T3C Training Series

Supporting Mental & Behavioral Health

Self-Study Manual

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How to Use This Manual

This is a self-paced training designed to take approximately 90 minutes. Each module includes what an instructor would normally say (presented as 'Read & Learn' content), followed by practice, reflection, and a self-check. If you are completing this on your own, read each section, complete the activities, and answer the knowledge check at the end. If you are facilitating a small group, use the 'Instructor Notes (Optional)' callouts.

Structure of Each Module

- What You'll Learn – a quick overview of the key points covered in the module.
- Read & Learn – full content written in clear, plain language (what a trainer would normally cover).
- Try It – short exercises and scripts to practice skills.
- Apply It – concrete steps you can take at home to transfer learning.
- Self-Check – 3–5 questions to confirm understanding.
- Instructor Notes (Optional) – short facilitation guidance if a leader is present.

DFPS Standards Callouts

- Supervision: §749.1133(c) – continuous and appropriate to the child's needs.
- Safety Plans: §749.1133(g) – plans for elopement, self-harm, aggression; practice and review.
- SIR & Documentation: §749.503, §749.5031 – follow agency policy for timelines and reporting.
- Caregiver wellness and secondary trauma: §748.1921.
- Service planning and aftercare: §749.2813.

Module 1: Foundations of Mental & Behavioral Health – Estimated 20 minutes

What You'll Learn

- Recognize common symptom patterns (anxiety, hyperarousal, avoidance, dysregulation).
- Explain trauma's impact on arousal, memory, attention, and relationships in plain language.

Read & Learn

Children in care often show a mix of symptoms rather than fitting neatly into a single diagnosis. In daily life, anxiety may look like avoidance of new tasks, while hyperarousal can appear as irritability, arguing, or sudden outbursts. Your role is not to diagnose but to notice patterns and connect them to helpful supports.

Trauma changes the brain's alarm system. When a child has lived through frightening or unpredictable events, their body may stay on 'high alert.' This can make concentration harder, sleep lighter, and transitions more stressful. A trauma-informed approach uses predictable routines, calm tone, and choices to restore a sense of control.

Try It

- Write two examples of how anxiety and hyperarousal show up during school-night routines.
- Underline words or phrases you could use to describe behavior without blame.

Apply It

- Create a 3-step calming start-of-day routine for the child (e.g., stretch, breakfast, check the schedule).
- Post a visual daily schedule and practice walking through it together.

Self-Check

1. In your own words, define 'trauma-informed caregiving.'

2. List two ways trauma can affect attention or memory.

Instructor Notes (Optional)

- Anchor conversations in behavior-as-communication. Avoid labels that shame the child.
- Use simple, nonjudgmental descriptions (e.g., 'hard time shifting tasks') instead of clinical jargon.

Module 2: Structure, Supervision & Safety Planning – Estimated 20 minutes

What You'll Learn

- Match supervision levels (line-of-sight, close proximity, general) to risk and context.
- Draft a clear safety plan for elopement, self-harm, or aggression.

Read & Learn

Structure reduces guesswork. When youth know what happens next—and how to succeed—behavior improves. Supervision is more than watching; it includes check-ins, coaching, and modeling calm behavior. Adjust supervision levels based on recent patterns, not just past history.

Safety plans work best when they are short, specific, and practiced. List concrete steps ('Caregiver A calls...', 'Child takes 3 deep breaths using the poster', 'We move to the calm corner') and review them weekly.

Try It

- Write a 6-step elopement plan for your home layout, including who to contact and where to meet.
- Draft a one-minute de-escalation script you can read aloud during tense moments.

Apply It

- Install or test one environmental support this week (e.g., door chime).
- Teach the child a coping routine (e.g., '5-4-3-2-1' grounding) and practice it daily for 1 minute.

Self-Check

1. Differentiate line-of-sight vs. close-proximity supervision.

2. Name three ingredients of a strong safety plan.

Instructor Notes (Optional)

- Use environmental supports: door/window alerts for elopement, clear space for de-escalation, safe storage for sharps/meds.
- Coordinate with school to mirror supports (movement breaks, check-in with a trusted adult).

Module 3: Coaching & Caregiver Wellness – Estimated 15 minutes

What You'll Learn

- Use short skill-coaching cycles at home (observe–coach–practice).
- Create a personal wellness micro-plan to prevent burnout.

Read & Learn

Children learn through repetition, modeling, and feedback. A coaching cycle looks like this: (1) Observe the behavior in a calm moment; (2) Coach the next step using a short script; (3) Practice together for 1–2 minutes; (4) Notice effort and repeat later. Keep it brief and positive.

Your wellness anchors the home. Basic pillars—sleep, nutrition, movement, peer support—protect against secondary trauma. Small, consistent steps matter more than big promises.

Try It

- Write one 2-sentence coaching script for a tricky routine (e.g., starting homework).
- Draft a 7-day wellness micro-plan you can realistically keep.

Apply It

- Schedule one peer check-in this week to debrief and problem-solve.
- Track your sleep and movement for 7 days; note patterns.

Self-Check

1. List the four steps in a coaching cycle.

2. Name two elements of a sustainable wellness plan.

Instructor Notes (Optional)

- Ask for respite/IAC early; don't wait for crisis. Protect time for recovery.
- Use reflective journaling or a peer call to process tough days.

Module 4: Documentation & Aftercare – Estimated 10 minutes

What You'll Learn

- Document facts, actions, and outcomes clearly and securely.
- Plan for aftercare before discharge to maintain supports.

Read & Learn

Good documentation tells a short, true story: what happened, what you did, and what changed. Keep identifying details private and share only what is necessary to coordinate care. File SIRs per policy and within required timelines.

Aftercare ensures continuity. This includes crisis numbers, follow-up appointments, and a schedule for coaching check-ins. Warm handoffs prevent gaps.

Try It

- Write a 3-sentence mock incident note (objective language only).

Apply It

- Place crisis numbers and the aftercare plan on one easy-to-find page.
- Schedule one check-in call for the week after discharge.

Self-Check

1. What are the three parts of an objective note?

2. Give one reason aftercare planning starts early.

Instructor Notes (Optional)

- Store records securely; use initials or IDs when possible; follow 'minimum necessary' sharing.
- Send concise updates to the team focusing on function and safety, not labels.

Case Study

When Evenings Are the Hardest

J., 12, returns from school overstimulated, argues during homework, slams doors, and once eloped for 15 minutes. Sleep is poor and lunch is often skipped.

Guided Prompts

- Map triggers and design a predictable after-school routine (snack, movement, short homework blocks).
- Draft a brief elopement safety plan with supervision steps and check-in points.
- Coordinate with school for movement breaks and a lunch check.

Tools & Templates

- Visual schedule template (after school)
- Elopement safety plan card
- Caregiver wellness micro-plan
- SIR quick-reference sheet

Module Knowledge Check (10 minutes)

1. Name two ways trauma can affect learning or attention.

2. List two features of a strong safety plan.

3. Write one sentence you can use to document an incident objectively.

Answer Key (for Self-Study Review)

1. Trauma can increase hyperarousal and make concentration and memory harder.

2. Clear steps and roles, practice schedule, and crisis contacts.

3. Example: 'At 6:40 pm J. left the house for 12 minutes; caregiver maintained line-of-sight from porch and called case manager at 6:55 pm.'

Resources & Referrals

- DFPS Minimum Standards §749 (Child-Placing Agencies) and §748 (General Residential Operations).
- STAR Health Behavioral Health Coordination & 24/7 Nurse Line.
- Local MHMR or mobile crisis number; 988 Lifeline.
- Education advocacy: local school district special education contacts; IEP/504 resources.
- Caregiver peer support and respite/IAC networks.

If you are in immediate danger or a youth is at risk, call emergency services and follow agency critical incident procedures.