Michigan Department of Human Services
In-Service Child Welfare Training Initiative
2013 Cohort

Final Evaluation Report

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Training Initiative Background

In 2009, the Michigan State University School of Social Work spearheaded a collaborative effort to assist the Michigan Department of Human Services (DHS) in meeting its in-service training requirements for state child welfare workers. The initiative was developed in response to mandates contained in *Dwayne B. v. Granholm*, Civil Action Number 2:06-cv-13548, now named the *Dwayne B. v. Snyder* Modified Settlement Agreement and Consent Order.

Seven universities in the state of Michigan are accredited to grant a Master of Social Work (MSW) degree, and all seven schools have collaborated to offer a series of in-service trainings to child welfare workers. These universities are: Andrews University, Eastern Michigan University, Grand Valley State University, the University of Michigan, Wayne State University, Western Michigan University, and Michigan State University, which also coordinated the initiative and evaluated training activities.

Fantastic! You held my attention. I learned and was provided the skills to continue to help children and families. THANK YOU! I plan to use this information from the training when I present at clinical meetings - can't wait!
  -- Oakland County CPA Worker, 2009

2009 Cohort. A pilot phase of trainings supported by Casey Family Programs (Seattle) occurred between January and June 2009 and was implemented throughout the state. Trainings were free of charge to all DHS workers, and available to private child placing agency (CPA) and child caring institute (CCI) workers at a discounted price. In addition, these events were open to the public at regular price. A catalog was designed and distributed to every county DHS office throughout the state to advertise the trainings. The catalog was also disseminated electronically through the DHS training listserv and on participating universities' websites and listservs. In the six months that trainings were offered in 2009, more than 460 trainees attended 19 trainings on various topics provided in 13 different locations around the state.

2010 Cohort. Between January and September 2010, the collaborative again offered in-service trainings to DHS child welfare workers free of charge. This time, child placement agency and child care institute employees were also provided trainings for free in order to satisfy the directives of the settlement agreement that all child welfare workers must earn 16 hours of in-service training hours. The public was encouraged to attend at regular training rates. More than 640 individuals participated in 23 different trainings conducted at 10 locations around the state. These programs were funded and supported by the Michigan Department of Human Services.

This was a wonderful opportunity to gain more knowledge in many different topics as well as obtain CEs at no cost! The facility and staff were wonderful! Thank you!
  -- Ottawa County DHS Worker, 2010

> *I felt this training was very beneficial and useful! The information presented was very useful/relevant to a case I am currently working on so I am very satisfied!!*
>
> *-- Wayne County Private Child Welfare Agency Worker, 2012*

2012 Cohort. Between January and September 2012, the collaborative of universities again offered trainings free of charge to DHS child welfare workers, as well as private agencies that contract with the State of Michigan to provide child welfare services. These trainings continued to be funded by the Michigan Department of Human Services to support workers with the amplified professional development mandate of the Modified Settlement Agreement requiring all caseworkers to receive a minimum of 24 hours of in-service training annually. The public was again encouraged to attend the trainings at regular training rates. More than 900 individuals participated in 43 training events conducted at 15 locations around the state. Additionally, in 2012, Michigan State University made five one-hour courses available online to all DHS and private agency child welfare workers.

2013 Cohort. Most recently, between September 2012 and August 2013, the collaborative of seven Michigan universities with a Master's program in social work again offered free trainings to DHS child welfare workers and private agencies that contract with the State of Michigan to provide child welfare services. These trainings were also funded by the Michigan Department of Human Services to further support the professional

> *Thank you for offering this particular training. I was so hungry for this information to use in my work.*
>
> *-- Clinical Social Worker from Ingham County, 2013*

development mandate of the Modified Settlement Agreement that now requires all child welfare caseworkers to receive a minimum of 32 hours of in-service training annually. As before, the public was encouraged to attend the trainings if space permitted, at regular training rates. More than 1100 individuals participated in 44 trainings conducted in 16 cities around the state. Additionally, five trainings were made available to access free of charge through online course offerings. **Appendix A** provides the topic, date, location, and learning objectives for all trainings offered to the 2013 Cohort.

The Evaluation Design

An evaluation of the 2013 training cohort was conducted to determine the effectiveness of utilizing the multi-university collaborative to provide in-service training to Michigan's child welfare workers. The results of the summative evaluation are contained in this report, along with demographic information about the trainees. Attention was also paid to the way in which trainings were coordinated and implemented. While a formal process evaluation was not conducted, some information was gathered regarding the implementation process and trainees' future training needs. This information is also included and has been used to inform lessons learned and recommendations that are contained at the end of this report.

The Evaluation Questions

The evaluation sought to answer the following three key questions:

1. Was the multi-university collaborative model successful in reaching child welfare workers throughout the state of Michigan?

2. Did the trainings increase participants' professional knowledge/skills and were these trainings useful to their work?

3. Did child welfare trainees use the knowledge and skills in their professional work following training?

Methodology

To evaluate the 2013 cohort, a non-experimental pre/posttest study design was used. Trainees were surveyed three times during the training period: immediately prior to and immediately after they received the training using a self-reporting questionnaire; and finally, through an online follow-up survey conducted three months after training. The survey instruments were created by the evaluator in consultation with Michigan State University (MSU) Continuing Education Program staff members.

The Pre-Training Survey. A 21-item pre-training survey was given to all trainees before each event. It was a self-administered tool to gather trainees' demographic information as well as information about their location and position of employment within child welfare, length of experience in the field, and expectations about the training content. In addition, to help assess trainees' baseline level of competence regarding training subject matter before participating in the trainings, all of the trainees were asked to rate their level of competence on a scale of 1 (*Not At All Competent*) to 5 (*Competent*) for several instructor-identified learning objectives related to the course content. In addition, this year, the surveys for 11 training events hosted by MSU also included a set of three to six knowledge-based test questions that were developed collaboratively by the course instructors and evaluation team. These questions were designed to gather relatively objective data on trainees' baseline competence in the course subject matter in order to augment the data collected on all trainees' *self-reported* competency. Pretest questions also offered the opportunity for trainees to describe other potential topics of interest and the most convenient days and times for future training events to be held. The questions were both quantitative and qualitative. A sample of the instrument is provided in **Appendix B**.

The Post-Training Survey. A 9-item post-training survey instrument was given to all trainees immediately after each event. It was a self-administered tool to gather trainees' perceptions about the training, its usefulness in meeting their needs, assessments of trainees' self-reported competence on the instructor-identified objectives related to the course, and how trainees expected to implement the information from the training in their work with children and families in the child welfare system. In addition, the post-training surveys for the 11 training events hosted by MSU also included the same set of three to six knowledge-based test questions that were in the pre-training surveys to help the evaluators further assess learning transfer. The questions in the post training survey were both quantitative and qualitative. A sample of the instrument is provided in **Appendix C**.

The Follow-Up Survey. An 8-item follow-up survey was created and distributed electronically by the evaluators three months after each event in order to assess whether trainees were using the information obtained from the training in their work. This survey was administered online through SurveyMonkey. Supplementary feedback was gathered through this follow-up survey,

including whether trainees were encouraged by their employers to attend in-service trainings, if they were readily given time off to attend trainings, and their perceptions of the universities' understanding of their training needs. Both quantitative and qualitative questions were asked. A sample of the instrument is provided in **Appendix D**.

Data Analysis. Quantitative data from both surveys was analyzed descriptively using the SPSS statistical program, while qualitative information was examined for themes using a word processing program. The quantitative analysis includes an assessment of pre- to post-training changes in trainees' reported competency with respect to course learning objectives; and, in the case of the 11 MSU trainings, it also includes a pre- to post-training assessment of trainees' scores on content knowledge-based questions related to these learning objectives. The results were shared on an ongoing basis with participating schools as well as DHS administrative staff.

Limitations of the Study

The evaluation design for this initiative is a non-experimental model, meaning study subjects were not selected at random, nor were their outcomes compared to a control group of comparable subjects who did not participate in training. Also, with the exception of the 11 MSU trainings, the knowledge and skill transfer findings reported here are based on trainee self-report, which may not be fully reliable. The extent to which a caseworker feels more competent in a topic after participating in training is an important indicator of training effectiveness; however, it is possible that some trainees feel more competent after attending training, but do not actually master essential course material (or vice versa). Additionally, not every trainee completed both a pre-, post- and follow-up survey for each individual training topic and so the evaluation results may be somewhat biased by the imperfect response rate. Consequently, caution must be taken in generalizing findings to the entire population of trainees. Of particular note, **Table 1** below shows that the rate of return for the 3-month follow-up survey in the 2013 cohort was low (12% of trainees), so findings from this instrument should only be used to explore trends and areas of interest.

Key findings from this evaluation follow.

About the Trainings

As **Table 1** below indicates, the University collaborative provided 44 training events during the 2013 initiative ranging in length from three to thirteen hours. Training was provided to 1172 participants, of whom 1013 returned pre-training surveys and 977 returned post-training surveys. Training events were offered in 20 different locations within 16 cities spread throughout Michigan and represented a total of 4,347 training hours.

Table 1: Trainings Offered

	2013 Cohort
Number of training events	44
Number of training locations	20
Number of trainees	1172
Number of pre-training surveys returned	1013 (86.4%)
Number of post-training surveys returned	977 (83.4%)
Number of follow-up surveys returned	140 (12.0%)
Total number of training hours provided	**4347 hours**

About the Trainees

Table 2 below provides a description of the 2013 training cohort demographic characteristics. The majority of trainees were female (82%) and were most likely to be between the ages of 25 to 34 (39%) and to possess a BA/BS degree (37%) or an MSW degree (31%). With regard to ethnicity, participants were most likely to identify as non-Hispanic; and Caucasian/White. With regard to race, Caucasian/White was most frequently noted (64%) followed by African American/Black (25%).

Table 2: Training Participant Demographics – Description of 2013 Cohort

Employment and education characteristics	2013 Cohort
Gender	
Female	**841 (82.0%)**
Male	129 (12.6%)
Other	8 (0.8%)
No answer	47 (4.6%)

Age	
Under 25 years old	50 (4.9%)
25 to 29 years old	**202 (19.7%)**
30 to 34 years old	**199 (19.4%)**
35 to 39 years old	124 (12.1%)
40 to 44 years old	125 (12.2%)
45 to 49 years old	59 (5.8%)
50 to 54 years old	52 (5.1%)
55 to 59 years old	88 (8.6%)
60 to 64 years old	39 (3.8%)
65 years old or older	42 (4.1%)
No answer	45 (4.4%)
Ethnicity	
Spanish, Hispanic or Latino	22 (2.1%)
Not Spanish, Hispanic or Latino	**740 (72.2%)**
Other Ethnicity	187 (18.2%)
Missing	76 (7.5%)
Race	
American Indian or Alaskan Native	5 (0.5%)
Asian Pacific Islander or Native Hawaiian	9 (0.9%)
Black or African American	255 (24.9%)
Multi-Race	21 (2.1%)
White or Caucasian	**657 (64.1%)**
Other	14 (1.4%)
I prefer to not answer this question	20 (2.0%)
No answer	44 (4.3%)
Highest level of education	
BSW	129 (12.6%)
BA/BS	**383 (37.4%)**
MSW	314 (30.6%)
MA/MS	114 (11.1%)
Other	54 (5.3%)
No answer	31 (3.0%)

Table 3 provides a description of the 2013 training cohort by employer, position at the time of the training, highest level of education, and number of years with their employer and in their

current position. As the data indicate, the majority of trainees in 2013 were employed by DHS (64%) and 27 percent were employed by private child welfare agencies. The remaining nine percent either failed to answer the question (3%) or were employed by mental health agencies (1%), schools or intermediate school districts (ISDs) (1%), or "other" agencies/organizations (4%). Examples of the types of employers represented in the "other" category include non-contract private child and family service organizations, hospitals or other medical facilities.

Table 3: Training Participant Employment – Description of 2013 Cohort

Employment and education characteristics	2013 Cohort
Employer at time of training	
Michigan Department of Human Services	**651** **(63.5%)**
Private CW agency	279 (27.2%)
Mental Health	9 (0.9%)
School/ISD	11 (1.1%)
Other	44 (4.3%)
No answer	31 (3.0.%)
Position at time of training	
Child Protective Service (CPS) Worker	**274** **(26.7%)**
Foster Care Worker	224 (21.9%)
Adoption Worker	100 (9.8%)
Supervisor	109 (10.6%)
Licensing staff	37 (3.6.%)
Dual Worker	8 (0.8%)
Other	200 (19.5%)
No answer	73 (7.1%)
Highest level of education	
BSW	129 (12.6%)
BA/BS	**383** **(37.4%)**
MSW	314 (30.6%)
MA/MS	114 (11.1%)
Other	54 (5.3%)
No answer	31 (3.0%)
Years in child welfare	
Average number of years	8.31 years
Range of years	0 months–40 years
Years with current employer	
Average number of years	6.68 years
Range of years	0 months–40 years

In regard to trainees' position at the time of training, a large portion of trainees were child protective service workers, foster care workers, and adoption workers (27%, 22% and 10% respectively). There were 109 (11%) supervisors and 37 (4%) licensing staff who were part of the 2013 Cohort. "Other" positions included therapists or counselors, wrap around coordinators, and program managers.

Training participants were well educated, with half of them (50%) having a Bachelors degree and approximately 42 percent having a Masters degree. The largest portion of trainees in the 2013 cohort had obtained their Bachelor of Arts or Bachelor of Science degree (37.4%) while 30.6% had obtained a Master of Social Work degree. This high representation of MSWs in the trainings may be partly due to the continuing education requirement for social work licensure in the state of Michigan. The "Other" educational degrees of trainees included Master of Business Administration, Master of Education, Master of Public Health, Master of Public Administration, Juris Doctorate, and other post-graduate studies.

The range of professional child welfare experience and employment stability varied widely across training participants. On average, the 2013 Cohort of trainees had worked 6.68 years with their current employer and had spent 8.31 years working in the child welfare field. This figure is notable given the high rates of staff turnover that are common in social services and particularly in the child welfare field.

Further analysis was conducted on the 2013 Cohort with regard to how they heard about the in-service trainings. Most trainees from DHS (67.1%) indicated they learned about it through a special in-service catalog that was specifically designed for, and printed and distributed to, state child welfare offices and private agencies currently contracted with the state to provide child welfare services. About a third of the private child welfare agency employees responded that they heard about the trainings through the special in-service catalog (34.1%) and another quarter (23.3%) responded that they heard about the training via email. This suggests that the expense of producing and mailing a printed catalog was beneficial in effectively advertising the trainings to both DHS and private agency employees. Other trainees were informed most often by a Continuing Education website (31.5%), university newsletters and websites (27.3%), or email (15.8%). **Table 4** below provides additional response details. Some trainees selected more than one response, so columns do not add up to the totals that appear in the column headers.

Table 4: How Did You Hear about the Training (n = 1025)

How did you hear about the training?	Michigan DHS Employees (n= 651)	Private CW Agency Employees (n= 279)	Other Trainees (n= 95)
DHS in-service training catalog	439 (67.1%)	95 (34.1%)	1 (1.1%)
University newsletter/website	51 (7.8%)	45 (16.1%)	26 (27.3%)
Continuing Education website	50 (7.7%)	46 (16.5%)	30 (31.5%)
Email	96 (14.7%)	65 (23.3%)	15 (15.8%)

Word of mouth	32	(4.9%)	30	(10.8%)	5	(5.2%)
Other	12	(1.8%)	11	(3.9%)	3	(3.2%)

Table 5 below shows a comparison between trainees employed by DHS, those working at private child welfare agencies, and other trainees. As discussed above, more than half of the trainees were employed by DHS (63.5%), while 27.2% were employed by a private child welfare agency. The DHS child welfare agency trainees had a greater average number of years working with their current employer than private child welfare agency trainees (7.05 and 5.43 years respectively). They also had a slightly higher average number of years of experience in child welfare, having worked a mean of 8.56 years in the child welfare field, while private agency child welfare staff had an average of 7.11 years of experience in child welfare. **Figure 1** presents a comparison of Michigan DHS and private child welfare agency trainees' experience in the child welfare field. For both Michigan DHS and private child welfare agency employees, the most commonly reported category of experience in the field of child welfare was between 1 and 4 years. A total of 299 trainees employed by the Michigan DHS and 127 trainees employed by private child welfare agencies reported having worked in the child welfare field between 1 and 4 years, representing almost half (47.5%) of respondents for this question.

Chart 1: Years of Child Welfare Experience of Training Attendees by Agency Type
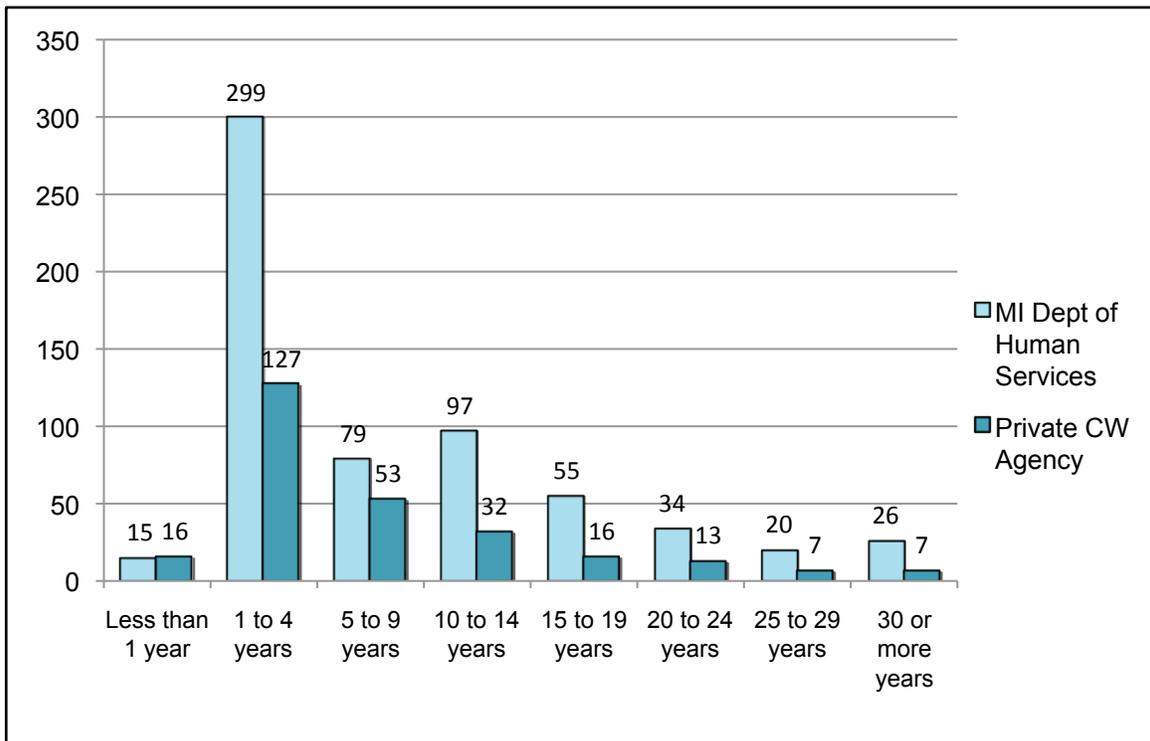
When education levels were compared, trainees from the Michigan Department of Human Services were less likely than private child welfare agency employees to have earned a Bachelor of Social Work (BSW) (12.2% vs. 18.5%), but more likely to have earned a Bachelor of Arts or Science (BA/BS) (45.5% vs. 32.3%). Private agency employees were more likely to have earned

a Master of Social Work (MSW) degree than Michigan DHS employees (36.2% vs. 26.0%), while Master of Arts or Science degrees were earned by DHS employees more often than by private child welfare agency employees (12.8% vs. 8.2%).

Table 5: Trainees by Employer (n = 1025)

Employment and education characteristic	Michigan DHS Employees	Private CW Agency Employees	Other Trainees
Number of post-training surveys returned with employer data	622 (66.2%)	265 (28.2%)	53(5.6%)
Average number of years with current employer	7.05 years	5.43 years	8.80 years
Range of years with current employer	0 years – 40 years	0 years – 35 years	0 years – 26 years
Average number of years in child welfare field	8.56 years	7.11 years	11.32 years
Range of years in child welfare field	0 years – 40 years	0 years – 37 years	0 years – 40 years
Current positions (Number/Percentage)			
Child Protective Service (CPS)	272 (41.8%)	2 (0.7%)	0 (0.0%)
Foster Care	180 (27.6%)	43 (15.4%)	1 (1.6%)
Adoption	1 (0.2%)	98 (35.1%)	0 (0.0%)
Supervisor	59 (9.1%)	44 (15.8%)	6 (9.4%)
Dual Worker	3 (0.5%)	5 (1.8%)	0 (0.0%)
Licensing	29 (4.5%)	8 (2.9%)	0 (0.0%)
Other	76 (11.7%)	69 (24.7%)	50 (78.1%)
Current education level (Number/Percentage)			
BA/BS	295 (45.5%)	89 (32.3%)	1 (1.6%)
BSW	79 (12.2%)	51 (18.5%)	1 (1.6%)
MA/MS	83 (12.8%)	23 (8.2%)	8 (12.7%)
MSW	169 (26.0%)	101 (36.2%)	48 (76.2%)
Other	22 (3.4%)	11 (3.9%)	5 (7.8%)

Evaluation Question 1: Was the multi-university collaborative model successful in reaching child welfare workers throughout the state of Michigan?

To facilitate access to professional development for child welfare professionals located throughout the state, trainings were offered at 20 separate locations in 16 different cities. **Table 6** details these locations and lists the corresponding number of events and trainees associated with each site. A total of 1172 trainees attended these events.

Table 6: Location of 2013 Cohort Trainings

Training Site	Host University	City	# Training Events	# (%) Participants
Alpena Community Center	MSU	Alpena	1	11 (3.2%)
Andrews University Campus	Andrews	Berrien Springs	4	45 (3.8%)
Eastern Michigan University Detroit Campus	EMU	Detroit	3	85 (7.3%)
Eastern Michigan University Livonia Campus	EMU	Livonia	2	86 (7.3%)
Grand Valley State University Downtown Campus	GVSU	Grand Rapids	4	153 (13.1%)
Great Wolf Lodge	MSU	Traverse City	1	12 (1.0%)
Hannah Community Center	MSU	East Lansing	3	104 (8.9%)
Judson Center	MSU	Royal Oak	1	32 (2.7%)
McGregor Memorial Conference Center	Wayne	Detroit	1	18 (1.5%)
Michigan State University Detroit Center	MSU	Detroit	1	25 (2.1%)
Michigan State University Extension	MSU	Grand Rapids	1	14 (1.2%)
Oakland Intermediate School District	MSU	Waterford	1	31 (2.6%)
Okemos Conference Center	MSU	Okemos	2	77 (6.6%)

Sarvis Center	MSU	Flint	2	57 (4.9%)
Schoolcraft College (VisTaTech Center)	MSU	Livonia	2	60 (5.1%)
University of Michigan School of Social Work	U of M	Ann Arbor	5	120 (10.2%)
Upfront & Company	MSU	Marquette	1	24 (2.0%)
Wayne State University (Macomb Education Center)	Wayne	Clinton Township	2	48 (4.1%)
Wayne State University (Oakland Center)	Wayne	Farmington Hills	2	38 (6.4%)
Western Michigan University Campus	WMU	Kalamazoo	5	132 (11.3%)

As reflected in the figure below, the 2013 initiative was largely successful in providing accessible training for employees located throughout the state. Regionally based trainees reported employment in 51 of Michigan's 83 counties. This represents more than half (62%) of the counties in the state. Non-regionally assigned trainees, such as those who work at the state level, are not reflected in this statistic.

Locations of 2013 Child Welfare In-Service Trainings and Participation by County of Employment

Legend

★ Training Locations

☐ 0
☐ 1-3
☐ 4-13
☐ 14-204
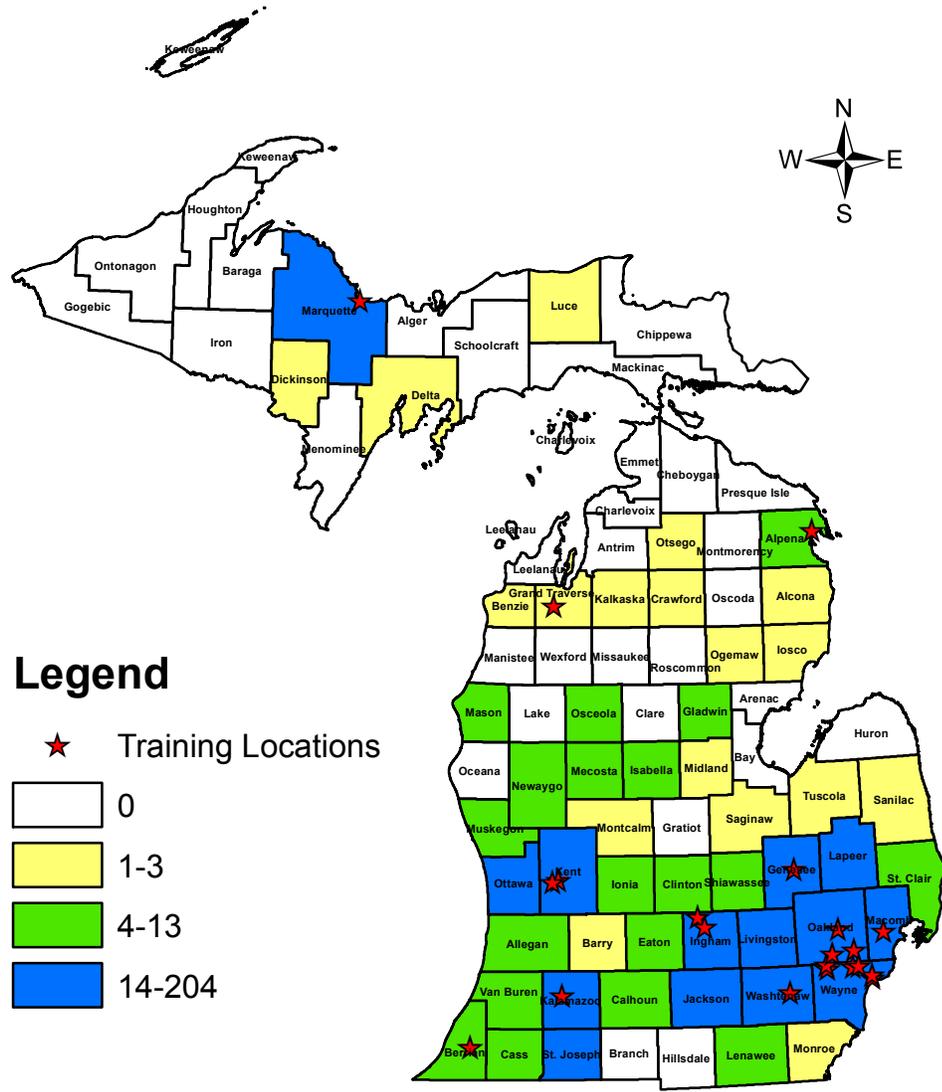
In the map above, trainees who attended more than one training are counted more than once (for each training attended).

Evaluation Question 2: Did the trainings increase participants' professional knowledge/skills and were they useful to their work?

During both the post-test survey administered immediately after completion of trainings and the follow-up survey administered approximately three months after the training events, trainees were asked to rate the effectiveness of the training in helping them to understand the topic, whether the training was relevant to the work trainees were currently engaged in, whether they had used the information learned in the training, and whether they would recommend the training to their coworkers. **Charts 2-5** below show the results of these questions.

As **Charts 2 through 5** below show, the majority of trainees in the 2013 Cohort responded with "Agree" or "Strongly Agree" when asked whether the in-service trainings that they participated in increased their understanding of the topic(s) and whether they were relevant to their current work. Also, the majority of respondents selected "Agree" or "Strongly Agree" when asked whether they would use the information in their current work and also whether they would recommend the training to coworkers.

Chart 2: *This Training Has Increased My Understanding of the Topic*
(Comparison between 2013 Post Test and 3 Month Follow-Up)
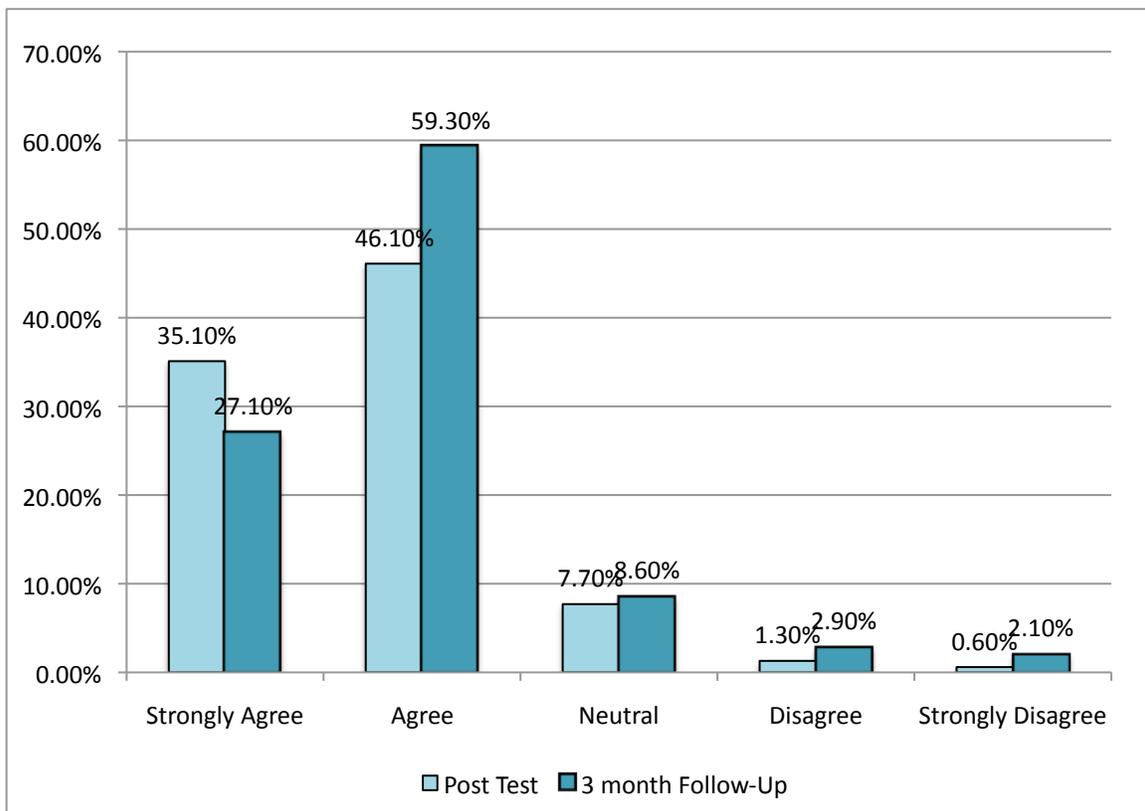
Chart 3: *This Topic is Relevant to the Work I Do Currently*
(Comparison between 2013 Post Test and 3 Month Follow-Up)

Post Test values: Strongly Agree 47.90%, Agree 35.90%, Neutral 5.40%, Disagree 0.70%, Strongly Disagree 1.00%

3 month Follow-Up values: Strongly Agree 35.00%, Agree 54.30%, Neutral 7.90%, Disagree 0.70%, Strongly Disagree 2.10%
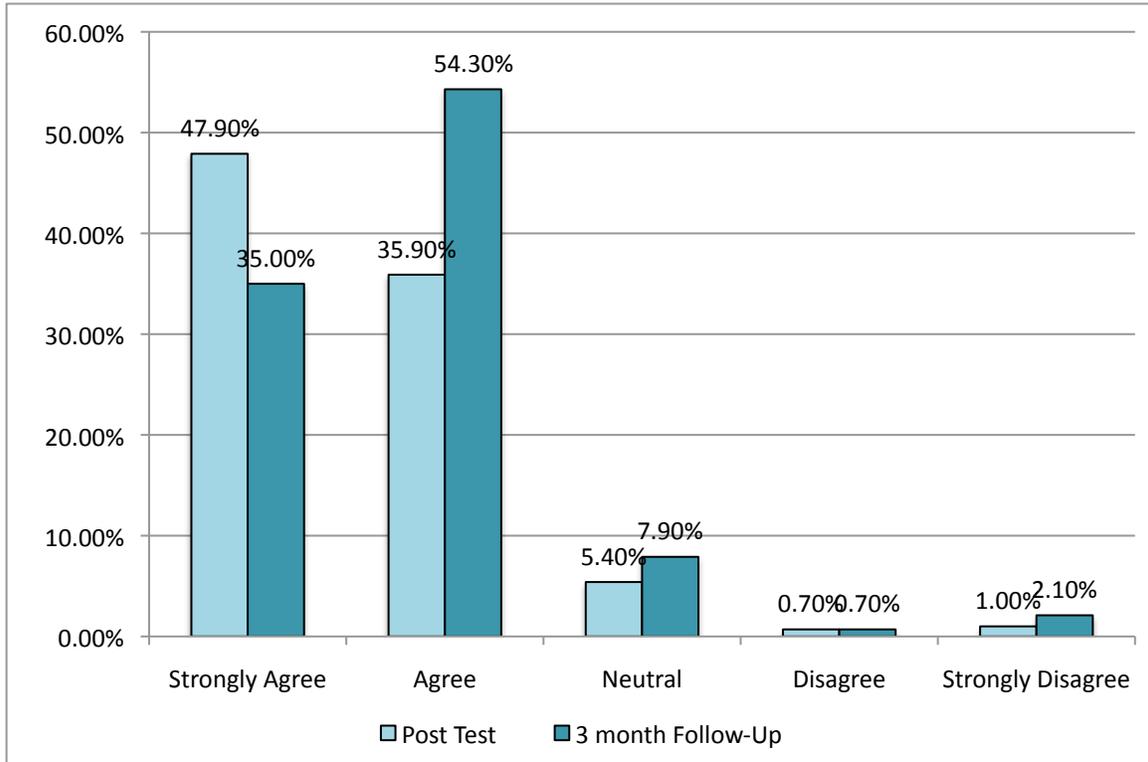
Chart 4: *I Will Use the Information From This Training in My Current Employment*
(Comparison between 2013 Post Test and 3 Month Follow-Up)

Post Test values: Strongly Agree 41.70%, Agree 40.20%, Neutral 6.70%, Disagree 1.20%, Strongly Disagree 1.10%

3 month Follow-Up values: Strongly Agree 22.10%, Agree 50.00%, Neutral 17.90%, Disagree 7.90%, Strongly Disagree 2.10%
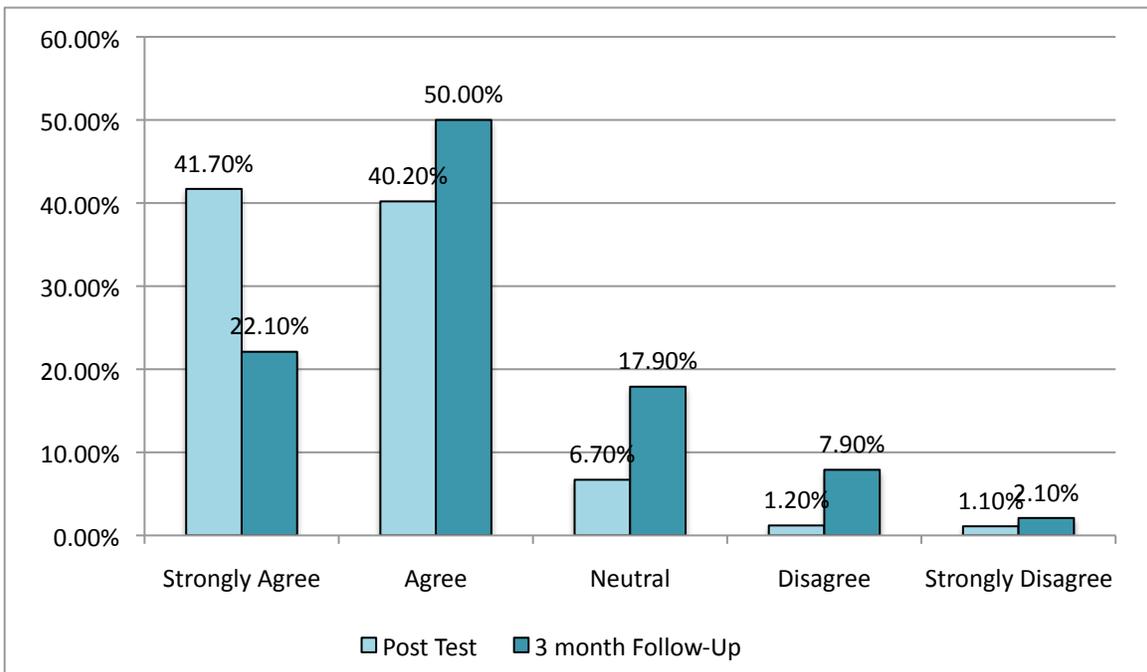
Chart 5: *I Would Recommend This Training to Co-workers*
(Comparison between 2013 Post Test and 3 Month Follow-Up)
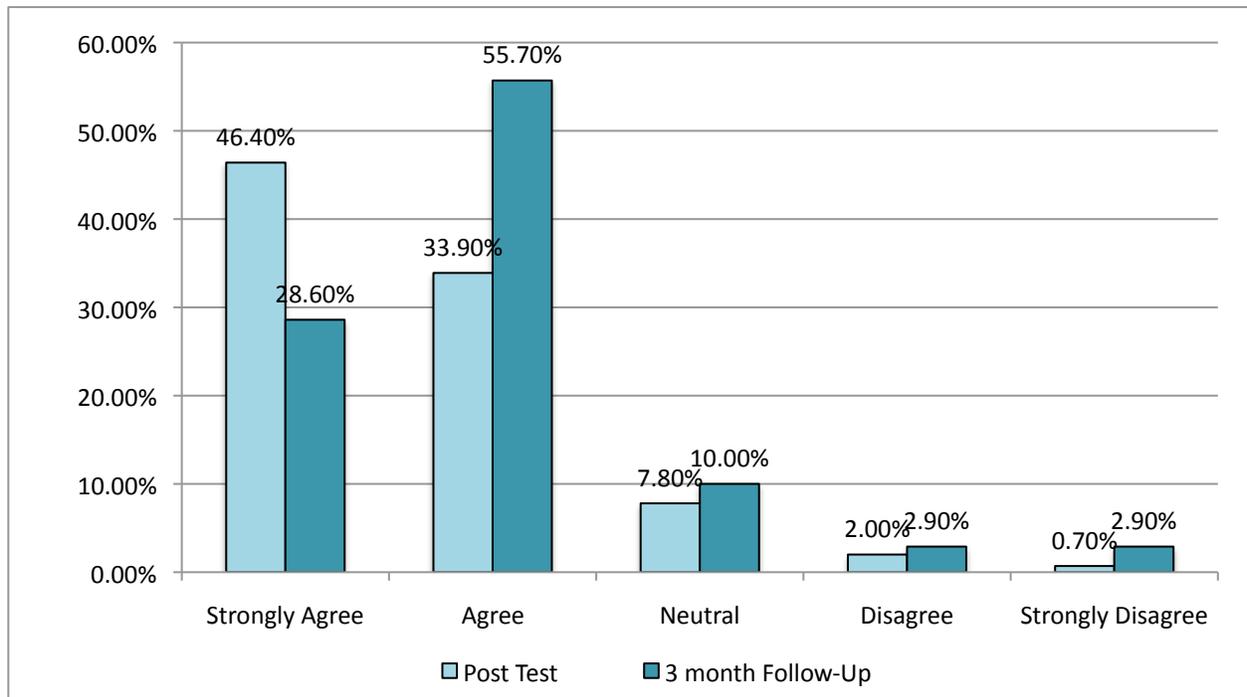
Trainees also reported that the training courses were being marketed accurately with respect to the advertised learning objectives (**Table 7**). When asked about the extent to which trainings provided participants with the knowledge and/or skills that were identified in the course objectives, in person events received an average rating of 8.55 and online events received an average rating of 8.12 from trainees on a scale ranging from 1=*Strongly Disagree* to 10=*Strongly Agree*.

Table 7: Trainees' Rating of Correspondence between Knowledge/Skills Provided & Those Identified in Course Objectives

This training provided me with the knowledge and/or skills that were identified in the course objective. (1=Strongly Disagree, 10=Strongly Agree)	# Responses	Mean Score
In-person training events	N=846	8.55
Online training events	N=239	8.12

Training facilitators also received high scores from trainees for material delivery (**Table 8**). On a scale ranging from 1=*Poor* to 10=*Excellent*, trainers for in person events received a mean rating of 8.41 and online trainers received a mean rating of 7.28.

Table 8: Trainees' Rating of Facilitator and Knowledge/Skills Learned

How well did the facilitator deliver the material? (1=Poor, 10=Excellent)	# Responses	Mean Score
In-person training events	N=840	Mean = 8.41
Online training events	N=235	Mean = 7.28

Improvement in Trainees' Self-Assessment Competency in Course Learning Objectives

When the data were analyzed to determine whether trainees perceived that they had increased their knowledge and/or skills related to the training topic(s), most showed a positive change (see **Tables 9 and 10**). Training facilitators created a short list of between 3-6 learning objectives related to the knowledge or skills to be gained by participating in their training. Trainees were asked both before (pre-test survey) and immediately after receiving training (post-test survey) to rate their knowledge/skill level related to each of the specific course objectives on a scale of 1=*Not At All Competent* to 5=*Competent*. These questions were asked of both trainees who engaged in in-person training events as well as those who participated in trainings that were conducted entirely online. The average competency rating across all objectives for the in-person training events before receiving the training was 3.14. For online training, this pretest objective rating score was 3.15. After receiving training, the mean assessment of competencies increased for both training format to a similar degree (1.08 points greater following in-person trainings and 1.05 greater following online training events). Demonstrating a particularly substantial level of improvement, 12 percent of trainees who participated in in-person training events rated themselves as 'Competent' with regard to a specific learning objective before the training, while 41 percent rated themselves as 'Competent' after receiving training. For the online trainings, almost ten percent of the trainees rated themselves as 'Competent' with regard to a specific learning objective before the training, and nearly 35 percent rated themselves as 'Competent' after receiving training.

Reports of competence by trainees for *in-person training events* indicate that the vast majority (84%) of trainees considered themselves to be 'Moderately Competent' or 'Competent' in the learning objectives after participating in the training. This is a substantial increase when compared to the 40 percent of trainees who indicated that they felt 'Moderately Competent' or 'Competent' prior to participating in the training. The mean report of competence by trainees for all objectives across all in-person training events increased 1.08 points, from 3.14 before training to 4.22 after training. These results suggest that the training had a positive effect on the level of knowledge as perceived by the trainees.

Table 9: 2013 Trainees Self-Assessment of Competence on Training Objectives
(In-Person Training Events)

Rate you current level of competence regarding learning objective…	Before Training (Number/Percentage) n=3062	After Training (Number/Percentage) n=3121	Change
1 = Not at all Competent	281 (8.2%)	14 (0.4%)	-267 (-7.8%)
2 = Minimally Competent	703 (20.5%)	70 (2.2%)	-633 (-18.3%)
3 = Somewhat Competent	1108 (32.3%)	432 (13.4%)	-676 (-18.9%)
4 = Moderately Competent	919 (27.8%)	1384 (43.0%)	+465 (+15.2%)
5 = Competent	419 (12.2%)	1319 (41.0%)	+900 (+28.8%)
Average Score (on 1-5 scale)	**Mean=3.14**	**Mean=4.22**	**(+1.08)**

Similarly, reports of competence by trainees for *online training events* indicate that the vast majority (87%) of trainees considered themselves to be 'Moderately Competent' or 'Competent' in the learning objectives after participating in the training. This is a substantial increase when compared to the 36 percent of trainees who indicated that they felt 'Moderately Competent' or 'Competent' prior to participating in the training. The mean report of competence by trainees for all objectives across all online training events increased 1.05 points, from 3.15 before training to 4.20 after training. These results suggest that the online trainings also had a positive effect on the level of knowledge as perceived by the trainees.

Table 10: 2013 Trainees Self-Assessment of Competence on Training Objectives
(Online Training Events)

Rate you current level of competence regarding learning objective…	Before Training (Number/Percentage) n=1343	After Training (Number/Percentage) n=569	Change
1 = Not at all Competent	83 (6.1.%)	0 (0.0%)	-83 (-6.1%)
2 = Minimally Competent	249 (18.5%)	7 (1.2%)	-242 (-17.3%)
3 = Somewhat Competent	522 (38.8%)	66 (11.6%)	-456 (-27.2%)
4 = Moderately Competent	360 (26.8%)	299 (52.5%)	-61 (+25.7%)
5 = Competent	129 (9.6%)	197 (34.6%)	+68 (+25.0%)
Average Score (on 1-5 scale)	**Mean=3.15**	**Mean=4.20**	**(+1.05)**

Improvement in Trainees' Scores on Knowledge Tests Related to Course Learning Objectives

For the first time this year, trainees who attended the eleven training events hosted by MSU completed a knowledge assessment with the pre and post training surveys. This assessment included either six or eight questions that were designed to address the specific learning objectives and associated course content for each of these training events (see Appendix E). Findings from this more objective approach to measuring trainee knowledge transfer were also positive and support the pre- to post-training survey results for participants' self-assessed course learning objective competency ratings. Based on a scale of 1 to 6 or 1 to 8, with 6 or 8 being highest, mean scores improved for trainees from the pre to post knowledge assessment for all eleven training events. Mean scores noted in Tables 11a-11k present the number of quiz questions trainees answered correctly before and after participating in training.

Table 11a: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Special Education Advocacy* Training Date: February 22, 2013	Pretest n=29	Posttest n=29	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=0.93**	**Mean=2.48**	**(+1.55)**

Training Objectives:
    1. Understand basic special education rights and processes.
    2. Gain experience solving basic special education problems.
    3. Learn where to go to answer questions about special education rights.			

Table 11b: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *The Effects of Sexual Abuse on Children and Adolescents* Training Date: February 22, 2013	Pretest n=26	Posttest n=26	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=3.42**	**Mean=5.15**	**(+1.73)**

Training Objectives:
    1. Conduct a thorough assessment of the effects of sexual abuse.
    2. Compassionately understand the nature of symptoms and problematic behaviors.
    3. Develop strength-based, developmentally appropriate treatment plans.			

Table 11c: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Using Solution Focused Techniques to Enhance Communication & Understanding* Training Date: March 1, 2013	Pretest n=27	Posttest n=27	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=1.48**	**Mean=4.03**	**(+2.55)**

Training Objectives:

1. Readily use a variety of solution-focused questions such as scaling, exception finding, coping, etc.
2. Engage better and elicit goal statements from clients with whom they are working.
3. Understand the principles behind solution-focused and client-centered interviewing.

Table 11d: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Successful Strategies for Working with Lesbian, Gay, Bisexual, Transgender, & Questioning Youth in Foster Care* Training Date: March 3, 2013	Pretest n=27	Posttest n=27	Change
Mean Number of Correct Responses out of a total of 8 questions	**Mean=2.85**	**Mean=4.59**	**(+1.74)**

Training Objectives:

1. Identify the risk and resiliency characteristics of LGBTQ youth..
2. Build competency in working with LGBTQ youth.
3. Address dynamics of LGBTQ youth "coming out" in care.
4. Identify current promising and best practices in engaging LGBTQ youth in the child welfare system.

Table 11e: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Motivational Interviewing with At-Risk Youth & Families & Substance Abuse* Training Date: March 14, 2013	Pretest n=22	Posttest n=22	Change
Mean Number of Correct Responses out of a total of 8 questions	**Mean=4.36**	**Mean=5.27**	**(+0.91)**

Training Objectives:

1. Identify main components and demonstrate basic proficiency with the five basic tenets of Motivational Interviewing.
2. Learn three or more family therapy substance abuse specific interventions and demonstrate proficiency.
3. Appropriately apply family therapy interventions to family presentations and clinical needs— connect diagnosis to practice.
4. Develop a case treatment plan and connect the two treatment phases of Motivational Interviewing with the stage of change of the client and family.

Table 11f: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Cultivating Resiliency: Anxiety & Stress Management with Trauma Implications* Training Date: March 14, 2013	Pretest n=20	Posttest n=20	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=2.25**	**Mean=4.10**	**(+1.85)**
Training Objectives: 1. Identify main components and demonstrate basic proficiency with identifying trauma and anxiety and their stages of severity. 2. Understand and apply the Seven Skills of Resiliency. 3. Appropriately connect and apply anxiety treatment and trauma therapy interventions to clinical presentations and clinical needs—connect diagnosis to practice.			

Table 11g: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Understanding Autism for Children in Foster Care* Training Date: March 22, 2013	Pretest n=28	Posttest n=28	Change
Mean Number of Correct Responses out of a total of 8 questions	**Mean=3.35**	**Mean=6.03**	**(+2.68)**
Training Objectives: 1. List and describe the four developmental areas impacted by autism and challenges associated with each area. 2. Describe and discuss the unique challenges facing children with ASD in the foster care system. 3. List and describe common treatment interventions available for ASD. 4. Describe and discuss how to support the foster care parent and child in the home environment.			

Table 11h: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Toward Successful Adoption: Training for Foster Care & Adoption Workers* Training Date: April 4, 2013	Pretest n=21	Posttest n=21	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=2.80**	**Mean=4.09**	**(+1.29)**

Training Objectives:

1. Understand the impact of temperament, attachment, trauma, and grief and loss on children in the child welfare system.
2. Understand common diagnoses for children in care.
3. Learn ways to increase effectiveness in working across functions to ensure that children find permanency through adoption.

Table 11i: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Supporting Children with Special Needs following Grief & Trauma* Training Date: April 25, 2013	Pretest n=30	Posttest n=30	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=3.83**	**Mean=4.36**	**(+0.53)**

Training Objectives:

1. Compare and contrast baseline vs. grief and trauma-related symptoms and reactions in special needs children.
2. Identify at least five specific interventions to use with grieving and traumatized special needs children.
3. Feel comfortable answering the most commonly asked questions that children, parents and other professionals have about grief and trauma.

Table 11j: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Using Protective Factors to Strengthen Families* Training Date: June 6, 2013	Pretest n=6	Posttest n=6	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=0.16**	**Mean=2.66**	**(+2.50)**
Training Objectives: 1. Understand the Strengthening Families-Protective Factors framework. 2. Identify strategies for integrating these factors into their daily work with maltreated children and their families. 3. Understand the relevance of the Strengthening Families-Protective Factors framework in their own practice as a tool to promote resilience in the high stress job and work environment of the child welfare professional.			

Table 11k: Comparison of Pre-Training to Post-Training Objective Knowledge Quiz Results

Training Title: *Igniting Greatness: Successful Interventions with Challenging Children* Training Date: July 11, 2013	Pretest n=11	Posttest n=11	Change
Mean Number of Correct Responses out of a total of 6 questions	**Mean=2.45**	**Mean=3.81**	**(+1.36)**
Training Objectives: 1. Identify the relationship between trauma, attachment, acting out behavior, and interpersonal relationships. 2. Describe dynamics of challenging children and how conventional methods of parenting and therapy often fail. 3. Teach concrete strategies to build solid relationships based on mindfulness principles, attachment parenting, and the Nurtured Heart Approach© model.			

Interpretation of Findings. The charts and tables above demonstrate that the majority of trainees were positively impacted by the in-service trainings that they attended. Most indicated that training increased their understanding of the topic, that the topic was relevant to their work, that they planned to use the information gained during training in their work, and that they would recommend the training to coworkers. Additionally, trainees' self-assessed competency

regarding course learning objectives improved after completing training. Moreover, scores on knowledge tests that were included in the evaluation of the eleven MSU-sponsored trainings support these positive findings by demonstrating that trainees were more knowledgeable about core course content after participating in training.

Evaluation Question 3: Did child welfare trainees utilize information and material in their professional work following training?

The training collaborative wanted to determine the longer-term affects of the trainings on participants' learning and professional practice; therefore, a comparison was made between trainees' responses to pertinent questions immediately following the training (post-test) and approximately three months later (follow-up survey). **Table 12** below compares the responses for both survey instruments. The results suggest that training-related learning and trainees' perception of the training utility generally remained positive across time. For example, 81 percent of trainees said they "strongly agree" or "agree" that the training increased their understanding of the topic immediately after training, and that number increased slightly to 86 percent when respondents answered the same question three months after training. However, the percentage of responses in the highest category (Strong agree) decreased slightly from post-training to three months later for each of the survey questions listed below. Given that the percentages of responses in the next highest category (*Agree*) increased, it appears that the vast majority of respondents to the follow-up survey continued to think the training was effective and useful; however, their initial assessment was slightly modified.

Table 12: Comparison of Post-Training to Follow-up Survey Results

Survey Questions and Response Options	Post Training Results		3-month Follow-up Results	
The training increased my understanding of the topic	n=931		n=140	
Strongly agree	360	(35.1%)	38	(27.1%)
Agree	473	(46.1%)	83	(59.3%)
Neutral	79	(7.7%)	12	(8.6%)
Disagree	13	(1.3%)	4	(2.9%)
Strongly disagree	6	(.6%)	3	(2.1%)
The topic was relevant to the work I do	n=931		n=140	
Strongly agree	491	(47.9%)	49	(35.0%)
Agree	368	(35.9%)	76	(54.3%)
Neutral	55	(5.4%)	11	(7.9%)
Disagree	7	(0.7%)	1	(0.7%)
Strongly disagree	10	(1.0%)	3	(2.1%)
I have used the training information in my work	n=931		n=140	
Strongly agree	427	(41.7%)	31	(22.1%)
Agree	412	(40.2%)	70	(50.0%)
Neutral	69	(6.7%)	25	(17.9%)

Disagree	12	(1.2%)	11	(7.9%)
Strongly disagree	11	(1.1%)	3	(2.1%)
I would recommend this training to coworkers	n=931		n=140	
Strongly agree	476	(46.4%)	40	(28.6%)
Agree	347	(33.9%)	78	(55.7%)
Neutral	80	(7.8%)	14	(10.0%)
Disagree	21	(2.0%)	4	(2.9%)
Strongly disagree	7	(0.7%)	4	(2.9%)

Interpretation of Findings. The data show that trainees continued to believe that training increased their knowledge/skills and was relevant to their work three months after completing the training. In addition, the majority of trainees continued to report that they would use the material from the training and that they would recommend it to co-workers. As noted earlier, a limitation of this finding is the relatively low number of persons who responded to the three-month post-training follow-up survey administered online compared to the number of trainees who completed the pre-test and post-test surveys. Trainees were offered the opportunity to enter a drawing for a $100 Target gift card as an incentive to complete the follow-up survey.

Conclusions

Key Findings

- Responses from the training surveys indicate that the vast majority of the 1172 trainees in the 2013 Cohort were regionally based; together they served 51 (62%) of the counties in Michigan.

- Analysis reveals few differences between DHS employees and those from private child welfare agencies in demographic characteristics or their responses about training satisfaction and usefulness.

- The majority of trainees indicated that the training(s) they participated in increased their knowledge of the topic, was relevant to their current work, and that they would recommend the training to coworkers.

- Trainees were asked to assess their competency in the learning objectives for the training(s) that they attended both immediately prior to completing the training (pre-test) and immediately after completion (post-test). Analysis of this data indicated an increase in trainees' self-assessed competency in the learning objectives.

- For the first time this year, trainees who attended training events hosted by MSU completed an objective knowledge assessment consisting of questions designed to address the learning objectives for specific training events. Analysis of this data found a positive increase in trainees' knowledge after participating in the training.

- Both in-person and online trainers were rated highly for their skill in delivery of training material.

The following *Lessons Learned* and *Recommendations* are based primarily on the quantitative data presented in the body of this report and the resulting *Key Findings* noted above. They are also informed by qualitative responses to four training participant survey questions regarding: 1. What trainees most hoped to learn from the training, 2. Suggested topics for future training events, 3. Best training days and times, and 4. How trainees planned to implement training information in their professional work. **Appendix F** summarizes trainees' responses to these questions.

Lessons Learned

- Michigan's child welfare workers appear eager to attend in-service trainings provided by university Schools of Social Work. In 2010, several of the trainings were at maximum attendance capacity and more training dates were added to the roster to accommodate the interest. More trainings need to be available, in more locations, and by a variety of educators. The social work programs' communication vehicles---newsletters and website---play a significant role in alerting child welfare workers to in-service training opportunities.

- In the past two years, a significant infrastructure of communication, mutual respect, and collaboration has been built between the seven universities – and between Michigan State University and Michigan's DHS leadership – to channel the energy of the state's higher education resources into addressing child welfare in-service training needs. Although individual universities may have been responding to the current climate of change brought on by recent child welfare reform efforts, no consolidated action was launched until this initiative. This collaborative effort is a strong foundation upon which to build the "relationships, joint programs, and such other programs as are deemed worthwhile with accredited schools of social work to enhance and improve existing opportunities for the training and education of DHS and private CPA and CCI caseworkers and supervisory staff" (Settlement Agreement, 2011, p. 13).

- Time is needed to plan and fully respond to the in-service training needs of all state child welfare workers. During the current three-year contract planning and strategic delivery of training has been promoted. With the results from two years of surveys and responses from more than 1,000 trainees in hand, a systematic, targeted series of trainings can be developed to maximize the educational resources these universities bring to the table.

Recommendations

DHS Administration should continue to encourage DHS, CPA, and CCI employees to avail themselves of the opportunity to receive free or low cost in-service training from the university-based Schools of Social Work collaborative initiative.

DHS should consider providing a cadre of seasoned and exemplary child welfare workers and supervisors support to work with the universities to conduct additional trainings and serve as co-trainers.

A multi-year training plan should be funded and expanded to effectively address the increased in-service training needs of the Department. Continuity and expansion allows for efficient planning so that training topics are strategically focused on child welfare knowledge and skills and responsive to worker and supervisor feedback. The solid foundation of university-based in-service training is building positive expectations, increased attendance and participation, and ongoing support from child welfare professionals.

In addition to the expanded audiences for in-service training that have been identified by DHS, there are important opportunities for on-going training for the new foster parents recruited by DHS and its partner agencies, for adoptive parents (particularly those receiving subsidies), kinship care providers, and DHS supervisors and middle managers.

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Appendix A
2013 Child Welfare In-Service Training for the Michigan Department of Human Services and DHS-Contracted Private Agencies

Training Title, Date & Provider	Training Objectives *As a result of this workshop, participants will be prepared to:*
Trauma Informed Child Welfare Practice Michigan State University Thursday, 10/ 04/12 1:00 PM – 4:15 PM Training Location: Upfront & company	• Identify the impact of traumatic experiences on development. • Explore trauma informed intervention strategies that promote safety, permanence, and well-being.
Childhood Behavior Disorders: Successful Interventions for Challenging Behaviors Eastern Michigan University Friday, 10/19/12 9:00 AM – 12:15 PM Training Location: EMU–Livonia	• Recognize childhood behavior disorders. • Identify the characteristics associated with childhood behavior disorders. • Understand treatment options for childhood behavior disorders. • Utilize practical strategies to intervene with behavior-disordered youth.
The Effects of Sexual Abuse on Children & Adolescents: Assessment & Treatment Planning Michigan State University Friday ,10/26/12 9:00 AM – 12:15 PM Training Location: Alpena Community College, Alpena	• Conduct a thorough assessment of the effects of sexual abuse. • Compassionately understand the nature of symptoms and problematic behaviors. • Develop strength-based, developmentally appropriate treatment plans.
Working with Parents with Developmental Disabilities University of Michigan Friday, 11/02/12 1:00 PM – 4:15 PM Training Location: U of M School of Social Work, Ann Arbor	• Describe the research findings and practice observations on the relationship between parental developmental disabilities and child maltreatment. • Discuss the complexity of the relationship between parental developmental disabilities, other parental problems, and challenges that their children may present. • Propose a model for assessing parenting capacities of developmentally challenged parents that includes but is not limited to IQ. • Describe the requirements of the Americans with Disabilities Act as they relate to child welfare best practice. • Describe promising interventions for parents with developmental disabilities and how to assess their outcomes. • Describe case management strategies with parents with developmental disabilities who become involved in the child welfare system. • Illustrate all of the above objectives with case illustrations and video vignettes.
Exploring Culturally Competent Foster Care & Adoption Practice Michigan State University Thursday, 11 /08/12 9:00 AM –12:15PM Training Location: Judson Center, Royal Oak	• Understand and define culturally competent practice within foster care. • Understand the importance of racial/cultural identity development in foster children. • Identify positive and negative manifestations of cultural identity. • Examine the interaction of foster care and personal expressions of cultural identity.

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Igniting Greatness: Successful Interventions with Challenging Children Michigan State University Friday, 11/16/12 9:00 AM – 4:30 PM Training Location: Hannah Community Center, East Lansing	• Identify the relationship between trauma, attachment, acting out behavior, and interpersonal relationships. • Describe dynamics of challenging children and how conventional methods of parenting and therapy often fail. • Teach concrete strategies to build solid relationships based on mindfulness principles, attachment parenting, and the Nurtured Heart Approach© model.
Cultural Competence & Cultural Humility University of Michigan Friday, 11/16/12 1:00 PM – 4:15 PM Training Location: U of M School of Social Work, Ann Arbor	• Understand the importance of culturally responsive practice. • Understand important research and concepts for cultural competence and cultural humility. • Utilize skills relevant to cultural competence and cultural humility.
Child Protective Cases Testifying Tips & Recent Case Laws Grand Valley State University Friday, 11/ 30/ 12 8:45 AM – 12:00 PM Training Location: GVSU downtown campus, Grand Rapids	• Understand the flow of a neglect case. • Understand the type of information needed to testify. • Understand how to apply recent case laws.
Engaging Fathers Eastern Michigan University Friday, 12/14/12 9:00 AM – 12:15 PM Training Location: EMU–Detroit	• Recognize the need and importance of location and engaging fathers. • Identify formal and informal support services for absent fathers. • Demonstrate the ability to locate and engage absent fathers.
Winter/ Spring 2013	
Testimony in Court: Maintaining Your Professional Reputation While Advocating for Your Clients Andrews University 01/ 18/13 9:00 AM – 12:15 PM Training Location: Chan Shun Hall Berrien Springs	• List the steps in preparing for court testimony. • Identify some do's and don't's for court testimony. • Discuss the pitfalls and implications involved in client advocacy
Parenting Tools: Parent Management Training—Oregon Skills for Clinicians Grand Valley State University 01/24-25/13 8:30 AM – 4:00 PM and 8:30 AM – 4:15 PM Training Location: DeVos Center Grand Rapids	• Understand directions and encouragement from the PMT-O Model perspective. • Teach good directions to and role play with parents. • Get started with step-by-step procedures. • Break down behaviors in order to reach goals.
De-escalating Techniques & Interviewing Skills: Managing Out-of-control Behavior Eastern Michigan University 1/25/13 9:00 AM – 12:15 PM Training Location: EMU–Livonia	• Recognize when a client is agitated. • Understand agitation, what drives or triggers it, what maintains it. • Understand how and when resistance enters the treatment room. • Learn effective ways to help a client de-escalate. • Demonstrate effective use of at least two techniques offered in class. • Understand the potential of secondary trauma when mismanaging stress.

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How Young Children "Tell" Us Their Feelings University of Michigan 02/01/13 9:00 AM – 12:15 PM Training Location: School of Social Work, Ann Arbor	• Understand at least two behaviors seen in children with a Disorganized Attachment template. • Understand at least two cues and miscues of young children in distress. • Identify two strategies for understanding and responding to miscues.
Social Work with Difficult Adolescents Wayne State University 02/01/13 9:00 AM – 12:15 PM Training Location: Macomb Education Center, Clinton Twp.	• Assess adolescents within a model of normal development. • Understand emotional issues that complicate adolescent development and social work intervention. • Utilize strategies for creating an alliance with adolescent clients.
Secondary Traumatic Stress & the Child Welfare Professional: Coping Effectively with the Cost of Caring Grand Valley State University February 8, 2013 • 9:45 AM – 1:00 PM Training Location:, DeVos Center, Grand Rapids	• Understand how secondary traumatic stress occurs and possess the ability to recognize it. • Understand the importance of implementing professional and personal self-care strategies in order to prevent secondary traumatic stress. • List three professional and three personal self-care strategies that they can implement.
Specialized Practice Skills for Working with Offending Fathers University of Michigan 02/15/13 1:00 PM – 4:15 PM Training Location: School of Social Work , Ann Arbor	• Differentiate father offender types. • Identify factors for assessing fathers. • Describe barriers and obstacles to effective assessment. • Engage fathers in the assessment process. • Engage fathers in identifying treatment goals. • Engage fathers in the treatment process.
Special Education Advocacy Michigan State University February 22, 2013 9:00 AM – 12:15PM Training Location: Sarvis Center, Flint	• Understand basic special education rights and processes. • Gain experience solving basic special education problems. • Learn where to go to answer questions about special education rights.
The Effects of Sexual Abuse on Children & Adolescents: Assessment & Treatment Planning Michigan State University February 22, 2013 1:15 – 4:30 PM Training Location: Sarvis Center, Flint	• Conduct a thorough assessment of the effects of sexual abuse. • Compassionately understand the nature of symptoms and problematic behaviors. • Develop strength-based, developmentally appropriate treatment plans.
Complicated Grief in Children: Assessment & Treatment Wayne State University 02/22/13 9:00 AM – 12:15 PM Training Location: Oakland Center, Farmington Hills	• Recognize five signs and symptoms of complicated grief in children. • Identify three methods used to assess complicated grief reactions. • Name three treatment interventions that address social-emotional and behavioral aspects of complicated grief.

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Cultural Considerations: Seeking an Understanding of Those We Serve Western Michigan University February 22, 2013 8:45 AM – 12:00PM Training Location: College of Health & Human Services, Kalamazoo	• Understand we all have cultural norms that impact our relationships with those we serve. • Provide services that respect the cultural traditions of families. • Become part of the growing number of individuals committed to developing a deeper understanding of cultural communication, and to commit to becoming change agents.
Using Solution Focused Techniques to Enhance Communication & Understanding Michigan State University March 1, 2013 9:00 AM – 12:15 PM Training Location: Hannah Community Center, East Lansing	• Readily use a variety of solution-focused questions such as scaling, exception finding, coping, etc. • Engage better and elicit goal statements from clients with whom they are working. • Understand the principles behind solution-focused and client-centered interviewing.
Successful Strategies for Working with Lesbian, Gay, Bisexual, Transgender, & Questioning Youth in Foster Care Michigan State University March 1, 2013 1:15 PM – 4:30 PM Training Location: Hannah Community Center, East Lansing	• Identify the risk and resiliency characteristics of LGBTQ youth. • Build competency in working with LGBTQ youth. • Address dynamics of LGBTQ youth "coming out" in care. • Identify current promising and best practices in engaging LGBTQ youth in the child welfare system.
Skills in Working with Youth Involved in the Child Welfare & Juvenile Justice Systems University of Michigan 03/ 01/13 9:00 AM – 12:15 PM Training Location: School of Social Work , Ann Arbor	• Describe crossover populations (definitions, estimates, disproportionality, service needs, and outcomes). • Understand evidence-based treatment options and be comfortable role playing with colleagues and engaging with crossover youth in clinical/practice settings. • Engage leadership and collaborate across systems to better serve crossover youth.
The ABCs of Sexual Abuse: Awareness, Behaviors, Consequences **EMU–Detroit, Henry** **Ford Medical Center**	• Understand the prevalence of sexual abuse and what underlies it. • Identify behaviors associated with sexual abuse and how to address it. • Understand the consequences of sexual abuse for victims, perpetrators, and non-offending adults.
CBT with Children & Adolescents: Depression & Suicide Risk, Assessment & Treatment Wayne State University 03/08/13 9:00 AM – 12:15 PM Training Location: McGregor Memorial Conference Center Detroit	• Understand cognitive behavioral therapy (CBT) and its implications for social work practice. • Identify at least two risk factors for depression and suicide in adolescents and children. • Understand specific problems through the process of behavioral assessment.
Motivational Interviewing with At-Risk Youth & Families & Substance Abuse **Michigan State University** March 14, 2013 9:00 AM – 12:15 PM Training Location: Okemos Conference Center, Okemos	• Identify main components and demonstrate basic proficiency with the five basic tenets of Motivational Interviewing. • Learn three or more family therapy substance abuse specific interventions and demonstrate proficiency. • Appropriately apply family therapy interventions to family presentations and clinical needs—connect diagnosis to practice. • Develop a case treatment plan and connect the two treatment phases of Motivational Interviewing with the stage of change of the client and family.

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Cultivating Resiliency: Anxiety & Stress Management with Trauma Implications Michigan state University March 14, 2013 1:15 PM – 4:30 PM Training Location: Okemos Conference Center, Okemos	• Identify main components and demonstrate basic proficiency with identifying trauma and anxiety and their stages of severity. • Understand and apply the Seven Skills of Resiliency. • Appropriately connect and apply anxiety treatment and trauma therapy interventions to clinical presentations and clinical needs—connect diagnosis to practice.
Understanding Autism for Children in Foster Care Michigan State University March 22, 2013 9:00 AM – 12:15 PM Training Location: VisTaTech Center, Livonia	• List and describe the four developmental areas impacted by autism and challenges associated with each area. • Describe and discuss the unique challenges facing children with ASD in the foster care system. • List and describe common treatment interventions available for ASD. • Describe and discuss how to support the foster care parent and child in the home environment.
Applying Cultural Competence to Caseworker Visits Michigan State University March 22, 2013 1:15 – 4:30 PM Training Location: VisTaTech Center, Livonia,	• Implement recommendations for better supporting children's cultural needs and positive identity development while in placement. • Identify new skills required for culturally competent care giving and understand the central role culture plays in positive identity development for youth. • Use effective tools for evaluating the cultural competence of staff and methods for maintaining and improving upon existing knowledge and skill.
Working with Hard-to-Reach Families Western Michigan University March 22, 2013 • 8:45 AM – 12:00 PM Training Location: College of Health & Human Services, Kalamazoo	• Identify the client system and the power dynamics of the provider agencies and practitioners involved. • Understand barriers to effective practice with the population and how to avoid them. • Use effective and appropriate intervention strategies with hard-to-reach and involuntary clients.
Toward Successful Adoption: Training for Foster Care & Adoption Workers Michigan State University April 4, 2013 9:00 AM – 4:30 PM Training Location: MSU Detroit Center, Detroit	• Understand the impact of temperament, attachment, trauma, and grief and loss on children in the child welfare system. • Understand common diagnoses for children in care. • Learn ways to increase effectiveness in working across functions to ensure that children find permanency through adoption.
If Mama Ain't Happy: Infant Mental Health Services Andrews University, 04/05/13 9:00 AM – 12:15 PM Training Location: Chan Shun Hall, Berrien Springs	• Understand the mental health challenges of at-risk parents. • Develop an understanding of the social, emotional, and developmental problems in infancy and early childhood that drive challenging behaviors. • Implement a variety of interventions for challenging children. • Understand when to seek infant mental health services.
Infant Mental Health: Strengthening Early Parental Bonds Wayne State University 04/05/13 9:00 AM – 12:15 PM Training Location: Macomb Education Center, Clinton Twp.	• Differentiate between trauma and loss and identify ways to best manage the needs of children and adolescents who are in their care. • Understand secondary wounding and how to minimize, or address it, when it occurs. • Understand how trauma is stored in the brain and how trauma affects behavior in children and adolescents. • Utilize best practices when working with other professionals when dealing with abuse.

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The Impact of Trauma on Foster Care Children & Their Families and Children
 	
Western Michigan University
April 12, 2013 • 8:45 AM – 12:00 PM
Training Location: College of Health & Human Services, Kalamazoo
	• Understand trauma and how it impacts the children they serve. Topics will include:
	  A. Effects of removal and placement on children.
	  B. Effects of abuse and neglect on children.
	  C. Effects of removal on parents and how to address it.
	  D. Secondary trauma/witnessing trauma (including component on self-care) for workers

Compassion Fatigue: Self-care & Prevention Eastern Michigan University April 19, 2013 • 9:00 AM – 12:15 PM Training Location: EMU–Detroit, Detroit	• Recognize events and venues for compassion fatigue exposure. • Distinguish between compassion fatigue and burnout. • Understand the impact compassion fatigue has on job performance and personal satisfaction. • Recognize self-care opportunities. • Understand management opportunities and responsibilities to decrease vicarious trauma impact and improve the work environment.
Supporting Children with Special Needs following Grief & Trauma Michigan State University April 25, 2013 9:00 AM – 4:30 PM Training Location: Oakland Intermediate School District, Waterford	• Compare and contrast baseline vs. grief and trauma-related symptoms and reactions in special needs children. • Identify at least five specific interventions to use with grieving and traumatized special needs children. • Feel comfortable answering the most commonly asked questions that children, parents and other professionals have about grief and trauma
Treating the Whole Child: Sensory Processing Disorder in Infants & Children Wayne State University 05/03/13 9:00 AM – 12:15 PM Training Location: Oakland Center, Farmington Hills	• Understand and integrate a comprehensive, holistic perspective of Sensory Processing Disorder (SPD) in children. • Understand how SPD impacts a child's cognitive, physical, and socio-emotional development. • Understand how SPD impacts engagement, secure attachments, the parent/caregiver-child relationship and the family system. • Use assessment tools, strategies for early intervention, and ways to identify children who may be at-risk. • Implement school, home- and community-based strategies for facilitating healthy socio-emotional development for children with SPD utilizing the Minds In Motion® program.
An Evidence-based Approach to Working with Individuals with Mood Disorders & Anxiety Western Michigan University May 10, 2013 • 8:45 AM – 12:00 PM College of Health & Human Services, Kalamazoo	• Understand evidence-based approaches such as Motivational Interviewing, CBT, DBT and their use in working with individuals who are diagnosed with depression, anxiety, borderline, and demonstrate self-harm. • Practice skills from each approach as they relate to the identified mental health issues.
A Little More Talk to Get a Lot More Action with Motivational Interviewing Grand Valley State University May 17, 2013 • 8:45 AM – 12:00 PM Training Location:, DeVos Center Grand Rapids	• Have a basic knowledge of the five stages of change. • Have a working knowledge of the fundamentals of motivational interviewing. • Recognize change talk and build on it to garner commitment toward change.

Appendix A
2013 Child Welfare In-Service Training for the Michigan Department of Human Services and DHS-Contracted Private Agencies

Using Protective Factors to Strengthen Families Michigan State University June 6, 2013 1:00 PM – 4:15 PM Training Location: MSU Extension, Grand Rapids	• Understand the Strengthening Families-Protective Factors framework. • Identify strategies for integrating these factors into their daily work with maltreated children and their families. • Understand the relevance of the Strengthening Families-Protective Factors framework in their own practice as a tool to promote resilience in the high stress job and work environment of the child welfare professional.
Making the Grade: School Partnerships Western Michigan University June 12, 2013 • 1:00 PM – 4:15 PM Training Location: College of Health & Human Services, Kalamazoo	• Understand school structures and how to develop partnerships that provide improved coordination among staff and better outcomes for students served by staff. • Develop objectives that can enhance learning and academic outcomes for students while following Michigan guidelines. • Problem solves school barriers and situations that have been roadblocks to student success.
Understanding Substance Abuse & Treatment Andrews University 06/14/13 9:00 AM – 12:15 PM and 1:00 PM – 4:15 PM Training Location: Chan Shun Hall, Berrien Springs	• Understand how various drugs and alcohol affect the body and mind. • Understand the trends of use among youth. • Complete a comprehensive addiction assessment. • Describe current trends in the field of drug and alcohol treatment, including motivational interviewing and cognitive behavior therapy. • Understand the progressive stages of recovery. • Identify specific interventions to use with the addict.
Igniting Greatness: Successful Interventions with Challenging Children Michigan State University 07/11/13 8:00 AM – 4:30 PM Training Location: Great Wolf Lodge, Traverse City	• Identify the relationship between trauma, attachment, acting out behavior, and interpersonal relationships. • Describe dynamics of challenging children and how conventional methods of parenting and therapy often fail. • Teach concrete strategies to build solid relationships based on mindfulness principles, attachment parenting, and the Nurtured Heart Approach© model.
All in the Family: The Kinship Option Andrews University 0816/13 9:00 AM – 12:15 PM Training Location: Chan Shun Hall Berrien Springs	• Understand the differences between the various kinship groups and how they can become effective change agents in working with these families by learning some foundational principals of strengths –perspective approaches and solution focused therapy. • Develop skills applicable in assisting them to know what to look for in securing the right family for children in need of temporary and permanent placements who are selected to be placed in kinship care • Understand the value of cultural competence in working with clients who are living in kinship care and how to utilize evidence-based practice to guide their case management.

Appendix B
Pre-Training Evaluation
Child Welfare In-Service Training

This in-service training for DHS and private agency child welfare workers in protective services, foster care and adoption workers is provided through support made possible by a grant from the Michigan Department of Human Services. Please assist us in evaluating this in-service training initiative by answering the questions below. Your feedback will be useful in our efforts to meet your future in-service training needs. In addition, information from this evaluation will be used to conduct an impact study of the in-service training initiative. You indicate your voluntary agreement to participate in this evaluation by completing and returning this survey.

Please complete the next 4 questions to be used as your unique identifier. This identifier allows us to link your responses to this survey to your post-training and follow-up survey responses while also keeping your responses <u>anonymous</u>.

A. What are the first two letters in your middle name? ____ ____

B. What are the last two digits of the year of your high school graduation? ____ ____

C. How many siblings do you have? (Note: Enter '02' for 2 siblings) ____ ____

D. What are the first two letters of the city in which you were born? ____ ____

Training Title: The Effects of Sexual Abuse on Children & Adolescents: Assessment & Treatment Planning

Date of Training: <u>Feb. 22, 2013</u>

1. Where are you employed?

O Michigan Department of Human Services
O Private child welfare agency or organization
O Other (please describe):
_____

2. What is your primary position?

O Child protective services worker
O Foster care worker
O Adoption worker
O Supervisor
O Other (please describe):
_____

3. County where you are employed: _____

4. Number of years working in child welfare: _____

5. Years at current employer: _____

6. Are you required to attend Continuing Education training for licensure?

O Yes
O No
O I don't know

7. How did you <u>hear/learn</u> about this training workshop?

O DHS in-service catalog
O University newsletter/website
O Continuing Education website
O Email
O Word of mouth
O Other (please describe): _____

8. What <u>influenced</u> you to attend this particular training workshop? (Please check all that apply.)

O Topic
O Instructor
O Something else (please describe):

O Location
O Date/Time

O Affordable Price
O Networking Opportunities

_____

Appendix B
Pre-Training Evaluation
Child Welfare In-Service Training

Please note that Questions 9 – 16 are for university research purposes only.

9. Currently, how many children are on your caseload?
- ○ 0 - 5
- ○ 6 - 10
- ○ 11 - 15
- ○ 16 - 20
- ○ 21 - 25
- ○ 26 - 30
- ○ More than 30
- ○ Does not apply to me

10. If you are a supervisor, how many employees do you currently supervise?
- ○ 0 - 5
- ○ 6 - 10
- ○ 11 - 15
- ○ 16 - 20
- ○ 21 - 25
- ○ 26 - 30
- ○ More than 30
- ○ Does not apply to me

11. With what ethnicity do you identify? (Select the best answer)
- ○ Spanish/Hispanic/Latino
- ○ Not Spanish/Hispanic/Latino
- ○ Other (please specify): _____

12. With what race do you identify? (Select all that apply)
- ○ White or Caucasian
- ○ Black or African American
- ○ American Indian or Alaskan Native
- ○ Asian, Pacific Islander or Native Hawaiian
- ○ Other (please specify): _____
- ○ I prefer not to answer this question

13. With what gender do you identify?
- ○ Female
- ○ Male
- ○ Other
- ○ I prefer not to answer this question

14. What is your age?
- ○ Less than 25
- ○ 25 to 29
- ○ 30 to 34
- ○ 35 to 39
- ○ 40 to 44
- ○ 45 to 49
- ○ 50 to 54
- ○ 55 to 59
- ○ 60 to 64
- ○ 65 or more

15. What is highest level of education you have completed?
- ○ BSW
- ○ BA/BS
- ○ MSW
- ○ MA/MS
- ○ Other (please explain): _____
- ○ I prefer not to answer this question

16. What is your annual household income before taxes?
- ○ Less than $15,000
- ○ $15,001 - $30,000
- ○ $30,001 - $45,000
- ○ $45,001 - $60,000
- ○ $60,001 - $75,000
- ○ $75,001 - $90,000
- ○ $90,001 - $105,000
- ○ More than $105,000
- ○ I prefer not to answer this question

Learning Objectives for This Training Event	Not at all competent	Minimally Competent	Somewhat Competent	Moderately Competent	Competent
Rate your current level of competence to….					
17A. Conduct a thorough assessment of the effects of sexual abuse.	O	O	O	O	O
17B. Compassionately understand the nature of symptoms and problematic behaviors.	O	O	O	O	O
17C. Develop strength-based, developmentally appropriate treatment plans.	O	O	O	O	O

18. What is the most important thing you hope to learn from this training?

19. Please provide at least two possible training topics, besides today's topic, regarding which you would be interested in receiving professional development training.

20. What are the most convenient days and times for you to attend professional development trainings?

21. Additional comments?

Please continue on next page!

Appendix B
Pre-Training Evaluation
Child Welfare In-Service Training

Training Title: Effects of Sexual Abuse on Children   **Date of Training:** Feb. 22, 2013

Training Knowledge Questions (6 questions)

1. **The "invisible suitcase" is a metaphor that refers to:**
   - ○ The personal belongings that a child loses after they have been in multiple placements
   - ○ All the negative beliefs that the child holds about themselves and others
   - ○ The detailed history of the child's abuse
   - ○ The pent up anger that has gone unexpressed for years
   - ○ The symptoms of secondary traumatic stress (STS) that the child welfare workers experience

2. **The 9 essential elements of "best practices" for child welfare workers were developed by which of the following organizations?**
   - ○ National Institute of Mental Health (NIMH)
   - ○ American Psychological Association (APA)
   - ○ The National Association of Social Workers (NASW)
   - ○ Council on Social Work Education (CSWE)
   - ○ The National Child Traumatic Stress Network (NCTSN)

3. **Extreme behaviors and symptoms of sexually abused children can MOST compassionately be framed as:**
   - ○ They are mentally ill and need a DSM diagnosis
   - ○ Damaged children who simply cannot make better choices
   - ○ An internal way of "protecting" themselves that makes sense given what has happened
   - ○ Unacceptable behavior that must be eliminated as soon as possible
   - ○ Chronic and it should be accepted

4. **Which of the following is NOT true in terms of the neurological research on trauma?**
   - ○ Abuse can permanently change the wiring of brain
   - ○ It can lower IQ
   - ○ The developmental stage does not matter in terms of the effects of trauma on the child
   - ○ It can decrease affect regulation
   - ○ Changes in the brain can affect impulse control

5. **The MOST important element to helping a child heal in therapy is:**
   - ○ Use of medication to address Post Traumatic Stress Disorder (PTSD)
   - ○ The type of theoretical model being used
   - ○ To get them to talk about the abuse as soon as possible
   - ○ The strength of the therapeutic relationship
   - ○ For them to be in long-term therapy

Please continue on next page!

Training Title: Effects of Sexual Abuse on Children   **Date of Training:** Feb. 22, 2013

Training Knowledge Questions (6 questions)

6. **A treatment plan should do which of the following FIRST?**
   - O   Address behaviors that involve imminent risk
   - O   Provide family therapy
   - O   Refer the child to a trauma informed therapist
   - O   Target difficulties at school
   - O   Teach relaxation skills for anxiety

   Thank you for your participation!

Appendix C
Post-Training Evaluation
Child Welfare In-Service Training

This in-service training for DHS and private agency child welfare workers in protective services, foster care and adoption workers is provided through support made possible by a grant from the Michigan Department of Human Services. Please assist us in evaluating this in-service training initiative by answering the questions below. Your feedback will be useful in our efforts to meet your future in-service training needs. In addition, information from this evaluation will be used to conduct an impact study of the in-service training initiative. You indicate your voluntary agreement to participate in this evaluation by completing and returning this survey.

Please complete the next 4 questions to be used as your unique identifier. This identifier allows us to link your responses to this survey to your pre-training and follow-up survey responses while also keeping your responses <u>anonymous</u>.

A. What are the first two letters in your middle name? ____ ____

B. What are the last two digits of the year of your high school graduation? ____ ____

C. How many siblings do you have? (Note: Enter '02' for 2 siblings) ____ ____

D. What are the first two letters of the city in which you were born? ____ ____

Training Title: The Effects of Sexual Abuse on Children & Adolescents: Assessment & Treatment Planning

Date of Training: Feb. 22, 2013

1. How well did the facilitator deliver the program material?

Poor		Fair		Good		Very Good		Excellent	
1	2	3	4	5	6	7	8	9	10
O	O	O	O	O	O	O	O	O	O

Please rate the following	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. This training has increased my understanding of the topic.	O	O	O	O	O
3. This topic is relevant to the work I do currently.	O	O	O	O	O
4. I will use the information from this training in my current employment.	O	O	O	O	O
5. I would recommend this training to co-workers.	O	O	O	O	O

Learning Objectives for This Training Event	Not at all competent	Minimally Competent	Somewhat Competent	Moderately Competent	Competent
Rate your current level of competence to....					
6A. Conduct a thorough assessment of the effects of sexual abuse.	O	O	O	O	O
6B. Compassionately understand the nature of symptoms and problematic behaviors.	O	O	O	O	O
6C. Develop strength-based, developmentally appropriate treatment plans.	O	O	O	O	O

7. This training provided me with the knowledge and/or skills that were identified in the course objectives.

Strongly Disagree		Disagree		Unclear		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10
O	O	O	O	O	O	O	O	O	O

8. What information from this training do you expect to implement in your professional work with children and families in the child welfare system? (Please be specific.)

9. Additional comments?

Please continue on next page!

Appendix C
Post-Training Evaluation
Child Welfare In-Service Training

Training Title: Effects of Sexual Abuse on Children   **Date of Training:** Feb. 22, 2013

Training Knowledge Questions (6 questions)

1. **The "invisible suitcase" is a metaphor that refers to:**
   - ○ The personal belongings that a child loses after they have been in multiple placements
   - ○ All the negative beliefs that the child holds about themselves and others
   - ○ The detailed history of the child's abuse
   - ○ The pent up anger that has gone unexpressed for years
   - ○ The symptoms of secondary traumatic stress (STS) that the child welfare workers experience

2. **The 9 essential elements of "best practices" for child welfare workers were developed by which of the following organizations?**
   - ○ National Institute of Mental Health (NIMH)
   - ○ American Psychological Association (APA)
   - ○ The National Association of Social Workers (NASW)
   - ○ Council on Social Work Education (CSWE)
   - ○ The National Child Traumatic Stress Network (NCTSN)

3. **Extreme behaviors and symptoms of sexually abused children can MOST compassionately be framed as:**
   - ○ They are mentally ill and need a DSM diagnosis
   - ○ Damaged children who simply cannot make better choices
   - ○ An internal way of "protecting" themselves that makes sense given what has happened
   - ○ Unacceptable behavior that must be eliminated as soon as possible
   - ○ Chronic and it should be accepted

4. **Which of the following is NOT true in terms of the neurological research on trauma?**
   - ○ Abuse can permanently change the wiring of brain
   - ○ It can lower IQ
   - ○ The developmental stage does not matter in terms of the effects of trauma on the child
   - ○ It can decrease affect regulation
   - ○ Changes in the brain can affect impulse control

5. **The MOST important element to helping a child heal in therapy is:**
   - ○ Use of medication to address Post Traumatic Stress Disorder (PTSD)
   - ○ The type of theoretical model being used
   - ○ To get them to talk about the abuse as soon as possible
   - ○ The strength of the therapeutic relationship
   - ○ For them to be in long-term therapy

Please continue on next page!

Appendix C
Post-Training Evaluation
Child Welfare In-Service Training

Training Title: Effects of Sexual Abuse on Children   **Date of Training:** Feb. 22, 2013

Training Knowledge Questions (6 questions)

6. A treatment plan should do which of the following FIRST?
   - ○ Address behaviors that involve imminent risk
   - ○ Provide family therapy
   - ○ Refer the child to a trauma informed therapist
   - ○ Target difficulties at school
   - ○ Teach relaxation skills for anxiety

Thank you for your participation!

Appendix D
Follow-Up Training Evaluation
Child Welfare In-Service Training

Dear Child Welfare In-Service Training Participant:

You participated in a Child Welfare In-Service Training several months ago. By completing the attached survey, you will help the In-Service team in determining the benefits and long-term effects of the training curriculum. The attached survey is being conducted by Michigan State University's School of Social Work in cooperation with schools of Social Work at Andrews University, Eastern Michigan University, Grand Valley State University, University of Michigan, Wayne State University, and Western Michigan University. These seven universities provided 44 Child Welfare in-service training between September 2012 and August of 2013. The training was offered to employees of the Michigan Department of Human Services (DHS), employees of private child welfare agencies that contract with DHS, and other professionals engaged in child welfare.

Your participation in this study will only take about 5 minutes. You must be 18 years or older to participate. **Your answers will remain completely confidential**. A unique identifier has been provided below so that your name is not directly associated with the answers that you provide. This unique identifier will help the MSU School of Social Work to link to your previously collected evaluation data so that we can learn about how you have used the information you gained while attending the training event(s), but without revealing your identity to the researchers.

The risks associated with your participation are minimal and are limited to the release of private information that you supply in completing the survey. Your privacy will be protected to the maximum extent allowable by law. This survey is completely voluntary; you can stop at any time or choose not to answer any questions that make you uncomfortable.

If you have any questions about this study, such as scientific issues, how to complete any part of it, or to report an injury, please contact Gretchen Archer, online at archerg1@msu.edu, by phone at 517.432.5912, or in person at 254 Baker Hall, MSU, East Lansing, MI 48824. If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, Michigan State University Human Research Protection Program at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 202 Olds Hall, MSU, East Lansing, MI 48824.

Thank you again for your participation. By clicking the "Next" button, you accept the above conditions, are willing to participate, and are ready to begin the survey. If you do not wish to participate, please click the "Decline" button below and we will remove your contact information from our list.

1. Please select:

☐   Next
☐   Decline

Welcome to the Child Welfare In-Service Training Follow-up Survey

Please complete this survey by November 31, 2013

Thank you for agreeing to answer the following questions . . .

Appendix D
Follow-Up Training Evaluation
Child Welfare In-Service Training

*1. What are the first two letters in your middle name?

*2. What are the last two digits of the year of your high school graduation?

*3. How many siblings do you have? (Note: Enter "02" for 2 siblings)

*4. What are the first two letters of the city in which you were born?

5. Select the in-service training that you attended in 2013 from the list below. (If you attended more than one of these trainings, please be sure to select the one that is specifically referenced in the email that you received regarding this follow-up survey and respond to the following questions based only upon that selected training.)

- ◯ Testimony in Court: Maintaining Your Professional Reputation While Advocating for Clients on 01.18.13
- ◯ Parenting Tools: Parenting Mgmt. Training - Oregon Skills for Clinicians on 01.24.13 and 01.25.13
- ◯ De-escalation Techniques & Interviewing Skills: Managing Out-of-Control Behavior on 01.25.13
- ◯ How Young Children Tell Us Their Feelings on 02.01.13
- ◯ Social Work with Difficult Adolescents on 02.01.13
- ◯ Secondary Traumatic Stress & the CW Professional: Coping Effectively, the Cost of Caring on 02.08.13
- ◯ Specialized Practice Skills for Working with Offending Fathers on 02.15.13
- ◯ Special Education Advocacy on 02.22.13
- ◯ The Effects of Sexual Abuse on Children & Adolescents: Assessment & Treatment Planning on 02.22.13
- ◯ Complicated Grief in Children: Assessment & Treatment on 02.22.13
- ◯ Cultural Considerations: Seeking an Understanding of Those We Serve on 02.22.13
- ◯ Using Solution Focused Techniques to Enhance Communication and Understanding on 03.01.13
- ◯ Successful Strategies for Working with LGBT & Questioning Youth in Foster Care on 03.01.13
- ◯ Skills in Working with Youth Involved in the Child Welfare and Juvenile Justice Systems on 03.01.13
- ◯ The ABCs of Sexual Abuse: Awareness, Behaviors, Consequences on 03.08.13
- ◯ CBT With Children & Adolescents: Depression Suicide Risk, Assessment & Treatment on 03.08.13
- ◯ Motivational Interviewing with At-Risk Youth and Families & Substance Abuse on 03.14.13
- ◯ Cultivating Resiliency: Anxiety & Stress Mananagement withTrauma Implications on 03.14.13
- ◯ Understanding Autism for Children in Foster Care on 03.22.13
- ◯ Applying Cultural Competence to Caseworker Visits on 03.22.13
- ◯ Working with Hard to Reach Families on 03.22.13
- ◯ Toward Successful Adoption: Training for Foster Care & Adoption Workers on 04.04.13
- ◯ If Mama Ain't Happy: Infant Mental Health 04.04.13
- ◯ Infant Mental Health: Strengthening Early Parental Bonds on 04.05.13
- ◯ The Impact of Trauma on Foster Care Children and their Families and Children on 04.12.13
- ◯ Compassion Fatigue: Self Care & Prevention on 04.19.13
- ◯ Supporting Children with Specia Needs following Grief and Trauma on 04.25.13
- ◯ Treating the Whole Child: Sensory Processing Disorder in Infants and Children on 05.03.13

○ Using Protective Factors to Strengthen Families on 06.06.13

○ Making the Grade: School Partnerships on 06.12.13

○ Understanding Substance Abuse & Treatment on 06.14.13

○ Igniting Greatness: Successful Interventions with Challenging Children on 07.11.13

○ All in the Family: The Kinship Option on 08.16.13

6. Thinking specifically about the training you checked at the beginning of this survey, please select only one choice (strongly agree, agree, neutral, disagree, OR strongly disagree) for each statement below:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This training increased my understanding of the topic.	○	○	○	○	○
This topic was relevant to the work I currently do.	○	○	○	○	○
I have used the information from this training in my current employment.	○	○	○	○	○
I would recommend this training to co-workers.	○	○	○	○	○

7. We are interested in whether the training you attended has had long-term positive effects. Please describe the specific information and/or skills that you received during the training, if any, that you have applied to your professional work with children and families in the child welfare system since attending the training.

8. Thinking about your current place of employment, please select only one choice (strongly agree, agree, neutral, disagree, OR strongly disagree) for each statement below:

Note: "outside training events" are training events that are not sponsored by your employer or that take place at a location other than your place of employment or the MDHS Child Welfare Training Institute.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is easy to get paid time off work from my employer to attend outside training events.	○	○	○	○	○
It is easy to get unpaid time off work from my employer to attend outside training event.	○	○	○	○	○
My agency/organization encourages its employees to attend outside training events.	○	○	○	○	○
The majority of trainings I attend outside of work are helpful in my job.	○	○	○	○	○
My agency/organization provides enough in-service trainings during working hours to meet my professional development needs.	○	○	○	○	○
The majority of trainings offered at work are helpful in my job.	○	○	○	○	○

9. Please describe any barriers or obstacles that you have encountered to attending outside training events.

10. Do you have additional comments to share?

Appendix E
Knowledge Test Questions from MSU Training Events
Child Welfare In-Service Training

MSU Training Event #1 Title: Special Education Advocacy

Date of Training: Feb. 22, 2013

1. **A "free appropriate public education" is designed to:**

   - ○ Maximize a child's potential
   - ○ Be provided at low cost to parents
   - ○ Be provided by teachers with special education credentials
   - x ○ Confer reasonable educational benefit
   - ○ Apply to children in public schools only

2. **A compliance complaint must be filed within:**

   - ○ Thirty school days of the incident giving rise to the complaint
   - x ○ One year of the incident giving rise to the complaint
   - ○ Two years of the incident giving rise to the complaint
   - ○ Three years of the incident giving rise to the complaint, if there is a need for compensatory education
   - ○ Any time

3. **Under what circumstances may a school take longer than 30 school days to complete an evaluation?**

   - ○ The school does not have available staff to do the evaluation
   - ○ The school is closed in the summer
   - ○ The school uses a child study team to provide services instead of conducting a special education evaluation
   - ○ Parents verbally consent to waive the timeline
   - x ○ Parents do not request the evaluation in writing

4. **How can a parent effectively disagree with an IEP team's decision at an IEP review?**

   - x ○ File a due process hearing notice with the state
   - ○ Refuse to attend the IEP review meeting
   - ○ Request mediation
   - ○ Request an independent educational evaluation
   - ○ Sign the IEP review form in disagreement

5. **What Federal law would you read to learn how to resolve a dispute over equal access to public schools for students with disabilities?**

   - ○ Elementary and Secondary Education Act
   - ○ Social Security Act
   - x ○ Rehabilitation Act
   - ○ Michigan Mandatory Special Education Act
   - ○ Gun-Free Schools Act

6. **34 Code of Federal Regulations (CFR) Part 300 is the place to look for the following laws:**

- ○ Michigan Mandatory Special Education Act regulations
- x ○ Individuals with Disabilities Education Act regulations
- ○ Section 504 regulations
- ○ No Child Left Behind regulations
- ○ Family Educational Rights and Privacy Act regulations

MSU Training Event #2: The Effects of Sexual Abuse on Children and Adolescents

Date of Training: Feb. 22, 2013

1. **The "invisible suitcase" is a metaphor that refers to:**

- ○ The personal belongings that a child loses after they have been in multiple placements
- xx ○ All the negative beliefs that the child holds about themselves and others
- ○ The detailed history of the child's abuse
- ○ The pent up anger that has gone unexpressed for years
- ○ The symptoms of secondary traumatic stress (STS) that the child welfare workers experience

2. **The 9 essential elements of "best practices" for child welfare workers were developed by which of the following organizations?**

- ○ National Institute of Mental Health (NIMH)
- ○ American Psychological Association (APA)
- ○ The National Association of Social Workers (NASW)
- ○ Council on Social Work Education (CSWE)
- x ○ The National Child Traumatic Stress Network (NCTSN)

3. **Extreme behaviors and symptoms of sexually abused children can MOST compassionately be framed as:**

- ○ They are mentally ill and need a DSM diagnosis
- ○ Damaged children who simply cannot make better choices
- x ○ An internal way of "protecting" themselves that makes sense given what has happened
- ○ Unacceptable behavior that must be eliminated as soon as possible
- ○ Chronic and it should be accepted

4. **Which of the following is NOT true in terms of the neurological research on trauma?**

- ○ Abuse can permanently change the wiring of brain
- ○ It can lower IQ
- x ○ The developmental stage does not matter in terms of the effects of trauma on the child
- ○ It can decrease affect regulation
- ○ Changes in the brain can affect impulse control

5. **The MOST important element to helping a child heal in therapy is:**

   ○ Use of medication to address Post Traumatic Stress Disorder (PTSD)

   ○ The type of theoretical model being used

   ○ To get them to talk about the abuse as soon as possible

   x ○ The strength of the therapeutic relationship

   ○ For them to be in long-term therapy

6. **A treatment plan should do which of the following FIRST?**

   x ○ Address behaviors that involve imminent risk

   ○ Provide family therapy

   ○ Refer the child to a trauma informed therapist

   ○ Target difficulties at school

   ○ Teach relaxation skills for anxiety

MSU Training Event #3: Title: Using Solution-Focused Techniques to Enhance Communication
Date of Training: March 1, 2013

1. **A process of complimenting, making a transition, and giving homework assignments are used during:**

   ○ Goal Formation

   ○ Scaling

   ○ Getting Started

   x ○ End of Interview Feedback

   ○ I don't know

2. **When asking _____ questions, the worker asks the client to describe how family or friends would answer a question or make an observation about them:**

   ○ Open-ended

   x ○ Relationship

   ○ Scaling

   ○ Coping

   ○ I don't know

3. **One of the characteristics of a well-formed goal is not that it is:**

   ○ Measurable

   x ○ Described as the absence of something undesirable

   ○ Perceived as hard work

   ○ Is in the person's own language

   ○ I don't know

4. **Which of the following is helpful linguistic technique when utilizing Solution Focused interviewing?**

   ○ Use of the word "Why"

   ○ Use of the word "But"

   ○ Use of the word "Should"

X ○ Use of the word "Suppose"

   ○ I don't know

5. **Which one of the following is a guideline in using Solution Focused Techniques:**

   ○ Find the cause of the problem and prescribe the cure

   ○ The customer is always right

X ○ Once you know what works, do more of it

   ○ Confront the client about their perceptions of reality

   ○ I don't know

6. **A useful skill to incorporate when using the Not Knowing Approach is:**

   ○ Letting the client know when they are off topic or needing to vent

   ○ Use of big words to impress the client about your knowledge

X ○ Listen to who and what are important to the client

   ○ Gathering a lot of assessment material dealing with the past problems of the client

   ○ I don't know

MSU Training Event #4: Title: Successful Strategies for Working with LGBT Youth in Foster Care

Date of Training: March 1, 2013

1. **When identifying potential risk factors for LGBTQ youth in foster care, the following interconnected "spheres of stress" must be considered:**

X ○ Being in out-of-home care, being an adolescent, and being LGBTQ

   ○ Psychological, social, and economic

   ○ Discrimination by agency staff, disrupted placements, and shortage of appropriate foster care homes

   ○ Residential care settings, violence in society, and budget cuts

   ○ I don't know

2. **The following is true about the "coming out" experience for LGBTQ youth in foster care:**

   ○ It is usually a one-time event rather than a process of discovery

   ○ It is the same as a person disclosing their sexual orientation and/or gender identity and expression

   ○ It is a good idea to question the youth and be certain they really *are* LGBT or Q before telling too many people

   x ○ It is the process by which a person acknowledges to himself or herself that he or she is lesbian, gay, bisexual, or transgender

   ○ I don't know

3. **A characteristic of LGBTQ youth in foster care that can be considered a sign of resilience is:**

   ○ The ability to "hide in plain sight" or pass as heterosexual

   ○ A greater sense of personal insight and understanding

   ○ A reduced need for family and community acceptance

   ○ The use of "internalized homophobia" to avoid getting close to people

   ○ I don't know

4. **Action steps practitioners who work with youth in foster care can take to demonstrate support for LGBTQ individuals include:**

   ○ Assuming every youth in foster care could be LGBTQ and asking them about their sexual orientation and gender identity/expression as soon as they enter services

   ○ Using gender neutral language when discussion attractions, dating, and past romantic relationships

   ○ Having a designated staff person who works specifically with LGBTQ youth so that uninformed staff members do not cause harm to these youth

   ○ Asking only a few questions if a youth discloses their sexual orientation or gender identity because too many questions will threaten them

   ○ Ignoring incidents of peer harassment against LGBTQ youth in foster care in order to prevent this behavior from getting worse

5. **One example of a promising practice that works to prevent LGBTQ youth from having to enter foster care is:**

   ○ The Heritage Foundation's LGBTQ Rescue Initiative

   ○ Colorado's Let's Focus on the Family with LGBT Children Program

   ○ The Chick-Fil-A Empty Nest Initiative

   ○ The Family Acceptance Project in California

   ○ I don't know

6. **All of the following are examples of unlawful discrimination against LGBTQ youth in foster care EXCEPT:**

   ○ Allowing LGBTQ youth to be placed in non-LGBTQ foster homes

   ○ Failing or refusing to take steps to protect an LGBTQ youth from harassment based on their actual or perceived sexual orientation or gender identity

   ○ Failing to use the requested name and pronoun that is in accordance with a transgender youth's gender identity

   ○ Refusing to allow a youth to wear clothing that is consistent with their gender identity

   ○ I don't know

MSU Training Event #5 Title: Motivational Interviewing With At-Risk Youth & Families

Date of Training: March 14, 2013

1. **In Motivational Interviewing, Expressing Empathy is operationally defined as:**

   x ○ Skillful reflective listening that clarifies and amplifies the family's own experiencing and meaning, without imposing the therapist's own material.

   ○ Putting oneself in the other's shoes and feeling what they feel.

   ○ Letting the family know you are there for them in good times and bad.

   ○ Selectively disclosing personal stories from the clinician's own family to show commonality.

   ○ I don't know.

2. **Avoiding Argumentation and Rolling with Resistance together mean:**

   ○ To allow families to process whatever they happen to bring up in the session.

   x ○ To recognize resistance and ambivalence as potential energy for change, but to facilitate the family itself making the arguments for change rather than the clinician.

   ○ To stand back and let the family end up with the consequences for their choices.

   ○ To coach parents about how to deal with teenagers and their searches for independence.

   ○ I don't know.

3. **Please select the option below that is NOT part of the Stages of Change.**

   ○ Action

   ○ Relapse

   x ○ Insight

   ○ Pre-Contemplation

   ○ I don't know.

4. **Eliciting Self-Motivational Statements involves listening for all of the following categories of belief <u>EXCEPT</u> the following:**

    ○   Problem Recognition

    ○   Concern

    ○   Optimism

    X   ○   Promises/Contracts

    ○   Determination/Intention

5. **Family Structure is defined as the following:**

    ○   The number of people in the family.

    ○   Determining whether the family has two parents, a single parent, or is a remarried situation.

    X   ○   Identifying the hierarchy among individuals, subsystems, coalitions, and the rules that govern interactions.

    ○   Identifying the people who live in the home and their biological connections.

    ○   I don't know.

6. **A Feedback Loop in a family is defined as the following:**

    ○   When a child asks for advice from their parents and then gives it right back.

    X   ○   One family member's actions cause another member to react, which in turn causes the first member to react, in a repeating cycle.

    ○   When grandparents assume a primary child-rearing role in the family.

    ○   When children leave for college and then move back home after graduation.

    ○   I don't know.

7. **Which of the following is <u>NOT</u> an assessment technique used when interviewing a family?**

    X   ○   Asking the family to describe the issues about which they feel most strongly.

    ○   Conducting Separate Parent Interviews asking for their hypotheses.

    ○   Conducting Separate Children Interviews asking for their motivations in behavior.

    ○   Evaluating Seat Choice and Talking Order

    ○   I don't know.

8. **Which of the following would <u>NOT</u> be an appropriate treatment goal for a family who has moved to Phase II: Strengthening Commitment to Change.**

    ○   Parents as effective leaders

    ○   Change negative feedback loops

    X   ○   Begin generational transmission process

    ○   Reduce or eliminate substance abuse in members

    ○   I don't know.

Appendix E
Knowledge Test Questions from MSU Training Events
Child Welfare In-Service Training

MSU Training Event #6 Title: Cultivating Resiliency: Anxiety & Stress Management with Trauma Implications

Date of Training: March 14, 2013

1. **All of the following are examples of illustrations of the Hyper-Arousal response to threat EXCEPT:**
    - ○ Heightened adrenergic response.
    - X ○ Decreased startle response.
    - ○ Profound sleep disturbances.
    - ○ Affect regulation problems.
    - ○ I don't know.

2. **Trauma and Stress impact neural development in what manner:**
    - X ○ Malignant memories become built-in and cause the person to be less thoughtful and more reactive.
    - ○ Traumatized persons are less skilled in math, sciences and left brain endeavors.
    - ○ There is no definitive link between stress and neural development.
    - ○ Trauma and stress primarily hamper speech and language proficiency.
    - ○ I don't know.

3. **Monitoring Thoughts as a resiliency skill, means to do which of the following:**
    - ○ Using positive self-talk and affirmations.
    - X ○ Choosing reality-based perspectives and avoiding working against self.
    - ○ Thinking about your thinking.
    - ○ Replacing cognitive distortions with accurate beliefs.
    - ○ I don't know.

4. **Prioritizing Social Connection as a resiliency skill means:**
    - ○ Extroverts are generally less stressed than introverts.
    - X ○ Relationships provide invaluable primary stress and buffering benefits.
    - ○ The Golden Rule – Do unto others as you would have them do until you.
    - ○ Being alone will almost always lead to feeling lonely.
    - ○ I don't know.

5. **What does it mean to create Attentive Calm?**
    - X ○ Feeling safe and non-reactive such that you are able to have insight and learn anew.
    - ○ Deep breathing and listening
    - ○ Feeling alert and strong such that you don't worry about threats or stress.
    - ○ Sensory integration and stimulation preventing distractibility
    - ○ I don't know.

6. **Which of the following clinical skills is NOT used when Uncoupling Links with re-experience?**

- ○ Expressive mediums such as art therapy, role play, and play therapy.
- ○ Cognitive interweaves and reframes.
- x ○ Confrontation.
- ○ Reappraisal of emotional and cognitive memories from the past.
- ○ I don't know.

MSU Training Event #7 Title: Understanding Autism for Children in Foster Care

Date of Training: March 22, 2013

1. **Children with Autism Spectrum Disorders typically display deficits in relation to social interaction. Which of the following would characterize this impairment?**

- x ○ A child with Autism has poor eye contact.
- ○ A child with Autism is aggressive toward other people.
- ○ A child with Autism has restrictive interests, which create barriers to playing with other children.
- ○ A child with Autism is unable to communicate with others.
- ○ I don't know.

2. **Which of the following is NOT a common sign of Autism Spectrum Disorder?**

- ○ Lack of social imitation
- ○ Poor auditory processing skills
- ○ Limited play interests
- x ○ Facial tics
- ○ I don't know.

3. **Individuals with Autism can have difficulty with transitioning. Which process is MOST important for foster parents in transitioning a child with ASD into foster care treatment?**

- ○ Enroll siblings into counseling to eliminate potential issues, such as jealousy, misunderstanding, or communication concerns.
- ○ Maintain constant communication with foster care worker and birth parents.
- x ○ Prepare the child before the transition into foster care placement, using a social story.
- ○ Determine all sources of funding for services related to Autism Spectrum Disorders.
- ○ I don't know.

4. **In understanding the difficulties related to communication with Autism Spectrum Disorder, which strategy would be beneficial for foster care parents to utilize?**

- ○ Letting the child focus on repetitive interests and restricted play patterns, in order to minimize potential tantrums.
- ○ Sticking to the same schedule every day in attempts to avoid transitioning concerns and having to discuss the change in activities.
- ○ Allowing the child to use an I-Pad to portray feelings, needs, or other forms of communication.
- ○ Making sure that the family member that understands the child's communication the best is readily available to assist with communication barriers with others.
- ○ I don't know.

5. **Which of the following is an example of positive reinforcement?**

        ○ Taking away the child's toy, in order to increase his or her ability to play nicely with others.

        ○ Giving the child a slap on the hand, when he or she refuses to listen to directions.

    x ○ Allowing the child extra time with his or her favorite toy, because he or she sat down after your first time asking.

        ○ Ignoring a child who is asking repeatedly for the same activity over and over again.

        ○ I don't know.

6. **If there is a winter-weather advisory causing schools to close for the day, what would be the first step for foster parents with a child with ASD?**

    x ○ Add this variation to the daily schedule.

        ○ Let the child sleep as long as possible, as children with ASD suffer sleep disturbances.

        ○ Make sure to still conduct school related activities at home.

        ○ Discuss with the child that school is cancelled and he or she is free to do any activity for the day.

        ○ I don't know.

7. **Which of the items below is important in ensuring the well-being of siblings of individuals with Autism?**

        ○ Siblings should have their own room and space in the house.

        ○ Siblings should not be required to assist with behavior plans or other intervention strategies in place for the child with ASD.

    x ○ Siblings should receive outside support services, such as Sibshops or counseling.

        ○ Siblings should get special reinforcement for playing with their brother or sister with ASD.

        ○ I don't know.

8. **In order to reduce stress for foster parents with a child with behavioral issues, which support would BEST assist them?**

    x ○ Connections with other parents that have children with Autism and possible experience with behavioral difficulties.

        ○ Vacation time to get away from the situation and come back with a clear head and strategic approach.

        ○ Online support.

        ○ Utilizing teachers or case workers as the main source of intervention to decrease amount of stress on parents.

        ○ I don't know.

Appendix E
Knowledge Test Questions from MSU Training Events
Child Welfare In-Service Training

MSU Training Event #8 Title: Toward Successful Adoption: Training for Foster Care & Adoption Workers
Date of Training: April 4, 2013

1. **The three types of temperaments are?**

   x   O   Easy/flexible; slow to warm/cautious; difficult/active

       O   Unattached; attached; insecurely attached

       O   Happy; melancholy; able to cope

       O   Hyperactive; moderately active; under active

       O   I don't know

2. **A 2-4 year old child who is insecurely attached may exhibit the following?**

       O   Engages in more pretend play and fantasy

       O   Experiences guilt

       O   Delayed motor and language skills

   x   O   Is egocentric

       O   I don't know

3. **Which of the following medications is not used to treat ADHD (attention deficit hyperactivity disorder)?**

       O   Methylphenidate (Ritalin, Metadate, Concerta, Daytrana)

       O   Amphetamine (Adderall)

   x   O   Haloperidol (Haldol)

       O   Dextroamphetamine (Dexedrine, Dextrostat)

       O   I don't know

4. **The three types of trauma are?**

       O   Brain; event; physical

       O   Cognitive; social; affective

   x   O   Acute; chronic; complex

       O   Affective; behavioral; cognitive

       O   I don't know

5. **The age range that requires frequent contact with the new adoptive family to establish attachment – frequent shorter visits are best are:**

   x   O   Infants and toddlers

       O   Preschoolers

       O   School age

       O   Pre teens and teens

       O   I don't know

6. **When preparing a child's to be adopted by his/her foster parents it is important to talk to them about the changes this brings by:**

X   O   Talking about the legal, birth and parenting parent

     O   Talking about the fact that there will be no more court dates

     O   Letting them know that they will change their name

     O   Letting them know that adoption is better for them than foster care

     O   I don't know

MSU Training Event #9 Title: Special Needs and Grief/Trauma

Date of Training: April 25, 2013

1. **Is it okay for parents to cry when talking to their special needs child about death or trauma?**

X   O   Yes, modeling appropriate expression of feelings is okay and encouraged but should be done so in a controlled way that lets children know that the parent might be upset but is still in control of their emotions.

     O   Yes, cry as much as you want in front of your child.

     O   If you start to cry, stop the conversation and go back to it later.

     O   Being aware of your own grief and loss issues prior to supporting children with grief and trauma is important so a parent should go to therapy first.

     O   I don't know.

2. **Should parents take special needs children to funerals?**

     O   Only if children are infants and won't remember.

     O   Only if children are over the age of six.

     O   No, never.

X   O   Taking children of any age to funerals is encouraged because it helps create a sense of closure.

     O   I don't know.

3. **The major differences between grief and trauma are?**

     O   Grief is a result of something non-violent and trauma is the result of something violent.

     O   Grief happens in children and trauma does not.

X   O   The major experience of grief is sadness and the major experience of trauma is terror.

     O   You don't have to worry when someone is grieving but you should worry if they are traumatized.

     O   I don't know.

4. **You should NOT expect the following reactions in children with Emotional Impairments following grief or trauma?**

    ○ Children with emotional impairments can't experience trauma.

    ○ Children will escalate when they feel unsafe or threatened.

x   ○ Children will experience very consistent emotions.

    ○ Children will need extra reassurance and love.

    ○ I don't know.

5. **The following incidents always lead to trauma:**

    ○ Incarceration of a parent.

    ○ Death of a parent.

    ○ Hear domestic violence.

x   ○ Any incident that leaves a child feeling helpless, hopeless, fearing for their life or their safety can be potentially traumatizing.

    ○ I don't know.

MSU Training Event #10 Title: Using Protective Factors to Strengthen Families

Date of Training: June 6, 2013

1. **Which of the following is the first step in understanding the Strengthening Families-Protective Factors framework?**

    ○ It is an educational curriculum

    ○ It is a prevention program

X   ○ It is a model which allows for local community implementation

    ○ It is based on a deficit model

    ○ I don't know.

2. **Which of the following is NOT part of the Strengthening Families-Protective Factors framework?**

    ○ Children's social and emotional competence

    ○ Concrete support in times of need

X   ○ Anger and stress management

    ○ Nurturing and attachment

    ○ I don't know.

3. **Which of the following strategies is fundamental for integrating protective factors into daily work with maltreated children and their families?**

X   ○   Value and support parenting

      ○   Strengthen parenting skills

      ○   Respond to family crisis

      ○   Link families to services and opportunities

      ○   I don't know.

4. **Which of the following questions does NOT reflect a strength-based approach for strengthening families?**

      ○   What is hard about being a parent?

      ○   Are there ways our staff could help you deal with those challenges?

      ○   What are some of your ideas about how we can do that?

X   ○   Why do you think your child/children are in foster care?

      ○   I don't know.

5. **Which of the following is not necessarily an effective strategy for promoting resiliency in the work environment for child welfare professionals?**

      ○   Peer relationships

      ○   Job relevant education, training and support

X   ○   Weekly supervision

      ○   Culture of support

      ○   I don't know.

6. **Which of the following self-reflection questions does NOT promote resilience in the high stress job and work environment of the child welfare professional?**

X   ○   How can I become more efficient at my job

      ○   How do I energize myself

      ○   What criteria do I prefer to use when making choices or decisions

      ○   How do I choose to view reality

      ○   I don't know.

MSU Training Event #11: Igniting Greatness: Successful Interventions with Challenging Children
Date of Training: July 11, 2013

1. The Nurtured Heart Approach model is based on all except:

      ○   Interpersonal relationship.

      ○   Providing perfect limit setting and consequences every time.

x   ○   Ignoring bad behavior.

      ○   Refusing to energize negative behavior.

      ○   I don't know.

2. Mindfulness practice promotes all except:

- ○ Self regulation
- ○ Attunement and contingent communication
- x ○ Eliminating negative thoughts and feelings
- ○ Trauma healing
- ○ I don't know.

3. The Nurtured Approach emphasizes:

- x ○ Time in with the child
- ○ Focusing on consequences
- ○ Discussing problems
- ○ Leading with empathy
- ○ I don't know.

4. Traditional Models of parenting focus on:

- ○ What is going well in a situation
- x ○ Often gives the most attention to the child when things are going poorly
- ○ Works the best for traumatized children
- ○ Promotes attachment healing and shame resilience
- ○ I don't know.

5. Traditional parenting does not work for challenging children with trauma histories for all of the above reasons except:

- ○ Impaired brain integration.
- ○ Impaired attachment patterns.
- ○ Difficulty with self regulation.
- x ○ The child is out to get the parent.
- ○ I don't know.

6. Effective consequences should:

- ○ Match the infraction
- ○ Prevents a child from making bad decisions
- x ○ Includes appropriate explanations immediately
- ○ Promote healthy connection and attachment
- ○ I don't know.

Appendix F
Qualitative Data
Child Welfare In-Service Training

Qualitative Findings

What Do You Most Hope to Learn From This Training?

At the beginning of each training session, training participants were asked to describe what they most hoped to learn during the session they attended. The responses have been grouped by theme and illustrative examples are included in Table F1.

Table F1: Top 11 What is the Most Important Thing You Hope to Learn About?
(n=716)

n=238	**Tools, Tips, Strategies, and New Techniques** (assessment plans, effective intervention models with children, how to better evaluate, risk reduction, improve interviewing, communication and engagement skills, increase knowledge of resources)
n=126	**Working with Families** (how to better advise families, how to help parents understand their child's needs, more strengths-based approaches)
n=93	**Trauma** (how to better identify trauma, how trauma affects children, better ways to handle removal process to minimize trauma, helping foster parents when children have experienced trauma)
n=42	**Engaging Fathers** (how to locate resources for fathers, how to engage fathers)
n=39	**Cultural Competency** (how to identify children cultural needs and meet those needs, learn ways to engage clients with a different cultural background than self)
n=39	**Foster Care** (how to help with transitions, how to better advocate for clients, impact of abuse on children in care, how to help foster parents)
n=37	**Court Preparation** (how to prepare for testimony, how to provide more effective testimony)
n=21	**Self Care** (how to combat burnout and reduce stress)
n=12	**Grief and Loss** (how to recognize and help children deal with grief, help adoptive parents deal with grief)
n=11	**Adoption** (how to complete the process as timely as possible, how to prepare children and families, the process of adoption)
n=8	**Substance Abuse** (how substance abuse affects families, sharpen assessment skills, common diagnosis)

Appendix F
Qualitative Data
Child Welfare In-Service Training

Proposed Topics for Future Training Events

As part of the evaluation materials completed at the conclusion of each training event, trainees were asked to provide suggestions for future topics on which they would be interested in receiving training. The responses have been organized in Table F2 by most frequently cited response, then grouped by theme and specified in detail where possible in Tables F3-F10.

Table F2: Top 10 Suggested Training Topics (total n=543)

n=100	**Professional Skills and Responsibilities** (see Table 5 for details)
n=84	**Mental Health** (see Table 4 for details)
n=80	**Trauma, Grief and Loss** (see Table 4 for details)
n=76	**Substance Abuse** (see Table 3 for details)
N=60	**Abuse/Neglect (**see Table 8 for details)
n=34	**Legal/Court** (see Table 5 for details)
n=29	**Foster Care** (see Table 6 for details)
n=19	**Adoption** (see Table 6 for details)
n=19	**Special Needs** (see Table 7 for details)
n=16	**Cultural Diversity** (see Table 9 for details)
n=15	**Autism** (see Table 7 for details)

Table F3: Substance Abuse and Medication

Substance Abuse: (effects on the children and family, dual diagnosis in teens, drugs trends, how to interpret levels of drug use, signs/symptoms of substance abuse disorders, effects of prenatal drug exposure, prescription drug abuse, recommendations for treatment, how to work with parents who deny their substance use)
Understanding Medications: (commonly used medications such as psychotropics, short and long term side effects and impacts, assessment procedures, effects on children, effects on families, how it relates to diagnosis and mental health)
Pain Management (self medication, methadone treatment, medical marijuana)

Appendix F
Qualitative Data
Child Welfare In-Service Training

Table F4: Mental Health

General Mental Health: (diagnosis and using the new DSM, working with parents and children with mental health issues, providing feedback to parents on child's mental illness, working with children with emotional impairments, navigating mental health systems, infant mental health and early childhood development, dealing with parents who have a mental illness)
Trauma, Grief and Loss: (identifying trauma in children, effects of trauma on children and continuing into adulthood, supporting youth in care who have experienced trauma/loss, trauma resiliency, PTSD and anxiety, training foster parents about children's trauma, behavior management for traumatized children, trauma-informed care, cultural differences in trauma, grief and loss counseling)
Specific Mental Health Concerns: (Anxiety disorders, depression, attachment disorders, eating disorders, self-harming behaviors, suicide prevention with youth in care, Obsessive Compulsive Disorder (OCD), Hoarding, Attention Deficit & Hyperactivity Disorder (ADHD), Oppositional Defiance Disorder (ODD), Attachment and Reactive Attachment Disorder (RAD), Bi-Polar disorder in teens.

Table F5: Professional Skills and Responsibilities

General Professional Responsibilities: (documentation/professional writing skills, research and data collection, maintaining client/professional relationships, how to engage difficult, resistant or mandated clients, effective report writing, time management)
Working Together: (crisis intervention, cross-training with foster care/adoption, communication among colleagues, networking)
Self Care/Burnout Prevention/Secondary Trauma: (ways to improve recruitment/retention, how to minimize stress and burnout, compassion fatigue)
Supervision: (effective supervision and leadership skills, conflict resolution)
Ethics, Legal and Court Responsibilities: (legal issues in adoption, obtaining legal assistance for clients in a timely manner, court testimony and preparation, politics and social justice, juvenile justice, ethics, general legal training, advocating for youth in court, preparing clients for court, changes in policy or evaluation, petition writing and trial preparation, assisting incarcerated parents)
Forensic Interviewing: (interviewing young children, CSC offenders, and extended family members)

Appendix F
Qualitative Data
Child Welfare In-Service Training

Table F6: Child Welfare: Foster Care, Adoption and Post Adoption

Foster Care: (youth in transition, youth and sexuality, educating foster parents about their child's behaviors due to trauma and creating safe spaces, navigating the foster care system, juvenile justice in foster youth, long term effects of numerous placements, techniques to help teens whose parents rights were terminated, importance of therapy for children in care, specific interventions for foster parents to deal with defiant youth in care)
Adoption/Post Adoption: (best practices, explaining adoption to young children, disrupted adoptions, post adoption issues and services, therapeutic approaches to help with trauma and attachment, transitions to adoption, adoption subsidies, helping adoptive parents build their self esteem with parenting, special needs adoptions)

Table F7: Special Needs

General Special Needs: (working with parents with special needs, advocacy, understanding policy implications, working with families when parents are incarcerated, multi-racial families)
Special Education: (understanding Individual Evaluation Plans (IEP), 504 Plans)
Autism & Asperger's Syndrome: (working with and interviewing families of children with autism, working with children with autism in the child welfare system, working with juveniles with autism)
Emotional/Learning/Developmental Disabilities: (how to assist children and parents, working with clients who are blind/deaf or with developmental disabilities, helping youth with disabilities deal with peer pressure)
Fetal Alcohol Syndrome and Fetal Alcohol Exposure

Table F8: Child Welfare: Abuse, Neglect and Domestic Violence

Physical Abuse/Neglect: (signs of abuse, effects of abuse, effective interventions, addressing generational poverty as it relates to neglect/abuse, substance use in children/youth who have been abused)
Sexual Abuse/Neglect: (working with children who have been abused, youth and teens as perpetrators, treating parents of survivors, working with families where incest occurred, working with perpetrators of sexual abuse)
Domestic Violence: (effects of domestic violence on children, working with perpetrators of domestic violence)

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Table F9: Culture & Diverse Populations

Lesbian, Gay, Bisexual and Transgender and Questioning (LGBTQ) issues: (helping parents and caregivers understand gender identify issues, how to engage child and families of same sex caregivers, LGBTQ youth in care, LGBT youth and family preservation, child custody issues)
Families who speak English as a Second Language: (or parenting styles, language barriers)
Aging (end of life issues)
General Diversity Training (working with intercultural practices/influences/beliefs/rituals, cultural sensitivity and cultural competence)
Disabilities (resources for clients, evaluation of disabilities)

Table F10: Treatment & Intervention Methods

General Treatment/Intervention Methods: (best practices, strategies for engagement)
Specific Treatment and Intervention Methods: (Play Therapy/Sand Tray, Art & Music Therapy [with children & adults], De-Escalation [strategies when working with adults], Cognitive Behavioral Therapy (CBT) & Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Best Training Day and Time

Trainees were also invited to provide comments about their experience attending the in-service training events. Trainees were asked which days and times were most convenient to attend training, and while more than half of respondents indicated that any day or time would be convenient, 39% of respondents indicated that Friday was the best day to attend training. Trainees also overwhelmingly preferred to attend training during the morning hours, with 50% of responses suggesting a morning training session, 39% preferring an afternoon session and 11% indicating that an evening session was preferable.

Additional feedback has been divided into general and specific feedback about the training, feedback about the training presenters, and suggestions for change. The responses have been grouped by theme and specified in detail where possible.

In general, feedback from trainees indicates that the training events were widely regarded as very successful. Out of a total of 69 comments received, 43 (62%) of the comments provided praise about the training events. The most frequently cited positive qualities of the training were regarding the content of the training, the skilled presenters of the training and the convenient logistics. Some trainees reported that they would like some training events to be longer to be able to spend more time with the material.

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Table F11: Additional Comments

<u>**General Positive Feedback About Training:**</u> • "Thanks for having this week of classes all in one location so us living far away could make it in one day." • "Thank you for bringing a training to Northern Michigan!!" • "So happy I could get in this class. Thanks!" • "A valuable collaboration."
<u>**Specific Positive Feedback About Training:**</u> • "I am looking forward to this seminar to be a better support for my clients." • "I appreciate the free trainings on child welfare." • "This training should be mandatory for all foster parents and included in PRIDE and ongoing training." • "I always love to come to trauma trainings." • "I appreciate the comfortable environment and seating as well as food and refreshments"
<u>**Feedback about Training Presenters:**</u> • "The presenter did a great job keeping the training interesting and informative by giving examples." • "The trainer was excellent!" • "Very smart presenter!"
<u>**Suggestions for Change in Training:**</u> • "Good topic- should be an all day training or have multiple half day sessions." • "Would like more time so all material is covered." • "There have been some trainings with no fee- that offer CE's- it would have been nice to have some of them again!"

How Will Training Information Be Implemented in Your Professional Work?

As part of the training evaluation materials, trainees were asked how they planned to implement the knowledge gained from attending the child welfare in-service training in their professional work. Trainees referenced a wide range of content that was addressed and provided many examples for utilization of the knowledge they gained through the training process. A list of the various ways the training will be implemented by trainees has been copied and pasted in **Table F12** below.

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Table F12: How Will Training Information Be Implemented? Quotes Provided by Trainees

▪ A more compassionate approach to each of the children's needs and behaviors.
▪ Addressing these issues with supervisors.
▪ Advocating for youth that crossover both systems.
▪ All.
▪ All of it.
▪ All of it.
▪ All of it; using stages of change as an indicator/guide.
▪ All of it. loved the GAS form.
▪ All of the information will be utilized in a variety of settings.
▪ Asking families how do you self identify.
▪ Assessing with children and providing education to family.
▪ Assist families and other workers in understanding the flow of a foster care case and how to effectively testify.
▪ Assistive recognition/creating success techniques.
▪ Banters to services for fathers. How to engage fathers. How to locate absent fathers.
▪ Be able to testify competently.
▪ Begin to talk to parents about the NMA.
▪ Behavior suggestions and interventions scheduling/access to needed services and resources
▪ Being more open and honest about cultural identity and competence when working with foster children and placements.
▪ Being much more strengths-based, more directive with questions.
▪ Being proactive in working with kids and families. Documenting all information clearly and coming to court prepared.
▪ Being trauma informed when trying to understand patients.
▪ Better self-talk, taking more breaks during the day for physical and mental wellness, utilizing supervision to de-stress.
▪ Better understanding why children don't talk or talk to others.
▪ Bring up race/cultural identity in interventions with foster parents and foster children
▪ Burn out and STS.
▪ CBT training. Got a lot out of exercises. Better understanding of CBT.
▪ Certain techniques and tricks to use in the courtroom when testifying.
▪ Checklist. Do's and Don'ts in the courtroom. Review and know your file. Answer questions as descriptive as possible.
▪ Cognitive case conceptualization flow chart.
▪ Comfort boxes, getting to know me handout
▪ Continue to teach coping techniques which I already do

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▪ Discussing race more often making sure I am comfortable with myself and talking about race.
▪ EcoMaps.
▪ Education- cultural diversity.
▪ Emotional regulation for parents. Giving more precise role playing with parents.
▪ Encouraging collaboration between coworkers. Using info in handouts in child assessments.
▪ Energizing the positive and when children finish the time-out. Being honest.
▪ Establish a relationship of trust with a child and try to be age appropriate honest with your client
▪ Everything.
▪ Everything such as visits meeting with families during visits.
▪ Everything, Very good training.
▪ Everything. Enjoyed the training. Very informative.
▪ Explaining difference between grief and trauma; knowing that trauma is from the perception of the child.
▪ Feel more comfortable talking about race and ways to do it.
▪ Flow of proceeding. Perspective of prosecuting party.
▪ General ideas around trauma and children.
▪ Goals to increase self care.
▪ Good directions.
▪ Good techniques for helping children regulate, cope.
▪ Guardianship info.
▪ Have all staff trained.
▪ Have open discussions with children and families re: race/culture.
▪ Help my team to be more effective.
▪ Help them navigate the school system and get the sources they need for their children.
▪ Helping Children express grief appropriately.
▪ Helping clients.
▪ Helping foster parents have a better response to miscues. Have a better working relationship with therapist when developing case service plans for children that have experienced trauma.
▪ Helping kids transition between homes.
▪ Homework to go along with CBT.
▪ How I supervise staff working with trauma.
▪ How to better meet the needs of foster children.
▪ How to engage with difficult adolescents.
▪ How to seek services and how to identify ASD behaviors.
▪ How to take small steps to self-care and better work life.

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▪ How to talk to children about their bodies (Tips sheet). Helping children decide how to express affection.
▪ How trauma impacts children in foster care.
▪ I believe I can have more effective conversations when change needs to happen.
▪ I currently do not work with fathers, I work with juvenile justice. However, this will broaden my knowledge for potential future careers.
▪ I gained knowledge in visitations/transitions that I will use in my work from now on.
▪ I hope to translate and break down these skills for foster parents, and utilize the skills on my own kids on my caseload.
▪ I plan to implement active and proactive recognition of what a child is doing positively.
▪ I plan to implement this info with foster parents to prevent burn out and promote self-care.
▪ I really was able to tune into the skill of affirming the behavior of affirming the "seemingly unnoticed" behaviors.
▪ I will make sure to bring up race and cultural identity in my foster and adoptive homes.
▪ I will use with staff (I am a supervisor) and encourage knowledge and training and this style of interviewing.
▪ I would use this information to encourage co-workers to take time to engage in self compassion. I will also encourage children and families to use some of the techniques I learned about.
▪ Ideas for self care.
▪ Important to talk openly and collaborate with other workers and foster parents.
▪ Info on the 16 best interests of the child and what to know about attorneys before going to court
▪ Info on trauma and the brain, grief and loss issues, circle of repair (give to families).
▪ Inform my staff about it in hopes that they can understand and help not embarrass or send them back in therapy.
▪ informing foster parents their role in requesting IEP mtg.
▪ Interviewing skills and 5 steps to interviewing. Avoiding "why", "but" and "should".
▪ It reinforced that worrying about a situation will not affect the outcome. It's wasted energy.
▪ It will be helpful in preparing families adopting trans-racially.
▪ Knowing what information to provide when testifying.
▪ Learning and utilizing self compassion. Using the various survey tools with my staff.
▪ How to work with clients with parents with developmental disabilities.
▪ Maintain support.
▪ Modeling to parent. Encouragement with others in everyday life. Giving good directions.
▪ More intentional conversation regarding race.
▪ Parenting techniques.
▪ Patient Questionnaire. Belief Driven Worksheet.
▪ Plan to use this with bio parents in FC. Family team mtgs-all communication with parents.
▪ Positive self talk.
▪ Preparing adoptive families for transracial adoptions.

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▪ Preparing the youth to transition to foster placements.
▪ QTIP acronym-thanks!
▪ Qtip, focus more on positive rather than negative with children.
▪ Reflective listening.
▪ Reflective listening, develop discrepancy, and affirmation more.
▪ Reinforce with all staff importance of documenting attempts on all requirements.
▪ Role plays, goal setting.
▪ Secondary trauma and how it affects us.
▪ Self-care/ child centered.
▪ Sensory interactions.
▪ Share the self-care techniques with my co-workers that were unable to attend.
▪ show info with the team.
▪ Special needs population.
▪ Specific case law of cases that have been overturned to make cases easier from the beginning.
▪ Stage match treatment approach.
▪ Stages or aspects of child trauma, secondary trauma/self-care awareness.
▪ Suggestions on creating visitation plan based on children's ages.
▪ Take care of myself.
▪ Talk with clients and coworkers on issues/diagnosis.
▪ Talking about race is important with every child.
▪ Talking with children often about culture.
▪ Teach as well as demonstrate focusing on the now of the behavior on what is positive.
▪ Teaching bio-parent, foster parent, and child about their own relevance and self-worth.
▪ Teaching directions and encouragement. Could easily be taught in general to foster parents.
▪ Teaching families about consequences and energizing the positives.
▪ Teaching good directions, use of encouragement more so with foster parents & foster children, during home visits. It would be wonderful to implement in PRIDE training statewide.
▪ Testifying tips. Case law.
▪ That race needs to be discussed.
▪ The importance of cultural identity in child therapy.
▪ The information re: coming out, being a "safe person". Talking to the direct care staff re: being safe people.
▪ The process of a neglect case as I am working my first two cases right now.
▪ The research findings and practice observation on the relationship between parental developmental disabilities and child maltreatments was unclear.
▪ The suggestions for visitation will be useful.

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▪ The treatment approaches that are effective in these populations and critical thinking about best practices.
▪ The visitation guidelines!
▪ This is also beneficial for foster parents. I will use the checklists with this training with foster parents. I will also use more self care myself.
▪ This will be a huge tool when working with my adolescent clients and foster parents.
▪ This will definitely help when dealing with "resistant" clients. I found I ask a lot of open-ended questions.
▪ Those that we are currently not doing.
▪ Tips for testifying.
▪ Tips for testifying in court and tricks to be on the lookout for.
▪ To always talk about race, encourage families to talk about race.
▪ To encourage children to talk more about their birth parents.
▪ To learn to say no. Also understand the importance of relaxation.
▪ Trainer is highly educated about the topic.
▪ Training raised more questions specific to Michigan youth than what was answered. Lots of stats- yet wanted more at MI/wanted techniques too.
▪ Training with families- helping them to be more culturally competent.
▪ Transitioning kids between foster homes.
▪ Treatment aids. Appropriate conversation skills.
▪ Understanding the stages of change and how to work in each stage with the client.
▪ Use a nurturing heart approach with foster parents too. Affirm kids when they are playing quietly- "being good"
▪ Using different linguistic techniques.
▪ Using more self care.
▪ Using my feelings to help understand a child's addressing attachment behaviors in child assessments.
▪ Using some of this info when writing reports it CAA's and addendums. I will be more aware of signs and communicate more with caretakers. Utilize strategies learned when we notice signs in child.
▪ Using the miracle question. Phrasing questions as open-ended. Helpful linguistic techniques on page 14.
▪ Visitation plans, temperament, attachment.
▪ Visitation suggestions.
▪ Visitation time frames.
▪ Ways to communicate better with kids and advice for foster parents to help the children in their homes.
▪ what services are available.
▪ What to consider when transitioning a child.

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▪ What type of information to give to CPS and when I could be called into court and what the process would be.
▪ Will help me talk about cultural issues with caregivers.
▪ Work more with foster parent education.
▪ Work to eliminate the use of the words "why", "but", and "should" from conversations with clients.