NCTSN The National Child Traumatic Stress Network

Child Welfare Trauma Training Toolkit

Trainer's Guide

1st Edition

March 2008

From the National Child Traumatic Stress Network

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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Materials Checklist

Trainer Note: Materials are listed in the order they appear throughout the *Trainer's Guide.*

- Laptop and LCD projector
- Flip chart and stand (Post-it® type preferred)
- Markers
- Supplemental Handouts, including printouts of PowerPoint slides, for each participant. It may be best to print them out in different colors by module so participants can easily see which handout is in use.
- *NCTSN Child Welfare Trauma Training Toolkit: Comprehensive Guide,* one for each participant
- Yellow highlighters, one for each participant
- Post-it® notes (2"-square size, approximately 20 for each participant)
- Audio clip of LISA 9-1-1 (included on accompanying CD)
- Speakers (if using the LCD to project video and audio clip)
- 2 twist-top bottles of seltzer water, unopened
- 1 twist-top bottle of seltzer, opened, emptied, and refilled with plain water (Label this bottle in some way so that you can later distinguish it from the other unopened seltzer bottles.)
- Paper towels, approximately one roll
- Blank white paper, approximately 100 sheets
- Prizes (optional)
- Extra pens/pencils
- DVD player and TV (optional)
- DVDs (optional)
    - *Digital Stories:* Choose from *More Than a Case File* (2006), *In Our Own Voices* (2002), or *What Made a Difference?* (2003). Order from the Youth Training Project, Bay Area Academy, San Francisco State University, www.youthtrainingproject.org.

- *Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption* (1997). Order from the Infant-Parent Institute, www.infant-parent.com.

- CD with relaxing music
- NCR paper (i.e., carbonless copy paper) or carbon paper (optional)
- Construction paper, assorted colors including black, approximately 50 pages (optional)
- Glue sticks (optional), one for each participant
- Koosh® Ball (optional)

Goals and Learning Objectives

GOALS

- To educate child welfare professionals about the impact of trauma on the development and behavior of children
- To educate child welfare professionals about when and how to intervene directly in a trauma-sensitive manner and through strategic referrals
- To ensure that all children in the child welfare system will have access to timely, quality, and effective trauma-focused interventions and a case planning process that supports resilience in long-term healing and recovery
- To support the Child and Family Services Review (CFSR) goals of safety, permanency, and well-being by increasing skills and motivation of child welfare workers to effectively serve children and families (biological and resource) in the child welfare system that have experienced traumatic stress

LEARNING OBJECTIVES

Knowledge

K1. Participants will be able to recognize the importance of trauma-informed practices in achieving safety, permanency, and well-being.

K2. Participants will be able to define the Essential Elements of trauma-informed child welfare practice.

K3. Participants will be able to understand the term "child traumatic stress" and know what types of experiences constitute childhood trauma.

K4. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses.

K5. Participants will be able to understand how traumatic experiences affect brain development and memory.

K6. Participants will be able to understand how cultural factors influence how children may identify, interpret, and respond to traumatic events.

K7. Participants will be able to understand how traumatic experiences affect development.

K8. Participants will be able to recognize how child traumatic stress is exacerbated by ongoing stressors (including separation from/loss of caregivers, and/or foster placement) in a child's environment and within the child welfare system.

K9. Participants will be able to distinguish between general mental health practitioners and those who specialize in treating trauma, to facilitate effective referrals.

K10. Participants will be able to describe the core components of evidence-based trauma treatment.

K11. Participants will be able to identify coping responses, strengths, and protective factors that promote positive adjustment among traumatized children.

K12. Participants will be able to understand the impact of secondary traumatic stress (STS) on child welfare workers.

K13. Participants will be able to identify techniques for self-care.

Skills

S1. Participants will be able to recognize, identify, and assess symptoms of traumatic stress within a developmental and cultural context.

S2. Participants will be able to identify potential strategies to support children who have experienced traumatic events. These strategies consist of standard child welfare practice tools, additional resources available through referral or consultation, and immediate and practical intervention assistance.

S3. Participants will be able to identify strategies for implementing the Essential Elements in their ongoing practice.

S4. Participants will be able to accurately distinguish between behaviors that do not require current mental health treatment vs. those that require referrals for immediate stabilization, trauma-specific interventions, and/or general mental health services.

S5. Participants will be able to identify strategies to support and promote positive and stable relationships in the life of a child.

S6. Participants will be able to identify strategies to support and guide a child's family and caregivers.

S7. Participants will be able to practice techniques for self-care.

Values

V1. Participants will be able to appreciate how the impact of traumatic stress can be prevented and/or mitigated by trauma-informed responses of child welfare workers and child welfare systems.

V2. Participants will be able to value the development of and need for trauma-informed professionals and multi-disciplinary teams.

V3. Participants will be able to value the importance of referring children with a trauma history for a thorough trauma assessment and trauma-specific mental health services.

V4. Participants will be able to appreciate the need for improved services and supports to traumatized children in the child welfare system and to their biological and resource families.

V5. Participants will be able to appreciate the challenging role that resource parents (i.e., foster parents, relatives, legal guardians, and adoptive parents) face in caring for children who have experienced trauma.

V6. Participants will be able to value their role in helping traumatized children in the child welfare system.

Sample Daily Agenda
Day 1 of 2

8:30 am – 9:00 am	Registration
9:00 am – 9:10 am	Welcome, Overview and Introductions *(10 minutes)*
9:10 am – 9:25 am	What Impact Does Trauma Have on the Goals of Safety, Permanency, and Well-Being? *(15 minutes)*
9:25 am – 9:40 am	Introduction to Trauma-Informed Child Welfare Practice and the Essential Elements *(15 minutes)*
9:40 am – 10:05 am	Introduction to Strategies for Implementing the Essential Elements *(25 minutes)*
10:05 am – 10:30 am	What Is Child Traumatic Stress? *(25 minutes)*
10:30 am – 10:45 am	BREAK *(15 minutes)*
10:45 am – 11:15 am	How Does Trauma Affect Children? *(30 minutes)*
11:15 am – 11:35 am	What Is the Influence of Culture? *(20 minutes)*
11:35 am – 12:00 noon	What Is the Influence of Developmental Stage? *(25 minutes)*
12:00 noon – 1:00 pm	LUNCH BREAK *(60 minutes)*

1:00 pm – 1:45 pm	Case Vignette—Tommy *(45 minutes)*
1:45 pm – 1:55 pm	What Child Welfare Workers Can Do *(10 minutes)*
1:55 pm – 2:10 pm	BREAK *(15 minutes)*
2:10 pm – 2:30 pm	Lecture and Small Group Discussion on Essential Element 1: Maximize the Child's Sense of Safety *(20 minutes)*
2:30 – 2:50 pm	Large Group Discussion on Essential Element 2: Assist Children in Reducing Overwhelming Emotion *(20 minutes)*
2:50 pm – 3:00 pm	Lecture on Essential Element 3: Help Children Make New Meaning of Their Trauma History and Current Experiences *(10 minutes)*
3:00 pm – 3:40 pm	Case Vignette—Andrew *(40 minutes)*
3:40 pm – 4:10 pm	Summary of Essential Elements 1, 2, and 3 *(30 minutes)*
4:10 pm – 4:15 pm	Summary of Day 1 and Day 1 Training Evaluation *(5 minutes)*

Sample Daily Agenda
Day 2 of 2

8:30 am – 9:00 am	Registration
9:00 am – 9:15 am	Welcome Back, Leftover Questions, and Energizer *(15 minutes)*
9:15 am – 9:25 am	Lecture on Essential Elements 4, 5, and 6: Address the Impact of Trauma and Subsequent Changes in the Child's Behavior, Development, and Relationships; Coordinate Services with Other Agencies; Utilize Comprehensive Assessment of the Child's Trauma Experience and Its Impact on the Child's Development and Behavior to Guide Services *(10 minutes)*
9:25 am – 9:35	Lecture: What Is Trauma Assessment? *(10 minutes)*
9:35 am – 9:50 am	Lecture: What Does Trauma-Informed Assessment and Treatment Look Like? *(15 minutes)*
9:50 am – 10:00 am	Trauma-Informed Bingo Game and Discussion of Local Resources (Optional Activity) *(10 minutes)*
10:00 am – 10:15 am	*Child Welfare Trauma Referral Tool* *(15 minutes)*
10:15 am – 10:30 am	BREAK *(15 minutes)*
10:30 am – 11:05 am	Case Vignette—Joshua *(35 minutes)*

11:05 am – 11:20 am	Summary of Essential Elements 4, 5, and 6 *(15 minutes)*
11:20 am – 11:25 am	Lecture on Essential Element 7: Support and Promote Positive and Stable Relationships in the Life of the Child *(5 minutes)*
11:25 am – 11:30 am	Lecture on Essential Element 8: Provide Support and Guidance to the Child's Family and Caregivers *(5 minutes)*
11:30 am – 12:00 noon	Discussion or Video Exercise (Optional Activity) *(30 minutes)*
12:00 noon – 1:00 pm	LUNCH BREAK *(60 minutes)*
1:00 pm – 1:35 pm	Case Vignette—Chris *(35 minutes)*
1:35 pm – 1:50 pm	Summary of Essential Elements 7 and 8 *(15 minutes)*
1:50 pm – 2:00 pm	Lecture on Essential Element 9: Manage Professional and Personal Stress *(10 minutes)*
2:00 pm – 2:15 pm	Case Vignette—Mary *(15 minutes)*
2:15 pm – 2:30 pm	What Can Help Prevent or Mitigate Secondary Traumatic Stress (STS)? *(15 minutes)*
2:30 pm – 2:45 pm	BREAK *(15 minutes)*
2:45 pm – 2:55 pm	Relaxation Exercises *(10 minutes)*
2:55 pm – 3:10 pm	Summary of Essential Element 9 *(15 minutes)*

3:10 pm – 3:25 pm	Strategizing Activity *(15 minutes)*
3:25 pm – 3:55 pm	Summary of Essential Elements 1 Through 9 *(30 minutes)*
3:55 pm – 4:10 pm	Art Summary Activity, Koosh® Ball Summary Activity, Read Summary Quote (Choose 1 or more Optional Activities) *(15 minutes)*
4:10 pm – 4:15 pm	Training Evaluation *(5 minutes)*

Lesson Plan
Day 1

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 1, Module 1 Activity 1A: 10 minutes 9:00 am – 9:10 am Welcome, Overview, and Introductions	Introduction to the Goals and the Learning Objectives for the 2-day training.	Trainer's Introduction Review goals and objectives. *PPT Slides 1–4*
Day 1, Module 1 Activity 1B: 15 minutes 9:10 am – 9:25 am What Impact Does Trauma Have on the Goals of Safety, Permanency, and Well-Being?	K1. Participants will be able to recognize the importance of trauma-informed practices in achieving safety, permanency, and well-being.	Lecture and Small Group Discussion Connect CFSR goals to new knowledge of child traumatic stress. *PPT Slide 4*
Day 1, Module 1 Activity 1C: 15 minutes 9:25 am – 9:40 am Introduction to Trauma-Informed Child Welfare Practice and the Essential Elements	K2. Participants will be able to define the Essential Elements of trauma-informed child welfare practice.	Lecture Trainer introduces participants to the Essential Elements, which will be the framework for the remainder of the training content. *PPT Slides 5–19*

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 1, Module 1 Activity 1D: 25 minutes 9:40 am – 10:05 am Introduction to Strategies for Implementing the Essential Elements	K2. Participants will be able to define the Essential Elements of trauma-informed child welfare practice.	Small Group Discussion Apply the Essential Elements to participants' own practice.
Day 1, Module 2 Activity 2A: 25 minutes 10:05 am – 10:30 am What Is Child Traumatic Stress?	K3. Participants will be able to understand the term "child traumatic stress" and know what types of experiences constitute childhood trauma.	Lecture Use Lisa 9-1-1 audio clip. Facilitate large group discussion. *PPT Slides 20–31*
BREAK *(15 minutes)* 10:30 am – 10:45 am		
Day 1, Module 2 Activity 2B: 30 minutes 10:45 am – 11:15 am How Does Trauma Affect Children?	K4. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses. K5. Participants will be able to understand how traumatic experiences affect brain development and memory.	Lecture *PPT Slides 32–44*

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 1, Module 2 Activity 2C: 20 minutes 11:15 am – 11:35 am What Is the Influence of Culture?	K6. Participants will be able to understand how cultural factors influence how children may identify, interpret, and respond to traumatic events.	Lecture and Discussion Introduce framework of Lisa Aronson Fontes as example of how culture can support or exacerbate the experience of trauma. Case sharing. *PPT Slides 45–51*
Day 1, Module 2 Activity 2D: 25 minutes 11:35 am – 12:00 noon What Is the Influence of Developmental Stage?	K7. Participants will be able to understand how traumatic experiences affect development.	Lecture *PPT Slides 52–59*
LUNCH *(60 minutes)* 12:00 noon – 1:00 pm		
Day 1, Module 2 Activity 2E: 45 minutes 1:00 pm – 1:45 pm Case Vignette	S1. Participants will be able to recognize, identify, and assess symptoms of traumatic stress within a developmental and cultural context.	Case Vignette—Tommy Identify history of traumatic events, areas of strength and resilience, current behaviors and domains in which he is having difficulty, potential areas for assessment, case management and planning, short-term and long-term outcomes, child welfare worker (CWW) roles.

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 1, Module 2 Activity 2F: 10 minutes 1:45 pm – 1:55 pm What Child Welfare Workers Can Do	K8. Participants will be able to recognize how traumatic stress is exacerbated by ongoing stressors in a child's environment and within the child welfare system. V1. Participants will be able to appreciate how the impact of traumatic stress can be prevented and/or mitigated by trauma-informed responses of CWWs and child welfare systems (CWSs).	Lecture and Discussion What CWWs can do to support traumatized children in the CWS. *PPT Slides 60–62*
BREAK *(15 minutes)* 1:55 pm – 2:10 pm		
Day 1, Module 3 Activity 3A: 20 minutes 2:10 pm – 2:30 pm Essential Element 1: Maximize the Child's Sense of Safety	K1. Participants will be able to recognize the importance of trauma-informed practices in achieving safety, permanency, and well-being.	Lecture and Small Group Discussion Distinguish between physical and psychological safety, and what CWWs can do. *PPT Slides 63–66*
Day 1, Module 3 Activity 3B: 20 minutes 2:30 pm – 2:50 pm Essential Element 2: Assist Children in Reducing Overwhelming Emotion	K8. Participants will be able to recognize how traumatic stress is exacerbated by ongoing stressors in a child's environment and within the child welfare system.	Lecture and Large Group Discussion Simulate children's emotions using seltzer bottles, and what CWWs can do. *PPT Slides 67–74*

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 1, Module 3 Activity 3C: 10 minutes 2:50 pm – 3:00 pm Essential Element 3: Help Children Make New Meaning of Their Trauma History and Current Experiences	K4. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses.	Lecture Essential Element 3: Help Children Make New Meaning of Their Trauma History and Current Experiences. *PPT Slides 75–77*
Day 1, Module 3 Activity 3D: 40 minutes 3:00 pm – 3:40 pm Case Vignette	S2. Participants will be able to identify potential strategies to support children who have experienced traumatic events. These strategies consist of standard child welfare practice tools, additional resources available through referral or consultation, and immediate and practical intervention assistance.	Case Vignette—Andrew
Day 1, Module 3 Activity 3E: 30 minutes 3:40 pm – 4:10 pm Summary of Essential Elements 1, 2, and 3	S3. Participants will be able to identify strategies for implementing the Essential Elements in their ongoing practice.	Evaluation Activity Participants identify and record strategies to help them implement the Essential Elements.
Day 1, Module 3 Activity 3F: 5 minutes 4:10 pm – 4:15 pm Summary of Day 1 and Day 1 Training Evaluation		Summarize Day 1 Allow opportunities for lingering questions.

Lesson Plan
Day 2

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 4 Activity 4A: 15 minutes 9:00 am – 9:15 am Welcome Back, Leftover Questions, and Energizer	K2. Participants will be able to be able to define the Essential Elements of trauma-informed child welfare practice.	Trainer elicits leftover questions. As Energizer, participants write down as many things as they can remember from the day before.
Day 2, Module 4 Activity 4B: 10 minutes 9:15 am – 9:25 am Essential Elements 4, 5, and 6: Address the Impact of Trauma and Subsequent Changes in the Child's Behavior, Development, and Relationships; Coordinate Services with Other Agencies; Utilize Comprehensive Assessment of the Child's Trauma Experience and Its Impact on the Child's Development and Behavior to Guide Services	V2. Participants will be able to value the development of and need for trauma-informed professionals and multidisciplinary teams.	Lecture Brief review of Essential Elements 4, 5, and 6: Address the Impact of Trauma and Subsequent Changes in the Child's Behavior, Development, and Relationships; Coordinate Services with Other Agencies; Utilize Comprehensive Assessment of the Child's Trauma Experience and Its Impact on the Child's Development and Behavior to Guide Services *PPT Slides 78–82*

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 4 Activity 4C: 10 minutes 9:25 am – 9:35 am What Is Trauma Assessment?	V3. Participants will be able to value the importance of referring children with a trauma history for a thorough trauma assessment and trauma-specific mental health services.	Lecture Trauma Assessment is defined. *PPT Slides 83–85*
Day 2, Module 4 Activity 4D: 15 minutes 9:35 am – 9:50 am What Does Trauma-Informed Assessment and Treatment Look Like?	K9. Participants will be able to distinguish between general mental health practitioners and those who specialize in treating trauma. K10. Participants will be able to be able to describe the core components of evidence-based treatment, including Trauma-Focused Cognitive Behavioral Therapy.	Lecture Trainer defines and distinguishes between general therapists and trauma-informed therapists and evidence-based treatments. Discuss worker role in obtaining such treatment for children in the CWS. *PPT Slides 86–96*
Day 2, Module 4 Activity 4E: 10 minutes 9:50 am – 10:00 am Trauma-Informed Bingo and Discussion of Local Resources (Optional Activity)	V2. Participants will value the development of and need for trauma-informed professionals and multidisciplinary teams.	Bingo Game and Discussion Participants play "Trauma-Informed Bingo" to review content and learn about local resources from fellow participants.

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 4 Activity 4F: 15 minutes 10:00 am – 10:15 am *Child Welfare Trauma Referral Tool*	K4. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses. K9. Participants will be able to distinguish between general mental health practitioners and those who specialize in treating trauma to facilitate effective referrals.	Lecture Introduce *Child Welfare Trauma Referral Tool* using PPT slides and handout samples of the tool. *PPT Slides 97–98*
BREAK *(15 minutes)* 10:15 am – 10:30 am		
Day 2, Module 4 Activity 4G: 35 minutes 10:30 am – 11:05 am Case Vignette	S4. Participants will be able to accurately distinguish between behaviors that do not require current mental health treatment vs. those that require referrals for immediate stabilization, trauma-specific interventions, and/or general mental health services.	Case Vignette—Joshua
Day 2, Module 4 Activity 4H: 15 minutes 11:05 am – 11:20 am Summary of Essential Elements 4, 5, and 6	S3. Participants will be able to identify strategies for implementing the Essential Elements in their ongoing practice.	Evaluation Activity Participants identify and record strategies to help them implement Essential Elements 4, 5, and 6.

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 5 Activity 5A: 5 minutes 11:20 am – 11:25 am Essential Element 7: Support and Promote Positive and Stable Relationships in the Life of the Child	V4. Participants will be able to appreciate the need for improved services and supports to traumatized children in the CWS and to their biological and resource families.	Lecture Why supporting and promoting positive and stable relationships in the life of the child is essential. *PPT Slides 99–101*
Day 2, Module 5 Activity 5B: 5 minutes 11:25 am – 11:30 am Essential Element 8: Provide Support and Guidance to the Child's Family and Caregivers	V5. Participants will be able to appreciate the challenging role that resource parents (i.e., foster parents, relatives, legal guardians, and adoptive parents) face in caring for children who have experienced trauma.	Lecture Why providing support and guidance to the child's family and caregivers is essential. *PPT Slide 102*
Day 2, Module 5 Activity 5C: 30 minutes 11:30 am – 12:00 noon Discussion or Video Exercise (Optional Activity)	K11. Participants will be able to identify coping responses, strengths, and protective factors that promote positive adjustment among traumatized children.	Videotape, Handout, and Discussion Participants view *Digital Stories* or *Multiple Transitions* and discuss what CWWs can do to support Essential Elements 7 and 8.
LUNCH *(60 minutes)* 12:00 noon – 1:00 pm		

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 5 Activity 5D: 35 minutes 1:00 pm – 1:35 pm Case Vignette	S5. Participants will be able to identify strategies to support and promote positive and stable relationships in the life of a child. S6. Participants will be able to identify strategies to support and guide a child's family and caregivers.	Case Vignette—Chris Participants use the case vignette to identify strategies to maximize stability and support the caregivers in Chris's life.
Day 2, Module 5 Activity 5E: 15 minutes 1:35 pm – 1:50 pm Summary of Essential Elements 7 and 8	S3. Participants will be able to identify strategies for implementing the Essential Elements in their ongoing practice.	Evaluation Activity Participants identify and record strategies to help them implement Essential Elements 7 and 8.
Day 2, Module 6 Activity 6A: 10 minutes 1:50 pm – 2:00 pm Essential Element 9: Manage Professional and Personal Stress	K12. Participants will be able to understand the impact of secondary traumatic stress on CWWs.	Lecture Secondary traumatic stress (STS) is defined. *PPT Slides 103–106*
Day 2, Module 6 Activity 6B: 15 minutes 2:00 pm – 2:15 pm Case Vignette	K12. Participants will be able to understand the impact of secondary traumatic stress on CWWs.	Case Vignette—Mary Trainer reads a vignette to the group to identify symptoms of STS as well as prevention and self-care strategies for workers.

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 6 Activity 6C: 15 minutes 2:15 pm – 2:30 pm What Can Help Prevent or Mitigate Secondary Traumatic Stress?	K13. Participants will be able to identify techniques for self-care.	Large Group Discussion Participants brainstorm ideas to prevent or mitigate STS and to practice self-care. *PPT Slide 107*
BREAK *(15 minutes)* 2:30 pm – 2:45 pm		
Day 2, Module 6 Activity 6D: 10 minutes 2:45 pm – 2:55 pm Relaxation Exercises	S7. Participants will be able to practice techniques for self-care.	Relaxation Exercises Trainer leads a relaxation exercise, or may substitute one suggested by a participant. Or a participant may lead one.
Day 2, Module 6 Activity 6E: 15 minutes 2:55 pm – 3:10 pm Summary of Essential Element 9	S3. Participants will be able to identify strategies for implementing the Essential Elements in their ongoing practice.	Evaluation Activity Participants identify and record strategies to help them implement Essential Element 9.
Day 2, Module 7 Activity 7A: 15 minutes 3:10 pm – 3:25 pm Strategizing Activity	S2. Participants will be able to identify potential strategies to support children who have experienced traumatic events. These strategies consist of standard child welfare practice tools, additional resources available through referral or consultation, and immediate and practical intervention assistance.	Small Group Activity Participants apply the Essential Elements to cases within their own county.

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
Day 2, Module 7 Activity 7B: 30 minutes 3:25 pm – 3:55 pm Summary of Essential Elements 1 Through 9	S3. Participants will be able to identify strategies for implementing the Essential Elements in their ongoing practice.	Evaluation Activity Participants identify and record strategies to help them implement the Essential Elements.
Day 2, Module 7 Activity 7C, 7D, or 7E: 15 minutes 3:55 pm – 4:10 pm Art Summary Activity, Koosh® Ball Summary Activity, or Read Summary Quote (Optional Activities)	K11. Participants will be able to identify coping responses, strengths, and protective factors that promote positive adjustment among traumatized children. V6. Participants will be able to value their role in helping traumatized children in the child welfare system.	Activity Trainer selects a concluding activity.
Day 2, Module 7 Activity 7F: 5 minutes 4:10 pm – 4:15 pm Training Evaluation		Training Evaluation *PPT Slides 108–109*

MODULE 1
Creating Trauma-Informed Child Welfare Practice: Introduction to the Essential Elements

Training Time: 65 minutes (1 hour 5 minutes)

Key Learning Points

1. Children's exposure to traumatic events and their subsequent reactions affect child welfare workers' ability to achieve the CFSR goals of safety, permanency, and well-being. Trauma-informed child welfare practice supports efforts to reach these goals.
2. The Essential Elements describe a trauma-informed child welfare practice model that addresses and best responds to the needs of children who have been maltreated and traumatized. This module details each of the Essential Elements and introduces participants to the *Comprehensive Guide.*
3. The Essential Elements are consistent with "best practice" in child welfare, and some mirror well-established child welfare priorities, such as maximizing safety. Incorporating the Essential Elements into one's practice does not require more worker time, but rather, a redirection of time.
4. While the Essential Elements are the province of all professionals, such as mental health and education professionals, who work in and with children in the child welfare system, it is the child welfare worker who coordinates with other systems to ensure that these elements are present.
5. For each Essential Element, there are three types of strategies available for child welfare workers: **Child Welfare Tools, Resources and Supports,** and **Practical Assistance.**

ACTIVITY 1A
WELCOME, OVERVIEW, AND INTRODUCTIONS

Activity Time: 10 minutes

Materials Needed

- PowerPoint Slides 1–4
- Flip chart (Post-it® type preferred) and stand
- Markers

Trainer Activities

- Cover the following in your brief introduction:
  - Thank participants for attending the training.
  - Introduce trainer(s), and give a synopsis of trainer background.
  - Provide logistical information, e.g., locations of bathrooms, phones, coffee and food, sign-in sheets, Continuing Education Units (CEUs), beginning and ending times, schedules of breaks, etc.
  - Briefly review PowerPoint Slides 3 and 4, which include CFSR goals and specific objectives of this training.
  - Make sure to emphasize that this training is not intended to increase the workload for child welfare workers. Rather, the training will help workers reshape what they are already doing to make services more trauma-informed.
  - Use one to two minutes to ask participants for specific questions they have related to child trauma, and note their questions on the flip chart. Let participants know when during the 12-hour training their question will be addressed. If there won't be time, do your best to provide a reference or resource where the participant can get more information. If time allows, have participants introduce themselves, and ask them to include their county, assignment, and years working in the field of child welfare.

TRAINER TIP: *Optional Exercise:* As participants introduce themselves and the number of years working in the field, the trainer can quietly tally the number of years of experience in the room, and provide the sum total to the group when introductions are complete. This device honors the wisdom and experience in the room when a training audience includes veteran workers. The trainer can then state that he/she looks forward to hearing ideas and wisdom from participants, as well as fresh ideas from newer workers. A fun twist on this exercise is to ask participants to line up around the room in order of years of experience, and have the group tally the total years of experience.

ACTIVITY 1B
SMALL GROUP DISCUSSIONS
What Impact Does Trauma Have on the Goals of Safety, Permanency, and Well-Being?

Activity Time: 15 minutes

Materials Needed

- *Comprehensive Guide,* pp. 10–11
- PowerPoint Slide 4
- Flip chart
- Markers

Trainer Activities

- Leave PowerPoint Slide 4 on the screen.
- Divide the group into three smaller groups, with five to six participants per group. (If you have a large group, you can divide into six or nine small groups, as needed.)
- Distribute blank flip chart sheets and markers to each group. Assign each of the three groups one of the CFSR goals: SAFETY, PERMANENCY, WELL-BEING. (If there are six small groups, assign two groups to SAFETY; if there are nine groups, assign three groups to SAFETY, etc.)

- Instruct each group to select a scribe and a spokesperson. Each group should brainstorm and write on the flip chart sheet their answers to the question: **"From what you know about trauma, how might a child's exposure to traumatic events and his or her subsequent reactions affect child welfare workers' ability to achieve the 'goal' assigned to your group?"** Provide an example for each goal, drawing from the ideas in the bullet points below. Give participants approximately five to seven minutes to brainstorm, and ask the spokesperson to be prepared to give a report-back to the larger group.
- Ask spokespeople to provide the report-backs to the larger group. As groups report, you may add any of the following points that may not have been mentioned in the report-backs.

  Safety: Traumatic stress can adversely impact the child's ability to protect himself or herself from abuse or for the agency to do so, in the following ways.

  - The child's inability to regulate moods and behavior may overwhelm or anger caregivers to the point of incurring increased risk of abuse or placing other children at risk.
  - The after-effects of trauma may impair a child's ability to describe the traumatic events in the detail needed by investigators.
  - The child's lack of trust may lead him or her to provide investigators or the courts with incomplete or inaccurate information about abuse experienced or witnessed.
  - Traumatic reactions may dull the child's emotions in ways that make some investigators skeptical of the veracity of the child's statements.
  - The child's altered world view may lead to behaviors that are self-destructive or dangerous, including premature sexual activities.

  Permanency: The child's reaction to traumatic stress can adversely impact the child's stability in placements.

  - The child's inability to regulate his or her moods and behavior may lead to behaviors that endanger or threaten stable placements, reunification, and/or adoptive placement.
  - The child's lack of trust in the motivations of caregivers may lead to rejection of possible caring adults or, conversely, lead to superficial attachments.
  - The child's early experiences and attachment problems may reduce his or her natural empathy for others, including foster or adoptive family members.

- A new foster parent or adoptive parent, unaware of the child's trauma history or of what reminders are linked to strong emotional reactions, may inadvertently trigger strong reminders of trauma.

Well-Being: Traumatic stress may have both short- and long-term consequences for the child's mental health, physical health, and life trajectory.

- The child's exposure to trauma may have produced cognitive effects that interfere with his or her ability to learn, to progress in school, and to succeed in the classroom and the community (and later in the workplace).
- The child's inability to regulate emotions may interfere with his or her ability to function in a family, in a traditional classroom, and with peers in the community.
- The child's mistaken feelings of guilt and self-blame for the negative events in his or her life may lead to a sense of hopelessness that impairs his or her ability and motivation to succeed in social and educational settings.
- A child's traumatic experiences may alter his or her worldview so that the child now sees the world as untrustworthy and isolates himself or herself from family, peers, and social and emotional support.
- Without more positive coping strategies, the child may engage in high-risk or destructive coping behaviors ranging from reckless behavior to substance abuse, smoking, running away, eating issues, sexual acting-out, and self-cutting.

■ Summarize the discussion.

ACTIVITY 1C
LECTURE
Introduction to Trauma-Informed Child Welfare Practice and the Essential Elements

Activity Time: 15 minutes

Materials Needed

- PowerPoint Slides 5–19
- Supplemental Handout: *The Essential Elements of Trauma-Informed Child Welfare Practice*

Trainer Activities

- Cover the following content in lecture format, using PowerPoint Slides 5–9:
  - The trauma-informed child welfare worker understands the impact of trauma on a child's behavior, development, relationships, and survival strategies, and can integrate that understanding into planning for the child and family. The trauma-informed child welfare worker also understands his or her role in responding to child traumatic stress.
  - The Essential Elements describe a trauma-informed child welfare practice model that addresses and best responds to the needs of children who have been maltreated and traumatized. The Essential Elements are the province of all professionals who work in and with the child welfare system. They span investigation, service provision and coordination, court decision-making, and permanency. Implementation of each Essential Element must take into consideration the child's developmental level and must reflect sensitivity to the child's family, culture, and language. Systems grounded in the Essential Elements will be better able to achieve goals of the Adoption and Safe Families Act—safety, permanency, and child well-being.
  - Refer participants to the Supplemental Handout: *The Essential Elements of Trauma-Informed Child Welfare Practice.* This handout can be used as a reference throughout the training.

- Introduce the Essential Elements:

  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.
  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 the child's family and caregivers.
  9. Manage professional and personal stress.

- The Essential Elements are consistent with "best practice" in child welfare.
- Trauma-informed child welfare practice mirrors well-established child welfare priorities such as supporting stable relationships in a child's life.
- **Implementing the Essential Elements and doing trauma-informed child welfare work do not require any more time from the child welfare worker than good-quality child welfare work already takes. Rather, they require a *redirection* of time.**

  NOTE TO TRAINERS: This point is especially important for seasoned workers who are likely to be skeptical of new ideas or practices, and who may believe that new practices may place more time and work demands on workers who may already feel overburdened.

- Explain why each of the Essential Elements is considered essential, utilizing PowerPoint Slides 10–19.

TRAINER TIP: The description of each Essential Element on Slides 10–19 should be viewed as brief snapshots of the Essential Elements. The remainder of the training will go much more in-depth into each one. Additionally, Activity 1D allows participants to become more familiar with each Essential Element.

ACTIVITY 1D
SMALL GROUP DISCUSSION
Introduction to Strategies for Implementing the Essential Elements

Activity Time: 25 minutes

Materials Needed

- *Comprehensive Guide*, pp. 20–34
- Yellow highlighter pens (one per participant)
- Post-it® notes (2"-square size, enough for 20 Post-it® notes per participant)
- Flip chart (Post-it® type preferred)
- Markers

Trainer Activities

- Assign participants to three small groups.
- Distribute yellow highlighters and Post-it® notes to each participant.
- Instruct participants to refer to the *Comprehensive Guide,* pp. 20–34, "The Essential Elements of Trauma-Informed Child Welfare Practice." For each Element, the Guide describes in greater detail than the Activity 1C lecture why each Element is essential and provides concrete strategies for child welfare workers.
- As participants work within their small groups, encourage them to highlight parts of the material that they feel are the "highlights" of this section of the Guide.
- While participants are working, write each of the Elements on a flip chart sheet (one Element per sheet).
- Instruct participants to jot down on Post-it® notes how they have already been implementing each Element in their work in the field. Let them know that they can post ideas that they are already doing which they read about in the *Comprehensive Guide* (that's NOT cheating!) *and* encourage them to write other ideas that they may be doing which aren't mentioned in the Guide. When they are finished, they should stick their Post-it® notes on the Elements page that best matches their notes.
- When each group has completed the task and has posted its Post-it® notes, read aloud a few from each Element with the whole group. If time permits, ask participants to describe how they have used the Elements with actual cases they have/had.

TRAINER TIP: This activity reviews and affirms what participants are already doing, exposes them to new ideas that are being utilized by others in the field, and underscores the point that trauma-informed child welfare practice, with implementation of the Essential Elements, does not require spending more time on their work. Rather, it is a reframing or redirection of their time. Further, the activity may demonstrate that the trauma-specific Essential Elements are less emphasized than other Essential Elements (e.g., maintaining safety) that are already standard practice for child welfare workers. If this is the case, point that out.

MODULE 2
What Is Child Traumatic Stress?

Training Time: 155 minutes (2 hours 35 minutes)

Key Learning Points

1. Child trauma comes in various forms, and many children entering the child welfare system have experienced many different types of trauma. These experiences range from abuse and neglect, to witnessing violence or the traumatic loss of a loved one, or to involvement in accidents or community violence that may be unrelated to the reason the child comes to the attention of the child welfare system.
2. Child traumatic stress should be understood utilizing a developmental and cultural framework. Trauma can derail attachment and development and requires different strategies and responses depending on the child's developmental stage.
3. Most children who come to the attention of the child welfare system have likely had multiple exposures to trauma.
4. Trauma can be cumulative, with multiple traumatic events building upon one another in a negative way. Sustained, chronic, or multiple exposures to trauma have an impact on children's development and on their ability to form attachments and relationships, to self-regulate, and to learn.
5. Without help and support, children often develop a variety of negative coping responses to traumatic stress. A child's response to traumatic stress may manifest across multiple domains of functioning and developmental processes, including emotional, behavioral, interpersonal, physiological, and cognitive functioning.
6. The realities of the child welfare system can and often do exacerbate a child's traumatic response by introducing even more stressors into the child's environment (including separation/loss of caregivers, foster placement stress, etc.). Fortunately, children often have a variety of coping responses, strengths, and protective factors that promote positive adjustment. Child welfare workers can identify these strengths and support their development and use.
7. Trauma can change children's worldviews, their sense of safety, and how they interpret the meaning of the behavior of others—including people who are trying to help them.

8. Children often have multidimensional trauma histories, and adults should not assume that they know what was most traumatic for the child. The event(s) that led to child welfare involvement may not be the child's most significant trauma experience.

ACTIVITY 2A
LECTURE, POWERPOINT SLIDES, AND AUDIO CLIP
What Is Child Traumatic Stress?

Activity Time: 25 minutes

Materials Needed

- *Comprehensive Guide,* pp. 5–9
- PowerPoint Slides 20–31
- Audio clip of Lisa 9-1-1 call (included on accompanying CD)
- Speakers (if using the LCD to project video and audio clip)

TRAINER TIP: Because of the volume of information in this module, it relies more heavily on content contained in the PowerPoint slides. Please review the slides and the *Comprehensive Guide* in detail prior to conducting a training. You may adapt the lecture/PowerPoint format to be more interactive with the group. For example, prior to presenting the material on types of trauma, you can ask the group for examples of common types of trauma experienced by children they may encounter in the child welfare system. You can then use the slides to add anything that was not covered in the participants' answers.

Trainer Activities

- Using lecture format, present the material in PowerPoint Slides 20–31. The content covered includes information on types of traumatic stress, prevalence of trauma in the United States, prevalence of trauma in child welfare populations, and other sources of ongoing stress.

- If available, you may want to substitute prevalence statistics for your state or county in this section (PowerPoint Slide 30).
- Play the audio clip of Lisa 9-1-1.

TRAINER TIP: This audio clip is an actual 9-1-1 call made to San Diego emergency services by a young girl who was witnessing a domestic violence incident between her parents. The audio clip is quite intense and may be difficult for some participants to listen to, especially those who have personally experienced or witnessed domestic violence. Before you play the recording, you should alert participants to this and tell them that they may step out of the room if they wish.

- After you play the recording, allow time for general reflections and responses. This is important due to the intensity of the material. The amount of time needed to discuss reactions to the clip may vary depending on the group. If participants need more time to process their reactions to the clip, feel free to cut out some of the following suggestions for debriefing on the clip.
- Next, ask the group to describe what they imagined was going on physically in the child's home. Then ask them what was going on internally with the child—in her brain, her body, and in her thoughts and fears. Be sure to encourage comments about Lisa's efforts to regulate her emotions and her changing emotions as the threat changed.
- Next, ask participants to describe how their own bodies and minds were reacting to this audio, which was recorded long ago and in which they were not threatened personally. Explain that while no one was actually seriously injured that night (confirmed by San Diego 9-1-1), the traumatic stress was quite obvious and real.
- Ask participants to brainstorm other types of events that might produce the same intense reactions. Look for answers such as: physical abuse/assault, sexual abuse, life-threatening violence in the house or community/school, auto accidents, natural disasters, etc.

IF PRESENTING THIS TRAINING IN TWO FULL DAYS,
TAKE A 15-MINUTE BREAK HERE.

ACTIVITY 2B
LECTURE
How Does Trauma Affect Children?

Activity Time: 30 minutes

Materials Needed

- *Comprehensive Guide,* pp. 5–8, 11–15
- PowerPoint Slides 32–44

Trainer Activities

- Using lecture format, present the material in PowerPoint Slides 32–33. This material covers information about the variability of children's responses to stressors and traumatic events and can be found in the *Comprehensive Guide,* pp. 5–6.
- Use the *Comprehensive Guide,* pp. 7–8 and pp. 11–12, and the bulleted points below to augment the information on PowerPoint Slides 34–37:

  Children with histories of complex trauma, including multiple or prolonged traumatic events, may demonstrate impairment in many of the following areas:

  - ***Attachment.*** Traumatized children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries, as well as distrust and suspiciousness. As a result, traumatized children can become socially isolated and have difficulty relating to and empathizing with others.
  - ***Biology.*** Traumatized children demonstrate biologically based challenges, including problems with movement and sensation, hypersensitivity to physical contact, and insensitivity to pain. They can have problems with coordination, balance, and body tone, as well as unexplained physical symptoms and increased medical problems (e.g., asthma, skin problems, and autoimmune disorders).
  - ***Mood regulation.*** Children exposed to trauma can have difficulty regulating their emotions, as well as difficulty knowing and describing their feelings and internal states. They can have difficulty appropriately communicating wishes and desires to others.

- ***Dissociation.*** Some traumatized children sometimes experience a feeling of detachment or depersonalization, as if they are "observing" something happening to themselves that is unreal. They can also withdraw from the outside world or demonstrate amnesia-like states.
- ***Behavioral control.*** Traumatized children can demonstrate poor impulse control, self-destructive behavior, and aggression against others. Sleep disturbances and eating disorders can also be manifestations of child traumatic stress.
- ***Cognition.*** Children exposed to trauma can have problems focusing on and completing tasks in school, as well as difficulty planning and anticipating. They sometimes have difficulty understanding their own contribution to what happens to them. Some traumatized children demonstrate learning difficulties and problems with language development.
- ***Self-concept.*** Traumatized children can experience the lack of a continuous, predictable sense of self. They can suffer from disturbances of body image, low self-esteem, shame, and guilt.

■ Use the bulleted points below to augment the information on PowerPoint slides 38–39:

- Posttraumatic stress disorder (PTSD) is defined in the DSM-IV (APA, 2000) as:
  - The precipitating event(s) involve actual or threatened (perceived) death or serious injury, rape, or child sexual abuse, to self or others.
  - The event causes intense subjective responses, such as fear, helplessness or horror (in children, this may be expressed instead by disorganized or agitated behavior).
  - The event(s) can be acute (duration of symptoms less than three months), chronic (duration of symptoms is three months or more), or with delayed onset (onset of symptoms is six months or more after the event).

  Key symptoms in children:

  - *Persistent re-experiencing of the traumatic event:* intrusive, distressing recollections of the event; flashbacks (feeling as if the event were recurring while awake); nightmares (can involve the event or "monsters," or can be a frightening dream without recognizable content); exaggerated emotional and physical reactions to reminders of the event (e.g., a child who starts hitting the pizza delivery guy who reminds him of the suspect with the gun); trauma-specific re-enactment or repetitive play, in which themes or aspects of the trauma are expressed.

- *Avoidance:* of activities, places, thoughts, feelings, or conversation related to the trauma. A child may be unable to recall an important aspect of the trauma (e.g., children who, during forensic interviews, cannot recall details); may show markedly diminished interest or participation in significant activities; may avoid feelings or intentionally detach from others; may show a restricted range of affect and be unable to have loving feelings; or may have a sense of foreshortened future.
- *Increased arousal:* difficulty sleeping; irritability or outbursts of anger; difficulty concentrating; hypervigilance; exaggerated startle response.

- PowerPoint Slide 40 identifies other common diagnoses for children in the child welfare system: Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Bipolar Disorder and Conduct Disorder. Emphasize that these diagnoses generally do not capture the full extent of the developmental impact of trauma.
- PowerPoint Slides 41–44 focus on the effect of trauma on the brain. If you, as the trainer, need more information about this topic, please refer to the following resources:
  - Putnam, F. (2006) The impact of trauma on brain development. *Juvenile and Family Court Journal, 57*(1), 1–12.
  - DeBellis, M. D. (2005). The psychobiology of neglect. *Child Maltreatment, 10*(2), 150–172.
  - Perry, B. D., & Marcellus, J. E. (1997). The impact of abuse and neglect on the developing brain. [Electronic Version]. *Colleagues for Children, Missouri Chapter of the National Committee to Prevent Child Abuse, 7,* 1–4. Retrieved January 31, 2008, from http://www.childtrauma.org/ctamaterials/AbuseBrain.asp.

ACTIVITY 2C
LECTURE AND DISCUSSION
What Is the Influence of Culture?

Activity Time: 20 minutes

Materials Needed

- *Comprehensive Guide,* pp. 15–16
- PowerPoint Slides 45–51

Trainer Activities

- Using lecture format, present the material in PowerPoint Slides 45–49. These slides cover the mutual influences of culture and trauma.

TRAINER TIP: If you are less familiar with specific dynamics of sexual abuse, you may wish to read two of the citations in the bibliography in preparation for this activity: Roland Summit's landmark article, "The child sexual abuse accommodation syndrome" (see full citation on p. 107 of this *Training Guide*), and Chapter 6 in Lisa Aronson Fontes' *Child Abuse and Culture* (see p. 105 of this *Training Guide*). If you have access to the Fontes book, you may wish to mark examples of certain cases to supplement the case examples *(see below)* provided by participants.

- Use the bulleted points below to augment the information on PowerPoint Slide 49:
  - We are going to look at one type of child traumatic stress—sexual abuse—as an example of how culture might influence responses to trauma.
  - In her book, *Child Abuse and Culture,* Lisa Aronson Fontes notes that shame is a central notion in the experience of sexual abuse. She also notes that the degree of shame still experienced one year after a disclosure of sexual abuse correlated greatly with adjustment, and that it was even more important than the severity of the abuse in determining how children fared psychologically.

- Emphasize the importance of using community and family allies (e.g., priests, spiritual leaders) when possible, in order to make a child and/or family feel more comfortable.
- Fontes notes that shame as an aspect of sexual abuse is nearly universal, but the way that children experience it and the way it is handled by others (including and most especially, their family) varies within different cultures.
- Slide 49 notes the eight components of shame described by Fontes. Define each of these components of shame *(see below).* As time allows, ask participants to volunteer their own case examples to illustrate several of these components. Encourage participants to share examples of situations in which culture provided strength and contributed to a decrease in the experience of shame, AND situations in which a cultural frame may have increased a child's shame.

TRAINER TIP: You should listen carefully to the discussion to correct any stereotypes that emerge during this conversation. For example, this discussion tends to elicit case examples involving religion and religion's negative attribution of shame. Remind participants that these stories depict individual cases and the role of culture in them but that culture can increase children's experience of stress as well as contribute to strength and resilience. Also, remember to tie the discussion back to how culture specifically impacts trauma.

- ***Responsibility for the abuse.*** 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.
- ***Failure to protect.*** 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.
- ***Fate.*** 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.
- ***Damaged goods.*** 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.

- ***Virginity.*** 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.

- ***Predictions of a shameful future.*** 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 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.

- ***Revictimization.*** 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.

- ***Layers of shame.*** 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."

- End the lecture and discussion with Slides 50–51, "What can a child welfare worker do?"

ACTIVITY 2D
LECTURE
What Is the Influence of Developmental Stage?

Activity Time: 25 minutes

Materials Needed

- *Comprehensive Guide,* p. 17
- PowerPoint Slides 52–59

Trainer Activities

- Using lecture format, present the material in PowerPoint Slides 52–59. These slides cover the mutual relationships between developmental stage and trauma.

TRAINER TIP: The sources for these slides are the *Comprehensive Guide* as well as the NCTSN fact sheets in Appendix C. You are encouraged to read these documents as part of your preparation for this section. Additional fact sheets related to trauma can be found on the NCTSN web site (www.nctsn.org). Several slides address the relationship between trauma and substance abuse in adolescence. These resources are designed to help workers prepare to look for possible substance abuse and other "behaviors in need of immediate stabilization" in the *Child Welfare Trauma Referral Tool,* introduced in Module 4.

- After presenting the PPT slides, acknowledge that working with adolescents can be difficult.
- Ask participants to raise case examples from their own practice that illustrate the challenges they have faced when working with adolescents involved in the child welfare system. Encourage participants to share strategies that can overcome some of these challenges.
- Allow ample time for comments and questions.

**IF PRESENTING THIS TRAINING IN TWO FULL DAYS,
TAKE A ONE-HOUR LUNCH BREAK HERE.**

ACTIVITY 2E
CASE VIGNETTE
Tommy

Activity Time: 45 minutes

Materials Needed

- Supplemental Handout: *Case Vignette—Tommy*
- Flip chart
- Markers

Trainer Activities

- Break participants into three small groups.
- Distribute *Case Vignette—Tommy.*
- Review the instructions on the case vignette. Participants will complete all three Sections listed under Case Exercise, before returning to the large group.
- With 10 minutes remaining, gather the large group together. Have each of the groups report on ONE of the questions (a–c) in Section 3 of the case vignette, Evaluation and Assessment. After each presentation, solicit additional ideas from the other two groups.

ACTIVITY 2F
LECTURE AND DISCUSSION
What Child Welfare Workers Can Do

Activity Time: 10 minutes

Materials Needed

- *Comprehensive Guide,* pp. 18–19
- PowerPoint Slides 60–62
- Flip chart
- Markers

Trainer Activities

- Ask participants: "What thoughts/feelings/concerns did the Tommy case bring up for you?" Answers to this question can help to provide you with a "pulse" on how participants are managing this emotionally-laden material, and help you to identify important points to discuss regarding what child welfare workers and systems can do to prevent further traumatization of children.
- Ask the group how the child welfare system may have contributed adversely to Tommy's trauma history. Lead the discussion to underline the traumatic impact of removal and placement, of losses of contact with family, siblings (through separate placements), pets, neighbors, etc. Also draw out discussion about the impact of multiple placements, changes in schools and therapists, and other transitions and losses common in the child welfare system.

TRAINER TIP: Child welfare workers may perceive other system entities (courts, foster parents, schools, therapists) as barriers to the Essential Elements. Discussion can quickly deteriorate into "blaming." It is critical that you appreciate the potential system barriers while simultaneously challenging participants to be aware of how they can shift their practice to be more trauma-informed. Otherwise, the discussion becomes a complaint forum rather than a vehicle for self-reflection and possible change. You should be sure to emphasize that when systems such as child welfare, the courts, and mental health are trauma-informed, care can be taken to prevent further traumatization to the child.

- Summarize the above discussions: Although we sometimes tend to dwell on the way the "system" adversely affects children, there are many things a child welfare worker can do proactively to minimize trauma and to assist in healing.
- Present the material in PowerPoint Slides 60–62. Ask participants to list ideas about actions that child welfare workers can take, utilizing material they heard during the morning in the *Lisa 9-1-1 audio clip* and the morning's discussion, and any additional ideas from their own work experience. List these ideas on the flip chart. Tell participants that the *Comprehensive Guide* lists additional ideas.

IF PRESENTING THIS TRAINING IN TWO FULL DAYS,
TAKE A 15-MINUTE BREAK HERE.

MODULE 3
The Impact of Trauma on Children's Behavior, Development, and Relationships

Training Time: 125 minutes (2 hours 5 minutes)

Key Learning Points

1. There is a difference between physical safety and psychological safety. Child welfare workers should not only aim to keep a child physically safe but should also provide a psychologically safe setting for children and families when inquiring about emotionally painful and difficult experiences.
2. Children manifest symptoms of traumatic stress through behaviors, and workers need to know how to identify these symptoms.
3. Trauma impacts development. Children can become so emotionally overwhelmed by the intense fear, anger, shame, and helplessness that they feel following a traumatic experience that their development of age-appropriate self-regulation may be delayed. Child welfare workers need to recognize that "bad behavior" is most often a traumatized child's attempt at self-regulation.
4. Seemingly innocuous events such as sounds, smells, places, and other trauma reminders may reconnect children with the emotional states of fear, terror, and hopelessness produced by the trauma.
5. Traumatic events may create new or secondary problems in the child's life (i.e., difficulties in school, problems with substance abuse). These secondary adversities may be adaptive in the short term but also have the potential to interfere with a child's long-term recovery.
6. Trauma can result in serious misunderstandings about safety, personal responsibility, and self-concept.
7. Children may need assistance to help them face emotional experiences, begin to make sense out of what happened to them, and express this to others.
8. Module 3 emphasizes Essential Elements 1, 2, and 3:
    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.

ACTIVITY 3A
LECTURE AND SMALL GROUP DISCUSSION
Essential Element 1: Maximize the Child's Sense of Safety

Activity Time: 20 minutes

Materials Needed

- *Comprehensive Guide,* pp. 22–23
- PowerPoint Slides 63–66
- Flip chart
- Markers

Trainer Activities

- Lead a lecture/large group discussion from the bullet points below:
  - Use PowerPoint Slide 64 to introduce Module 3, which focuses on Essential Elements 1, 2, and 3.
  - Use PowerPoint Slide 65 to remind participants of the basics of Essential Element 1: Maximize the child's sense of safety.
  - Use PowerPoint Slide 66 to describe how understanding children's responses is critical to maximizing safety.
  - Ask: What type of actions would make a child physically safe after physical abuse, sexual abuse, neglect, or witnessing domestic violence? (Expect answers such as securing appropriate medical care, ensuring protection from further abuse, etc.) Then ask: Which, if any, of those actions make the *child* believe he/she is safe? Allow for discussion.
  - Physical safety (e.g., relative or foster care placement) and psychological safety are not always the same. Ask: When children are in placement, what may leave them feeling psychologically unsafe? (Expect answers such as fear of the unfamiliar foster parent/setting; fear that the abuser will come to get them; fear that the abuser is killing their mom or pets; fear that they are not protecting their siblings; loss of what little security and predictability they had.)

- Cover the following in lecture format:
  - Traumatic stress overwhelms a child's sense of safety and can lead to a variety of survival strategies for coping. A sense of safety is critical for physical functioning (appetite, digestion, and sleep) and emotional growth.
  - Both physical and psychological safety are important, at home and within service settings. If children or their caregivers are still living in an unsafe setting, this must be addressed immediately. However, it is important to understand that moving a child to a physically safe environment or even creating physical safety in the child's own home may not produce psychological safety. The child's fears may remain intense and overwhelming even in the face of a safety protection plan or removal to a "safe" foster home. Despite our perceptions that we are acting with the best of intentions, children rarely perceive our protective efforts in the way that we do.

TRAINER TIP: You may illustrate this by asking participants to think about a child who has been removed from her home because her biological father has sexually abused her. Generally, children who have disclosed sexual abuse do so because they want the abuse to stop. They rarely anticipate or wish for the host of events that ensue: mom and siblings being sad or upset, and sometimes even blaming the victim; dad being arrested and sent to jail; the family left without financial support, or at a minimum, forced to leave the home; possibly being put in foster care if mom cannot protect her, etc.

  - Even after traumatic events cease, a child may continue to experience insecurity, both physically and emotionally.
  - Workers need to provide a psychologically safe environment for children and families while inquiring about emotionally painful and difficult experiences and symptoms. This is why many communities have established child advocacy centers (CACs) to provide an emotionally safe, child-friendly environment for interviewing. Children also need psychologically safe environments in order to heal. This is why both the physical office and the psychological space of trauma therapy are important. Most importantly, steps must be taken to help children feel safe in places where they spend most of their time, including school, their own home, or in another placement.

- Ask participants to identify transition points that children may experience during their involvement in the child welfare system. List answers on the flip chart. Expect answers such as:
  - Investigative phase
  - Decision to leave the child in the home
  - Decision to remove the child and place him or her with relatives
  - Decision to remove the child and place him or her without siblings and with caregivers with whom the child is unfamiliar
  - Enrolling the child in a different school
  - Placement in a new foster home
  - Visits with non-offending parents or relatives
  - Visits with caregivers who have abused them or been violent in their presence
  - Testifying in juvenile court
  - Testifying in criminal court
  - Reunification
  - Adoptive placement
- Assign participants to three small groups and assign one developmental stage—Early Childhood, School Age, or Adolescence—to each group.
- Provide the following instructions:
  - Each group should generate practical strategies relevant to that age group that can be used to help enhance the child's feelings of **psychological** safety at one of these critical transitions.
  - Encourage participants to refer to the *Comprehensive Guide,* pp. 22–23, to help generate ideas. They will likely also draw on their own experiences to complete the exercise.
  - As time permits, participants should choose additional transition points to discuss.
  - As a last step, each group should select the three most promising strategies for each transition point they've discussed to share with the entire group. Invite discussion with the large group.

TRAINER TIP: You may wish to break up participants' discussions according to function (e.g., emergency response, long-term units, adoptive units, investigations, etc.) so they can explore the transition points that are most common or challenging in their current jobs.

ACTIVITY 3B
LARGE GROUP DISCUSSION
Essential Element 2: Assist Children in Reducing Overwhelming Emotion

Activity Time: 20 minutes

Materials Needed

- *Comprehensive Guide,* pp. 12–17, 23–24
- PowerPoint Slides 67–74
- 2 twist-top seltzer bottles, unopened
- 1 twist-top seltzer bottle, opened, emptied, and refilled with plain water (identified in some way so that you can later distinguish between it and the other 2 bottles)
- Paper towels
- Supplemental Handout: *Coping with Trauma Reminders*

Trainer Activities

- Show PowerPoint Slides 67–68.
- Make the following points in lecture format:
  - Trauma can result in such intense fear, anger, shame, and helplessness that the child feels overwhelmed by his or her emotions.
  - This overwhelming emotion may delay the development of age-appropriate self-regulation. Emotions experienced prior to language development may be very real for the child but difficult to express or communicate verbally. Remind participants to revisit the PowerPoint slides from Module 1 (and described in greater detail in the *Comprehensive Guide,* p. 17) about the different ways

these emotions may be expressed developmentally in young children, school-aged children, and adolescents.

- Trauma may be "stored" in the body in the form of physical tension or health complaints.
- When faced with *trauma reminders* (any person, place, situation, sensation, feeling, or thing reminding them of the traumatic event), children may re-experience intense and disturbing feelings tied to the original trauma. Their resulting behaviors may be an appropriate response to their internal turmoil but may seem "out of place" in the current situation.

- Display PowerPoint Slide 69 as you illustrate the above points with the "Bottle Exercise." (DeRosa, Habib, et al., 2006) Explain that a history of trauma frequently builds pressure that must be released. Without the intervention of a trauma-informed child welfare system, the pressure may likely impact the child's behavior and emotional development manifesting in both internalizing and externalizing ways. One way to think about chronic stress is that all of the feelings get "bottled up" inside of us.
  - Explain that, while this exercise may seem overly simplistic, it provides a good visual illustration of how children respond when experiencing overwhelming stress.
  - Take out the 2 bottles filled with seltzer (bubbly water), the identical bottle filled with plain water, and the paper towels.
  - Ask for three volunteers, and hand each of them a bottle. Ask them each to shake the bottles while the group members call out stressful or traumatic events that children in foster care have experienced or witnessed. Ask participants to describe what is happening inside the bottles, and draw parallels to what occurs with children in the child welfare system.
  - Have the volunteer who is holding the bottle filled with plain water open it. When nothing happens, explain how sometimes, when people keep things bottled up inside, they feel numb, as if they don't have any feelings at all.
  - Next, have the second volunteer *quickly* open his or her seltzer bottle (facing away from the group, if possible). When it bursts quickly, explain how when people keep things bottled up inside, they sometimes explode.
  - Finally, have the third volunteer *slowly* open the other seltzer bottle. With each turn, ask participants to list possible coping strategies or range of behaviors that may reflect the child's efforts to manage the overwhelming emotions. Point

out that some coping strategies are adaptive, and others are maladaptive. Typically labeled "bad" behaviors, these maladaptive coping strategies are more correctly labeled as *secondary adversities.* These secondary adversities may be adaptive for the child in the short term, but they have the potential to interfere with a child's long-term recovery.

- Also point out that their list includes both externalizing and internalizing behaviors.
- Show PowerPoint Slides 69–72 on "Understanding Children's Responses." (You can remind participants that these ideas were introduced in Module 1 and that more information is found in the *Comprehensive Guide,* pp. 12–17).

- Briefly review PowerPoint Slides 73–74, which outline what child welfare workers can do to assist children and adolescents to reduce overwhelming emotion, and refer participants to the *Comprehensive Guide*, pp. 23–24, for additional information.

ACTIVITY 3C
LECTURE
Essential Element 3: Help Children Make New Meaning of Their Trauma History and Current Experiences

Activity Time: 10 minutes

Materials Needed

- *Comprehensive Guide*, pp. 24–25
- PowerPoint Slides 75–77

Trainer Activities

- Present the following in lecture format, utilizing PowerPoint Slide 75.
  - Child trauma can result in serious misunderstandings about safety, personal responsibility, and self-concept. It can disorganize and distort the connections between thoughts, feelings, and behaviors, and disrupt the encoding and processing of memory.

- Traumatic experiences may be difficult for children to communicate, thereby undermining their confidence and the social support they might receive from others. School-age and older children need to do more than just recall or repetitively replay trauma details; they need help developing a coherent understanding of their traumatic experience. Children need to feel safe enough to face emotional experiences, to begin to make sense out of what happened to them, and to express this to others.
- For many children, trauma-focused treatments will help them to make new meaning of their trauma history and current experiences. We will discuss referrals to trauma-focused treatments in greater detail in Module 4. However, there are strategies that are within the child welfare worker's role to help the child make new meaning. Cover material on PowerPoint Slides 76–77.

ACTIVITY 3D
CASE VIGNETTE
Andrew

Activity Time: 40 minutes

Materials Needed

- Supplemental Handout: *Case Vignette—Andrew*
- Flip chart
- Markers

Trainer Activities

- Divide participants into three groups (six, if the group is large, and double up the group assignments.) Assign one of the Essential Elements addressed in this module to each group:
  - Maximize the child's sense of safety.
  - Assist children in reducing overwhelming emotion.
  - Help children make new meaning of their trauma history and current experiences.

- Each group will be analyzing the same vignette, and questions 1 and 2 are the same for all groups. In question 2b, each group will be exploring their respectively assigned Essential Element. Question 3 allows participants to discuss and transfer knowledge to cases they are currently managing or have worked on in the past.

TRAINER TIP: Some trainers have found that certain training groups are "hungry" for an opportunity to discuss actual cases. If this is the case in your group, feel free to substitute small or large group discussions about actual cases in place of the vignettes.

- Allocate the final 10 minutes of this activity for groups to report back their recommendations from Question 3b and how their approach supports their assigned Essential Element.

ACTIVITY 3E
SUMMARY OF ESSENTIAL ELEMENTS 1, 2, AND 3

Activity Time: 30 minutes

Materials Needed

- Supplemental Handout: *Sample Letter: Evaluation of Action Plans* (optional)
- Supplemental Handout: *Bringing It Back to Work: Essential Elements 1, 2, and 3*

Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Elements 1, 2, and 3* to all participants.

  NOTE TO TRAINER: Distribute Supplemental Handout: *Sample Letter: Evaluation of Action Plans,* **IF and only IF there will be follow-up with training participants a few months AFTER the training** regarding Action Plan implementation. If county personnel or training staff are not planning to follow up with training participants (or have not contracted with anyone else to do so), then it is unnecessary to

distribute this letter to training participants. (If distributed, participants may keep this letter.)

- Instruct participants on how to complete the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Elements 1, 2, and 3.*
  - Discuss with participants that there are several strategies that can be used to implement each of the Essential Elements. During this activity, inform participants that they will be focusing on strategies that address Essential Elements 1, 2, and 3.
  - Ask participants to review the strategies listed under each of the Essential Elements (1–3).
  - Point out that the strategies for all of the Essential Elements (not just 1–3) are written in SMART objective format *(Specific, Measurable, Achievable, Results-Oriented, Timely).*
  - Ask participants to mark an "X" in up to three boxes next to the ideas that they think they would MOST like to emphasize in their daily child welfare practice for each Essential Element.
- Debrief: For Essential Element 1, ask participants to call out a few of the strategies they indicated they would most like to emphasize in their daily child welfare practice, and why. Do the same for Essential Elements 2 and 3.

TRAINER TIP: In order to save time during the training, assemble the worksheets together into one packet for each participant so that you don't have to spend time distributing the worksheets. Ask participants to hold on to their Essential Element Worksheet packets throughout this training because we will keep referring back to them.

IF PRESENTING THIS TRAINING IN TWO FULL DAYS, CONCLUDE WITH THE DAY 1 SUMMARY, BELOW.

ACTIVITY 3F
SUMMARY OF DAY 1 AND TRAINING EVALUATION

Activity Time: 5 minutes

Materials Needed

- Supplemental Handout: *Child Welfare Trauma Training Toolkit Training Evaluation (Day 1)*

Trainer Activities

- Thank participants for their participation in Day 1 activities.
- Process any questions or comments from Day 1.
- Provide a brief overview of content for Day 2. Let participants know that at the end of Day 2, you will be doing some relaxation/self-care exercises, and encourage everyone to come prepared to share exercises that they personally use and like.
- Ask participants to complete Training Evaluation for Day 1.

MODULE 4
Assessment of a Child's Trauma Experiences

Training Time: 125 minutes (2 hours 5 minutes)

Key Learning Points

1. Some children develop maladaptive ways of managing traumatic stress that are disruptive and sometimes dangerous, and these children would benefit from a trauma-informed intervention.
2. Children who have experienced extreme trauma, sexual abuse or assault; who display PTSD symptoms; or who have experienced multiple traumas over their lifetimes are more likely to need trauma-specific assessment and treatment. Many children in child welfare and juvenile justice systems or living in violent neighborhoods and communities fall into this category.
3. Some trauma symptoms (like numbness or hyperarousal) may be mistaken for other mental health concerns and require proper trauma assessment before either the trauma or the alternative concern, such as ADHD, can be treated.
4. Most mental health providers who serve children are *not* trained in evidence-based trauma treatments. Nonetheless, most mental health providers will readily accept traumatized children into their practice even if they lack trauma-specific training. Some trauma treatments have no scientific support and may be ineffective or even dangerous. It is important to know what models the therapist will use and the extent of his or her training.
5. Child welfare workers should distinguish between a trauma-informed therapist and a generalist, should know when to refer to which type of treatment, and should know how to screen for providers who provide evidence-based trauma-informed treatments.
6. Evidence-based or evidence-supported trauma-informed treatments contain a number of core components that have been shown by research to provide more effective treatment of traumatized children.
7. Some children with trauma histories are naturally resilient and do not need mental health interventions. Others may exhibit symptoms unrelated to the trauma and can benefit from more traditional mental health treatments. Still others require immediate crisis or mental health stabilization interventions (e.g., clients who

are suicidal, or those with active substance abuse or eating disorders) before commencing trauma work.

8. The *Child Welfare Trauma Referral Tool* is an instrument designed to help child welfare workers make trauma-informed decisions to determine whether mental health referrals would be useful, and, if so, what type of referral would be most beneficial (trauma-specific, immediate stabilization, or general mental health).

9. Trauma can affect so many aspects of a child's life that it typically takes a team of service providers and caregivers to facilitate recovery. Service providers working with traumatized children should endeavor to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care so that children are not retraumatized by the system designed to protect them, and/or do not "fall through the cracks." The child welfare worker is in a unique position to provide leadership to the team of care providers to provide integrated, trauma-informed care.

10. Module 4 emphasizes Essential Elements 4, 5, and 6:

    4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.

    5. Coordinate services with other agencies.

    6. Utilize comprehensive assessment of the child's trauma experience and its impact on the child's development and behavior to guide services.

ACTIVITY 4A
WELCOME BACK, LEFTOVER QUESTIONS, AND ENERGIZER

Activity Time: 15 minutes

Materials Needed

- Sheets of paper
- Prizes for team members (optional; one prize per person; number of prizes will depend on size of overall group)

Trainer Activities

- Welcome participants back to Day 2. Allow for any (brief) comments or questions about Day 1, and orient participants to the schedule for Day 2.
- Divide participants into nine groups. Assign one Essential Element to each group. (If it is a small group, you may wish to have fewer groups and assign more than one Element per group.) Distribute a sheet of paper to each of the groups.
- Instruct participants to write down as many things about their respective Essential Element as they can remember from the day before. After five minutes, the team with the most items on its list wins a prize.

ACTIVITY 4B
LECTURE
Essential Essential Elements 4, 5, and 6: Address the Impact of Trauma and Subsequent Changes in the Child's Behavior, Development, and Relationships; Coordinate Services with Other Agencies; Utilize Comprehensive Assessment of the Child's Trauma Experience and Its Impact on the Child's Development and Behavior to Guide Services

Activity Time: 10 minutes

Materials Needed

- *Comprehensive Guide,* pp. 25–28
- PowerPoint Slides 78–82
- Supplemental Handout: *Emotional Chain of Custody*

Trainer Activities

- Cover the following content in lecture format, using PowerPoint Slides 78–79.
    - In Module 3, we discussed the *impact* of trauma on a child's behavior, development, and relationships. In Module 4, we discuss how to *address* that impact, with special emphasis on comprehensive assessment of the child's trauma experience to guide services. We will also address the unique role of the child welfare worker in coordinating services with other agencies.

- Specifically, we focus on the next three Essential Elements:

    4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.

    5. Coordinate services with other agencies.

    6. Utilize comprehensive assessment of the child's trauma experience and its impact on the child's development and behavior to guide services.

- Cover the following content in lecture format, using PowerPoint Slides 80–82.

    - Why are these elements essential? Some children are remarkably resilient and do not develop symptoms as a result of exposure to trauma. However, the experience of childhood trauma is a known risk factor for many short-term and long-term mental health problems.

    - Traumatic events can impact many aspects of a child's life far beyond the initial trauma response and may create new or secondary problems. These consequences are known as *secondary adversities.* Other consequences of trauma or secondary adversities can also include changes in the family system precipitated by a traumatic event.

    - It may be important to address these secondary issues along with or before trauma-focused treatment. Problems in these areas may be so extreme, pronounced, or troublesome that they mask other underlying traumatic stress symptoms.

    - Why is coordination with other services essential? Traumatized children and their families are often involved with multiple service systems, including law enforcement, child welfare, the courts, schools, primary care, and mental health. Service providers working with traumatized children should endeavor to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care.

    - In contrast to a fragmented approach, cross-system coordination views the child as a whole person. When different systems have many different and potentially competing priorities, there is risk that children and their families will receive mixed or confusing messages—or simply fall through the cracks.

    - Refer participants to the Supplemental Handout: *Emotional Chain of Custody.* This diagram illustrates the large number of agencies or people who have a role in shaping the child's trauma response. Any of these, individually or in combination, may help the child's recovery process.

- Conversely, these multiple agencies and individuals also have the power, individually or in combination, to actually inflict secondary stress upon the child. For example, in some communities, when sexual abuse occurs, the child might be interviewed up to 12 times by different individuals. In cases of child physical abuse or neglect, children may be removed from their homes and/or communities. These interventions, although designed to protect children from further abuse, are immensely stressful for children.
- Child welfare systems are charged with integrating multiple systems in the child's life, in order to create consistency. No one person or discipline can adequately meet the needs of traumatized children in the child welfare system, and we must work as a team. While certain Essential Elements may be addressed by professionals in other systems, such as mental health or schools, the child welfare worker is uniquely positioned to coordinate with other systems to ensure that these elements are present.
- Refer participants to the *Comprehensive Guide*, p. 20, for more detail about Child Welfare Tools, Resources and Supports, and Practical Assistance.
- Why should we use comprehensive assessment to guide services? A thorough assessment identifies potential risk behaviors (i.e., danger to self, danger to others) and aims to determine which interventions will reduce risk. Assessment also tells us why a child may be reacting in a particular way and how it may be connected to his or her experiences of trauma. Proper assessment provides input for the development of treatment goals with measurable objectives designed to reduce the negative effects of trauma.
- The remainder of this module will focus on Essential Element 6, Utilizing Comprehensive Assessment…to Guide Services. First we will examine what child welfare workers should look for when making referrals to mental health professionals. Then, we will introduce and describe a tool specifically designed for child welfare workers, the *Child Welfare Trauma Referral Tool.*

ACTIVITY 4C
LECTURE
What Is Trauma Assessment?

Activity Time: 10 minutes

Materials Needed

- PowerPoint Slides 83–85

Trainer Activities

- Present the following in lecture format, using PowerPoint Slides 83–85.
  - Not all children who have experienced trauma need trauma-specific interventions.
  - Some children have amazing natural resilience and are able to integrate the trauma experience with the help of their natural support systems such as parents, caregivers, teachers, and others.
  - Caregiver involvement is often key to trauma-informed therapy. While some severely traumatized children in the child welfare system may not have a stable placement (and/or stable caregiver), it is still important to refer them for trauma-informed treatment regardless of their placement status.
  - Unfortunately, many children in the child welfare system lack natural support systems and have often been exposed to multiple traumas resulting in very complex problems. Some may meet the clinical criteria for a diagnosis of PTSD.
  - Far more children will not reach the range and levels of symptoms required for a full PTSD diagnosis but will still have significant posttraumatic symptoms (e.g., intrusive thoughts about the event, hyperarousal to trauma reminders) that can have dramatic and adverse impacts on their behavior, judgment, educational performance, and ability to connect with caregivers.
  - Given this variability, the child welfare system needs resources in the community to conduct "trauma assessments" to help determine which intervention will be most beneficial for specific children.

- Trauma assessment typically involves a detailed social history that includes a thorough trauma history to identify all forms of traumatic events experienced directly or witnessed by the child. This history should include each child abuse incident, any automobile accidents, exposure to family or community violence, painful medical procedures, or other types of traumatic experiences so the best type of treatment for a specific child can be determined.

ACTIVITY 4D
LECTURE
What Does Trauma-Informed Assessment and Treatment Look Like?

Activity Time: 15 minutes

Materials Needed

- *Comprehensive Guide,* pp. 35–38
- PowerPoint Slides 86–96
- Supplemental Handout: *Example of NCTSN Fact Sheet*
- Supplemental Handout: *Questions to Ask Mental Health Providers*
- Supplemental Handout: *Empirically Supported Treatments and Promising Practices*

Trainer Activities

- Present the following in lecture format, using PowerPoint Slides 86–94.
- There are evidence-supported interventions that are appropriate for many children and that share many of the core components of trauma-informed treatments. Refer participants to Supplemental Handout: *Example of NCTSN Fact Sheet* for more information on specific interventions.
  - Unfortunately, many therapists who treat traumatized children lack any specialized training on trauma and its treatment, and they may even be unfamiliar with the basic trauma literature.
  - When a choice exists, the child welfare worker should select the therapist who is most familiar with the available evidence and has the best training to treat the child's symptoms.

- As stated in the previous lecture, a trauma assessment typically includes a thorough trauma history. This history is supplemented with the use of trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms that the child is experiencing. Some of these measures are: UCLA PTSD Index for DSM-IV (Pynoos, et al., 1998), Trauma Symptom Checklist for Children (Briere, 1996), and Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2001). The Child Sexual Behavior Inventory (CSBI; Friedrich, 1992) can be used to assess for possible sexual abuse-related behaviors.
- Any therapist to whom the child welfare worker is contemplating sending children for a trauma assessment should be familiar with some common measures used in assessing trauma symptoms.
- Additional information on these measures is listed in Appendix C; however, these measures are typically completed by a therapist, not by the child welfare worker.
- The child welfare worker or unit supervisor should interview therapists or agencies to whom the child welfare agency makes referrals and assess which have the best preparation to do assessments and provide therapy to traumatized children.
- Child welfare workers should also be familiar with the components of trauma-informed, evidence-based treatments, including but not limited to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT). Refer participants to the content in the *Comprehensive Guide,* pp. 35–38, which augments the information in these slides.

TRAINER TIP: TF-CBT and PCIT are presented as examples of evidence-based treatments. Remind participants that they are not the only evidence-based treatments that exist for treating trauma.

- Present the following in lecture format, using PowerPoint Slides 95–96. Participants may also follow along in the *Comprehensive Guide,* pp. 35–38.
  - What else can a child welfare worker do to facilitate appropriate assessment and treatment?

- Gather a full picture of a child's experiences and trauma history. Utilize other available resources to gain a full picture of a child's experiences and trauma systems. If necessary, review the child's records, conduct collateral interviews, and, when appropriate, interview the child.
- Identify immediate needs and concerns in order to prioritize interventions for specific children.
- Identify therapists or agencies. This may require you to interview therapists or agencies to determine which ones are knowledgeable about trauma assessment instruments for children and evidence-based treatments. Refer participants to Supplemental Handout: *Questions to Ask Mental Health Providers* and Supplemental Handout: *Empirically Supported Treatments and Promising Practices.*
- Request regular, ongoing assessments (e.g., every three months) regarding the child's progress in therapy and with trauma-related symptoms.
- Utilize tools such as the *Child Welfare Trauma Referral Tool* (reviewed in Activity 4F) to determine if the child needs mental health treatment, and if so, what type is needed.

TRAINER TIP: The next activity (Activity 4E) aims at identifying local resources. It has been noted as optional in case you would prefer to spend more time on the previous Activity 4D, What Does Trauma-Informed Assessment and Treatment Look Like? or Activity 4F, *Child Welfare Trauma Referral Tool.* Both of these activities may require more time than the allotted 15 minutes each.

ACTIVITY 4E (Optional Activity) TRAUMA-INFORMED BINGO AND DISCUSSION OF LOCAL RESOURCES

Activity Time: 10 minutes

Materials Needed

- Supplemental Handout: *Trauma-Informed Bingo*
- Pens or pencils, one per participant
- Prize(s) for winner(s) (optional)

Trainer Activities

- Distribute the Supplemental Handout: *Trauma-Informed Bingo.* First, play until someone gets 5 in a row, then play until someone gets 5 in a row horizontally, vertically or diagonally. Set rules depending on the size of your group (for example, you can only write someone's name once, or you can use someone's name up to three times, etc.).

TRAINER TIP: If some of the boxes in the Bingo game do not seem to fit the training audience you have, you should feel free to substitute others.

- As time allows, identify trauma-informed treatment practices that are available in your community. Discuss:
  - How are those services accessed?
  - Are they evidence-based?
  - If trauma-informed services are not available, what strategies could be used to bring them to your community?

ACTIVITY 4F
CHILD WELFARE TRAUMA REFERRAL TOOL

Activity Time: 15 minutes

Materials Needed

- PowerPoint Slides 97–98
- Supplemental Handout: *Child Welfare Trauma Referral Tool*
- Supplemental Handout: *Definitions of Different Trauma Types*

Trainer Activities

- Present the following content in lecture format, using PowerPoint Slides 97–98.
  - Distribute the Supplemental Handout: *Child Welfare Trauma Referral Tool.*
  - The *Child Welfare Trauma Referral Tool* was developed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, and other significant individuals in the child's life).
  - Walk through the entire tool together, noting the various sections. Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and to indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child's traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child's other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to his or her reactions.
  - Distribute Supplemental Handout: *Definitions of Different Trauma Types* and review definitions. Inform participants that understanding the definitions is critical to completing the *Child Welfare Trauma Referral Tool* accurately.
    - Traumatic Grief/Separation does not include placement in foster care but might include parent in jail, parent murdered, violent death of a loved one, drive-by shootings, or a parent disappearing to buy drugs or for another reason.

- Systems-induced trauma may include undergoing multiple placements, being asked the same questions repeatedly by different workers, seclusion and restraints, placement away from siblings, or being far away from community and culture.
- Review other trauma definitions from the Supplemental Handout: *Definitions of Different Trauma Types* as appropriate, depending on the education level and needs of your trainee group.
- Note regarding Section B: Clarify the difference between trauma symptoms and a diagnosis of PTSD. A client does not need a full diagnosis of PTSD to receive a trauma-specific referral.
- Note regarding Sections C, D, E: These behaviors do not necessarily preclude children and teens from benefiting from trauma treatment. Some children can benefit from simultaneous treatment for trauma and other disorders. For others, it may be more appropriate to first address their drugs/alcohol or severe sleep problems. Some children will need hospitalization or intensive residential treatment. Tell participants that if they find themselves debating about a course of action, they should make the trauma referral and ask for the trauma specialist to assess the issues.
- Note that the flow chart or decision tree summarizes what the tool evaluates.
- PowerPoint Slide 98 covers additional benefits of the tool. Allow for any questions, and then inform participants that, after the break, they will be utilizing the tool with a practice vignette.

ACTIVITY 4G
CASE VIGNETTE
Joshua

Activity Time: 35 minutes

Materials Needed

- Supplemental Handout: *Case Vignette—Joshua*
- Supplemental Handout: *Child Welfare Trauma Referral Tool*

Trainer Activities

- Divide participants into three groups (six, if the training group is large).
- Ask for a representative from each group to read aloud to the entire group.
- Have one person read the "Presenting Situation" aloud to the larger group. Have the second individual read the "Background/History," and have the last person read the "Evaluation/Assessment."
- Once the entire vignette has been read aloud, ask participants to use the *Child Welfare Trauma Referral Tool* to determine how they would proceed with Joshua's case. The trainer should clarify the difference between this activity and actual practice. What is most important here is the discussion that ensues, not whether an answer is "right" or "wrong."
- Emphasize to participants that the *Child Welfare Trauma Referral Tool* should be used primarily to structure thinking about how and when to refer children for general mental health treatment or trauma-specific mental health treatment.
- Refer participants to the Supplemental Handout: *Definitions of Different Trauma Types.* This handout can be used as a reference while utilizing the *Child Welfare Trauma Referral Tool.*
- Tell participants that they may only need to fill out the Tool once or twice. After that point, they will mostly likely be able to mentally determine when and how to refer.

TRAINER TIP: This exercise can also be conducted using a current or past case that participants have or have had in their caseload. If you choose to do so, have participants break into groups of two and take turns discussing their case and how they would use the *Child Welfare Trauma Referral Tool* to determine what kind of referral they should make.

ACTIVITY 4H
SUMMARY OF ESSENTIAL ELEMENTS

Activity Time: 15 minutes

Materials Needed

- Supplemental Handout: *Bringing It Back to Work: Essential Elements 4, 5, and 6*

Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Elements 4, 5, and 6* to all participants.
- Instruct participants on completing the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Elements 4, 5, and 6.*
  - For this activity, ask participants to focus on the strategies that address Essential Elements 4, 5, and 6. Ask the participants to review the strategies listed under each Essential Element.
  - Ask participants to mark an "X" in up to three boxes next to the ideas they think they would MOST like to emphasize in their daily child welfare practice for each Essential Element.
- Debrief: For Essential Element 4, ask participants to call out a few of the strategies they indicated they would most like to emphasize in their daily child welfare practice, and why. Do the same for Essential Elements 5 and 6.

MODULE 5
Providing Support to the Child, Family, and Caregivers

Training Time: 90 minutes (1 hour 30 minutes)

Key Learning Points

1. Supportive adults and caregivers are critical to the healing process for traumatized children.
2. "Resource parents" (i.e., foster parents, relatives, legal guardians, and adoptive parents) have some of the most challenging roles in the child welfare system.
3. Child welfare workers should be supportive of resource parents.
4. Module 5 emphasizes Essential Elements 7 and 8:
    7. Support and promote positive and stable relationships in the life of the child.
    8. Provide support and guidance to the child's family and caregivers.

ACTIVITY 5A
LECTURE
Essential Element 7: Support and Promote Positive and Stable Relationships in the Life of the Child

Activity Time: 5 minutes

Materials Needed

- *Comprehensive Guide,* pp. 29–30
- PowerPoint Sides 99–101

Trainer Activities

- Cover the following content in lecture format, using PowerPoint Slide 101 to discuss Essential Element 7: *Support and promote positive and stable relationships in the life of the child.*

- Why is this essential?
- Children form and maintain relationships with important figures in their lives through bonding and attachment. Being separated from an attachment figure, particularly under traumatic and uncertain circumstances, can be very stressful for a child.
- Within the child welfare system, the risk of separation from parents, siblings, and other important figures in a child's life is common, through removal from the home, multiple foster home placements, or changes in school and/or community. In order to ensure and maintain psychological safety and positive attachments, establishing permanency for children in the child welfare system is critical.
- Child welfare workers can play a huge role in encouraging and promoting the positive relationships in a child's life and minimizing the extent to which these relationships are disrupted by constant changes in placement. If a parent or caregiver is not available following a traumatic event, it is important for child welfare workers to understand that other familiar and positive figures, such as teachers, neighbors, siblings, and/or relatives, may be necessary to provide comfort and consistency to a child. Depending on the age of a child, friends may also play an important role in supporting a child who has been exposed to trauma. Promoting these positive relationships is critical to a child's sense of safety and well-being, particularly during a stressful time.

ACTIVITY 5B
LECTURE
Essential Element 8: Provide Support and Guidance to the Child's Family and Caregivers

Activity Time: 5 minutes

Materials Needed

- *Comprehensive Guide,* pp. 31–32
- PowerPoint Slide 102

Trainer Activities

- Cover the following content in lecture format, using PowerPoint Slide 105 to discuss Essential Element 8: *Provide support and guidance to the child's family and caregivers.*
  - Why is this essential?
  - Treatment research has demonstrated that one key factor influencing children's psychological recovery from traumatic events is the degree of support they receive from their caregivers.
  - Children experience their world within the context of their family relationships. Parents, kin, and other caregivers are the full-time and long-term supports for their children, and they will typically be in the child's life longer than will the child welfare or mental health professional. In many cases, the family system is experiencing traumatic stress along with the child, and promoting resilience and coping skills among family members also prepares them for future challenges. Finally, family members are critical participants in service planning and delivery within systems of care.
  - Resource families have some of the most challenging and emotionally draining roles in the entire child welfare system. They must be prepared to welcome a new child into their home at any hour of the day or night, to manage a wide array of emotions and behaviors, and to cope with agency regulations, policies, and paperwork. They are expected to provide mentoring support and aid to birth families while at the same time attaching to the children and youth in their care. They also have to simultaneously prepare youth in their care for reunification with their family or for the possibility of adoption or legal guardianship.
  - Relatives who care for children and youth face many of the challenges that all resource parents face, and several that are unique. Unlike foster families who are not related to the young people for whom they care, relatives may not have been seeking this role at this time in their lives. However, they have stepped up to the challenge in order to be there in a time of need or crisis in their family. Thus, they are often dealing with their own conflicting emotions and experiences of trauma and crisis. The demands on relatives can be overwhelming: they must meet the needs of the children they love and respond to the requirements of the agency and courts while, at the same time, they may also be sorting out their own feelings about the children's parents and the situation that has brought the children to their home.

ACTIVITY 5C
DISCUSSION OR VIDEO EXERCISE (Optional Activity)

Activity Time: 30 minutes

TRAINER TIP: If it is not possible to purchase one of the suggested videos for Activity 5C, an alternative exercise is to pass out the 2 Supplemental Handouts: *The Invisible Suitcase: Behavioral Challenges of Traumatized Children* and *What Children and Youth in Foster Care Want You to Know,* and ask participants to discuss and add to the information presented in the handouts. You can also adapt and use the questions that are suggested for discussion of the video.

Materials Needed

- DVD: Digital Stories (*More Than a Case File* (2006), *In Our Own Voices* (2002), or *What Made a Difference?* (2003). Ordering information can be found in the Materials Checklist or Appendix C. *(optional)*
  - Especially relevant are the following stories: Joe, Jennifer, Jimmy, Alexandra and Aaron.
- DVD: *Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption.* Ordering information can be found in the Materials Checklist or Appendix C. *(optional)*
- Supplemental Handout: *The Invisible Suitcase: Behavioral Challenges of Traumatized Children*
- Supplemental Handout: *What Children and Youth in Foster Care Want You to Know*
- *Comprehensive Guide,* pp. 31–32

Trainer Activities

- You can select one of the videos listed above to illustrate a child's or adolescent's experience within the child welfare system.
- When showing the video, position attendees so that everyone can see the TV screen well.
- Ask for general reflections about the video, then continue with the following questions and discussion:

- While watching the video, what did you learn or think about from a new perspective about how trauma is experienced by children and/or adolescents? What surprised you? What did you hear that may have reframed something you already knew?
- Augment answers with ideas from the *Comprehensive Guide,* pp. 29–32.

- Summarize this activity by saying: Children and youth in foster care lack stability in their lives. They often are required to change foster homes unexpectedly and, in doing so, must adapt quickly to new communities and environments. Children in foster care often change schools as well and lose friends as a result. Many children also experience turnover in their social workers and therapists. Children with significant trauma histories will have a strong response to these losses, which reinforce the worldview that life is not predictable and that relationships don't last. This worldview can lead to behaviors that further threaten the child's ability to develop and maintain meaningful interpersonal relationships. There are many strategies that child welfare workers can use to support and promote relationships and stability for children in the child welfare system, and to support the adults who care for them.

**IF PRESENTING THIS TRAINING IN TWO FULL DAYS,
TAKE A ONE-HOUR LUNCH BREAK HERE**

ACTIVITY 5D
CASE VIGNETTE
Chris

Activity Time: 35 minutes

Materials Needed

- Supplemental Handout: *Case Vignette—Chris*
- Flip chart
- Markers
- *Comprehensive Guide,* pp. 29–32

Trainer Activities

- Divide participants into three to five small groups.
- Instruct the small groups to read Supplemental Handout: *Case Vignette—Chris,* including the "Presenting Situation," "Background/History," and "Evaluation/ Assessment" sections.
- Generate specific ideas about helpful strategies, education, and guidance for the adults who are likely to be involved in Chris's life following his departure from the hospital. These adults may include his biological mother, a resource/foster parent, his grandmother, or others.
- Encourage participants to refer to pp. 29–32 of the *Comprehensive Guide* to help them generate ideas.
- When 2 minutes remain for the small group discussion, ask groups to choose three strategies for helping Chris, his family, and his caregivers, and rationales for recommending those strategies.
- Bring the large group together to hear reports from the breakout groups about their top three strategies and rationales.
- Summarize the activity by emphasizing these points: In many instances, children have already experienced trauma, or possibly multiple traumas, by the time child welfare workers become involved. In this vignette, Chris experienced the trauma of the severe burn, most likely ongoing neglect from his substance-abusing mother, long-term hospitalization and painful medical treatments, and separation from his mother. He may also be moved to an out-of-family placement upon his release from the hospital until and if his grandmother can become certified as a medical foster care provider. Sometimes it is overwhelming to think that we arrive too late to prevent much of this trauma. However, we have much opportunity to help with the healing, perhaps most importantly by supporting the people who provide primary stability (emotional and physical) and caretaking for the child.

ACTIVITY 5E
SUMMARY OF ESSENTIAL ELEMENTS 7 AND 8

Activity Time: 15 minutes

Materials Needed

- Supplemental Handout: *Bringing It Back to Work: Essential Elements 7 and 8*

Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Elements 7 and 8* to all participants.
- Instruct participants on how to complete the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Elements 7 and 8.*
  - For this activity, ask participants to focus on the strategies that address Essential Elements 7 and 8. Ask the participants to review the strategies listed under each of these Essential Elements.
  - Ask participants to mark an "X" in up to three boxes next to the ideas that they think they would MOST like to emphasize in their daily child welfare practice for each of these Essential Elements.
- Debrief: For Essential Element 7, ask participants to call out a few of the strategies that they would most like to emphasize in their daily child welfare practice, and why. Do the same for Essential Element 8.

MODULE 6
Managing Professional and Personal Stress

Training Time: 65 minutes (1 hour 5 minutes)

Key Learning Points

1. Child welfare is a high-risk profession with potential for secondary traumatic stress.
2. Secondary traumatic stress differs from traditional "burnout."
3. Child welfare workers may experience *parallel process,* reactions similar to those of the traumatized children on their caseload that can affect their ability to manage stress.
4. Child welfare workers need to have a personal plan for addressing secondary traumatic stress.
5. Module 6 emphasizes the following Essential Element:

    9. Manage professional and personal stress.

ACTIVITY 6A
LECTURE
Essential Element 9: Manage Professional and Personal Stress

Activity Time: 10 minutes

Materials Needed

- PowerPoint Slides 103–107

Trainer Activities

- Using lecture format, present the following information utilizing PowerPoint Slides 103–107.

- Child welfare is a high-risk profession, and child welfare workers are confronted every day—both directly and indirectly—with danger and trauma. Threats may come in from violent or angry family members.
- Multiple terms have been used to designate exposure to the trauma experienced in one's role as a helper. Four terms are most common:
  - Countertransference
  - Compassion fatigue
  - Vicarious traumatization
  - Secondary traumatic stress.

  We will use the term *secondary traumatic stress* (STS).

- Research has shown that STS is highly likely among social workers; also, even among those with only *indirect* exposure to trauma, the rate of PTSD is twice as high as among the general public (Bride, 2007).
- STS is different from traditional burnout. STS and burnout have some risk factors in common, such as high caseload demands, a personal history of trauma, limited access to supervision, and the lack of a supportive work environment and/or a supportive social network. Burnout, however, is often due to long-term involvement in an unsupportive work environment with large caseloads and onerous paperwork. *With burnout, increased work load and institutional stress, rather than exposure to clients' trauma, are the precipitating factors.*
- STS refers to the emotional effects that proximity to and continued contact with individuals who have experienced trauma can have on family, friends, and human service professionals. Like their clients, staff members who work with victims are at risk of experiencing *alterations in their thinking* about the world, their feelings, their relationships, and their lives.
- Staff can be stressed by hearing detailed reports of trauma from children day after day and by dealing with the powerful emotional responses and the impact of abuse and violence on children. Dealing with a community system that has limited resources and is not always responsive to the needs of these children can also be stressful to staff.
- To prevent the potential risk of STS for staff and, by extension, to enable them to continue to meet the goals of safety, permanency, and well-being of children, it is critical to be aware and to have a plan that provides positive coping strategies.

ACTIVITY 6B
CASE VIGNETTE
Mary

Activity Time: 15 minutes

Materials Needed

- Supplemental Handout: *Case Vignette—Mary*

Trainer Activities

- Read aloud the case vignette of Mary. This vignette focuses on the professional challenges that face child welfare workers by following a worker from her initial hiring to the point when she becomes overwhelmed by the demands of multiple cases.

TRAINER TIP: Avoid distributing the case vignette to participants for individual reading or small group discussion. It is used here as an illustration only. Because the training relies heavily on case vignettes, we do not want the participants to experience an "overdose" of case vignettes.

- Ask and discuss the following points. (Ideas of what you would like to elicit from participants in the discussion appear in parentheses.)
  - What is happening to Mary? On a continuum, how would you distinguish between Mary's "realistic," practical approach to facing a heavy workload vs. "burnout" vs. "secondary traumatic stress"? (Her situation may have started as traditional burnout, but it has evolved into STS as a direct result of Mary's experiencing the trauma of her clients.)
  - What behavioral impact do the responsibilities of the job and exposure to traumatized children and their families have on Mary's personal goals and job performance? In other words, what are signs of STS?

    (*Symptoms* of STS can include some of the same symptoms experienced by the direct victims of trauma, including increased fatigue or illness, social withdrawal, reduced productivity, feelings of hopelessness, despair,

nightmares, feelings of reexperiencing the event, unwanted thoughts or images of traumatic events, anxiety, excess vigilance, avoidance of people or activities, or persistent anger and sadness.

Effects of STS may also include changes in how the individual experiences himself or herself and others, such as changes in feelings of safety, increased cynicism, questioning one's belief systems, and disconnection from coworkers and/or loved ones. In the workplace, STS has been associated with higher rates of physical illness, greater absenteeism, higher turnover, lower morale, and lower productivity.

People affected by STS may also experience difficulties in their personal or professional relationships, in managing boundaries, and in dealing with their emotions. They may have difficulties sleeping, may overeat or use too much alcohol, and may feel anxiety for their own children and irritability toward their colleagues and family.)

- How are Mary's experiences both similar to and different from those of our traumatized clients?
  - The trauma suffered by these children can result in serious and chronic emotional and behavioral problems. Feeling frustrated when trying to deal with a complicated, often insensitive, system, and experiencing the sense of "helplessness" when trying to heal these children make staff vulnerable to developing their own emotional and physical problems (Perry, 2003).
  - An event such as the death of a child on Mary's caseload is devastating. The worker's ability to continue after such events is influenced by past experiences and his or her view of the world. For the worker, support from co-workers, supervisors, and administration also influences his or her ability to go on to help other children. And for children, support from their own family and communities is crucial to going on with their lives.
  - Without support, Mary (or any child welfare worker) may begin to feel emotionally overwhelmed by the STS brought on by the pressures of the job and by repeatedly hearing stories of traumatized children. When something else happens—in this case, a death of a child on her caseload (every worker's nightmare)—it amplifies her stress, guilt, and shame. With each subsequent traumatized child in her caseload, she may reexperience old feelings, think repetitive thoughts, and be more prone to emotional reactions to other cases. These reactions are similar to those of a traumatized child. For child welfare workers, this is known as a "parallel process" to many of their clients.

- Mary will carry such types of cases with her forever (as would any other child welfare worker); she will be reminded of this one every time she handles a case that shares attributes with it. However, with proper resources and supports, Mary will be able to address and manage her feelings and will continue to be productive and helpful to many more children and families.

ACTIVITY 6C
DISCUSSION
What Can Help Prevent or Mitigate Secondary Traumatic Stress?

Activity Time: 15 minutes

Materials Needed

- Flip chart
- Markers
- PowerPoint Slide 107
- Supplemental Handout: *Child Welfare Work and Secondary Traumatic Stress*

Trainer Activities

- Remind participants of the framework that we have used throughout the training for assistance to clients: Child Welfare Tools, Resources and Supports, and Practical Assistance.
- Write those headings, one each on three flip chart sheets, and post.
- Ask participants to brainstorm ideas in those three categories to prevent or mitigate STS. Write their ideas on the flip chart sheets. Continue until participants run out of ideas.

TRAINER TIP: Ask three participants to be the scribes of the ideas—with three people writing, participants can generate and capture ideas more quickly.

- Be sure that most of the following ideas are captured (but other great ideas that we haven't thought of are likely to emerge!):

  Child Welfare Tools

  - Work with teams within the child welfare agency and within the provider community.
  - Request and expect regular supervision and supportive consultation.
  - Utilize peer support.
  - Provide regular safety training for all workers.
  - Balance workers' caseloads so they are not dealing only with traumatized children and their families.
  - Provide sufficient release time and safe physical space for workers.
  - Provide training on STS for all staff.

  Resources and Supports:

  - Seek continuing education on the effects of trauma on child welfare professionals.
  - Utilize agency resources such as Employee Assistance Programs for intermittent support if needed.
  - Cultivate a workplace culture that normalizes (and does not stigmatize) getting help for mental health difficulties.
  - Consider therapy for unresolved trauma that the child welfare work may be activating.

  Practical Assistance:

  - Set realistic goals and expectations.
  - Practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.
  - Develop a written plan focused on work-life balance.

- Conclude this activity by referring participants to the five-page Supplemental Handout: *Child Welfare Work and Secondary Traumatic Stress.* Note that it explains STS in much greater detail, especially as it pertains to child welfare practice, and includes additional ideas about professional, personal, and agency strategies that can be implemented to mitigate STS.

**IF PRESENTING THIS TRAINING IN TWO FULL DAYS,
TAKE A 15-MINUTE BREAK HERE.**

ACTIVITY 6D
RELAXATION EXERCISES

Activity Time: 10 minutes

Materials Needed

- CD with relaxing music (optional)
- Supplemental Handout: *Work/Life Balance Plan*
- Supplemental Handout: *Self-Care Inventory*

Trainer Activities

- Inform participants that you will be practicing one of many relaxation exercises that they can employ while at work (or that they can teach to children and their parents and resource parents). This exercise will also serve to help bring the training to a close.
- Let participants know that anyone who wishes to opt out of this activity may do so. Put on the CD with relaxing music.
- Instruct participants to find a relaxed, comfortable position and to close their eyes.
- Provide step-by-step instructions for the following relaxation activity:

    1. Inhale slowly (counting, "one-thousand-one; one-thousand-two; one-thousand-three," etc.) through your nose and comfortably fill your lungs all the way down until your stomach expands.
    2. Silently and gently say to yourself, "My body is filled with calmness." Exhale slowly ("one-thousand-one; one-thousand-two; one-thousand-three") through your mouth and comfortably empty your lungs all the way down, deflating your stomach as well.
    3. Silently and gently say to yourself, "My body is releasing the tension."

4. Repeat five times slowly and comfortably. Invite participants to open their eyes.
5. Emphasize to participants that they can do this as many times a day as needed.

- Refer participants to Supplemental Handout: *Work/Life Balance Plan* and Supplemental Handout: *Self-Care Inventory* as other tools that they can use to help them think about how to address STS.

TRAINER TIP: As noted at the end of Module 3, if you are doing this training in two full days, you can let participants know at the end of the first day that you will be doing relaxation exercises on the second day, and ask for volunteers who would like to share ones which they personally use and like.

TRAINER TIP: You may substitute any relaxation/visualization exercise that you like and that is familiar to you. There are many commercially available videotapes, audiotapes, and CDs which demonstrate techniques for stretching and relaxation.

ACTIVITY 6E
SUMMARY OF ESSENTIAL ELEMENT 9

Activity Time: 15 minutes

Materials Needed

- Supplemental Handout: *Bringing It Back to Work: Essential Element 9*

Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Element 9* to all participants.

- Instruct participants on how to complete the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Element 9.*
  - For this activity, ask participants to focus on the strategies that address Essential Element 9. Ask them to review the strategies listed under each of the categories of Essential Element 9.
  - Ask participants to mark an "X" in up to three boxes next to the ideas they think they would MOST like to emphasize in their daily child welfare practice for this Essential Element.
- Debrief: For Essential Element 9, ask participants to call out a few of the strategies that they indicated they would most like to emphasize in their daily child welfare practice, and why.

MODULE 7
Summary

Training Time: 65 minutes (1 hour 5 minutes)

Key Learning Points

1. Child welfare workers play a significant role in helping mitigate the effect of trauma on children in the child welfare system.
2. There are specific strategies and achievable goals that child welfare workers can implement to reduce the impact of trauma on children in the child welfare system.

ACTIVITY 7A
STRATEGIZING ACTIVITY

Activity Time: 15 minutes

Materials Needed

- Supplemental Handout: *The Essential Elements of Trauma-Informed Child Welfare Practice*

Trainer Activities

- Break participants into groups of three or four.
- Have each group pick an Essential Element with which their county struggles and strategize about how to better address it.
- After about 10 minutes, have one representative from each group provide a summary to the larger group about what their small group discussed.

ACTIVITY 7B
SUMMARY OF ESSENTIAL ELEMENTS 1 THROUGH 9

Activity Time: 30 minutes

Materials Needed

- Supplemental Handout: *Personal Trauma-Informed Child Welfare Practice Action Plan: Daily Strategies*
- NCR paper (i.e., carbonless copy paper) or carbon paper (optional)

Trainer Activities

- Distribute Supplemental Handout: *Personal Trauma-Informed Child Welfare Practice Action Plan: Daily Strategies* to all participants.
  - Let participants know what the follow-up plans will be (i.e., whether or not someone will be following up with them in 1–3 months about their Action Plan). Review instructions to County Staff in Appendix A.
  - Ask participants to fill in their respective information regarding name, county name, and date of the training. Explain to participants that they will be filling out the Action Plan handout on NCR/carbon paper (if the county provides it); you will collect the top (white) copy directly after participants complete the assessment (this copy will be used for follow-up by county staff development personnel). Explain that they will keep the second copy for reference during the debriefing and that they can keep their copies for reference after the training is over.

TRAINER TIP: If counties do not provide Action Plans on NCR paper and want to follow up with participants at a later date/time, then you will have to collect the Action Plans from participants instead of letting them take them home.

  - Ask participants to review the strategies they selected on their *Bringing It Back to Work* worksheets throughout the past two days for Essential Elements 1–9 and to select **three** strategies that they want to commit to implementing as part of their Action Plan.

- Ask participants to write each of these strategies in the boxes provided. In the corresponding box in the right-hand column, write in the Essential Element number associated with each strategy. Reinforce that their strategies should be written in SMART objective format, just like the strategies listed under each of the Essential Elements.

- Debrief: Ask for two or three volunteers to call out their final list of strategies they would like to implement in their ongoing child welfare practice, and why. Notice if there are or aren't any commonalities in the answers, and ask the group what they think about this.

TRAINER TIP: You may wish to do Activity 7F, the Training Evaluations, before any of the concluding activities that you choose.

TRAINER TIP: You may choose to do one or more of the following three optional activities as a summary activity, as your time permits.

ACTIVITY 7C
ART SUMMARY ACTIVITY (Optional Activity)

Activity Time: 20 minutes

Materials Needed

- Blank white paper
- Colored construction paper, including black
- Glue sticks, one per participant

Trainer Activities

- Distribute a sheet of blank white paper and a glue stick to each participant.

- In the middle of participants' tables, place colored construction paper in a variety of colors.
- Instruct participants to depict a child's trauma on the white paper in whatever way they choose. To do so, they can use the colored construction paper, which can be ripped (not cut—there are no scissors) to create whatever actual or abstract shapes they wish.
- Ask participants to share and explain their depictions but explain that no one is required to do so. Comment on the variety of ways, concrete and abstract, in which participants depicted children's trauma.
- Instruct participants to depict what they do as child welfare workers to mitigate children's trauma. They can do this side-by-side on their original piece, or create something on top of their original piece or on a separate piece of paper—whatever way they think will better express how they feel they mitigate children's trauma.
- Ask participants to share and explain their depictions. Again, no one is required to do so. Make connections to training content, to CSFR goals, and to the Essential Elements as relevant.

TRAINER TIP: An alternative is to have participants stand in a circle and throw the Koosh® Ball to each other until participants have run out of ideas.

ACTIVITY 7D
KOOSH® BALL SUMMARY ACTIVITY (Optional Activity)

Activity Time: 15 minutes

Materials Needed

- Koosh® Ball

Trainer Activities

- Ask participants to share one new idea that they either learned or thought about in a different way during the training. Although they may speak and share ideas as

many times as they wish, they should only share one idea on each turn. As they raise their hands, throw the Koosh® Ball to them, and when they have finished speaking, have them throw the ball back to you. Continue until participants have run out of ideas.

ACTIVITY 7E
READ SUMMARY QUOTE (Optional Activity)

Activity Time: 2 minutes

Materials Needed

- None

Trainer Activities

- To conclude the training, read any quote, short story, or book passage that is meaningful to you and relevant to the training. One option, an excerpt from the book *The Cathedral Within* by Bill Shore, is below.
- In this book, social entrepreneur Bill Shore discusses how to make the most of life and do something that counts. Like the cathedral builders of an earlier time, the visionaries described in this memoir share a single desire: to create something that endures. He describes the building of the extraordinary cathedral in Milan, Italy. The extraordinary people Shore has met on his travels represent a new movement of citizens who are tapping into the vast resources of the private sector to improve public life. His lessons are highly applicable to child welfare work and provide a lovely summary to this training on childhood trauma, and the ways that child welfare workers can help these children.

  My ambition…is to design a new architecture for how society uses resources to help children, much like the cathedral builders of an earlier time, who combined imagination, invention and faith to build something both magnificent and lasting. The great cathedrals did not soar skyward because their builders discovered new materials or financial resources; rather the builders had a unique understanding of the human spirit that enabled them to use those materials in a new way. (p. 10)

  A cathedral of this magnificence [the Cathedral of Milan] cannot be built without people believing in it so deeply and so truly that their belief becomes contagious. It

had to have taken more than salesmanship and communication skills to convince citizens across five centuries to bring the vision of this cathedral to fruition. There had to have been an authenticity that resonated in the hearts of others. The vast majority of those who worked on this (and every other) cathedral did so knowing they would not live to see the final, finished achievement. This didn't diminish their dedication or craftsmanship. The evidence suggests it enhanced it . . . (p. 14)

[In searching for an understanding of how the cathedral was built and trying to build one of my own] I found a path more rewarding than any I've known, and perhaps the key to making America the country it can be. The universe I'd been contemplating was far too small. I came to see that the ambitious cathedrals I aspired to build were dwarfed by what could take shape instead within a person's heart and soul. (p. 12)

ACTIVITY 7F
TRAINING EVALUATION

Activity Time: 5 minutes

Materials Needed

- *Comprehensive Guide,* p. 39
- PowerPoint Slides 108–109
- Supplemental Handout: *Child Welfare Trauma Training Toolkit Training Evaluation (Day 2)*

Trainer Activities

- Summarize the training using PowerPoint Slides 108–109.
- Have participants complete training evaluation forms.
- Thank participants for attending and participating.

TRAINER TIP: The evaluation form has been designed to cover areas that are typically required in order to obtain CEUs.

Appendix A
Optional Follow-Up 1–3 Months After The Training

Materials Needed

- Supplemental Handout: *Transfer of Learning Follow-Up Form (for County and/or Training Personnel)*
- Supplemental Handout: *Sample Letter: Evaluation of Action Plans*
- Copies of completed Supplemental Handout: *Personal Trauma-Informed Child Welfare Practice Action Plan: Daily Strategies*

Trainer/County Staff Activities

- Prior to the training, county staff development personnel should talk with county managers about:

  1. Whether or not NCR paper should be used for the Action Plan form in order to enable long-term follow-up (this allows participants to keep a copy, and staff development personnel to keep copies for reference during future follow-up); and

  2. Whether there will be follow-up with participants a few months after the training regarding Action Plan implementation. If so, county personnel will need to make copies of and distribute the Supplemental Handout: *Sample Letter: Evaluation of Action Plans* to training participants on county letterhead. (If it is decided that county personnel will not follow-up with participants—or have not contracted with anyone else to do so—then it is unnecessary to distribute this letter.)

- Personnel (i.e., trainers, project leaders, or county development staff) can follow-up with participants who completed the Child Welfare Trauma Training through use of the Supplemental Handout: *Personal Trauma-Informed Child Welfare Practice Action Plan: Daily Strategies* that was filled out by training participants. The recommended time for follow-up is from one to three months after the training. Personnel assigned to follow up with former participants of this training can use the Supplemental Handout: *Transfer of Learning Follow-Up Form (for County and/or Training Personnel).*

Appendix B
Additional Case Vignettes

Case Vignette—Hector and Stephanie

Sibling Children: Hector, age 15; Stephanie, approximate age 12
Trauma Type: History of domestic violence
Point in Child Welfare System: Hector has been in and out of juvenile/residential treatment
Culture: Hispanic

Case Exercise

1. Read aloud the **Presenting Situation**.
    a. Outline areas or domains of functioning in which Hector is having difficulty.
    b. Outline areas of difficulty for Hector's sibling, Stephanie.
    c. Outline areas of strength or resilience.
    d. Identify what is known about traumatic history.
    e. Determine areas where you need more information, or areas that require further inquiry.

2. Read aloud the section on **Background/History**.
    a. Add to the list of potentially traumatic events.
    b. Identify experiences with separation, loss, and placement disruption.
    c. Determine what other information is needed about each child's history.

3. Read aloud the **Evaluation/Assessment** section.
    a. Generate initial ideas about why Hector and Stephanie responded in this way, including how these responses may be related to traumatic experiences and ongoing stressors.
    b. Identify list of potential areas for assessment, case management, and planning.
    c. Identify next steps for the child welfare worker within his or her role.
    d. Make predictions about short- and long-term outcomes for Hector and Stephanie, and how the child welfare worker's actions could modify these outcomes.

Presenting Situation

Hector is a 15-year-old young man who, after experiencing years of abuse, stabbed his father following a particularly violent fight between his parents on the night of his sister's birthday. He was 15 at the time of the stabbing; the father survived the attack with five stab wounds. Since the incident, Hector has been in and out of juvenile detention or some type of residential treatment.

At present, Hector struggles to even speak of his pain, but he is clearly aware of the rage he feels. Although his parents are now separated, Hector and his father have continued to have visits with each other. Hector still longs to talk with his father about the stabbing incident, but he feels hopeless that the conversation will happen. He also doesn't believe that it will make much difference in his relationship with his father. He still longs for "closure."

He has participated in group therapy and in anger management. Other members of the family have had no treatment. Hector also uses marijuana.

Hector's sister, Stephanie, who appears to be around the age of 12, is struggling with depression. She is failing school, and she admits that she is still worried about her father.

Stephanie also expresses great concern for her brother. She worries that he will get into worse trouble and that her family is still in trouble. She also worries that there is no "light" for her mother and that their nightmare will never end.

Background/History

Hector acknowledges that it was not until after around the age of six that he realized the seriousness of the fighting that was occurring in his family's life. He feels now that his entire life has been defined by the constant fighting.

In elementary school, Hector made comments about wanting to die. He realizes now that the reason why he wanted to kill himself was because of the deep sadness he felt about his family's life. He recalls that his parents got angry at him because of his suicidal thinking.

Although Hector has wanted to trust the police to do something, he has had experiences that have made it nearly impossible for him to trust police. He can recall once calling the police, only to have blame for the problem "turned back" on him.

Hector realizes that he has been angry with his mother for a very long time because she failed to leave her abusive husband. He has never understood how difficult his mother's situation was for her.

Evaluation/Assessment

Hector clearly is experiencing rage over the violence he has witnessed. He acknowledges that it was this rage that caused him to take "matters into my own hands" the night that he stabbed his father. He expresses that the rage basically put him into a "kill mode" wherein he actually lost track of the number of times he stabbed his father. In treatment, he still verbalizes his strong hatred toward "wife beaters." He said he stabbed his father so that "my mom would wake up." He resents his mother's inability to leave his father.

Stephanie admits that she hides her pain. From her expression and comments, it is clear that she is still traumatized from having witnessed the blood and pain that her father experienced as a result of the stabbing. She still feels very upset by the fact that the stabbing took place on the night of her birthday.

Case Vignette—Trina

Child: Trina
Age: 17
Point in CW System: Nearing emancipation
Trauma Types: Parental neglect, drug exposure, death of family members, multiple moves
Culture/Ethnicity: African-American

Case Exercise

1. Read aloud the **Presenting Situation**.
    a. Outline areas or domains of functioning in which Trina is having difficulty.
    b. Outline areas of strength or resilience.
    c. Identify what is known about her trauma history.
    d. Determine areas where you need more information, or areas that require further inquiry.
2. Read aloud the section on **Background/History**.
    a. Add to the list of potentially traumatic events.
    b. Identify experiences with separation, loss, and placement disruption.
    c. Determine what other information is needed about Trina's history.
3. Read aloud the Initial **Evaluation/Assessment** section.
    a. Generate initial ideas about why Trina responded in this way, including how these responses may be related to traumatic experiences and ongoing stressors.
    b. Identify list of potential areas for assessment, case management, and planning.
    c. Identify next steps for child welfare worker within his or her role.
    d. Make predictions about the short- and long-term outcomes for this case, and how the child welfare worker's action could modify these outcomes.

Presenting Situation

Trina, now age 17, began shifting back and forth between relatives and foster care when she was five years old. She is the third of five children. At present, Trina spends a lot of time with her sister, who lives in a different foster home. Trina is involved in a number of church activities with her foster mother and sometimes with a former foster family. Trina has a boyfriend who, along with his mother, has been very supportive of Trina.

Trina is articulate. She can express her feelings openly when she feels comfortable. When upset or disappointed, Trina becomes quiet. However, when encouraged to talk about her feelings she is likely to open up. She is sensitive and can cry when frustrated or upset.

Trina is a fairly typical teenage girl. She enjoys spending time with friends on the phone and in person. She loves to laugh and joke. She has an easy smile, is intelligent, and is perceptive about the moods and needs of those around her. Trina is closest to her sister Iyana. She is eager to live in the same home with her siblings.

Trina moved into her current foster home in 2003. Her sister Bernice had lived in this home alone for a year. There was a period of adjustment when Trina moved into the home. The foster mother worked hard to assure both girls of their "place" in the family. Once Trina got to know the family better, she adjusted well. She has no behavior problems in the home.

She does spend a great deal of time in her sister Iyana's foster home, and she probably feels a greater sense of belonging there. She gets along well with her foster parents' young children and helps with household chores.

Trina is a pleasant 17-year-old. She has the ability to attach to others in a very positive manner. She seems quiet at first until she gets to know someone.

Trina has always been open and eager to be adopted with her four siblings. One of the siblings has expressed a desire to be adopted on her own. This was difficult for Trina to hear. She expresses little hope of finding an adoptive family.

Background/History

Trina's birth parents could not care for her and her siblings because of drug abuse and repeated incarcerations. At the time of Trina's birth it was reported that her mother used crack cocaine during all of her pregnancies.

Trina's mother had left the children with a neighbor and "failed to return."

For almost two years, Trina and her siblings lived with an uncle. It became difficult for him to care for them financially and within one year of their leaving, he died.

Trina was in a temporary placement for about five months until an aunt came forward. She lived with this aunt for about five years until her death from cancer.

The birth father had been released from prison around that time, and he took the children from a family friend's home to live with his mother for about three months. She had just been

released from prison. Sometime later, the grandmother took the children to the Department of Children's Services, saying she could no longer care for them.

It is believed that Trina's maternal aunt and grandmother were killed in a shooting.

Trina and two siblings were placed in the home of a couple from their church. Two other children were placed in the custody of their paternal cousin.

After about five years of repeated attempts at reunification, both parents' rights were terminated. For the last two years, Trina has adjusted well to her current foster family.

Evaluation/Assessment

There are concerns about Trina's ability to manage her anger. When she gets upset or is provoked, she has a difficult time walking away from the situation. She has made some progress in this area over the school year, but she still finds it challenging to walk away from conflict.

Trina was suspended from school for fighting four times last year. Some of these incidents occurred while she was defending her sister. Another incident involved a citation from Juvenile Court. She attended a group for teen girls, and she appeared to find it helpful.

She feels that a transfer to a different school setting would help her to manage her problems. Trina has just finished tenth grade. She received good grades, and she has made improvements in her behavior and at school.

Case Vignette—Clorinda

Child: Clorinda
Age: 11
Point in CW System: Stable foster care placement with some prospect of reunification
Trauma Type: Neglect and exposure to domestic violence
Culture: This child is Latino; her parents were born in Mexico.

Case Exercise

1. Read aloud the **Presenting Situation**.
    a. Outline areas or domains of functioning in which Clorinda is having difficulty.
    b. Outline areas of strength or resilience.
    c. Identify what is known about traumatic history.
    d. Determine areas where you need more information, or areas that require further inquiry.
2. Read aloud the section on **Background/History**.
    a. Add to the list of potentially traumatic events.
    b. Identify experiences with separation, loss, and placement disruption.
    c. Determine what other information is needed about Clorinda's history.
3. Read aloud the **Evaluation/Assessment** section.
    a. Generate initial ideas about why Clorinda responded in this way, including how these responses may be related to traumatic experiences and ongoing stressors.
    b. Identify list of potential areas for assessment, case management, and planning.
    c. Identify next steps for child welfare worker within his or her role.
    d. Make predictions about short- and long-term outcomes for Clorinda, and how the child welfare worker's action could modify these outcomes.

Presenting Situation

Clorinda, age 11, has been placed at the Santos foster home for the past three years after a failed reunification with her mother. She was originally placed at age four in the Conradi foster home with one of her three sisters for almost six months before moving to the Ellis foster home, which could care for all four sisters. She remained there until she was reunified

with her mother at age eight. Unfortunately, the reunification failed after six months due to her mother's renewed use of alcohol. At that point, a relative agreed to take the two younger sisters; Clorinda's older sister was placed in a group home due to behavior problems, and Clorinda went to the Santos home. After two years, the Santoses expressed interest in adopting Clorinda if she becomes available.

Clorinda was depressed and angry after returning to foster care at age eight. After two months in the Santos home, she appeared to work through her anger at her mother and at the caseworker for taking her away from her mother and siblings. Her grades improved, and she started to excel in the soccer program the Santoses placed her in.

The Santoses recently moved to a newer home in a nicer neighborhood on the other side of town, but the move necessitated a change in schools for Clorinda. Since starting the new school a month ago, Clorinda has been irritable and moody and expresses a desire to return to her old school. The Santoses are unsure what to do.

Background/History

Clorinda first came to the attention of the agency at age six months when a public health clinic filed a neglect referral. She was underweight, and the clinic nurse suspected her mother of abusing drugs. The case was investigated. The mother reported that Clorinda's father had been deported and his whereabouts were unknown. The mother was encouraged to attend parenting classes, and she agreed to see a public health nurse and take her baby to the clinic for regular check ups. Clorinda's weight improved over the next few months, and the case was closed. The caseworker at the time noted that she suspected drug use and was concerned because the family lived in a high-crime neighborhood known for drug sells and gang activity, including drive-by shootings. Three months later, a second referral, for general neglect and possible drug use, came in from Clorinda's paternal aunt. Although the house was described as "untidy" and "messy," it did not reach the level of neglect, as the worker understood it, and she saw no proof that the mother was using drugs. All three children appeared to be healthy. The worker thought that the report was probably connected to ongoing animosity between Clorinda's mother and aunt, and she closed it as "unsubstantiated."

A third referral was received from law enforcement after a domestic violence call to the home. Clorinda's mother had facial injuries, and she had stabbed her live-in boyfriend in the altercation. At the scene, she was clearly under the influence of alcohol and was arrested along with the boyfriend. All four children were home at the time, and Clorinda's older sister had locked them all in a room together during the fight. All four children remained in the locked room until the police arrived. Accompanying the police that night was a domestic violence response team that included a person who was assigned to work with the children.

This person shielded them from the visual evidence of the violence in the kitchen where the stabbing had occurred. While seeking a possible kin placement, the worker learned that Clorinda's maternal grandmother had moved back to Mexico and that her mother had lost all contact with the children's fathers and their relatives. Even the aunt had moved away. All four children, including a new baby, were removed. Clorinda was age four.

After an initial period of adjustment, Clorinda became accustomed to the Conradi foster home, but she missed two of her sisters, who were placed elsewhere. She welcomed the move to the Ellis foster home, which could care for all four siblings. She did well in that placement. After her mother met the court's expectations, the children were ordered back to their mother's home. Clorinda was ambivalent about leaving the Ellis foster home and returning to her mother, but after a rough transition to a new school, she appeared to adjust. This was aided by the positive involvement of her aunt, who had moved back to town. Unfortunately, her mother's sobriety ended shortly after the children were returned home when she was arrested for DUI with Clorinda's older sister in the car. The court ordered all the children back to care. The aunt volunteered to care for the younger two and Clorinda's older sister was placed in a group home due to her own history of conflicts at school and with the police. Clorinda was placed with the Santoses.

Appendix C
References and Resources

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Online Resources

National Child Trauma Stress Network web site
www.nctsn.org

California Evidence-Based Clearinghouse for Child Welfare web site
www.cachildwelfareclearinghouse.org

Child Trauma Academy web site
www.childtrauma.org

International Society for Traumatic Stress Studies web site
www.istss.org

National Center for PTSD web site
http://www.ncptsd.va.gov/ncmain/index.jsp

Sidran Institute: Traumatic Stress Education & Advocacy web site
www.sidran.org

NCTSN Resources: Fact Sheets

Understanding Traumatic Stress in Adolescents
http://www.nctsn.org/nctsn_assets/pdfs/2_Traumatic_Stress_4-18-07.pdf

Understanding Substance Abuse in Adolescents
http://www.nctsn.org/nctsn_assets/pdfs/3_Substance_Abuse_4-18-07.pdf
(NOTE: This is a lengthy fact sheet that includes a great deal of general information about adolescent substance abuse. The first several pages may be better for printing and providing to participants.)

Trauma Among Lesbian, Gay, Bisexual, Transgender, or Questioning Youth
http://www.nctsn.org/nctsn_assets/pdfs/culture_and_trauma_brief_LGBTQ_youth.pdf

Culture and Trauma Brief: Promoting Culturally Competent Trauma-Informed Practices
http://www.nctsn.org/nctsn_assets/pdfs/culture_and_trauma_brief.pdf

Trauma Symptom Measure Resources—Ordering Information

Trauma Symptom Checklist for Children (TSCC; Briere)
http://www3.parinc.com/products/product.aspx?Productid=TSCC

Trauma Symptom Checklist for Young Children (TSCYC; Briere)
http://www3.parinc.com/products/product.aspx?Productid=TSCYC

Child Sexual Behavior Inventory (CSBI; Finkelhor)
http://www3.parinc.com/products/product.aspx?Productid=CSBI

UCLA PTSD Index
Available through the NCTSN
hfinley@mednet.ucla.edu or info@nctsn.org

Videos—Ordering Information

Digital Stories: *More Than a Case File* (2006), *In Our Own Voices* (2002), *What Made a Difference?* (2003).
Available through the Youth Training Project, Bay Area Academy, San Francisco State University
http://www.youthtrainingproject.org

Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption. (1997).
Available through the Infant-Parent Institute
http://www.infant-parent.com

Appendix D
About the NCTSN and California Partners

NCTSN

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

California Social Work Education Center (CalSWEC)

Created in 1990, CalSWEC is a consortium of the state's 18 accredited social work graduate schools, the 58 county departments of social service and mental health, the California Department of Social Services (CDSS), and the California Chapter of the National Association of Social Workers. It is the nation's largest coalition of social work educators and practitioners. In the child welfare realm, CalSWEC coordinates the Title IV-E Child Welfare Project and Regional Training Academy (RTA) Coordination Project. In collaboration with its partners, it works to develop promising practices that enhance the effectiveness of child welfare services in California. It also supports and studies the retention of child welfare workers. For more information on CalSWEC, see http://calswec.berkeley.edu.

Rady Children's Hospital, Chadwick Center for Children and Families

The Chadwick Center for Children and Families is Rady Children's Hospital—San Diego's response to child abuse and neglect, domestic violence, and posttraumatic stress in children. The staff is composed of a variety of professionals in disciplines ranging from medicine and nursing to child development, social work, and psychology. In addition to the main hospital campus, the Chadwick Center has satellite offices throughout San Diego County reaching more than 2,800 children a year. The Chadwick Center, founded in 1976, has become a leader in the identification and dissemination of evidence-based practices throughout San Diego and around the world. The Chadwick Center serves as a Treatment and Services Adaptation Center within the SAMHSA-funded National Child Traumatic Stress Network. The Center provides professional education around the world and hosts the annual San Diego International Conference on Child and Family Maltreatment attracting more than

2,000 professionals from over 40 countries, and also designed and manages the California Evidence Based Clearinghouse for Child Welfare at www.cachildwelfareclearinghouse.org.

California Institute for Mental Health (CIMH)

The CIMH was established in 1993 to promote excellence in mental health services in California. County mental health directors, consumer and public interest representatives, and family members serve on the Board of Directors. CIMH has long-term, exemplary relationships with state and local service systems and is viewed as a statewide leader in assisting counties with developing effective intervention practices. CIMH is funded by contracts with California state and county departments of mental health, alcohol and drug, probation, and social services. CIMH has also been funded by SAMHSA and the Department of Justice and from a variety of private foundations. CIMH has successfully developed and completed a variety of projects that demonstrate its capacity to carry out evidence-based practices dissemination and implementation.

Child and Family Policy Institute for California (CFPIC)

The Child and Family Policy Institute of California is a private nonprofit organization, incorporated as a 501(c)(3) entity in 2004 to advance the development of sound public policy and promote program excellence in county Human Services Agencies through research, education, training, and technical assistance. CFPIC fulfills its mission by facilitating research to influence policy, identifying and describing best practices in order to take them to scale, creating communication and training opportunities, providing assessment and strategic change services to counties, establishing linkages with allied interests/disciplines, convening stakeholders, initiating, and sustaining dialogues with allied interests/disciplines, training leaders in critical content areas and obtaining resources through social enterprise.

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