

# Foundations Unit 2

## *Trainer Guide*



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

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## Revision Tracking Sheet (Classroom)

Classroom Unit Reviewed	Unit 2	Date	4/2025
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**Revision Key:**      **Green** = content added      **Strikethrough** = content removed

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.

Document	Revision Tracking
<b>General/All</b>	<ul style="list-style-type: none"> <li>• <b>UPDATED</b> Pre/Post Knowledge Check questions</li> <li>• <b>UPDATED</b> Kahoot Review to match pre/post knowledge check</li> <li>• <b>REMOVED</b> irrelevant or out-of-date knowledge checks from online unit</li> <li>• <b>REMOVED</b> some references and materials (WWAD) from classroom and online units to align with legislation</li> <li>• <b>UPDATED</b> language from parent to caregiver and case plan to family case plan</li> <li>• <b>REMOVED</b> implicit bias videos and excess scenarios and knowledge checks from online unit</li> <li>• <b>UPDATED</b> language from “Multicultural Guidelines” to “Guidelines for Effective Communication”</li> </ul>
<b>Trainer Guide</b>	<p><b>Day 1, Section 1</b></p> <ul style="list-style-type: none"> <li>• <b>REMOVED</b> references and materials (WWAD) to align with legislation</li> <li>• <b>REMOVED</b> Agenda and Training Schedule slide references and</li> <li>• <b>ADDED</b> overview of the flow of training</li> <li>• <b>UPDATED:</b> Class Format section and changed “class guidelines” terminology to group agreements”</li> <li>• <b>ADDED</b> instructions for Random Moment Time Studies and updated section on Class Format</li> </ul> <p><b>Day 1, Section 5</b></p> <ul style="list-style-type: none"> <li>• <b>ADDED</b> clarifying language about C+B+I and a teachback activity</li> <li>• <b>REMOVED</b> additional examples of harm worry and goal statements</li> <li>• <b>ADDED</b> SDM/SOP Brain Mapping information</li> <li>• <b>ADDED</b> Brene Brown Empathy vs. Sympathy Video and training materials related to Empathy vs. Sympathy (previously in Unit 3)</li> </ul>

Document	Revision Tracking
	<p>Day 2, Section 2</p> <ul style="list-style-type: none"> <li>• <b>REMOVED</b> Racial Trauma related materials from types of trauma</li> <li>• <b>ADDED</b> information of ambiguous loss and impact of bias</li> </ul> <p>Day 2, Section 3</p> <ul style="list-style-type: none"> <li>• <b>REMOVED</b> video links and old instructions for accessing videos from the sections and updated where videos are currently located.</li> <li>• <b>ADDED</b> upstairs brain/downstairs brain video and flipping your lid video and resources</li> </ul> <p>Day 2, Section 5</p> <ul style="list-style-type: none"> <li>• <b>REMOVED</b> Safety Permanency and Wellbeing Activity</li> </ul> <p>Day 2, Section 7</p> <ul style="list-style-type: none"> <li>• <b>REMOVED</b> header and combined content into section 4</li> </ul> <p>Day 3, Section 1</p> <ul style="list-style-type: none"> <li>• Updated Kahoot link and instructions</li> <li>• <b>REMOVED</b> some WWAD related references and to align with legislation</li> <li>• <b>REMOVED</b> Casey Family Programs, “Knowing Who You Are,” video (24:4)</li> <li>• <b>ADDED</b> “Cultural Competency” Video options</li> </ul> <p>Day 3, Section 2</p> <ul style="list-style-type: none"> <li>• <b>ADDED</b> more context to land acknowledgment to ICWA section</li> <li>• <b>ADDED</b> SDM/SOP Brain Mapping information</li> </ul> <p>Day 3, Section 4</p> <ul style="list-style-type: none"> <li>• <b>ADDED</b> cultural competency language and information on asking curious questions and giving dignity to families</li> </ul>
<b>Trainer Resources</b>	<ul style="list-style-type: none"> <li>• <b>REMOVED</b> Safety Permanency and Wellbeing Activity Cards</li> </ul>
<b>Participant Manual</b>	<ul style="list-style-type: none"> <li>• <b>REMOVED:</b> Linking the Three Questions and Solution-Focused Questions Resource (covered in unit 4 under the Safety Threats Activity)</li> <li>• <b>MOVED</b> Epigenetics resource to Handouts</li> <li>• <b>REMOVED:</b> Land Acknowledgement (reviewed on day 3 with context)</li> <li>• <b>REMOVED</b> some WWAD language to align with legislation</li> <li>• <b>REMOVED</b> Microaggressions Handout and references</li> </ul>

Document	Revision Tracking
	<ul style="list-style-type: none"> <li>• <b>REMOVED</b> Safety Permanency and Wellbeing Activity</li> <li>• <b>ADDED:</b> Resilience &amp; Neuroplasticity Visual Aid</li> <li>• <b>ADDED</b> SDM System Brief Overview</li> <li>• <b>ADDED</b> “How Trauma Affects the Brain Infographic</li> <li>• <b>ADDED</b> C+B+I infographic for identifying harm/danger and safety</li> <li>• <b>REMOVED</b> additional Harm, Worry, and Goal statement examples (topic covered more clearly in Unit 4 Activity)</li> <li>• <b>ADDED</b> materials and overviews of all SOP tools</li> <li>• <b>REMOVED</b> “Effects of Trauma on the Brain Resource from TIPS Center (no longer available)</li> <li>• <b>ADDED</b> Upstairs and Downstairs Brain Infographic</li> </ul>
<b>Handouts</b>	<ul style="list-style-type: none"> <li>• <b>MOVED</b> Epigenetics trainer resource to Handouts</li> </ul>
<b>Power Point</b>	<p>All PowerPoints –</p> <ul style="list-style-type: none"> <li>• <b>REMOVED</b> agenda and training schedule slides (duplicated information that can be found in Participant Manual and Trainer Guide).</li> <li>• Updated all Power Point covers for consistency</li> </ul> <p>Day 1: SDM/SOP Power Point</p> <ul style="list-style-type: none"> <li>• <b>ADDED</b> SDM System information and SOP/ongoing tools into SOP/SDM materials</li> </ul> <p>Day 3: WWAD Power Point</p> <ul style="list-style-type: none"> <li>• <b>ADDED</b> more context to land acknowledgement and ICWA section (trainer notes added below slide).</li> <li>• <b>REMOVED</b> some WWAD related language to align with legislation</li> <li>• <b>ADDED</b> remaining SDM System information and tools into SOP/SDM materials</li> <li>• <b>REMOVED</b> Safety Permanency and Wellbeing Activity Slides</li> </ul>

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## AGENDA

### Day 1

- I. **Section 1 – Welcome, Introduction, and Housekeeping**
  - A. Setup and Rationale: Welcome Logistics and Agenda
  - B. Group Agreements
  - C. Activity: The Three Questions and Scaling
- II. **Section 2 -- Connecting the At One Table Practice Model and Mission**
  - A. Hexagonal Thinking with the Practice Model and Mission
- III. **Section 3 -- Practice With an Arkansas Practice Model Scenario**
  - A. Sierra and Siblings Scenario
  - B. Confidentiality
  - C. DHS Policy 1010: Social Media and Agency Communication
- IV. **Section 4 -- Introduction to Safety Organized Practice (SOP) and the SDM Framework**
  - A. What is the SDM System?
  - B. What is SOP?
  - C. Activity: Three Goals of SOP
- V. **Section 5 – Overview of the SOP Tools**
  - A. Cheryl's Story
  - B. SOP Tool: What is C+B+T?
  - C. SDM/SOP Brainmapping Overview
  - D. The Three Column Mapping Practice
  - E. Harm, Worry, and Goal Statements
- VI. **Section 6 – Ticket Out and Wrap Up**
  - A. Learner-Led Summaries

### Day 2

- I. **Section 1 – Welcome to Essentials of Trauma-Informed Approach to Practice**
  - A. Introductory Quick-Write on Trauma
  - B. Demographics and Culture
- II. **Section 2 – Trauma Definitions and Types**
  - A. Acute or Chronic Trauma
  - B. Activity: Types of Trauma
- III. **Section 3 – Impact of Trauma**
  - A. Trauma and the Brain
  - B. Trauma Responses and Behavior
  - C. Traumatic Response Cycle
  - D. Children From hard Places
  - E. Long-Term Effects of Childhood Trauma (Epigenetics)
  - F. Adverse Childhood Experiences (ACE) Study

- IV. **Section 4 – Development and Trauma**
  - A. Activity: Impact of Trauma at Different Developmental Stages
  - B. Safety, Permanency, and Well-Being
- V. **Section 5 – Resilience and Wrap Up**
  - A. Neuroplasticity
  - B. Defining Resilience
  - C. Internal and External Protective Factors
  - D. Essential Elements of Trauma-Informed Child Welfare System

### Day 3

- I. **Section 1 – Review and Additional SOP Tools**
  - A. Additional SOP Tools
- II. **Section 2 – Cultural Humility**
  - A. ICWA
  - B. Defining Cultural Humility
  - C. Activity: Just By Looking at Me
- III. **Section 3 – Recognizing Differences**
  - A. Our Intersecting Identities
  - B. Activity: Who Am I?
- IV. **Section 4 – Caring for Culture in Child Welfare Work**
  - A. Cultural Humility Video
  - B. Culturally Responsive Child Welfare Practice
- V. **Section 5 – Building Bridges Using Cultural Humility**
  - A. The Danger of a Single Story
  - B. How to Build Bridges
  - C. Cold Medicine Scenario
- VI. **Section 6 – Wrap Up**
  - A. Kahoot Review
  - B. Reflect on Practice
  - C. Returning to Work

## BEFORE YOU TRAIN

- Make sure that you are familiar with the online portions of training for At One Table: SOP Practice Model Overview. There is a practice model poster linked in the materials. Participants will have had a brief introduction to safety organized practice (SOP). They should be **generally** familiar with the three main SOP questions as well as the five types of solution-focused questions (SFQs).
- Ensure each FSW in training receives a Participant Manual with **Days 1-3 combined**
- Locate and download the PowerPoint slides for the training.

The slides are available in the Staff area of the MidSOUTH website. Log in to the Staff area and then click on Training Materials in the menu on the left side of the page. In the list of Training Academy Modules on the Training Materials page, click NST FSW Foundations Training. [https://www.midsouth.ualr.edu/staff/?page\\_id=449](https://www.midsouth.ualr.edu/staff/?page_id=449)

- ❑ Participants have:
  - Been introduction to the concept and practice of cultural humility.
  - Had a brief introduction to safety organized practice (SOP). They should be familiar with the three main SOP questions as well as the five types of solution focused questions (SFQs).
- ❑ Work with a Regional Support Specialist to ensure Participant Information Sheet for each participant has been submitted.
- ❑ Locate and download the Unit 2 PowerPoint slides each day prior to the training from the MidSOUTH Staff site. Most videos are embedded into the PPT and will not work unless the trainer has logged into the website from the computer in that training room with their MidSOUTH credentials. Link to the staff site: [https://www.midsouth.ualr.edu/staff/?page\\_id=449](https://www.midsouth.ualr.edu/staff/?page_id=449)
- ❑ Create a free Kahoot account to use for the review in Section 1. This is an online gaming application. It's free and easy.
  1. Go to <https://getkahoot.com>.
  2. Click the **Sign up for free!** button.  
It will ask how you to **Choose your account type**.
  3. Click **Teacher**.  
It will ask you to **Describe your workplace**.
  4. Click **Higher education**.
  5. Create an account. You only need an email address and to create a password.  
Viola! You are ready to Kahoot! You may want to consider bookmarking this site on your computer.

- ❑ Prepare yourself to be vulnerable and engage in “courageous conversations” with participants.

Conversations around **cultural humility** are important—and challenging. Guidelines for **Effective Communication** **may be helpful to** use early on to help participants to devise guidelines for interaction during Foundations Training.

### **Expect to experience discomfort**

When most people experience personal or collective discomfort in conversations, they are prone to disengage. It is important to inform participants right away that a hallmark of examining **difficult conversations** is feeling uncomfortable with what we discover about our own and others’ perspectives. Those who engage in courageous conversations must admit that they may not know all they have claimed to know or honestly believed they knew. We must not retreat from the conversation when our opinions do not align with those of others or those we previously held.

Through normalizing the presence of multiple perspectives, we can avoid a situation in which one dominant way of understanding invalidates all other experiences and different points of view.

### **Speak your truth**

A courageous conversation requires that participants be honest about their thoughts, feelings, and opinions. Too often participants are afraid of offending, appearing angry, or sounding ignorant and fall silent, allowing their beliefs and opinions to be misinterpreted or misunderstood. Beliefs are based on misconceptions. It is precisely through the sharing of honest and heartfelt sentiments—regardless of whether the participant believes them to be embraced by the trainer, their peers, or **others** that participants can begin to reflect honestly about these beliefs in a way that can ultimately benefit the families we work with. The trainer must help participants open up and share their perspectives regardless of how unusual or unpopular they fear those views might be.

At times, participants do not actually know what they feel. As people try to formulate opinions on the spot, they may rely on the problematic, unexamined perspectives of friends and family. They may sit quietly in agonizing uncertainty. It is crucial that we not mistake this silence for resistance to engage in the conversation, or quickly deem any perspective to be an indication of a participant's fixed ideology. In these situations, the trainer can engage more deeply with the participant using reflective questions:

- Can you tell me what you mean when you say \_\_\_\_?
- Is it possible for you to say more about \_\_\_\_?
- Have the thoughts you shared been shaped by others, or is this your own personal perspective?
- Why do you think others might want to challenge your perspective?

Questions like these prompt reflection and grant participants an opportunity to reconsider the opinions they expressed. Think of them as “calling someone in” (to the conversation), rather than “calling someone out.”

**Expect and accept a lack of closure (ambiguity)**

As much as participants appreciate definitive answers, difficult conversations often provide no resolution. Participants should accept that their courageous conversations may be ongoing.

## TRAINER MATERIALS LIST

### Day 1

- Handout 1: New Worker Information
- Handout 2: Personal Learning Goals
- Hexagonal cutouts with the At One Table values, the DCFS Mission, and blank ones. Each individual will need a copy of the blank ones, and the value copies will depend on if you are doing this as an individual activity or more of a group one.
- Tape, scissors, markers, pipe-cleaners (enough for each person to have around three or four)
- Beach ball (depending on what learner-led summary you choose)

### Day 2

- **Brene Brown Empathy vs. Sympathy Video** (length 2:54)  
<https://youtu.be/KZBTYViDPIQ?feature=shared>
- **Children from Hard Places and the Brain** video (7-minute excerpt) - click on the video icon on the slide, or by using the internet version of the video found at:  
<https://www.youtube.com/watch?v=ak6z3pqNqFU&t=282s>
- **ACES Primer** video (length 4:59) which is embedded in the Day 2 PowerPoint, or by using the internet version of the video found at: <https://vimeo.com/139998006>
- **Science of Stress video (length 6:41)**  
<https://www.midsouth.ualr.edu/staff/wp-content/uploads/2024/07/Science-of-Stress.mp4>
- **Upstairs Brain Downstairs Brain - SEL Sketches Video (6:18)** <https://youtu.be/dk1Nt-xnSGI?si=qcnvyU2FJ74uP0oY>
- **Dr Dan Siegel's Hand Model of the Brain Video (3:17)**  
[https://youtu.be/LdaUZ\\_wbD1c?si=yuBoWYgyVr9Jb1MB](https://youtu.be/LdaUZ_wbD1c?si=yuBoWYgyVr9Jb1MB)
- **“Neuroplasticity”** video clip (length 2:03) <https://youtu.be/ELpfYCZa87g>
- **“Brain’s Journey to Resilience”** video (length 7:43) <https://vimeo.com/245310333>

### Day 3

- **Kahoot: Foundations Unit 2 Practice Assessment Link:**  
[https://kahoot.it/challenge/007943266?challenge-id=f093ff3f-ee6e-4e7e-85cf-4b5094f5cfa1\\_1744683314672](https://kahoot.it/challenge/007943266?challenge-id=f093ff3f-ee6e-4e7e-85cf-4b5094f5cfa1_1744683314672)
- **ICWA** video (length 7:32) <https://youtu.be/tYMG13pKq4Y?feature=shared>
- **Module 6 Culturally Responsive Child Welfare Video (length 3:11):** <https://youtu.be/NAj55BHBfO0?si=rw2h2fYcqFOv5x42>
- **What is Cultural Humility? Video (length 2:30):** [https://youtu.be/c\\_wOnJJEfxE?si=BPIB\\_qs96qkUkO](https://youtu.be/c_wOnJJEfxE?si=BPIB_qs96qkUkO)
- Chimamanda Ngozi Adichie’s **“The Danger of a Single Story”** Video (length 3:48)  
<https://www.youtube.com/watch?v=Drj0cZTBhUI>

## COMPETENCIES

- **101-1:** 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:
  - safe and stable families
  - permanence for children
  - preservation of parents' care 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.
- **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.
- **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.
- **101-3:** The worker can accurately identify the physical, behavioral, and emotional indicators of child maltreatment and can identify and evaluate how individual, family, developmental, situational and environmental factors contribute to child maltreatment.
- **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.
- **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.

- **102-5:** The worker can promote delivery of effective services through providing direct casework services and case management and also through referral to community resources and using community support systems including non-traditional and neighborhood resources.
- **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.
- **102-6:** The worker knows strategies to conduct effective interviews. These include communicating the purpose of the interview; controlling the process and direction of the interview while encouraging family participation; and using a variety of interview methods including open and closed ended questions, clarification, support, summarization, confrontation and helping families communicate feelings as well as facts.
- **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.
- **102-8:** The worker understands the importance of conducting routine and timely case review staffings with families and knows how to reassess the outcomes of all case plan and service interventions and make changes to the plan as needed.
- **103:** The Effects of Child Abuse, Child Neglect Interpersonal Violence and Other Trauma on Child Development and Functioning.
- **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.
- **103-3:** The worker is able to make appropriate referrals for trauma informed services and developmental assessments and can incorporate recommendations from these assessments into the case plan.
- **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.

# DAY 1: Practice Model

## SECTION 1: Welcome, Introduction, and Housekeeping

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 75 Minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSWs will successfully navigate the online learning environment prior to attending class.</li><li>• FSWs will contribute to constructing a learning environment that is conducive to courageous conversations.</li><li>• FSWs will develop, revise, and adopt a set of shared guidelines for behavior and interaction throughout Foundations Training.</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 101-1</li><li>• 101-2</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• PM pages 3-6</li><li>• Handout 2, Personal Learning Goals</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• Slides 1-13</li><li>• Handout 1: New Worker Information</li></ul>

## INTRODUCTION

**Slide 1** - This section has a series of activities meant to help you set the foundations for a successful training with the participants. It's important to take the time to get to know participants and let them get to know each other, as well as create the expectations as a group for what the learning environment will look like. Each activity includes a prediction of how long they will take.

## TEACHING NOTES



## ACTIVITY: Setup and Rationale: Welcome Logistics and Agenda

(30 minutes)

**Slide 2** - Welcome the participants and briefly introduce yourself (you will provide more information about your identity throughout the training as you participate with the FSWs in various activities). As participants are coming in, have **Handout 1: New Worker Information** and **Handout 2: Personal Learning Goals** on their tables so they can begin filling them out. Some of that information will be duplicated in the introductions. Be sure to collect them whenever they are finished.

Explain that participants will introduce themselves to the class, providing the name they wish to be called, and the information about their current posting as detailed below. (Trainers can vary the bullets as they wish.)

- Name you wish to be called
- County
- Field trainer
- Supervisor
- Unit (i.e.- investigations, protective services, foster care, resource worker)

**Trainer Note:** Before participants introduce themselves, introduce yourself as a trainer.

Remind participants that we will be discussing “cultural humility,” which they learned about in the online training. The idea is that to best serve families, we have to have the mindset of **learners** instead of **judgers**. Tell them we will learn more about this on day 3, but this concept will be reviewed throughout this training.

## HOUSEKEEPING

Orient participants to the MidSOUTH web resources for training (located in Moodle).

- **Knowledge Checks:** Briefly discuss the Knowledge Check that participants will complete at the beginning of each online unit and then at the end of each instructor-led classroom unit.
- **Attendance Tracking**
  - Explain that you will take attendance at the beginning of training. Emphasize the importance of all participants engaging in their own learning.
- **Overview of Training Model:**  
Foundations, OJT, and Concentrations
  - **Slides 4-9** provide information on accessing online trainings as well as an overview of the structure of Foundations and Concentrations Trainings.
  - It is important to note that in the current DCFS model, Foundations training is intended to provide essential information on policy (heavy in online training) and general foundational practice.
- **Class Format**
  - Daily schedule: 9:00 am until 4:00 pm.
  - Cadence: Presentation/Activities for 45-50 minutes with a 10-minute break.
  - **Review Agenda:** There is a copy of the agenda on **pages 3-4 of the Participant Manual.**
- **Miscellaneous**
  - **Information sheets:** Request information sheets from participants who did not send them prior to training.
  - **Random Moment Time Studies:** during training, you may receive a request for random Moment Time Studies. Here's what you need to know:
    - **What they are:** Random Moment Time Studies are a part of IV-E requirements for funding. Staff members are selected at random to report tasks being completed during a specific window of time.
    - **Why are they important?** If they are not completed within the designated timeframe, IV-E funding will be affected.
    - **Timeframe:** you have 48 hours to respond. You do not need to leave class to complete a Random

## TEACHING NOTES

## TEACHING NOTES

Moment Time study and should have plenty of time to respond even when attending training. Reminders are sent out at 40 hours, 24 hours, and 4 hours. 15-minute reminders are only sent if all other reminders have been sent and the study is still incomplete.

- **Additional questions:** Direct additional questions about completing these to your immediate supervisor during breaks or after training hours.

**ACTIVITY: Group Agreements**

(15 minutes)

**Slides 10-11 -** We should always take a few minutes to check in and agree on how we will work with one another to help prevent miscommunication. This also helps us model how we should work with families. Taking time to build strong shared agreements for our work is an essential first step. It sends the following messages:

- We and family members are in this together.
- We respect family members by inviting them to shape our process for working together.

The process of building agreements is a time to check in with family members about their perspectives and needs around trauma; it is also a place to start the conversation about how to work and communicate across difference.

This important activity also allows us to start on the right foot when meeting with our colleagues and supervisees. It helps us to be intentional about our time together, call up differences to attend to, and teach one another about how we like to be treated and share space.

We will take a few minutes to formalize our own shared agreements. We have some proposed agreements that may be helpful to start the conversation.

**Trainer Note:** Consider writing examples of shared agreements on the flip chart (or virtual whiteboard) in advance. Once the shared agreements have been written with group input and discussed, keep them somewhere visible in the room for reference. Emphasize that this is a tool that can also be used with families.

We will give you a chance to say whether the proposed agreements work for you and invite you to add or change any agreements.

## TEACHING NOTES

### Examples of Shared Agreements:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Limit Sidebar Conversations</li><li>• Confidentiality Limitations</li><li>• Addressing Triggers/Activators</li><li>• Timekeeper</li><li>• Parking Lot</li><li>• Bio Breaks/Brain Breaks</li><li>• Manage technology*</li><li>• Listen for understanding, not disagreement</li><li>• Consider others' experiences and perspectives</li><li>• Be mindful of the difference between intent and impact</li><li>• Step up, step back</li></ul> | <ul style="list-style-type: none"><li>• Tolerate ambiguity/<b>Manage learning process expectations</b></li><li>• Lean into discomfort</li><li>• Bring a spirit of experimentation and creativity</li><li>• Remember that what we hear is often more important to our learning than what we say</li><li>• Honor complexity and the fact that no individual knows it all</li><li>• Share responsibility for success</li></ul> |
|---|---|

## DCFS Cell Phone Policy

Per DCFS request, all state agency cell phones are required to be turned off and placed in the designated storage area during class time. Agency cell phones may be retrieved during breaks and returned to storage. Personal cell phones are required to be on silent during class time and should only be used in case of an emergency. **Pause to allow participants to silence and put their agency cell phones in the designated storage area.**

**Trainer Note:** Historically, a “Vegas Rule” has been used to signify confidentiality. However, the Vegas Rule has exceptions. A couple of examples of this are if a participant discloses something that violates DCFS policy, the Arkansas Child Maltreatment Act, or makes a disclosure to self-harm or harm to someone else these things must be reported. Make sure this is clear to participants.

## Introducing Guidelines for Effective Communication: (15 minutes)

**Slide 12 -** For this discussion make sure that you have a good command of “Guidelines for Effective Communication” (PM page 5)

Now, ask participants to think specifically about the differences (culture, race, socioeconomic status, sexual orientation, gender identity and expression, age, language, etc.) among FSWs participating in the training and among the families they work with. What might it take to enable this group to talk openly about the importance and impact of these social identities on the work they do with children, families, and each other?

Introduce the guidelines for effective communication. Briefly explain each item.

Ask the learners to consider these guidelines and recommend enhancements or additions to the list the group has developed. Chances are that learners will have mentioned a few of these guidelines without prompting.

Once any revisions have taken place, ask the class if they are okay adopting these guidelines throughout the remainder of Foundations Training.

Ensure you follow up on this activity throughout Foundations Training.

- Once the group has revised their agreements based on the guidelines, make sure the revised rules are recorded, proofread, and placed on a PowerPoint slide. (Or on the flip chart if they were written there.)

At the beginning of each training day, refer to the guidelines and ask if the class is still okay using them as written or if they believe revisions need to be made.



## TEACHING NOTES



## ACTIVITY: The Three Questions & Scaling

(15 minutes)

**Slide 13** - Explain that **Safety Organized Practice (SOP)** is a practice that aims at good working relationships among all stakeholders—both familial and professional. Central to SOP are a variety of interviewing techniques designed to enable workers and families to collaborate as they identify “acts of protection” and “**worries**” in rigorous and balanced ways

**The three main questions that guide this practice are:**

- What is going well?
- What are we worried about?
- What needs to happen next (to ensure child safety)?

Solution focused interviewing (SFI), which lies at the heart of SOP, is a questioning approach that helps families and workers discover and pay attention to areas of strength and areas where growth is needed.

Participants will learn more about the five types of solution focused questions (SFQs) later in training. **Now, however, they will use an example of** one type of SFQ—a scaling question—to explore their experience as a FSW so far.

A scaling question asks someone to consider their position on a scale (usually from 0 to 10, with 0 being the least desirable situation and 10 being the most desirable). It can be asked along with a couple of follow-up questions designed to get the interviewee to elaborate on specifics of why they assigned a particular number or what would need to change to increase the number by 1.

- **Personal Learning Questions** on **page 6 of the PM** are SOP-inspired questions to prompt each FSW to identify significant learning, to explain how they feel their work is going so far, and to provide the trainer with an idea about the participant’s goals for continuing learning.
  - Give participants 5 minutes to answer the questions on their own. Have them share what they wrote with their table groups. Each group should record their responses on the large notepad

## TEACHING NOTES

or a whiteboard. They can divide the shared page into the three columns.

**(5 minutes to answer individually; 10 minutes to share in table groups)**

- Each group should report back to the large group a list of goals for training along with at least one interesting and useful thing a group member has learned so far. **(10 minutes)**

**Trainer Note:** The trainer can circulate among groups to listen, answer questions, prompt discussion, etc. This is the case with each group activity, and we won't repeat this note every time.

Another way to approach this would be to have a large copy of the three columns on the board or on a flipchart, then have participants write answers on sticky-notes and place them in the appropriate column.

You could also do this with the scaling question, having participants put a pin or sticky note in the place that represents their answer. You could have participants do this as they walk in, then return to it when you reach this activity.

## TRANSITION TO NEXT SECTION

Observe that in training for the position of FSW, participants have a great deal to learn *and* they bring specific knowledge and experience. An important part of this training involves exploring parts of that experience and engaging in self-reflection and self-critique. This reflection is essential for guarding against biased thinking and helping to build bridges to the families DCFS serves. **In the next section we will cover “Connecting the At One Table Practice Model Mission and”.**

## TEACHING NOTES

**DAY 1, SECTION 2: Connecting the At One Table Practice Model and Mission**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>60 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs examine the mission and practice model, and have time to reflect on how their own values intersect those ideas.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-1</li> <li>101-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 7-8</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 15-16</li> <li>Hexagonal cutouts with the At One Table values, the DCFS Mission, and blank ones. Each individual will need a copy of the blank ones, and the value copies will depend on if you are doing this as an individual activity or more of a group one.</li> <li>Tape, Scissors, &amp; Markers</li> <li>At One Table Practice Model: <a href="https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/our-practice-model/">https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/our-practice-model/</a></li> <li>DCFS Policy and Procedures Manual</li> </ul>

## INTRODUCTION

You can tell participants that this activity is meant to serve as an introduction to both the DCFS Mission and the Arkansas Practice Model. Participants will have the opportunity to also think about their own values that brought them to this work in the first place.

### Trainer Preparation

Read the latest DCFS mission statement and summary of the Arkansas child welfare practice model (both are available as Policy I-A in the DCFS Policy & Procedure manual linked on the [MidSOUTH staff site](#). Review the new practice model, At One Table, on the DCFS website;



## ACTIVITY: Quick-Write Your “Why”

(15 minutes)

**Slide 15** - Have participants open up to **Quick-Write Your “Why”** PM page 7. Ask them to consider the questions listed there:

“Think about your ‘why.’ What is important to you about this work? Why do you do it? What are your values as a family service worker? What are the things you need in order to succeed? What advice have you been given, or what are memorable things workers or clients have said?”

Have someone read these questions out loud and then give them about 5 minutes to consider them and do a “quick-write” on these questions, just free-writing whatever comes to mind as they reflect. They **do not** need to necessarily answer all of the questions, though they can. Once the five minutes has passed, open the floor for participants to share some of their “why’s” and encourage them to see what they are most drawn to write about.



## ACTIVITY: Hexagonal Thinking with the Practice Model and Mission

(30 minutes)

**Trainer Prep Note:** Hexagons will need to be printed and prepped prior to this activity. Values will be color printed and laminated as table copies and the blank hexagons will need to be printed and cut out prior to each class activity to save time.

**Slide 16** - Hand out the blank hexagons from the Hexagonal Thinking Activity Handout printed from the MidSOUTH staff website. Ask participants to read over what they’ve written and choose six things to write down on the blank hexagons. Give them time to cut out the hexagons once they’ve written on them. Tell them to consider what color markers they use, and if they want to draw or decorate on the hexagon to reflect the content in any way. (10 minutes)

You may spend a little time having volunteers share the points they chose to write down. Then hand out the At One Table values hexagons outlined in blue. If you are having the table work together for this, each table will just

## TEACHING NOTES

need one sheet with the values. If you are planning on having participants work individually and then share out, each participant will need one sheet. It would be good to have the values read out loud. Then give them some time to think about them and cut them out.

Then pass out the DCFS Mission hexagons outlined in yellow. Go through the same process reading out loud each part of the mission as a class, and then giving them a couple minutes to cut them out. This won't take as long since there are only four hexagons for the mission. **(10 minutes)**

## MAKING CONNECTIONS

Now ask participants to start making connections between the hexagons they wrote on, the Practice Model value ones, and the DCFS Mission. Have them start connecting sides where they think there is a connection, with the understanding that there are likely several combinations they could make. The goal is to have all of their hexagons touching at least one other, and every point that is touching should have some sort of connection or relationship that they can explain. Once each of their hexagons has a place, they can tape the whole thing together. **(10 minutes)**

**Individual versus group:** You can have individuals complete their own hexagon configuration by themselves, which would mean they would need their own copy of the values. The group part of it can be when they share it out. Groups can use a mix of everyone's written-on hexagons (they could try to use them all, or they can each choose three or so) and then link them to the values together, deciding as a group the best connections to make.

Give individuals/groups time to share out! **(15 minutes)**

**Trainer Note:** The instructions for putting together the hexagons can be found on **Slide 16**, along with a partial example.

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## REFLECTION/WRAP UP

(15 minutes)

Talk as a class about the ways their own work values align, or don't, with the mission and practice model and reflect on how mission and practice model work together. You can give time for participants to answer the questions on **PM pg 8**, or just go through the questions as a class.

1. What At One Table value did people most connect with? Why do you think people connected with it?
2. What point from the mission did most people connect with? Why do you think people connected with it?
3. What were some interesting new values that emerged when people wrote their own?
4. What were some interesting connections you saw an individual or group make?

You can display the hexagon configurations that groups made on the classroom walls for the duration of the unit. Try to call back to these values in future discussions.



## TEACHING NOTES

**DAY 1, SECTION 3: Practice With an Arkansas Practice Model Scenario**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>60Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs examine the mission, practice model, and family centered practice approach and analyze a case scenario using these frameworks to identify best casework practice.</li> <li>FSWs apply policy and best-practice information about confidentiality to case scenarios, considering general and specific examples.</li> <li>FSWs interpret and address problem situations within case scenarios considering culture and childhood development.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-1      102-1</li> <li>101-2      103-1</li> <li>101-12    103-2</li> <li>101-13</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 9-19</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 18-23</li> </ul>

## INTRODUCTION

**Slide 18** - In this section we will begin this section by reviewing the Why, What, and How information.

**The “Why”** - The Mission is the “why” of our work. It tells us why we’re doing what we do.

**The “What”** - The practice model and values are the “what” of our work. The model and values tell us what we need to do in order to fulfill the Mission.

**The “How”** - Safety Organized Practice is the “how” of our work. It provides us with tools and techniques to use every day to ensure the safety of children.

## TEACHING NOTES

**ACTIVITY: Sierra and Siblings Scenario****30 minutes**

**Trainer Preparation:** Familiarize yourself with the “Sierra and Siblings” scenario and questions located in the **Participant Manual (pg. 10-14)**.

**Slide 19 -** Remind participants about the relationship between the DCFS Mission, the practice model/values, and Safety Organized Practice that was forwarded in the online training.

**Part I: (20 minutes)** Allow **time** for the participants to read the scenario, discuss the questions in the **Participant Manual pgs. 10-14**, delve into implications for broader practice, and record their answers (in the Participant Manual, if they have printed it out). They should use and incorporate information that was included in the asynchronous online training.

If the group does not agree on an answer, that is acceptable. Have them make a note of the alternatives and include that in the information they will pass on. Each group should elect a spokesperson (or use a team of two if that makes people more comfortable).

**Part II: (10 minutes)** The elected spokesperson or team will report out to the larger group. Depending of class size and time, each group can share 1-2 of the most important aspects of the discussion of each question or the top 2-3 most critical points from the overall breakout group discussion. Encourage the participants during large group discussion to make notes of any new insights within their own manuals.

During and after the large group debriefing, the trainer can elaborate on participant responses or provide details about the following topics, which are important for analyzing the “Sierra and Siblings” scenario:

- Cultural humility
- Arkansas practice model
- Confidentiality (and DHS Policy 1010)
- Importance of discerning developmental delays

**Cultural humility.** Cultural values influence assumptions about people we work with. Culture influences every aspect of how we approach the world and our experiences. This is human nature.

The question to keep in mind is, “Are you aware of your own values,

assumptions, and attitudes?” “How will you respectfully engage your families of various cultures?”

In other words, how will you practice cultural humility? (This is something we will return to)

## ARKANSAS PRACTICE MODEL

(15 minutes)

Understanding and working within the framework of the mission, practice model, and the family-centered practice approach is essential to the casework process and decisions you make daily. These principles impact how you do the work you do.

**Slide 21** - Explain that Arkansas DCFS practice model is called **At One Table**.

### Key points of the practice model include:

- This practice model was developed with the intention of keeping **relationships** as the foundation of our work.
- The idea of sitting together “at one table” is meant to evoke the feeling of a close-knit family solving problems together at a kitchen table. It also represents all the community stakeholders who are working together to support families.
- **Trainer Note:** Use **Slide 21-23** (if you wish) to support your review of the DCFS Mission statement, the Arkansas practice model, and family-centered practice. **Slide 22** specifically goes through the six values of the new practice model.

The Mission statement, practice model values, **PM pg. 15-16**, and a table comparing conventional child welfare practice to family-centered child welfare practice appear. **PM pg. 17-18**

## CONFIDENTIALITY IN CASEWORK

(15 minutes)

The concept of confidentiality changes as our communication and ways of interacting change. Maintaining confidentiality is critical to building and maintaining trust and confidence in helping relationships.

## TEACHING NOTES

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**Technology has changed child welfare practice in many ways:**

- From texting to email to Facebook, there are more ways to stay in touch with families and increase the likelihood of being able to help and support when most needed.
- With powerful smartphones and tablets as well as improved networks and connectivity, there are fewer problems having mobile computing handy while in the field or the courtroom.
- It is possible to use the internet to assist clients to navigate systems, apply for services online, find resources, and obtain support.

**Some of the concerning issues with technology include:**

- Critical information can be lost or intercepted.
- All information appearing on the internet is not necessarily reliable.
- Confidentiality of information in electronic form cannot always be guaranteed.

**It is every FSW's responsibility to:**

- Ensure to protect family/individual privacy when using technology in their practice.
- Document all services (and offers for services) provided.
- Take special safeguards to protect client information in the electronic record.
- Be aware of privacy risks when using wireless devices.

**DHS Policy 1010: Social Media and Agency Communication.** Refer to the infographic in the Participant Manual pg. 19. The crucial points are:

- Never share, post, or expose confidential information about clients, partners, or other employees.
- DHS can view information about a current or prospective employee that is publicly available on the internet.
- Do not use your employee email for social media accounts.
- No posting to personal social media while on duty. Employees can be held accountable for social media posts made while at work and also when off duty.

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- Employees can be held accountable for social media posts made while at work and when off duty if the statements contain information gained through their official capacity and threaten or harass others.
- Supervisors cannot require employees to interact on social media.

Employees must request access to social media sites at work for specific investigative purposes.

## TRANSITION TO NEXT SECTION

When we get back from lunch, we'll take a look at [an overview of Safety Organized Practice \(SOP\)](#) and [the Structured Decision Making \(SDM\) System Framework](#) which helps assure safety, permanence, and well-being by cultivating good working relationships with families, using critical thinking and decision-support tools to enhance consistency and equity, and building collaborative plans to enhance daily child safety.



## DAY 1, SECTION 4: Safety Organized Practice (SOP) and the SDM System Framework

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>60 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will identify SDM assessments and SOP Tools that aid in rigorous and balanced assessment.</li> <li>FSWs explain the top priorities and overarching goals of SOP.</li> <li>FSWs define “safety” and “belonging,” ensuing they understand each as a verb in which caretakers or networks demonstrate actions of safety (protection) or belonging over time.</li> <li>FSWs interpret experience on the job thus far in terms of the overarching goals of SOP.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-10</li> <li>101-13</li> <li>102-13</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 20-23</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 25-29</li> <li>Pipe-cleaners (enough for each person to have around three or four)</li> </ul>

## INTRODUCTION

**Slide 25** - Explain to participants that DCFS has adopted Safety Organized Practice, or SOP as we’ll use in shorthand.

SOP draws from a number of child welfare innovations. The best way to think about SOP is as an umbrella approach. It incorporates the best of the Structured Decision Making (SDM) system (a set of research-based decision-support assessment tools) with the best of Andrew Turnell’s Signs of Safety (a strengths and solution-focused approach to child welfare casework). Along with other critical innovations—such as trauma-informed practice, solution-focused interviewing, and more—it creates a rigorous child welfare practice model that is being used in many other parts of the country and in several other countries.

Using the SOP approach will help FSWs build a better partnership and help preserve families.

## TEACHING NOTES

## What is Structured Decision Making?

(10 minutes)

**Slide 26** – Review and have participants review **The SDM System on pg. 20 in the Participant Manual** - This portion of the training is specifically designed to orient participants to the foundational concepts of the SDM SYSTEM and how assessments occur within the framework of DCFS's work.

The **SDM SYSTEM** is a decision support system informed by research, policy, and best practices. The SDM model is a comprehensive case management framework for child protection that uses a series of assessments to help FSWs assess families and make critical decisions throughout the life of a child protection case. The assessments themselves are just *one component* of the SDM model. The SDM system's assessments and tools integrate and blend together effectively with good child welfare practices to allow the assessment and decision-making processes to occur in partnership with families.

## SDM SYSTEM 6 KEY CONCEPTS

The SDM system focuses on 6 key concepts:

- **Decision-** Key clear, concise, and intentional decision points.
- **Support-** Assessments are structured to SUPPORT decision-making, but they do not make the decisions. The FSW makes the most informed decision based on the information gathered.
- **System**—All assessments fit together, each with a different functionality and purpose. It is important to fully understand each assessment in order to get the best results from it.
- **Research-** It is important to include all emerging research and evidence in the work.
- **Policy-** The SDM tools are tailored to individual states, based on legal and Division considerations.
- **Best Practices-** Assessments Support FSWs in understanding the most effective practices and strategies in the child welfare field.

## What is SOP?

(35 minutes)

**Slide 27-28** - Review DCFS/SOP priorities:

1. Safely stabilize and preserve families; and if that is not possible . . .
2. Safely care for children and quickly reunify children to their families

## TEACHING NOTES

of origin; and if that is not possible . . .

- a. If children must be removed from the home, relative caregivers will be considered immediately and throughout the entire engagement with the family.
3. Safely support the permanency, well-being, and development of culturally safe lifelong relationships for children and youth.

**Probe:** Show a thumbs up if you think these priorities accurately reflect the Mission of DCFS.

To implement SOP, participants must understand two key concepts: “Safety” and “permanency.” Both are things that a caregiver and/or support network does. “Safety” and “permanency” need to be understood as actions.

## SAFETY

**Inform participants that safety is:**

- A verb—something that the caregiver does.
- The behavior we want to see (i.e., what is done instead of the behavior we are worried about).
- This behavior is demonstrated over time. In other words, the caregiver and network undertake actions of protection consistently.
- “North” on the compass that guides our work.

## PERMANENCY

Permanency is actions of connection, taken by the caregiver and network, that promote enduring relationships to family, community, and culture and are demonstrated over time.

These are “actions of connection” (permanency) that support “actions of protection” (safety)

Part of protection is ensuring that children feel a sense of belonging in their family. We need to ensure that we include this domain in our assessments and planning. When children do not feel connected or do not feel like they belong, their outcomes may become diminished, and they may act out in preventable ways.

**Probe:** What things do FSWs do to enhance children's sense of belonging/permanency?

**Possible Answers:**

- Keeping up sibling contact
- Reconciliation with maternal or paternal side of the family if estranged
- Resource parents making sure child gets to attend cultural activities

## THE THREE GOALS OF SOP

**Slide 29** -The three overarching goals of the SOP approach help us keep a clear focus on assessing and enhancing child safety (and belonging) at all points in the case process. They are the key means by which DCFS workers achieve the priorities we talked about earlier (stabilize and preserve families or quickly reunify families or create new permanent culturally safe families).

The term *safety organized practice* was first used by Andrew Turnell to describe a day-to-day approach to child welfare casework that keeps a clear focus on assessing and enhancing child safety. The combination of a solution-focused practice model and structured decision making has evolved into a set of tools designed to help us employ the three overarching goals. Any time we get lost in the details of one practice or another or one tool or another, we can think back to these overarching goals and consider whether we are aligned with them or not.

**Read the three goals out loud.**

**The three goals of the SOP approach are:**

- Develop good working relationships that lead to a shared focus among all stakeholders, including the child, family, kin, caseworker, supervisor, extended community, **and the family's network.**
- Use critical thinking and decision-support tools to enhance consistency, validity, and equity in the key case decisions that child welfare practitioners have to make every day.
- Build collaborative plans to enhance daily child safety.

Review "Introducing Safety Organized Practice" in the **Participant Manual pages 21-23**). **This is an overview of SOP at its foundational level. Inform**

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participants that in this unit we will review and introduce several tools that will be practiced more in depth later at different times throughout the trainings.

We try to form good working relationships with families by using solution-focused questions with a trauma-informed lens to make a balanced and thorough assessment of what's going on for the family. We also use special tools to get the perspective of children so that the full impact of any maltreatment is clear to all.

- **Harm statements** answer the question, in family-friendly language, “What happened to the child that caused the family to be involved with DCFS?”
- **Worry statements** are designed to answer the question, in family friendly language, “What are we worried about happening in the future if nothing changes?”
- **Goal statements** are designed to answer the question in a solution-focused way, “What is the new behavior that we would all need to see to feel confident that the children are safe?”

Cognition is largely guided by the questions that we ask ourselves. The Structured Decision-Making (SDM) system and the Collaborative Assessment and Planning (CAP) framework are designed to get the right questions in the right order in the minds of FSWs and supervisors as they consider decisions that need to be made regarding casework.

Finally, we will explore how to recruit and involve support networks and how to sit down to create detailed behaviorally specific plans that could help create safety whenever possible. And we really mean safety, right away!

**Trainer Note:** It’s important to inform participants that CAP framework will be discussed in more detail later on. The important takeaway for today is that the assessments and tools introduced in this unit are all later used to create the CAP framework and gather important information needed for rigorous and balanced assessment with families. We want to you have an overall concept of where these tools and assessments may fit into the life of a case so that you can pull these tools out of your toolbelt at a later time for more in-depth practice.



## BREAKOUT ACTIVITY

(15 minutes)

- Have participants think of a time they've witnessed or been a part of an activity that connects with the three overarching goals of SOP from slide 29. It can be positive or negative. Alternatively, they can just choose one of the three goals to focus on for this activity.
- At this point, workers may not have much familiarity with specific SOP tools or practices. However, all of them will have had some experience with activities described by the goals (e.g., building good working relationships with families).
- Each participant will use pipe-cleaners to create a visual representation of that experience. Again if they can't think of a specific experience, ask them to simply create a pipe-cleaner sculpture that represents one of the three goals and what it looks like when it's done well. (10 minutes)
- When they are finished, have table groups share out their creations and what they represent. If time allows, have some volunteers share with the class. (5 minutes)
- Comment on the responses, adding any information you can about SOP tools or practices that might impact the experiences as reported.



## TEACHING NOTES

**DAY 1, SECTION 5: Overview of the SOP Tools**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>1 hr 30 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs state SOP's Three Questions.</li> <li>FSWs practice surfacing behavioral detail for caregiver actions and describing the “impact on the child” of those actions.</li> <li>Using their own experience in the field and provided scenarios, FSWs formulate detailed responses to each of the three questions.</li> <li>FSWs explain the purpose of the Three-Column map and its relationship to the Three Questions.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-3</li> <li>101-7</li> <li>102-2</li> <li>102-5</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM, pages 24 -32</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 30-45</li> </ul>

## INTRODUCTION

As participants learned in online training, we can use the **Three Questions** as guides for helping us conduct rigorous and balanced assessments:

- What is working well?
- What are we worried about?
- What needs to happen next?

At their most basic, both SOP and formal assessments can be boiled down to these three questions. Every interview and every stage in the life of a case (hotline, investigations, etc.) needs to cover these three main issues.

While they are very simple questions, sometimes in the heat of the moment—in the middle of a complicated assessment or home visit—it is helpful to have simple maps or guides to remind us where we want to go.

The details of how we ask these questions and what content to focus on will change, but these are the three central questions. These also can help prepare the parents, family members, collaterals, and even the children for the interview.

## TEACHING NOTES

When we tell an individual, “I’m going to be asking you a lot of questions, but they all boil down to these three ...” we help prepare the interviewee. It starts us off on the right foot for collaboration and helps them better prepare to participate.

In this section, we will explore ways to ensure we’re gathering useful solution-focused information when we ask each of the questions: “What is working well?”, “What are we worried about?”, and “What needs to happen?”



## ACTIVITY: Cheryl’s Story

(30 minutes)

**Slide 30 -** Ask participants what they see **in the image**. As answers come up, let the participants point out to each other that there are two ways to look at things. The goal of this activity is to show participants how families we work with may have situations that **worry** us, but also things that are **working** well. We need to try to discover the details of both.

**PART I:** Read or have a participant read the initial information about the scenario (Cheryl’s story) from the **Participant Manual page 24**. Direct participants to STOP reading at the bottom of pg. 24 so that you can gradually reveal additional details about the case.

Ask participants to think about how worried they are. Designate two endpoints in the room (one representing “Not worried” and the other representing “Very worried”) as indicated on the “Worry Scale” slide and have them stand in the spot in between the two points that best represents how safe they feel the home is. Once everyone has chosen a spot, have them share out why they chose to stand where they did. Consider the following questions:

1. If we only consider this information, what are we likely to believe about the future of Cheryl and her children?
2. What are we worried about? (Probably a lot.)
3. What’s going well? What do we know about acts of safety that Cheryl has demonstrated? (Not much at all.)

**PART II:** When the discussion is over, have participants sit back to read what else the worker learned on **pg. 25 of the Participant Manual**. Again, you may choose to have a participant read the additional information out loud.

## TEACHING NOTES

**PART III:** Scaling - After reading the page 25, pull up **Slide 31** and have participants stand up again to stand at the point of the room that best reflects how worried they are. Talk about why they stood where they did, and consider the following questions:

1. Did you move closer to “not worried” or “worried” with this new information? Why or why not?
2. Has your opinion about Cheryl changed? Why or why not?
3. What do you believe about the future of Cheryl and her children and now?

In unpacking this activity, you may point out that there were not sufficient acts of protection to return her children and/or close the case at this point, but this might be important for Cheryl to remember to help her as she deals with her sadness, grief, and guilt about this event.

It’s also important for FSWs to remember how important the role of the “What’s going well?” question. It can be easy to label families and situations and focus on the negatives, but when we also consider what’s going well, we get a better picture of what’s possible for a family and what strengths they already have.

**Trainer Note:** You may consider bringing up the order of the three questions at this point. The order is based off materials from Evident Change They **should** complete the columns out of order **as** this works better for building rapport to start with. “What’s going well?” rather than starting with “What are we worried about?”.

## CAREGIVER + BEHAVIOR + IMPACT ON CHILD (C+B+I and the Rule of Three)

(15 minutes)

**Slide 32** - Here is where we introduce participants to the idea of impact on the child. Understanding this concept of **C+B+I and the Rule of Three** is important because the presence or absence of a behavior’s impact on the child is what differentiates our labeling a behavior “harm/danger” or a “complicating factor” when we talk about worries. Similarly, when we talk

about what is working well, presence of an impact upon the child determines whether a behavior is an “act of protection/safety” or simply a “strength.”

“Caregiver + Behavior + Impact on the Child (CBI)” in the **Participant Manual (pages 26-27)** can facilitate further discussion.

We can worry about a lot of things in families. But we want to use this framework to focus our inquiry for child protective services (CPS).

### The key elements should be:

- **Caregiver:** SOP asks us to assess the caregiver’s behavior at each stage of the case.
- **Behavior:** What has the caregiver done, or not done? (action or inaction) What specifically are we worried about? What observations need to be made to become good at naming this?
- **Impact:** There must be significant impact on the child. What is it? Can we describe it? How can we see it? Who can we talk to?
  - What is the caregiver’s action or inaction?
  - Is the behavior’s impact traumatic for the child?
  - Is the caregiver’s behavior impacting the child in a way that creates safety?
  - How do we keep that in our thoughts as we engage and interview?

Our work should be organized around describing and assessing worry/harm as well as identifying family strengths. We should be able to articulate worries about any open case. What was the caregiver’s action? What was the impact on the child?

**Trainer Note:** Keep in mind when using this formula of C+B+I that the Impact can = *Harm/Danger* or = *Safety*

Whether in conversations with referral sources or with family members, FSWs can encourage others to identify the child’s caregivers, the caregivers’ behaviors, and the impact of these behaviors on the child.

Although the caregiver may have done something or failed to do something, what we are most concerned about are behaviors that have had a significant impact on the child.

## TEACHING NOTES

## TEACHING NOTES

**Example:** Imagine that a mother drove home after a night out drinking at the bars. When she arrived home, her children were asleep and safe because their grandmother had been watching them. The next morning, the children noticed that their mother was a little grumpy, but it did not seem to bother them. While the mother's behavior is worrisome in itself, it has no bearing on child protection because it did not have any direct impact on the children.



## OVERVIEW OF THE SDM/SOP – BRAIN MAPPING INFOGRAPHIC

(15 minutes)

**Slide 33** - This portion of the training is intended to give a very brief introduction to all the SOP tools that will help FSWs ensure they are actively engaged in family centered practice and rigorous and balanced assessment.

**Slide 34** - Take a moment to review the categories for the SDM Assessments and SOP tools that FSWs will use for family centered practice and casework. The pyramid is set up to address how SDM/SOP would be applied from the bottom (initial contact) to the top (end of case) and also incorporates how Safety, Permanency, and Well-Being align with the tools and assessments for family centered practice. At each tier we will introduce an overview if each SDM assessment and SOP tool are on a foundational level. More practice will take place for SDM/SOP in later units.

**Trainer Note:** Make sure participants are aware that they should be using these assessments and tools and noting specifically in their documentation what tool and/or assessment was used and what the outcome was.

**Review slides 35-39** which breakdown what may fall at each tier as an infographic

- **Slide 35** - Tier 1: Rigorous & Balanced Assessment

**SDM ® System at Each Decision Point:** From the beginning of our involvement with the family from the **hotline assessment**, we are taking part in rigorous and balanced assessments. Upon the initiation of a case FSWs will complete a **safety and risk assessment** with their families. During the assessment we are looking to assess Caregiver + Behavior +

## TEACHING NOTES

Impact to determine if there is a safety threat (Definitions outlined in the SDM Safety and Risk Assessment Manual). If **safety threats** are identified during the safety assessment or moderate to high risk levels are identified through the risk assessment, then a **harm statement** will be created for each identified safety threat (14 safety threats) and **worry statements** will be created for each identified risk. **Goal statements** will be developed to address each harm and worry statement for the family. The assessments are meant to guide our decision-making process.

- **Slide 36** - Tier 2: SOP Toolkit

There are several SOP tools listed in this slide that a FSW can utilize to gather important information on a family and build rapport. Each tool gathers a different kind of information and will be useful in approaching a family with curiosity to learn and gathering the necessary information to assess where a family is and what support may already be in place. A family is the best expert in identifying their strengths and needs, and approaching with curiosity can allow a family to be actively engaged in the process.

- **Slide 37** - Tier 3: Safety & Supports

These tools can be utilized to determine what support exists already for the family and what supports can be put in place to establish safety and mitigate future harm. FSWs will work with the family to identify what supports are working well, who should be part of immediate safety planning, and which additional supports are needed. This also allows for planning of family time, and sibling family time, as applicable, and reflecting on what's working well and what our worries are. The network is essential for the success of a family and to reduce recidivism of family involvement with DCFS in the future. **If there is no network, there is no plan for safety.**

- **Slide 38** - Tier 4: Family Planning

**SDM ® System at Each Decision Point:** Once safety and risk determinations are made, the **Family Case Plan Tool** is completed to create a **Family Case Plan**. The family case plan can include sibling time and placement plan, family time plan, transition plan, aftercare plan, and transitional youth services (each as applicable). All of the tools discussed at this point and the rigorous and balanced assessments all gather information that collectively can be used in doing a **CAP Framework**. The **CAP Framework** can give an overall picture of

## TEACHING NOTES

where a family is at that point in time and what worries, strengths, and goals have been established with the family.

**Trainer Note:** It's important to note here, briefly, that as the SDM ® Ongoing Tools such as the Family Case Plan Tool, Family Case Plan (updated), Reunification Assessment, and Risk Reassessment will roll out soon, and they will receive additional training on these tools specifically in later units. The Family Case Plan Tool is replacing the CANS/FAST. **These tools are being introduced briefly in this section to familiarize FSWs with ALL the tools and assessments that they will utilize in the life of a case.**

- **Slide 39** - Tier 5: Reassessment & Planning

**SDM ® System at Each Decision Point:** this is the final tier of assessments and planning in which FSWs will complete a **Risk Reassessment** if a child is safe and if risk is mitigated in order to close the case or continue the case. Staff will complete the **Reunification Tool** in permanency cases (foster care) to make a permanency decision. Permanency planning efforts will utilize a **Transition Plan, Aftercare Plan, and Transitional Youth Services** (as applicable). All cases will require an Aftercare Plan be developed with the family prior to case closure.

- **Slide 40** - **However, don't forget!! Tools don't make decisions, people do!**

## OVERVIEW OF THE SOP TOOLS

**Slide 41-42** The Three Questions & The Tree Column Map



### ACTIVITY: Three Column Mapping

(15 minutes)

Next, we'll talk about how to use a visual map of the Three Questions to collaborate with families as we determine "what needs to happen."

## TEACHING NOTES

This activity serves as an introduction to the Three-Column Map, which enables workers to visualize the Three Questions on a scale from 0 to 10. The use of scaling to establish the level of worry and to guide incremental change through “increase-by-one” thinking leads to a deeper consideration of solution-focused questions (of which scaling is one type)

The Three Questions define the issues with which we need to be concerned at every stage in the life of a case.

This activity can be done with a partner or individually. Have participants turn to **page 28-29 in the Participant Manual**. If partnering up, they will each ask each other the three questions about the goal their partner chose, writing down the main points. The scaling question at the bottom has been adjusted so they can discuss how close they are to meeting this goal, but the scaling question can be adjusted in any way the pair may choose.

**(10 minutes)**

When everyone is done, take a minutes to debrief with the group. How did that go? What was it like asking, and being asked, those there questions? How could they see this process being helpful when it comes to meeting those goals? Do they have a better idea of what needs to happen next?

**(5 minutes)**

**Slide 43** - QUOTE - Organizational theorist Margaret Wheatley captures this neatly with this quote: **“People support what they create.”** When our three questions and our assessments become “assessments with” rather than “assessments of” the family, we can begin to jointly develop **family** plans that help families move toward their goals and achieve new safe actions that address our worries.

## HARM, WORRY, GOAL, STATEMENTS TRAINER OVERVIEW

**(15 minutes)**

**Slide 44-45** - What are Harm, Worry, and Goal Statements from **PM pgs. 30-32**

Trainer can either have participants volunteer to assist with reading over the different sections on **PM pgs. 30-32**, OR trainer can have participants do the group activity at the end of this section. Both should take approximately the same amount of time to complete.

## TEACHING NOTES

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and DCFS staff clearly understand what happened in the past, why DCFS is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address. Goal statements are clear, simple statements about what the caregiver will do that will convince everyone the child is safe now and will be safe in the future.

Constructing harm, worry, and goal statements first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

As much as possible, try to use the family's own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why DCFS is involved, what DCFS is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

### Harm Statements

- Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee, *a clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future.*



**Who** says (or it was reported)



**What** caregiver actions/inaction



**Impact** on the child

**Example:** Sam reported to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.

### Worry Statements

Worry statements answer two questions.

- What are we worried will happen to the children if nothing else changes?
- In what situations or context are we worried this could happen?

Sharing worry statements with the family, DCFS, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent "case drift."

Worry statements are composed of the following.

## TEACHING NOTES



**Example:** Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

### Goal Statements

Goal statements are short, simple, behavior-based statements used to help family members, DCFS staff, and other professionals clearly understand what actions **caregivers** need to take to show that the child will be safe. Goal statements lay the groundwork for the family to successfully complete their **family case** plan. They describe what the family can do to create safety for their child.

As much as possible, try to use the family's own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These statements should be written in honest, detailed, nonjudgmental “just-the-facts” language.

Goal statements should respond to the worry statements in about three or four sentences. The objectives for the **family case** plan should come almost directly from the goal statements.

**Goal statements are composed of the following:**



**Example:** Sam will be cared for by adults who solve their disagreements and problems in loving and caring ways, treat each other respectfully, and ask for help when they need it.

## TEACHING NOTES

OR

**Trainer Note:** Participants should use the SMART acronym for creating behaviorally specific goals. The SMART Acronym is included on [Slide 45](#).

- Specific
- Measurable
- Achievable
- Relevant
- Time-Limited



## ACTIVITY (optional): Harm, Worry, and Goal Statements

(15 minutes)

[Slide 45](#) – In lieu of doing a general overview of what harm, worry, and goal statements are, in this activity participants will break into three groups and be assigned one of the three types of statements to review on [PM pgs. 30-32](#). Give 5 minutes for participants to review their assigned section and make notes to do a teachback to the rest of the class on the key takeaways for their type of section. Allow 2-3 minutes per group to briefly share their takeaways with the class.

## REFLECTION/WRAP UP

While it may seem very simple, the Three-Column Map can be a powerful way to begin organizing your thinking. But it would be even more powerful to do this with a family.

Take a piece of paper with you to a home visit, turn it to landscape orientation, and put the Three Questions on the top.

Let the family see what you are doing – it helps them understand what our work is about.

You will also notice there is a scale on each of these maps. The scale helps with two things. It can help assess “where does everyone think things are” when it comes to safety. And once we have a number, it can help us think through “small steps” when we ask ourselves and our **families**, “What would things **need** to look like for the scale to improve by one number?”

Once we know “what we are worried about” the caregiver’s actions that are having a harmful impact on the child and “what is working well,” we can begin to think through “what needs to happen next?”

Equally important is that we ask families what they think needs to happen next, and we begin to help them think through the implications of our assessments.



## TEACHING NOTES

**DAY 1, SECTION 6: Ticket Out and Wrap Up**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>15 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs recall learning from the Arkansas practice model and SOP overview and suggest how they will incorporate it into their practice when they return to work.</li> <li>FSWs test their knowledge of the material in Unit 2 with the Knowledge Check.</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slide 33</li> <li>Handout 3</li> <li>Beach ball (or any soft ball, depending on what activity you choose)</li> </ul>

## INTRODUCTION

**Slide 46** - To end the training day, we recommend giving participants a “ticket out” so you can get some feedback about how training is going for them, which is provided in **Handout 3: Unit 2 Day 1 Reflection**. We also recommend doing a learner-led summary to give participants a chance to reflect on their takeaways for the day. There are several options for how you could go about this, and there’s a few listed below.



### ACTIVITY: Learner-Led Summaries

- Option 1: Ball Toss**  
 Have participants stand in a circle. Toss a beachball (or any kind of soft ball) to one of the participants. Tell them that the person holding the ball must tell the group the most important fact they learned about the Arkansas Practice Model or Safety Organized Practice (SOP) today, or just any big takeaway they have. Then they will toss the ball to another participant, who will do the same.
- Option 2: Stand and Share**  
 Tell participants that everyone will be sharing out a takeaway from the day, and will do so by standing up and telling it to the class. Only one person should stand at a time; if two people stand up at the same time, they both sit back down until someone else stands up on their own.

- **Option 3: Musical Partner Sharing**

Turn on music and have participants walk around the room. When the music stops, they stop moving and pair up with the person they are standing the closest to. The pair will each tell each other their biggest takeaway for the day. You could also go about pairing participants up in whatever way you wish.

**Trainer Note:** You are welcome to use any other learner-led summary activity you can think of to close out the day. Feel free to share these new ideas with the curriculum team, as always, so we can potentially add them to the unit.

## TICKET OUT

Collect **Handout 3: Unit 2 Day 1 Reflection.** as participants walk out the door. Be sure to spend time reading through them before the next day's training so you can address any issues and get an idea of how the training is going for everyone.

## TEACHING NOTES

# DAY 2: Trauma Training

## SECTION 1: Welcome to Essentials of Trauma-Informed Approach to Practice

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>30 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will start considering the “why” of how trauma impacts their work.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>103</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM page 33</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 1-7</li> <li>Brene Brown Empathy vs. Sympathy Video (length 2:54) <a href="https://youtu.be/KZBTYViDPlQ?feature=shared">https://youtu.be/KZBTYViDPlQ?feature=shared</a></li> </ul>

## INTRODUCTION

**Slide 1 -** Before beginning the content, have participants spend about three minutes sharing a few points they learned from Practice Model materials. If you didn't have time to do the learner-led summaries from the previous day, you could do them here.

Briefly go over the agenda for the day.



## CONTENT ADVISORY

**Slide 2 -** This training covers some intense material. For some of you this may be the first time you are hearing information about trauma, for others it may trigger memories from your professional or your personal lives.

It is very important that you take care of yourself. Please take breaks when you need to, check in with each other as needed, and think about what works for you in terms of debriefing, de-stressing, and getting support both during this training and in your day to day work.

## TEACHING NOTES

It is very important that you take care of yourself. Please take breaks when you need to, check-in with each other as needed and think about what works for you in terms of debriefing, de-stressing, and getting support both during this training and in your day to day work.

**Trainer Note:** It is critical that you, as the facilitator, are keeping the pulse of the audience. If you sense someone is really struggling, look at how you can support them during a break. If you feel like you need to have the participants, take a stretch break at any time or do a quick grounding or mindfulness exercise beyond what is already in the curriculum, feel free to do that.



## ACTIVITY: Introductory Quick-Write on Trauma

Start with quick-write and reflection on “Why do y’all think it’s important to understand and learn more about trauma?” Set a timer for 5 minutes and let participants write down their thoughts on **PM page 33**.

After the quick-write, have participants share with their table group or have them find a partner for a quick pair-share. Then discuss as a class.

If they don’t mention it, here are some answers you can mention:

- Trauma impacts all of them
- Trauma impacts their agencies
- Trauma impacts their relationships with each other
- Trauma impacts how they function

Throughout the training, we will be looking at concrete skills and strategies to be more trauma-informed and increase your effectiveness in working with children and families, whether you work with them directly, answer phones or file paperwork, provide transportation, or supervise others.

Individually, what you do matters; and, collectively, you can make an even bigger difference.

## EMPATHY VS. SYMPATHY

Inform participants that survivors of child maltreatment may be susceptible to long-term consequences. These consequences may interfere with their ability to keep their children safe and work effectively with child welfare organizations. Based on our own lived experiences we may directly relate to trauma that a caregiver or a child has experienced. However, in our attempt to connect, it is important to understand the difference between Empathy vs. Sympathy

**Slide 3** - Show the **Brene Brown on Empathy vs Sympathy video (2:53)**

**Trainer Note:** Follow the video with discussion regarding how FSWs can use this tool to create a genuine empathic connection if we are brave enough to really get in touch with our own fragilities.

What is the difference between empathy and sympathy? Sympathy and empathy are two closely related but distinct emotions.

### Sympathy:

- Involves feelings of pity, sorrow, or concern for someone
- An external expression of emotion
- Often utilized when a person does not necessarily relate to or fully understand the circumstances that someone is suffering.
- Does not translate as understanding since the listener may shift focus away from the person in distress to focus on themselves instead.

Sympathetic statements such as ‘I’m sorry you feel like that’ or ‘It could have been worse’ can come across as patronizing. Likewise, statements such as ‘I feel bad for you’ can come across as pitying, which can make the sufferer feel unsupported.

### Empathy:

- Involves understanding and sharing someone’s feelings.
- An internal emotional response.
- The ability to understand the emotions of another person.

## TEACHING NOTES

## BECOMING AN EMPATHETIC LISTENER

Empathy is thought to drive connection, while sympathy is thought to drive disconnection, according to social psychologist Brené Brown.

Thus, while empathy brings people together and builds on strong connections, sympathy can create a divide between people.

- Actively listen to the words being said to get a sense of what the speaker is expressing verbally and non-verbally. Process the information fully before responding.
- Seek to understand what the other person needs instead of jumping to conclusions. Ask clarifying questions as needed and repeat back what you heard.
- Prioritize emotional intelligence and self-awareness of social cues

Sympathy is essentially telling someone, ‘*I know* how you feel,’ whereas empathy is saying, ‘*I feel* how you feel.’

Empathy is deeper and more intense than sympathy. It is about acknowledging a person’s feelings and genuinely imaging and trying to feel what it’s like to be in their situation.

*Source (used in part): The Difference Between Empathy and Sympathy. September 29, 2023. <https://www.simplypsychology.org/sympathy-empathy-compassion.html>*

## VICARIOUS TRAUMA

Vicarious trauma is an occupational challenge for individuals working with abused and/or neglected children. This work-related trauma exposure can occur from such experiences as listening to individual clients recount their victimization; looking at videos or pictures of exploited or abused children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to cases that have resulted in serious child injury or sometimes child death.

## TEACHING NOTES

## TEACHING NOTES

**State the following to participants:**

**Slide 4 -** The work that each of you do is not easy. You may be exposed to trauma both through hearing about it and seeing its impact daily. On occasion, you may be in situations where you are directly exposed to trauma.

There are several places throughout this training where we will take self-care breaks to model the importance of taking breaks in your day-to-day work. In addition, we will focus more on the impacts of working in a trauma-exposed workplace during the Trauma-Informed Child Welfare training, providing information on the effects it can have on you, as well as strategies to address these impacts.

**Read the quote on Slide 5 to participants and then state:**

This quote by Rachel Naomi Remen, who spent many years as a doctor working with cancer patients, truly captures how working around trauma has an impact on each of us.

Because it is common, and actually expected that exposure to traumatic material will have an impact on each of you, it is important that you look at individual ways to address your own traumatic stress reactions. It is also critical to look at the impacts of working in a trauma-exposed workplace from an overall organizational perspective to ensure that there is support for everyone in the workforce including those who may not have direct contact with the families you serve. It is very difficult to do the best for the children and families if you are not at your best!

**Slide 6 -** The work that you do every day with children and families makes a difference. Your work often doesn't receive a thank you, nor do you always get to see the positive outcomes, but what you do matters and can make an impact on how children and families heal from trauma.

## DEMOGRAPHICS AND CULTURE

**Slide 7 -** This is not a training about race or culture, but understanding an individual's unique life history is a critical part of being trauma-informed.

## TEACHING NOTES

Concepts related to culture will be discussed throughout the training series. It is important to be aware of how they intersect with trauma.

**Culture** is defined in the dictionary as, “the customs, arts, social institutions, and achievements of a particular nation, people, or other social group.” This encompasses many aspects of one’s identity including religion, sexual orientation, being a foster child, a member of the military, etc.

**There are 2 concepts that serve as a foundation for understanding culture.**

- Cultural intersectionality or the idea of multiple intersecting identities.

Add an example here that is relevant to you or use the ideas below to help illustrate this point.

**For instance:**

- A Native American who is a mother of two
- A Latino former foster youth serving in the military
- A Catholic **resource** parent

A person’s combination of characteristics and life experiences can shape how they interact with systems and services and may affect the types of challenges or barriers they encounter.

Cultural humility pertains to the ability and willingness of a person to have self-reflection and openness to understanding the values, experiences, and perspectives of others. It involves recognizing that no one can be fully knowledgeable about every background, and instead focus on listening, learning, and building respectful, collaborative relationships with individuals based on their unique lived experiences.

Much like being trauma-informed, cultural humility is an ongoing journey, not a checklist that you can complete. Understanding the dynamics between culture,

demographics, and trauma will help you tailor the way you engage and interact with the populations you serve.

Consider that children and families involved in Child Welfare may be from groups that may be vulnerable to both explicit and implicit biases – discrimination, stereotyping, poverty, exposure to violence, and social marginalization – which may lead to circumstances that put them at risk for trauma, more severe symptomatology, and/or longer duration of symptoms.



## TEACHING NOTES

**DAY 2, SECTION 2: Trauma Definition and Types**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>60 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will be able to define trauma and identify different types.</li> <li>FSWs will consider how each type of trauma impacts youth and families, noting how it can be passed down from generation to generation.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>103</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM page 34</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 9-21</li> <li><a href="https://youtu.be/a4opDJOCEKA?si=D9jQKcs92FmiAAcU">The Science of Stress: How Does Stress Affect Our Brains and Bodies? Video (5:18) https://youtu.be/a4opDJOCEKA?si=D9jQKcs92FmiAAcU</a></li> </ul>

**INTRODUCTION**

**Slide 9 -** Let's move into looking at the different types of trauma. For some of you, this may be new material while for others it may be a refresher, but it is important that everyone understands what trauma is and what forms it can take. This is helpful to understand before talking about the impact of trauma on individuals.

**Slide 10 -** Trauma occurs when an individual experiences an intense, recurring, and/or prolonged event (or events) that threatens or causes harm to their emotional and/or physical well-being. An event that threatens or causes harm to another, including a loved one or someone close to the child, is also a trauma.

Let's differentiate stressful experiences from traumatic ones. For instance, playing in the big football game when a college scout is watching you can be stressful, but that stress might actually be positive in that it makes you play a great game. Or having to get up and present at a conference may be stressful, but knowing that sharing that information is important and will be done within an hour makes that stress tolerable. In neither of these situations do you perceive that your life or someone else's is in danger. In other words, they are stressful, but not traumatic.

**Pose the following question to participants:**

“Without sharing a lot of graphic detail, can someone give an example of a traumatic event?”

Gather 2-3 quick responses from the participants. Limit to 2-5 minutes.

## TEACHING NOTES

Listen to the participants' examples and feel free to give some of these if they are not brought up by the participants:

- Being in a car accident
- Witnessing someone being seriously hurt or killed
- Being abused
- Being kidnapped
- Experiencing a natural disaster

## ACUTE AND CHRONIC STRESS

To understand the impact of trauma on children, youth, and families, it can be helpful to think about trauma as **acute** or **chronic**.

**Slide 11** - Show the Science of Stress: How Does Stress Affect Our Brains and Bodies? Video (5:18) (video link can also be located in the Trainer Materials section).

**Slide 12** - This video is a good segway into discussing the differences between chronic and acute stress and the importance of balance as it related to trauma.

- **Acute trauma** is a single traumatic event that is limited in time. Examples include: a natural disaster, a serious accident, sudden or violent loss of a loved one, and a physical or sexual assault. This is not to say that the impact of an acute traumatic event is short-lived. It may take months or even years for a person to recover from an acute trauma.
- **Chronic trauma** refers repeated assaults on a person's body and/or mind. They may be varied and/or longstanding events. For instance, experiencing or witnessing domestic violence, being in a war zone, living in a neighborhood with frequent violence, longstanding emotional or physical neglect, or sexual, physical, or emotional abuse that is ongoing.



## TYPES OF TRAUMA ACTIVITY

To identify the types of trauma that are commonly experienced by children, youth, and families involved with child welfare, you are going to complete a short activity.

Note: This activity can either be done individually, in small groups (3-5 people), or as one large group.

Direct Participants to the “Types of Trauma” activity on **Participant Manual pg.**

## TEACHING NOTES

34. Review the instructions for the activity off of Slide 13 and inform participants that these terms have not been presented yet but they are to give their best estimate of the correct definition.

Give teams a 1-minute warning at about 4 minutes to begin wrapping up their conversations. The answers will be integrated into the next few slides so no time is necessary for large group share out.

Call on a group or an individual to read the definition they selected for complex trauma before advancing (i.e., clicking the mouse or hitting space bar) the presentation and showing the correct definition on the slide.

## Types of Trauma Answer Key:

(Matching Terms to Definitions)

<b>Impact of Bias</b> Results from subtle and sometimes obvious ways someone may be treated unfairly based on perceived differences.	<b>Intergenerational Trauma</b> Results from events or experiences that affect one family across two or more generations and are transmitted through family norms, beliefs, habits, and genetics	<b>Historical Trauma</b> Results from prolonged events or experiences that have an impact across generations within a group or community
<b>Complex Trauma</b> Refers to children's experiences of multiple traumatic events that occur within the primary caregiving system	<b>Traumatic Separation</b> Refers to the loss of a caregiver for varying lengths of time due to circumstances other than death	<b>Childhood Bereavement</b> Refers to when someone important to the child dies

## 1 - COMPLEX TRAUMA

**Slide 14** - Complex trauma can occur simultaneously or sequentially, and is often perpetrated by one or more primary caregivers.

Child maltreatment, including neglect and physical, emotional, or psychological abuse, at the hands of a caregiver or other trusted adult is a fundamental breach of the child's most important relationship. It is so traumatizing that, if severe ongoing, or frequent, can affect a child in a multitude of ways, including forming healthy attachments, regulating emotions, and focusing.

Many children involved in child welfare have complex trauma histories stemming from child maltreatment. A Children's Bureau report on child maltreatment that occurred across the U.S. in 2017 indicated that over 91% of substantiated cases of child maltreatment were at the hands of one or both parents. Exposure to complex trauma can act as a catalyst for subsequent traumatic experiences or events if the child is not removed from the unsafe environment and provided with adequate protective factors and supports.

## 2 - HISTORICAL TRAUMA

Call on a group or an individual to read the definition they selected for historical trauma before advancing the presentation and showing the correct definition on the slide.

**Slide 15** - Reflection: Encourage participants to share examples of historical trauma. Two examples in the slide: Concentrations Camps (Holocaust) and The Twin Towers Attack in New York City.

Children of historical trauma survivors can experience symptoms similar to their caregivers despite having never been directly exposed to the traumatic experiences or events. Studies of the children of Holocaust survivors and descendants of Japanese Americans interned during World War II indicate that historical trauma may negatively impact confidence, self-esteem, assertiveness, shame, and family communication, while also increasing the likelihood of experiencing subsequent trauma.

## 3 - INTERGENERATIONAL TRAUMA

**Slide 16** - Call on another group or individual to read the definition they selected for historical trauma before advancing the presentation and showing the correct definition on the slide.

Though sometimes used interchangeably with historical trauma, intergenerational

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trauma typically affects one **family** (vs. a group or community) across multiple generations.

Trauma experienced in childhood or adulthood can have an impact on an caregiver's parenting and can be transmitted through things like family norms, beliefs, habits, and socioeconomic status.

**Slide 17** - Ask participants, "When you look at this image, what thoughts or feelings come to mind?"

Gather 2-3 quick responses from the participants. Limit to 2 minutes.

Listen to the participants' examples and feel free to give some of these if they are not brought up by the participants:

- Peace
- Serenity
- Relaxation
- The feeling of sand between one's toes

Next ask participants, "What if I told you that before I was born, my mom survived a tsunami, but lost the home she grew up in and many of her friends and family members died."

"How do you think I feel when looking at the same image above?"

Gather 4-5 quick responses from the participants. Limit to 3 minutes.

Listen to the participants' examples and feel free to give some of these if they are not brought up by the participants:

- Scared
- Triggered
- Anxious

It is entirely feasible that my mother would have instilled fear in me about water due to her own experiences. While I did not survive or even witness the tsunami, I came to have a negative perception of water, the ocean, and beaches. This is an example of how trauma can be passed on intergenerationally through family beliefs, norms, and habits.

## 4 - CHILDHOOD BEREAVEMENT

**Slide 18** - Call on another group or individual to read the definition they

selected for child bereavement before advancing the presentation and showing the correct definition on the slide.

Childhood bereavement is one of the most common, and most stressful, types of trauma in childhood and adolescence. The death of an important person to that child may be either sudden or unexpected and can impair a child's ability to grieve.

For instance, the child may view the deceased as all good or all bad, and may have difficulty reflecting on memories of the individual.

## 5 – TRAUMATIC SEPARATION

**Slide 19** - Call on another group or individual to read the definition they selected for traumatic separation before advancing the presentation and showing the correct definition on the slide.

Traumatic separations can be sudden, unexpected, and prolonged. They can be accompanied by additional stressful events. For children and youth involved in child welfare, their removal from the home or their caregiver's removal, incarceration, deportation, or termination of rights are some of the situations in which traumatic separation may occur.

Traumatic separation can also apply to other relationships, such as those with grandparents and siblings.

Traumatic separation may have an impact on caregivers as well.

Though similar in nature, traumatic separation differs from childhood bereavement in that the child may spend a great deal of time hoping for reunification, even if it cannot occur for years, if at all. This can impede the child's ability to cope effectively.

## SYSTEM-INDUCED TRAUMA & RETRAUMATIZATION

**Slide 20** - Despite the system's best intentions, being involved in child welfare can

## TEACHING NOTES

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expose children to system-induced trauma and retraumatization.

Read the slide from the title through the first supporting point (“The losses...”)

In the event a child has experienced multiple traumas, their ability to overcome future trauma is compromised, creating a cycle of loss. This reinforces a child’s beliefs that they are worthless, that people are untrustworthy, and that the world is unpredictable and hostile.

Review the second and third supporting points on the slide.

Some studies have shown that up to 30% of youth **experiencing** foster care experience additional maltreatment while a dependent or ward of the court.

Some groups may experience trauma at higher rates due to exposure to violence, mental health disparities, and substance use issues.

It is important to realize that how you approach a **family** and what you communicate to a child, resource parent, or other caregiver can have either a positive or negative impact for that child and family.

There are many circumstances that are out of your control, but if each one of you approaches the children and families that you work with in a trauma-informed way, you can make a difference.

## Ambiguous Loss

Many of the children that we are engaging with experience loss. Ambiguous loss is a term coined by Pauline Boss and is a loss experienced that is not final or certain. Examples include but are not limited to:

- The person is alive but is not available or is less available to the child
- The person may not return or there is no clear timeline for their return
- The relationship may not be the same as it was.

The lack of closure can lead to children who have been separated from their caregivers feeling in limbo. Unresolved grief from this loss may surface at unexpected times and may lead to a variety of symptoms and behaviors. It’s helpful and important for FSWs to understand that due to grief, loss, and the ambiguity they may see changes suddenly in children that may directly be related to their loss and how they are processing it.

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*(Source: used in part form NTCD Curriculum for Resource Families – excerpt summarized from Connecting AR Families Curriculum)*

Additional Resource for more information: <https://www.ambiguousloss.com/>  
(Pauline's Website)

## 6 – Impact of Bias

**Slide 21** - There are many subtle and sometimes more obvious ways people may be treated unfairly based on perceived differences. These patterns can be so familiar that they go unnoticed, even by those engaging in them. Everyday comments, behaviors, or assumptions whether intentional or not can leave a lasting impact, particularly when they occur repeatedly over time. For example, being asked “What are you?” or having assumptions made based on appearance or background can make someone feel singled out or misunderstood.

It is important to be aware of how life experiences, both our own and those of others, can influence our interactions and perceptions. Creating space for respectful engagement helps build trust and improves outcomes for everyone.

These types of traumas may be experienced not only by the children and families you work with, but also by you and your own family, friends, colleagues, and community. Your own experiences or the experiences of those around you may impact your perception of other's experiences



**DAY 2, SECTION 3: Impact of Trauma**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>60 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will recognize the relationship between a child's lifetime trauma history and their behaviors and responses</li> <li>FSWs will understand how cultural factors influence how a child may identify, interpret, and respond to traumatic events</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>103-1</li> <li>103-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 35-39</li> <li>Handout 4</li> <li>Handout 5</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 23-52</li> <li>Upstairs Brain Downstairs Brain - SEL Sketches Video (length 6:18) <a href="https://youtu.be/dk1Nt-xnSGI?si=qenvyU2FJ74uP0oY">https://youtu.be/dk1Nt-xnSGI?si=qenvyU2FJ74uP0oY</a></li> <li>Dr Dan Siegel's Hand Model of the Brain Video (length 3:17) <a href="https://youtu.be/LdaUZ_wbDlc?si=yuBoWYgyVr9Jb1MB">https://youtu.be/LdaUZ_wbDlc?si=yuBoWYgyVr9Jb1MB</a></li> <li>Hard Places and the Brain" Video (length 7:00) <a href="https://www.youtube.com/watch?v=ak6z3pqNqFU&amp;t=282s">https://www.youtube.com/watch?v=ak6z3pqNqFU&amp;t=282s</a></li> <li>ACES Primer video (length 4:59) <a href="https://vimeo.com/139998006">https://vimeo.com/139998006</a></li> <li>The Science of Stress: How Does Stress Affect Our Brains and Bodies? Video (length 5:18) <a href="https://youtu.be/a4opDJOCEKA?si=D9jQKcs92FmiAAcU">https://youtu.be/a4opDJOCEKA?si=D9jQKcs92FmiAAcU</a></li> </ul>

**INTRODUCTION**

**Slide 23 -** It's incredibly important that our child welfare practice be trauma informed when we are working with families and in the communities that impact them. What does trauma informed child welfare practice look like? Trauma informed practice includes but is not limited to:

- Ensuring that families feel physically and psychologically safe
- Decision making that is transparent and builds trust
- Collaboration between workers and families for share-decision making
- Empowerment through identifying and building upon strengths to build resilience

*Source: Used in part and adapted from the “Guiding Principles of Trauma-Informed Care” <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>*

## TEACHING NOTES

### THE BRAIN

**Slide 24 -** Let’s start with a very brief overview of brain development in general.

In very simple terms, as you can see illustrated on this slide, the interaction of genes and experiences shape the brain.

In thinking about experiences, remember that children develop within an environment of relationships. A substantial proportion of the brain is built in the early years of life, but the brain continues to build over time.

### NEURAL CONNECTIONS

**Slide 25 -** Between birth and age 3, more than a million neural connections are made each second. These neural connections or structures are called synapses and they allow nerve cells to communicate with other cells.

Learning requires forming new synapses as well as strengthening and discarding existing ones. Early synapses are weak and need repeated exposure to strengthen. Meaning simply that people learn from repetition. This is why you have to repeat yourself over and over and over to very young children.

The brain adapts to one’s environment. This can be either positive or negative depending on the environment. If you are in an environment that is characterized by violence or neglect, then the synapses that are strengthened may be those that help you identify danger instead of those conducive to learning and meeting early milestones like walking and talking.

### BRAIN DEVELOPMENT

**(From the Bottom Up)**

**Slide 26 -** It has been observed that the brain develops from the bottom up:

Starting with the primitive brain – think basic survival – which is the brainstem. After the primitive brain, more complex parts of the brain develop – think rational thought, planning, abstract thinking – which is the prefrontal cortex.

The first 3 years of life are a busy time for brain development, but it continues to

develop throughout childhood and into adulthood.

This graphic shows us the images of brains from age 5 to 20 illustrating the maturation of the different parts of the brain over time. The last part to mature is the prefrontal cortex which impacts skills related to self-regulation and decision-making. This happens in a person's mid-20s.

## TRAUMA AND THE BRAIN

Now that you have a basic understanding of how brains develop, let's look at how trauma impacts the brain.

### WE LEARN BY EXPERIENCE

(20 minutes)

It is known that people learn by experience. So how does a traumatic experience impact a person?

**Prompt:** Slide 27-28 - "Imagine that you are taking a walk at the park near your home and suddenly in front of you is a huge snake. How might you react?"

Gather a few quick responses from participants. Limit to 1 minute

Look for fight (attacking the snake) flight (running away), and freeze (just standing and staring at the snake) responses. **There are two less commonly known responses as well, fawn (fainting), and flop (losing bowel control).**

**Prompt:** Slide 29 - Now imagine you are walking through that same park a couple days later. How might you feel about walking there again?"

Gather 2-3 quick responses from the participants. Limit to 1-5 minutes.

If it isn't noted by the end of this slide state, "More than likely you would be watching the ground carefully for snakes!"

State to participants, "Let's say you see a stick on the path. You are likely to startle even before the thought, 'Argh, snake!' is in your conscious awareness."

"Even if you had been in the park many times before without seeing a snake, seeing a snake changes your perception of the park and makes you expect danger."

"That's because it is a lot more dangerous to mistake a snake for a stick than to

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see a snake in every stick. Brains are wired this way to generalize in the direction of looking out for danger for protective reasons.”

## TRAUMA RESPONSES

**Slide 30** - Take a minute to ask the class what they know about trauma responses. Ask them to name the ones they know, then you can pull up the 5 Trauma Responses slide and ask them to turn to **Participant Manual pg. 35**.

They can work in groups or pairs, or you can simply discuss together as a class, depending on time. On **page 35**, they are asked to recall or come up with examples of what each of the trauma responses can look like in children or families. Give them around **5 minutes** or so to work.

**Give time to share and discuss the following questions as a class:**

- Were there some common types of scenarios that came up?
- Was there a type of trauma response that was harder for people to think of an example of? Why do they think that is?
- How do they think people would respond to someone having one of these trauma responses?
- How should they respond?
- **Can you think of examples of some behaviors we may see with caregivers or children we work with?**

**Slide 31-32** - Let's review one of the most important body responses that happens when a person feels threatened: the fight, flight, freeze, **fawn**, and **flop** response.

This response refers to an activation of a part of the nervous system known as the sympathetic nervous system. The sympathetic nervous system prepares a person to deal with a threat. When activated, it initiates their **fight, flight, freeze, fawn, and flop response**, also known as the stress response. It's responsible for an increase in heart rate, blood pressure, and breathing rate. Blood rushes to the muscles while digestion shuts down and the immune system is weakened.

The sympathetic nervous system is linked to the endocrine system which is responsible for secretion of stress hormones such as adrenaline and cortisol. This further fuels our **fight, flight, freeze, fawn, and flop** response stress response.

It's important to note that this response is normal and is an automatic biological

## TEACHING NOTES

response everyone has when they believe a threat is present or feeling stressed. When someone is overwhelmed by the threat or stress, this response can look like someone physically hitting someone or yelling, running away, or shutting down and not responding to anything around them.

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## TRAUMA RESPONSES AND BEHAVIOR

**Slide 33 -** Now that we've had an overview of the trauma responses, it's time to connect the brain with the science of how trauma can impact the brain, and often our interactions with the families and children we encounter in the field. Let's get to know our upstairs and downstairs brain and what happens when an individual is activated and how their behavior may reflect something more than what we see as an outside observer. It's important to approach with curiosity and work towards understanding the "why" behind behavior. Remember, all behavior has meaning, so what is their behavior actually telling us about their lived experiences and how can we adjust our approach to build rapport and show support?

## INTRODUCING THE UPSTAIRS AND DOWNSTAIRS BRAIN

The Upstairs and Downstairs Brain concept is introduced in the book **"The Whole Brain Child"** by Dan Siegel and Tina Payne Bryson. Participants can review the "Upstairs and Downstairs Brain Visual Aid" on **Participant Manual on pg. 36** while watching the video.

**Slide 34 -** Show **"Upstairs Brain Downstairs Brain - SEL Sketches"** Video (6:18)

**Slide 35 -** After watching the video take a few minutes to discuss takeaways from the video and the "Upstairs and Downstairs Brain Visual Aid" from the participant manual. Participants are encouraged to share a few real-life examples of times they have observed someone or experienced being stuck in their downstairs brain themselves.

### Downstairs brain = Survival Brain

- Survival, responding to a perceived or actual threat, fear, worry

### Upstairs Brain = Smart Brain

- Planning and organizing. Problem solving, sensible thinking, facts,

clear reason

**Reflection:**

1. Can you think of a time when you may have come across someone you perceived as “difficult” or “combative” that may have been stuck in a trauma response?
2. How can awareness of how trauma, and the brain aid FSWs in taking a family centered approach?
3. What might you do differently if you are able to recognize trauma responses in the caregivers and children we work with on a daily basis?

When an individual is in their primal brain, they have difficulty accessing the part of their brain that responds to rationale and logic. At this point, they are experiencing dysregulation and must reconnect with their upstairs brain to return to logic and rational responses. (Practice of connecting and redirecting as a de-escalation technique).

**Trainer Note:** Here are some resources for learning more about trauma, behavior, and resources to connect with children and families experiencing trauma:

- **Books:**
  - The Whole Brain Child by Dan Siegel and Tina Payne Bryson
  - Beyond Behaviors by Dr. Mona Delahooke
  - Connections over Compliance by Lori L. Desautels
  - The Connected Child by Karyn B. Purvis
  - The Connected Parent by Karyn Purvis & Lisa Qualls
- **Websites:**
  - The National Child Traumatic Stress Network  
<https://www.nctsn.org/>

## FLIPPING YOUR LID HAND MODEL VIDEO

15 minutes

**Slide 36 -** Dan Siegel’s Hand Model can be a helpful resource for recognizing not only others when they are stuck in their primal brain, but also when as FSWs we become activated as well in our own trauma response. Take a few minutes to watch the video below and discuss.

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## TEACHING NOTES

**Slide 37 -** Show “Dr Dan Siegel's Hand Model of the Brain” Video (3:17)

**Review Handout 5**, “The Brain and Emotions” to aid in discussion. Review each stage of the flipping your lid model and ask the following reflection questions”

- How have we seen examples of flipping your lid in the work we do?
- How can this model be a useful tool when working with families who have experienced trauma?
- How can this awareness help child welfare workers navigate emotionally activated individuals to de-escalate the situation?

## THE TRAUMATIC STRESS RESPONSE CYCLE

Let's use the snake as an example of a traumatic experience to illustrate the traumatic response cycle or what happens in your brain and body when you are exposed to something traumatic. As mentioned before, when faced with a threat or traumatic event like the snake, the body has an automatic response, the fight, flight, freeze, **fawn**, or **flop** response which is the body's alarm system. The area of the brain that prompts the response is the primitive brain (which remember is the survival part of the brain and is the earliest to develop).

**Slide 38 -** Ask participants to turn to **PM pg. 37** for a visual infographic called “How Trauma Affects the Brain”. More advanced centers of the brain, like the prefrontal cortex, are responsible for thinking, reasoning, and consciously processing the information. As these develop, they help to analyze the **threat** and signal the primitive brain to stop pumping out stress hormones so the body's system can return to normal. When you realize that you're looking at a stick and not a snake and you feel yourself relax, these higher centers have done their job and helped you to return to calm!

Exposure to chronic trauma tends to cause people to overreact to perceived threats and be on constant alert for danger. The emergency response system can get stuck in the “on position” for traumatic stress.

**Ask participants, “What do you think might be some of the impacts of having one's response system stuck in the on position for traumatic stress?”**

Gather quick responses from the participants. Limit to 2 minutes. Feel free to give some of these if they are not brought up by the participants:

**Slide 39 -** Stress hormones can keep flowing and make it harder for the prefrontal part of the brain to think and plan and work efficiently.

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Stress hormones, and related brain chemical that are generated, get in the way of rational thinking. This can lead to dysregulation and escalation of behaviors. This can lead to:

- Increased aggressiveness
- Numbness to danger
- Being fearful
- Difficulty concentrating

## VARIABILITY IN RESPONSE TO STRESSORS AND TRAUMATIC EVENTS

**Slide 40-41** - It is important to understand that trauma reactions are not the same for all children or caregivers. You need to look at each person as a unique individual with unique experiences.

Don't assume that a youth is traumatized simply because they were a part of an event that was traumatic. You need to rely on mental health screening or assessment and the youth or caregiver report about how they are functioning. We will be talking more about this in the trauma-informed child welfare trainings.

It is also important to note that it is easier to identify when a youth is traumatized when their response is acting out with overt behaviors; however, some youth tend to internalize their symptoms and they may be overlooked because they are described as a quiet or compliant child.

Think of how many different combinations there are with all of these factors. It is easy to see how there may be many different responses to a similar traumatic event. This sometimes plays out within families when siblings are all exposed to the same trauma but have differing reactions.

Historical and intergenerational trauma are also important here in terms of how a caretaker or a community responds to trauma.

## TRAUMA REMINDERS

**Slide 42** - When there are traumatic stress responses, sometimes they can be **activated** even if there is no current danger. Trauma reminders are the ways that human bodies encode trauma into memory. These memories can be **activated** by any of the five senses.

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In our snake example, the stick was clearly a trauma reminder. In that scenario, there may have been others, like the strong smell of pine in the forest, which can bring back the same feeling of fear and a similar flight-fight-freeze-fawn-flop response without a snake ever being present.

Think about these involuntary responses and what behaviors might then happen. These behaviors are a result of the earlier trauma. This is why having a trauma-informed lens allows you to focus on asking “What happened to you?” versus “What is wrong with you?” or “Why did you do that?”

## TRAUMA & MEMORY

**Slide 43** - In the past, it was thought that young children were not impacted by trauma. What experts now know is that implicit memories are those that are unconscious and can be formed at a very early age. Explicit memories are conscious memories and can be formed as language develops, typically around age 2.

Young children who have been abused or suffered other forms of trauma may not retain or be able to access explicit memories of their traumatic experiences. However, they may retain implicit memories of the physical or emotional sensations.

Think of a 1-year-old who was repeatedly exposed to domestic violence that involved yelling by her father as he hurt her mother. The infant now cries every time she hears a loud male voice. The male voice brings the implicit memory back and is a trauma reminder for her. The loud male voice causes feelings of fear even though she cannot identify the specific memory of her father; she still retains and reacts to this memory.

## CHILDREN FROM HARD PLACES a& THE BRAIN

**Slide 44** - Video Clip: “Children from Hard Places and the Brain: Chapter 1”

State to participants, “Now let’s watch a video that provides some information on the impact of trauma on the brain. In the video, they refer to the upstairs and downstairs brain which corresponds to what we talked about earlier regarding the brain building from the bottom up. The downstairs brain

## TEACHING NOTES

is the brainstem and the upstairs brain is the prefrontal cortex.”

Show the video 7-minute excerpt from the **“Children from Hard Places and the Brain” video**. As you saw on the video, there are clear effects of trauma on the brain.

**Slide 45** - The long-term results of changes to the brainstem, the prefrontal cortex, and other brain structures can influence the reactions people have to stress throughout life.

As you see noted on this postcard, which was developed by a foster care alum about their experience, psychopathology or mental health challenges may emerge due to the mismatch between the world the brain was modified to survive in and the world it finds itself in during subsequent developmental stages.

## LONG-TERM EFFECTS OF CHILDHOOD TRAUMA

**Slide 46** - Next let’s look at the potential long-term effects of childhood trauma.

### Epigenetics & Trauma

**Slide 47** - One way experts are now able to understand the long-term impacts of trauma is to look at the emerging area of Epigenetics. This is an area of scientific research that shows how experiences affect the expression of genes. **Participants will review and discuss Handout 4: What is Epigenetics?**

Epigenetics explains why genetically identical twins can exhibit different behaviors, skills, health, and achievement. The genes you inherit from your biological parents provide information that guides your development.

What is an example of something that your genes might influence?

Gather 2-3 quick responses from participants. Limit to 1 minute.

Note the following examples if they are not brought up by the participants:

- Height
- Temperament

- Disease

Experiences during development can rearrange the epigenetic marks that impact gene expression. They can change whether and how genes release the information they carry. Having a supportive adult, healthy home environment, etc., can positively impact genetic expression. Whereas experiences like abuse and neglect can negatively impact genetic expression. For instance, the negative experiences may turn on genes that cause disease. Recent research demonstrates that there may be ways to reverse certain negative changes to gene expression and restore healthy functioning.

Give a copy of **Handout 4: “What is Epigenetics?”** to review and discuss.

### **The Adverse Childhood Experiences (ACE) Study**

**Slide 48** - Another way to understand some of the long-term impacts of trauma is by looking at data from the Adverse Childhood Experiences or ACE study. The ACE Study looked at adverse childhood experiences and long-term health outcomes found many consequences related to disease as well as to social problems. To better understand ACEs, show the “**ACEs Primer**” (4:59) and “**Science of Stress**” (6:41) video clips embedded into the Day 1 Power Point.

**Slide 49** - First, show the “**ACES Primer**” video (length 4:59) by clicking the video.

To emphasize what was said in the video: “What is predictable is preventable. ACEs are not destiny; they are a tool for helping and understanding the impacts of adversity.” We will be talking a bit more about resilience later today and ways that you can help prevent and mitigate the impacts of childhood adversity.

**Slide 50** - Next, show the “**Science of Stress**” video (length 6:41) by clicking the video.

Point out to the participants that this video ties together the ACEs findings, trauma’s effect on child development, and illustrates how a child with a traumatic history likely experiences their world.

### **Intergenerational/Caregiver Trauma**

## TEACHING NOTES

## TEACHING NOTES

**Slide 51** - In order to talk about children, you have to talk about **caregivers**. Think about a newborn baby. They are completely dependent on an adult to meet their basic needs and help them learn and grow. Children continue to need support from adults as they grow. Because of this, you have to think about these adults as a key part of the environment.

Adults who have had their own traumatic experiences, whether in the past or present may have more difficulty being present and tuned into their environments. It is important to remember that **caregivers** may have been victims of childhood trauma, and/or may have current trauma exposure that may impact their perspective on their own children's abuse (e.g., they may not even recognize it as abuse). Keep in mind that **caregiver** trauma may also stem from historical trauma, as well as intergenerational trauma.

### Caregivers as Mediators of Trauma Response

**Slide 52** - Much of what infants and toddlers learn is from their **caregivers**, although older children often take cues from their **caregivers** as well. How these **caregivers** react to the trauma has an impact on a child's perception and reaction to the trauma.

For young children whose brains are still developing, it is also important to remember, that having a supportive caregiver help them to return to calm may be critical as they may not yet have the brain function to do so themselves.

Seeing the **caregivers** may be a trauma reminder for a child. The child may also be a trauma reminder for the **caregiver**. These are important dynamics to understand and to make sure are being addressed appropriately.

At this point, have participants turn to the **Participant Manual pgs. 38-39**. Give them a few minutes to fill out their ACE score and answer the reflection questions. Talk about the reflection questions together as a class afterwards.

- Why do you think it's important to be aware of your own trauma as a family service worker?



**DAY 2, SECTION 4: Development and Trauma**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>50 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will understand how traumatic experiences affect development throughout the lifespan.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>103-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 40-46</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 54-59</li> </ul>

## INTRODUCTION

**Slide 54 -** Now that you have a greater understanding of what trauma is, we are going to talk about how it impacts children and youth, starting with the brain.

**Slide 55 -** A child who has experienced a traumatic event tends to expend a lot of energy responding to, coping with, and coming to terms with the event. This may interfere with their capacity to explore their environment and master developmental tasks. The longer the traumatic stress goes unaddressed, the farther the child may stray from appropriate developmental pathways.



### ACTIVITY: The Impact of Trauma at Different Developmental Stages

**Slide 56 -** Inform participants that they are now going to do an activity to look at the impact of trauma at different developmental stages.

Divide the participants into six different groups then assign groups to one of the six developmental stages (no two groups will have the same developmental stage):

- Infant Developmental Stage (ages birth to 1 year) **Pages 40 in PM**
- Toddler Developmental Stage (ages 1 to 3 years) **Page 41 in PM**

## TEACHING NOTES

- Pre-School Developmental Stage (ages 3 to 5 years) **Page 42 in PM**
- School-Age Developmental Stage (ages 5 to 11 years) **Page 43 in PM**
- Early Adolescent Developmental Stage (ages 11 to 14 years) **Page 44 in PM**
- Middle and Late Adolescent Developmental Stages (14 to 18 years and 18 to 21 years) **Page 45 in PM**

Review the instructions for the activity from the slide. Allow 8 minutes for them to work on this in small groups. The instructions can be found in the **PM on page 46** as well as the information on each milestone. (The page numbers are listed above.)

After groups have had 8-10 minutes to generate their answers, bring all of the participants back together and allow 8-10 minutes for large group share out. This can either be done group by group or question by question.

## SAFETY, PERMANENCY, & WELL-BEING

**Slide 57 -** In this section, participants will consider how being trauma-informed fits into our mission of achieving safety, permanency, and well-being for children and families with diverse backgrounds.

Now that we've covered what trauma is and how it can impact the brain, body, and development, we're going to spend some time discussing the effect it can have on the safety, permanency, and well-being of children and youth with child welfare system involvement.

**Slide 58 -** Read the quote or ask for a volunteer to do it.

As former Commissioner Samuels alluded to, child welfare's primary purpose for many years was to keep children safe. Research has since established that children and youth who've experienced maltreatment need support beyond protection from harm if they are to develop resilience and live meaningful lives.

The Adoption and Safe Families Act of 1997 established three primary child

welfare goals for all states: safety, permanency, and well-being.

**Slide 59 -** Read the definitions of safety, permanency, and well-being as written on the slide.



## TEACHING NOTES

**DAY 2, SECTION 5: Resilience and Wrap Up**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>75 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will identify internal and external factors that promote healing and resilience among children who have been impacted by trauma.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>103</li> <li>103-2</li> <li>103-3</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 47-50</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 61-69</li> <li>“Brain’s Journey to Resilience” video (length 7:43): <a href="https://vimeo.com/245310333">https://vimeo.com/245310333</a></li> <li>“Neuroplasticity” video (length 2:03): <a href="https://youtu.be/ELpfYCZa87g">https://youtu.be/ELpfYCZa87g</a></li> </ul>

## INTRODUCTION

This section moves from identifying trauma and its impacts to healing some of the damage that trauma causes. Participants will learn about the brain’s neuroplasticity and how it can build resilience and heal. They will gain insight on how they as FSWs can promote this healing and support children and families.

## RESILIENCE VIDEOS

Show the “**Brain’s Journey to Resilience**” video (length 7:43) on **Power Point slide 61**

Have participants turn to **pg. 47 in the Participant Manual**. As they watch the video, there is space for them to take notes and then to reflect afterwards. You can have them pair up after the videos to share their thoughts. **Video is linked in your trainer materials list.**

## TEACHING NOTES

Facilitate a large group discussion by having folks shout out key words or descriptors that help to conceptualize or define resilience. Allow up to 3 minutes for participants to answer.

It is important to understand that with all of trauma's impacts, there are ways that you can help foster healing.

Read the Thurgood Marshall quote on **Slide 62** or ask for a volunteer to do so.

As the Thurgood Marshall quote indicates, the process of recovering from trauma and developing resilience is largely dependent on supportive and enduring relationships. Think back on a time you went through some tough challenges. What helped you get through?

Gather 2-3 quick responses from the participants. Limit to 1 minute.

## NEUROPLASTICITY

Show **Video Clip: "Neuroplasticity"** from the Power Point **Slide 63**

Before talking about resilience, let's spend some time exploring neuroplasticity, which is the brain's ability to adapt to new ways of thinking, feeling, and doing. A great example of this comes from Dr. Michael Merzenich, one of the foremost researchers on neuroplasticity, who wrote,

"...each time we learn a new dance step, it reflects a change in our physical brains: new 'wires' (neural pathways) that give instructions to our bodies on how to perform the step. Each time we forget someone's name, it also reflects brain change - 'wires' that once connected to the memory have been degraded, or even severed."

As these examples show, changes in the brain can result in improved skills (a new dance step) or a weakening of skills (a forgotten name). Over time and with repetition, neural pathways can be forged or refined, and long-lasting functional changes in the brain can occur. Has anyone here ever learned a new language or skill later in life or changed a habit?

Gather 2-3 quick responses from the participants. They can either shout them out or raise their hands. Limit to 1 minute.

Those are great examples of how the brain can learn and adapt. The video you are

about to watch demonstrates how pathways in the brain can be strengthened or weakened over time so people can learn to speak French or dance Samba.

## DEFINING RESILIENCE

**Slide 64 -** Because of neuroplasticity, experts now know that human brains aren't, in fact, set in stone like it was once believed. There is a lot a person can do to change their brain functioning, and, in turn, the way they think, feel, and behave. This is particularly important to understand when talking about resilience.

Figuring out what resilience is and how to define it is challenging. Social scientists have explored the phenomena of resilience for nearly 50 years and with a variety of populations, including refugees, cancer patients, and even Fortune 500 companies. You can imagine how different resilience might look for Microsoft than it would for a child or youth **experiencing** foster care.

Before delving into the definition of resilience, let's spend some time addressing common misconceptions:

- First, resilience is not something someone does or does not have. It is not a single strength, characteristic, or attribute. Instead, it is a culmination of factors, both internal and external (we'll touch more on that later).
- Additionally, resilience is not an outcome. It ebbs and flows across the lifespan. In fact, someone who demonstrates resilience today may not in 5 or 10 years, and vice versa.
- Lastly, it is unrealistic to think children and youth can bounce right back when faced with serious life challenges and hardships. More often, suffering and struggle are experienced in forging resilience, so it should not be mischaracterized as breezing through trauma unscathed or bouncing back to the original state before the trauma occurred.

**Slide 65-66 -** Resilience is a dynamic developmental process that occurs over time, resulting from a culmination of both internal and external influences, as well as past trauma, genetic makeup, and individual capacities. These factors enable people to positively adapt and function despite facing acute or chronic trauma. Have participants turn to **page 48 in the Participant Manual** to review the Resilience Infographic.

Positive adaptation has been defined differently over the years, but there is

## TEACHING NOTES

growing consensus that it is marked by the achievement of age-appropriate developmental milestones. For younger children, this could include learning to walk and talk while for older adolescents it may be completing school and engaging in a romantic relationship.

To understand how multidimensional resilience can be, consider two children who've experienced the same trauma.

- Sam is an 8-year-old boy who lives with his mom and dad in an affluent community. He is an above average student who enjoys playing soccer and spending time with friends.
- Roger is also an 8-year-old boy, but unlike Sam, he has spent the past two and a half years **experiencing** foster care where he moved placements 3 times. He just started at a new school and joined a soccer team, which he is enjoying, however, he is still having difficulty making friends, keeping up his grades, and connecting with his classmates.

Now imagine that Sam and Roger both break their leg after falling from a tree. How might their past experiences, current environments, and connections to others influence their resilience?

Gather 2-3 quick responses from the participants. They can either shout them out or raise their hands. Limit to 3 minutes.

## INTERNAL & EXTERNAL PROTECTIVE FACTORS

**Slide 67** - All people have protective factors that help them overcome and respond to traumatic events. They can come from internal and external factors that aid in coping and processing stressful or traumatic events. Internal factors include problem-solving skills, hope, and the ability to regulate their emotions. External factors can include support from a network of family, friends, and the community.

There is no formula or one-size-fits-all combination of factors that can guarantee healthy adaptation. However, these are some of the internal and external factors or influences known to aid in coping with trauma and developing or strengthening resilience.

## TEACHING NOTES

## TEACHING NOTES

**Internal protective factors**

Internal protective factors include personal strengths and characteristics that influence a person's behavior. While many of them may sound like biologically determined traits that one either has or does not have, research now indicates they can be learned.

For instance, research shows that individuals who have a deeper sense of gratitude have a higher likelihood of demonstrating resilience since it helps develop and maintain relationships. However, it's the act of saying "thank you" to know someone who has done something kind, rather than an actual deep or genuine feeling of thankfulness, that helps you have positive social interactions.

Read what is on the slide on the Internal Factors column or ask for a volunteer to do so.

**External protective factors**

External protective factors are the resources and supports that are present in the child or youth's life, and range from intimate family relationships to the broader environment, like school and the community. Young children are especially dependent on external protective factors as they continue to develop internal abilities like problem-solving skills and self-regulation.

Read what is on the slide on the External Factors column or ask for a volunteer to do so.

No single internal or external factor can yield resilience on its own. The interaction among the different factors, and the degree to which they are present, are critical in understanding someone's response and recovery after trauma.

It's important to note that some factors have a larger impact on positive adaptation and healing. Research has demonstrated that a stable relationship with a caring and supportive adult is one of the greatest indicators of a child or youth's recovery following a traumatic event.



## ACTIVITY: Resilience

You can't make the bad things that happened to a young person go away, but there are things that you can do to help them make sense of what happened. In fact, you may already be engaging in a variety of resilience-building activities that help children, youth, and families tip their scales towards positive outcomes.

**Trainer Note:** On page 48 in the Participant Manual is an overview of neuroplasticity and resilience from TIPs Center. Take a few minutes to review and discuss the information.

## HOW CAN THE CHILD WELFARE WORKFORCE INFLUENCE RESILIENCE & Minimize Trauma?

**Part I:** Review Slide 68 to discuss how the child welfare workforce can influence resilience.

Read the first strategy listed on the slide out loud and have the assigned tables spend one minute sharing their ideas with the large group. Continue this through all strategies listed on the slide.

**Part II:** It's important to facilitate a discussion about how DCFS can minimize trauma for families in the first place.

Ask the group for ideas and come up with a list together on pg. 49 of the Participant Manual. Possible answers may include:

- Locating networks
- Immediate Safety Planning when possible to prevent removal
- Frequent family time if removal is necessary
- Working to maintain sibling connections

DCFS creates trauma for caregivers as well, so it's important to think about

## TEACHING NOTES

how to alleviate some of that pressure/trauma by using SOP and including the family in planning and transparent, non-coercive conversations.

Why is it important to consider the trauma of adults as well?

- It spills into mental health and other co-occurring disorders/SUDs and all of that creates delayed responses, need to repeat yourself, etc., when working with the families affected.

Direct participants [page 50 in the Participant Manual](#), “**The Essential Elements of a Trauma-Informed Child Welfare System**” which contains the names and definitions of each element. This is a supplemental resource for the participants to read at their convenience [to dive deeper into their understanding of trauma informed child welfare practice](#).

## WRAP-UP

[Slide 69](#) - This brings us to the end of the understanding trauma [portion of our training](#).

Provide a reminder to the participants to pay attention to self-care in the coming days/weeks.

We hope that wrapping up with resilience will keep you believing that you can make a difference in the forefront of your mind!

Inform participants of the title/content of their next day/section of training.

## TEACHING NOTES

## DAY 3: Working With and Across Differences

### SECTION 1: Review and Additional SOP Tools

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>60 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will exhibit their learning about normal childhood development and childhood trauma.</li> <li>FSWs will use concept stations to get a brief introduction to strategies for talking with children, safety and support networks, and harm/worry/goal statements.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-8</li> <li>101-10</li> <li>102-2</li> <li>102-7</li> <li>102-9</li> <li>102-13</li> <li>103-1</li> <li>103-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participants will need a device such as their phones to participate in the Kahoot.</li> <li>PM pg. 51-66</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 1-12</li> <li>Kahoot: Foundations Unit 2 Practice Assessment Link: <a href="https://kahoot.it/challenge/007943266?challenge-id=f093ff3f-ee6e-4e7e-85cf-4b5094f5cfa1_1744683314672">https://kahoot.it/challenge/007943266?challenge-id=f093ff3f-ee6e-4e7e-85cf-4b5094f5cfa1_1744683314672</a></li> <li>Each group will need chart paper and markers</li> </ul>

## INTRODUCTION

**Slide 1** - Welcome the participants back. At this point, you are hopefully all becoming comfortable with each other. Try to open up the day by checking in with participants. For example, you could have them share any “good things” they would like and share one of your own.

Briefly go over the agenda for the day.

## TEACHING NOTES

## Revisiting Safety Organized Practice

**Slide 2-3 -** To get participants thinking about why working with and across differences is important in their practice, remind them about the overarching goals of SOP (develop good working relationships, use critical thinking and decision-support tools, and build collaborative plans to enhance daily child safety). All these require workers to learn as much as they can about each family they work with.

SOP includes multicultural skill building to help us understand the ways in which we are different from and similar to our families and helps us to avoid miscommunications throughout the life of our engagement.

Historically within our field we have tended to define families by the act that brought them to our attention: the “substance abuse family,” the “**caregiver** with depression,” or the “**caregiver** who shook her baby” when she could not cope with the stress.

In other words, our system has a habit of identifying our children and families as “one” identity. We identify families as the “abuse” that we are worried about as if that is all they are. This is a kind of stereotyping, which results in **not being responded to with respect and compassion**.

## ADDITIONAL SOP TOOLS

**Slide 4-5 –** Tell participants that the three questions that were discussed on Day 1 are the foundation for many of the tools that participants will use as an FSW, two examples being the three-column map and the three-questions that we’ve already discussed. This section will have a quick introduction to a few more tools as a follow up from Day 1.

Be sure to tell participants that they can find more details about these tools in their Participant Manual if they want to reference or use them later, and that they will be discussed in more detail in later units. This is *just* an introduction – we don’t want participants to get overwhelmed.

Do you remember the 5-tier infographic that was reviewed previously? We are going to revisit Tier 2 of the SDM/SOP Brain Mapping to review some helpful tools in gathering information from individuals and families during interviews. Now let’s do a quick review of the other tools FSW’s can use to gather information during their interview. The first two we’ve already been introduced to on Day 1:

1. Three Questions
2. Three Column Map
3. Solution Focused Questions
4. Three Houses
5. The Safety House
6. Circles of Safety and Support
7. Support Network Grid
8. Genogram
9. Ecomap

## TEACHING NOTES

### TRAINER OVERVIEW OF SOP TOOLS:

**60 Minutes** (Option 1)

#### Slide 6 – Solution Focused Questions

In the online unit you were briefly introduced to solution-focused questions. These questions work in conjunction with the three questions to engage the families during information gathering. **PM pgs. 51-52**

#### Exception

While it is likely that this conversation was prompted by a problem, the following questions will help to focus on an individual's strengths and abilities. The first question below is for a "near-miss" situation, and the last is more suited to conversations about values and accomplishments.

- When was a time that could have happened, but it didn't?
- When was a time that things were going well for you?
- What are some things you've done that you are most proud of?

#### Preferred Future

These questions will surface what an individual would like to see for themselves or their family. You could ask the miracle question for this information in order to get details about what would be different in the person's life.

- How would you like things to be?
- What would it look like if this problem went away?

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- Who would be around helping you keep things on track, and what would they be doing?
- What do you see happening next?

**Coping**

These questions will bring up another set of strengths and resources, but they will be more closely related to the problem and how someone deals with it or to who else helps them in this situation.

- How have you dealt with this situation?
- How do you keep things from getting worse?
- Who supports you when things get tough?

**Scaling**

With these questions, we are trying to show that the situation is not as black and white as an individual might think or to help them notice the difference between their desire/importance score and their ability score.

- On a scale of 0–10, with 10 being [*desirable condition, outcome, confidence, ability, or importance*], where would rate yourself?
- How did you get to that number?
- What makes it a \_\_\_\_ and not a 0? (ask only if not a 0)
- What is a small thing that could happen to make it go up by just one number?

**Position**

This is an attempt to get people out of their own perspective and to consider the concerns and perspectives of others.

- If \_\_\_\_ were here, what would they say they [*insert are worried about, think is working well, think about the situation, or would like to see happen next*]?
- If \_\_\_\_ were here, [*insert any of the four previous types of questions*]?

**Slide 7 - Three Houses**

A tool that engages children in child protection assessment and planning. This is similar to the three questions but made for engaging children. Detailed information on the tool and an example of a completed three houses

## TEACHING NOTES

tool can be found on PM pgs. 53-54. Participants are encouraged to volunteer to take turns reading aloud through both pages.

**Slide 8 - The Safety House**

The Safety House tool is used to involve children in the safety planning process. The questions allow the FSW to walk with the child through identifying individuals who may or may not be a safe part of their network. Use PM pgs. 55-59 for examples and prompts for how to complete the Safety House tool.

**Slide 9 - Circles of Safety and Support**

The Circles of Safety and Support tool is a visual tool to help identify people for the family's safety and support network and to help professionals and family members talk about the network's role and who can be part of it.

It is typical to use the tool on the first contact with a family, when the worker is talking about the importance of the network. People in the network will work together to help the caregivers build and follow a safety plan to ensure the children will always be safe. More detailed information with examples can be found on PM pgs. 60-62.

**Slide 10 - The Support Network Grid**

A core principle of safety-organized practice (SOP) is that if there is no network, there can be no safety plan. All families need a positive support system to reach their potential and function at their best, and we know from experience that having a good support network contributes the most to a family's success. PM pg. 63

**REMEMBER: No network, no plan. Strong network, strong plan.**

**Slide 11 - Genogram & Ecomap**

The purpose of a genogram and ecomap is to create space for the family to share a little about themselves and their immediate and extended family members so we can understand who may be able to be a part of their safety and support network. It also lets them begin to share their story before a worker delves into why the family was brought to the attention of DCFS, which enhances engagement. More information with examples on

genograms and ecomaps are available in the PM pg. 64-66.

OR



## ACTIVITY: SOP Tools Group Teach Back

(60 minutes) (Option 2)

Slides 2-11

Once you've designated groups, assign each group one of the tools below.

- Slide 6 - Solution Focused Questions (PM pgs. 51-52)
- Slide 7 - The Three Houses (PM pgs. 53-54)
- Slide 8 - Safety House (PM pgs. 55-59)
- Slide 9 - Circles of Safety and Support (PM pgs. 60-62)
- Slide 10 - Support Network Grid (PM pg. 63)
- Slide 11 - Genogram & Ecomap (PM pgs. 64-66)

Give the groups time to read the pages about their tools in the Participant Manual. (10 minutes)

- Give participants time to discuss the tool with their groups. What questions do they have? How would they describe the tool in their own words? (5 minutes)
- Tell groups that they will be responsible for creating a poster on chart paper about their tool to be shared with the class and put on the classroom wall to use throughout training.

**Each teach back poster should include:**

- The name of the tool
- A definition/purpose of the tool
- Some kind of visual (if available)
- An example of when the tool would be useful in their work

Encourage groups to be creative, and to plan out how they will teach this tool to the class. (15 minutes)

- Once groups are done, have them present their poster to the class

## TEACHING NOTES

along with a quick introduction to the tool. Step in if clarification is needed but remind participants that this is just an introduction, and they will return to these tools in later units. (

- Tell participants that any questions they have about these tools or anything they want to know more about, they can write on a sticky note and put on the poster that will be on the wall for the remainder of the training. When the tool is returned to in later trainings, the trainer can return to the poster and read over any sticky notes which can help guide instruction.

## TRANSITION TO NEXT SECTION

Observe that in training for the position of FSW, participants have a great deal to learn *and* they bring specific knowledge and experience. An important part of this training involves exploring parts of that experience and engaging in self-reflection and self-critique. This reflection is essential for guarding against biased thinking and helping to build bridges to the families DCFS serves. Each day of training is coded by a color. The colors should be reflected in the shading of the table and the font color of the headings, including the “Teaching Notes” font. The labeling of days in the agenda should reflect this color coding and act as a sort of key. The exact colors are described below.



## TEACHING NOTES

**DAY 3, SECTION 2: Cultural Humility**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>45 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs recognize the importance of self-identifying as a means of creating a supportive environment for conversation and collaboration.</li> <li>FSWs build deeper relationships with members of their cohort.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-12</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM page 67</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 13-22</li> <li><b>Heart of ICWA: Becky Video (7:33):</b> <a href="https://youtu.be/tYMG13pKq4Y?feature=shared">https://youtu.be/tYMG13pKq4Y?feature=shared</a></li> </ul>

**INTRODUCTION**

**Slide 12- 13** - Briefly remind participants about **Guidelines for Effective Communication** they may use as you start sharing more about yourselves and partaking in “courageous conversations.” They can find the page about **Guidelines for Effective Communication** again in their **Participant Manual**.

**Probe:** Ask participants how well they think the group has been using these guidelines throughout the training. You may also ask them which ones they think the group should choose to focus on for the day.

**Probe:** How can we demonstrate cultural humility in our family-centered practice?

**ICWA****20 minutes**

Before getting into the discussion on cultural humility, you will have a brief discussion with participants about ICWA (the Indian Child Welfare Act) and the importance of acknowledging the impact child welfare has had on populations like the Native Americans. Have participants turn **to page 67 in the Participant Manual** to take notes during the video.

## TEACHING NOTES

- Show the **Heart of ICWA: Becky Video (7:33)** on **Slide 14**.

Give participants time to answer the questions as they watch the video, and possibly give them some time to finish up after the video is over.

Have time to unpack the video and the participants thoughts as a group. You may choose to do think/pair/share first. Make sure to spend some time talking about what they learned or what their main takeaways were, and why this is an important history to understand as a family service worker.

Once you've talked about the video, do the land acknowledgement that puts this discussion in a more local context. Emphasize the last point on that page about the importance of finding ways to reduce harm and acknowledging the history of the land and its people.

**The full text is below:**

- It is important for each of us to reflect on our place on the land, its history, and the impact we have on the land and its people. In Arkansas, we recognize the Caddo, Chickasaw, Osage, Quapaw, and Tunica peoples as the first people who inhabited the land.
- We further recognize that a portion of the Trail of Tears runs through what is now Arkansas, and that the Cherokee, Choctaw, Muscogee (Creek), Chickasaw, and Seminole Nations crossed the land during this forced removal.
- We are committed to paying attention to the ways DCFS impacts families, and we encourage you to reflect on how you can work to reduce that impact in your work.”
- As Arkansas has evolved, we have many more cultural factors and groups to consider. We cannot work effectively with any family without knowing their cultural heritage and influences.

**Sample Discussion for Cultural Competency Reflection**

As an example of cultural barriers and possible cultural barriers and potential explicit or implicit biases, talk through the worries for a pregnant teen

*(Source: Used in part from Evident Change Deep Dive Module #7)*

- What would you consider if a family is Marshallese?
- What if the family is Hispanic?
- What if the family is matrilineal?
- What if the family has a known history of substance misuse?

## TEACHING NOTES

- What about generational cases?
- What if the grandparent is raising grandchildren?
- What if the home is experiencing intimate partner violence?
- What about differences in religion?
- Single dad raising girls vs single mom raising girls
- What are the unwritten rules in an area (cultural norms).

## DEFINING CULTURAL HUMILITY

### 10 minutes

**Slide 15** - FSWs learned about cultural humility in the online training. To review what they learned, ask the group what they remember about what cultural humility is.

Have groups write out words and phrases that describe cultural humility and why. Emphasize the importance of continual learning when it comes to cultural humility. (About 3 minutes.)

**Slide 16** - Read the definition together and discuss.

**Probe:** Ask participants what they think the comic on **Slide 17** is meant to show.

**Slide 18** - Ask them how could this relate to how we approach families? Give them time in their groups to write a list of possible connections. (5 minutes)

Once they've had time to discuss it with their table groups, open it up to the whole group.

- One possible connection is that FSWs are like the teacher in the comic. By approaching all families as if they are exactly the same, FSWs miss out on crucial information that would help the families succeed.
- The slide also shows one of the **guidelines for effective communication** across differences we covered earlier: "If you want to 'stretch' yourself, seek feedback from the individual before they bring it to your attention." Even though the man in the comic is a teacher, he still has a lot to learn about his students and their individual abilities and needs.
- They could also consider the power imbalance that the slide illustrates: The

teacher is the one making the decisions on how best to measure the students' abilities, just like FSWs will be the ultimate decision-makers when it comes to family case plans.

**Slide 19** - Remind participants of how crucial it is that they take the time to learn about families and their unique cultures and needs **by sharing a quote**. There is always more to learn, and for the safety and respect of our families, it's important we keep that learner's mindset.

## TEACHING NOTES



### ACTIVITY: Just by Looking at Me

**15 minutes**

**Slides 20-21** - Introduce “Just by Looking at Me” exercise. This exercise allows participants to disclose parts of their identities that are not “obvious” to others. It also asks participants to share why they believe certain parts of their identities are important to share.

Demonstrate the prompt by filling it in and reciting your answer. Then give participants about 3 or 4 minutes to think/jot down notes before having each member of the large group share.

Debrief from the exercise by asking one or more of the follow-up questions below

1. How did you decide what to share about yourself?
2. Did any of your peers' responses surprise you? Why?
3. How can you find out “below-the-surface” information about the families you work with in the future? What is the value in that?

Question 3 asks participants to make explicit connections between this exercise and their practice. There is much more to a person than what comes out in cursory face-to-face encounters. FSWs should be aware of this when interacting with families—families may see FSWs as a stereotype, just as an FSW may see the family as a stereotype.



## OPTIONAL ACTIVITY: Unpacking Labels

**(15 minutes)**

In table groups, participants list the generalizations, “sloppy” language, jargon, and labels we use to talk about “worries” and “what is working well.” You may offer up a few examples, like “She is mentally ill,” or “He has substance abuse issues,” or “She is stable.”

Ask participants to divide the whiteboard or paper in half in half and come up with a list of these generalizations under both “worries” and “what is working well.” **(5 minutes)**

Once the list is complete, ask each group to share its top two generalizations from both the “worries” and “working well” columns with the large group. **(5 minutes)**

Acknowledge that we will continue to use this language in some places as shorthand, but what if this is the only way we talk about the work?

Debrief with the large group. Have every breakout group share one working-well statement. Prompt them for revision if they do not name the caregiver, a specific behavior, and the details of that behavior’s impact on the child. **(5 minutes)**

## TRANSITION TO NEXT SECTION

Explain that as the day progresses the group will explore identities in more detail by delving into personal and cultural histories. Participants will also learn more about how to practice cultural humility with the families they serve by assuming the role of “learner” rather than “expert” during face-to-face interactions.



## TEACHING NOTES

**DAY 3, SECTION 3: Recognizing Differences**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>45 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs self-assess and suggest the impact of having certain identities that overlap with those of the families they serve and having others that significantly diverge.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-2</li> <li>101-12</li> <li>102-5</li> <li>102-8</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pages 68-69</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 24-29</li> <li>Ensure you have completed identity sharing activities so you can share authentically with FSWs.</li> </ul>

**INTRODUCTION: OUR INTERSECTING IDENTITIES****15 minutes**

This section highlights intersectionality and sensitizes FSWs to dimensions of their identities that may overlap or diverge with those of the families they serve through the identity sharing activity.

**Slide 23 –** Review with participants, making sure to explain how group membership (including membership in a family) affects our views and interactions with others.

The outer ring should resonate with the “we’re all just people” crowd. Explain that at the center are the characteristics that make each of us unique. These are characteristics we inherit or are taught and thus share with others.

We can stereotype people and start to make some uninformed predictions of what their behaviors will be.

## TEACHING NOTES

**Slide 24** - When you have things in common with someone, it is like walking across a small bridge. It can be easy and simple. The more things you have in common, the easier it is to communicate. The more differences, the harder it becomes to communicate—similar to crossing a longer bridge. You have to work harder to understand each other. It's when we are communicating across differences that some type of miss in communication usually occurs.

**Slide 25** - Those with power **in a relationship** bear primary responsibility for understanding the bridge that is needed and constructing it. We can think of that in the context of an administrator with a supervisor, a supervisor with a worker, or a worker with a family.

The following exercise helps FSWs judge the “lengths” of these bridges by giving them a chance to reflect on their experiences with their different identities.



## ACTIVITY: Identity Sharing – Who am I?

**25 minutes**

This exercise is designed to get FSWs to reflect more deeply about their identities and experiences so they can get an idea of the bridge building and bridge crossing they need to do when working with families. **This activity is intended to allow FSWs to share about their experiences and to practice cultural competency by challenging themselves during reflection to “Try On” the perspective of someone with an identity outside of their own.**

**Slide 26-27** - While still in the large group (in case there are questions) ask the participants to complete questions 1-4 of the “Identity sharing” worksheet (PM page 68-69).

(5 minutes)

**Note:** Make sure you've taken the time to fill this out and reflect on your answers before training. Share at least part of your answers as an example to the participants.

Have participants look to number five with their table groups on **page 69 of the PM** and have some time to share.

(10 minutes)

In the large group, ask for one member of each table group to share a response.

(10 minutes)

Help participants understand that we also all operate from positions of power and bias at times in our interactions with others. The better we understand and acknowledge that we don't know everything, the more likely we are to have authentic and meaningful interactions as we approach with curiosity and a learning mindset.

## WRAPPING UP

(5 minutes)

Still in the large group, wrap up the activity with the following probe. Seek volunteers from the large group to provide answers for some or all of the questions.

**Slide 28** - Ask participants how changing one or more of the identity elements present in family described below lengthens or shortens the bridge they have to build.

- Given your identity, what challenges can you foresee in working with an upper-middle class family—in which the caregivers are a lawyer and a college professor—who have relocated to Arkansas from Chicago? In other words, how long is the bridge you need to build/cross and why is it this long?

The [guidelines for effective communication](#) and other tools you learn in conjunction with SOP can help you avoid communicative misses and be much more sensitive to differences and respectful of one another in both the office and with families.



## TEACHING NOTES

**DAY 3, SECTION 4: Caring for Culture in Child Welfare Work**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>45 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSW identifies the ways that culture influences problem identification, help-seeking behavior, and service use.</li> <li>FSW recognizes and discusses the influence of culture on the communication between workers and families.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-2</li> <li>101-12</li> <li>102-5</li> <li>102-8</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pgs .70-71</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 31-33</li> <li>Module 6 Culturally Responsive Child Welfare Video (length 3:11): <a href="https://youtu.be/NAj55BHBfO0?si=rw2h2fYcqFOv5x42">https://youtu.be/NAj55BHBfO0?si=rw2h2fYcqFOv5x42</a></li> <li>What is Cultural Humility? Video (length 2:30): <a href="https://youtu.be/c_wOnJJEfxE?si=BPIB_qs96qkUkO">https://youtu.be/c_wOnJJEfxE?si=BPIB_qs96qkUkO</a></li> </ul>

## INTRODUCTION

45 minutes

Show the following videos regarding cultural humility:

- Slide 30 - Video 1: What is Cultural Humility?** (length 2:30)
- Slide 31 - Video 2: Module 6 Culturally Responsive Child Welfare Video** (length 3:11)

**Trainer Note:** Video 1 is a general video on cultural humility. Video 2 is specific to culturally responsive child welfare practices. These videos replace the previous Knowing Who You Are Video that was removed.

Participants can take notes for both videos on **pg. 70 in the Participant Manual**.

## CULTRALLY RESPONSIVE CHILD WELFARE PRACTICE

**Cultural Identity Definition:** Cultural identity refers to identification with, or sense of belonging to, a particular group based on various cultural categories, including nationality, ethnicity, gender, and religion. Cultural identity is constructed and maintained through the process of sharing collective knowledge such as traditions, heritage, language, aesthetics, norms and customs.

*(Source: Key Concepts in Intercultural Dialogue, No. 22, 2014  
<http://centerforinterculturaldialogue.org>*

Make sure that the group mentions that **many** youth struggle with their **cultural**, and **ethnic** identity and many identify their culture as that of a “foster kid.” Each child brings their own sense of normalcy with them, often meaning that aside from general cultural beliefs they have other beliefs and norms developed within their core family and communities that they carry. Normalcy can include but are not limited to the type of food you eat, family roles, religious practices, discipline, social practices, etc. What is “normal” to one individual may not be normal to another. Often there are healthy and unhealthy practices that are normalized for the children and families we work with.

### Slide 32 Reflection Questions:

- Can you think of an example of something that you grew up feeling that was a “normal” family practice that all families did, only to find as you grew older that it was not something that all families practiced.
- When you learned that it wasn’t normal to everyone, how did you feel about the interaction?
- What were your takeaways?

**Trainer Note:** Allow participants a few minutes to share examples with the class. As a connecting point with the class the trainer may be open to sharing an example first to encourage participation.

Encourage FSWs to broaden their descriptors beyond “kids in care” to include children currently living in care, receiving out-of-home services, or served by the child welfare system.

Stress the fact that as an FSW they play a key role in helping youth **experiencing foster** care develop, maintain, and explore their **cultural**, racial and ethnic identities. Point out that cultural factors are essential components of family and youth engagement.

## TEACHING NOTES

Often, we are unaware or unsure of how to address working with and across differences when we work with the families we serve. Approaching learning with curiosity means we set aside our personal biases to connect with populations that we may not have shared experiences with. In our work we will encounter many situations that challenge our beliefs, cultural world view, and our expectations. The goal of approaching with curiosity is not to change someone's belief system, or our own, but to engage and find common ground we are able to approach the individuals and families we encounter with dignity.

## TEACHING NOTES

**DAY 3, SECTION 5: Building Bridges Using Cultural Humility**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>90 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs explain the power gradient between them and the families and children with whom they work in narrative terms. (Their job enables them extraordinary power to shape the story that gets told about a child or family.)</li> <li>FSWs identify SOP as a set of tools designed to help integrate the voices of children, families, and other stakeholders into the family plan or child plan.</li> <li>FSW recognizes and discusses the influence of culture on the communication between workers and families.</li> <li>FSW suggests how to engage with families in ways that express cultural humility.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-2</li> <li>102-6</li> <li>102-8</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>PM pg 71</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 34-48</li> <li>The Danger of a Single Story Video (3:48). <a href="https://www.youtube.com/watch?v=Drj0cZTBhUI">https://www.youtube.com/watch?v=Drj0cZTBhUI</a></li> </ul>

## INTRODUCTION

In this section, FSWs will view and discuss an excerpt of Chimamanda Ngozi Adichie's ([pronunciation](#)) "The Danger of a Single Story" Video (3:48). This video is another way of thinking about and addressing the power gradient that exists between FSWs and the families they serve as well as the common issue of "problem-saturated" practice that SOP attempts to overcome.



### The Danger of a Single Story

**30 minutes**

Prepare participants for viewing by posing the following questions that they will consider in their breakout groups. Participants can utilize the video notes page and questions on **page 71 of the**

## TEACHING NOTES

**Participant Manual** to discuss following the video.

1. What is the “danger”?
2. Why is recognizing this danger important for you as an FSW?
3. Have you ever been the “teller” of a single story? How did that feel?
4. Have you ever been a “character” in someone else’s single story? How did that feel?

**Slide 33** - Play Chimamanda Ngozi Adichie’s **The Danger of a Single Story** Video (3:48)

**Slide 34** - Ask participants to discuss the questions listed above in their groups. Each group should return to the large group session with an answer for each question. Group members will need to share personal experiences in order to answer questions 3 and 4.

(15 minutes)

Once the large group reconvenes, lead a general discussion in which people volunteer answers to questions 1 and 2. Then ask each group to share one experience for questions 3 and 4.

(10 minutes)

Discuss how SOP integrates a number of tools that help ensure multiple voices—including those of the children—contribute to the story of a family.

**Probe:** Can the group name some of these tools they have encountered thus far in training or on the job? What is their specific purpose?

**Probe:** Pose a final question to large group: Imagine you were Adichie’s college roommate. How would you have questioned her about her culture?

Consider answers from the large group and emphasize a stance of cultural humility in which the interviewer attempts to get beyond the single story they may have in their head (e.g., Adichie’s roommate and the “tribal music”).

Next we’re going to talk about some strategies for engaging across difference. You will be able to use these strategies to build bridges between yourself and the families you work with, especially during interviews.





## ACTIVITY: How to Build Bridges

30 minutes

Remind participants about the multiple identities they embody, emphasizing our commitment to recognizing the impact of our own limitations, biases, and personal worldviews on our work with children and families. We must be vigilant to avoid influencing case dynamics and outcomes for children and families in adverse ways.

Use **Slides 36-37** as a talking point. When trying to bridge differences:

Take the time and make the effort to appreciate experiences and worldviews of people who are different from you.

Probe: Ask for the group's reaction to differing world views in the scenario on **Slides 38-41**

1. How does the mother interpret “stable housing”? How does the FSW interpret “stable housing”?

**Possible answer:** The mother might interpret “stable housing” as not living on the street or in her car. The FSW might interpret stable housing as living in a single location over time.

2. Why might each person think the way she does? In other words, what might be the source(s) of each person's interpretation?

Possible answer: The mother may have grown up having had extended periods of homelessness, with little consistency in where she would stay. Finding places to stay on a consistent basis seems like an accomplishment to her. The FSW's interpretation is likely informed by policy and may be informed by a childhood that was more stable.

3. How has the case been impacted by this difference in interpretation?

**Possible answer:** Reunification has been delayed and the strength of the mother's obtaining shelter on a regular schedule seems to have been overlooked. In other words, the mother is still “homeless” to the FSW.

Review another example in which an FSW's worldview may be different from that of the family.

**Trainer Note:** You can conduct this exercise and the previous one as large group discussions or as breakout activities.

## TEACHING NOTES

## TEACHING NOTES

**Example:** Ask for a volunteer to read **Slide 40.**

This slide portrays a father who does not reside in the family home but maintains contact and visits regularly with his children. The children were subsequently removed from the mother after DCFS responded to a referral of general neglect, and the home was condemned by local code enforcement and found to be uninhabitable. The father asserted that he was unaware of the living conditions as because the visit exchanges occur as quickly as possible outside of the family home. The father has been sober for the past several years. Since the mother lived in a neighborhood with a lot of drug and gang activity, the father never left his car to avoid any opportunity for conflict with the mother or anyone in her neighborhood.

**Probe:** Ask for the group's reaction to this scenario. (Questions appear on **Slide 41.**)

1. What are some potential assumptions that could have been made and ways that case decisions could have been impacted?

**Possible answer:** Father knew condition of home and thus was neglectful.

2. Will the father be described as neglectful or dishonest because he lacked awareness of the problem with the mother's home?

**Possible answer:** It depends on how the FSW chooses to interpret and represent the father's actions: The father's commitment to staying drug free and avoiding any type of conflict does not fit with the belief that he should have reasonably known the conditions in the home were deplorable.

Using the father's view of his world, he was being a responsible and caring parent by managing the visit exchanges in this way.

3. What about placement considerations with the father?

**Possible answer:** Again, it depends on whether the father's actions are interpreted as strengths or as contributing to neglect. We would also need to know more about the father's life before considering him for placement

## COLD MEDICINE SCENARIO

30 minutes

Use this scenario to help students practice the bridging strategies forwarded in the remainder of this section.

**Slide 42** - Introduce brief scenario that the group will use to try on the role of cultural learner. We'll refer to this as the "cold medicine scenario":

You are following up with an Asian bio mother who returned her 5-year-old son to the foster mother after his weekend **family time**. Previously, the foster mother reported that the bio mother failed to give the child his cold medicine during the child's weekend **family time**. The bio mother tells the FSW that the **resource** parent is "giving my son bad medicine and making him sick."

Explain that understanding how families handle illnesses provides a glimpse into the family's culture and their perceptions and attitudes surrounding health and healing. Understanding how a family manages health issues can shed light on their attitudes and beliefs about help seeking and service use too. It can also help us to see how different people and cultures might handle a situation or problem. How problems are addressed is often handed down generationally.

What follows are two strategies for engaging a family from a position of cultural humility: Expressing genuine interest in the family's culture and admitting your ignorance about the family's culture.

### Strategy: Express Interest

Use **Slide 43** as talking point.

Explain to participants that a well-crafted "genuine interest statement" should:

1. Set the tone with friendly conversation.
2. State the explicit purpose and goal of the interaction.
3. Be genuine and express your interest in understanding their culture.

An example of expressing cultural interest with a birth parent having a discussion with her FSW providing reunification services is as follows:

FSW: *Thank you so much for taking the time to meet with me today. I know*

## TEACHING NOTES

## TEACHING NOTES

*you have a lot on your plate right now so I really appreciate having this chance to check in with you.*

(FSW pauses to allow parent to respond.)

FSW: *How have things been going for you this week?*

(FSW incorporates exact language used by the mother in her response.)

FSW: *I am glad to hear that things are coming together for you. I wanted to spend a little time today talking about your request regarding your daughter's first birthday. I have heard that first birthdays are important to people from the Marshall Islands. Can you tell me more about kemems (say: kay-mems)?*

Highlight for participants that the FSW in the example did enough research to know the correct term for the celebration of the first birthday (cultural competence) while still asking the mother to act as a cultural guide (cultural humility).

**Probe:** (Slide 44) Ask each participant to write out a statement to be used with the bio mother in the cold medicine scenario, setting the tone with friendly language and stating the goal of the conversation, which is ultimately to ensure better cooperation/coordination between the bio mother and the resource family about weekend family time.

Call on two or three participants to share their statements, making sure each statement sets a friendly tone, states the purpose of the conversation, and expresses a genuine interest in learning more.

Ask participants how this message might change if the worker were starting a conversation with the five-year-old son. The goal of this interaction is to find out if there's anything you can do to make the handoffs between the resource family and bio mom at the beginning and ending of the weekend family time easier on the son. Have participants write out modified statements. Call on two or three participants to share their statements. Ask them what they modified in order to tailor the statements for a 5-year-old.

**Strategy: Admit Ignorance**

Do not be held hostage by your fear of offending someone because you're exploring issues.

Use Slide 45 as a talking point.

Examples of statements expressing ignorance and establishing the family as the expert are as follows:

## TEACHING NOTES

FSW: *I really appreciate this opportunity to visit you in your home. I don't often get to meet families from the Tribal community in my work, so I know very little about people from the Tribal community. Can you tell me what people in your community do when they have a problem?*

FSW: *I really appreciate this opportunity to visit you in your home. I don't often work with families from Mexico who are struggling with their immigration status, so I know very little about how that system works. Can you tell me what people in your community do when they have a problem?*

FSW: *I really appreciate this opportunity to visit you in your home. I know that every family has its own ways of operating and solving problems, and I don't know very much about yours. Can you tell me about a typical day in your life? What do you normally do when a problem arises?*

**Probe:** Ask the large group to formulate a statement like one of the above that Chimamanda Ngozi Adichie (“The Danger of a Single Story”) might have used to begin learning about the home life of the houseboy Fide. Participants do not need to write these out. Give them a minute or so to think and then ask for volunteers to share.

Explain to participants that these expressions of ignorance do not need to be completely general. They can be focused on the issue at hand, in this case how the family deals with illness.

**Probe:** (Slide 46) Ask each participant to write out a statement that expresses ignorance and establishes the bio mom in the cold medicine scenario as the cultural expert and guide.

Call on two or three participants to share their statements.

Again, ask the participants to think about how their expression of ignorance might differ if they were speaking with the five-year-old son. Have participants write out modified statements. Call on two or three participants to share their statements. Ask them what they modified in order to tailor the statements for a 5-year-old.

**Bio Mom's Response (Slide 47)**

Share with participants the response of the bio mother to the following acknowledgement of ignorance. Note that this acknowledgement and question stand in the place of other potentially accusatory questions such as “Why didn't you give your son his cold medicine?”

FSW: *I am uncertain of how people in your culture respond when a child is ill. Could you guide me through how you deal with this problem?*

## TEACHING NOTES

Bio mom: *Something I think you Americans do not have but it is important to Cambodian people to be careful about what we feed our family when they are sick. Sometimes when they get sick they do not have a balance, when they have too much bile, or too much wind. That is how you know what to feed them. Bile is hot so I give him cold food to make a balance. I gave him bananas because they are cold which are good to give when he is sick that way. But I don't know about that medicine the resource home gave me, so I don't use it during his family time.*

**Probe:** Ask participants how they might explain the importance of ensuring the boy takes his medications **during future family time**.

## TRANSITION TO NEXT SECTION

In the next section, we'll wrap up Working With and Across Differences Training with a very brief review and some thinking about how the training can have an immediate impact on your practice.



**DAY 3, SECTION 6: Wrap Up**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 60 Minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSWs recall learning from Working With and Across Differences Training and suggest how they will incorporate it into their practice when they return to work.</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• Slides 49-50</li></ul>

**INTRODUCTION**

Sum up the Working With and Across Differences Training by noting for participants that to incorporate cultural humility into their practice, FSWs:

- Need to engage frequently in self-reflection and self-critique about their own **experiences** and biases.
- Need to be flexible to invite family members to talk about what is important to them.
- Should learn about children, youth, **caregivers**, and family members both as individuals and as members of their culture or community.
- Need to understand that family members are in better positions than workers to offer suggestions and solutions that meet their needs and make sense within their cultural context.
- Act as “learners” of the family’s culture, and “experts” on the problem solving process.
- Should look for important themes within the family’s story, and then facilitate the family’s understanding of these themes.

*Adapted from: Thornton, S & Garrett, K.J. (1995). Ethnography as a bridge to multicultural practice. Journal of Social Work Education. 31 (1), 67-74.*



## ACTIVITY: Kahoot Review

(30 minutes)

**Slide 48** - Now let's briefly review some of the materials we've covered in Unit 2. Explain to participants that you'll be using Kahoot! for the review. These are most of the questions that were on your Pre Test and will appear on your Post Test

### Ways to Access Kahoot

- Available for phones, tablets, or laptops.
- **Free** app for iPhone and Android.
- Access it in your browser and play online without downloading an app.  
<https://kahoot.it>

### Trainer Instructions

Log in to the Kahoot! account you created before training: <https://getkahoot.com/>

#### Unit Two Practice Assessment Kahoot link:

[https://kahoot.it/challenge/007943266?challenge-id=f093ff3f-ee6e-4e7e-85cf-4b5094f5cfa1\\_1744683314672](https://kahoot.it/challenge/007943266?challenge-id=f093ff3f-ee6e-4e7e-85cf-4b5094f5cfa1_1744683314672)

1. Click the **Play** button.

It will ask you to **Choose a way to play this Kahoot.**

2. Click **Teach**.

It will ask you to choose a mode.

3. Click **Classic**.

Kahoot generates a game PIN: 007943266

4. Provide this number to the participants so they can play the game.

The game includes questions with points so the players will begin to compete. The answers for the Kahoot review are provided in the Post Test Answer Key on the MidSOUTH staff site.

## TEACHING NOTES

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**Slide 49** - End the day with participants reflecting about practice implications. Ask for volunteers to answer the following questions:

- Share an example of how you currently incorporate cultural humility into your practice.
- What challenges will you have incorporating cultural humility into your practice?
- What can be done to overcome the challenges?

## TICKET OUT

(30 minutes)

**Slide 50** - Using the following prompt, have the participants complete the following Transfer of Learning sentence to share with the group.

“As a result of this training, when I return to work I plan to . . .”

Participants will end the day by moving to the lab to complete the post test assessment.