

Program Assistant

Trainer Guide

Week 2



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

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Revision Tracking Sheet (Classroom)

Classroom Unit Reviewed	Program Assistant Training Week 2	Date	05/2024
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Revision Key:	Green = content added Strikethrough = content removed
<p>Note: All changes are indicated in green font in the trainer guide for easy reference. Strikethroughs will only appear in the revision tracking sheet to indicate specific deleted materials as needed. If a larger section is removed the section will be referenced in the tracking sheet.</p>	

Document	Revision Tracking
General/All	<ul style="list-style-type: none"> 2024 Curriculum Style Guide Implementation.
Trainer Guide	<p>Week 2, Day 4, pages 22-23, 28, 32</p> <ul style="list-style-type: none"> ADDED: Updated Titles and page numbers of the Developmental Milestones, ages 0-21 years <p>Week 2, Day 4, page 23</p> <ul style="list-style-type: none"> ADDED: Reference to the Trainer resources for the developmental milestone information, instead of posters: “The trainer may also wish to refer to the poster on page 7, which should have already been hung before training trainer resources, where they can find the Developmental Milestone information presented in the participant manual.” <p>Week 2, Day 4, page 24</p> <ul style="list-style-type: none"> ADDED: Reference to the Trainer resources for the heart of attachment illustration instead of the poster: This illustration should also be hanging in the room as a poster found in the trainer resources. <p>Week 2, Day 5, page 39-40</p> <ul style="list-style-type: none"> Revised the trainer note and replaced the 2020 child maltreatment statistics with information from the updated 2022 child maltreatment report to match the participant manual. Updated links to data as well as optional data links were added in the materials column.

Document	Revision Tracking
	<ul style="list-style-type: none"> • Updated: <ul style="list-style-type: none"> ○ TRAINER NOTE: The material in the participant manual reflects trend data, and does not include all actual numbers child maltreatment. A 2022 2020 report released by the Children's Bureau Administration for Children and Families indicates the current trends in child abuse and neglect data on a national level and in the state of Arkansas shows an increase in the number of victims who suffered maltreatment for the first time since 2015. ○ Ask participants to turn to Day 5 Pages 31-32 in their participant manuals to review the information listed regarding child maltreatment statistics. Trainers can access the full version of the most current report at https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf • “Recognizing Non-Accidental Trauma” slide show title changed to “Indicators of Abuse and Neglect Slide Show” slide show.
Trainer Resources	<ul style="list-style-type: none"> • ADDED: Updated Developmental Milestones information, ages 0-21 years (5 pages) • Removed Week 2 Posters • Revised Sexual Development Test answers, ADDED Rationale
Participant Guide	<p>Week 2, Day 4, Pages 12-14, 20-22</p> <ul style="list-style-type: none"> • ADDED: Updated Developmental Milestone Information • Removed Question #9 from Sexual Development Test. <p>Week 2, Day 4, Page 29</p> <ul style="list-style-type: none"> • Revised case #10 of the “Twelve Case Situations For Practicing Child Developmental Assessment”, Juan. Replaced “propped bottle” with “pacifier”. <p>Week 2, Day 5, Pages 31-32</p> <ul style="list-style-type: none"> • Updated 2020 child maltreatment statistics with information from the updated 2022 child maltreatment report <p>Week 2 Participant Manual Supplemental Resources</p> <ul style="list-style-type: none"> • Removed (Appears in the Participant Manual and Trainer Resources)
Handouts	<ul style="list-style-type: none"> • Updated Handout 1 Day 4, the “Recommended Immunizations for Children from Birth Through 6 Years” to 2023 version from CDC website: https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html • Updated the “Diseases and Vaccines that Prevent Them” Handout 1 Day 4
Power Point	<ul style="list-style-type: none"> • “Recognizing Non-Accidental Trauma” slide show title changed to “Indicators of Abuse and Neglect” slide show. • Slide show pictures updated. • ADDED: Content Advisory Statement (Slide 7) • ADDED: Grounding Techniques Information/Exercises (Slides 8, 39, 67) • ADDED: Short video about Mongolian Spots (Slide 38, 1:00)

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AGENDA

Day 4

I. Section 1- Child Development

A. Pre-Natal

A. Nutrition

B. Medical Care

B. Attachment Behaviors

C. Cultural Diversity Awareness

II. Section 2- Birth to Pre-School 0-5

A. Developmental Milestones

B. Attachment/Bonding Behaviors

C. Nutrition/Feeding Problems

D. Immunizations

E. Toilet Training

F. Cultural Diversity Awareness

III. Section 3- Early Childhood 6-11

A. Developmental Milestones

i. School/Peers

B. Cultural Diversity Awareness

IV. Section 4- Adolescence 12-21

A. Developmental Milestones/Teen Brain (not an oxymoron)

i. School/Peers/Sexual Development

ii. Cultural Diversity Awareness

Day 5

- I. Section 1- Child Maltreatment**
 - A. Scope of Problem**
 - i. Reporting Maltreatment
 - ii. Risk factors
- II. Section 2- Physical Abuse**
 - A. Physical and Behavioral Indicators**
 - B. Indicators of abuse Powerpoint**
 - C. Diversity Awareness**
- III. Section 3- Neglect**
 - A. Physical and Behavioral Indicators**
 - B. Neglect vs. Poverty**
- IV. Section 4- Emotional Abuse**
 - A. Physical and Behavioral Indicators**
- V. Section 5- Sexual Abuse**
 - A. Physical and Behavioral Indicators**
 - B. Stages of Sexual Abuse**
 - C. Sexual Abuse Exam**
 - D. Working with the Non-Offending Parent & Child Victim**

Day 6

- I. Section 1- Child Health Issues**
 - A. Failure to Thrive/SIDS**
 - B. ADHD/Depression**
 - C. Reactive Attachment Disorder**
 - D. PACE Exams for Foster Children**

BEFORE YOU TRAIN

- ☐ All PowerPoint Presentations are located on the online MidSOUTH Staff Portal, along with all other additional training resources: https://www.midsouth.ualr.edu/staff/?page_id=449
- ☐ We include participant-led activities, physical movement, images, peer-to-peer discussions, and incorporating activities that tap into the participants' emotions to help enrich the learning experience.
- ☐ Be sure to gather all materials, links, and supplies for this training.
 - The trainer should set up the Indicators of Abuse and Neglect Slide Show prior to training. Locate this presentation in the “Trainer Resources” or on the MidSOUTH Staff Portal.

TRAINER MATERIALS LIST**STANDARD ROOM SET-UP (FOR EACH DAY FOR TRAINING)**

- Class roster/Sign-in sheets (morning and afternoon)
- Name tents
- White board markers
- Flip chart set ups for small group work (easel, pad, markers)
- Participant Manuals
- Projector/remote
- Computer/(laptop) with DVD player, PowerPoint, speakers, and remotes

DAY 4

- Training 3-Ring Binder (3-inch binder for all training materials)
- Handout 1
- Child Development Parenting Scenarios laminated cards (8) (Trainer Resource)
- Laminated Age and Description Cards (Trainer Resource)
- Sex Test Answers (Trainer Resource)

DAY 5

- Handout 1
- Answers for the Twelve Case Situations for Practicing Child Developmental (Trainer Resources)
- PUB-357 can be found on the DCFS website by searching publications at <https://humanservices.arkansas.gov/about-dhs/dcfs> or by clicking here
- Child Maltreatment Statistics
<https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf>
- 8 Toxic Things Parents Say to Their Children
- Verbal Abuse That's Not Easy to Spot
- Signs of Sexual Abuse

DAY 6

- Handouts: 8-10
- CHRIS
- Materials for the PACE presentation (UAMS guest speaker)

COMPETENCIES LIST

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

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

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

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

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

***Division of Children and Family Services**

FSW Competency List

DAY 4

SECTION 1: Introduction

Time Estimate:	<ul style="list-style-type: none"> 30 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Review material from Week 1. Review the agenda for the day and week.
Competencies:	<ul style="list-style-type: none"> 101-2 101-3 101-8
Participant Content:	<ul style="list-style-type: none"> Participant Manual page 6 (Day 4)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide Handouts: 1-4 https://humanservices.arkansas.gov/about-dhs/dcfs

INTRODUCTION AND REVIEW

Welcome participants back for Week 2 of training. Before reviewing what will be covered during this week of training, take a few minutes to review what was covered during the last week of class. Divide the group into three smaller groups. Give each group a day from the previous week to discuss. Ask each person from each group to come up with at least two learning points from their specific day from Week 1. Be sure that each member of each small group contributes so there are no “hogs and logs.” In other words, be sure that everyone gets a chance to speak and share their ideas. After all the groups are finished making their lists, ask each group to share with the larger group. The trainer should record the list on the flip chart or board.

TEACHING NOTES

TEACHING NOTES

AGENDA AND OBJECTIVES

Briefly go over the agenda and objectives for the week. Let participants know that this week has a lot of material, some of which may be disturbing. Today we will cover child development, which will help determine what is “normal” and help when looking for possible signs of abuse. On Day 5 we will cover the various forms of child maltreatment and look at some graphic examples. Day 5 will probably be the most difficult day for participants, but it is an important one. On the last day of this week, we will have several guest speakers visit with us about different child health issues.

Before getting into the material for today, ask participants to turn their attention to **page 6, Day 4 Agenda** in their manuals and look at the objectives for the day. As mentioned previously, today we will learn about all the different stages of child development. This will be important when looking for potential signs of abuse. Knowing what is “normal” will help when trying to determine if abuse has taken place.

SECTION 2: Normal Development

Time Estimate:	<ul style="list-style-type: none"> 30 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Know developmental milestones and know what behaviors can be expected of children from birth through adolescence. Know how to observe children's physical, cognitive, social, and emotional development and can recognize when development is delayed or follows abnormal patterns.
Competencies:	<ul style="list-style-type: none"> 103-1
Participant Content:	<ul style="list-style-type: none"> Participant Manual page 6 (Day 1) Participant Manual pages 7, 28-29 (Day 4) Participant Manual pages 12-14, 20-22 (Day 4)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide

WHY STUDY CHILD DEVELOPMENT?

Begin this portion of training by asking participants the following question, “Why do you think we should study child development for your job? How does knowledge of development tie in with your job duties?” As the group answers, list the answers on the flip chart or board. Do not filter or alter the answers at this point. If the answers are general in nature, ask the group to relate the question specifically to their job as a PA working with abused or neglected children.

TEACHING NOTES

TEACHING NOTES

If the following things are not brought up during the discussion, be sure to mention them:

You can follow the script below. Emphasize the last point about the importance of finding ways to reduce harm and acknowledging the history of the land and its people. (participant manual page 6 day 1)

- To educate caregivers about normal development and age-appropriate expectations; to model age-appropriate parenting techniques. Example: A neglectful parent may change a child that is still in diapers only 1-2 times per day since they do not like the task or because they do not have money for diapers.
- Many abusive caregivers have unreasonable expectations for their children's behavior.

Example: A caregiver may scold an 8-year-old for wanting a candy bar and tell the child that she is going to grow up and be fat.

- Many abusive caregivers lack understanding of normal developmental expectations and this misunderstanding contributes to the caregiver's misinterpretation of the child's actions. A crying infant who cannot be comforted is thought to be "ungrateful and unappreciative." Infants cannot display "appreciation" in the manner typical of adults.

In addition to the points listed above, understanding child development can help with early intervention if there is a suspicion of abuse.

TEACHING NOTES

Trainer Note: Before beginning this activity, write the following questions up on the board or flip chart:

**ACTIVITY: Ages And Stages**

The following activity will help participants begin to think about at what ages children begin to develop certain skills.

PURPOSE

The purposes of this exercise are:

1. To get participants to think about behaviors associated with various developmental stages; and
2. To provide a practice opportunity in using the developmental charts.

METHODOLOGY

1. Give half of the participants an “age” card and give the other half of the participants “description” cards. The age card will contain a numerical age and the description cards will contain some hints or descriptions about that group.
2. Instruct participants to find their “partner” by matching the description cards with the appropriate age card. For example, if someone is holding a card that says, raises head slightly off floor and bed, makes throaty sounds, that card would be matched with the 1-month age card.

TEACHING NOTES

3. Ask participants to pick a partner for this exercise. Preferably, partners will not know each other. If the group is large, consider doing this exercise in groups of 4 instead of dyads.

Ask each group to spend time interviewing the members of their group using the questions written on the board. Inform participants that at the end of the exercise, the partners will introduce each other to the larger group. Allow approximately 10 minutes for the pairs to

PROCESSING

During the discussion, the trainer should raise the following questions:

- Did partners guess the right ages?
- What were the clues given by the other person?
- Help the group begin to group the developmental “clues” into appropriate domains, i.e., physical, language, cognitive, social, or emotional.

WHAT IS “NORMAL”?

Briefly discuss the concept of “normal.” Ask the group, “What is NORMAL?” In the ensuing discussion be sure to cover the following points:

- Normal is what is typical for the majority of the members of a group.
- Normal is a statistical concept best applied to traits, not to individuals.

TEACHING NOTES

- There is a wide range of behaviors that fall into the broad category of normal.

Ask participants to turn to **page 7, Day 4 (What is Normal)** in their participant manuals to see the bell curve growth chart for the average development of walking. Ask participants to turn to the **pages 12-14, 20-22 which shows** the average growth and development for children from infancy through adolescence in the following areas: physical, cognitive, language, and social/emotional. Development will vary by child. A child's individual rate of development may vary by trait. For example, a child's physical development may be considered accelerated while language development happens right on time or is delayed. Consider asking the class here, **"How old was your child when he or she started walking?" (Or ask some other question which might demonstrate the range in normal.)** A key point to make here is that as PAs, they should be assessing the development of the children they are seeing when they visit homes. If they see a child who is not developing properly, it could be a red flag. Participants are allowed to take the test and leave for lunch once they are finished. The materials for the test can be found in the Trainer Resource folder.

Trainer Note: This is an appropriate time to give participants their homework for the night. They are to use the **Growth Charts on pages 12-14, 20-22 (in the participant manual)** to complete **pages 28-29, Day 4, Twelve Case Situations**, in the participant manual. Answers will be discussed tomorrow morning.

SECTION 3: Bonding and Attaching during the Pre-Natal Stage

Time Estimate:	<ul style="list-style-type: none"> 40 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Understand the importance of attachment in the developmental process. Know ways to promote healthy interaction between parents and children in the pre-natal stage of development.
Competencies:	<ul style="list-style-type: none"> 103-1
Participant Content:	<ul style="list-style-type: none"> Participant Manual pages 8-11 (Day 4)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide

Trainer Note: Be sensitive to the fact that some women may have been pregnant and lost their baby/babies to miscarriage.

TEACHING NOTES**ACTIVITY: Attaching with the Growing Fetus**

Begin by asking, “How many of you have been pregnant?” After getting a show of hands, ask the group another question, “How did you bond with the baby?” Some answers may include singing to the baby, playing music to the baby, and journaling. Ask participants to turn to **page 8, Day 4 (Behaviors That Show Attachment) in their participant manuals**, where they can generate a list of behaviors that encourage bonding with the growing fetus.

TEACHING NOTES

PURPOSE

The purpose of this activity is to help participants think about ways to encourage parents-to-be to bond with their growing fetuses.

METHODOLOGY

1. Ask each person to generate a list on **page 8** individually.
2. After about 5 minutes, ask for volunteers to share what they have written.
3. The trainer should record the list on the flip chart or board.

PROCESSING

During the discussion, the main point to emphasize is that the PA should encourage expectant parents to bond with their unborn babies. Encouraging parents to bond with their fetuses may help prevent child abuse.

PRENATAL CARE

Ask participants to turn to **page 9, Day 4 (Nutrition During Pregnancy) in their participant manual**. Briefly go over the points listed on this page and emphasize that proper nutrition is another way to encourage the expectant mother to take care of herself and her unborn child. Before turning to **page 10**, stress once again the importance of prenatal visits and vitamins during pregnancy. Also, it is important to note that a visit with a PA does not replace a regular pre-natal visit with a doctor.

TEACHING NOTES

On **page 10, Day 4, Pre-Natal Care Visits**, participants will find information about when visits should take place and what should go on during those visits. One thing to consider surrounding pre-natal visits might be any cultural issues. For example, if a mother is living in poverty, she might not know that she can still seek pre-natal care. The PA must inform expectant mothers of the options available to them.

**ACTIVITY: Prenatal Scenarios**

Ask participants to take part in the following activity.

PURPOSE

The purpose of this activity is to allow participants to explore ways to help expectant mothers prepare for a new baby and how to receive proper prenatal care.

METHODOLOGY

1. Ask participants to get into small groups of about 3 (depending on group size).
2. Assign each group one scenario from **page 11**.
3. After each group has read their scenario, ask them to answer the two questions at the top of **page 11**.
4. After each group has finished answering the questions, ask each group to share their scenario and the answers to their questions with the larger group.

PROCESSING

The trainer should spend time here relating answers back to pages 9 and 10, emphasizing the importance of pre-natal visits and bonding with the fetus. Some issues that should be brought up by the trainer if the class does not bring them up are naming the baby, making a space or room for the baby, pre-natal counseling, and regular doctor visits. Also, the trainer should address any cultural issues that might arise.

TEACHING NOTES

SECTION 4: Developmental Milestones (Zero to Five Years)

Time Estimate:	<ul style="list-style-type: none"> 60 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Understand the importance of attachment. Understand the importance of childhood immunizations. Know age-appropriate methods of discipline.
Competencies:	<ul style="list-style-type: none"> 103-1
Participant Content:	<ul style="list-style-type: none"> Participant Manual pages 12-19 (Day 4) Handout 1 Day 4
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide Trainer Resources

DEVELOPMENTAL DOMAINS

Now that we have looked at what “normal” is in the broader sense, we will now look at some specific developmental milestones that can be expected from children from infancy through five years of age. Ask the participants to turn to **page 12-14 in their participant manuals – Developmental Milestones (Infant Developmental Stage (0-1), Toddler Developmental Stage (1-3 years), Pre-School Developmental Stage (3-5 years))**. The trainer may also wish to refer to the **trainer resources**, where they can find the **Developmental Milestone information** presented in the participant manual. The developmental tasks for each domain are listed by age. There are numerous developmental tasks in each area; these are the “big ones.” Briefly cover the milestones. The class will spend more time talking about these tasks throughout the rest of the day. However, be sure to lay the basic foundation for participants now by spending some time covering each domain below.

TEACHING NOTES

TEACHING NOTES

Physical Development consists of motor development, sensory development, and the nervous system's coordination of the motor and sensory. Motor activity depends on muscle strength and coordination.

- Gross motor activities involve the large muscles of the body and include standing, sitting, walking, and running.
- Fine motor activities involve the small muscles of the body and include activities such as speech, vision, and use of hands and fingers. Both large and small muscle activities are controlled and coordinated by the nervous system.

Sensory development includes the development of vision, hearing, taste, touch, and smell. The nervous system integrates the perceptual input of these systems. As noted on [page 13 in the participant manual](#), toilet training falls under the **adaptive skills domain**. The trainer should be sure to note that many times abuse takes place around the issue of toilet training. Many parents don't understand that it is normal for children to take longer than expected when it comes to potty training. For example, if a child takes more than two years to be potty-trained, a parent might get frustrated, and abuse could take place.

Cognitive Development includes activities such as thinking, perception, memory, reasoning, concept development, problem-solving ability, and abstract thinking. Language is one of the most important and complicated cognitive activities.

TEACHING NOTES

Take a moment and explain the difference between language and speech. Understanding and formulating language is a complex cognitive function that involves the ability to understand symbols and is influenced by perception. Speech is a motor activity. Language and speech are controlled by different parts of the brain.

It is also at the cognitive level (and other levels as well) when object permanence begins to take place because sensorimotor skills are being used. Object permanence is when an object in the environment becomes permanent and does not cease to exist when it is out of sight or reach. Object permanence is necessary in order to form attachments (emotional and social domains).

For example, if a toy is taken from a baby and put under a blanket, a baby who has developed object permanency will try to look for the toy under the blanket. This is because the baby remembers the toy and where it went.

Social Development includes interactions with other people and involvement in social groups. The earliest social task is attachment. Spend some time here talking about attachment. At this time the trainer may ask participants to flip to the next **page (page 15), the Heart of Attachment**. This illustration should also be found in the **trainer resources**. Explain that attachment begins forming in the social development domain. As mentioned previously, object permanency is necessary in order for attachment to form. As **page 13** demonstrates, attachment begins when a child expresses a need. As that need is met by the caretaker, the child begins to experience relief.

Over time, the child begins to feel secure and attached to the caretaker, who can provide comfort and security. These feelings of comfort and security ultimately shape how the child views the outside world as well.

TEACHING NOTES

Likewise, a child who is not comforted and does not feel secure will likely view the world as an unsecured and scary place. Other examples of tasks that are part of social development include developing relationships with others, taking on social roles such as friend, worker, etc., taking on group values and norms, and assuming a productive role in society.

Emotional Development includes the development of personal traits and characteristics, including personal identity, self-esteem, the ability to enter mutual emotional relationships, and feelings and emotions that are age-appropriate and situation-appropriate.

It is important to emphasize that development does not occur separately in each of these domains or areas. Development in any domain is affected by and affects development in all of the other areas.

CHILDHOOD IMMUNIZATIONS

Ask participants to turn to **page 16, Day 4, (Childhood Immunizations) in their participant manuals**. Briefly go over the immunizations required for children and at what age they need to get them. The important thing about immunization is that it is never too late to begin preventing illnesses. Parents should be encouraged to keep their child's immunizations current. Distribute **Handout 1 Day 4 "Immunization Chart"** to the class and briefly address vaccination timelines.

TEACHING NOTES

POTTY-TRAINING

Before beginning this next section, ask the following question, “At what age are kids ready to be toilet-trained?” There may be a variety of responses. However, the correct response is, “When the child is ready.” Experts say the normal age range is between two and three years old.

However, this varies by child. As mentioned previously, participants need to be aware that there may be physical abuse involved when it comes to toilet training issues. Parents can sometimes get easily frustrated when their child is not potty training as fast as they think they should. As a result, they end up taking their frustrations out on the child. Therefore, this is something for the PA to be aware of and to be watching for. Be sure to go over the points listed on pages 17 and 18, Day 4 (Potty-Training) in the participant manual, pointing out the importance of giving praise to a child who is learning to use the toilet appropriately.

TEACHING NOTES

HUMAN DEVELOPMENT

Trainer Note: Ask participants to turn to **page 19, Day 4, in their manuals** to the **Human Development** questions. Break into four (4) small groups and assign each group one of the questions listed on **page 19**. Instruct groups to use their cell phones, laptops, or other electronic devices to find answers using the internet. Instruct groups to write down their answers so they can be discussed afterward. (Answers can be found in the **Trainer Resources**).

Once groups have had time to create responses, answer the questions as a large group. Relate the answers back to the things discussed previously in the morning about the importance of autonomy, initiative, discipline, and appropriate behaviors for pre-school children.



SECTION 5: Developmental Milestones of Early Childhood (5-11)

Time Estimate:	<ul style="list-style-type: none">• 50 Minutes
Learning Outcomes:	<ul style="list-style-type: none">• Know the developmental milestones for children in the middle years of childhood in each developmental domain.
Competencies:	<ul style="list-style-type: none">• 103-1
Participant Content:	<ul style="list-style-type: none">• Participant Manual page 7(Day 4)
Trainer Materials:	<ul style="list-style-type: none">• Trainer Guide• Trainer Resources

LEARNING LOG

Before getting into the next section, ask participants to spend about three minutes recording a few points they learned from the morning. Ask for a couple of people to share what they wrote with the class before moving on to the afternoon's content.

**ACTIVITY: Milestones**

Begin this portion of training by asking each person to write down three words that describe 5-11-year-olds. The trainer should ask everyone to share at least one word they wrote down. Write the words on the whiteboard or flip chart. Save this list because you will use it as a source of comparison in a future exercise when the group generates a list of adjectives describing teenagers.

TEACHING NOTES

TEACHING NOTES

Ask participants to turn to **page 20 in their manuals, School-Age Developmental Stage (Five to Eleven Years)**.

Discuss the points listed on **page 20**, reinforcing that although there are four different domains, they all work together. The middle or early years of childhood are spent practicing, refining, and mastering both gross and fine motor skills; thinking becomes more rational; the 5 to 11-year-old has an understanding that the world does not revolve solely around him/her; adopts age and gender appropriate social roles and develops an understanding of rules; relationships outside the family become more important; self-esteem is derived from the child's perception of his/her own abilities. Ask participants to take part in the activity below.

PURPOSE

The purpose of this activity is to allow participants to practice giving suggestions for dealing with children who are in early childhood, as well as giving suggestions to their caretakers.

MATERIALS

Participants will use the laminated child development parenting scenarios and can refer to **page 20 in their participant manuals** as a guide. A list of the scenarios can also be found in the **Trainer Resource**.

TEACHING NOTES

METHODOLOGY

1. Ask participants to get into small groups of about 3 (depending on group size).
2. Assign each group two or three of the following scenarios from the Child Development Scenarios laminated cards (depending on size and time):
 - A client tells you she is very concerned about her 1st and 2nd graders, who insist on playing “doctor” with the neighborhood children.
 - The parents of a 5th grader tell you that his math teacher sent home a note stating that the child rarely does his homework and is easily distracted in class. They ask for your help in dealing with this matter.
 - A father of a 4th grader tells you that his son insists on spending most of his time playing Grand Theft Auto at a friend’s house. The father feels that the violence in the video game is affecting his behavior at school. He asks for your thoughts on how to handle his son.
 - A mother on your caseload states that she is worried that her 5th grader might be involved with a gang. She asks for your help.
 - Your client’s 4th grader starts to insist that she wears only expensive brands of jeans, shoes, and tops - - - they are too expensive, and your client’s budget can’t afford them. The client asks you to help her handle this situation with her daughter.
 - A single father that you work with said that his 2nd grader insists that he doesn’t need a babysitter anymore. He asks you what he should do.

TEACHING NOTES

- The mother you are working with finds out that her 6th grader removed a couple of cans of beer from the refrigerator. She asks for your advice.
 - A client tells you that her 3rd-grade son was caught masturbating at school. She is extremely upset and tells you she's ready to "beat the kid black and blue!"
3. Ask each group to read the assigned scenarios and decide on some suggestions they would give to the caregivers and the children mentioned in each scenario. Have each group discuss any culture issues that might be present in their scenarios.
 4. After each group has finished with their scenarios, ask all groups to read the scenarios and share their suggestions with the larger group.

PROCESSING

If it is not brought up during the discussion, ask participants how they can encourage families to become involved with their children and their school activities. Since many of the parents that PAs may be working with may have had trouble in school themselves or may not have even finished, how might PAs encourage parents to become involved in their child's school? Quickly make a list up on the whiteboard or flip chart of things that would encourage parents to be advocates for their children before moving on to the next part of training.

SECTION 6: Developmental Milestones of Middle to Late Adolescents (11 to 21)

Time Estimate:	<ul style="list-style-type: none"> 120 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Understand the difference between normal and at-risk behavior for adolescents. Understand issues related to the normal sexual development of children and adolescents.
Competencies:	<ul style="list-style-type: none"> 103-1
Participant Content:	<ul style="list-style-type: none"> Participant Manual pages 21-29 (Day 4)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide Trainer Resources

INTRODUCTION

As with the last section of training, begin this portion of training by asking each person to write down three words that describe teens. The trainer should ask everyone to share at least one word they wrote down. Write the words on the whiteboard or flip chart. Compare the two lists for a minute. Most of the time, the list describes that the teens will be much more negative than the ones for early childhood. When people think of teenagers, they automatically think of words like rebellious, emotional, etc. However, it is important to remind participants that teens also have many strengths. Ask everyone to turn to **pages 21-22 in their manuals, Early Adolescent Developmental Stage (Eleven to Fourteen years) and the Middle & Late Adolescent Developmental Stages (Fourteen to Eighteen years and Eighteen to Twenty-one years).**

TEACHING NOTES

TEACHING NOTES

Adolescence is characterized by rapid change and development; adapting to physical and psychological changes; fertility achieved; thinking hypothetically; understanding multiple perspectives; social relationships centered on peers; experiments with social roles; a great deal of time spent on development and understanding of identity; self-esteem is affected by acceptance by peer group.

After briefly reviewing the domains listed on pages 21-22, ask participants to turn to and review page 23, Warning Signs—When an Adolescent Might be in Trouble. Because adolescents are going through many changes during this time, it is important to know what to look for in case someone might be experiencing some problems. It is important to watch for sudden and/or significant changes in behavior. Use the list on page 23 to lead into the next exercise.

**ACTIVITY: “Normal” Or “At Risk”?**

Now that we have looked at some indicators that an adolescent might be in trouble, ask participants to turn to pages 24 and 25, Day 4 (Normal or At Risk?) in their manuals to practice spotting troubled teens.

PURPOSE

The purpose of this activity is to allow participants to practice deciding if a teenager is at risk or whether the teen is displaying normal behaviors for their age. If the teenager is displaying at-risk behavior, participants will decide the recommendations for the situation.

TEACHING NOTES

METHODOLOGY

1. Ask participants to get into small groups of about 3 (depending on group size).
2. Assign each group two scenarios each.
3. Ask each group to answer the bulleted list of questions at the top of **page 24** for each scenario.
4. After all groups have finished, ask each one to share their scenarios and answers with the class.

PROCESSING

During the discussion, reinforce points that relate back to possible warning signs that were discussed earlier. The trainer may also consider asking the group what strengths each teen had. It is important to emphasize once again that although some teens may be troubled at times, they have their strengths as well.

**ACTIVITY: Sexual Development Test**

Trainer Note: If time is short, this can be given as homework instead of having participants complete it in class. Otherwise, ask participants to turn to **pages 26 and 27, Day 4 (Sexual Development Test)** in their manuals.

TEACHING NOTES

PURPOSE

The purpose of this activity is to get the participants to discuss sexual behavior in children and teens and to begin to define what is considered normal sexual development.

METHODOLOGY

1. Ask participants to complete the test on pages 26 and 27 individually.
2. If time permits, put the participants in small groups after everyone has finished. In their small groups, ask the groups to discuss answers and arrive at a consensus about the correct answer. (If time is short, skip step 2, and go to step 3).
3. As a large group, review the answers of the test. Explore any areas of controversy over differences.

PROCESSING

Point out that lack of knowledge about normal sexual development causes many people to fear that children have been sexually abused. And the lack of knowledge coupled with “stigma” results in overlooking or ignoring sexual behavior unless the behavior is the presenting problem. Plus, since PAs may be required to assess whether behavior is “abnormal,” they need to know the broad range of normal.

Before dismissing for the day, quickly review the day’s content by going back to the agenda on the board and highlighting a few of the items discussed throughout the day. Remind participants about their homework for the night.

TEACHING NOTES

They are to complete pages 28 and 29, Day 4 (Twelve Case Situations) in their participant manual using the Growth Charts on pages 12-14 and 20-22 (and the Sexual Development Test if time ran out). If there are no questions, dismiss for the day.

Before dismissing class, do a quick review of the day's content. Consider asking group members to list one or two things they remember from the day in their learning logs.

If there are no questions, remind everyone to be back at 9 tomorrow morning.

DAY 5

SECTION 1: Introduction

Time Estimate:	<ul style="list-style-type: none"> 15 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Review material and discuss homework from the previous day. Review the agenda for the day. Know the definitions of maltreatment from the Child Maltreatment Act. Understand their role and obligations as a mandated reporter.
Competencies :	<ul style="list-style-type: none"> 101-3 103-1 103-2 103-4
Participant Content:	<ul style="list-style-type: none"> Participant Manuals pages 26-27 (Day 4) Participant Manuals pages 30-34 (Day 5) Handout 1 Day 5
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide Answers for the Twelve Case Situations for Practicing Child Developmental Assessment homework (Trainer Resource folder) Child Maltreatment Statistics: <ul style="list-style-type: none"> https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf Mandated Reporter ACT 727

Trainer Note: For today's training, write the following quote on the whiteboard:

Kids—you just can't beat them! ~Source Unknown

TEACHING NOTES

REVIEW, HOMEWORK, AND AGENDA

Briefly discuss the homework assigned from the day before. Participants were asked to complete pages 26 and 27 in their participant manual from Day 4 using the Growth Charts on pages 12-14, 20-22. The answers to the homework can be found in the Trainer Resource folder.

TEACHING NOTES

Ask participants to turn to **page 30, Day 5 (Agenda) in their manuals** and look over the agenda and objectives for the day. Yesterday, we looked at child development. We covered what “normal” child development is and learned that sometimes a delay in child development can be a red flag that abuse has taken/is taking place. Today we will cover child maltreatment and all the areas of abuse. It will be important to keep the development charts from Day 4 close by for easy reference throughout the day.

Be sure to let participants know that today might be a difficult day for some of them. We will be viewing the **Indicators of Abuse Slide Show**, which has some disturbing pictures.

**ACTIVITY: The Scope Of The Problem**

Begin this portion of training by asking the participants to take part in the following activity.

PURPOSE

The purpose of this activity is to allow participants to explore the scope of the problem of child maltreatment.

SET-UP

Prior to the beginning of this exercise, write the following questions and answers on the whiteboard or flipchart:

TEACHING NOTES

- “Approximately, how many reports of child maltreatment are reported a year in the United States?”

4,000**400,000****4 Million**

- “Of those reports, approximately how many were screened in as ‘appropriate’ for CPS response and received either an investigation or alternative response?”

2,000**200,000****2 Million**

- “Why Should We Care?”

Data was obtained from www.childwelfare.gov in May 2021. This data is from a 2018 report and was the most current available at the time. The actual numbers for the bullet points above are 4.3 million and 2.4 million respectively.

METHODOLOGY

1. Divide the large group into small groups of 2-3 people.
2. Ask each small group to attempt to answer the questions on the whiteboard/flipchart. Allow only 2-3 minutes for this part of the exercise.

PROCESSING

After the groups have had a few minutes to address the questions, begin a discussion of each question.

TEACHING NOTES

Trainer Note: The material in the participant manual reflects trend data and does not include all actual numbers child maltreatment. A 2022 report released by the Children's Bureau indicates the current trends in child abuse and neglect data on a national level and in the state of Arkansas.

Ask participants to turn to **Day 5 Page 31-32 in their participant manuals** to review the information listed regarding child maltreatment statistics. Trainers can access the full version of the most current report at:

Source: **U.S. Department of Health and Human Services, Administration for Children and Families.**

<https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf>

Trainer Note: Be sure to emphasize to participants that it is more important to know about trends than to memorize specific numbers. For example, since states and the federal government first began gathering data, most of the maltreatment in the US is neglect.

When discussing why the community should care about child maltreatment, ensure the following areas are addressed:

- Children are unable to protect themselves.
- Children too often suffer long-term effects from maltreatment such as physical impairment due to the injuries and/or mental anguish that the child may carry into adulthood.
- Children may die from maltreatment (and this figure includes children who die because of neglect, not just children who die from physical injuries inflicted by parents).

TEACHING NOTES

- Some children who are abused or neglected will grow up to repeat the pattern with their own children (approximately 33-36%). Someone or something helped 66% of abused/neglected children to do a better job than their parents.
- Most parents do not want to hurt their children.

DEFINING AND REPORTING CHILD MALTREATMENT

Begin by asking the group the following question, “Did you know that you are a mandated reporter? Who else might be a mandated reporter?” Ask participants to turn to **page 33 in their manuals**. The trainer should be sure to point out the Child Abuse Hotline number on **page 33**.

Trainer Note: At this time, it is also important to point out that every member in the training – under the agency that employs them – is a mandated reporter of suspected child maltreatment. As of August 2023, **ACT 727** says that any adult who witnesses abuse, sexual abuse, or sexual exploitation is also a mandated reporter. (Victims of violence, threats of violence, or sexual offenses by the same offender would be exempt from prosecution of failure to notify by a mandated reporter in the first and second degrees if the juvenile victim or victims- who at the time was a juvenile- accused them of not reporting the maltreatment, at a later time.)

As such, they must know the legal definitions of maltreatment to know whether a situation must be reported.

They must know if what is being seen are new abusive/ neglectful situations in the child's home or in the child's resource home. Give the **Child Maltreatment Act Definitions, Handout 1 Day 5**, at this time.

TEACHING NOTES

Using **Handout 1(Day 5)**, ask participants to look at the first section (12-18-402), which lists who is considered a mandated reporter. After viewing the list of mandated reporters, remind the class that even though a PA is considered a mandated reporter, they (and all mandated reporters) must have reasonable cause to suspect and identifying information before calling in a report. Explain that Reasonable Cause to Suspect means they have seen abuse, it has been disclosed to them, or they have a good reason to suspect abuse is taking place. For example, if they have seen a random act in Wal-Mart, it most likely should not be reported unless they have enough information for the family to be located.

Trainer Note: As of August 2023, **ACT 727** prohibits the Child Abuse Hotline from accepting any anonymous reports and any faxed reports.

SHOULD IT BE REPORTED?

Now that participants know that they are mandated reporters, they will get a chance to practice deciding if the scenarios should be reported. Ask them to turn to **page 34 in their participant manuals** for this exercise.

PURPOSE

The purpose of this activity is to allow participants the opportunity to decide what should and should not be reported to the Child Abuse Hotline.

TEACHING NOTES

METHODOLOGY

1. Divide the class into 3 small groups, depending of the size of the class.
2. Ask each group to read the scenarios and decide whether each should be reported to the Child Abuse Hotline.
3. After all the small groups have finished, ask them to share their answers with the larger group.

PROCESSING

Begin a discussion about each scenario. As mentioned previously, stress the importance of having reasonable cause to suspect and identifying information about the suspects before calling the Hotline. Also, use this time to direct participants back to section 12-18-103 of Handout 1 day 5 (Definitions).

SECTION 2: Physical Abuse

Time Estimate:	<ul style="list-style-type: none">• 60 Minutes
Learning Outcomes:	<ul style="list-style-type: none">• Be able to identify physical, emotional, and behavioral indicators of abuse and neglect in child victims and their families.• Recognize factors for assessing the level of risk for a child who has been maltreated.
Competencies:	<ul style="list-style-type: none">• 101-3• 103-1• 103-2• 103-4
Participant Content:	<ul style="list-style-type: none">• Participant Manual pages 35-37 (Day 5)
Trainer Materials:	<ul style="list-style-type: none">• Trainer Guide• Indicators of Abuse and Neglect Slide Show (Trainer Resources)

RISK LEVELS FOR ABUSE

Begin by asking participants the following questions, “[What are risk factors for abuse?](#)” If the class does not bring up the points that follow, the trainer should address these and bring up the family assessment. The focus should be on factors influencing vulnerability. Give some examples of the risks identified in the risk assessment:

- There was prior abuse or neglect.
- There was a child injured because of prior abuse or neglect.
- The household previously received ongoing child protective services.
- Children are medically fragile, have a positive toxicology screen at birth, have a disability, delinquency history, or mental health or behavioral problems.

TEACHING NOTES

- Primary caregivers have a history of abuse or neglect as a child.
- Primary caregivers blame the child or justify the maltreatment.
- Primary caregiver employs excessive discipline, is domineering, or provides insufficient or damaging emotional/psychological support.
- Primary caregiver has a historical or current mental health issue that interferes with personal or family functioning.
- Primary or secondary caregiver has a historical or current alcohol or drug issue that interferes with personal or family functioning.
- There was domestic violence in the current household in the past year.
- The current housing is physically unsafe, or the family is unhoused.

Ask participants to turn to **page 35, Day 5, in their participant manuals, “A Measure of How Families Are Doing”**. This page contains a chart comparing families who are less likely to have abuse in their homes and at-risk families who are more likely to have abuse occur in their homes. The more risk factors that are present in a home, the higher the risk for abuse to take place. Although PAs are not responsible for risk assessments, they should consult with the FSW to know what risk factors are present. After briefly reading over this page, turn to **page 36, Day 5 (Physical and Behavioral Indicators of Child Abuse and Neglect)** in the participant manual to learn about indicators of child abuse.

TEACHING NOTES

PHYSICAL AND BEHAVIORAL INDICATORS OF ABUSE AND NEGLECT

Trainer Note: The trainer should set up the **Indicators of Abuse and Neglect Slide Show** before this portion of the training.

Make sure to distinguish the difference between child maltreatment findings and a threat to a child's safety. There is a difference in a true finding for child maltreatment versus a safety threat – you don't necessarily have a child maltreatment case if there is a safety threat.

On **page 37 of the participant manual**, participants will find both physical and behavioral indicators of abuse and neglect. Draw participants' attention first to the physical indicators, being sure to focus on the bruises and stages of healing. After reviewing the physical indicators, begin the **Indicators of Abuse and Neglect Slide Show**, which can be found in the Trainer Resource folder.

The presentation is in PowerPoint format. For the most part, the presentation is organized as follows:

- A slide is presented which has an image of an injury. **Ask participants to talk about what they see on the slide. Reinforce correct answers.**
- The next slide in the series will have a split screen with the picture of the injury in ½ the screen and an explanation of the major learning points in the other ½ of the screen.
- Slides were selected from two sets of slides purchased by MidSOUTH for training purposes. These sources, George Washington Medical School, and the American Academy of Pediatrics, had teaching scripts with their slide shows.

TEACHING NOTES

- Trainers who want additional information about the slides in the PowerPoint presentation should refer back to the original scripts.

Although there are scripts available with the slides, be sure to stop periodically and make group members describe what they are seeing. Ask participants what weapon they think was being used, etc.

At the end of the slide show, ask participants: “How do you feel?” Allow the group to discuss and “vent” how they feel after having just seen some disturbing pictures. Next, ask the group, “How will you deal with your feelings?” Many of them may be feeling sad, angry, and judgmental. However, the teaching point here is that their feelings may impact their work with families. These are the kinds of people and situations they will be working with on a daily basis. To work with and meet the families’ needs, PAs must work through their own feelings and values to focus on the family who is in need before them.

Ask participants to go back to **page 36 in their participant manuals** again and look at behavioral indicators of abuse and neglect. Remind participants that the indicators for behavioral abuse can also be same indicators for stress as well.

Now that we have reviewed indicators for abuse and neglect, we will have a more in-depth look at neglect in the next section of training.

SECTION 3: Neglect

Time Estimate:	<ul style="list-style-type: none"> 20 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Identify physical, emotional, and behavioral indicators of neglect in child victims and their families. Be able to distinguish between poverty and neglect.
Competencies:	<ul style="list-style-type: none"> 101-3 103-1 103-2 103-4
Participant Content:	<ul style="list-style-type: none"> Participant Manual pages 37-39 (Day 5) Handout 1 Day 5
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide PUB-357 https://humanservices.arkansas.gov/images/uploads/dcfs/publications/PUB-357_July_2020.pdf

DEFINITION OF NEGLECT

Ask participants to look at **Handout 1 Day 5** to review the definition of neglect. When covering neglect definitions, be sure to address Garret's Law. In reviewing the neglect definitions, the trainer should go over the difference between neglect and poverty. Poverty in and of itself is not neglect. If a family has a lack or need, services should be offered. If services have been offered and refused, then the situation becomes one of neglect. Remind participants of the CBI model. (Caregiver + Behavior = Impact.)

TEACHING NOTES**ACTIVITY: Poverty versus Neglect Activity**

Ask participants to turn to **page 37, Day 5 (Physical and Behavioral Indicators of Neglect)** in their participant manual to briefly look over a list of physical and behavioral indicators of neglect.

TEACHING NOTES

Remind the class once again that behavioral indicators can also be symptoms of stress as well. This page also has a list of characteristics of neglectful parents that participants should familiarize themselves with.

Review this material and then turn to **page 38, Day 5 (Poverty vs. Neglect Vignettes)**.

PURPOSE

The purpose of this activity is to allow participants to distinguish the difference between neglect and poverty.

METHODOLOGY

1. Divide the class into 3 small groups, depending of the size of the class.
2. Give each group one scenario.
3. Ask each group to answer both questions at the bottom of page 8 in their participant manuals.

TEACHING NOTES

PROCESSING

Ask each group to share their scenario and their responses. Refer to PUB-357 located on the internet at:

https://humanservices.arkansas.gov/images/uploads/dcf/publications/PUB-357_July_2020.pdf

as appropriate during the discussion. After completing the activity on page 8, ask participants to turn to page 39, Day 5, Checklist for Observation in the Home for Reports of Neglect in their participant manuals.

This page contains a checklist that can be used when observing a home that has been reported for neglect. Although this form is not required, it is useful and recommended.



SECTION 4: Emotional Maltreatment

Time Estimate:	<ul style="list-style-type: none"> 60 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Identify physical, emotional, and behavioral indicators of emotional maltreatment in child victims and their families. Know how one's own culture affects behavior and values; and know how cultural/ethnic differences may affect the delivery of child welfare services.
Competencies :	<ul style="list-style-type: none"> 101-3 103-1 103-2 103-4
Participant Content:	<ul style="list-style-type: none"> Participant Manual pages 40-42 (Day 5)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide "Brené Brown on Empathy" https://www.youtube.com/watch?v=1Evwgu369Jw Video: 8 Toxic Things Parents Say to Their Children PUB-357 https://humanservices.arkansas.gov/images/uploads/dcf/publications/PUB-357_July_2020.pdf

LEARNING LOG

Before beginning the afternoon, ask participants to spend about three minutes recording a few points they learned from the morning. Ask for a couple of people to share their thoughts or what they wrote with the class before moving on to the afternoon.

Trainer Note: For the rest of the afternoon, we will be looking at ways to enhance communication by identifying behaviors that both facilitate and create barriers to communication. During the last hour of training, we will be focusing on the importance of correct documentation.

TEACHING NOTES

TEACHING NOTES

EMOTIONAL MALTREATMENT

Ask participants to turn to **page 10, Day 5 (Emotional Maltreatment)** in their manuals to learn about emotional maltreatment. Explain to the participants that emotional maltreatment is a difficult topic and a tough one to prove because it is not easily seen as physical abuse. However, the effects are just as harmful. It is usually accompanied by other forms of maltreatment, but it can occur alone as well. However, when there is emotional maltreatment alone, it is much harder to prove, and professionals will have to get involved. Refer participants to **PUB-357** on the internet. Under the table of contents, look up Mental Injury to read how to prove emotional maltreatment has taken place.

At this time, the trainer may choose to show the **Verbal Abuse** and **8 Toxic Things Parents Say to Their Children** videos if there is time. These videos are located in the **“Videos” folder of Week 2**.

Some key points to summarize after viewing the video are below:

- Emotional maltreatment is the slow process of breaking down the self-concept. In severe cases, one could say that emotional maltreatment prevents a self-concept from forming.
- Emotional maltreatment is systematic, intentional, and ongoing behavior. It is this systematic, chronic component that differentiates emotional maltreatment from the occasional name-calling in the heat of an argument.
- Emotional Maltreatment includes:
 - Rejection: refusal to touch, show affection, or acknowledge accomplishments.
 - Ignoring: preoccupation with self to the point that it is impossible to respond to the needs of others.

- Isolating: preventing the experiencing of normal social relationships.
- Corrupting: reinforcing anti-social behavior or deviant behavior, especially aggression or deviant sexual activity.
- Terrorizing: repeated threats, both verbal and physical.

Next, move on to **page 41, day 5 (Physical and Behavioral Indicators of Emotional Maltreatment)** to discuss physical and behavioral indicators of emotional maltreatment.

PHYSICAL AND BEHAVIORAL INDICATORS OF EMOTIONAL ABUSE

On **page 41 in the participant manual**, briefly discuss the **physical and behavioral indicators of emotional abuse**. The trainer should discuss why things such as severe allergies and substance abuse would be considered an indicator of emotional abuse. It is important to note again that some of the behavioral indicators can also be forms of stress in some situations.

IDENTIFYING EMOTIONAL MALTREATMENT

Ask participants to turn to **page 42 in their manuals, Identifying Emotional Maltreatment**. This can be used as a resource for PAs to help identify behavioral patterns that might indicate emotional maltreatment. Although it is not required, it is a useful tool.

TEACHING NOTES

SECTION 5: Sexual Abuse

Time Estimate:	<ul style="list-style-type: none">• 105 Minutes
Learning Outcomes:	<ul style="list-style-type: none">• Identify physical, emotional, and behavioral indicators of abuse and neglect in child victims and their families.
Competencies:	<ul style="list-style-type: none">• 101-3• 103-1• 103-2• 103-4
Participant Content:	<ul style="list-style-type: none">• Participant Manual pages 43-53 (Day 5)• Handout 1 Day 5
Trainer Materials:	<ul style="list-style-type: none">• Trainer Guide• Video: Signs of Sexual Abuse

SEXUAL ABUSE DEFINED

Begin this section of training by explaining the following statistics:

- Sexual abuse will impact an estimated 1 in 4 girls and 1 in 6 boys.
- The most damaging aspect of sexual abuse is not the physical activities; rather, it is the betrayal of trust, the misuse of power and the denial of self.
- Keep these facts in mind as the training progresses.

Trainer Note: Sexual abuse is a complex issue. Because PAs will be dealing with clients who have been sexually abused, it is wise for PAs to deal with their own feelings of sexual abuse if they have experienced it themselves. It is difficult to help others if they have not dealt with their own issues first.

TEACHING NOTES

TEACHING NOTES

Take a minute to review the legal definitions of sexual abuse using **Handout 1 Day 5**. Note that “grooming” was added to the sexual abuse definition as per ACT 364 which went into effect in 2023.

SEXUAL ABUSE SYNOPSIS

Explain to the group that they will view a video that highlights the major areas of child sexual abuse of which they need to be aware. The training will return to many of these areas and cover them in greater detail. Show the video **Signs of Sexual Abuse**. This video is located in the “Videos” folder of Week 2.

After the video, the trainer should ask the group the following question:
“What did you learn?”

PHYSICAL AND BEHAVIORAL INDICATORS OF SEXUAL ABUSE

Begin a discussion of the physical indicators of sexual abuse on **page 43, Day 5 (Physical and Behavioral Indicators of Sexual Abuse)**. Points to insure are addressed include:

- Some of these physical signs are more indicative of sexual assault. Some of these physical signs - such as failure to thrive - are indicators of stress. The stress may be due to sexual abuse, but other stressors can cause similar reactions.
- Participants may not understand why an STD is not "proof" of sexual activity. Discuss how there can be non-sexual transmission of certain viruses that cause some STDs.

TEACHING NOTES

A good example is Herpes. Common knowledge used to hold that herpes above the waist was non-sexual; herpes below the waist was sexual in transmission. The reality is not so simple. People infected with herpes can infect a child by skin-to-skin contact – such as a hand in the diaper area instead of a penis in the diaper area.

So the presence of genital herpes does not prove sexual activity/abuse although it is suspicious and should be thoroughly investigated (especially in very young children).

The same can be said for condyloma (genital warts). Medical literature holds that it is suspicious enough in children that it should be reported for investigation (especially if there are other indicators) but condyloma can be acquired through non-sexual means.

- A large majority of the children who are sexually abused will not have a medical finding that in and of itself proves sexual activity. Ask the group to speculate why this situation might be the case. Relate this information to the progression of sexual acts that were just presented. If a child was fondled over the clothes, it is quite likely that there will be no corroborating physical finding.

**ACTIVITY: Behavioral Indicators**

After discussing the physical indicators of sexual abuse, conduct an exercise to highlight the behavioral indicators of sexual abuse using **page 44, Day 5 (Behavioral Indicators)** in the participant manual.

TEACHING NOTES

PURPOSE

The purpose of this exercise is to explore the behavioral indicators of child sexual abuse.

METHODOLOGY

1. Divide participants into groups of 3-4, depending on the size of the class.
2. Ask each group to read both scenarios and decide what, if any, behavioral indicators for sexual abuse there are for each scenario.
3. After each group has finished, ask all groups to share their answers with the larger group.

PROCESSING

During the discussion of answers, refer participants to **pages 45-47** if they have not already used them. These pages break down indicators for sexual abuse by age group and show what is “normal” and what behavior might be a red flag.

PROGRESSION OF SEXUAL ACTS

Next, direct participants’ attention to **page 48, Day 5 (Incest Stages)**. This page shows the stages many perpetrators go through before sexually abusing a child. **Page 49, Day 5 shows the Progression of Sexual Acts**.

TEACHING NOTES

Perpetrators who molest children rarely begin with the first contact with the child being vaginal or anal sex. Instead, perpetrators begin with less intrusive acts and work toward more intrusive acts. A couple of points to ensure in this discussion include:

- Be sure that participants know the meaning of the words cunnilingus and fellatio.
- Not all child molesters will progress all the way to vaginal or anal intercourse.

Use this last point to lead into the next page in the participant manual, page 50, Day 5, (Sexual Abuse Examinations).

SEXUAL ABUSE EXAMINATIONS

Briefly go over the points listed on page 50. It is important to point out that 70% of sexual abuse cases had no physical abuse findings upon examination. Due to the way sexual abuse progresses, there may not have been contact that would leave physical signs. In addition, the perpetrator may have made efforts not to hurt or injure the child.

WORKING WITH NON-OFFENDING PARENTS

When sexual abuse has occurred by a parent, it is often easy to overlook the non-offending parent. When dealing with a non-offending parent, it is important to remember homeostasis that we discussed previously is now unbalanced. One major thing the PA can do to help is encourage both the non-offending parent and child to talk about the situation.

TEACHING NOTES

As **page 51, Day 5 (Working with Non-Offending Parents)** states, focusing on the child's feelings and letting the child know that it wasn't his/her fault, can make the child feel safe to talk about his/her feelings. Discussing the situation without being pressured can help the child and non-offending parent rebuild their bond.

POEM

Lastly, have participants turn to **pages 52-53, day 5 (Poem written by a Twelve-Year-Old Girl who is an incest survivor)**. Her poem is not only about the abuse she experienced by the perpetrator, but also about the abuse she experienced by the system.

If there is time at the end of the day, ask participants to name one learning point they remember from the day's content. If there are no questions, dismiss for the day.

TEACHING NOTES

TRAINER NOTE: Below is a list of suggested speakers for day 6.

Failure to Thrive:

Donna Holmes, ACH. 501-364-1833.

holmesdonna@uams.edu

Or

Patty McCook, ACH. 501-364-4618

Reactive Attachment Disorder:

Rodney Crownover, MidSOUTH. 501-296-1920.

rbcrownover@midsouth.ualr.edu

PACE Exam for Children in Foster Care:

Stacy Marcotte, PACE. 501-526-8008.

MarcotteStacyD@uams.edu

DAY 6

SECTION 1: Welcome Back & Introduction

Time Estimate:	<ul style="list-style-type: none"> 10 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Review from the previous training day and review the agenda for today.
Competencies:	<ul style="list-style-type: none"> 100-1 101-1 103-1
Participant Content:	<ul style="list-style-type: none"> Participant Manuals page 1 (Day 6)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide Trainer Resources Guest Speaker Contact Information and Technology

LEARNING LOG

Before beginning the day, ask participants to spend about three minutes recording a few points they learned from yesterday. Ask for a couple of people to share their thoughts or what they wrote with the class before moving on to the morning.

Trainer Note: There are several guest speakers on this day. These speakers should be set up before training begins if possible. If the guest speakers cannot come on this day, the trainer can do the training, or this day may be switched for another day of training when guest speakers can come. Below is the order of the guest speakers and the contact information:

TEACHING NOTES

TEACHING NOTES

INTRODUCTION AND REVIEW

Welcome participants back to another day of training. Before getting into the content of the day, start off with a review from yesterday's material. Divide the group into three smaller groups. Ask each person from each group to come up with at least two learning points from Day 5. Be sure that each member of each small group contributes so there are no "hogs and logs". In other words, be sure that everyone gets a chance to speak and share their ideas. After all the groups are finished making their lists, ask each group to share with the larger group. The trainer should record the list on a flip chart or board.

AGENDA AND OBJECTIVES

Briefly go over the agenda for the day. Announce that there will be guest speakers today who will cover a variety of topics concerning child health issues. Ask participants to look at **page 54, Day 6 (Agenda)** in their participant manuals to review the agenda and objectives for today's content.

SECTION 2: Failure to Thrive/SIDS

Time Estimate:	<ul style="list-style-type: none">• 60 Minutes
Learning Outcomes:	<ul style="list-style-type: none">• Introduction and Review
Competencies:	<ul style="list-style-type: none">• 103-1• 103-2
Participant Content:	<ul style="list-style-type: none">• Participant Manual pages 55-56 (Day 6)• Handout 7
Trainer Materials:	<ul style="list-style-type: none">• Trainer Guide• FTT Guest Speaker

FAILURE TO THRIVE

For this portion of training a guest speaker will discuss failure to thrive and sudden infant death syndrome. This information can be found on pages 55-59, Day 6, in the participant manual.

TEACHING NOTES

SECTION 3: ADHD & Depression

Time Estimate:	<ul style="list-style-type: none"> 60 Minutes
Learning Outcomes:	<ul style="list-style-type: none"> Be able to identify the difference between ADD and ADHD and symptoms of both. Be able to recognize some of the symptoms and risk factors of depression.
Competencies:	<ul style="list-style-type: none"> 103-1 103-2
Participant Content:	<ul style="list-style-type: none"> Participant Manual pages 60-68 (Day 6)
Trainer Materials:	<ul style="list-style-type: none"> Trainer Guide. MidSOUTH Trainer Guest Speaker

ADHD

This section of training will be trained by a MidSOUTH Trainer. The information for this portion of training is found on pages 60-68, Day 6 in the participant manual.

Trainer Note: If guest speakers are not available for the class, resources are available in the participant manual (pages 60-68) to cover the material.

DEPRESSION

This section of training will also be trained by a MidSOUTH trainer. The information for Depression is found on pages 66-68, in the participant manual for Day 6.

**TEACHING NOTES**

SECTION 4: Reactive Attachment Disorder

Time Estimate:	<ul style="list-style-type: none">• 60 Minutes
Learning Outcomes:	<ul style="list-style-type: none">• Review the attachment cycle and understand the major components of reactive attachment disorder.
Competencies:	<ul style="list-style-type: none">• 104-1• 104-2
Participant Content:	<ul style="list-style-type: none">• Participant Manual pages 69-72 (Day 6)
Trainer Materials:	<ul style="list-style-type: none">• Trainer Guide• MidSOUTH Trainer Guest Speaker

REACTIVE ATTACHMENT DISORDER

This section of training will be trained by a MidSOUTH Trainer. The information for Reactive Attachment Disorder is found on pages 69-72 in the participant manual.

TEACHING NOTES

SECTION 5: PACE Examinations for Children in Foster Care

Time Estimate:	<ul style="list-style-type: none">• 90 Minutes
Learning Outcomes:	<ul style="list-style-type: none">• Know how to prepare themselves and foster children for the PACE exam.• Have the opportunity to ask questions of the health care provider related to children's health issues.
Competencies:	<ul style="list-style-type: none">• 103-1• 103-2• 104-4
Participant Content:	<ul style="list-style-type: none">• Participant Manual
Trainer Materials:	<ul style="list-style-type: none">• Trainer Guide• Family Feud Review Game

PACE EXAMINATIONS

Spend the last few minutes of Day 6 answering any questions the class may have about materials covered during the week. Incorporate the **Family Feud Game for review**. Then, dismiss the class.

TEACHING NOTES