



303:

**Childhood Mental Health Issues: An Introduction
for Child Welfare Professionals**

**An Appendix to Standard Curriculum for Remote
Training Delivery**

Developed by:

The Pennsylvania Child Welfare Resource Center

University of Pittsburgh,

School of Social Work

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Overall

1. Moderator shares the links to the handouts in the chat when handouts need to be provided
2. Where there are references to flip chart paper or prepared flip chart paper use Word documents and have pre-prepared Word documents created when possible
3. Consider displaying the PowerPoint slides sparingly for remote delivery to help with participant engagement, and so the instructor and moderator can see participants on the screen more frequently. Moderator and instructor should discuss who will share the PowerPoint slides on the screen
4. Use breakout rooms for small team activities
5. Ask participants to turn their videos on to participate in training. Encourage participants to use the chat, raise hand feature, and unmute themselves to ask questions

Section 1: Introduction to the Importance of Child/Adolescent Mental Health Issues to Child Welfare

Step 1: Welcome and Introductions

(15 Minutes)

Page 5: WIIFCF: As participants join the virtual training session, for the What's In It for Children and Families (WIIFCF) ask each participant to post in the chat how their learning about childhood and adolescent mental health disorders helps children and families. The moderator should place these comments on a prepared WIIFCF Word document that will be shared on screen as part of **Step #3** on page 6 of the content. (The moderator should save the Word document to revising during Section VI).

NAME TENTS: Instead of participants completing their name tent, ask participants to rename themselves in Zoom and to include their name, county, and if they so choose their pronouns:

Zoom Example: Jenny, Cumberland Cty (she/her)

Step #3: Review Training Agenda (page 6) – Moderator shares on screen the WIIFCF document that was completed as participants entered the training session and responded to the prompt in the chat. The instructor reviews and responds to the items in the document.

Section II: Perceptions about Child/Adolescent Mental Health Issues

Page 10 Step 1: Perceptions and Attitudes about Mental Health Issues

(15 Minutes)

Large Group Discussion

Instructor will read each statement one at a time, moderator will paste in the chat simultaneously, and participants will respond with their answers/feelings about each question in a large group discussion about each statement:

1. Mental health disorders are not true medical illnesses like heart disease and diabetes.
2. If the child has a parent who is mentally ill, the child will have mental health issues too.
3. Infants and toddlers can be diagnosed with mental health disorders.
4. Mental illness cannot result from bad parenting.
5. Children who have enuresis/encopresis (wetting or soiling their clothes) have been abused/neglected.

Instructor Note: Conduct a brief large group discussion based on each of the above statements, highlighting similarities and differences in the participant responses. Bottom-line learning points are that people have different opinions about mental health issues, and that the common ground is that the PA Child Welfare Practice Model emphasizes that all members of the team should be treated with dignity and consideration no matter their opinion. It is essential that individuals with mental health disorders receive the services they need and are provided support without judgement and that individuals tune into their own biases.

Page 13 Step 3: Mental Health vs. Mental Illness

(15 minutes)

Conduct the activity as written except where the flip chart papers are mentioned, prepare a Word document with two headers: “Look” and “Sound” and ask the moderator to record the examples as they are provided by participants, sharing the Word document on-screen as they update it with suggestions.

Section III: Child/Adolescent Development

Step 1: Normal Developmental Tasks vs. Indicators of Concern

(45 Minutes)

Page 16: The instructor introduces the information as written in the content with the following adjustments.

- The instructor and moderator will work together to divide the participants into THREE groups and corresponding breakout rooms will be set up. **THESE GROUPS WILL BE THE SAME FOR ALL BREAKOUT ROOMS FOR THE TRAINING.**
- After the instructor divides participants into groups, the moderator will share **Handout #2 (Normal Developmental Tasks vs. Indicators of Concern)** in the chat.
- Assign each group **TWO** of the six stages of child/adolescent development (Infancy, Toddlerhood, Early Childhood, Middle Childhood, Early Adolescence and Adolescence).

Step 2: The Impact of Child Maltreatment on Child/Adolescent Development

(15 Minutes)

Page 18: Moderator shares **Handout #5 (Case Scenario: Nicole Adams)** and instructor reviews the case scenario and activity instructions with all participants before the breakout rooms are opened.

Once small groups have completed their responses, facilitate a large group discussion about their findings.

Step 3: Finding Strengths through Solution-Focused Interventions

(45 Minutes)

Pages 19-20: Large group discussion as written in content, then the moderator screen shares **PowerPoint Slides #12-13 (Solution-Focused Questions)** and places **Handout #6 (Solution-Focused Questions)** in the chat.

Original activity calls for four small groups to develop questions based on four roles. For remote delivery you have three teams, so instead you will develop the questions for Item 1) Nicole Adams as a large group discussion example and assign items 2, 3 and 4 to groups and then have each team paste their answers in the chat and discuss them as a large group, with the instructor ensuring that the questions meet best practice.

Section IV: Child/Adolescent Mental Health Disorders

Step 1: Categories of Mental Health Disorders Commonly Found in Children/Adolescents

(10 Minutes)

Page 27: As Appendix #3 cannot be passed around, the moderator pastes the link www.pacwrc.pitt.edu/Resources/PA%20Enhancing%20Assessments%20Toolkit.pdf

in the chat and the facilitator recommends that participants bookmark the site and discuss the toolkit and any concerns at supervision.

Step 3: Symptomology and Prevalence of Depressive Disorders and Bipolar Disorders

(1 Hour)

Pages 29-30: Major Depressive Disorder: After video *Day for Night* is played, instructor holds the same large group discussion and moderator will capture participant contributions of what they saw and heard about depression and mania on a shared Word document instead of on a flip chart.

Video can be accessed through this link: http://www.pacwrc-media.pitt.edu/303_Remote_ChldhdMntlHlthIss_IntroForChldWlfrProf/303ChildhoodMentalHealthIntro_ReconizingTeenageDepression.mp4

Note: When playing the video ensure that ‘Share Computer Sound’ is enabled in Zoom by clicking on the green “Share Screen” icon, then making sure the box in the lower left corner of the pop-up window that says “Share computer sound” is checked. Once that is complete, open the link on the shared Zoom screen.

Step 4: Symptomology and Prevalence of Anxiety Disorders and Obsessive-Compulsive Disorder

(1 Hour)

Pages 36-37: Assign each group a case scenario from **HO #7: Anxiety Disorders and Obsessive-Compulsive Disorder: Case Scenarios**. Let them know they have 15 minutes to complete the activity in breakout rooms and that upon return to the main room they will verbally summarize their case and responses to the statements.

(Estimated Day 2)

Step 5: Symptomology and Prevalence of Trauma- and Stressor-Related Disorders

(1 hour)

Page 44: Before beginning the video, the moderator should paste the three questions in the chat:

1. What are the types of trauma described in the video?
2. What are the signs that a child has been exposed to trauma?
3. What are the potential long-lasting physical and mental health outcomes of exposure to trauma during childhood described in the video?

Video Through Our Eyes – Children, Violence, Trauma can be accessed through this link: (<https://www.youtube.com/watch?v=z8vZxDa2KPM>).

Note: When playing the video ensure that ‘Share Computer Sound’ is enabled in Zoom by clicking on the green “Share Screen” icon, then making sure the box in the lower left corner of the pop-up window that says “Share computer sound” is checked. Once that is complete, open the link on the shared Zoom screen.

After the video, the instructor asks participants to share a few answers to each of the questions in a large group discussion.

Step 6: Symptomology and Prevalence of Disruptive, Impulse-Control, and Conduct Disorders

(1 hour)

Pages 48-49: Assign each group complete one of or all three items and other listed tasks in breakout rooms for about 10 minutes:

1. Identify how a child/adolescent exhibiting the listed emotional and behavioral indicators might be at risk of being a victim of abuse and have challenges in achieving permanency.
2. Identify how a child/adolescent exhibiting the listed emotional and behavioral indicators might put other children (i.e. siblings) at risk of being victims of abuse.
3. Identify the overall impact that these behaviors will have on the child/adolescent and his/her family.

Follow the remaining content instructions.

Section VI: Conclusions and Evaluations

Step 3: Transfer of Learning

Instructor Note: Evaluations are now completed in Bridge. They will be accessible for participants once you have confirmed their attendance and closed the workshop attendance. If you would prefer, you may complete the attendance a little earlier in the day. That would give participants a chance to complete their evaluations at or around 4pm. Participants do not need to stay on camera to complete their evaluations.

Page 68: After LO Review, revisit WIIFCF – moderator will reshare WIIFCF Word Doc and instructor will re-review and ascertain if all items were covered during training session and answer any remaining questions.