Social Services Assistant

Day 2 - Facilitator Guide

Developmental Milestones

Normal vs Trauma Related Behavior

Supporting Families and Children

Day 2:

New Social Services Assistant Training Agenda

Tuesday	
9:00 – 10:30	Welcome Basic Needs and Child Development Developmental Milestones (0-5) Attachment
10:30 -10:45	**Break**
10:45 – 12:00	Developmental Milestones – Early Childhood (5-11) Early Adolescence (11-14)
12:00 – 1:00	**Lunch Break**
1:00 – 3:00	Middle Adolescence (14-18) Late Adolescence (18-21)
2:30 – 2:45	**Break**
2:45 – 3:30	Normal vs Trauma Related Behavior Supporting Families and Children
3:30 – 4:00	Wrap Up and Review

Before You Train

Facilitator Resources – Day 2

Materials and Handouts

- Name Tents
- Markers, Pens, Highlighters
- Sticky Notes
- Giant Sticky Note Pad
- Printed Participant Manuals
- Blank paper

DCFS Entry Level Competencies

- 101-1
- 101-2
- 101-3
- 101-7
- 101-8
- 102-1
- 102-2
- 102-5
- 102-6
- 102-8
- 103-1
- 103-2
- 103-4
- 104-1
- 104-2
- 104-3
- 104-4
- 104-7

DCFS Forms and Publications

- n/a

DCFS Policy And Internal Procedures

- n/a

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Day 2 Sources

- How Maslow's Hierarchy of Needs Explains Human Motivation https://www.verywellmind.com/what-is-maslows-hierarchy-of-needs-4136760;
- Maslow's Hierarchy of Needs https://www.simplypsychology.org/maslow.html
- Normal Growth and Development https://medlineplus.gov/ency/article/002456.html
- Child Development https://medlineplus.gov/childdevelopment.html
- The Heart of Attachment: How Mothers Shape Our First Connections https://www.parents.co.za/post/the-heart-of-attachment-how-mothers-shape-our-first-connections
- Prenatal Care https://medlineplus.gov/prenatalcare.htm
- Child Mind Institute — Is It ADHD or Trauma? https://childmind.org/article/is-it-adhd-or-trauma/
- Chicagoland Neuropsychology — How Trauma Can Mirror the Symptoms of ADHD in Children https://chicagolandneuropsychology.com/blog/how-trauma-can-mirror-the-symptoms-of-adhd-in-children/
- Child Development Clinic — The Inattentive; Impulsive and Hyperactive Child https://www.childdevelopmentclinic.com.au/adhd-and-complex-trauma.html
- Medline Plus Faltering Weight https://medlineplus.gov/ency/article/000991.htm

NEW SOCIAL SERVICES ASSISTANT TRAINING – DAY 2

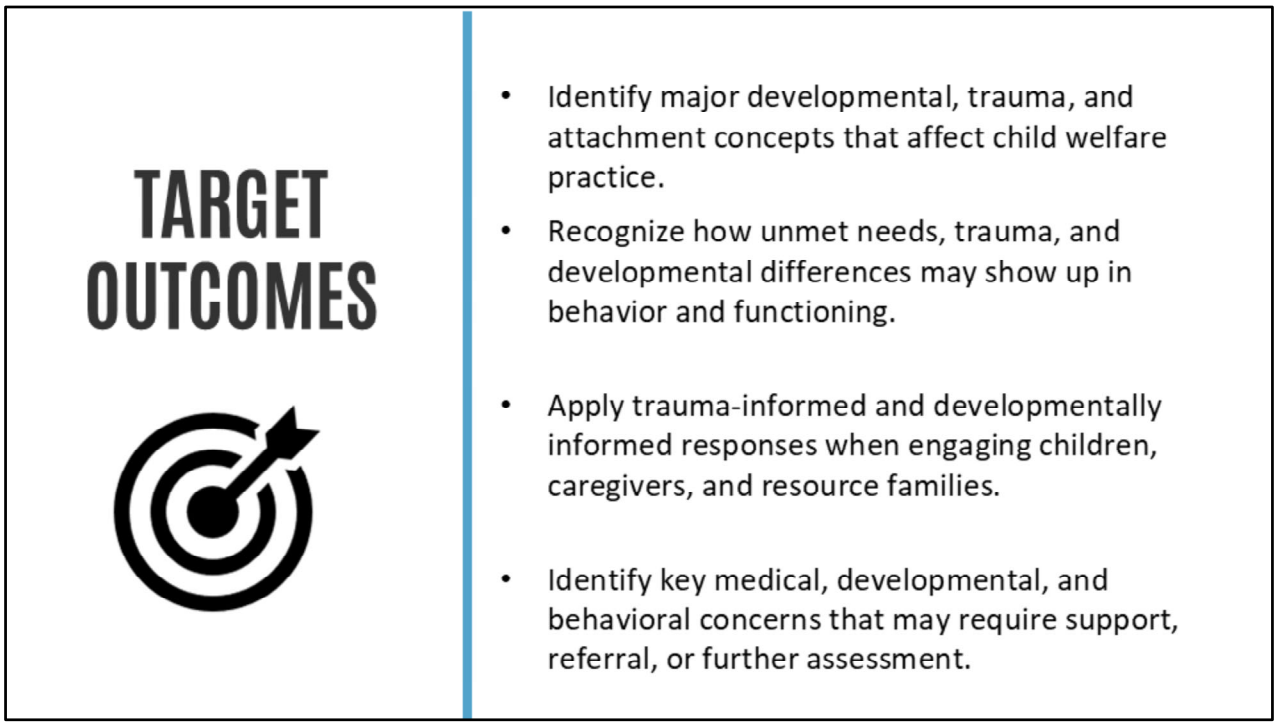
WELCOME

Time: 2 minutes
Purpose: To re-engage participants and set the focus for the day

Say:
Good morning and welcome back. Yesterday we focused on communicating effectively with children, families, and caregivers. Today we're shifting our focus to the children themselves.

One of the biggest mistakes new staff make is assuming behavior always means the same thing. A toddler's tantrum, an 8-year-old refusing to speak, and a teenager slamming the car door may all look like defiance, but they can have a very different cause.

Your job is not to diagnose children or become a child development expert. Your job is to understand what you're saying, respond appropriately, keep children safe, and communicate important observations to the assigned Social Service specialist. Throughout today, keep asking yourself, "if I saw this during transportation or family time what would I do?" That's the question we're going to answer all day.



TARGET OUTCOMES

Time: 3 minutes
Purpose: To establish clear learning objectives for the day

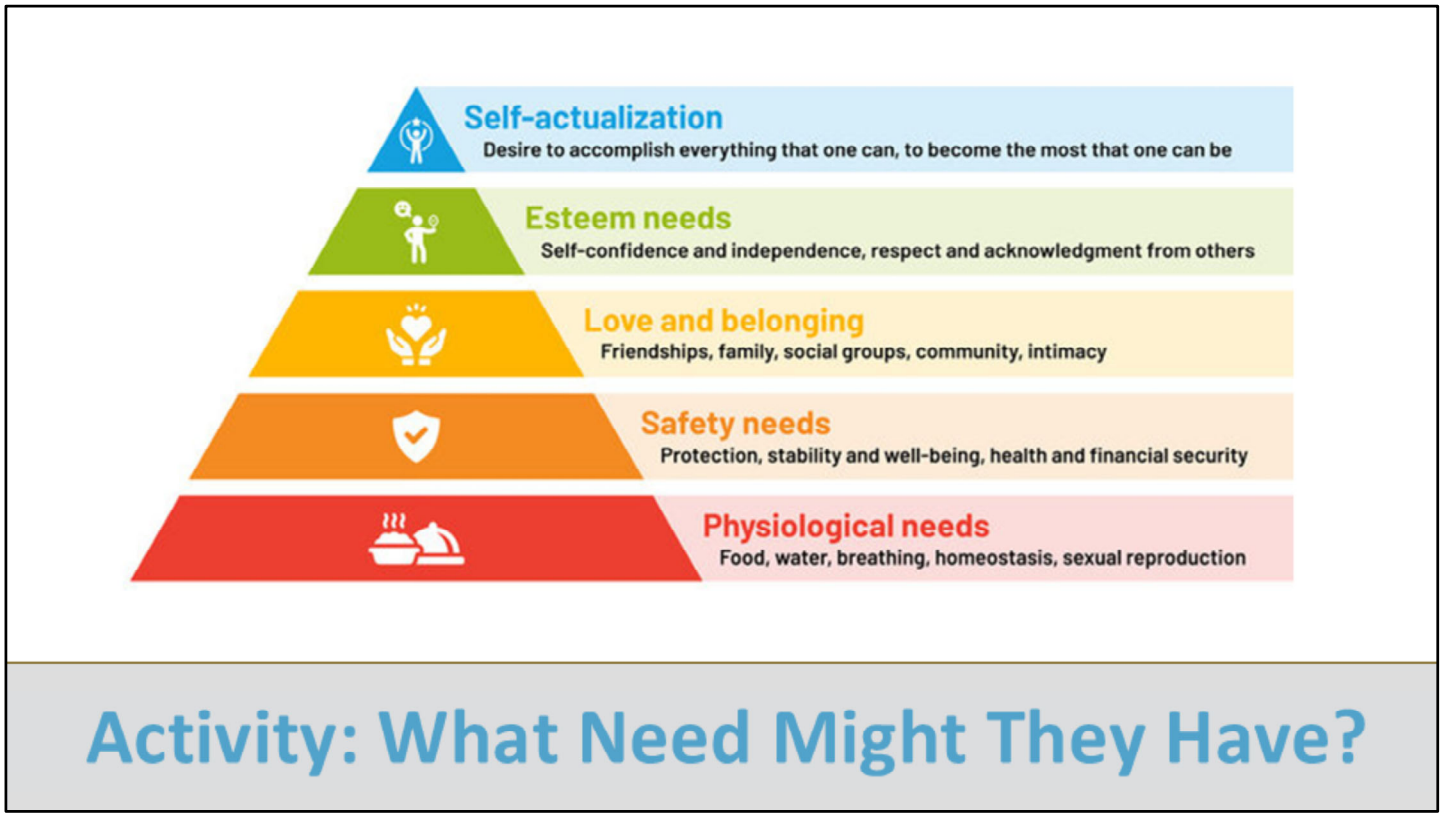
Say:
Here is what we are working toward today. By the end of this session:

- ***Recognize age-appropriate behaviors from infancy through adolescence***
- ***Understand how trauma can affect a child's behavior and development***
- ***Respond to children in ways that are supportive, safe, and trauma informed***
- ***Recognize when a child's behavior or development should be shared with the Social Services Specialist***
- ***Document objective observations that help support case decisions***

Facilitator Question:
Think about a child you've known, a sibling, niece, nephew, your own child, or someone you've worked with. What is one behavior that adults often misunderstand?

Say:
Today we are going to learn how to look beyond the behavior.

BEHAVIOR STARTS WITH BASIC NEEDS



ACTIVITY: WHAT NEED MIGHT THEY HAVE?

Time: 15 minutes
Purpose: Provide participants with an opportunity to practice looking beyond behaviors to identify possible underlying needs. This activity reinforces the importance of approaching children with curiosity rather than judgment and considering how unmet needs may influence behavior before determining how to respond

Participant Manual: What Need Might They Have Scenarios
Facilitator Resource: Maslow's Hierarchy of Needs (Table Copy)

Paraphrase:
Maslow's Hierarchy of Needs

- Before we can expect children to regulate their emotions or make good decisions, we must consider whether their basic needs are being met.
- Think about the children you will transport or supervise during family time. Many may have skipped meals, slept poorly, experienced a traumatic removal, worried about where they are going to sleep tonight, or fearful of seeing their parents.
- When basic needs are not met, behavior often reflects those unmet needs. As an Assistant, one of the most important questions you can ask yourself is "What might this child need right now?"

Activity Prep

- Print and laminate one copy of the Facilitator Resource: Maslow's Hierarchy of Needs for each table.
- Place one giant sticky note on the wall and one marker at each table prior to the activity.

Activity Instructions

1. Divide participants into 3 table groups.
2. Assign each table one scenario from the Participant Manual.
3. Explain that their task is to discuss the scenario as a group and use the table copy of Maslow's Hierarchy of Needs to help guide their thinking.
4. Ask each table to discuss the following questions:
   - What behavior do you observe?
   - What need(s) might the child be trying to communicate through this behavior?
   - Which level(s) of Maslow's Hierarchy of Needs might be involved?
   - How could the Assistant respond in a way that acknowledges and addresses the possible need?
5. Instruct each table to record their group's responses on the giant sticky note provided.
6. Allow approximately 5 minutes for discussion and completion of the sticky note.
7. Facilitate a gallery-style debrief by reviewing each group's responses with the class over the next few slides for each scenario. Encourage participants to notice similarities and differences in how each table interpreted the child's behavior, identified possible unmet needs, and suggested responses.
8. Reinforce that there may be multiple reasonable explanations for the same behavior and that the goal is to remain curious, consider the child's needs, and respond in a supportive, trauma-informed manner rather than making assumptions about the child's behavior.

Facilitator Note: There are no single "correct" answers. Participants should identify reasonable possibilities based on the child's behavior and discuss responses that promote safety, connection, and regulation.

MASLOW'S HIERARCHY OF NEEDS

Answer Key:
ACTIVITY: What Need Might They Have?

Scenario 1

A five-year-old screams throughout the entire ride to family time.

Behavior Observed

- Screaming continuously during transportation to the visit.

Possible Unmet Needs

Participants may identify needs such as:

Safety and Security

- Fear of what will happen during the visit
- Fear that they will not return to their caregiver afterward
- Anxiety about transitions

Love and Belonging

- Conflicted feelings about seeing their caregiver
- Missing their caregiver
- Loyalty conflicts between caregivers and placement

Physiological Needs

- Hungry
- Tired
- Overstimulated

Emotional Needs

- Difficulty expressing fear or anxiety with words
- Need for reassurance
- Need for predictability

Possible Assistant Responses

- Remain calm and avoid escalating the situation.
- Acknowledge the child's feelings.
    - "It seems like you're having a really hard time today."
- Offer reassurance about what will happen before, during, and after the visit.
- Maintain consistent routines whenever possible.
- Share observations with the case team to identify patterns.
- Consider whether additional supports are needed before transportation.

Scenario 2

A teenager refuses to get out of the vehicle for a scheduled family time visit.

Behavior Observed

- Refuses to exit the vehicle.

Possible Unmet Needs

Safety

- Fear of seeing a caregiver
- Concern about conflict during the visit
- Emotional or physical safety concerns

Esteem

- Desire for control over a situation where they feel powerless
- Need to have their voice heard

Love and Belonging

- Mixed emotions about family relationships
- Anger or disappointment toward family members
- Feeling rejected or misunderstood

Emotional Needs

- Anxiety
- Embarrassment
- Grief
- Fear of disappointing someone regardless of their decision

Possible Assistant Responses

- Avoid power struggles.
- Speak privately and respectfully.
- Ask open-ended questions.
    - "Can you tell me what's making today difficult?"
- Validate emotions without making promises.
- Offer choices when appropriate.
- Communicate concerns with the case team if refusal becomes a pattern.
- Document observations objectively.

Scenario 3

A toddler cries uncontrollably after every family time visit.

Behavior Observed

- Intense crying following visits.

Possible Unmet Needs

Safety and Security

- Difficulty transitioning after visits
- Confusion about where they will live
- Separation distress

Love and Belonging

- Missing their caregiver after visits
- Grieving the end of time together
- Attachment needs

Physiological Needs

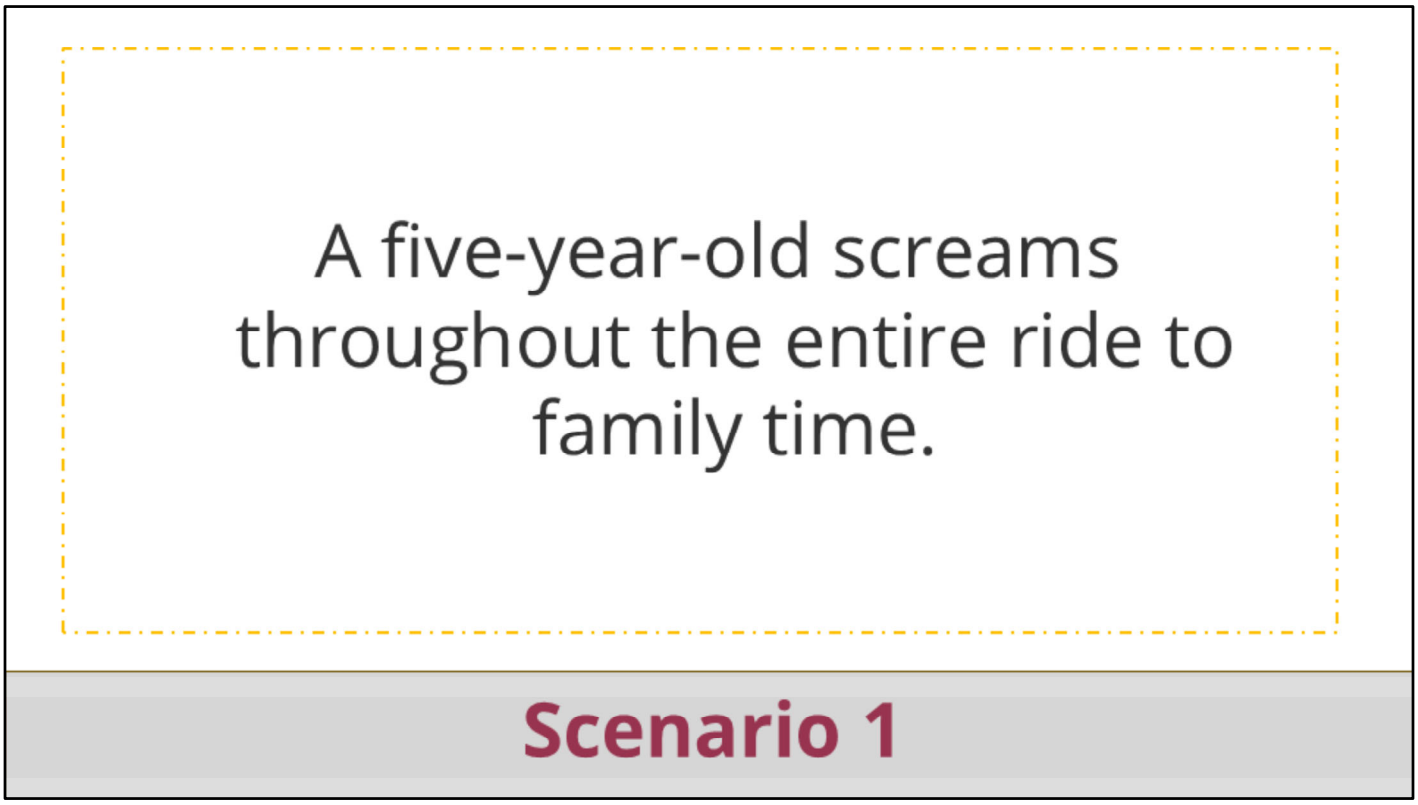
- Tired after the visit
- Hungry
- Overstimulated

Emotional Needs

- Difficulty regulating emotions due to developmental stage
- Need for comfort and soothing
- Need for consistency and predictable routines

Possible Assistant Responses

- Recognize that crying may be a normal developmental response.
- Allow time for calming before expecting engagement.
- Provide comfort and reassurance.
- Help caregivers prepare for post-visit transitions.
- Observe whether patterns occur consistently after visits.
- Share observations with the case team to determine whether additional supports are appropriate.



SCENARIO 1: WHAT NEED MIGHT THEY HAVE?

Time: 5 minutes
Purpose: Provide participants with an opportunity to practice looking beyond behaviors to identify possible underlying needs. This activity reinforces the importance of approaching children with curiosity rather than judgment and considering how unmet needs may influence behavior before determining how to respond

Scenario 1
A five-year-old screams throughout the entire ride to family time.

Discussion Questions

- What behavior do you observe?
- What unmet need(s) might exist?
- Which level(s) of Maslow's Hierarchy might be involved?
- How should the Assistant respond?

Facilitator Answers:
Possible Unmet Needs

Participants may identify needs such as:
Safety and Security

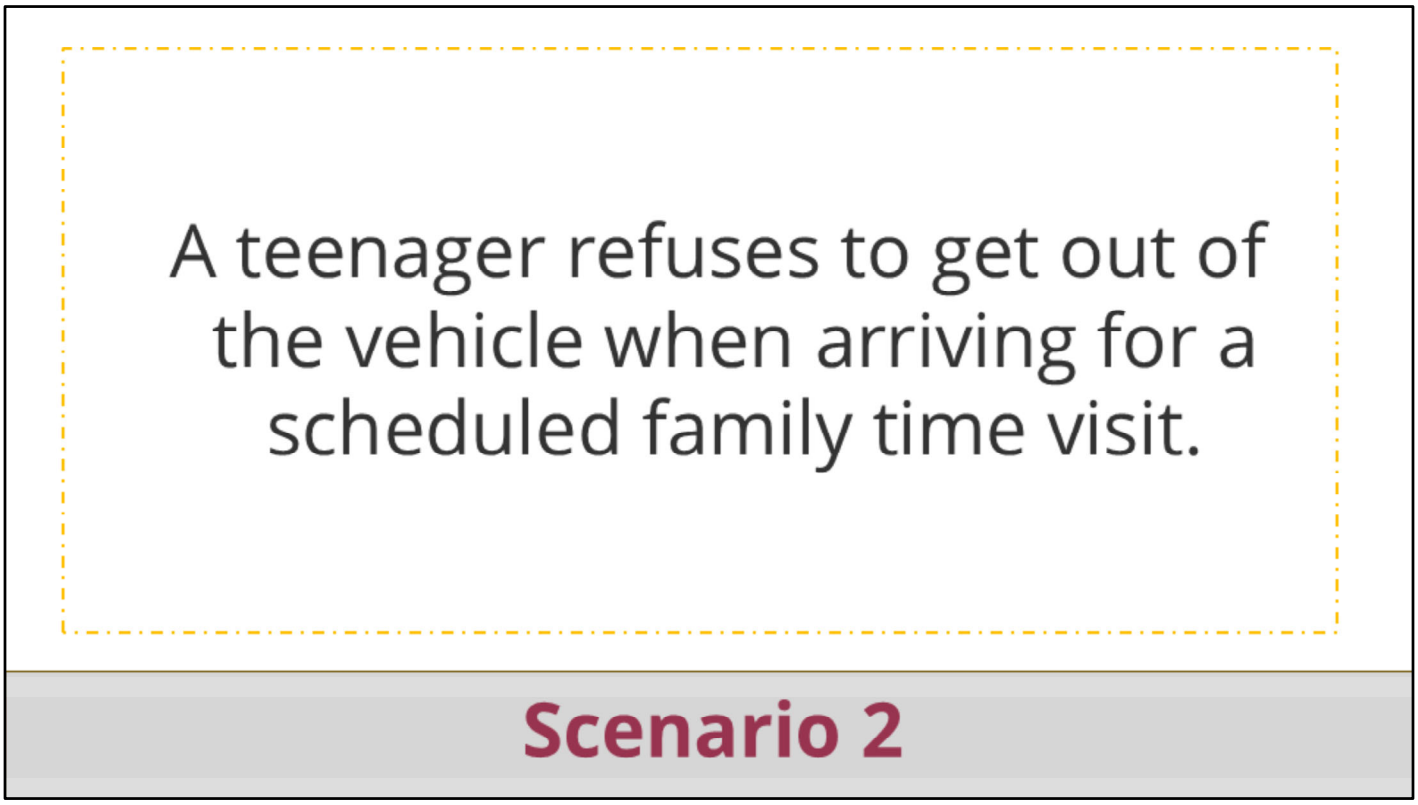
- Fear of what will happen during the visit
- Fear that they will not return to their caregiver afterward
- Anxiety about transitions

Love and Belonging
- Conflicted feelings about seeing their caregiver
- Missing their caregiver
- Loyalty conflicts between caregivers and placement

Physiological Needs
- Hungry
- Tired
- Overstimulated

Emotional Needs
- Difficulty expressing fear or anxiety with words
- Need for reassurance
- Need for predictability

Possible Assistant Responses
- Remain calm and avoid escalating the situation.
- Acknowledge the child's feelings.
    - "It seems like you're having a really hard time today."
- Offer reassurance about what will happen before, during, and after the visit.
- Maintain consistent routines whenever possible.
- Share observations with the case team to identify patterns.
- Consider whether additional supports are needed before transportation.



SCENARIO 2: WHAT NEED MIGHT THEY HAVE?

Time: 5 minutes
Purpose: Provide participants with an opportunity to practice looking beyond behaviors to identify possible underlying needs. This activity reinforces the importance of approaching children with curiosity rather than judgment and considering how unmet needs may influence behavior before determining how to respond

Scenario 2
A teenager refuses to get out of the vehicle when arriving for a scheduled family time visit.

Discussion Questions
- What behavior do you observe?
- What unmet need(s) might exist?
- Which level(s) of Maslow's Hierarchy might be involved?
- How should the Assistant respond?

Facilitator Answers:
Possible Unmet Needs

Safety
- Fear of seeing a caregiver

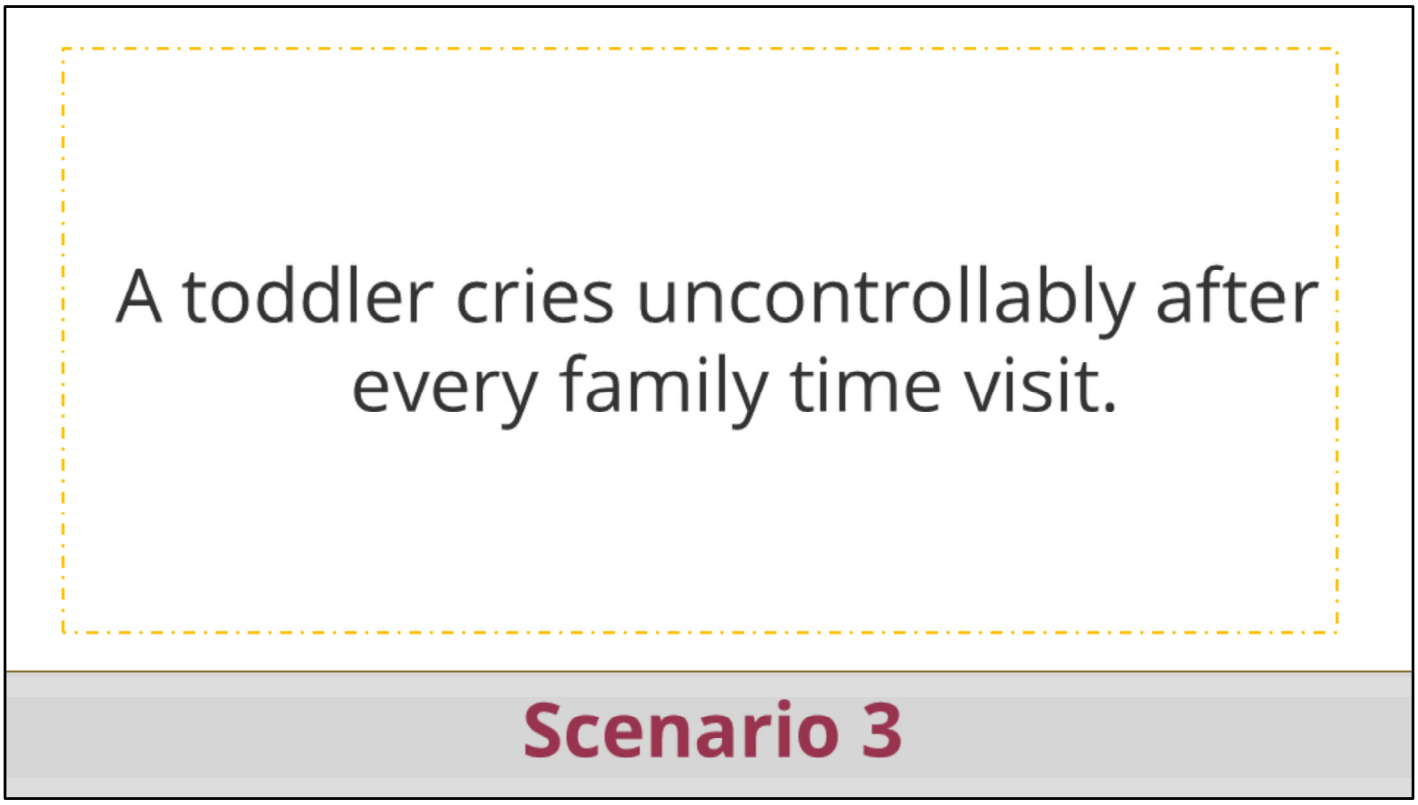
- Concern about conflict during the visit
- Emotional or physical safety concerns

Esteem
- Desire for control over a situation where they feel powerless
- Need to have their voice heard

Love and Belonging
- Mixed emotions about family relationships
- Anger or disappointment toward family members
- Feeling rejected or misunderstood

Emotional Needs
- Anxiety
- Embarrassment
- Grief
- Fear of disappointing someone regardless of their decision

Possible Assistant Responses
- Avoid power struggles.
- Speak privately and respectfully.
- Ask open-ended questions.
    - "Can you tell me what's making today difficult?"
- Validate emotions without making promises.
- Offer choices when appropriate.
- Communicate concerns with the case team if refusal becomes a pattern.
- Document observations objectively.



SCENARIO 3: WHAT NEED MIGHT THEY HAVE?

Time: 5 minutes
Purpose: Provide participants with an opportunity to practice looking beyond behaviors to identify possible underlying needs. This activity reinforces the importance of approaching children with curiosity rather than judgment and considering how unmet needs may influence behavior before determining how to respond

Scenario 3
A toddler cries uncontrollably after every family time visit.

Discussion Questions
- What behavior do you observe?
- What unmet need(s) might exist?
- Which level(s) of Maslow's Hierarchy might be involved?
- How should the Assistant respond?

Facilitator Answers:
Possible Unmet Needs

Safety and Security
- Difficulty transitioning after visits

- Confusion about where they will live
- Separation distress

Love and Belonging
- Missing their caregiver after visits
- Grieving the end of time together
- Attachment needs

Physiological Needs
- Tired after the visit
- Hungry
- Overstimulated

Emotional Needs
- Difficulty regulating emotions due to developmental stage
- Need for comfort and soothing
- Need for consistency and predictable routines

Possible Assistant Responses
- Recognize that crying may be a normal developmental response.
- Allow time for calming before expecting engagement.
- Provide comfort and reassurance.
- Help caregivers prepare for post-visit transitions.
- Observe whether patterns occur consistently after visits.
- Share observations with the case team to determine whether additional supports are appropriate.

Facilitator Debrief
Invite participants to reflect on similarities across the scenarios.

Key Debrief Points
Participants should recognize that:
- The behavior is **not** the problem to solve first—it is information.
- Children communicate through behavior, especially when they lack the developmental ability or emotional regulation skills to express their needs verbally.
- The same behavior may reflect very different unmet needs depending on the child's age, developmental level, experiences, and current circumstances.
- Effective Assistants remain curious rather than making assumptions or assigning intent.

Emphasize:
- Observe before interpreting.
- Ask, "What might this child be communicating?"
- Consider multiple possibilities.

- Respond in ways that promote safety, connection, and regulation.
- Continue gathering information before drawing conclusions.

Facilitator Note: The point is not finding one correct answer, It is getting participants to stop assuming that the child is just being difficult. They should instead be asking what need is not being met.

Say:
Maslow's Hierarchy of Needs reminds us that when a child's basic physical, emotional, or relational needs are unmet, those needs often show up through behavior. As Social Services Assistants, our goal is not to immediately stop the behavior or assume why it is happening. Our role is to stay curious, consider what need may be driving the behavior, and respond in ways that help children feel safe, understood, and supported.

Sources*: How Maslow's Hierarchy of Needs Explains Human Motivation https://www.verywellmind.com/what-is-maslows-hierarchy-of-needs-4136760; Maslow's Hierarchy of Needs https://www.simplypsychology.org/maslow.html*

CHILD DEVELOPMENT

REFLECTION:

Why is it important to understand development in your role?

REFLECTION

Time: 8 Minutes
Purpose: To establish a baseline understanding of "normal" child development as a tool for assessment in the field to differentiate between trauma responses and normal developmental behavior

Facilitation Question:

- Why is it important to understand development in your role?

Facilitation Answer:

- In your role you will interact with many children and families. Behaviors are common in adults and children that you will be working with, but it is important to have a baseline of what is "normal" so that when a child is trauma activated it can be approached in a trauma-informed manner.

Say:
It is typical for children to struggle before, during and after a family time and being trauma informed and having age appropriate responses is key to helping a child move past "big feelings" that arise without shutting them down emotionally.

Facilitator Note:

As the group answers, list the answers on the flip chart or board. Do not filter or alter the answers at this point. Ask the group to relate the question specifically to their job as a Social Services Assistant working with abused or neglected children.

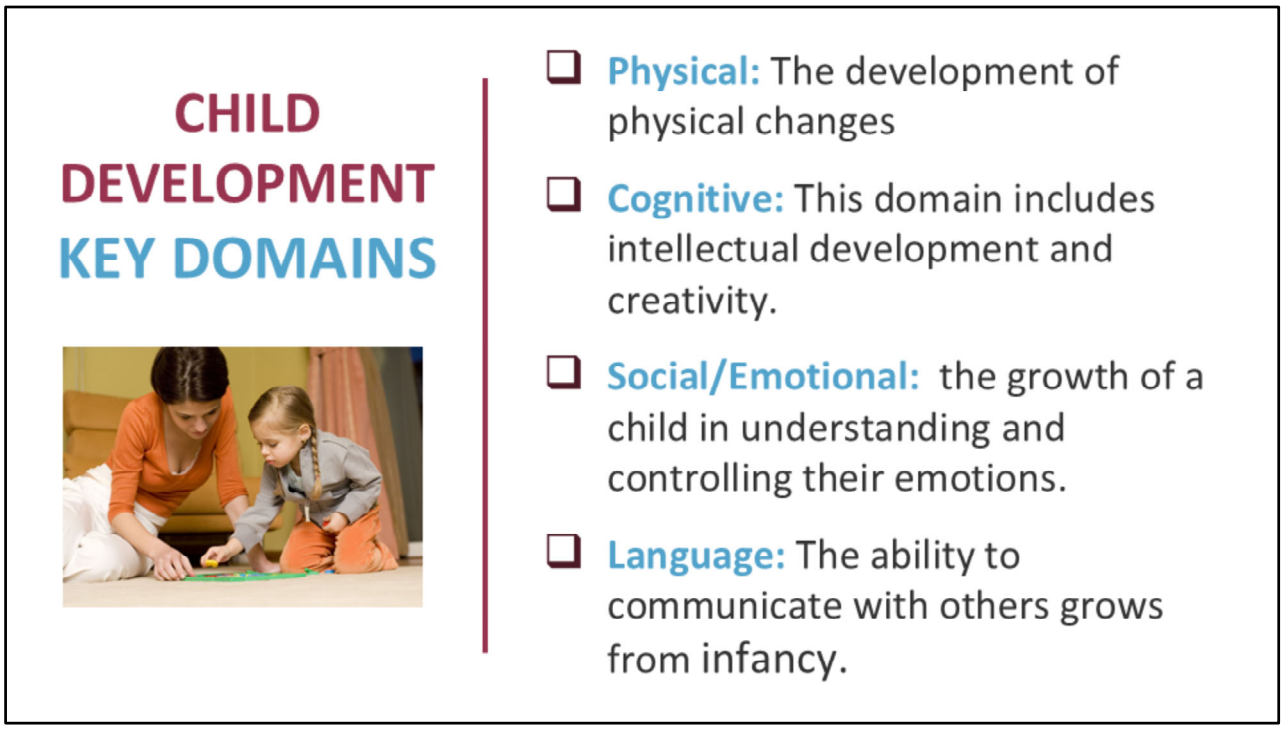
Paraphrase:
Knowledge of development is critical for Social Services Assistants because it directly ties to job duties, such as visiting homes and assessing children's well-being. Every child you will work with is different. Some children will be exactly where you would expect for their age, while others may seem younger emotionally because of trauma, and others may have developmental delays.

Your job is not to diagnose why. Your job is to notice what you see, document objectively, and communicate concerns to your supervisor or the assigned specialist.

WHAT SHOULD I EXPECT?

Time: 10 minutes
Purpose: To help participants understand the concept of developmental norms, recognize the wide range of typical child development, and identify the importance of observing milestones and red flags

Say:
When families ask, 'What should I expect?' the honest answer is that every child develops at their own pace. While there is a wide range of typical development, there are also developmental milestones that help us understand what skills children commonly achieve as they grow. These milestones are not meant to label or compare children. Instead, they give us a framework for recognizing strengths, identifying possible concerns, and determining when additional support may be helpful. To better understand what we are observing, let's look at the four key domains of child development that guide how children grow and learn.



CHILD DEVELOPMENT: KEY DOMAINS

Time: 2 minutes
Purpose: To introduce the four domains of child development that will guide our discussion

Say:
When we talk about child development; we are looking at growth across four key areas. As a Social Services Assistant; understanding these domains helps you recognize when a child may not be developing as expected and communicate those concerns effectively.

Paraphrase:
For our discussion; we will focus on four domains:

- **Physical**: growth in size and strength; development of gross and fine motor skills.
  - **Example:** Can they safely ride in a car seat?
- **Cognitive**: intellectual development; problem-solving; and creativity
- **Social and Emotional**: a child's ability to understand; express; and manage their emotions.
  - **Example**: How do they interact during family time?
- **Language**: the ability to communicate; which begins developing from infancy.
  - **Example**: Can they tell you what is wrong?

Facilitation Question:

- Why is it important for Social Services Assistants to understand developmental milestones when working with children and families?

Facilitation Answer:

- It helps assistants recognize what may be typical development and what may need more attention.
- It supports better assessment of child well-being.
- It helps assistants talk with caregivers about development in a practical and supportive way.
- It can help identify needs early and connect families to services or evaluations.

Say:
Milestones help us understand how children are growing, what skills we might expect at certain ages, and when additional support may be needed. For DCFS staff, this matters because paying attention to milestones can help us notice strengths, identify concerns early, and support caregivers in understanding their child's development without shame or blame.

Facilitation Question:
- How can assistants talk with families about developmental concerns in a way that feels supportive rather than judgmental?

Facilitation Answers:
- Focusing on observation rather than blame.
- Using simple, respectful language.
- Recognizing the child's strengths along with any concerns.
- Framing the conversation around support and early help, not criticism.
- Helping caregivers understand that noticing a concern is a step toward support, not punishment.

Key Points:
- Developmental milestones help us understand how children grow and change over time.
- Milestones give assistants and caregivers a shared way to talk about child development.
- Noticing missed or delayed milestones early can help connect families to support sooner.
- Conversations about development should be supportive, clear, and nonjudgmental.
- Tracking milestones can strengthen assessment, planning, and caregiver engagement.

Sources: *Normal Growth and Development*
https://medlineplus.gov/ency/article/002456.html; Child Development
https://medlineplus.gov/childdevelopment.html

DEVELOPMENTAL MILESTONES (0-5 YEARS)

Time: 15 Minutes
Purpose: To provide specific indicators of growth in the critical first five years of life

Participant Manual: Developmental Milestones Tables for the Infant Developmental Stage (0-1); Toddler Developmental Stage (1-3 years); and Pre-School Developmental Stage (3-5 years)

Paraphrase:
Let's spend a few minutes talking about children from birth to 5 years old. If you have raised children, some of this may feel familiar. If you haven't, that's okay. This is probably the age group that surprises new employees the most.

Young children do not think, communicate, or regulate emotions the way older children or adults do. Knowing what is generally expected helps you respond with patience instead of frustration. We are not expecting you to memorize every milestone. We are going to focus on the things that you are most likely to see in your day-to-day role. Ask the participants to turn in their participant manuals to the Developmental Milestones Tables for the Infant Developmental Stage (0-1), Toddler Developmental Stage (1-3 years), and Pre-School

Developmental Stage (3-5 years).

Ask participants to take a moment to read each domain. Each of the tables reviews milestones in different areas of development.

Say:
Birth to 12 months-what you will probably see:

- ***Cries to communicate needs***
- ***Needs frequent feeding and diaper changes***
- ***May cry when separated from familiar caregivers***
- ***Begins smiling, babbling, rolling, sitting crawling***

Remember, a baby cannot tell you what is wrong. Their behavior is their communication.

Ages 1-3

- ***Tantrums***
- ***Saying "no"***
- ***Wanting independence***
- ***Climbing everything***
- ***Difficulty sharing***
- ***Short attention span***

Remember, most tantrums are developmentally appropriate. Calm adults help children regulate.

Ages 3-5

- ***Lots of questions***
- ***Pretend play***
- ***Big imagination***
- ***Learning routines***
- ***Beginning to solve simple problems***
- ***Wanting to help***

Remember, children this age are learning self control, but they still need adults to help them regulate emotions.

Facilitation Question: (ask the following question and validate responses)

- Which of these behaviors might frustrate an adult who doesn't understand child development?

Say:
That is why understanding development matters. These tables are here as a reference. You are not expected to memorize them, but they can help you recognize when something may not be developing as expected.

Paraphrase:

- **Physical Development** consists of motor development, sensory development, and the nervous system's coordination of the motor and sensory. Motor activity depends on muscle strength and coordination.
    - Gross motor activities involve the large muscles of the body, including standing, sitting, walking, and running.
    - Fine motor activities involve the small muscles of the body and include activities such as speech, vision, and use of hands and fingers. Both large and small muscle activities are controlled and coordinated by the nervous system

- **Sensory development** includes the development of vision, hearing, taste, touch, and smell. The nervous system integrates the perceptual input of these systems. As noted on page 11 in the participant manual, toilet training falls under the adaptive skills domain.

Facilitator Note: Remind participants that abuse often takes place around the issue of toilet training. Many caregivers don't realize that it is normal for children to take longer than "expected" to potty train. For example, if a child takes more than two years to be potty-trained, a caregiver might get frustrated, and abuse could take place.

- **Cognitive Development** includes activities such as thinking, perception, memory, reasoning, concept development, problem-solving ability, and abstract thinking. Language is one of the most important and complicated cognitive activities.
    - Object Permanence begins to take place as sensorimotor skills are being used. Object permanence is when an object in the environment becomes permanent and does not cease to exist when it is out of sight or reach. Object permanence is necessary in order to form attachments (emotional and social domains).
    - Language Vs. Speech- Understanding and formulating language is a complex cognitive function that involves the ability to understand symbols and is influenced by perception. Speech is a motor activity. Language and speech are controlled by different parts of the brain.

- **Social Development** includes interactions with other people and involvement in social groups. The earliest social task is attachment. Spend some time here talking about attachment. Attachment begins forming in the social development domain. Object permanence is necessary for attachment to form. Attachment begins when a child expresses a need and as the caretaker meets their needs, the child begins to experience relief.

Key Points:

- A child expresses a need (hunger, discomfort), the caregiver responds appropriately, and the child experiences relief, building trust in the world.
- Readiness is child-specific, usually occurring between ages 2 and 3. Caregiver

frustration here is a common source of physical abuse.

- Assistants should provide the "Immunization Chart" but must respect caregiver exemptions for religious or medical reasons and never shame families for their choices.

ATTACHMENT THEORY

VIDEO: THE HEART OF ATTACHMENT

Time: 20 Minutes
Purpose: To help Social Services Assistants understand the foundational role of attachment in a child's emotional and social development, and how early caregiver relationships shape a child's ability to build trust, resilience, and healthy relationships throughout life

Participant Manual: The Heart of Attachment Video Reflection Sheet
Video: The Attachment Theory: How Childhood Affects Life (7:35):
https://youtu.be/WjOowWxOXCg?si=HxvGC_K5hmTkwrtr

Say:
As you watch the video; think about how early caregiver relationships shape a child's ability to build trust; resilience; and healthy connections throughout life. Record your responses to the questions below on the Heart of Attachment Video Reflection Sheet located in your participant manual.

Paraphrase
Attachment develops when a child learns that adults will consistently meet their needs for safety, comfort, and care. Every time a caregiver responds to a child's hunger, fear, sadness, or need for comfort, the child begins building trust.

Many children involved with DCFS have experienced abuse, neglect, inconsistent caregiving, or multiple placements. Because of these experiences, they may struggle to trust adults or respond to relationships differently than expected.

As a Social Services Assistant, you may notice this during transportation, family time, or other interactions. A child may refuse to talk, reject help, become overly attached very quickly, or seem emotionally distant.

Your responsibility is not to diagnose attachment concerns. Your responsibility is to remain calm, patient, consistent, document your observations objectively, and communicate concerns to the assigned Specialist.

Key Points:

- Secure attachment develops through consistent, responsive caregiving
- Children involved with DCFS may struggle to trust adults because of past experiences
- Attachment difficulties may affect how children respond during transportation, family time, or other interactions
- Social Services Assistants should respond consistently, document observations objectively, and communicate concerns to the team.

Facilitator Question

- Think about a child who has learned that adults don't keep promises. How might a child respond to a new Social Services Assistant?

Facilitator Answer:

- They may refuse to talk, they may appear angry or withdrawn, they may not believe what the Assistant says, they may test boundaries, they may become overly attached very quickly, they may resist getting into vehicles or participating in family time.)

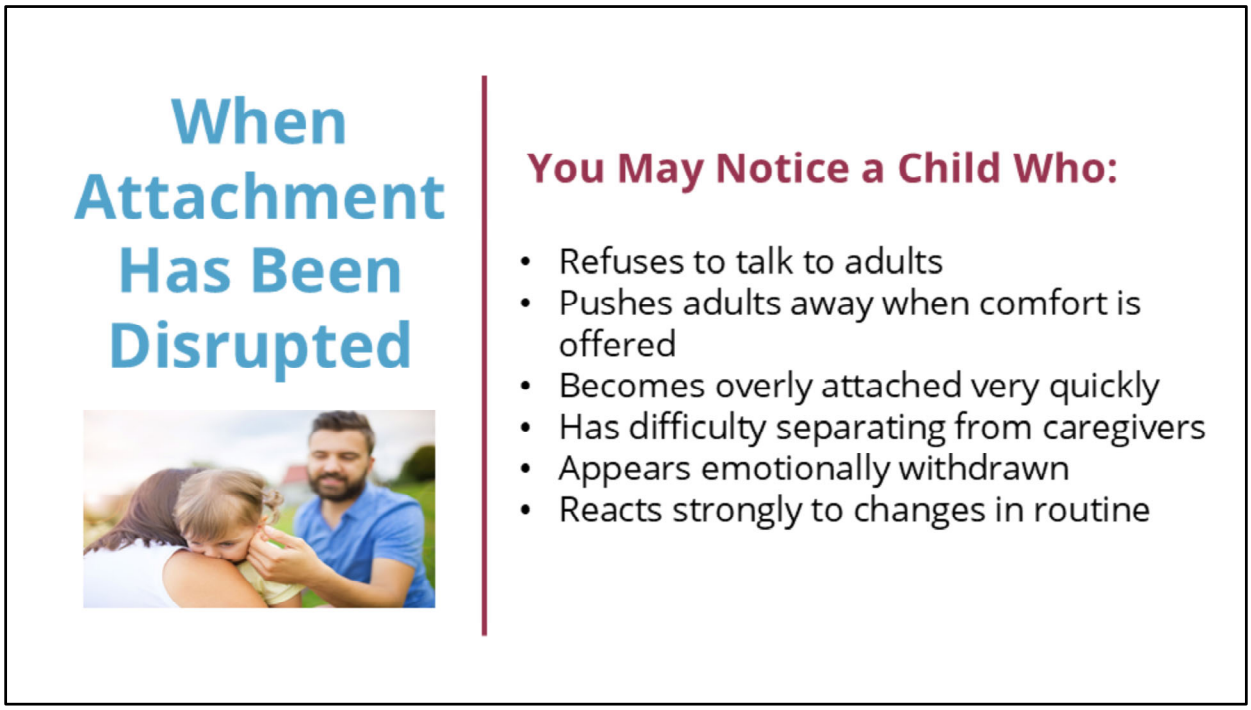
Say:

These behaviors should not be taken personally. Continue responding calmly and professionally while documenting concerns for the team.

Source:

]*The Heart of Attachment: How Mothers Shape Our First Connections*

https://www.parents.co.za/post/the-heart-of-attachment-how-mothers-shape-our-first-connections



WHEN ATTACHMENT HAS BEEN DISRUPTED

Time: 3 minutes
Purpose: Help participants recognize how disrupted attachment may affect a child's behavior and identify the appropriate response for an Assistant

Say:
Children who have experienced abuse, neglect, inconsistent caregiving, or multiple placements may struggle to trust adults. These experiences can affect how they respond during interactions.

Every child responds differently. Some children may withdraw, while others may become angry, fearful, or overly attached very quickly.

Your responsibility is not to determine why these behaviors re occurring. Your responsibility is to respond calmly, document what you observe, and communicate concerns.

Remember:
- ***Do not assume a diagnosis***
- ***Do not take behaviors personally***
- ***Stay calm and consistent***
- ***Document objective observations***
- ***Share concerns with the team***

Facilitation Question: (ask the question below and validate responses)
- Which of these behaviors might you observe?

Facilitation Question: (ask the question below and validate responses)

- How should an Assistant respond?

Facilitation Answers:

- Stay calm
- Be patient
- Avoid arguing or forcing interaction
- Maintain professional boundaries
- Document what was observed
- Notify the team if concerns continue.

Key Points:

- Attachment disruptions can affect a child's behavior and relationships
- Children respond differently to trauma and disrupted caregiving
- Assistants should never diagnose
- Objective observation and communication are key responsibilities

Say:

Now that we have discussed how disrupted attachment may affect children's behavior, let's look at another important concept, how trauma can influence emotional regulation and everyday interactions.

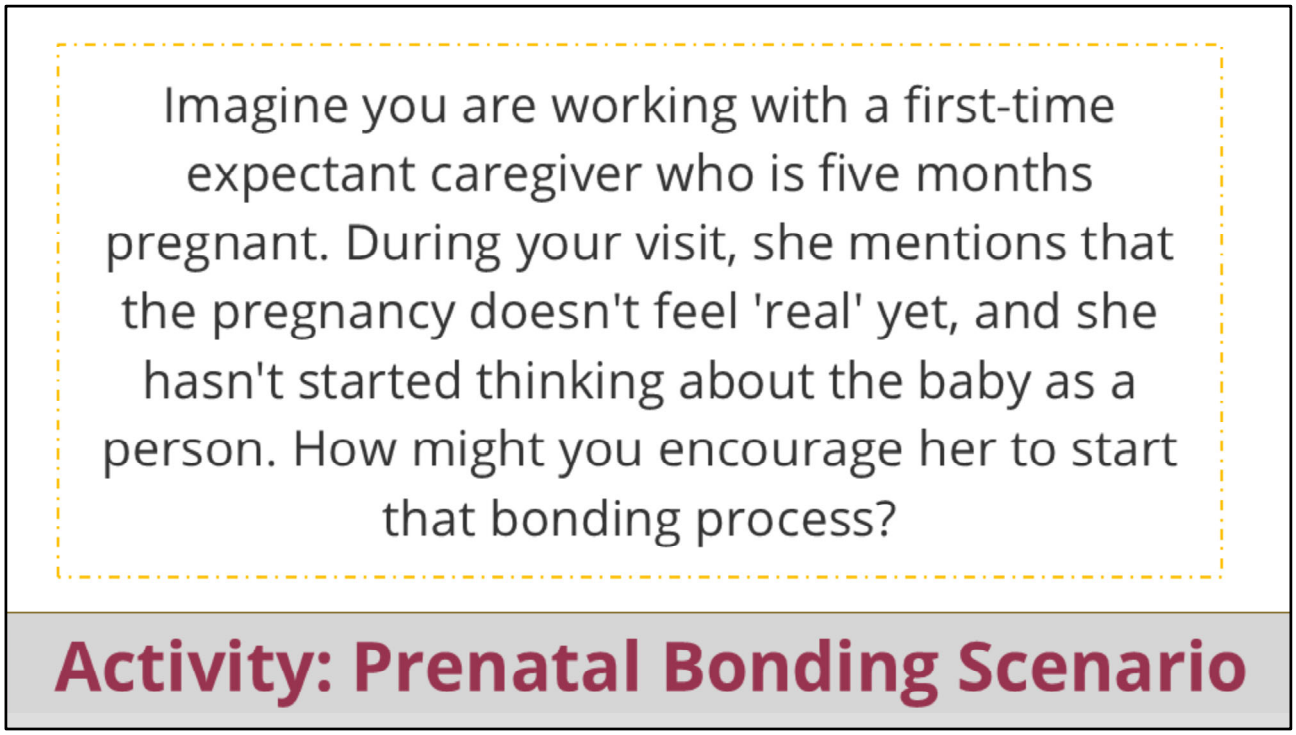
SUPPORTING HEALTHY ATTACHMENT DURING PREGNANCY

Time: 10 Minutes
Purpose Help Social Services Assistants understand the importance of early attachment during pregnancy and recognize appropriate ways to encourage and support expectant parents

Say:
Attachment begins before a child is born. While not every expectant parent immediately feels connected to their unborn baby, supportive relationships, healthy prenatal care, and positive interactions during pregnancy can help strengthen that bond.

As a Social Services Assistant, you may work with expectant parents. The way you communicate with parents can encourage hope, support healthy choices, and reinforce the importance of preparing for their child's arrival.

Facilitator Note: It is very important to remain sensitive to background differences and previous experiences of loss, such as miscarriages, when discussing these topics.



ACTIVITY: PRENATAL BONDING SCENARIO

Time: 15 Minutes
Purpose: To help Social Services Assistants identify practical, background sensitive bonding activities they can proactively suggest to expectant caregivers to support early attachment and help prevent future abuse

Participant Manual: Behaviors That Show Attachment

Say:
As Social Services Assistants, your role is to be proactive. By suggesting simple acts like naming the baby, playing music, or even just talking to the fetus, you are helping the caregiver build a foundation of care that can prevent future abuse.

Scenario:
Imagine you are working with a first-time expectant caregiver who is five months pregnant. During your visit, she mentions that the pregnancy doesn't feel 'real' yet, and she hasn't started thinking about the baby as a person. How might you encourage her to start that bonding process?

1. Ask participants to turn in their participant manuals to ‘Behaviors That Show Attachment,'
2. Ask participants to take about five minutes to individually list behaviors or activities that social services assistants could suggest to this caregiver to help her connect with her growing fetus.

3. Once participants are finished, ask volunteers to share their suggestions while you record them on a flip chart or the board

Facilitation Question:

- How might a caregiver's background or lived experiences influence how they respond to bonding suggestions, and how can Social Services Assistants adapt their approach accordingly?

Facilitation Answer:

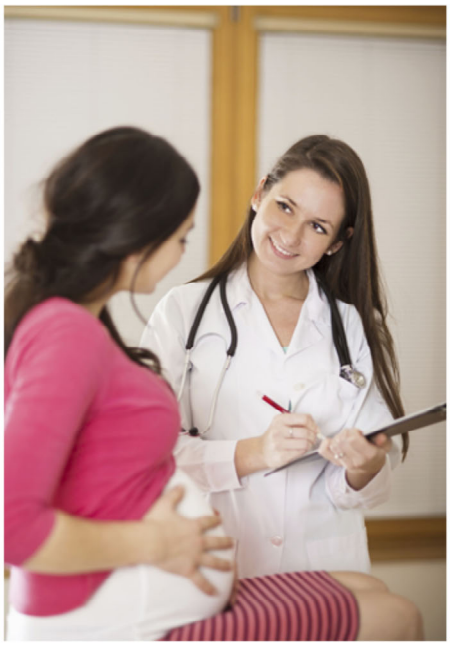
- A caregiver with no positive prenatal care models may be unfamiliar with or resistant to bonding activities, so suggestions should be framed gently and without judgment.
- Different backgrounds may shape which bonding activities feel comfortable, Social Services Assistants should offer a range of options rather than a one-size-fits-all suggestion.
- Social Services Assistants should listen first, learn the caregiver's comfort level and lived experience, then tailor suggestions to what feels natural and accessible for that individual.

Facilitation Note:

It is very important to remain sensitive to the fact that some participants may have experienced pregnancy loss or miscarriage when facilitating this activity.

Key Points:

- Social Services Assistants must be proactive in suggesting bonding activities to clients, such as naming the baby, seeking prenatal counseling, and making physical space in the home for the child.
- Proper nutrition and prenatal vitamins are also ways for a mother to demonstrate care and attachment to her unborn child.
- Encouraging these early connections is a primary way to support the "Heart of Attachment" cycle before the child is even born.
- When suggesting these behaviors, Social Services Assistants should be mindful of the family's background and lived experiences, as some may not have had positive models for prenatal care.



PRENATAL CARE VISITS

- Once each month for weeks four through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

PRENATAL CARE VISITS

Time: 15 Minutes
Purpose: To help participants understand the schedule, structure, and importance of prenatal care visits so they can support pregnant individuals in accessing consistent, timely care

Paraphrase:
Prenatal care is the health care a woman receives while they are pregnant. This includes checkups and prenatal testing provided by a health care provider that specializes in the delivery of babies (i.e., an obstetrician, midwife). During pregnancy, regular checkups are very important. Prenatal care can help mothers stay healthy and keep their babies healthy until it is time for delivery.

Early treatment can help identify problems early and prevent complications before delivery. Typically, routine checkups occur:

- Once each month for weeks four through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

Women 35 years old or older, or women who are considered “high risk” because of health issues like diabetes or high blood pressure, may be required to see their doctors more often. Appointments may occur more frequently as delivery approaches.

What happens During Visits?
On the first visit, the doctor will perform a full physical exam, take the mother’s blood for lab tests, and calculate her due date. The doctor might also do a breast exam, a pelvic exam to check the mother’s uterus (womb), and a cervical exam, including a Pap test. The doctor will also ask the mother questions about her lifestyle, relationships, and health habits. It is very important to stress the need for the mother to be honest with her doctor about all of these things, so that the doctor can provide the best possible solutions during her pregnancy. Other information that doctors may request from the mother includes:

- Questions about prior pregnancies
- Questions about the family's health history
- Discussion about any health conditions and risk factors that could affect them or the fetus
- Blood, urine, or other routine prenatal lab tests
- Blood pressure, height, and weight checks
- Discussions about healthy eating and prenatal vitamins
- Due date predictions (Typically, when mothers are 40 weeks pregnant)

After the first visit, most prenatal visits will include:
- Checking mother’s blood pressure and weight
- Checking the baby's heart rate
- Measuring the mother’s abdomen to check her baby's growth
- Check your hands and feet for swelling
- Do routine prenatal tests

The mother of the child will have some routine tests throughout her pregnancy, such as tests to look for anemia, tests to measure the risk of gestational diabetes, and tests to look for harmful infections. It is encouraged that the mother becomes a partner with her doctor to manage her care. Maintain all of her appointments — each one is important! It is important for mothers to ask questions and read to educate themselves about this exciting time.

Facilitation Question:
- What barriers might prevent a pregnant person from keeping all of their scheduled prenatal visits, and what resources or support could help address those barriers?

Facilitation Answer:
- Women with high-risk conditions (diabetes, high blood pressure) face more frequent visits, increasing attendance demands.
- Visits become more frequent near delivery, which can be harder to manage.
- Support includes partnering with the doctor, maintaining all appointments, and self-

education.

Facilitation Question:

- Why is open and honest communication between a patient and their provider so important during prenatal care, and how can healthcare workers help create an environment where patients feel comfortable sharing sensitive information?

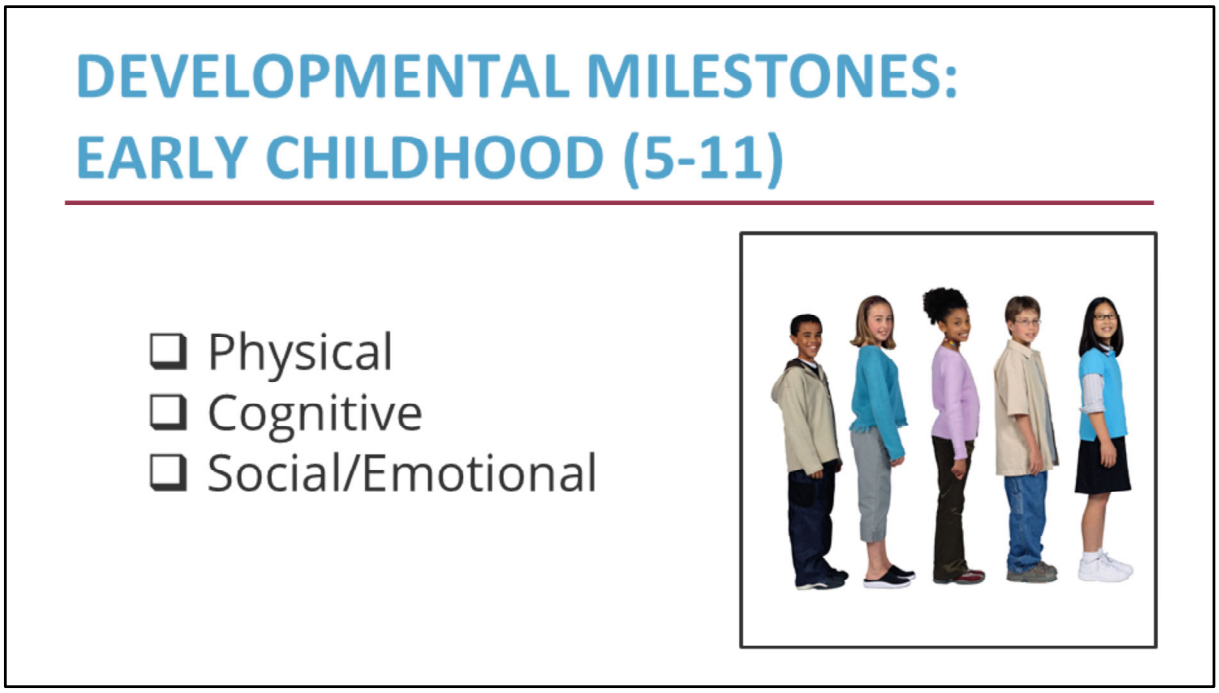
Facilitation Answer:

- Doctors ask about lifestyle, relationships, and health habits. Honesty allows providers to offer the best possible solutions.
- Withholding information about health conditions or risk factors can lead to missed complications .
- Mothers are encouraged to ask questions and educate themselves to build an open, engaged relationship with their provider.

Key points:

- Visit frequency increases as pregnancy progresses; monthly in the first and second trimesters, bi-weekly at 28–36 weeks, then weekly until delivery.
- The first visit is the most comprehensive; it includes a full physical, blood work, due date calculation, lifestyle discussion, and baseline health assessments.
- Routine follow-up visits monitor both mother and baby; tracking blood pressure, weight, fetal heart rate, abdominal growth, swelling, and lab results.
- High-risk pregnancies require more frequent visits; women 35 and older or those with conditions like diabetes or high blood pressure will follow a more intensive schedule.

Source: *Prenatal Care* *https://medlineplus.gov/prenatalcare.htm*



DEVELOPMENTAL MILESTONES EARLY CHILDHOOD (5-11)

Time: 8 Minutes
Purpose: Help Social Services Assistants recognize age-appropriate development in school aged children, identify behaviors that may warrant follow up, and understand how trauma may affect development and behavior

Participant Manual: Developmental Milestones Tables for the School-Age Developmental Stage Ages 5-11

Ages 5-7
You may notice:
- Enjoys playing with other children
- Can follow simple rules
- Beginning to solve problems independently
- Can express basic emotions with words

Share concerns if you observe:
- Cannot communicate basic needs
- Extreme difficulty interacting with others
- Frequent aggression far beyond peers
- Significant regression in previously learned skills

Ages 8-11
You may notice:
- Increasing independence

- Strong friendships
- Better emotional regulation (although frustration is still common)
- Growing sense of responsibility

Share concerns if you observe:
- Extreme withdrawal
- Persistent sadness
- Severe difficulty controlling emotions
- Ongoing concerns with communication or functioning

Trauma can affect development. A child who has experienced abuse, neglect, or multiple placements may appear younger emotionally than their chronological age. Consider the child's experiences before assuming behavior is simply "bad behavior".

Paraphrase
During the ages of 5-11, children refine motor skills and begin to think more logically and rationally. Socially, relationships outside the family (peers) become significantly more important. Children at this stage are adopting age-appropriate social roles and developing an understanding of rules. Ask the participants to turn in their participant manuals to the Developmental Milestones Tables for the School-Age Developmental Stage Ages 5-11 and to take a moment to read each domain.
- **Physically:** Motor skills become increasingly complex during this stage — children are not just moving, but mastering coordination through organized sports, musical instruments, and detailed drawings.
- **Cognitively:** Thinking shifts from magical to more logical and rational. Children begin to sustain attention, plan ahead, and understand another person's perspective. Language also becomes more sophisticated, with children describing experiences in detail and talking openly about thoughts and feelings.
- **Socially/Emotionally:** Friendships — often with same-sex peers — become a central part of a child's world. Self-esteem at this stage is largely shaped by how capable the child feels, making it important for caregivers to recognize and encourage individual strengths. Children are also beginning to understand rules and adopt social roles within their peer groups.
- Self-esteem for 5-11-year-olds is a reflection of how they are treated by caregivers and their own sense of competence.
- Caregivers should be encouraged to act as advocates for their children in the school system.
- Sibling rivalry is common; caregivers can reduce this by recognizing individual achievements.

Scenario
You are supervising family time with a 9-year-old. During the visit the child suddenly begins crying because they lost a simple game. The child throws the game pieces and hides under

the table.

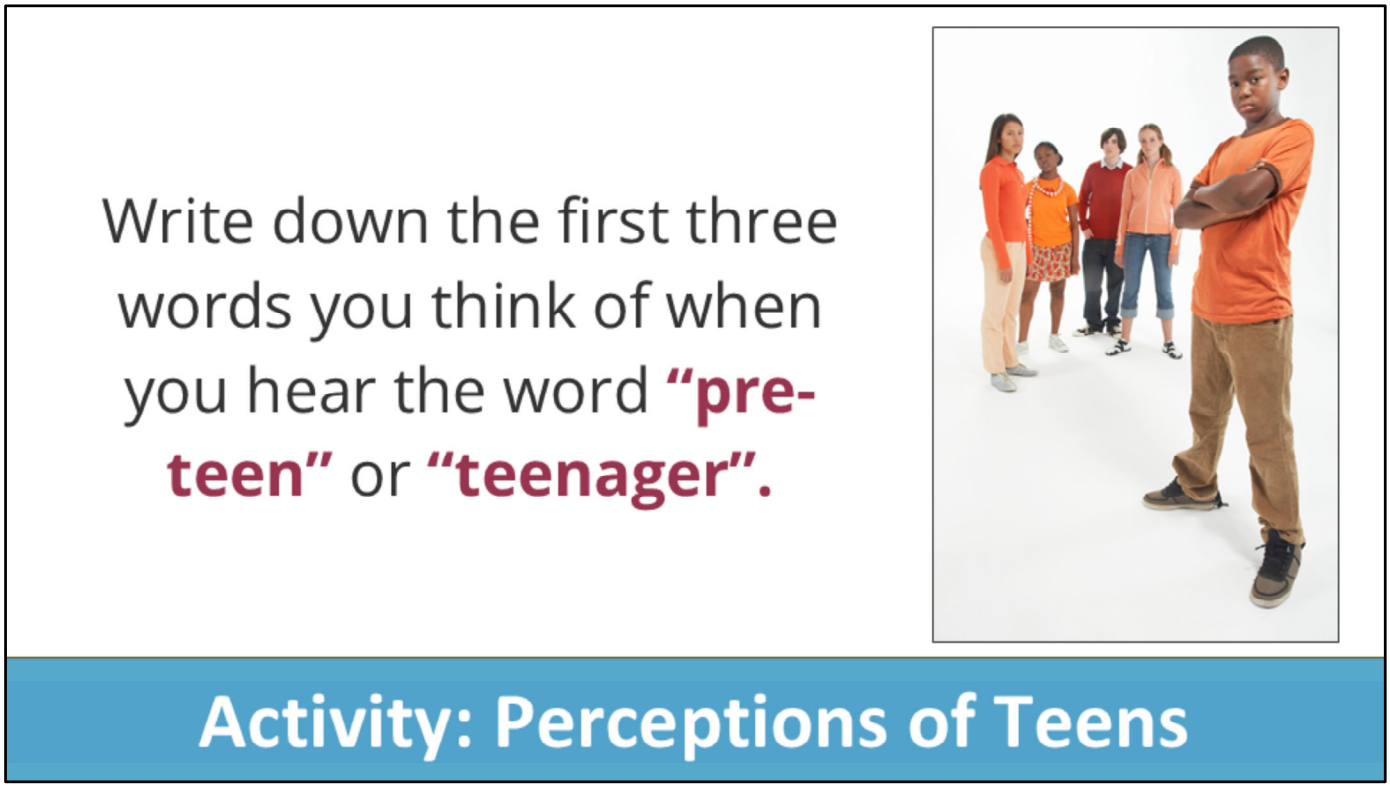
Discuss:

- Could this be age appropriate?
- Could trauma be affecting the child's response?
- How should an Assistant respond?
- What observations should be documented?

Say:

Ask yourself: Is this behavior generally expected for this child's age and experiences? If you are unsure, document what you observe and discuss with your supervisor.

ADOLESCENT DEVELOPMENT



ACTIVITY: PERCEPTIONS OF TEENS

Time: 10 Minutes
Purpose: To encourage participants to examine their own perceptions of teenagers and build empathy toward adolescents by recognizing and affirming their strengths alongside their challenges

Activity Instructions:

1. Begin this portion of training by asking each person to write down three words that they think of when they hear the word "teenager".
    - **Facilitator Note:** There are no right or wrong answers.
2. Once everyone has had a chance to write, ask each participant to share at least one word from their list. As they share, write every word on the whiteboard or flip chart without commenting or reacting. Remind participants that all responses are welcome.
3. Once the list is complete, take a moment to look at it as a group. Ask participants what they notice. Most of the time, the words on the board will skew negative — words like "dramatic," "defiant," "moody," or "difficult" tend to dominate the list.

Say:
These perceptions may be common; However, teens also bring tremendous strengths: creativity, passion, loyalty, a strong sense of justice, resilience and a growing capacity for empathy and complex thought. This matters in practice, as we must see their potential alongside their struggles. Workers and caregivers who approach teens with a deficit lens — focused primarily on what's wrong or difficult — are less likely to build the kind of trusting

relationships that make DCFS intervention effective.

Facilitation Note: When people think of teenagers, they automatically think of words like 'rebellious' and 'emotional'. However, it is important to remind participants that teens also have many strengths.

Facilitation Discussion:

- Ask participants to share some real-life examples of strengths they've identified with pre-teens and teens they have encountered in the field.
- Remind participants not to disclose identifying information and keep it general.
- Negative perceptions of teenagers are common but incomplete.
- Adolescence is a period of significant growth and change — the behaviors that can feel most frustrating are often developmentally appropriate.
- Assistants and caregivers who lead with curiosity and recognize teen strengths are better positioned to build trust and identify when a young person truly needs help.
- Youth are perceptive; they can tell when an adult has written them off.

DEVELOPMENTAL MILESTONES: EARLY ADOLESCENCE (11–14)

Time: 10 Minutes
Purpose: To identify the hallmarks of early adolescent development (11–14) and distinguish normal behavior from signs that a youth may need additional support

Participant Manual: Developmental Milestones Tables for Early Adolescent Developmental Stage (ages 11–14)

Paraphrase:
Early adolescence is one of the most dynamic periods of development. Ask participants to turn to page __ in their participant manuals to the Early Adolescent Developmental Stage (ages 11–14). Ask participants to take a moment to review each domain.

- **Physically:** Gross and fine motor skills are highly developed, and many youth begin discovering specific talents in sports or music.
- **Cognitively:** Early adolescents are expanding their capacity for complex thought, they can explain ideas in multiple ways, set short-term goals, and begin to question authority and societal norms. This questioning is normal and healthy; it reflects a growing sense of justice and awareness of the world around them.
- **Socially/Emotionally:** This age group is highly focused on peer acceptance, which

becomes central to self-esteem. Youth this age may experience periods of moodiness, increasing desire for privacy, and conflict with caregivers, all of which are typical. They are beginning to experiment with different identities and adult roles as they work to figure out who they are.

WARNING SIGNS: EARLY ADOLESCENCE (11–14)

Time: 5 minutes
Purpose: Identify possible warning signs in early adolescence

Participant Manual: Warning Signs—When an Adolescent Might be in Trouble

Activity: "Normal" Or "At Risk"?
Warning signs - When an Adolescent might be in trouble
Briefly review the domains. Then ask participants to turn in their participant manual to and review Warning Signs—When an Adolescent Might be in Trouble.

Say:
Because adolescents are going through many changes during this time, it is important to know what to look for in case someone is experiencing problems. Social Services Assistants must watch for sudden and/or significant changes in behavior.

Activity Instructions:

Read these scenarios and then answer the following questions about each one:

- Is this teenager “at risk” or displaying “normal” adolescent behavior?
- Is it harder to decide on some scenarios than on others? Why?
- What strengths does this teenager have that could be built on?
- What interventions would you recommend for these adolescents, even if behavior seems “normal?”
- How might your own assumptions influence your perception of these scenarios, and how can you guard against that?

- Mary is a 13-year-old female in the eighth grade. During elementary school, Mary got good grades and scored highly on aptitude tests. Her parents describe her as having been an “easy child.” In the last year, Mary has begun to look more physically mature and her relationship with her parents has become strained. She wants to wear makeup and date boys, but her parents are opposed to these behaviors at her age. Recently, Mary’s mother was called to the school when Mary was caught “skipping” class and she was wearing makeup. She has also been caught trying to sneak out of the house on several evenings. Mary’s grades have fallen to average, and her parents complain that all she wants to do after school is talk on the phone.

- Jennifer is a 14-year-old female in the ninth grade. During elementary school, Jennifer got good grades and scored highly on aptitude tests. Her parents describe her as having been an “easy child.” In the last year, Jennifer has begun to look more physically mature and her relationship with her parents has become strained. Jennifer has begun to wear very short skirts and low-cut tops. One of Jennifer’s teachers has told her parents she is concerned because Jennifer often leaves school at the end of the day with several boys who are Juniors and Seniors. Jennifer’s grades have dropped and she has none of the same friends she had throughout elementary school. Last week, she was caught shoplifting from a local store.

- Jerome is a 16-year-old male. His parents report that he has always been “quiet and shy,” but has done well in school. Jerome has only two close friends, other boys of the same age he has known for some time. They spend a lot of their time playing games on Jerome’s computer and on his gaming system. Jerome always wears black, baggy clothes, and has dyed his hair platinum blonde. He has also pierced his nose and eyebrow. Jerome’s mother said she is afraid of the music he and his friends listen to because she cannot understand the words.

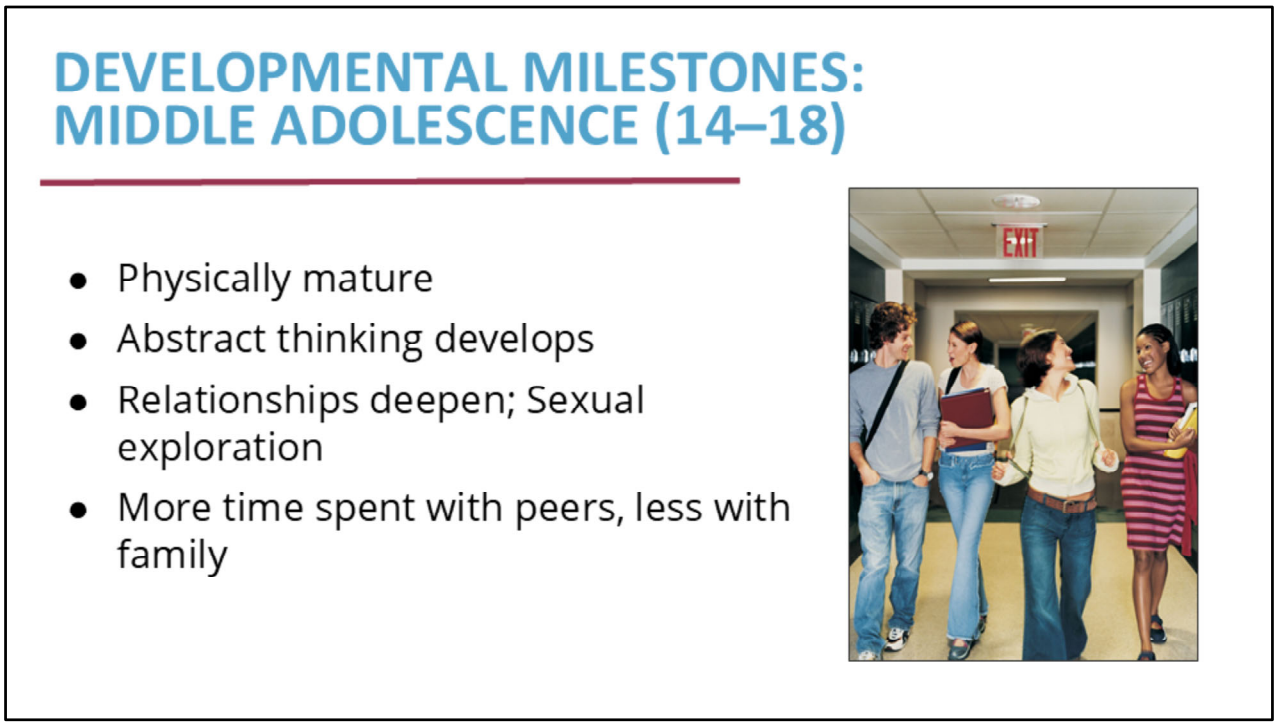
- Juan is a 16-year-old male. His family moved to this country two years ago. Juan is very bright, and he has quickly learned to speak English fluently. He also has become very interested in sports and is currently on the school’s football team. Juan has told you that he is in love with his girlfriend, Carrie, and that they have started having sex. He reports they do not use any form of birth control because that “would ruin it.” Juan expresses that he wants to go into the Army after high school so that he can then go to college.

- Maria is a 15-year-old female. Her parents are very upset because she recently told them she no longer accepted Catholicism. They report that she has become “wild” and argumentative in the last year, and that she constantly fusses with her younger sister. They do not approve of her boyfriend, a 17-year-old male, with whom she spends most of her spare time. Maria’s mother is also very angry because she found a pack of cigarettes and a condom in Maria’s purse.

- Donald is a 13-year-old male. His mother reports that he is rarely at home and is usually down the street, “hanging out” in a house with several older boys. While she was in his room recently, putting away laundry, she found a handgun and two “joints” of marijuana. One of Donald’s close friends was killed in a drive-by shooting several months ago. Since then, he has become increasingly distant from his mother and siblings. He was recently suspended from school for threatening another student.

Facilitator Note:
It is important for participants to understand that many behaviors that feel alarming Moodiness, arguing, and pulling away from family are developmentally appropriate for this age group. The goal is to help caregivers stay connected without overreacting to normal adolescent behavior, while remaining alert to signs that something more serious may be going on.

Key Points:
- Normal behavior includes periods of moodiness, desire for privacy, and experimentation with identities.
- At-risk indicators include cutting classes, loss of friends, self-harm, or increasingly distant behavior following a trauma.
- Assistants must assess sexual activity and development neutrally, providing guidance on social boundaries and safety.



DEVELOPMENTAL MILESTONES: MIDDLE ADOLESCENCE (14–18)

Time: 10 Minutes
Purpose: To understand the continued development of middle adolescents and recognize warning signs that may require intervention

Participant Manual: Middle Adolescent Developmental Stage (ages 14–18)

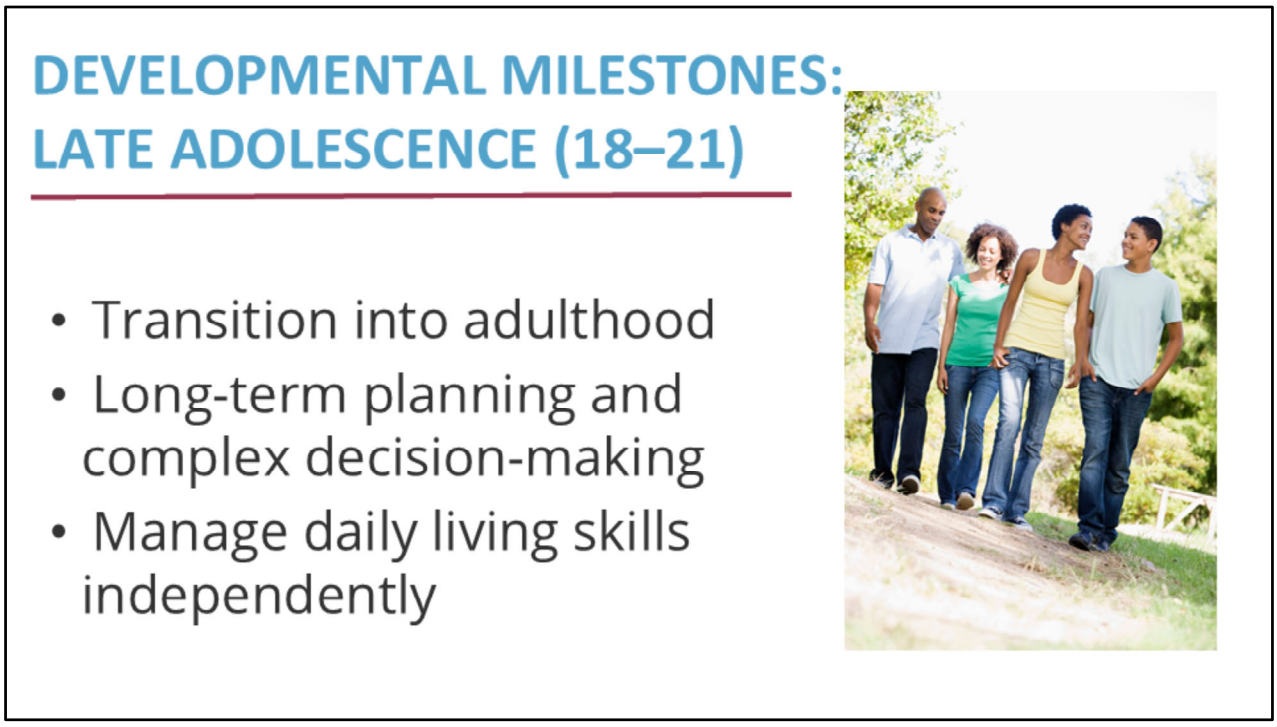
Paraphrase:
Ask participants to turn in their participant manuals to the Middle Adolescent Developmental Stage (ages 14–18). Ask participants to take a moment to review each domain.

- **Physically:** mature but still very much in the process of developing emotionally and cognitively.
- **Cognitively:** They are capable of complex, abstract thought — considering concepts like justice, politics, and government — and are beginning to think seriously about their future, including career goals and adult roles. They may hold strong idealistic views and can sometimes be intolerant of perspectives different from their own, which is a normal part of this stage.
- **Socially/Emotionally:** Relationships deepen significantly. Youth are spending more

time with peers without adult supervision. They are able to read subtle social cues, collaborate with peers on projects, and have detailed conversations around shared interests. These are signs of healthy social growth.

- Middle adolescents are developing who they are and beginning to think about long-term goals.
- Sexual exploration is a normal part of this stage and should be assessed neutrally.
- Assistants should watch for sudden behavioral changes, social withdrawal, or signs of self-harm that may indicate a youth is struggling.

Facilitation Note:
This is a stage where Assistants and caregivers must balance increasing independence with appropriate boundaries and guidance. Conversations about relationships, sexual exploration, and safety should be approached with neutrality and care. Youth at this stage are more likely to confide in a trusted adult outside the home, such as a healthcare provider, which is developmentally typical.



DEVELOPMENTAL MILESTONES LATE ADOLESCENCE (18–21)

Time: 8 Minutes
Purpose: To recognize the transition into adulthood and understand the continued support needs of older youth, particularly those aging out of care

Participant Manual: Late Adolescent Developmental Stage (ages 18–21)

Paraphrase:
Late adolescence marks the transition into adulthood. Ask participants to turn in their participant manuals to the Late Adolescent Developmental Stage (ages 18–21). Ask participants to take a moment to review each domain.

- **Physically:** Youth in this stage are continuing to refine who they are, making decisions about careers, relationships, and independent living.
- **Cognitively:** They are capable of long-term planning and completing complex tasks. They can engage in detailed conversations on a wide range of topics and are developing a more nuanced understanding of the world.
- **Adaptively:** Youth this age are expected to manage daily living skills independently, planning and preparing meals, managing money through part-time or full-time work, and using technology for research and productivity. They are also developing the

ability to accept and apply constructive feedback, which is an important skill for the workplace and beyond.

- Late adolescents are capable of independent functioning but may still need guidance and support, particularly around life skills and long-term planning.
- Youth aging out of care are at heightened risk and benefit from intentional relationship-building and connections to community resources.
- Assistants should assess readiness for independence and identify gaps in skills or support.

Facilitation Note: For youth experiencing foster care, this stage can be especially vulnerable. Aging out of the system without a strong support network can leave young people without the resources they need to navigate adulthood successfully. Participants should be encouraged to think about how they can help youth build connections and life skills well before they turn 18, so that the transition is not abrupt.

Development Wrap Up

- Developmental Milestones
- Prenatal Bonding
- Reactive Attachment Disorder

DEVELOPMENTAL MILESTONES WRAP UP

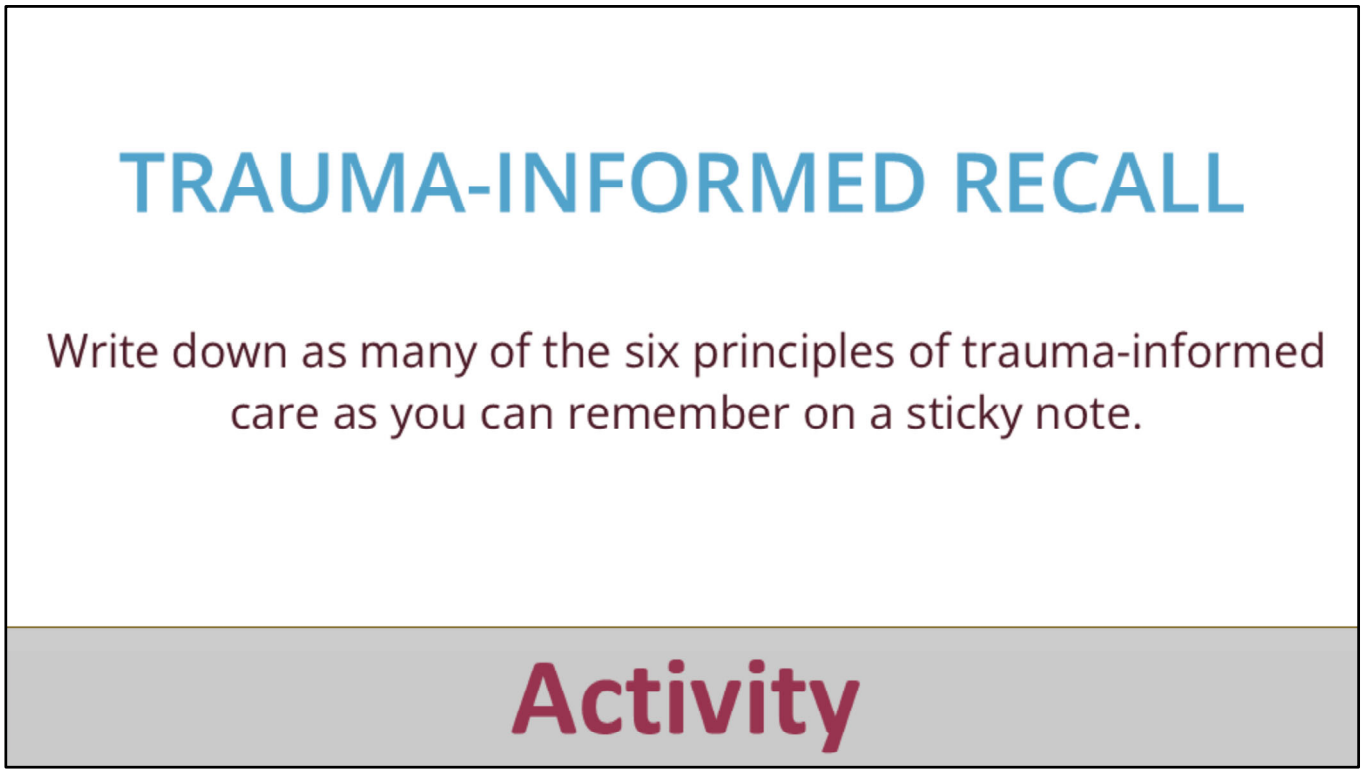
Time: 2 Minutes
Purpose: To review key concepts learned and transition from development to trauma related behaviors

Say:
We have traced the journey of youth development across four critical periods—Infancy, Preschool, Middle Childhood, and Adolescence (up to age 21)—monitoring growth across key domains.

While milestones give us a roadmap for "typical" development, trauma can disrupt this natural trajectory. Unmet needs, chronic hyperarousal, and attachment disruptions often manifest as behavioral differences or emotional dysregulation.

Next up we will look at how to distinguish Normal vs. Trauma-Related Behavior and explore the "why" behind behavior and learn how to apply the six core principles of trauma-informed practice to meet youth where they are.

NORMAL VS. TRAUMA RELATED BEHAVIORS



ACTIVITY: TRAUMA-INFORMED RECALL

Time: 7 minutes
Purpose: To briefly review trauma-informed care principles before connecting them to practice with children and families

Say:
One hard part of working with children is knowing whether behavior is developmentally expected, a response to trauma, or something that requires additional attention. The good news is you do not have to know the answer. Your job is not to diagnose why a child behaves a certain way. Your job is to notice, respond appropriately, document what you observe, and communicate concerns.

You were introduced to these principles earlier in training. Before we move forward; let us take a quick moment to reconnect with what they mean and why they matter in your role. Being family-centered means understanding how trust; collaboration; and respect shape every interaction with families, children, resource caregivers, and community partners. It is not just a philosophy; it is how you show up every day.

The core shift is simple: from doing things to families to doing things with families.

Activity Instructions:
1. Work with your table group to write down as many of the six family-centered practice principles as you can remember on a sticky note; one principle per note.

2. Give participants about 3 minutes; then we will review as a group on the next slide.

Key Points:

- Social Services Assistants do not need a clinical background to apply these principles
- You need to show up with curiosity; consistency; and a genuine desire to understand and support the families and resource caregivers you work with
- These principles are especially powerful during family time where trust; collaboration; and respect directly impact permanency outcomes

Six Key Principles of Trauma Informed Practice

1. Safety
2. Trustworthiness/Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Background Differences

TRAUMA-INFORMED CARE

Time: 10 minutes
Purpose: To introduce trauma-informed care and reinforce the Social Services Assistant's role in promoting trauma-informed responses with families and community partners

Paraphrase:
Being family-centered is not just about knowing the terms. It is about how you show up — with families; with children; with resource families; and with the community partners you work alongside.

Trauma-Informed Care is an approach to engaging people with trauma histories that recognizes how trauma has shaped their lives. It is a shift from what is wrong with you? to what happened to you?

These six principles are the foundation for building trust; supporting collaboration; and creating meaningful experiences during family time and beyond.

The Six Principles:
1. **Safety**: every interaction should promote a sense of physical and emotional safety for

the child; the caregiver; and the resource family
2. **Trustworthiness and Transparency**: decisions are made openly and honestly so that all parties understand what is happening and why
3. **Peer Support**: encourage connection and mutual support among families; resource caregivers; and network members to build hope and shared strength
4. **Collaboration and Mutuality**: partner with families and resource families as equal participants; leveling power differences and centering their voice in every decision
5. **Empowerment; Voice; and Choice**: recognize and build on the strengths of families and resource caregivers; giving them meaningful opportunities to contribute to planning and decision-making
6. **Background Differences**: provide individualized; culturally responsive support that respects each family's unique background, values, and lived experience

Say:
You do not need a clinical background to apply these principles. You need to show up with curiosity, consistency, and a genuine desire to understand and support the families and resource caregivers you work with. These principles are especially powerful during family time, where trust, collaboration, and respect can make the difference between a visit that feels like a check-in and one that moves a family toward permanency.

Facilitation Question:
- How might trauma-informed care change the way you work with families, caregivers, and community partners in your role as a Social Services Assistant?

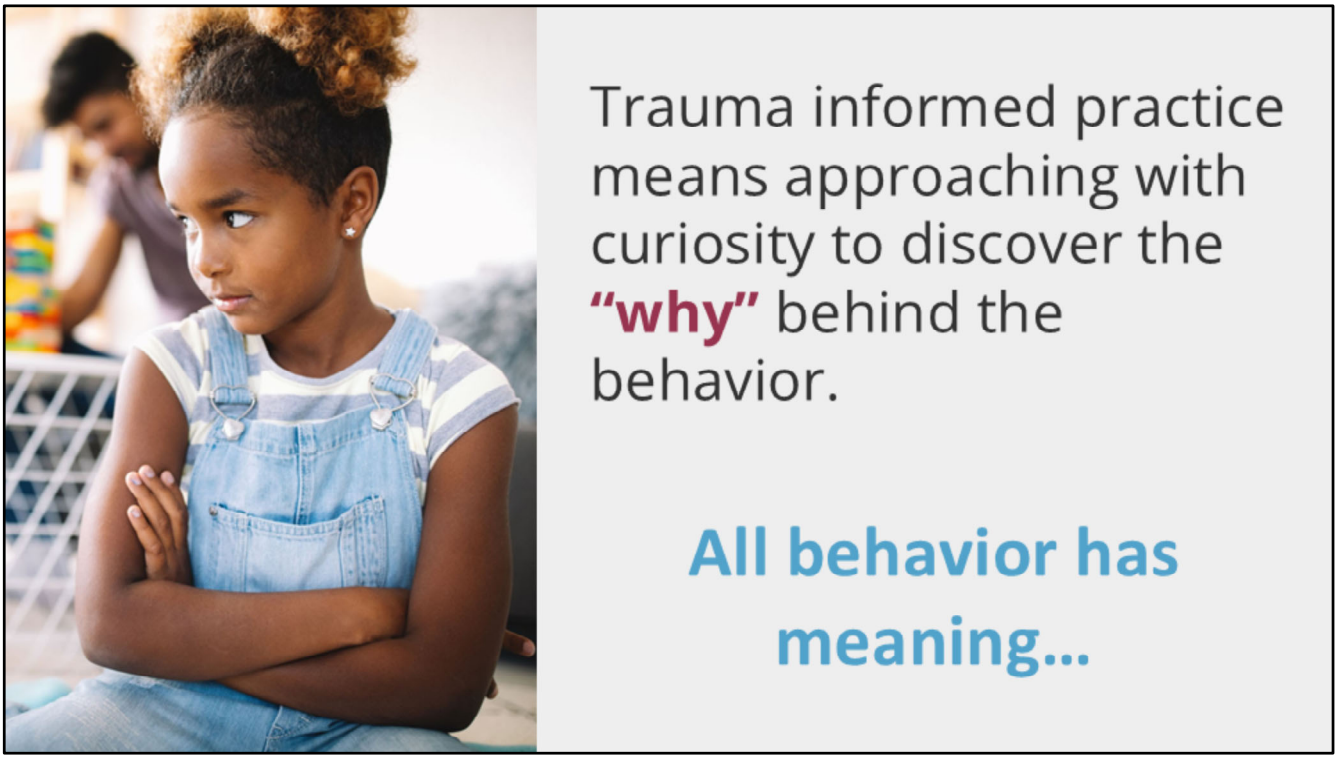
Facilitation Answer:
- It encourages more respectful, patient, and collaborative engagement.
- It helps staff focus on safety, trust, voice, and choice.
- It supports better assessment and more thoughtful intervention.
- It also helps staff model family-centered practice for resource families, providers, and other partners working with the family.

Facilitation Question:
- Which of these six principles have you found to be the hardest to practice consistently in the field — and why?

Facilitation Answers:
- Answers may vary; validate all responses and connect back to the family time supervision content

Key Points:
- These six principles apply to every interaction — with families; resource caregivers; and community partners
- Family time is one of the most powerful opportunities to put these principles into practice

- How you show up during a visit communicates these values before you say a single word
- Collaboration and empowerment are not just values — they are strategies that directly support permanency outcomes



DISCOVERING THE "WHY" BEHIND BEHAVIOR

Time: 1 minute
Purpose: To help participants understand the importance of moving from labeling behaviors and working collaboratively with families to identify the why behind behaviors and work towards maintaining placement stability

Say:
Taking a trauma informed approach means understanding that all behavior has meaning and is an expression of an unmet need. It's our role as supports for families to help them to work collaboratively to understand the "why" behind behaviors. Often placement stability becomes challenging for families when the focus is solely on the behavior, and the root of the behavior is not addressed. It's critical to ensure that families are well informed about trauma related behaviors and supported in addressing these behaviors from a trauma informed approach.

UNDERSTANDING CHILDREN'S BEHAVIORS

Understanding Children's Behaviors

UNDERSTANDING CHILDREN'S BEHAVIORS

Time: 2 minutes
Purpose: To transition to discussing trauma-related behaviors

Say:
As an Assistant, you may work with children who:

- ***Have experienced trauma***
- ***Have diagnosed behavioral health conditions***
- ***Have developmental delays***
- ***Are grieving a loss or major life change***
- ***Have no diagnosis at all but are experiencing stress***

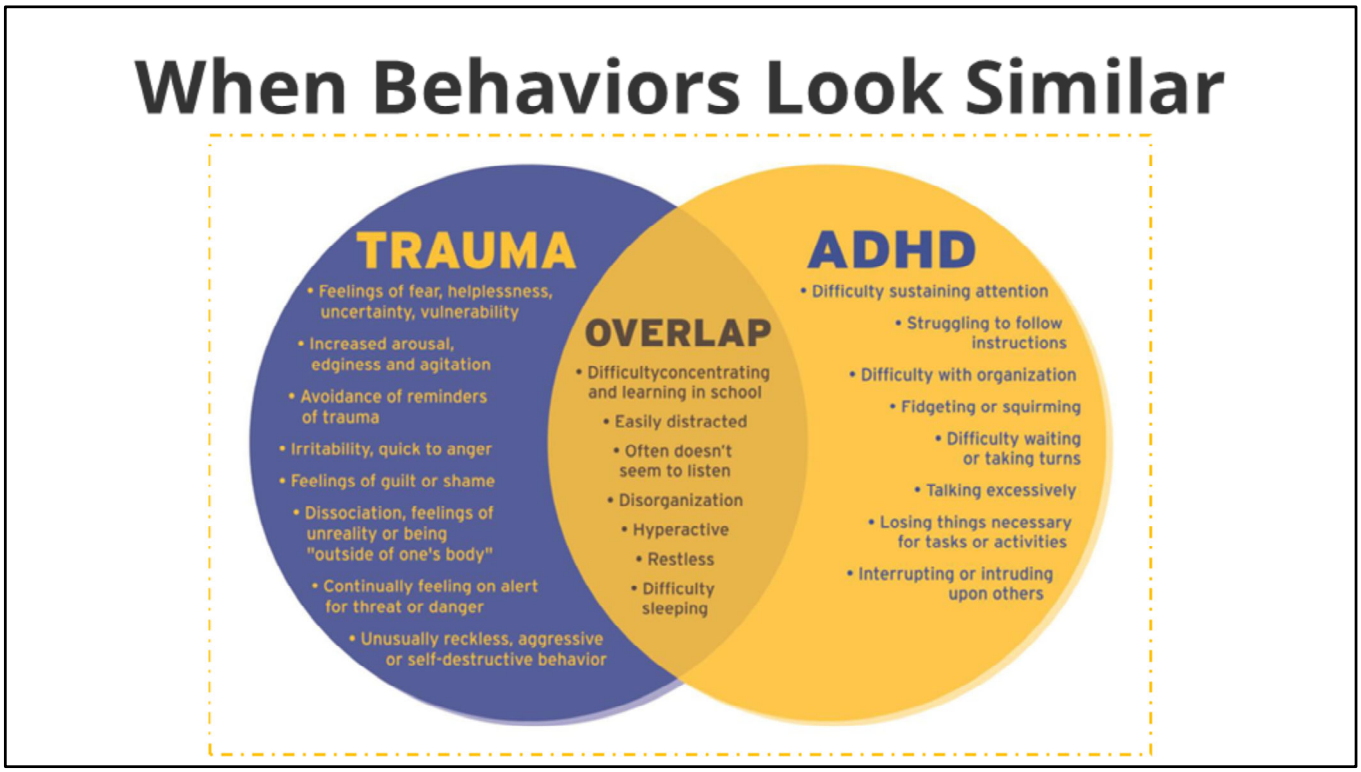
Your role is to:

- ***Observe objectively***
- ***Respond with patience and professionalism***
- ***Document what you see and hear***
- ***Share concerns with the team***

Paraphrase:
Your job is not to diagnose a child. Your job is to understand what you are seeing and respond appropriately.

We have spent today talking about child development, trauma, and attachment because those things influence how children behave. In your role, you are going to meet children with many different backgrounds and experiences. Some may have diagnosed behavioral health conditions. Others may have experienced significant trauma. Some may be responding to stressful situations.

The important thing to remember is that behavior has many possible causes. Your responsibility is not to determine why a child is behaving in a certain way. Instead, focus on what you observe, respond in a calm and supportive manner, document objectively, and communicate concerns.



WHEN BEHAVIORS LOOK SIMILAR

Time: 15 Minutes
Purpose: To help Social Services Assistants understand that behaviors such as inattention, impulsivity, withdrawal, and emotional outburst may have different causes

Participant Manual: Overlap Between Trauma and ADHD

Say:
You may observe behaviors that could have many different causes. A child who is easily distracted, impulsive, withdrawn, or emotionally reactive may have experienced trauma, may have a diagnosed behavioral health condition such as ADHD, may have both, or may be responding to something happening in their life today.

As a Social Services Assistant, your responsibility is not to determine the cause of the behavior. Instead:

- ***Observe what you see***
- ***Respond calmly and consistently***
- ***Document objective facts rather than assumptions***
- ***Communicate concerns to the team***

The goal of this slide is simply to remind us that similar behaviors can have different causes, so we should avoid making assumptions.

Facilitator Question: (ask the question below and validate responses)

- Why is it important not to make assumptions about the cause of a child's behavior?

Facilitator Note: Have participants look at each of the segments in their participant manual and discuss at their tables how they have experienced or seen this overlap in exhibit in children they have worked with.

Activity Instructions:
Have participants pair share amongst their group for 5 minutes then have each group share some examples of overlap they have seen with children experiencing DCFS care.

Say:
This does not mean every child with these behaviors has been traumatized; or that every child who has experienced trauma has ADHD. Kids can have both. Our job is to hold both possibilities at once and approach behavior with curiosity rather than a quick label.

Paraphrase:
Similar behaviors may include:

- Difficulty paying attention
- Acting quickly without thinking
- Restlessness or constant moving
- Emotional outbursts
- Shutting down or withdrawing
- Difficulty with transitions
- Trouble following directions

These behaviors may be related to:

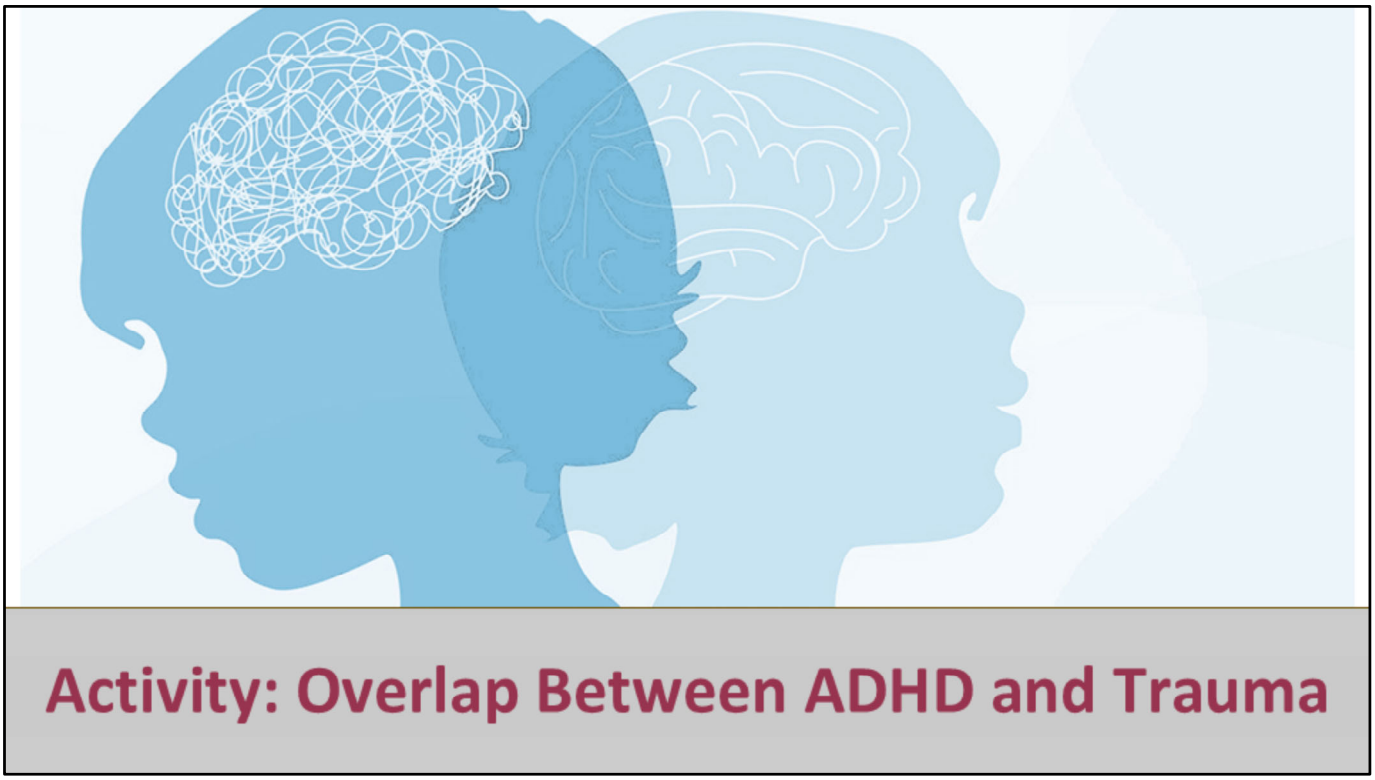
- Trauma or stress
- ADHD or another diagnosed condition
- Grief or loss
- Developmental differences
- Lack of sleep, hunger, fear, or overstimulation
- More than one factor at the same time

Your role:

- Observe what happened
- Stay calm and respond supportively
- Avoid labeling the child or guessing the cause
- Document specific words and behaviors
- Share concerns

Say:
Children can show the same behavior for very different reasons. A child who cannot sit still

may have ADHD, may be anxious, may be afraid, or simply have had a very difficult day. You will not always know the cause, and you are not expected to determine it. What matters is how you respond. In the next activity we will look at some scenarios and connect how this might look for the children we engage with.



ACTIVITY: OVERLAP BETWEEN TRAUMA AND ADHD

Time: 10 minutes
Purpose: To help participants practice identifying whether a behavior reflects ADHD or trauma and understand how to respond through a trauma-informed lens

Participant Manual: Overlap Between Trauma and ADHD

Activity Instructions:
Read each scenario below. For each one discuss:

1. **What behaviors do you observe?**
2. **What are some possible reasons for these behaviors? (there may be more than one)**
3. **How should an Assistant respond?**
4. **What, if anything, should be documented or shared with the team?**

Say:
The purpose of this activity is not to diagnose ADHD or identify trauma. Many behaviors overlap. Instead, participants should focus on observing behaviors, considering the child's needs, responding in a supportive and trauma-informed manner, and sharing objective observations that help the team provide appropriate support.

Scenario 1: ADHD
A 9-year-old has lived in a stable, loving home since birth. His caregiver reports that he has always had difficulty sitting still, frequently interrupts, loses things constantly, and struggles to

finish tasks even when he enjoys them. His teacher says he is bright but cannot stay focused long enough to complete assignments.

Facilitation Answer:

- Observed behaviors include difficulty sustaining attention, restlessness, losing items, interrupting others, and difficulty completing tasks.
- Several of these behaviors appear in the infographic's overlap area (difficulty concentrating, being easily distracted, disorganization, hyperactivity, and restlessness) and may affect functioning at home and school.
- Rather than focusing on why the behavior occurs, an Assistant should focus on understanding how it impacts the child's daily life and what supports are helping.
- Respond with patience, clear expectations, routines, and collaboration with caregivers and school staff.
- Document observed behaviors, strengths, successful supports, and the impact on functioning across settings.

Scenario 2: ADHD

A 7-year-old girl is described by her resource parent as constantly on the go, unable to wait her turn, and quick to blurt out answers before questions are finished. She is affectionate, trusting, and generally doing well in her placement.

Facilitation Answer:

- Observed behaviors include hyperactivity, difficulty waiting, impulsive responses, and high activity levels.
- Some of these behaviors are reflected in the overlap that we just discussed (hyperactivity and restlessness) and ADHD characteristics (difficulty waiting turns and interrupting others).
- The Assistant should focus on supporting and meeting the child’s needs rather than labeling the behavior.
- Use positive reinforcement, clear structure, predictable routines, and opportunities for movement and engagement.
- Document the behaviors, their frequency, effective interventions, and any impacts on school, relationships, or daily activities.

Scenario 3: TRAUMA

A 10-year-old boy was recently removed from a home with significant domestic violence. He is now in a resource home and seems unable to focus during homework, startles easily at loud noises, refuses to go to sleep, and becomes aggressive when the resource parent raises her voice even slightly.

Facilitation Answer:

- Observed behaviors include difficulty concentrating, sleep difficulties, heightened reactions to loud noises, hypervigilance, and aggression when triggered.
- Difficulty concentrating and sleeping can occur in both trauma and ADHD, while being

constantly alert for danger and increased arousal are commonly associated with trauma.

- The Assistant should focus on promoting safety, predictability, and emotional regulation rather than determining the cause of the behavior.
- Respond calmly, identify triggers and overstimulating factors, avoid escalating situations, and support the caregiver in creating a consistent environment.
- Document triggers, behavioral responses, changes over time, and strategies that help the child feel safe and regulated.

Scenario 4: TRAUMA

An 11-year-old girl who experienced prolonged neglect sits alone at lunch every day, avoids eye contact with adults, and shuts down completely when asked how she is feeling. Her teacher describes her as checked out and unresponsive. She rarely completes work but stares at her desk quietly rather than acting out.

Facilitation Answer:

- Observed behaviors include withdrawal, limited communication, difficulty engaging with others, and difficulty completing schoolwork.
- Concentration difficulties can overlap with a variety of underlying experiences, while avoidance and emotional shutdown may also be associated with trauma-related stress responses.
- The Assistant should avoid making assumptions about the cause of the behavior and instead focus on engagement, connection, and creating a sense of safety.
- Build rapport gradually, provide consistent support, avoid pressuring the child to disclose feelings, and celebrate small successes in engagement.
- Document patterns of withdrawal, participation, peer interactions, changes over time, and strategies that increase engagement.

Sources:

Child Mind Institute — Is It ADHD or Trauma? *https://childmind.org/article/is-it-adhd-or-trauma/*

Chicagoland Neuropsychology — How Trauma Can Mirror the Symptoms of ADHD in Children *https://chicagolandneuropsychology.com/blog/how-trauma-can-mirror-the-symptoms-of-adhd-in-children/*

Child Development Clinic — The Inattentive; Impulsive and Hyperactive Child *https://www.childdevelopmentclinic.com.au/adhd-and-complex-trauma.html*

PRACTICAL STRATEGIES FOR SUPPORTING CHILDREN

Time: 15 minutes
Purpose: To equip Social Services Assistants with practical strategies to share with caregivers supporting children who have difficulty with attention, self-regulation, transitions, or emotional regulation

Say:
Part of your role is being a resource for caregivers. When you know what works; you can share it. Here are ten simple strategies to pass along during home visits and family time. These strategies can benefit many children, including those who have experienced trauma, have ADHD, or struggle with attention, transitions, or emotional regulation.

Paraphrase:
1. **Give advance warnings**: children with ADHD struggle with transitions; a heads-up prevents meltdowns before they start
2. **Break tasks into checkpoints**: small; achievable steps with brief rewards keep a child moving forward
3. **Set clear rules and consistent consequences**: keep rules simple and enforce them the same way every time

4. **Provide structure and consistency**: predictable routines reduce anxiety and behavioral outbursts
5. **Work as a team**: when teachers; caregivers; and Specialists reinforce the same strategies; the child gets a consistent message
6. **Create a positive environment**: small changes like a quiet corner or fewer distractions can make a big difference
7. **Use timers**: a simple; inexpensive tool that helps children stay on task and manage transitions
8. **Allow extra time**: rushing increases anxiety; build extra time into routines instead
9. **Build in downtime**: physical activity and play are not optional; they are necessary
10. **Do not forget to laugh:** remind caregivers to find joy in the relationship; not just manage the behavior

Facilitation Question:

- Which of these strategies do you think would be most helpful to share with a resource family feeling overwhelmed by a child's ADHD behaviors?

Facilitation Answers:

- Structure and consistency: many overwhelmed caregivers are missing a predictable routine
- Advance warnings: simple and immediately reduces conflict around transitions
- Building in downtime: caregivers often forget physical activity is not optional
- Do not forget to laugh: reminds caregivers the relationship matters as much as behavior management

Say:

During your time with children and their caregivers, you may have opportunities to model these strategies for caregivers or reinforce positive interactions. You can encourage approaches that help children feel successful and support positive parent child interactions. Now that we've discussed some important things to understand about ADHD, let's take a look at the overlap between trauma and ADHD.

Key Points:

- Sharing practical tools with caregivers is part of your role
- Structure; predictability; and positive reinforcement are the foundation
- When caregivers feel equipped; children thrive

VIDEO: TRAUMA-INFORMED CARE - DE-ESCALATING CHALLENGING BEHAVIORS

Time: 15 minutes
Purpose: To help participants understand how trauma-informed care can be used to de-escalate challenging behaviors and respond to children and families in ways that reduce fear, increase safety, and support regulation

Participant Manual: Trauma-Informed Care De-Escalation Video Reflection Sheet

Video: Trauma-Informed Care - De-escalating Challenging Behaviors (length 6:55)
https://youtu.be/IQib6Kg_TqU?si=wxg8gZquCaeqwhUz

Paraphrase:
As you watch the video; think about how children's behaviors are often a response to stress, fear, or feeling overwhelmed rather than simply "acting out". Pay attention to how the adult responds and which actions help calm the situation instead of making it worse. Record your responses to the questions below on the Trauma-Informed Care De-escalation Video Reflection Sheet located in your participant manual.

Facilitation Question:
- Why is a trauma-informed approach important when responding to challenging behavior?

Facilitation Answer:

- Because behavior may be rooted in trauma, fear, or dysregulation rather than intentional disrespect.
- A trauma-informed approach helps adults respond in ways that reduce escalation instead of increasing it.
- It encourages safety, empathy, and regulation rather than punishment in the moment.

Facilitator Questions:

- Which de-escalation strategy from the video could you see yourself using?
- What responses could unintentionally make a situation worse?

Say:

A trauma-informed approach to de-escalation helps us slow down, stay calm, and respond in ways that promote safety rather than make the situation worse. In DCFS practice, this matters because the way adults respond in tense moments can either increase a child's sense of threat or help restore regulation and trust. As you watch, pay attention to what trauma-informed de-escalation looks like and how it can change the outcome of an interaction.

Facilitation Question:

- What are some ways Social Services Assistants can help de-escalate a situation without making the child or family feel more threatened?

Facilitation Answer:

- Stay calm and regulate your own tone, body language, and pace.
- Avoid arguing, blaming, or crowding the person.
- Use clear, simple, respectful language.
- Focus on safety and connection before correction.
- Recognize that the person may need support, space, or reassurance before they can fully engage.

REQUIRED MEDICAL SCREENINGS AND ASSESSMENTS

DEPRESSION:

- About 3% of children and teens between the ages of 3 and 17 have depression.
- About 1 in 5 teens have been diagnosed with major depression.

DEPRESSION

Time: 15 minutes
Purpose: To help Social Services Assistants recognize signs of depression in children early and connect families with appropriate support

Say:
Depression in children does not always look the way we expect. A depressed child may not look sad. They may look irritable, angry, withdrawn, or just different from how they used to be. That is what makes it easy to miss — and why it matters that you know what to look for. Because you will often spend time with children, you may notice changes that others don't immediately see.

Facilitation Question:

- What changes in a child's behavior would cause you to be concerned that something is wrong?

Facilitation Question:
(Allow responses; then expand)

Paraphrase:
Depression is a mood disorder that interferes with a child's relationships, activities, and daily functioning. About 1 in 5 teens have been diagnosed with major depression — and rates are even higher in children with chronic illnesses like diabetes or asthma.

What it can look like in children:
- Pulling away from favorite toys; activities; or friends
- Changes in appetite or sleep
- Low energy; frequent complaints of headaches or stomachaches
- Irritability; mood swings; or increased tantrums
- Loss of interest in things they once enjoyed

Facilitation Question:
- Why do you think depression in children is often missed or mistaken for something else?

Facilitation Answers:
- It can look like behavioral problems or defiance rather than sadness
- Children may not have the language to describe how they feel
- Adults may attribute the changes to a phase or adjustment period
- Irritability and tantrums can be misread as attitude rather than distress

Paraphrase:
Risk factors to be aware of:
- Abuse; domestic violence; or trauma history
- Family separation; divorce; or loss of a loved one
- Relocation or loss of familiar surroundings
- Poverty; chronic illness; or family history of depression

Say:
Your role is not to diagnose — it is to notice. If you observe five or more of these symptoms persisting for two weeks or more; that is a signal that a professional evaluation is needed. Document what you observe and bring it to the Specialist's attention promptly.

Key Points:
- Depression in children often presents as irritability; behavioral changes; or withdrawal — not always as visible sadness.
- 1 in 5 teens have been diagnosed with major depression.
- Risk factors include abuse; loss; trauma; poverty; and family history.
- Your role is to recognize the signs early and ensure the child is connected to appropriate professional support.
- If five or more symptoms persist for two weeks; a professional evaluation is required.

FAILURE-TO-THRIVE (FTT)

Child under 3 whose weight falls below the 3rd percentile or drops across two major growth chart lines

Signs include:

- Slowed or stopped growth
- Excessive crying
- Irritability
- Lethargy

FAILURE-TO-THRIVE

Time: 7 minutes
Purpose: To help Social Services Assistants recognize the signs and contributing factors of Failure to Thrive in children under three

Participant Manual: Length & Weight for Age Percentiles (Birth-36m, Boys and Girls)

Say:
Failure to Thrive is not always obvious. A child may look small or thin; but without context it is easy to miss. Knowing what to look for is the first step.

Facilitation Question:
- What do you think it means when a young child is not growing the way they should?

Facilitation Answer:
- *(Allow responses; then clarify)*

Paraphrase:
- Failure to Thrive applies to children under three whose weight and growth consistently

fall below what is expected for their age and gender. It means a young child is not growing and developing as expected. It may happen for many reasons, including medical concerns, inadequate nutrition, feeding difficulties, or challenges within the child's environment.

Key signs to watch for:
- Weight; height; and head circumference below standard growth charts
- Growth that has slowed or stopped
- Excessive crying; irritability; or lethargy

Facilitation Question:
- What do you think are the most common reasons a child under three might not be growing adequately?

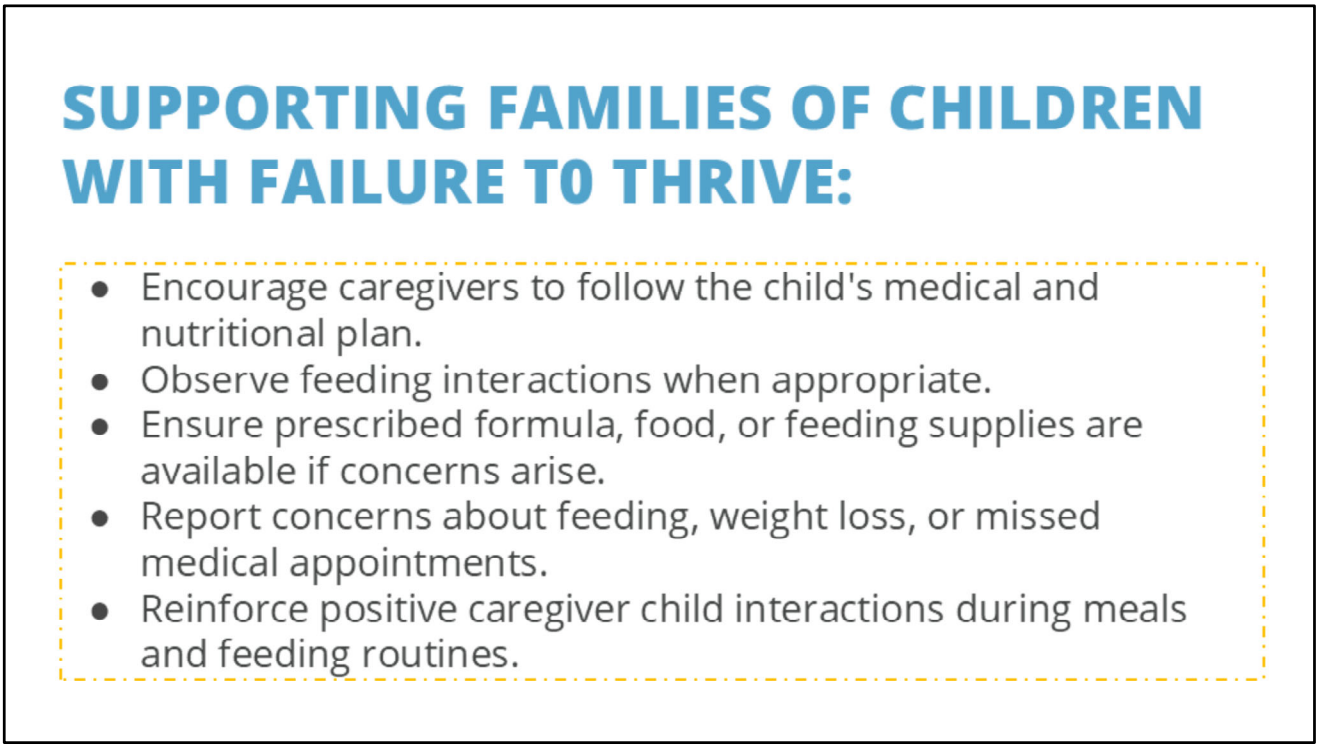
Facilitation Answers:
- Poverty; food insecurity; or formula being watered down to save money
- Caregiver substance use or depression affecting the child's care
- Domestic violence or family dysfunction creating a chaotic home environment
- Caregiver lacking knowledge about child nutrition and development
- Isolation and lack of support systems

Facilitation Question:
- What might you notice that would make you concerned?

Say:
In most cases; Failure to Thrive is not caused by one factor alone. It is usually a combination of the child; the family; and the environment interacting together. Your role is to notice the signs; document what you observe; and bring concerns to the Specialist promptly.

Key Points:
- Failure to Thrive applies to children under three whose growth consistently falls below expected rates
- It is most often caused by a combination of environmental; family; and child factors — not medical conditions alone
- Poverty; caregiver substance use; depression; and lack of support are common contributing factors
- Your role is to recognize; document; and report — not diagnose

Source: *Medline Plus Faltering Weight https://medlineplus.gov/ency/article/000991.htm*



SUPPORTING FAMILIES OF CHILDREN WITH FAILURE TO THRIVE

Time: 7 minutes
Purpose: To provide Social Services Assistants with practical support while working with families of children diagnosed with Failure-to-Thrive

Paraphrase:
When working with families of children with Failure-to-Thrive, Social Services Assistants play an active role in ensuring that caregivers are supported in their child's healthy growth. Here are a few ways you can support families and caregivers of children who have Failure to Thrive.

1. Encourage caregivers to follow the child's medical and nutritional plan
2. Observe feeding interactions when appropriate
3. Ensure prescribed formula, food, or feeding supplies are available if concerns arise
4. Report concerns about feeding, weight loss, or missed medical appointments
5. Reinforce positive caregiver child interactions during meals and feeding routines

TARGET OUTCOMES

Time: 5 minutes
Purpose: To close out the day and prepare participants for the last day of training

Say:
Today we covered a lot of ground. Here is what we explored:

- ***Maslow's Hierarchy of Needs and how unmet needs affect family engagement***
- ***Child development domains and how to recognize when something is off***
- ***Prenatal bonding and early attachment***
- ***Trauma-informed care and how trauma shows up in behavior***
- ***ADHD versus trauma overlap; depression; Failure to Thrive; and RAD***

Remember, behavior always tells a story. Your job is to observe; respond with empathy; and bring concerns to the Specialist. Tomorrow, we will focus on how each contact provides an opportunity to coach, encourage, and help families navigate challenges with confidence.

Facilitator Note: Direct participants to the QR code on the slide to complete the Day 2 Target Outcomes Evaluation in Qualtrics.