Hello! My name is Barbara Huggins and I am a child welfare alumni trainer. I am also the South East Regional Coordinator of the Youth Advisory Board. I have been training since March, and as a child welfare alumni trainer, I have the opportunity to tread new ground at the Training Program. This is exciting, since there is always some new pilot or statewide initiative taking place. Currently, I am co-training Module 9 of Charting the Course, and I get to engage and teach new caseworkers who will be working in the field.

On top of that, I am amazed and grateful at how top notch all of my co-trainers have been. From the very beginning, they have been supportive of me. I want to thank all of my co-trainers for being so open to having an alumni train along with them. Their excitement for the profession and for the curriculum is infectious! After a conference call or two, a few emails and three days of training, I feel like we have become friends. Each of them has expertise in the field, and I always learn something new. No two trainings have been exactly the same.

I get the benefit of picking up training and group facilitation tips from my co-trainers because they all have different personalities and training styles. My curriculum is covered in post-it notes with how my various co-trainers did various activities and group dynamics. Here are some items I personally try to incorporate into the Module 9 trainings.

- Training the material along with your personal experiences simultaneously engages participants. They like to hear about interesting stories and cases, and how they were handled and how they could have been improved upon.
- As much as possible, allow participants to share their own caseload and case experience. It gives the trainer an opportunity to make the material as relevant as possible. This also gives them a safe place for problem solving.
- Humor is a great way to perk up participants and keep them happy. If participants are having a good time, the time flies by and they are more likely to understand and retain information. It really is a win-win for me, because my energy as a trainer reflects the energy of my audience.
- The history of child welfare demonstrates how far we have come as a system in the last decade. We are always changing, and we are always trying to serve our families and children effectively. Paralleling these differences for new workers gives them perspective.
- We are Culture Shifters. I feel that part of my job, as someone who is training this material is that of advocacy. I am advocating on the behalf of families and children who are not in the room. I get to be that hidden voice that we as professionals wish we could tap into sometimes. The culture of child welfare can be so cynical and abusive for professionals, and in this role I get to be a part of changing this.

I have a lot of big hopes and dreams for child welfare alumni trainers in the future, not the least of which is expansion. I look forward to working with many more co-trainers, and possibly adding new curriculum to my abilities. I think that the Adolescent Development Series is going to be a lot of fun, and crucial to good case management.

If you have any questions about alumni training, Module 9 or the Pennsylvania Youth Advisory Board please do not hesitate to contact me at huggib19@gmail.com.
As you may have heard, the Training Program is in the process of revising the Supervisor Training Series (STS). The new STS will include the following enhancements:

- The Shulman Phases of Supervision will be used as a backdrop to these modules.
- Interactional Helping Skills and the Strength-Based, Solution-Focused approach will be incorporated.
- The parallel process between the supervisor/caseworker relationship and the caseworker/family relationship will be emphasized.
- There will be an increased emphasis on the transition from caseworker to supervisor.
- It will include recent changes in child welfare such as Child and Family Service Reviews (CFSR), Program Improvement Plan (PIP), County Improvement Plans, Continuous Quality Improvement (CQI), and DAPIM™.
- There will be an increased emphasis on clinical supervision.
- Diversity issues will be incorporated throughout the series.

The new series will still consist of 60 classroom hours over five modules. The five modules are titled as follows:

Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision (12 hours)
Module 2: Living the Mission of Child Welfare (12 hours)
Module 3: The Middle/Work Phase of Child Welfare Supervision (24 hours)
Module 4: Managing Diversity through the Employment Process (6 hours)
Module 5: Endings and Transitions/Managing Staff Retention, Satisfaction, and Separation (6 hours)

Two sets of pilot trainings will be held throughout the Fall of 2011. They are as follows:

**Central Region**

The Pennsylvania Child Welfare Training Program  
403 East Winding Hill Road  
Mechanicsburg, PA 17055

Module 1: October 4-5, 2011
Module 2: October 20-21, 2011
Module 3: November 3-4, 2011, and November 17-18, 2011
Module 4: December 12, 2011
Module 5: December 13, 2011

**Southeast Region**

Montgomery County Human Services Center  
1430 DeKalb Street, 1st Floor  
Norristown, PA 19404

Module 1: October 13-14, 2011
Module 2: October 27-28, 2011
Module 3: November 15-16, 2011 and November 30—December 1, 2011
Module 4: December 9, 2011
Module 5: December 19, 2011

Following the pilots, curriculum revisions will be made. Statewide rollout is planned for July 2012. Once the new STS rolls out, the old STS will be discontinued. Therefore, supervisors going through the current Supervisor Training Series will need to complete their certification by June 30, 2012. If you have any questions about the Supervisor Training Series, call Maryann Marchi at 717-605-0240.

If you are interested in attending any of these trainings, please contact Rachael Ickes at rmi6@pitt.edu or 1-877-297-7488.
TRAINER CONTRACTS AND YOUR SCHEDULED TRAINING

With the insurance requirements to become a contracted trainer for The Pennsylvania Child Welfare Training Program, we unfortunately have had to change some of our current procedures for training. Starting April 1, 2011, if you are scheduled to train for us and do not have a contract in place 21 days prior to the training, we will cancel you as the trainer and find a replacement trainer for your scheduled workshop. Please remember to have all insurance requirements into the Training Program as soon as possible. If you are curious to know if your training will be held, please feel free to call your regional Training Specialist for information regarding your scheduled training.

WELCOME TO THE TRAINING PROGRAM

My name is Melanie Miller and I started working at the Training Program in August. I am a Program Development Specialist in the Statewide Quality Improvement Department. Having a master's degree in Family Studies has provided a strong foundation for my work in this field. Prior to coming to the Training Program, I worked in various roles from providing direct services to children, youth, and families to supervising and managing several programs, all within the private sector of child welfare and children's mental health. Most recently, in my role as Director of a local nonprofit serving homeless women and families, I was responsible for program development, implementation, and evaluation while starting the local chapter of a national organization. I am excited to be part of the Training Program!

PROFESSIONAL DEVELOPMENT HOURS

All Consultants and Trainers are required to obtain a minimum of six (6) hours of professional development training each fiscal year in order to remain active as a Consultant and/or Trainer of The Pennsylvania Child Welfare Training Program. The fiscal year for the Pennsylvania Child Welfare Training Program runs from July 1 to June 30. Training credit is given for workshops through the Training Program and can also be obtained through outside training or conferences pertaining to child welfare. Certificates of attendance for outside training must be mailed or faxed to (717) 795-8013, attention Robert Winesickle for final approval. Please note that attendance at Training on Contents, the Development of Trainers Training or the Development of Consultants Training will not count towards your professional development hours. If you have any additional questions, please e-mail Robert Winesickle at raw57@pitt.edu.
TOP RATINGS ON WORKSHOP EVALUATIONS

Congratulations to the following Trainers for receiving scores of 5.0 on their workshop evaluations for the second quarter of 2011.

<table>
<thead>
<tr>
<th>Consultant/Trainer</th>
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<tbody>
<tr>
<td>Robin Chapolini</td>
<td>Sue Counts</td>
<td>Elizabeth Coyle</td>
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<tr>
<td>Kathy Donson</td>
<td>June Fisher</td>
<td>Deb Gadsden</td>
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<td>Pat Gadsden</td>
<td>Mike Gill</td>
<td>Mary Ann Grec</td>
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<td>Launa Kowalcyk</td>
<td>Debbie Leasure</td>
<td>Evelyn Lopez</td>
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<td>Deilia McLaughlin</td>
<td>Kathy Moore</td>
<td>Joan Mosier</td>
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<tr>
<td>Gib Stemmiller</td>
<td>Tom Trafalski</td>
<td>Doug Waegel</td>
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</tbody>
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CONSULTANT AND TRAINER BIRTHDAYS

JULY
7 - Mike Gill
   Joan Mosier
9 - Robin Chapolini
12 - Kim Dotter
16 - Lisa Walker
17 - Carla Arrow
21 - Evelyn Lopez
23 - John Amato
   Leasia Ayers-Caswell
27 - Trisha Gadson

AUGUST
2 - Lester Michael Goodman
6 - Bruce Schaffer
8 - Judy Heath
   Christina Kirchner
11 - Chuck Laudermilch
13 - Anne Shenberger
17 - Shawn Newdeck
18 - Deborah Bauer
   Kathy Moore
20 - Carol Wikerd
21 - Tom Trafalski
   Tyrone White
22 - Debbie Leasure
24 - Marc Bluestein
28 - Barbara Nissley
31 - Marilou Doughty

SEPTEMBER
10 - Larry Yarborough
17 - Audra Henessey
   Charlene Kolupski
21 - Mary Ann Grec
25 - Corrie Harrold
27 - Brenda Manno
28 - Jackie Goldstein
   Gary Shuey

OCTOBER
3 - Nathaniel Gadsden
4 - Kala Lilani
   James Meehan
8 - Sandra Bennett
18 - Kurt Miller
23 - Khary Atif
27 - Doug Waegel
   Zella Michael
The REAL outcome of screening: A case history

Two siblings, a 4 year, 1 month old white female, and a 2 year, 2 month old white female received both the Ages & Stages Questionnaires® and the Ages & Stages Questionnaires®: Social-Emotional after their family was referred to Children and Youth Services (CYS). The screening was conducted by a CYS caseworker 10 days after the

The third phase of this research study, the caregiver interviews, began in June 2010. A total of 30 counties were randomly selected to participate in this phase of the research project based on their location in the state, the amount of data they had entered into the Developmental Screening Database (ASQ Database), and what group of children were being screened. Caregivers were randomly selected from the Developmental Screening database and asked to participate by their CYS caseworkers. Interviews occur primarily in the caregiver’s homes and take about an hour to an hour and a half to complete. Caregivers are compensated with a $40 gift card for their time.

Introduction:

In September 2008, the state government implemented a policy that all children under age 3 who are substantiated for maltreatment be screened using the Ages & Stages Questionnaires® (ASQ™; Squires et al., 1999) and its Social-Emotional version (ASQ:SE™; Squires et al., 2003). The ASQ is a series of age-appropriate questionnaires designed to identify children who need further developmental evaluation. In 2010, Pennsylvania saw a reduction in the amount of child abuse reports from the previous year (Pennsylvania Department of Public Welfare, 2010).
However, the Annie E. Casey foundation reported that 31,517 children were receiving in-home services as of June, 2009 in Pennsylvania. Families involved with CYS face numerous challenges from housing (Courtney, McMurtry, & Zinn, 2004), maternal depression (Leschied, Chiodo, Whitehead, & Hurley, 2005), and poverty (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). In order to best serve the families that become involved with CYS, it is imperative that a comprehensive portrait of caregiver demographics and risk factors be established.

**Research:**

Research is being conducted by the University of Pittsburgh, School of Social Work to understand county, child, and family needs concerning screening and early intervention. A total of 30 counties were selected for this portion of the study, although data has been collected in 25 out of the 30 counties. This data represents 145 caregivers across the state of Pennsylvania. Philadelphia, Cambria, Clearfield, Susquehanna, and Washington counties are not represented at this time.

**Results:**

**Caregiver Demographics**

The first portion of the interview deals with the demographics of the caregivers, their children, and their partners that have been included in the sample. The majority of the caregivers in our sample are 35 years old or younger (84%) are white (84.9%), non-Hispanic/Latino (96.6%) females (88.4%). Although most of the participants received a High School diploma (45.2%), or GED (13.7%), a staggering number of participants (32.9%) reported not finishing High School. The average age of birth of first biological child is 20.2.

The older sibling’s Ages & Stages Questionnaires® results showed that the child scored below the threshold for gross motor abilities and above the threshold on the social-emotional screener, indicating concerns in both of these areas. Upon completing the screenings, the caseworker made a referral to the county Intermediate Unit for further evaluation. The Intermediate Unit completed a full multi-disciplinary evaluation and felt the problems were more behavioral in nature, but did recommend speech therapy. She received an evaluation from Momentum Mental Health Services. She was subsequently diagnosed with Attention Deficit Hyperactivity Disorder and Pervasive Developmental Disorder. At the time of the research interview, the caregiver was working with county agencies to start therapy and Therapeutic Support Services (TSS) for her daughter. In addition, the caregiver was taking her daughter to the county’s learning center to enhance her ability to play and follow a sequence of events.

The younger child’s scores on the Ages & Stages Questionnaires® also showed concerns in communication, fine motor, and gross motor areas. In addition, she scored above the threshold on the Ages & Stages Questionnaires®: Social-Emotional, indicating concerns. The child was referred for a full multi-disciplinary evaluation through Early Intervention by the caseworker. The child was found to have a delay in speech and gross motor skills. Both speech therapy and physical therapy were provided for the child. The child is also seeing a neurologist to rule out any medical conditions and is scheduled to receive a more extensive evaluation at Hershey Medical Center.

The siblings’ mother has found that services are beneficial for the well being of her children. “I am a mother of two girls under the age of 5 yrs. My husband works long hours and is gone all day. Early Intervention has been a blessing in helping my daughters get the early therapies that they need before entering the public school system where it’s a competitive race to keep up with the other children. The one on one speech and physical therapy has given my 2 yr old more self confidence in her movement and communication challenges.”

Continued on page 7
The average number of biological children for each participant is 2.8 (max:10). Most caregivers reported being unmarried (56.2%) and 51% said they are not living with a romantic partner. Only 35% of caregivers reported working for pay in the last six months. While participant’s income data may not be completely accurate; most participants reported receiving needs-based services.

**Caregiver Reports of IPV**

A quarter of caregivers reported experiencing IPV in the last year. However, 38.9% of caregivers said that they have taken out a PFA or thought they needed a PFA against someone.

**Caregiver Opinions of Screening**

Overall, most caregivers said the screening was a positive experience.

**Caregiver Experience with CYS**

Half of the caregivers interviewed (50.7%) were involved with CYS as children, with 23% saying they spent time in out of home care as a child. The majority of participants interviewed rated their CYS experience as somewhat (46.6%) or very positive (28.8%). They also said they were either satisfied (39%) or very satisfied (41.1%) with how well their current caseworker maintained contact with them.

**Caregiver Mental Health/Drug & Alcohol History**

A third of interviewed caregivers reported that they were currently receiving services for a mental health issue, and 19% said they received mental health services as an adult. 33% of those interviewed are currently taking psychotropic medication. A quarter of caregivers said they received help for a drug or alcohol problem in their lifetime.

Nearly a third of caregivers said they learned quite a bit (32.8)% about their child because of the screening. Most caregivers said they did not learn anything about parenting from the screening (62%).

**Summary:**

With increasing emphasis in keeping children with their biological families and reunification, CYS needs to recognize and resolve some of the typical caregiver risk factors that contribute to child maltreatment to prevent future maltreatment reports. Hussey, Chang, & Kotch (2006) found associations between self-reported childhood maltreatment and adolescent health risks such as poor health, cigarette use, binge drinking, drug use, and violence. Reducing the risk factors faced by caregivers involved in CYS will likely reduce childhood maltreatment and have positive outcomes for Pennsylvania’s children.
References:


Kids Count Data Center: PA Kids Counts Indicators [Data File]. Baltimore, Maryland: The Annie E. Casey Foundation.


For questions about the study or for further information, please contact Rachel Winters, Research Coordinator, at rw14@pitt.edu or 412-624-3838.
In the instance that a trainer is ill or has an emergency that will preclude them from training on a scheduled training day, it is crucial that they contact the Training Program in a timely manner so that necessary actions can be taken. In the event that a trainer must cancel on the day of training, the Emergency and Inclement Weather Policy should be followed. This policy is provided below and should be included in all of your trainer material boxes. Please remember that this phone is for weather, emergencies or illnesses that cannot wait until 8am when the office opens.

**Emergency and Inclement Weather Policy:**

The *Trainer* is responsible for contacting the Training Specialist no later than 6:00 AM the day of the scheduled workshop to cancel the workshop due to weather, illness, or any immediate emergency that cannot be handled between the hours of 8 a.m. and 4 p.m.

If you need to cancel a workshop due to weather, illness or emergency, please call 717-991-8654.

- Training Specialists will be on an on-call rotation to handle emergency situations.
- The Training Specialist will then put a message on the Training Program’s voicemail indicating the cancellations for the day.

If a Charting the Course module is cancelled due to weather or other emergency, the Training Specialist will contact the participating counties to reschedule on a per module basis. The remaining modules will go on as scheduled.

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**CHECK YOUR BOXES**

Trainers, please remember to thoroughly review your training material boxes as soon as you receive them in the mail. If any of the curriculum’s required materials or your requested materials are missing from your training materials box, please contact your Training Specialist ASAP.

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**REMEMBER**

Just a friendly reminder that all Trainers and Consultants need to initial beside the participants on the sign-in sheet (don’t forget to check the last page also) in order for participants to receive credit for the training. If you forget to initial the sign-in sheet(s), the Training Specialist for that workshop will be contacting you to verify credit eligibility. Thank you.
**CONSULTANT AND TRAINER PALETTE**

**CONSULTANT FAQ’S**

**BY JENNIFER KERR**

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**Who do I work with in preparing my agenda for a county visit?**

On each workplan that you receive from the Training Program, there will be both a Practice Improvement Specialist and a county agency contact. Agenda’s should be prepared by the consultant and shared with the Practice Improvement Specialist for feedback, as well as the county agency contact for each meeting/project that you facilitate.

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**What if I am at a county and my consultation work has begun to change in scope from my current workplan?**

Please contact your identified Practice Improvement Specialist on the workplan as soon as possible. The Practice Improvement Specialist will then work with the county agency contact to review your current workplan and scope of work/deliverables and possibly revise the workplan, if deemed necessary.

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**To whom do I submit my invoice/project log?**

You should submit your invoice/project log to the Practice Improvement Specialist identified in your workplan at the prescribed timeframes within your workplan. All project logs for fiscal year 2010/2011 (July 1, 2010 – June 30, 2011) must be submitted no later than July 15, 2011.

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**How is my project log/invoice processed?**

During the prescribed timeframes, you submit your project log/invoice to the Practice Improvement Specialist. The Practice Improvement Specialist will either initial (approve) the invoice/project log and submit it to their supervisor or contact you regarding any questions/concerns they may have prior to initialing and submitting your invoice/project log. Once your invoice/project log is signed off on, it is submitted to the Training Program’s Fiscal Department for processing and tracking. The Fiscal Department then submits each invoice/project log to the University of Pittsburgh for payment processing. The University of Pittsburgh will then issue a check that will be mailed directly to you. You should receive payment within 4-6 weeks from the time your invoice/project log was submitted to the Practice Improvement Specialist.

If you have any additional questions you would like answered in upcoming Consultant and Trainer Palettes, please email them to Jennifer Kerr at jlm69@pitt.edu.

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“It is easier to build strong children than to repair broken men.”

~ Frederick Douglass, American Social Reformer, Orator, Writer and Statesman ~
Barbara Huggins  Jessica Shiffler  Maryann Marchi
Melanie Miller  Shauna Reinhart  Rachel Winters
Chris Burger  Rob Winesickle  Jennifer Kerr
Sue Castles