

## **T3C Training Series**

# **Supporting Mental & Behavioral Health**

### **Self-Study Manual**

Empowering Angels Group LLC

3634 Glenn Lakes Ln, Suite 195, Missouri City, TX 77459

[empoweringangelstx@gmail.com](mailto:empoweringangelstx@gmail.com)

October 23, 2025



## Curriculum

**Module 1:** Foundations of Mental & Behavioral Health — **25 minutes**

**Module 2:** Structure, Supervision & Safety Planning — **25 minutes**

**Module 3:** Coaching & Caregiver Wellness — **20 minutes**

**Module 4:** Documentation & Aftercare — **20 minutes**



## How to Use This Manual

This manual is designed as a self-paced training that can be completed independently and is intended to take approximately 90 minutes when worked through as written. Each module is structured to reflect an instructor-led training: it includes the key teaching content an instructor would normally deliver, presented in the “Read & Learn” sections, and then follows with opportunities to practice the skills, reflect on how the concepts apply in real situations, and complete a self-check to confirm understanding. If you are completing the training on your own, you should read each section in order, complete the included activities, and finish the knowledge check at the end to ensure you can apply the material. If you are facilitating a small group, use the “Instructor Notes (Optional)” callouts to guide discussion, emphasize key points, and support participants as they work through the modules together.

## Structure of Each Module

**What You’ll Learn** – A short preview that summarizes the module’s purpose and gives a quick overview of the main points you will cover. This section helps you understand what the module is focused on, what skills or knowledge you should gain, and what outcomes you should expect by the time you finish. It also helps you pay attention to the most important themes as you read, because you already know what the module is trying to teach.

**Read & Learn** – The main instructional content of the module, written in clear, plain language so it is easy to understand and follow. It is formatted as if a trainer were teaching you directly, meaning it includes explanations, key definitions, and practical guidance that would normally be delivered in an in-person training. This section provides the foundation for everything else in the module, so it should be read carefully before moving into practice activities.

**Try It** – A set of short exercises and scripts that allow you to practice the skills immediately after learning them. These activities are designed to be realistic and manageable, helping you rehearse what to say, what to do, and how to respond in common situations. The purpose is to build confidence and consistency by turning information into practice, rather than leaving it as something you only understand in theory.

**Apply It** – Specific, concrete steps you can take at home to transfer the learning into daily life. This section focuses on actions you can implement right away—such as routines to start, tools to set up, or communication steps to use—so the module leads to practical change. It is meant to help you make the training useful in real caregiving situations by turning the concepts into repeatable habits.

**Self-Check** – A brief review section with 3–5 questions that helps confirm you understood the most important information. These questions reinforce key points and encourage you to think about how you would apply the material. If you struggle to answer, the self-check also helps you identify what to re-read or practice again before moving on.



Instructor Notes (Optional) – Short facilitation guidance included for situations where a leader is present and supporting a small group. These notes provide suggestions on what to emphasize, how to introduce the topic, and how to guide discussion in a productive way. They can also help the facilitator manage common questions and keep the group focused on the module’s learning objectives while supporting participation and understanding.

## DFPS Standards Callouts

Supervision: §749.1133(c) – continuous and appropriate to the child’s needs.

Supervision must be ongoing, intentional, and matched to the child’s age, functioning, behaviors, and current risk level. Increase supervision during higher-risk times such as transitions, emotional escalation, unstructured time, gatherings, visitors, and community outings.

Safety Plans: §749.1133(g) – plans for elopement, self-harm, aggression; practice and review. Safety plans should be specific to the child’s confirmed risks (running away/elopement, self-harm threats or behaviors, aggression). Plans should include clear steps for prevention, de-escalation, and when to escalate for help, and they should be practiced as appropriate and reviewed regularly as needs or triggers change.

SIR & Documentation: §749.503, §749.5031 – follow agency policy for timelines and reporting. Documentation should be timely, factual, and complete, capturing what happened, who was involved, and what actions were taken. Incidents that meet reporting thresholds must be reported according to required timelines and your agency’s procedures, including any required notifications.

Caregiver wellness and secondary trauma: §748.1921.

Caregiver stress and secondary traumatic stress can affect patience, consistency, and supervision quality. Use supports early—peer support, respite, coaching, and debriefing—so burnout does not create safety gaps or lead to reactive decision-making.

Service planning and aftercare: §749.2813.

Coordinate services that address the child’s needs (medical, behavioral health, school supports) and plan follow-up care after crises or transitions. Aftercare should include clear referrals, appointments, and check-ins to stabilize progress and reduce repeat incidents.



## Module 1: Foundations of Mental & Behavioral Health — 20 minutes

Estimated 20 minutes

### What You'll Learn

Recognize common symptom patterns (anxiety, hyperarousal, avoidance, dysregulation). You will learn how to notice the most common patterns that show up in everyday routines when a child is stressed or struggling emotionally. This includes recognizing when worry shows up as hesitation or refusal (anxiety), when the child's body seems "revved up" and reactive (hyperarousal), when the child pulls away from people or tasks (avoidance), and when emotions spill over into behavior that feels hard to manage (dysregulation). The goal is to recognize patterns early so you can respond with support instead of reacting only to the behavior.

Explain trauma's impact on arousal, memory, attention, and relationships in plain language. You will learn how to describe trauma effects without using clinical terms, so that caregivers and supportive adults can understand what is happening and respond consistently. This includes explaining how trauma can keep a child's stress system activated (arousal), make learning and recall harder (memory and attention), and shape how a child trusts and connects with others (relationships). The focus is on clear, everyday language that reduces blame and increases understanding.

### Read & Learn (approx. 11 minutes)

Children in care often show a combination of symptoms rather than fitting neatly into one diagnosis. In daily life, what you see may change from day to day depending on stress, sleep, or triggers. For example, anxiety may look like refusing to try something new, avoiding homework, or asking repeated "what if" questions. Hyperarousal may appear as irritability, arguing, or sudden outbursts that seem to come "out of nowhere." Your role is not to diagnose or label the child; your role is to notice patterns, track what happens before and after the behavior, and connect those patterns to support that help the child succeed.

Trauma changes the brain's alarm system. When a child has lived through frightening or unpredictable experiences, their body may stay on "high alert," as if danger could happen at any moment. This can make it harder to focus, remember instructions, or settle into sleep, and it can make transitions—like stopping play for bedtime or shifting activities—more stressful. A trauma-informed approach increases predictability and calm through steady routines, a respectful tone, and limited choices that help the child feel some control. The goal is to reduce fear responses and build safety that supports regulation and learning.



### Try It (approx. 4 minutes)

1. Write **two ways stress/trauma responses** may show up in daily routines (sleep, school, chores, hygiene).

---

---

2. Write **two neutral, observable behavior statements** (no labels/blame).  
Example: "Child paced and raised voice for 3 minutes after being told to stop gaming."

---

### Apply It (approx. 4 minutes)

1. Create a **3-step calm start routine** you will use daily (simple and repeatable).  
Step 1: \_\_\_\_\_ Step 2: \_\_\_\_\_ Step 3:  
\_\_\_\_\_

---

2. Choose **one regulation support** you will practice daily (timer, breathing, break card, calm corner).  
Support: \_\_\_\_\_ When used: \_\_\_\_\_

---

### Notes / Plan

---

---

### Self-Check (approx. 1 minutes)

1. In your words, what does "**trauma-informed care**" mean?  
Answer: \_\_\_\_\_
2. List **two ways trauma can affect behavior** (attention, memory, impulse control, sleep, etc.).  
Answer: \_\_\_\_\_



### Instructor Notes (Optional)

- Anchor conversations in behavior-as-communication. Avoid labels that shame the child. When facilitating, reinforcing that behavior often communicates stress, fear, unmet needs, or difficulty coping. Encourage participants to describe what they see and what the child may be communicating, rather than using blaming labels.
- Use simple, nonjudgmental descriptions (e.g., “hard time shifting tasks”) instead of clinical jargon.  
Support caregivers in using everyday language that is accurate and respectful. This keeps communication clear for relatives, teachers, and other caregivers and helps maintain a calm, problem-solving tone rather than a critical or diagnostic one.

## Module 2: Structure, Supervision & Safety Planning — 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 (approx. 11 minutes)

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 (approx. 4 minutes)

1. Identify one **high-risk time of day** (after school, bedtime, transitions).

Time of day: \_\_\_\_\_ Why it's hard: \_\_\_\_\_

---

2. Draft a **de-escalation script** you can say calmly (one minute).
- 

### Apply It (approx. 4 minutes)

1. Write a **simple safety plan** for that time of day (supervision + environment + coping).

Supervision plan: \_\_\_\_\_

Environment plan: \_\_\_\_\_

Coping plan (what child can do): \_\_\_\_\_

---

2. Choose one **environmental support** you will implement (door chime, visual schedule, calm space, locked storage).

Support: \_\_\_\_\_ When installed/started: \_\_\_\_\_

---

### Notes / Plan

---

---

### Self-Check (approx. 1 minutes)

1. What is the difference between **line-of-sight** and **close-proximity** supervision?

Answer: \_\_\_\_\_

2. Name **three parts of a strong safety plan**.

Answer: \_\_\_\_\_





### 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 — 15 minutes

### What You'll Learn

Use short skill-coaching cycles at home (observe–coach–practice).

Use short, repeatable skill-coaching cycles at home by first observing what the child is doing and what is hard, then coaching with one clear tip or prompt, and then practicing the skill in a brief, supported way so the child can repeat it successfully.

Create a personal wellness micro-plan to prevent burnout.

Create a simple personal wellness micro-plan with small, realistic steps you can do regularly to reduce stress and prevent burnout, so your caregiving stays consistent, calm, and sustainable over time.

### Read & Learn (approx. 8 minutes)

Children learn through repetition, modeling, and feedback.

Children build skills when they get repeated opportunities, see the skill demonstrated, and receive clear feedback that helps them correct and improve without shame.

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.

The coaching cycle is a simple sequence you can use again and again: observe when things are calm so you can see what the child is missing, coach one “next step” using a short script so the child knows what to do, practice briefly so the child experiences success, then notice effort and repeat later so learning sticks.

Keep it brief and positive.

Keep coaching short enough to fit into daily life and positive enough that the child stays engaged; the goal is steady practice and progress, not a long lecture.

Your wellness anchors the home.

Your ability to stay regulated supports the child’s regulation; when you are more rested and supported, your tone and responses are steadier and more consistent.



Basic pillars—sleep, nutrition, movement, peer support—protect against secondary trauma. The core wellness pillars are practical protective factors; maintaining them reduces cumulative stress and helps you recover from difficult days rather than carrying the stress forward.

Small, consistent steps matter more than big promises.

Wellness plans work when they are realistic and repeatable; small steps you actually do regularly are more protective than ambitious plans that cannot be maintained.

### Try It (approx. 3 minutes)

1. Write one **coaching statement** to use during escalation (short, calm, supportive).  
Example: “You’re safe. I’m here. Let’s take a break.”

---

---

2. Draft a **7-day wellness micro-plan** (realistic and small).  
Day/time: \_\_\_\_\_ Plan (sleep, hydration, walk, journaling):

---

### Apply It (approx. 3 minutes)

1. Schedule one **support contact/check-in** (peer, supervisor, coach).  
Who: \_\_\_\_\_ Date/Time: \_\_\_\_\_

---

2. Choose one **recovery practice** after hard days (10 minutes).  
Practice: \_\_\_\_\_ When: \_\_\_\_\_

---

### Notes / Plan

---

---



### Self-Check (approx. 1 minutes)

1. List the steps you use when coaching: **notice → name → offer → reinforce** (or your agency's model).

Answer: \_\_\_\_\_

2. Name two elements of a sustainable wellness plan.

Answer: \_\_\_\_\_

### Instructor Notes (Optional)

- Ask for respite/IAC early; don't wait for crisis. Protect time for recovery. Encourage caregivers to request respite or IAC support early, before stress escalates, and to deliberately protect recovery time so wellness stays stable and caregiving remains consistent.
- Use reflective journaling or a peer call to process tough days. Recommend using brief reflective journaling or a peer call to process difficult days, reduce emotional buildup, and return to routines with a calmer, clearer mindset.

## Module 4: Documentation & Aftercare — 10 minutes

### What You'll Learn

Document facts, actions, and outcomes clearly and securely.

Document facts, actions, and outcomes in a clear, organized way so the record is easy to understand and useful for coordination. Keep documentation secure, use objective wording, and maintain privacy so information is protected while still supporting safe, consistent care.

Plan for aftercare before discharge to maintain supports.

Plan aftercare early, before discharge, so supports continue smoothly. Early planning helps ensure services, contacts, and follow-up steps are ready in advance, which reduces the chance of missed connections or loss of support after discharge.

### Read & Learn (approx. 6 minutes)

Good documentation tells a short, true story: what happened, what you did, and what changed. Strong documentation is brief and accurate. It should be read like a short, true story that captures what happened (facts), what you did (actions taken), and what changed (outcomes), so anyone reviewing the note can understand the situation without guessing or filling in gaps.

Keep identifying details privately and share only what is necessary to coordinate care.

Protect privacy by keeping identifying details private and limiting what you share. Use a need-to-know approach so the information shared is only what is necessary for coordination, safety, and follow-through, and not extra personal details.



File SIRs per policy and within required timelines.

When an incident meets criteria, file the SIR according to policy and within the required timelines. Timely reporting supports compliance, ensures the right people are informed, and helps the team respond appropriately.

Aftercare ensures continuity.

Aftercare planning is what maintains continuity after discharge. It ensures that support does not stop suddenly and that there is a clear path forward that continues care, safety planning, and stability.

This includes crisis numbers, follow-up appointments, and a schedule for coaching check-ins. Aftercare should include the essential items that keep support active: crisis numbers that can be used immediately, follow-up appointments that are scheduled and confirmed, and a clear schedule for coaching check-ins so ongoing guidance and support continue.

Warm handoffs prevent gaps.

Warm handoffs reduce gaps by making sure connections happen. Instead of only giving a name or number, warm handoffs support continuity through direct linkage and clear follow-through so services and support begin without delay.

### Try It (approx. 2 minutes)

1. Write a **3-sentence incident note** using objective language only:  
(1) What happened (facts) (2) What you did (3) Outcome/next steps

---

---

### Apply It (approx. 2 minutes)

1. Create a **one-page aftercare plan** (contacts, coping supports, follow-ups).  
Where it will be kept: \_\_\_\_\_

---

2. Schedule a **follow-up check-in** within the first week after discharge/incident.  
Who: \_\_\_\_\_ Date/Time: \_\_\_\_\_

---

### Notes / Plan

---

---



### Self-Check (approx. 1 minutes)

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

Answer: \_\_\_\_\_

2. Why should aftercare planning start early?

Answer: \_\_\_\_\_

### Instructor Notes (Optional)

- Store records securely; use initials or IDs when possible; follow “minimum necessary” sharing.  
Reinforce secure storage and privacy protections by using initials or IDs when possible and sharing only the minimum information necessary to coordinate care and ensure safety.
- Send concise updates to the team focusing on function and safety, not labels.  
Encourage concise updates that emphasize what is happening in terms of functioning and safety, what support is needed and what reduces risk—while avoiding labels or judgmental wording.

## Case Study

When Evenings Are the Hardest

J., age 12, comes home from school overstimulated and has difficulty settling into the evening routine. Homework time often turns into arguing, door slamming, and escalating frustration, and there was one incident where J. eloped for about 15 minutes. Sleep is poor, and lunch is often skipped, which can add to low energy, irritability, and reduced coping later in the day.

### Guided Prompts

**Map triggers and design a predictable after-school routine (snack, movement, short homework blocks).**

**Identify likely triggers that build up after school (overstimulation, hunger, fatigue, transitions), then design a predictable routine that reduces guesswork and supports regulation. Include a snack, a movement option, and short, structured homework blocks so J. can succeed in small steps instead of facing a long, stressful task**



all at once.

**Draft a brief elopement safety plan with supervision steps and check-in points.**  
**Draft a short elopement plan that clearly states supervision adjustments during higher-risk times and includes specific check-in points. The plan should outline what adults do first, how supervision increases, and how the household coordinates if J. attempts to leave or has recently eloped.**

**Coordinate with school for movement breaks and a lunch check.**  
**Coordinate with school to mirror supports that reduce afternoon overload, including planned movement breaks and a simple lunch check. The goal is to reduce overstimulation and hunger during the school day so J. returns home with a better baseline for homework, transitions, and evening routines.**

## **Tools & Templates**

Visual schedule template (after school) – A simple, visual guide for the after-school routine that shows the sequence of steps (snack, movement, homework blocks, wind-down) so expectations are clear and predictable.

Elopement safety plan card – A brief, easy-to-follow safety plan card that lists supervision steps, immediate actions, check-in points, and key contacts related to elopement risk.

Caregiver wellness micro-plan – A small, realistic wellness plan for the caregiver that supports consistency and reduces burnout during high-stress evening patterns.

SIR quick-reference sheet – A quick-reference sheet that supports timely documentation and reporting when incident thresholds are met, especially for elopement or other safety events.



## Module Knowledge Check (10 minutes)

Name two ways trauma can affect learning or attention.

Name two practical, everyday impacts, such as trauma increasing hyperarousal and making it harder to concentrate, follow directions, or stay with a task long enough to complete it. Another common impact is that trauma can make memory less reliable, so the child may forget steps, lose focus quickly, need repeated reminders, or struggle more with multi-step tasks and transitions, especially when the environment feels stressful or unpredictable.

List two features of a strong safety plan.

List two clear features that make a safety plan usable in real life. For example, a strong plan has specific, concrete steps with clear roles so it is obvious who does what and when (rather than vague directions). It should also include crisis contacts and a practice/review schedule so the plan is familiar, easy to follow during tense moments, and consistently used instead of being improvised when risk increases.

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

Write one objective sentence that states the time, what happened, what the caregiver did, and what changed as the outcome, using factual, observable language only. The sentence should avoid opinions, labels, or blame, and it should focus on actions and results (for example, supervision steps taken and any notifications made) so the note reads like a short, accurate record of the incident.

## Answer Key (for Self-Study Review)

Trauma can increase hyperarousal and make concentration and memory harder.

Trauma can keep the body alert, which reduces focus, increases distractibility, and makes it harder to remember instructions or learn new information.

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

A strong safety plan includes clear steps and roles, is practiced and reviewed on a schedule, and lists crisis contacts so escalation pathways are ready.

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."

This example is objective because it reports time, behavior, supervision/action, and contact made without adding assumptions or judgment.

## Resources & Referrals

DFPS Minimum Standards §749 and §748.

Use these standards as the primary reference for required expectations related to supervision, safety planning, documentation, and reporting. When unsure what is required, check these sections first.



STAR Health Behavioral Health Coordination & 24/7 Nurse Line.

Use Behavioral Health Coordination to connect to services and clarify next steps when behavioral needs increase. Use the 24/7 Nurse Line for after-hours medical guidance on what level of care is needed and what to do next.

Local MHMR or mobile crisis number; 988 Lifeline.

Keep local MHMR and mobile crisis contacts readily available for urgent behavioral health escalation. Use 988 as a 24/7 crisis support option when distress or risk is rising and immediate guidance is needed.

Education advocacy: district special education contacts; IEP/504 resources.

Use school district special education contacts and IEP/504 resources to request evaluations, accommodations, and structured supports that help with learning, attention, and school-day regulation.

Caregiver peer support and respite/IAC networks.

Use peer support and respite/IAC to reduce burnout, strengthen problem-solving, and maintain consistent routines. These supports help caregivers stay steady, especially during high-stress periods.

If immediate danger or a youth is at risk: call emergency services and follow agency critical incident procedures.

