

# theSOURCE

"Training Minds for Exceptional Practice"

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CWTA is pleased to bring you **theSOURCE**, the newsletter of the DC Child & Family Services Agency Child Welfare Training Academy. Each issue of **theSOURCE** will provide you with updates on new classes, highlight special offerings, and give you the information you need to select and get the most out of the professional development opportunities offered by CWTA. If there are particular topics or training events you would like to see addressed, please let us know by contacting us directly at [erin.teagle2@dc.gov](mailto:erin.teagle2@dc.gov).

## RESOLUTIONS GOT YOU DOWN?

### Managing Stress Related to New Year's Resolutions

By Jessica Canty, LICSW

The New Year is here! With the beginning of the year comes great expectations of change and notions to dust off the bad habits of the previous year. We have all had the conversations or seen the blaring ads of how the New Year brings new opportunities of buying a new car, losing weight, reducing your debt, or looking younger. Who hasn't heard a friend or a loved one claim that this is the year that they will quit smoking, plan a vacation, or even move further in their career? Sadly, it seems that the resolutions that were supposed to bring us great changes often turn out to be more stress inducing. So how do you ensure that you don't bite off more than you can chew when deciding on your resolutions?



First, let's put things in perspective. 45% of people make resolutions and less than half of them are successful in keeping their resolutions past six months. Only 8% actually maintain their success for the year. Hence, if last year's resolutions left you less than excited about your success, you weren't the only one!

Common barriers to success are the goals being unrealistic and individuals not being equipped to complete the resolution. It is easy to make lofty expectations, but can you really learn to climb Mt. Everest by the end of the month if you never even seen a pair of hiking boots? Start with making sure that you have prepared yourself to be successful. If you have fitness goals, it's time to throw out unhealthy food and replace it with healthier options. If a lavish vacation is what you are dreaming of, consider your ability to finance it before you envision yourself sun bathing on an exotic island. Setting unrealistic goals results in increased stress, which sets you further back from your goals.

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## RESOLUTIONS GOT YOU DOWN? CONT.

By Jessica Canty, LICSW

Here are some tips on how to reduce your stress linked to New Year's resolutions:

### WRITE YOUR GOALS DOWN

- Place them in the area of the most significance to the goal. If you want to make sure you meet benchmarks in a more timely fashion, then put it in your workspace, in your calendar (digital and manual), and set reminders on your phone. Set the reminders at least two weeks out, one week out, and 48 hours before.

### DETERMINE WHAT TOOLS ARE REQUIRED TO ACCOMPLISH YOUR GOAL

- If stress reduction or a change in attitude is what you want, then explore what you will need to be effective. Would taking steps to reduce your work hours be an instrument for reducing your stress? Think about enlisting the critique of your current attitude from a loving friend as a useful tool in planning for your attitude change.

### PREPARING YOURSELF FOR INCREMENTAL SUCCESS

- This requires that you establish logistically sound goals that can be maintained. Set SMART (Specific, Measurable, Attainable, Realistic, Time Sensitive) goals.

### ASSESS YOUR CURRENT LIFESTYLE AND SCHEDULE

- If you have the goal to become more efficient at your work, move further in your career, or establish your career path, then create a timeline that will help you determine the steps and as built in measurements for success.

### IDENTIFY A MENTOR AND A ROLE MODEL

- You can look for a professional in a position towards which you have aspirations and ask them to polish you and assess your current work habits to identify areas of growth.

### ANTICIPATE SETBACKS AND DEVELOP A BACKUP PLAN:

- A setback plan helps with the unforeseen and inevitable barriers. Consider if you blow your budget, aren't able to make it to the gym as frequently as you intended, or still can't seem to get to work on time. This is a great time to implement your pre-planned back up plan. Try developing a workout plan that you can do at home when your schedule gets thrown off.

### ENLIST AN ACCOUNTABILITY PARTNER

- Find someone that has an investment in your success and will not be afraid to dispense tough love if necessary, motivate you to stay on track, discuss setbacks, and establish a plan to get back to progressing toward the goal.

The most important thing to remember is that New Year's resolutions are just goals; goals can be accomplished at any time of the year. Give yourself a break and realize that all of your efforts are recognition from you that you have the skills and capacity to create change in your life. Don't allow resolutions to have the inverse and adverse effect of interrupting your self-care. Remember better self-care means you are better equipped to serve our children.

McKee, H. B. (2013). Weight maintenance: Self-regulatory factors underpinning success and failure. *Psychology & Health*, 28(10), 1207-1223. New Year's Resolution Statistics. (2015, January 26).

## INTRODUCING CWTA'S NEWEST TRAINERS

### Q & A with Jessica Canty, LICSW

By Tracie Nelson, LICSW

#### Why did you decide to go into child welfare?

**JC:** After taking a psychology course in high school, I knew that I wanted to work in the helping field. While in college I majored in Psychology, but it was when I took a course in Social Work that I realized that being a social worker was a perfect fit for me. Originally my studies were geared toward the macro track because I wanted to write policies. However, I felt that I wanted to first gain some direct service experience before writing policies to address the population we serve. My first job out of graduate school was as a social worker co-located in a collaborative where I served as a social worker with Community Partnership for six years.

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## Q & A WITH JESSICA CANTY CONT.

By Tracie Nelson, LICSW

### How do you describe your job to your friends?

**JC:** In the past I always felt like I had to defend my profession. Once I explained that my focus is to keep children safe, then people seemed to have a different view of what they thought when they heard social worker. As a social worker, I worked very close with the families and had a record for having a low number of children removed from their families on my caseload. In my new role, I am able to train and enhance the skills of other social workers on the importance of engaging families and ensuring the safety of the children in their homes. I am excited about developing curriculum and working with upper management to determine the training needs of my Child and Family Services Agency's colleagues. I am also very enthused about having the new experience of working with resource parents.

### What path brought you to your current position?

**JC:** After years of experience in direct services, I wanted to tap into a passion that I only utilized outside of work. For the past five years, I have served as a professional development trainer for collegiate women. I also work to develop young ladies aspiring or currently serving as campus queens at Historically Black Colleges and Universities. I enjoy program development and facilitating the learning process. I look forward to using my skills to inspire new and seasoned professionals in the child welfare field to learn new skills and better serve the children and families of the District of Columbia.



### What is your personal motto?

**JC:** "Love like you're not scared, give when it's not fair, live life for another, take time for a brother, fight for the weak ones, speak out for freedom, find faith in the battle." --For King and Country

### What are you most passionate about professionally?

**JC:** I am very passionate about the profession of child welfare and my professional development in this field as a social worker and trainer. I enjoy staying abreast of the new practice models and policies that govern the profession. I find it very beneficial to be knowledgeable of events that are occurring globally and locally, and how the populations we serve are directly impacted.

### What is your educational background?

**JC:** I obtained my Bachelor's Degree in Psychology from Bowie State University and my Master of Social Work Degree from Howard University.

### What else do you want us to know about you?

**JC:** I am excited about my new position and the opportunity to serve in the role of trainer.

## CWTA'S NEW LEARNING MANAGEMENT SYSTEM TO LAUNCH JANUARY 2016!

With the SumTotal Learning Management System you will be able to enroll in training on your own, track your training completion, and obtain training certificates from your laptop, desktop, or tablet!

The LMS is user friendly and CWTA will provide you with the support you need to navigate our new system.

sumtotal



## EVOLUTION OF K2

### A Growing Concern for Children and Families

By Tanya King, LICSW



Synthetic marijuana, also known and packaged as K2, spice, Scooby Snax and Spice, has grown in usage among the young adult population within the District of Columbia and surrounding areas. Young adults have taken an interest in using K2 as it is a synthetically produced herbal blend, which is marketed as herbal incense or potpourri. What they often do not realize is that along with its herbal components, it is also sprayed with unknown toxins and chemicals that are unsafe for human consumption. These toxic chemicals have caused serious side effects for its users. Young adult users of K2 have experienced hallucinations, suicidal and homicidal thoughts, intense fear and paranoia, aggressive changes in personality, psychotic breaks and violent behavior. Youth are drawn to K2 as it is marketed with colorful packaging and the reputation for

being undetectable in urine and blood testing due to its ever-changing chemical composition. This appeals to young adults attempting to achieve marijuana-like effects while smoking.

Prior to July 2015, synthetic marijuana could be purchased in the District of Columbia at gas stations, liquor stores and smoke shops. However, after a month-long violent streak in the city linked to K2 usage, Mayor Muriel Bowser signed an emergency law into effect in July 2015 to immediately halt the sales of synthetic drugs including K2. Currently synthetic marijuana is reported to be one of the most widely used drug among 10<sup>th</sup> and 12<sup>th</sup> graders after marijuana and inhalants. On a developmental level, youth who abuse substances at an early age increase their probability of having long-term psychological and physiological effects as adults.

Intervention starts with prevention and should begin by having birth parents, resource parents, and social workers engaging youth and families around the myths, risks, and dangers surrounding K2 use. Youth suspected of use should be assessed and counseled by mental health professionals through the Addiction Prevention Recovery Administration (APRA) through the Department of Behavioral Health (DBH). Youth should be assessed for co-occurring mental health diagnoses that can be treated at the same time as substance abuse disorders. Services can range from attending narcotics anonymous groups, inpatient and outpatient substance abuse services, mental health counseling, psychiatric treatment and medication management when deemed necessary.

If you have a youth involved with CFSA who is in need of a substance abuse evaluation, please complete the Universal eReferral and submit it to Valerie Kanya at [Valerie.kanya@dc.gov](mailto:Valerie.kanya@dc.gov).

Forrester, M. B., Kleinschmidt, K., Schwarz, E., & Young, A. (2012). Synthetic cannabinoid and marijuana exposures reported to poison centers. *Human & experimental toxicology*, 31(10), 1006-1011.

Brewer, T. M. (2014). A review of clinical manifestations in adolescent and young adults after use of synthetic cannabinoids. *Journal for specialists in pediatric nursing*, 19(2), 119-126.

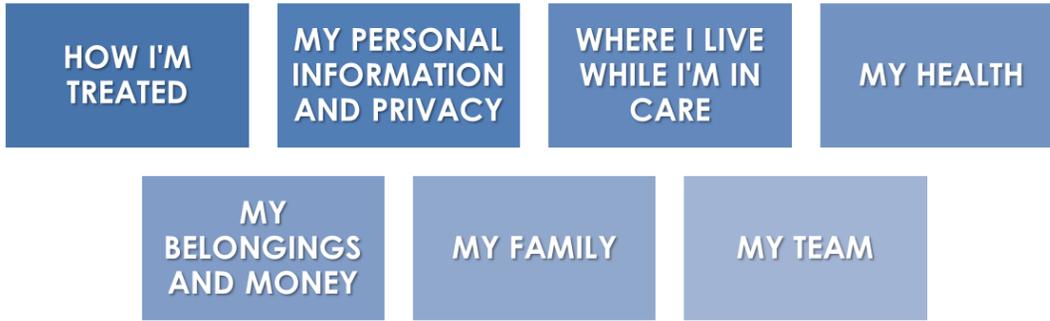
Rubino, T., & Parolaro, D. (2008). Long lasting consequences of cannabis exposure in adolescence. *Molecular and cellular endocrinology*, 286(1), S108-S113.

# YOUTH BILL OF RIGHTS

By Brandy Nicole Brooks, LICSW

In 2012, the Foster Youth Statement of Rights and Responsibilities Amendment Act was developed in the District of Columbia. Two years later, in 2014, the Preventing Human Trafficking/Strengthening Families Act was developed federally to address the rights and responsibilities of children and youth in foster care. These acts work together to ensure all children and youth served by CFSA have a consolidated and comprehensive bill of rights.

CFSA, in partnership with youth in care, resource parents, and foster youth advocacy groups developed the Youth Bill of Rights which focuses on seven categories from the youth's perspective:



It is the responsibility of the children/youth's Resource Parent or Parents to understand the Youth Bill of Rights and to ensure all children and youth in care's rights are upheld. With each new placement, you should receive a copy of the Youth Bill of Rights, and the child's Social Worker or Family Support Worker should discuss the Bill of Rights with you at the time of placement.

Beginning in January 2016 you will receive a copy of the Youth Bill of Rights and have the opportunity to attend training with CFSA's Youth Ombudsman, Fasion Maxwell, on how to present the Bill of Rights to children and youth in your care.

## INTRODUCING CWTA'S NEWEST TRAINERS

### Q & A with Tanya King, LICSW

By Tracie Nelson, LICSW

**Why did you decide to go into child welfare?**

**TK:** I chose this career because it allowed me the most freedom to be myself and conceptualize my experiences, later learning that there is always a purpose for your pain.

**How do you describe your job to your friends?**

**TK:** Being a Trainer under CWTA allows me the opportunity to harness the skills and knowledge that I have learned along the course of my career: to shape, shift, and impact the child welfare workforce. I am excited to be in my new role at CWTA because it allows me the opportunity to learn while teaching others.

**What path brought you to your current position?**

**TK:** I began my career serving others in child welfare, juvenile justice, as well as conducting clinical psychotherapy with children, families and couples in the community. After practicing in the field for several years, I became a Licensed Independent Clinical Social Worker. I have had the pleasure of training staff on clinical interventions for juvenile justice and child welfare, ethical decision making, suicide prevention, policy development and initiation.



## Q & A WITH TANYA KING CONT.

By Tracie Nelson, LICSW

### What is your personal motto?

**TK:** "Before you serve yourself, you must learn to serve others". This statement is something that I have come to learn and live by in my personal and professional life.

### What are you most passionate about professionally?

**TK:** One of the things that I love about social work is that it encompasses many different types of service, which incorporates individual, community, and organizational practice. Each component is interdependent upon the other.

### What is your educational background?

**TK:** I have my Bachelor's Degree in Social Work from Morgan State University. I obtained my Master of Social Work Degree from the University of Maryland at Baltimore with a concentration in Children and Families.

### What else do you want us to know about you?

**TK:** I look forward to seeing each person who comes across these words in the training room. Together we can plant seeds for success, which we can effectively deposit into the lives of the children and families that we serve!

## KEEP YOUR CHILD MOVING THIS WINTER: IT'S BENEFICIAL!

By Dawn Prather, LICSW

While it is widely accepted that academic growth is extremely important in the life of a child, many are unaware that participation in extracurricular activities is equally important for the development of healthy, well-rounded children. Engagement in activities, in addition to the standard academic curriculum, allows students to learn lessons in leadership, teamwork, organization, analytical thinking, problem solving, time management, and multi-tasking. These skills set the foundation for success in adulthood.

Students that participate in extracurricular activities, especially sports, are also less likely to have behavioral issues. Individual and team practices, games, and performances require young people to be disciplined and focused to successfully execute drills and routines. Successful completion of these tasks is an automatic reward for their hard work and dedication. This promotes the development of self-respect, self-esteem, and self-confidence. Children with these qualities are less likely to chronically exhibit inappropriate behavior.

As we prepare to hibernate in the warmth of our homes to avoid the frigid temps that winter is bound to bring, it is important to remember that extracurricular activities are offered year-round and that it is in the best interest of children to remain meaningfully engaged. Fortunately, there is an abundance of programs for parents and caregivers to choose from in the DC Metro area.

This winter, the DC Department of Parks and Recreation ([www.dpr.dc.gov](http://www.dpr.dc.gov)) will be offering a great deal of exciting activities for children of all ages. Their brochure includes the following activities in addition to many others: knitting, chess, indoor swimming, boxing, gymnastics, soccer, and tennis. Additionally, the DC Department of Parks and Recreation offers prosocial groups for young people including Young Ladies on the Rise and Young Men Future Leaders. The YMCA ([www.ymcadc.org](http://www.ymcadc.org)) has also delivered an impressive list of youth activities that will be available this upcoming winter including martial arts, gymnastics, and hockey.

In addition to recreational activities, the DC Youth Orchestra Program (DCYOC) ([www.dcyop.org](http://www.dcyop.org)) offers group lessons and ensemble training on all orchestral instruments for students ages 4 ½ to 18. DCYOP provides discounted, need-based tuition and waives tuition all together for Eastern High School students. The spring semester begins in January 2016. YWCA National Capital Area ([www.ywcanca.org](http://www.ywcanca.org)) serves women and young girls in the areas of adult education, training, and youth mentoring.

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## KEEP YOUR CHILD MOVING THIS WINTER CONT.

By Dawn Prather, LICSW

Currently there are two amazing programs being offered for girls: "EMPOwERgirlz", which is a youth mentoring and leadership development program for ages 6-12 and Fighting Back, which is a teen non-violence program for high school students between the ages of 13-18.

Residents of Washington, D.C. suburbs may also contact the Prince George's County Department of Parks and Recreation ([www.pgparcs.com](http://www.pgparcs.com)), Charles County Parks and Recreation ([www.charlescountyparks.com](http://www.charlescountyparks.com)), and Montgomery County Department of Recreation ([www.montgomerycountymd.gov/rec](http://www.montgomerycountymd.gov/rec)), which are all offering a host of activities this winter for children and youth.

Massoni, E. (2011). Positive effects of extra curricular activities on students. *ESSAI*, 9(27), 84-87.

## INTRODUCING CWTA'S NEWEST TRAINERS

### Q & A with Dawn Prather, LICSW

By Tracie Nelson, LICSW

#### Why did you decide to go into child welfare?

**DP:** I really wanted to work with at-risk children. I wanted to be a teacher but quickly realized that I wanted to work specifically with individuals who have greater needs than the general population. It has always been important for me to do whatever I can to improve my community. Vulnerable children need to know that people who look like them are willing and able to help them become their best selves. As cliché as it may sound, I wholeheartedly believe that the children are our future.

#### How do you describe your job to your friends?

**DP:** I jokingly (but kind of seriously) tell everyone that "social worker" is a synonym for "miracle worker" because we do EVERYTHING! We advocate, we empower, we engage...we change dirty diapers, we wipe snotty noses, we chauffeur people around, we put out fires...and we love it all. In my new role, I feel like the teacher I once considered being. I feel my current role allows me an opportunity to connect individuals to the field. I really enjoyed the work I did in the Permanency Administration, and I want others to know that they made the right decision to serve the children and families of the District of Columbia. I take pride in being one of the first individuals to make new social workers feel comfortable and welcomed at Child and Family Services Agency and the field of Child Welfare.



#### What path brought you to your current position?

**DP:** I started my career as a Family Support Worker (FSW) with a private agency. Then, I was a Social Worker with the Permanency Administration for five years. My knowledge of actually doing the work will provide my colleagues that I train a first-hand account of what it is like to work in the trenches. I decided to pursue this position with the CWTA because it is an incredible opportunity for personal and professional growth. John Cotton Dana once said, "Who dares to teach must never cease to learn." I have an unquenchable thirst for knowledge, so I think this position is a good fit for me.

#### What is your personal motto?

**DP:** "The time is always right to do what is right." I can't really call it mine - I borrowed it from Martin Luther King Jr.

#### What are you most passionate about professionally?

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CWTA CHILD WELFARE TRAINING ACADEMY

## Q & A WITH DAWN PRATHER CONT.

By Tracie Nelson, LICSW

**DP:** I consider the population we serve here in DC to be my people. I am passionate about connecting with my people and helping to heal our community. In addition to that, I am really passionate about working with perpetrators of domestic violence, as well as physical and sexual abuse. Research has proven that many perpetrators were once victims and I feel that they should be provided quality and comprehensive services. Even though this is an unpopular field for many, I recognize that this population also needs to be healed.

### What is your educational background?

**DP:** I earned my Bachelor's Degree in Family Science at the University of Maryland College Park. I earned my Master of Social Work Degree from the University of Maryland Baltimore specializing in Children and Families.

### What else do you want us to know about you?

**DP:** I am an almost always hungry, fun-loving, easy going, miracle working supermom who is a self-proclaimed Washingtonian, by way of Montgomery County, MD.

## IS IT AN EMERGENCY? (MAYBE NOT) WHEN TO GO TO THE ER

By Lakeisha Beasley, RN, Diana A. Lewis, RN C CCM MHSA, Denise Ballard, RN MSN, Angela Cook, RN

Emergency rooms are intended for immediate and life-threatening medical conditions. When a child or youth is ill, it is our responsibility to help them. Unfortunately, Emergency Rooms (ER's) are typically overused overwhelmed, which may result in a poor experience. The National Center for Health Statistics reports most people who go to an ER do not need urgent care. According to Healthcare Cost and Utilization Project, pediatric visits can account for nearly 25% of all ER visits and the vast majority (96%) of ER visits resulted in the child being treated and released. According to the Centers for Disease Control and Prevention, the most common reason for an ER visit is that the doctor's office is closed. The best thing you can do is to not panic, stay calm, and be knowledgeable and prepared for the unexpected.



What is a **true emergency**? It can be often difficult for caregivers to recognize the real signs of a medical emergency. The following are examples of what are considered emergencies and signals of an emergency to help you make an informed decision:

### DIFFICULTY BREATHING

- Struggling to breathe; choking and unable to remove a stuck item; skin color turns blue, pale or gray

### BROKEN LIMB

- Severe pain; bone can be seen or is not straight

### CHANGE IN MENTAL STATUS

- Unable to wake; disoriented; severe confusion

### SEVERE ALLERGIC REACTION

- Wheezing; swelling of mouth and tongue; difficulty breathing

### SEVERE TRAUMA

- Open wound; bleeding that persists for 10 minutes or longer and does not stop

### SEVERE BURNS

- Larger than a size of a pack of cards; blistering or severe pain

### POISONING

- First call your local poison control center **(800) 222-1222** to get advice for immediate treatment

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## IS IT AN EMERGENCY CONT.

By Lakeisha Beasley, RN, Diana A. Lewis, RN C CCM MHSA, Denise Ballard, RN MSN, Angela Cook, RN

When the medical condition is **not a true emergency**, contact the Primary Care Provider (PCP) first. It is important to contact the child's PCP in order to receive guidance on the best way to handle a non-emergency health need. The PCP has access to the child's health history and will be able to manage the child's care by providing preventative and follow-up health services and follow-up to ensure that an illness is managed appropriately. PCP's have regular office hours, but for urgent concerns after hours, the provider may be reached through the office's answering service. In case of a true emergency do not hesitate to call 911 or transport the child to the ER.

Make the right choice. Most health problems are not emergencies, and it is important to remember that emergency rooms are for health needs that require immediate treatment. It is necessary to utilize ER services wisely because ER misuse leads to increased wait times for patients, increased health costs, and added strain to the health care system. Building a relationship with a Primary Care Provider can provide a great benefit to the overall health and well-being of the child. Building a relationship with your child's PCP may be able to prevent unnecessary visits to the ER, provide guidance on when an ER visit is necessary, and follow-up on all emergency and non-emergency health needs resulting in optimal health care for your child.

## SEASONAL AFFECTIVE DISORDER

By Charlotte Williams, LICSW

As the amount of daylight decreases during the winter months, 10 to 20 percent of us begin to suffer mild symptoms of Seasonal Affective Disorder or SAD. We are saddened by the shortening days, climb into bed earlier and resent waking up when the morning light grows dim. For 14 million Americans, these symptoms grow considerably worse as winter progresses. SAD — often referred to as “winter depression” — is a subtype of depression that follows a seasonal pattern. The most common form of SAD occurs in winter, although some people do experience symptoms during spring and summer.

People with SAD may crave comfort foods, including simple carbs such as pasta, breads, and sugar. With excess unhealthy calories and a lack of fresh fruits, vegetables, and whole grains, fatigue often sets in. They may become depressed and irritable. Eventually, they are no longer able to maintain their regular lifestyle. They may withdraw socially and no longer enjoy things that used to be fun. It's as if a person's batteries have just run down.

For parents, SAD can obviously have a sharp impact on the ability to parent effectively and experience pleasure with your family. Children and adolescents can also suffer these symptoms. They may experience feelings of low self-worth and hopelessness. Children with depression struggle to concentrate on their schoolwork. Their grades may drop, worsening feelings of low self-esteem. While it is normal for adolescents to experience moments of irritability,



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## SEASONAL AFFECTIVE DISORDER CONT.

By Charlotte Williams, LICSW

depression, and mood swings, symptoms that last more than two weeks are cause for concern.

Spring and summer SAD is characterized by anxiety, insomnia, irritability, and weight loss. The symptoms more closely resemble mania than depression. In order to diagnose SAD, doctors need to perform a medical exam to rule out other possible causes of the symptoms, such as hypothyroidism, hypoglycemia, or mononucleosis. Doctors can administer questionnaires to assess mood and look for a seasonal pattern. According to Eve Spratt, M.D., MSCR, Associate Professor of Pediatrics and Psychiatry at the Medical University of South Carolina, one of the most telling markers of depression in children is anhedonia — which means “absence of pleasure.” So a good screening question to ask children is, “When was the last time you had a really good time?”

Several effective treatments can help adult sufferers of SAD. Simply bringing more sunlight into your life can treat mild cases. Spend time outdoors every day, even on cloudy days. Open window shades in your home. Exercise regularly and eat a healthy diet, particularly one low in simple carbohydrates and high in vegetables, fruit, and whole grains. Left untreated, SAD can lead to serious complications for adults, including suicidal behavior, problems at school and work, and substance abuse. If other treatments prove ineffective, prescription antidepressants may help regulate the balance of serotonin and other neurotransmitters that affect mood. Parents with children on antidepressants need to be vigilant in watching for agitation, anxiety, or insomnia and make sure they continue to see their physician on a regular basis. Parents of children with depression should participate in their child's treatment and recovery.

In addition to formal treatment, quality family time is critical. Plan low-key quality time together. Your child may not have the energy for an arcade, but reading a book or playing a family board game can be fun. Encourage your child to get exercise and spend time outdoors. Plan daily walks together. Fix healthy meals for your family, and establish a set bedtime to ensure he gets enough sleep and the same amount of sleep every night. Your fatigued child will probably need help with his homework. Take time to work through schoolwork together, and communicate your child's situation to his teachers. Be patient with your child and reassure him that these issues will get better.

Whether noticing symptoms of SAD in yourself or depression in your child, take it seriously. Treating this disorder early and diligently can turn the dark days of winter into a pleasant time of togetherness for your family.

Partonen, t., & Magnusson, A. (Eds.). (2001). *Seasonal affective disorder: Practice and research*. Oxford: Oxford University Press.

## REGISTRATION INFORMATION FOR CWTA TRAININGS

- **REGISTRATION IS REQUIRED FOR ALL CLASSES.** Please call the registration line at **(202) 727-5329** to register. You can also register electronically by emailing the Course Registration Form to [cwta.training@dc.gov](mailto:cwta.training@dc.gov). The form is located at the end of this newsletter.
- **PLEASE REGISTER EARLY TO SECURE YOUR ADMISSION IN EACH COURSE.** Registrations will not be accepted within 48 hours of a course start time.
- **IF YOU REGISTER FOR A TRAINING EVENT BUT WILL NOT BE ABLE TO ATTEND, PLEASE CALL (202) 727-5329 AS SOON AS POSSIBLE.**



# JANUARY 2016

DATES, TIMES AND LOCATIONS ARE SUBJECT TO CHANGE

DATE/TIME/ LOCATION	TITLE/OBJECTIVE/TRAINER	TRAINING HOURS
<p><b>THURSDAY, JAN 14, 2016</b></p> <ul style="list-style-type: none"> <li>9AM - 4:30PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>HUMAN TRAFFICKING:</b> <i>The Understanding and Preventing Human Trafficking in Child Welfare</i> course will provide Social Workers, Resource Parents, Nurse, and other CFSA community partners with information about the commercial sexual exploitation of children (CSEC). This course will introduce participants to current federal and local laws and policies regarding CSEC, terminology related to CSEC, best practice guidelines for identifying and preventing CSEC, and provide participants the opportunity to explore cultural considerations as it relates to CSEC as well as their own beliefs and values. The course will also cover ethical considerations, such as documentation, communication and professional behavior.</p> <p><b>TRAINERS: CHARLOTTE WILLIAMS, LICSW</b></p>	<p><b>6</b></p>
<p><b>SATURDAY, JAN 16, 2016</b></p> <ul style="list-style-type: none"> <li>10 AM-4PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>AHA CPR/FIRST AID TRAINING:</b> <i>Training covers infant, child, and adult cardiopulmonary resuscitation (CPR) &amp; First Aid. It is provided to teach the skills necessary to prevent, recognize, and provide basic care for injuries and sudden illness of District wards placed in their homes until medical personnel arrive. This course is a requirement for foster parent re-licensure.</i></p> <p><b>TRAINERS: AHA CERTIFIED TRAINERS</b></p>	<p><b>5</b></p>
<p><b>WEDNESDAY, JAN 20, 2016</b></p> <ul style="list-style-type: none"> <li>9AM-4:30PM</li> <li><b>CFSA( 200 I STREET SE)</b></li> </ul>	<p><b>EMPTYING THE CUP: EXPLORING THE IMPACT OF HISTORICAL AND INTERGENERATIONAL TRAUMA IN CHILD WELFARE:</b> <i>The impact of historical and intergenerational trauma on family systems is gaining more visibility in the child welfare field, which is important to consider as child welfare professionals engage and assess families with trauma experiences. This is a 6-hour, in-service course designed to expand the child welfare professional's ability to understand, assess and engage family systems impacted by historical and familial intergenerational trauma. Participants will have the opportunity to explore their own family history, the family histories of clients, and the systemic factors that perpetuate traumatic response and place children at risk for maltreatment.</i></p> <p><b>TRAINERS: ERIN CLEGG, LICSW &amp; CHARLOTTE WILLIAMS, LICSW</b></p>	<p><b>6</b></p>
<p><b>SATURDAY, JAN 30, 2016</b></p> <ul style="list-style-type: none"> <li>10AM -1PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>REBUILDING THE EMOTIONALLY BROKEN CHILD:</b> This workshop will focus on the relationship between the Foster Parent and Foster Child. The Foster Parent is the Vital Bridge between foster children and the Child Welfare Agency and are agents of healing for the emotionally injured children in their care.</p> <p>Participants will develop a basic understanding of the importance of healthy Foster Parent/Child relationships including: providing the Corrective Emotional Experience; emotional support; healing communication; and the foster home as a therapeutic milieu.</p> <p><b>TRAINER: TANYA KING, LICSW</b></p>	<p><b>3</b></p>

DATE/TIME/ LOCATION	TITLE/OBJECTIVE/TRAINER	TRAINING HOURS
<p><b>SATURDAY, FEB 13, 2016</b></p> <ul style="list-style-type: none"> <li>10AM - 4PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>AHA CPR/FIRST AID TRAINING:</b> Training covers infant, child, and adult cardiopulmonary resuscitation (CPR) &amp; First Aid. It is provided to teach the skills necessary to prevent, recognize, and provide basic care for injuries and sudden illness of District wards placed in their homes until medical personnel arrive. This course is a requirement for foster parent re-licensure.</p> <p><b>TRAINERS: AHA CERTIFIED TRAINERS</b></p>	<p><b>5</b></p>
<p><b>THURSDAY, FEB 18, 2016</b></p> <ul style="list-style-type: none"> <li>9AM-4:30PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>HUMAN TRAFFICKING:</b> The Understanding and Preventing Human Trafficking in Child Welfare course will provide Social Workers, Resource Parents, Nurse, and other CFSA community partners with information about the commercial sexual exploitation of children (CSEC). This course will introduce participants to current federal and local laws and policies regarding CSEC, terminology related to CSEC, best practice guidelines for identifying and preventing CSEC, and provide participants the opportunity to explore cultural considerations as it relates to CSEC as well as their own beliefs and values. The course will also cover ethical considerations, such as documentation, communication and professional behavior.</p> <p><b>TRAINERS: DAWN PRATHER, LICSW</b></p>	<p><b>6</b></p>
<p><b>SATURDAY, FEB 20, 2016</b></p> <ul style="list-style-type: none"> <li>10AM-4PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>AHA CPR/FIRST AID TRAINING:</b> Training covers infant, child, and adult cardiopulmonary resuscitation (CPR) &amp; First Aid. It is provided to teach the skills necessary to prevent, recognize, and provide basic care for injuries and sudden illness of District wards placed in their homes until medical personnel arrive. This course is a requirement for foster parent re-licensure.</p> <p><b>TRAINERS: AHA CERTIFIED TRAINERS</b></p>	<p><b>5</b></p>
<p><b>SATURDAY, FEB 27, 2016</b></p> <ul style="list-style-type: none"> <li>9AM-4:30PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>EMPTYING THE CUP: EXPLORING THE IMPACT OF HISTORICAL AND INTERGENERATIONAL TRAUMA IN CHILD WELFARE:</b> The impact of historical and intergenerational trauma on family systems is gaining more visibility in the child welfare field, which is important to consider as child welfare professionals engage and assess families with trauma experiences. This is a 6-hour, in-service course designed to expand the child welfare professional's ability to understand, assess and engage family systems impacted by historical and familial intergenerational trauma. Participants will have the opportunity to explore their own family history, the family histories of clients, and the systemic factors that perpetuate traumatic response and place children at risk for maltreatment.</p> <p><b>TRAINERS: ERIN CLEGG, LICSW &amp; CHARLOTTE WILLIAMS, LICSW</b></p>	<p><b>6</b></p>



DATE/TIME/ LOCATION	TITLE/OBJECTIVE/TRAINER	TRAINING HOURS
<p><b>WEDNESDAY, MAR 2, 2016 - THURSDAY, MAR3, 2016</b></p> <ul style="list-style-type: none"> <li>• 9AM - 4:30PM (BOTH DAYS)</li> <li>• <b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>BEST PRACTICES FOR ENGAGING FATHERS:</b> <i>This 2-day training will help CFSA workers develop relevant knowledge, skills, and appropriate understanding of the importance of engaging Fathers in the case planning process. The training will explore critical skills for engagement and intervention, principles of best practice, facilitating equal access to services, and managing inter-personal challenge to effective case work with fathers and men. Emphasis will be placed on the significance of the father's engagement in securing the safety, permanency, and well-being of children and families.</i></p> <p><b>TRAINER: DAWN PRATHER, LICSW</b></p>	<p><b>12</b></p>
<p><b>TUESDAY, MAR 8, 2016</b></p> <ul style="list-style-type: none"> <li>• 9AM - 4:30PM</li> <li>• <b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>EMPTYING THE CUP: EXPLORING THE IMPACT OF HISTORICAL AND INTERGENERATIONAL TRAUMA IN CHILD WELFARE:</b> <i>The impact of historical and inter-generational trauma on family systems is gaining more visibility in the child welfare field, which is important to consider as child welfare professionals engage and assess families with trauma experiences. This is a 6-hour, in-service course designed to expand the child welfare professional's ability to understand, assess and engage family systems impacted by historical and familial intergenerational trauma. Participants will have the opportunity to explore their own family history, the family histories of clients, and the systemic factors that perpetuate traumatic response and place children at risk for maltreatment.</i></p> <p><b>TRAINERS: ERIN CLEGG, LICSW &amp; CHARLOTTE WILLIAMS, LICSW</b></p>	<p><b>6</b></p>
<p><b>SATURDAY, MAR 12, 2016</b></p> <ul style="list-style-type: none"> <li>• 9AM- 4:30PM</li> <li>• <b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>HUMAN TRAFFICKING:</b> <i>The Understanding and Preventing Human Trafficking in Child Welfare course will provide Social Workers, Resource Parents, Nurse, and other CFSA community partners with information about the commercial sexual exploitation of children (CSEC). This course will introduce participants to current federal and local laws and policies regarding CSEC, terminology related to CSEC, best practice guidelines for identifying and preventing CSEC, and provide participants the opportunity to explore cultural considerations as it relates to CSEC as well as their own beliefs and values. The course will also cover ethical considerations, such as documentation, communication and professional behavior.</i></p> <p><b>TRAINERS: CHARLOTTE WILLIAMS, LICSW</b></p>	<p><b>6</b></p>
<p><b>SATURDAY, MAR 19, 2016</b></p> <ul style="list-style-type: none"> <li>• 10AM - 4PM</li> <li>• <b>CFSA (200 I STREET SE)</b></li> </ul>	<p><b>AHA CPR/FIRST AID TRAINING:</b> <i>Training covers infant, child, and adult cardiopulmonary resuscitation (CPR) &amp; First Aid. It is provided to teach the skills necessary to prevent, recognize, and provide basic care for injuries and sudden illness of District wards placed in their homes until medical personnel arrive. This course is a requirement for foster parent re-licensure.</i></p> <p><b>TRAINERS: AHA CERTIFIED TRAINERS</b></p>	<p><b>5</b></p>

DATE/TIME/ LOCATION	TITLE/OBJECTIVE/TRAINER	TRAINING HOURS
<b>SATURDAY, MAR 26, 2016</b> <ul style="list-style-type: none"> <li>10AM-4PM</li> <li><b>CFSA (200 I STREET SE)</b></li> </ul>	AHA CPR/FIRST AID TRAINING: Training covers infant, child, and adult cardiopulmonary resuscitation (CPR) & First Aid. It is provided to teach the skills necessary to prevent, recognize, and provide basic care for injuries and sudden illness of District wards placed in their homes until medical personnel arrive. This course is a requirement for foster parent re-licensure.  <b>TRAINER: AHA CERTIFIED TRAINERS</b>	<b>5</b>

# Happy St. Patrick's Day!

## ONLINE TRAINING

**Upon completion of each online course, please print your certificate immediately and send them to your resource development or licensing specialist within 15 days of completion!!**

### CWTA APPROVED ONLINE SITES:

- **[www.freestatesocialwork.com/dccfsa](http://www.freestatesocialwork.com/dccfsa)**: Trauma Systems Therapy (TST) project is one tool CFSA is utilizing to fulfill our mission with children in foster care. CFSA supports foster parents as they work to make a difference in the lives of children in need. The TST program will benefit both our foster parents and our children as parents gain additional knowledge and enhance their parenting skills. This program will provide a better understanding of the children in your home and the trauma they have experienced as you continue to give your time, love and understanding. See below for log-in instructions.
- **<https://dc.mandatedreporter.org/pages/Welcome.action>**: Free online DC mandated reporter training
- **[www.fosterparents.com](http://www.fosterparents.com)**: One year membership: \$24 (not reimbursable).
- **<http://www.dshs.wa.gov/ca/fosterparents/training.asp>**: The entire *FosterParentsScope* Training program is presented in this award-winning Web site from Washington State. Adapted from the SUNY *FosterParentsScope* curriculum.
- **<http://www.fosterparentstest.com/store/index.htm>**: A wonderful selection of online courses for resource parents covering topics from high needs babies to a range of disorders and challenges. Note that there is a non-reimbursable associated cost for each course.
- **<http://www.fosterparentcollege.com/>**: FosterParentCollege.com's Self-Paced training is accessible 24 hours a day, seven days a week. From the comfort and safety of home, parents can enroll, complete a course, and receive a certificate of completion in a single session. FPC has conducted more than 80,000 online training sessions since 2004. Designed by nationally recognized experts in the fields of parenting, pediatrics, psychology, psychiatry, and education, FPC courses are valued by foster care agencies and praised by caregivers. Many of our classes are also available on DVD at our website [www.SocialLearning.com](http://www.SocialLearning.com).

**Need more information? Contact Erin Teagle, Training Specialist at [erin.teagle2@dc.gov](mailto:erin.teagle2@dc.gov).**



