NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services

North Carolina Department of Health and Human Services
STEP Up: Skills Training for Experienced Professionals

Participant Workbook
Module Three: Trauma-Informed Practice

June 2026

PUBLIC KNOWLEDGE®

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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services, and revised by Public Knowledge® in 2026.

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Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each module of training. Have this workbook readily available as you go through each module to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically: workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be “pushed” forward onto the next page. To correct this, when you are done typing in the text box, you may use the delete key to remove extra lines.

Training Overview

STEP Up: Skills Training for Experienced Professionals is designed to strengthen and refine the knowledge, skills, and behaviors of child welfare professionals through structured, practice-focused learning.

Training sessions are intentionally designed to support active engagement, reflection, and application. Each module includes a combination of lecture, guided discussion, individual practical application, and collaborative debrief. This structure allows participants to connect new learning to their existing experience and apply concepts directly to their daily practice.

Attendance and participation are essential to the learning experience. If an emergency prevents attendance, participants are responsible for notifying the trainer and their supervisor as soon as possible and developing a plan to address missed content.

Learning Expectations

STEP Up builds on prior experience in child welfare practice. Participants are expected to:

- Engage actively in discussions and activities
- Reflect on their current practice and identify areas for growth
- Apply learning to real-world scenarios
- Collaborate with peers to strengthen practice and shared understanding

Transfer of Learning

A core component of STEP Up is the application of learning to practice. Throughout the training, participants will engage in structured reflection and practical application activities designed to support transfer of learning.

Participants will:

- Reflect on how new concepts align with their current work
- Identify specific actions to strengthen their practice
- Apply learning between sessions, when applicable

- Engage in peer discussion and collaborative problem-solving
- Supervisors and ongoing professional supports play a critical role in reinforcing learning and supporting continued development in the workplace.

All matters as stated above are subject to change due to unforeseen circumstances, and with approval.

STEP Up Module Three Learning Objectives

Module 3
Trauma-Informed Practice
Upon completion of this course, learners will be able to: • Explore how their background and personal identity inform their beliefs, feelings, judgment, actions, decisions, and relationships with others. • Determine the influence of their bias on interviewing and assessment. • Discuss how trauma-informed practice supports child and family safety, well-being, and permanency. • Interview and assess family members to understand how their trauma history impacts their language and behaviors. • Apply critical thinking to all planning, engagement, interviewing, and assessing stages. • Identify family power and communication dynamics, strengths, and dysfunctional behaviors. • Interview with family members to discover the root causes of behaviors. • Relate how to serve families from diverse backgrounds in the context of their values, beliefs, traditions, communities, and trauma histories.

Module Three Agenda

Module Three: Trauma-Informed Practice

Module Timing: 180 Minutes

Welcome and Introductions

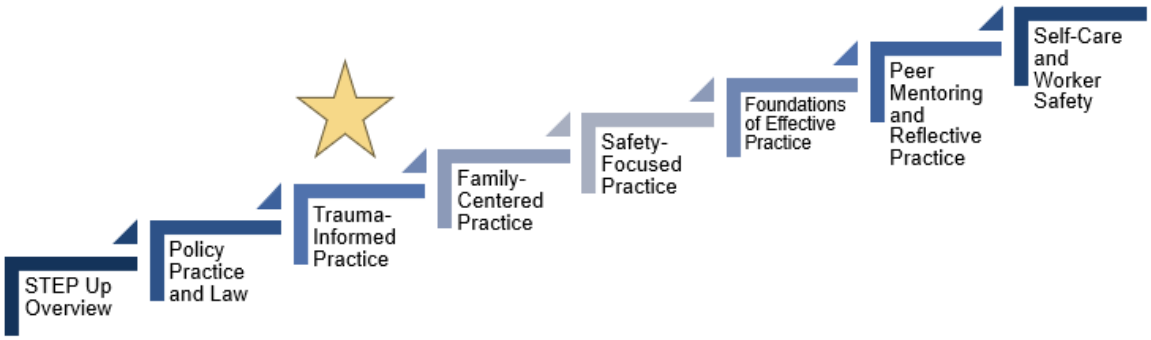
Section 1: Core Value: Trauma-Informed Practice

Section 2: Trauma-Informed Child Welfare Practice

Section 3: Individual Practice and Application

Section 4: Debrief and Collaborative Practice

STEP Up: Skills Training for Experienced Professionals Module Three: Trauma-Informed Practice



Section 1: Core Value: Trauma-Informed Practice

Trauma-Informed Child Welfare Practice Model

A trauma-informed system is one that incorporates trauma awareness, knowledge, and responsiveness into the organizational structures, practices, and policies. Trauma-informed is a core value of the North Carolina Child Welfare Practice Model.

According to the National Child Traumatic Stress Network, a trauma-informed system is one in which programs and agencies embed and sustain trauma awareness, knowledge, and skills into their organizational structures, practices, and policies and use

the best available science to "maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive."

Notes

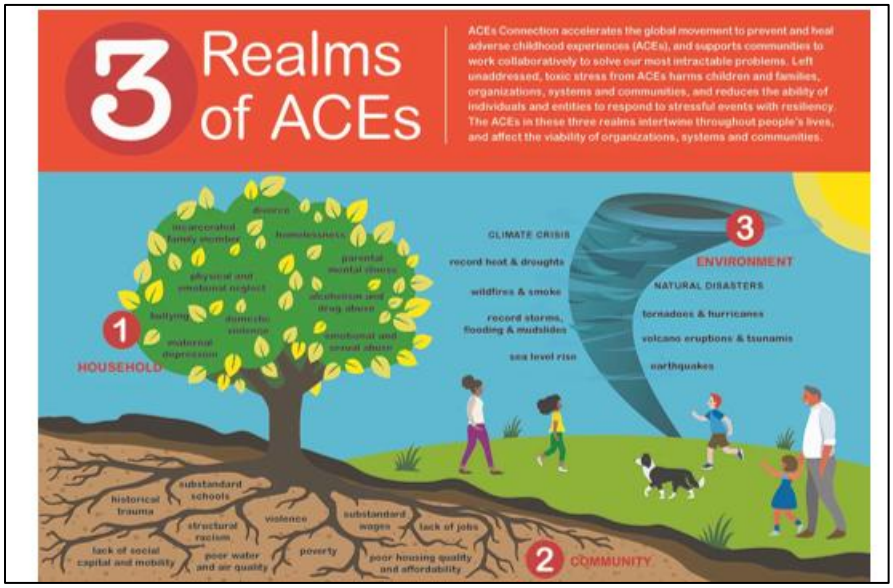
What is Trauma?

Video: What is Trauma?

What stood out to you about the explanation of trauma in the video?

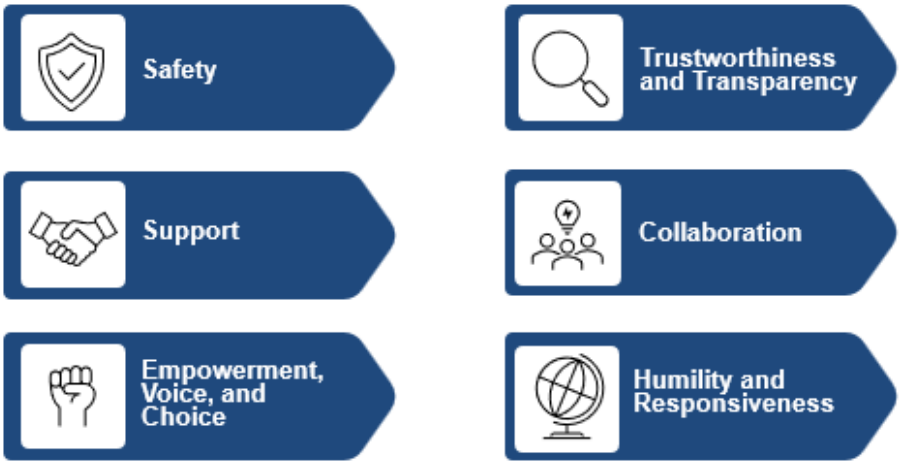
What societal factors can contribute to trauma?

3 Realms of ACEs



Notes

Principles of Trauma-Informed Practice



Handout: Trauma-Informed Practice: Six Core Principles

Trauma-Informed Practice: Six Core Principles

Safety:

Families and child welfare workers feel physically and psychologically safe.

Trustworthiness and Transparency:

Decisions are made with transparency and with the goal of building and maintaining trust.

Peer Support:

Child and family safety decisions are team decisions, and no one person should make decisions about families alone. Consulting with your peers and supervisor is viewed as integral to child welfare service delivery.

Collaboration:

Child welfare services are family-centered interventions to assess and provide child and family safety. As a representative of the government, power differences between child welfare workers and families, and among organizational staff, are leveled to support shared decision-making.

Empowerment:

Each person's voice matters in the process. Especially the voices of those most impacted by the decisions. Child and family strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to grow, change, and heal from trauma.

Humility and Responsiveness:

Biases, stereotypes (based on race, ethnicity, sexual orientation, age, geography), and historical trauma are recognized and addressed. Child welfare workers are responsible for engaging in crucial conversations with families with the understanding that families are the experts on their own lives, strengths, and challenges.

Notes

Honoring Stories, Holding Hope

Video: Step Into the Circle

What did you hear in the stories these men told?

What stood out most to you?

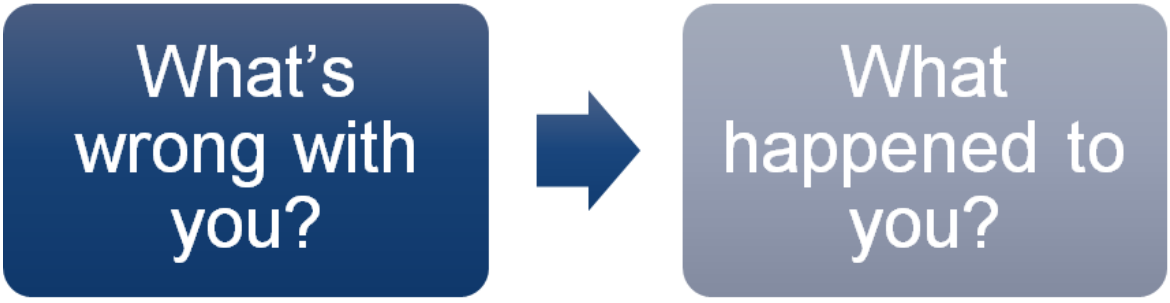
What did you hear about safety, or lack of safety?

Who are these men?

What story did we hear about what happens when there is no intervention to provide safety, permanence, and well-being?

Section 2: Trauma-Informed Child Welfare Practice

What It Means to be Trauma-Informed



To be trauma-informed requires that we change our mindset from wondering "what's wrong with you?" to asking, "what happened to you?"

Trauma-informed practice skills include:

- Providing knowledge about the process, understanding of their experiences and beliefs, and physical and psychological safety
- Being aware of behaviors and surroundings
- Identifying the event or experience. What happened?
- Defining the experience or trauma, rather than the person defining the experience or trauma defining the person
- Moving from what was before to what is now
- Recognizing that memories, reminders, or triggers do not need to devastate us
- Learning healthy self-care skills

Trauma-informed practice leads to:

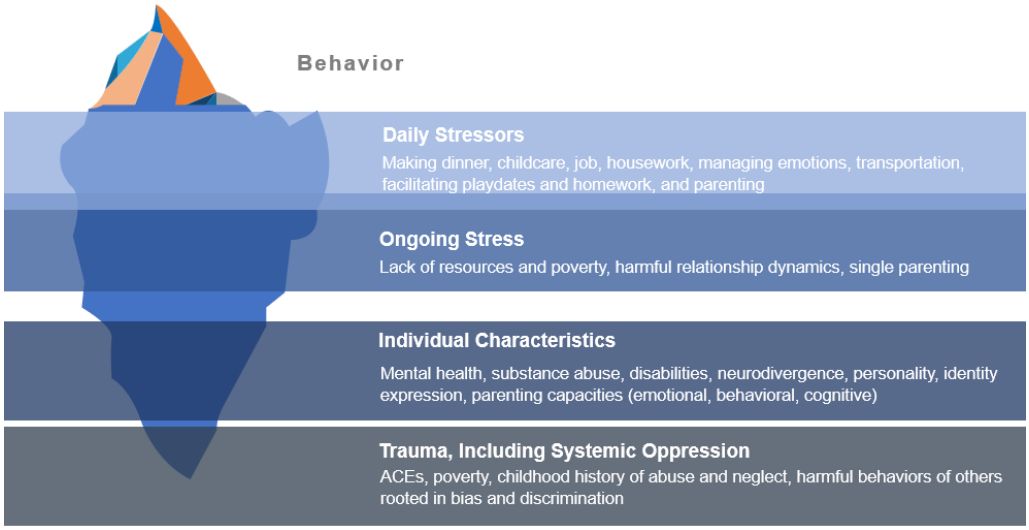
- Improvements in our physical, emotional, and psychological well-being
- Prevention of secondary traumatic stress, which we will return to discuss in this training

Here are some basic tips for how to put this into practice as a child welfare caseworker:

- Provide adequate information about the child welfare process, why you are there, and what you will be doing
- Seek to understand their customs, beliefs, and experiences
- Maintain awareness of your surroundings and the behaviors of those around you
- Do everything you can to ensure physical and psychological safety throughout the process
- Identify the distressing experience by asking "What happened to you?" instead of "What's wrong with you?"
- Define the experience and don't let the experience define the person
- Move from what was before to what is now by staying present in the moment and supporting families in doing the same
- Recognize that memories, reminders, and triggers don't need to be devastating

- Learn, teach, and practice healthy self-care skills

Understanding Trauma-Responsive Behaviors



Trauma-responsive behaviors often reflect how the brain reacts to stress, not a person's intent or character. Daily stressors, ongoing stress, individual characteristics, and experiences of trauma, including systemic oppression, can push the brain into survival mode, making it harder to think clearly, regulate emotions, or respond calmly. When someone's thinking brain goes "offline," they may appear reactive, withdrawn, overly accommodating, or unable to engage in decision-making. Recognizing these responses as signs of stress or trauma helps child welfare professionals respond with empathy, slow the interaction, and support safety by helping individuals return to a more regulated, thinking state.

Recognizing trauma-responsive behaviors supports safety-focused, family-centered, and trauma-informed practice by helping professionals slow interactions, apply critical thinking during engagement and assessment, and respond in ways that build trust and promote regulation.

Possible contributions to having a survival or offline brain might include:

- Becoming overwhelmed by daily stressors
- Being tired or hungry
- Feeling disrespected or disregarded
- Ongoing stresses associated with poverty, like having to navigate Social Services requirements to access childcare, food for your family, and other resources
- Being mentally altered by substance use
- Mental health-induced psychosis
- Child Welfare involvement
- Experiencing discrimination
- Being triggered by something that resembles a past trauma
- Acute and Chronic exposure to systemic oppression

Behaviors associated with trauma and a survival or offline brain can include:

- Increased heart rate
- Shallow breathing
- Sweating
- Hypervigilance
- Yelling
- Defensiveness
- Avoidance
- Impulsiveness
- Being aggressive
- Making threats
- Withdrawing or seeming like the person isn't really there or present
- Lack of motivation
- Difficulty concentrating
- People pleasing to avoid harm or conflict
- Difficulty showing affection or closeness towards friends or family

How do you know when you are in survival mode or have an offline brain?

Thinking about what you learned about overreacting, having an Offline Brain, and no access to your Thinking Brain, what types of circumstances might contribute to someone overreacting and being "offline" or in survival mode?

What examples of daily stressors might lead to a survival or offline brain?

What examples of ongoing stress could lead to a survival or offline brain?

What individual characteristics might lend to a greater likelihood of experiencing a survival or offline brain?

What examples of trauma and systemic oppression might cause a survival or offline brain?

Trauma-Informed Mindset

A trauma-informed mindset requires a shift in how we view children and families—from focusing on behaviors to understanding the experiences that shape them. Trauma can have lasting effects on the brain and body, but healing is possible through safety, connection, and hope. The Neurosequential Model of Therapeutics reminds us that the brain can heal over time when individuals experience consistent, supportive, and regulating relationships. When child welfare professionals define the experience rather than allowing trauma to define the person, they create opportunities for trust, engagement, and change. Holding hope and recognizing resilience support safety-focused, family-centered practice and reinforce the idea that meaningful intervention can positively alter outcomes across a lifetime.

How the Brain Heals: The Neurosequential Model of Therapeutics (NMT)

The Neurosequential Model of Therapeutics (NMT) helps us understand how trauma affects the brain—and how healing happens. Trauma can disrupt brain development and regulation, especially when it occurs early or repeatedly. NMT reminds us that healing happens in sequence, through safe, predictable, and supportive relationships that help the brain regain balance. When children and families experience consistent safety, connection, and regulation, their brains can heal over time, making learning, decision-making, and healthy relationships more possible.

How many people like us, teachers, pastors, probation officers, child welfare caseworkers, coaches, or helping professionals, do you think this man encountered in his lifetime? How many in his childhood?

What happens if we do intervene?

Applying Theory to Practice: Trauma-Informed Skills

Trauma-informed principles make a difference for child and family safety, permanency, and well-being, and are demonstrated by observable behaviors:

Safety: Families need to feel physically and emotionally safe. This means explaining what will happen during meetings, avoiding surprises, and choosing neutral, comfortable settings. For example, before starting an assessment, you might say, “Here’s what we’ll talk about today and why it matters.”

Trustworthiness and Transparency: Be clear about your role, confidentiality, and timelines. If you promise to follow up, do it. Consistency builds trust. For example: “I’ll call you by Friday with an update, and if anything changes, I’ll let you know right away.”

Support: Validate feelings and offer resources without judgment. Ask, “What would help you feel supported right now?” This shows you care about their needs beyond compliance.

Collaboration: Use language that invites partnership, such as “Let’s work together on this plan.” Share decision-making whenever possible. Families are more invested when they feel like partners, not subjects.

Empowerment, Voice and Choice: Give families options instead of directives. Reinforce strengths and progress. For example, “You’ve done a great job keeping appointments—what approach do you think will work best moving forward?”

Humility and Responsiveness: Acknowledge cultural values and traditions. Admit when you don’t have all the answers. Adapt based on feedback. For example, “I appreciate you sharing that perspective—it helps me understand what matters most to your family.”

How does applying these principles build trust and safety for families?

What is one trauma-informed behavior you will commit to using in your next interaction?

How does this align with the North Carolina Practice Model values?

Which of these principles feels most natural for you?

Which one feels the most challenging?

How will applying these principles change the way you approach assessment and engagement?

Reflections

When we think about what's wrong with a person, what does it imply about a person's behavior or worth?

How does thinking about what happened to a person shift your understanding of someone's experience?

Have you seen a child or family misunderstood because their behavior was viewed without context?

Thinking about this trauma-informed module, what mindset or practice do you need to shift to better embody trauma-informed care?

How does this shift in thinking affect your approach to child welfare?

Thinking about this trauma-informed module, what mindset or practice do you need to shift to better embody trauma-informed care?

Section 3: Individual Practice and Application

The Impact of Trauma-Informed Practice in Child Welfare Services

Activity: The Impact of Trauma-Informed Practice

The purpose of this activity is to connect trauma-informed practice to caseworker behaviors and child and family outcomes.

Case Selection & Reflection:

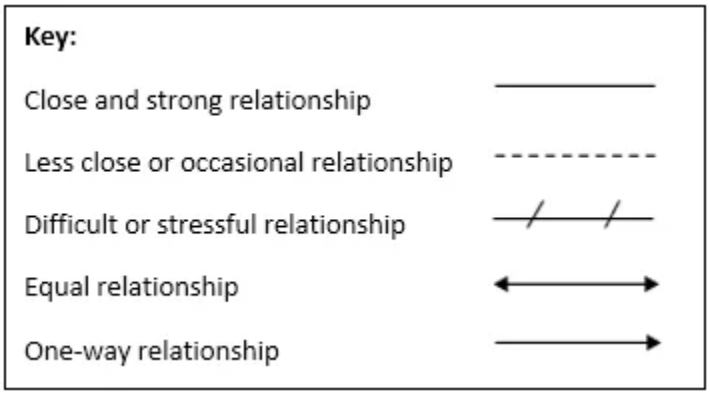
- Choose a case from your current caseload involving a family impacted by trauma
- Reflect on the types of trauma the family has experienced (for example, historical, systemic, interpersonal) and their signs of resilience.
- Consider how trauma may have shaped their interactions with systems and services

What types of trauma might this family have experienced?

Ecomap Creation:

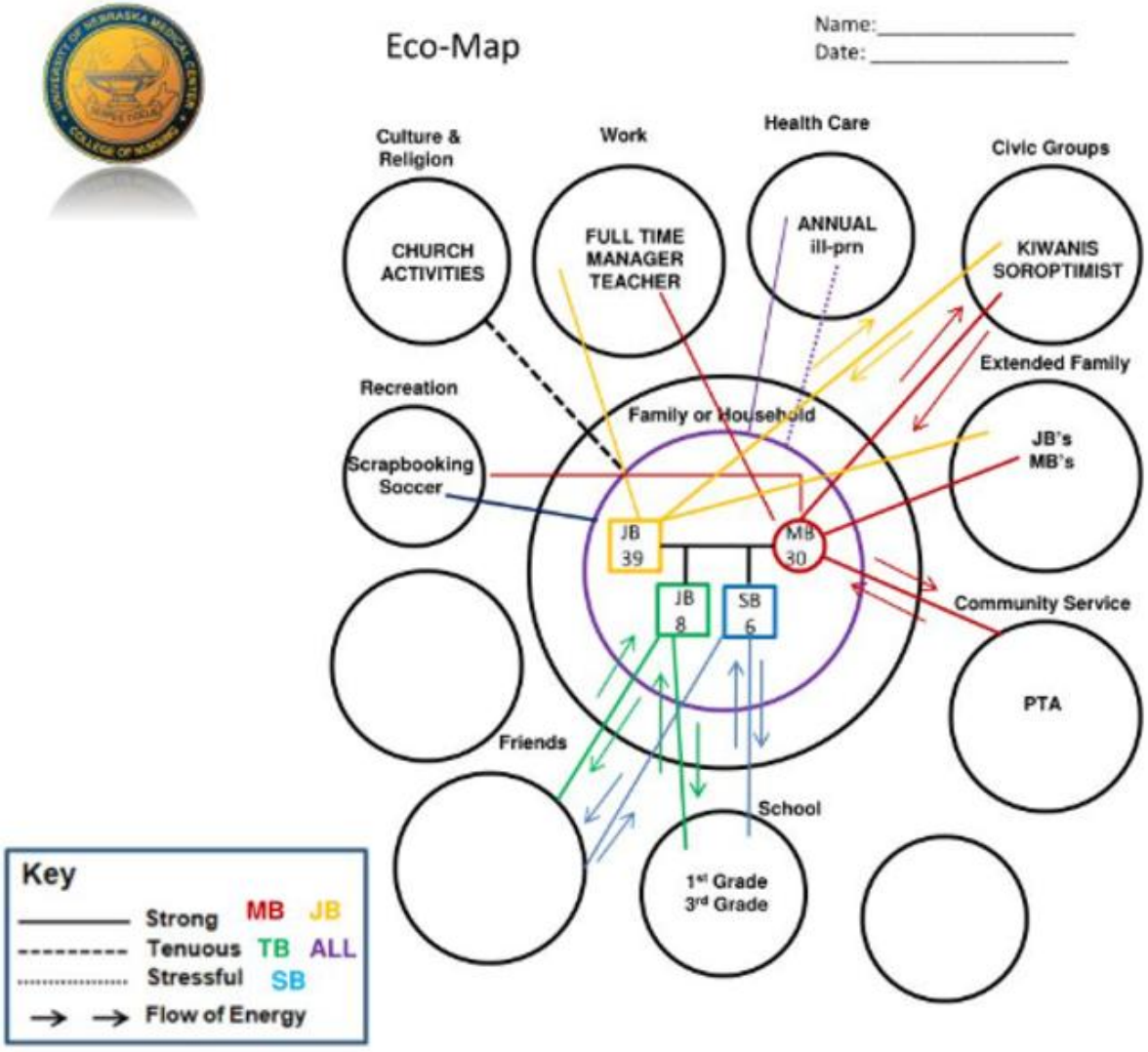
- Use the provided ecomap template (downloadable or editable online)
- Map out the family's relationships, support systems, and stressors
- Use symbols, arrows, or color coding to distinguish between trauma impacts and resilience factors
- Use varied lines to show the nature of each relationship:
    - Solid or thick lines for close and strong relationships, like family members, best friends, or a supportive colleague

    - Broken lines for less close or occasional relationships, like acquaintances, distant relatives, or professionals the service user meets sometimes.
    - Lines with crosses for difficult or stressful relationships, such as a challenging family member or a problematic work relationship
- Arrows show the direction of resources, energy, or interest.
    - Double-ended arrows show relationships where both people help and support each other equally.
    - Single-ended arrows point from one person to another, showing that one person is giving more support or influence in the relationship than they receive
- Include key individuals, institutions, and cultural or community supports



- Visit The Social Work Toolbox website for detailed Ecomap instructions: https://www.socialworkerstoolbox.com/wp-content/uploads/Ecomap-Guide-for-Social-Workers-Example-Template.pdf

Ecomap example:



Ecomap:

Question Development:

- Develop three reflective questions you could ask the family to better understand their experience
- Include one scaling question ("On a scale of 1–10, how safe do you feel in your current environment?")
- Ensure questions are trauma-informed, culturally sensitive, and non-retraumatizing

Question 1:

Question 2:

Question 3:

Final Reflection:

Write a brief reflection (journal or worksheet) that includes one insight about how trauma may influence your future supervision or practice and one trauma-informed principle you want to apply more intentionally.

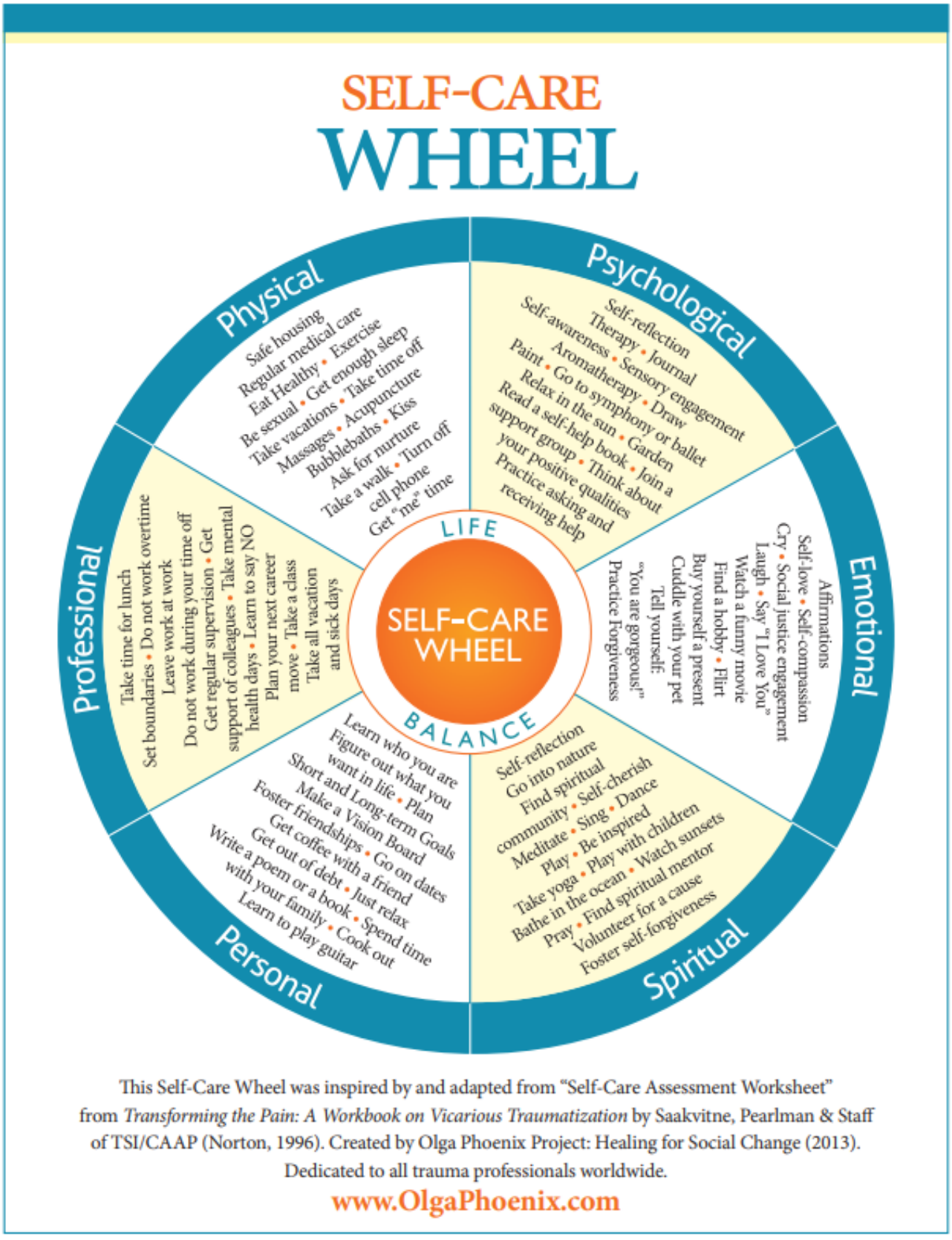
Trauma-Informed Practice, Self-Care, and Worker Well-Being

Activity: Trauma-Informed Practice, Self-Care, and Worker Well-Being

The purpose of this activity is to understand how trauma-informed practice supports caseworker well-being and self-care.

What to do:

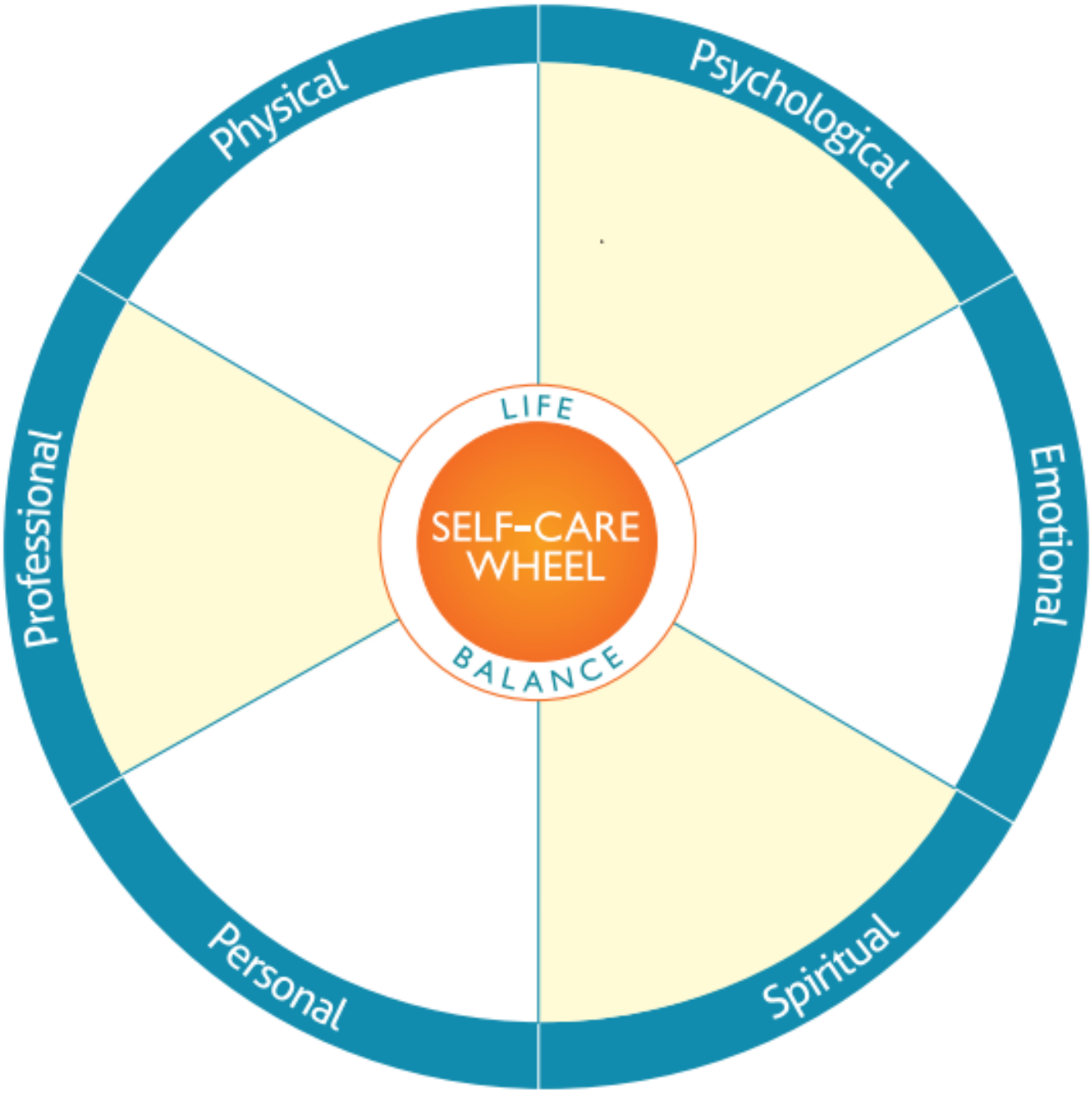
- Review the six domains and examples provided
- On the Self-Care Assessment Wheel page:
  - For each domain, rate your current level of self-care on a scale of 1–10
    - (1 = very low, 10 = excellent).
  - Write down one current practice you use in each domain and one area for improvement.
- Determine where you scored the lowest
- For each, create one specific, realistic action step you can implement in the next week.
  - Example: “Physical: Take a 10-minute walk during lunch three times this week.”
- Identify one barrier that might prevent you from completing the action and one strategy to overcome it.
- Answer reflection questions



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide.

www.OlgaPhoenix.com

Self-Care Assessment Wheel



Your self-care and life balance are vital for your health, productivity, and happiness. Use this wheel to support you in creating a self-care plan that resonates with you. Whether your focus right now is on basic needs, deep desires, or both, remember that investing in your wellness is fundamental to becoming fulfilled and whole.

Reflections:

How does prioritizing self-care support trauma-informed practice?

What is one commitment you will make today to strengthen your well-being?

Which domain feels most neglected in your current routine? Why do you think that is?

How does your well-being impact your ability to provide trauma-informed care?

What small changes could have the biggest impact on your resilience?

How can you integrate these practices into your professional environment?

Section 4: Debrief and Collaborative Practice

The Impact of Trauma-Informed Practice in Child Welfare Services: Collaborative Practice

Activity: The Impact of Trauma-Informed Practice in Child Welfare Services: Collaborative Practice

The purpose of this activity is to explore the impact of trauma-informed practice on child and family outcomes.

What to do:

- You'll rotate through two breakout rooms, spending five minutes in each.
- Each room will have a discussion prompt and a shared board where you'll record your group's insights.
- Collaborate with your peers to reflect on the prompt and share examples from your experience.

Room 1 Prompt: How does trauma-informed practice change the way we engage with families and children in child welfare?

Room 2 Prompt: What are examples of trauma-informed strategies that have improved outcomes in your work or that you've observed?

Reflections:

What stood out to you in your discussions?

Which examples resonate with your own experience?

How do trauma-informed strategies shift the way we approach case planning or family engagement?

What barriers might exist to implementing these strategies consistently?

How will what you discussed today influence the way you engage with families or collaborate with partners in your future child welfare practice?

How can you integrate these practices into your professional environment?

Self-Care and Worker Well-Being in Trauma-Informed Practice

Activity: Self-Care and Worker Well-Being in Trauma-Informed Practice

The purpose of this activity is to normalize discussions around burnout and self-care.

What to do:

- You'll rotate through three breakout rooms, spending five minutes in each.
- Each room will have a discussion prompt and a shared board for capturing group insights.
- Share your experiences, strategies, and ideas with your peers.

Room 1 Prompt: What signs of secondary trauma or burnout have you noticed in yourself or colleagues?

Room 2 Prompt: What personal self-care practices help you stay grounded and resilient?

Room 3: What can organizations do to support trauma-informed supervision and staff well-being?

Reflections:

What self-care practices have helped you stay grounded and resilient?

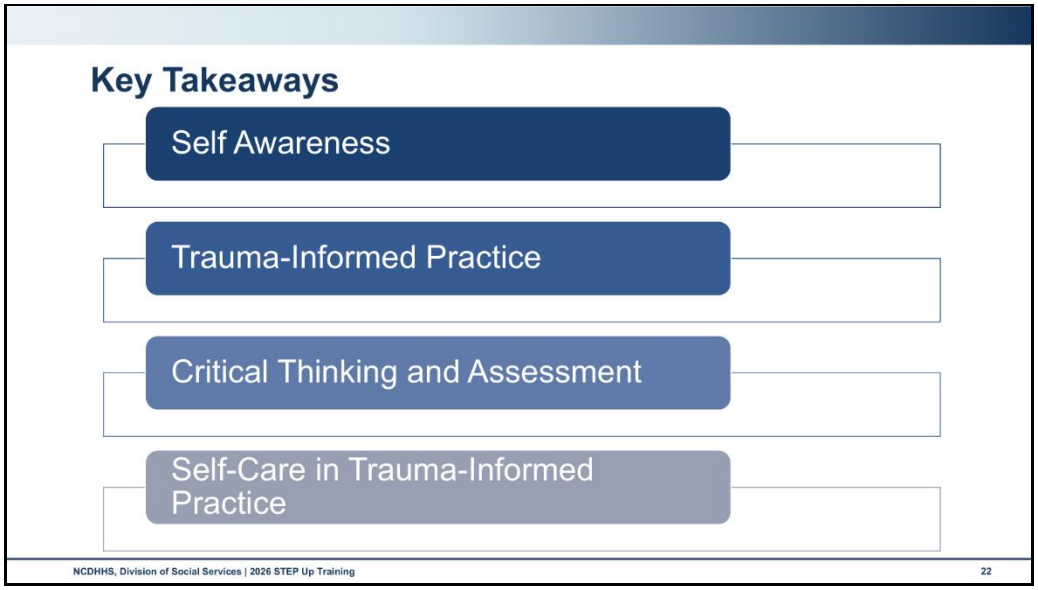
How do you recognize when you're approaching burnout?

What role does supervision play in supporting your well-being?

What changes could your organization make to better support trauma-informed care for staff?

Based on today's discussion, what is one change you will make in your own practice or routine to better support your well-being and sustain trauma-informed work moving forward?

Key Takeaways



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