directions (Continued)

We are now ready to begin the post-evaluation. The purpose of this post-evaluation is to help us identify areas within the curriculum that can be improved. The evaluation is composed of 30 knowledge items which will cover today's content.

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 30 minutes (or when all trainees appear to have completed the evaluation),** walk around and collect the Answer Sheets and 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.

☐ Share feedback via our Web-Form:

(<https://app.smartsheet.com/b/form?EQBCT=9552be804ddd480ea8458a8f63d6a0f7>). This information will be used to track themes in concerns, issues, or topics raised for future evaluation and curriculum improvement.

Activity 8B: Trainee Satisfaction Surveys

<ul style="list-style-type: none">• Once Trainees have completed the post-test provide them with the Trainee satisfaction survey. (The electronic version of the satisfaction survey is provided. Contact your respective RTA/UCCF point person to request this information.)	<p><i>Thank you for working towards improved outcomes for Native American foster youth!</i></p>
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End of Training

- ☐ Move on to the next segment, Wrap-up.

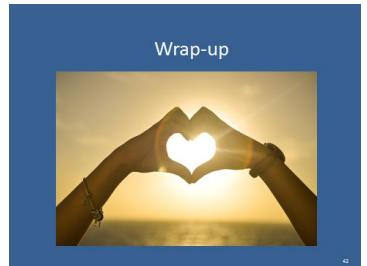
Segment 8: Wrap-up

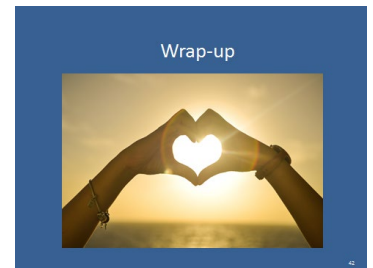
Segment Time:	15 minutes
Materials:	Evaluation/survey
Slides:	55

Description of Activity:

The trainer will provide information the trainees still have questions about.

During the activity

- | | |
|---|---|
| <ul style="list-style-type: none">❑ Transition the training to the final slide to wrap up and elicit questions.❑ Ask the trainees to think back to the Learning Objective activity from the beginning of the day. What did they learn about the Learning Objective they circled this morning? Do they have a better understanding of that Learning Objective now? Do the trainees have any additional questions?❑ Advise trainees to seek additional trauma resources and let them know that today's training was very basic; what they received today will not be enough. Trainees should be encouraged to get more information on this topic as part of their professional development. Regional Training Academies offer trauma-informed classes to supervisors and social workers that contain more advanced knowledge and skills related to trauma-informed practice.❑ Complete a +/- for the training with the trainees. |  |
| <ul style="list-style-type: none">❑ Instruct the trainees to complete the evaluations and thank them for attending the training. | |



End of the Training

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Web References:

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The Child Trauma Academy: www.childtrauma.org

The National Child Traumatic Stress Network (NCTSN). Birth Parents With Trauma Histories in the Child Welfare System: A Guide for Resource Parents.
<https://www.nctsn.org/resources/birth-parents-trauma-histories-and-child-welfare-system-guide-resource-parents>

Materials Checklist

- ☐ Chart Paper, Markers, Post-its
- ☐ Stress Thermometer
- ☐ Stress Thermometer Activity Scenarios
- ☐ Matching Game Cards
- ☐ Helping Traumatized Children: A Guide for Caregivers, article by Dr. Bruce Perry **Re-Moved** Discussion Questions
- ☐ How to Flourish in Social Work Handout
- ☐ Adverse Childhood Experiences – Research Brief (July 2014)
- ☐ Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff
- ☐ Essential Elements of Trauma-Informed Child Welfare Practice
- ☐ Compassion Fatigue Self-Test: An Assessment

Videos

- ☐ **Re-Moved**
 - <https://youtu.be/IOeQUwdAjE0>
- ☐ **Just for Laughs**
 - <https://youtu.be/5MDxFKxbqTw>
- ☐ **ACEs**
 - https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- ☐ **Importance of Culture**
 - <http://vimeo.com/100521857>
- ☐ **Voice of an Angry Young Woman** video (Historical Trauma)
 - <https://www.youtube.com/watch?v=Unm563Eeq-c>
- ☐ **Frontline: Social Work Short Film**
 - <https://youtu.be/84bE1M6Usz0?list=PLoEqrtSDwgBf4O1mxQ60Vi4vEXA06Lqmn>

Appendix

Ice Breaker Stress Activity

Objective - Understanding own reactions and how this impacts behavior will help empathetically support youth

Items Needed - Poster of Feelings Thermometer from National Child Traumatic Stress Network, Post-It notes, chart paper, markers, pre-made laminated short scenarios

Activity - Provide 1 scenario to each trainee

- Each trainee will read to themselves their scenario, place name on post-it, and place post-it on Feelings Thermometer Poster (this will be hung up somewhere in room) at level they feel represents their stress based on scenario.
- Each trainee will, to themselves, explore physical reactions, emotional reactions, and possible behaviors associated with their stress/feeling rating (could also include coping skills they might use).
- Break up large group either into table groups or pairs of 2-3 people (depending on time) to discuss/explore their stress/feeling rating and associated physical/emotional reactions, and possible behaviors.
- Small group to chart different reactions and behaviors seen at different Thermometer levels.
- Each group to report out.

Conclusion - Trainer to relate activity back to child/youth

- Trainer/group to have discussion on how multiple stressful events compounds upon each other; sum is more than the individual parts.
- Ask large group how these reactions/behaviors would affect their ability to participate in today's training.
 - Relate back to a child participating in class or parent participating in meeting or court hearing.
- During next section (Chronic vs. Acute Trauma) trainer can relate back to Chronic and Acute scenarios.

Using the scenarios on the next 3 pages, facilitate the activity. The trainer will need to cut the scenarios into strips (enough copies to ensure everyone in the room gets one) and hand out to the trainees prior to beginning the activity. There are a total of 12 scenarios.

Scenarios

You have a new boss. She is a stickler for arriving to work and being ready to work on time. You have become used to arriving 5-10 minutes late daily and getting settled at your desk prior to starting your daily tasks. She has begun pulling staff into her office, including you, and has addressed the staff's tardiness. She has indicated any future tardiness will result in a dock in pay for unexcused time off. This change in management style already has you on edge and now you are running late this morning. How do you rate your stress?

You are a new worker attending your 10th training in a month. You have just gotten out of graduate school and thought you would be done with school and are ready to be out in the field working. The topic on today's agenda does not interest you and the trainer has a very monotone training style. How do you rate your stress?

You were driving to work this morning. You are a single parent and it's been a busy morning as usual: getting yourself and the kids ready for the day, getting kids off to school, and trying to get yourself to work on time. As you are driving on the freeway you witness a car accident ahead of you. Everyone is slamming their brakes and swerving to attempt to get out of each other's way. All of a sudden, a car slams into the driver's side door and the car goes spinning. How do you rate your stress?

You are at work. Today is just like every other day; the kids are where they are supposed to be and you are having a good day at work so far. You get a call on your personal cell phone from an unknown number. When you answer, you are informed by hospital staff that your teenage son has been in an accident and you need to get to the hospital right away. When you ask for additional information (Is he okay?; Is he conscious?) the nurse has no additional information to give to you, but reiterates the importance of you getting to the hospital quickly. How do you rate your stress?

You are very close to your parents. Over the years you have watched as your parents have gotten older and last year your mother was diagnosed with cancer. You have been very involved in your mother's medical care and have supported her through radiation and chemotherapy treatments. You have watched her lose weight, lose hair, struggle with her memory, get sick from the medication, but you have also watched her fight to get better, take control of her diet and exercise, and have seen her numbers improve. She had been feeling

better for the last several months. At her most recent doctor's appointment, the doctor informed you and your mother the cancer has returned and is more aggressive. How do you rate your stress?

You are finishing up your day at work. You had a good day today. You got a lot done and it's Friday. You have plans to out of town with the family for a long weekend and you are looking forward to having fun and relaxing. How do you rate your stress?

You have seen that over the last year the company you work for has had a major decline in profits. There have been talk amongst the staff about downsizing and layoffs. You and your family are very stable right now but two incomes are needed to support the family. At work today you are called into the manager's office. The manager tells you how you have been an asset to the team and company but unfortunately due to recent changes he is going to have to let you go, effective in two weeks. How do you rate your stress?

A year ago you and your family were so happy to have moved into your new home. Yes, the home was a little pricey and more that you had originally planned on, but both you and your spouse were stable in your jobs and this was your dream home. A couple of months ago you were injured on the job. You had to take some time off and are only working part time right now. Medical bills have started coming in and with the increased day-to-day bills of the new home, you are getting farther and farther behind on everything. You do not want to lose your home. How do you rate your stress?

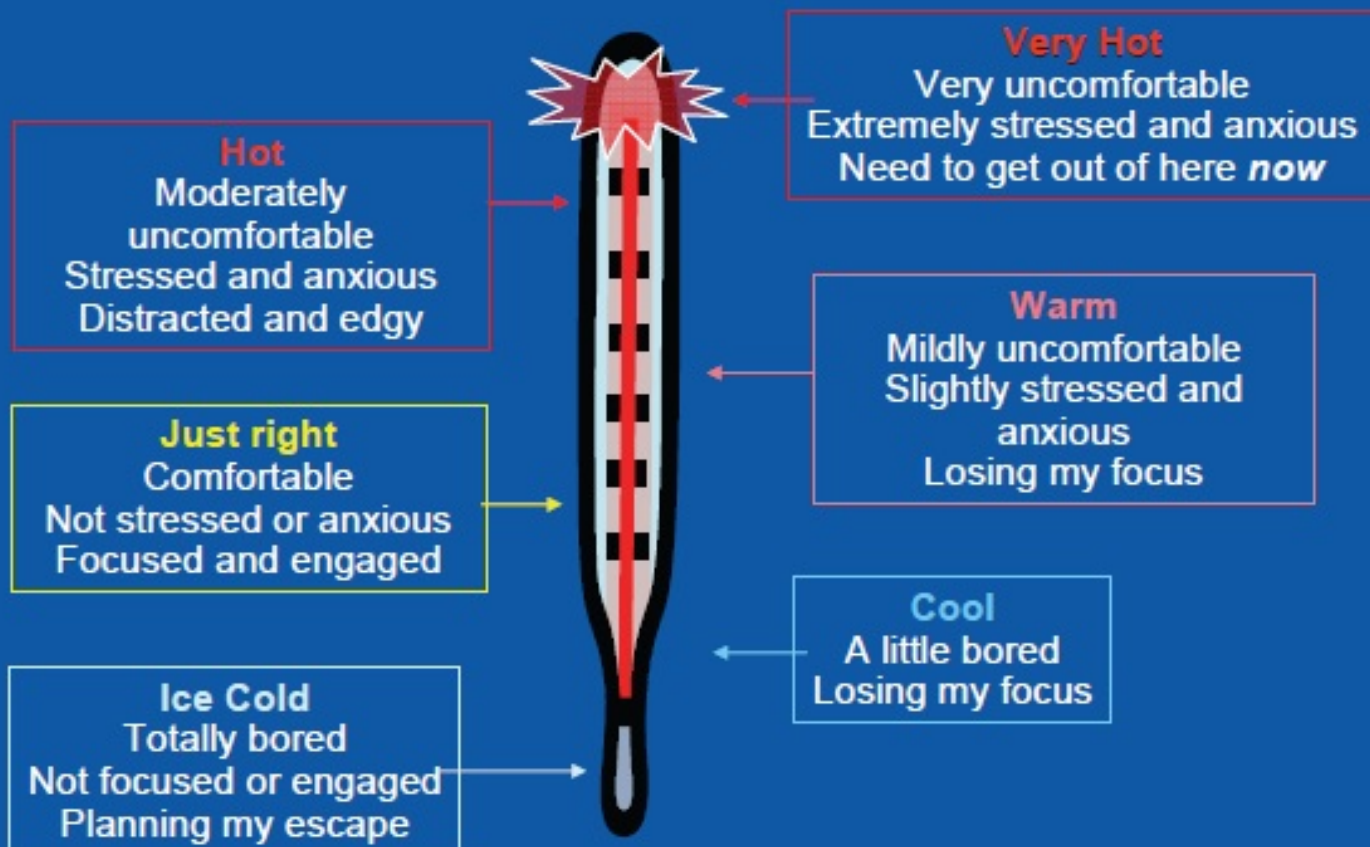
You and your partner have been married for 6 months now. The excitement has worn off and the day-to-day routine has set in. You and your partner got into a disagreement this morning before you both left for work. Thinking back on it, you don't even remember what the argument was about but both of you said some hurtful things to the other. How do you rate your stress?

When you were a child you were sexually molested by a cousin. As a child, you did what you were taught and told someone. The family decided to deal with the situation internally and the cousin was never legally prosecuted. You are not really sure what the consequences were for the cousin but the families continued to spend holidays together and you continued to see your cousin at least several times a year. You are an adult now with a job and a family. You have struggled with relationships and maintaining stability with your job over the years. How do you rate your stress?

You and your teenage daughter have always had a good relationship, enjoyed spending time together, and were able to communicate well. Over the past year she has grown distant, is moody, has changed her appearance and friends she hangs out with. You have also noticed a significant drop in her grades. When you try to talk with her, she is short with you, says everything is fine, and tells you to stay out of her business. How do you rate your stress?

You and your ex-spouse have always managed to maintain a congenial working relationship in the best interest of your son you have together. Your son had mainly been living with you but had always struggled with wanting more of a relationship with his other parent. Over the summer it was decided he would go live with your ex-spouse. It is now 9 months later. Your son is happy; however, you have seen him disconnect from you and your family, make poor choices related to friendships, and you have seen a significant decrease in academic performance and school attendance. How do you rate your stress?

Feelings Thermometer



Trauma Terms Matching Game – ANSWER KEY

Term / Concept	Definition / Description
Child Traumatic Stress	The physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child.
Acute Trauma	Single traumatic event, such as a serious accident, natural disaster, physical or sexual assault, community violence, or a school shooting.
Chronic Trauma	The experience of multiple traumatic events, such as child neglect or exposure to community violence on an ongoing basis.
Complex Trauma	Psychological trauma in early childhood that has been chronic and interpersonal in nature. These are traumatic events that are usually experienced through the child's care-giving system.
Factors that influence how children experience trauma	Child's age and developmental stage, perception of the danger, victims vs. witness, relationship to the victim or perpetrator, past experience with trauma, and adversities following the trauma
Impact of Complex Trauma	Attachment, biology, mood regulation, dissociation, behavioral control, cognition, self-concept, and development
Reactions to Trauma: Infants	Insecure attachments, developmental delays, eating problems, not easily soothed, and startle response to loud noises and movements
Reactions to Trauma: Pre-school Age Children	Unable to fall asleep on their own, difficulty separating from parents or caregivers, language delays, nightmares or night terrors, and language delays
Reactions to Trauma: School-Aged Children	Fear of sleeping alone, frequent nightmares, difficulty concentrating and learning, complaints of stomach aches or headaches, and aggressive behavior
Reactions to Trauma: Adolescents	Depressed or withdrawn, feelings of shame or guilt, fantasies about revenge, and self-destructive behavior
Trauma Reminders	Intense and disturbing feelings brought on by people, places, sights, sounds, smells, or feelings
Reactions to Trauma: Commercially Sexually Exploited Children	Complex trauma reactions, post-traumatic stress disorder, damaged sense of self, compromised interpersonal boundaries, distrust of others, suicidality, anxiety, depression, and substance abuse.
Reactions to Trauma: LGBTQ Youth	Higher rates of suicide, survival sex, HIV, sexually transmitted infections, unwanted pregnancy, and daily fear.

Trainer Instructions:

Print the Matching Game cards, mix them up, and place them in an envelope.
Make enough copies for 6 envelopes. During the activity, each table group will receive an envelope and be instructed to match the terms with the definitions.

Child Traumatic Stress

The physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child.

<p>Acute Trauma</p>	<p>Single traumatic event, such as a serious accident, natural disaster, physical or sexual assault, community violence, or a school shooting.</p>
<p>Chronic Trauma</p>	<p>The experience of multiple traumatic events, such as child neglect or exposure to community violence on an ongoing basis.</p>

<p>Complex Trauma</p>	<p>Psychological trauma in early childhood that has been chronic and interpersonal in nature. These are traumatic events that are usually experienced through the child’s care-giving system.</p>
<p>Factors that influence how children experience trauma</p>	<p>Child’s age and developmental stage, perception of the danger, victims vs. witness, relationship to the victim or perpetrator, past experience with trauma, and adversities following the trauma</p>

<p>Impact of Complex Trauma</p>	<p>Attachment, biology, mood regulation, dissociation, behavioral control, cognition, self-concept, and development</p>
<p>Reactions to Trauma: Infants</p>	<p>Insecure attachments, developmental delays, eating problems, not easily soothed, and startle response to loud noises and movements</p>

<p>Reactions to Trauma: Pre-school Age Children</p>	<p>Unable to fall asleep on their own, difficulty separating from parents or caregivers, language delays, and nightmares or night terrors</p>
<p>Reactions to Trauma: School-Aged Children</p>	<p>Fear of sleeping alone, frequent nightmares, difficulty concentrating and learning, complaints of stomach aches or headaches, and aggressive behavior</p>

<p>Reactions to Trauma: Adolescents</p>	<p>Depressed or withdrawn, feelings of shame or guilt, fantasies about revenge, and self-destructive behavior</p>
<p>Trauma Reminders</p>	<p>Intense and disturbing feelings brought on by people, places, sights, sounds, smells, or feelings</p>

<p>Reactions to Trauma: Commercially Sexually Exploited Children</p>	<p>Complex trauma reactions, post-traumatic stress disorder, damaged sense of self, compromised interpersonal boundaries, distrust of others, suicidality, anxiety, depression, and substance abuse.</p>
<p>Reactions to Trauma: LGBTQ Youth</p>	<p>Higher rates of suicide, survival sex, HIV, sexually transmitted infections, unwanted pregnancy, and daily fear.</p>