

Appendix A

Optional Follow-Up 1–3 Months After The Training

Materials Needed

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

Trainer/County Staff Activities

- Prior to the training, county staff development personnel should talk with county managers about:
 1. Whether or not NCR paper should be used for the Action Plan form in order to enable long-term follow-up (this allows participants to keep a copy, and staff development personnel to keep copies for reference during future follow-up); and
 2. Whether there will be follow-up with participants a few months after the training regarding Action Plan implementation. If so, county personnel will need to make copies of and distribute the Supplemental Handout: *Sample Letter: Evaluation of Action Plans* to training participants on county letterhead. (If it is decided that county personnel will not follow-up with participants—or have not contracted with anyone else to do so—then it is unnecessary to distribute this letter.)
- Personnel (i.e., trainers, project leaders, or county development staff) can follow-up with participants who completed the Child Welfare Trauma Training through use of the Supplemental Handout: *Personal Trauma-Informed Child Welfare Practice Action Plan: Daily Strategies* that was filled out by training participants. The recommended time for follow-up is from one to three months after the training. Personnel assigned to follow up with former participants of this training can use the Supplemental Handout: *Transfer of Learning Follow-Up Form (for County and/or Training Personnel)*.

Appendix B

Additional Case Vignettes

Case Vignette—Hector and Stephanie

Sibling Children: Hector, age 15; Stephanie, approximate age 12

Trauma Type: History of domestic violence

Point in Child Welfare System: Hector has been in and out of juvenile/residential treatment

Culture: Hispanic

Case Exercise

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

Presenting Situation

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

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

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

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

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

Background/History

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

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

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

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

Evaluation/Assessment

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

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

Case Vignette—Trina

Child: Trina

Age: 17

Point in CW System: Nearing emancipation

Trauma Types: Parental neglect, drug exposure, death of family members, multiple moves

Culture/Ethnicity: African-American

Case Exercise

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

Presenting Situation

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

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

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

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

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

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

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

Background/History

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

Trina’s mother had left the children with a neighbor and “failed to return.”

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

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

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

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

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

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

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

Evaluation/Assessment

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

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

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

Case Vignette—Clorinda

Child: Clorinda

Age: 11

Point in CW System: Stable foster care placement with some prospect of reunification

Trauma Type: Neglect and exposure to domestic violence

Culture: This child is Latino; her parents were born in Mexico.

Case Exercise

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

Presenting Situation

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

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

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

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

Background/History

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

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

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

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

Appendix C

References and Resources

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Online Resources

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

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

Child Trauma Academy web site
www.childtrauma.org

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

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

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

NCTSN Resources: Fact Sheets

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

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

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

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

Trauma Symptom Measure Resources—Ordering Information

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

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

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

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

Videos—Ordering Information

Digital Stories: *More Than a Case File* (2006), *In Our Own Voices* (2002), *What Made a Difference?* (2003).

Available through the Youth Training Project, Bay Area Academy, San Francisco State University
<http://www.youthtrainingproject.org>

Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption. (1997).

Available through the Infant-Parent Institute
<http://www.infant-parent.com>

Appendix D

About the NCTSN and California Partners

NCTSN

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

California Social Work Education Center (CalSWEC)

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

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

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

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

California Institute of Mental Health (CIMH)

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

Child and Family Policy Institute for California (CFPIC)

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

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