

HUMBOLDT COUNTY CPRG SELF-GUIDED TRAINING PACKET

TOTAL SELF-PACED TRAINING LENGTH: 60–90 minutes.

CPRG TRAINING INSTRUCTIONS

Please review the following training materials for the Humboldt County Child Protection Reporting Guide (CPRG). Following completion, please complete the post-training survey linked below. Individuals may check in with their supervisor or school leadership regarding expectations for tracking training completion.

1. Review the [Foundational E-Learning](#) and [recorded Demo](#) of the CPRG Web-Application (approximately 15 minutes each).
2. Open the web-based [Child Protection Reporting Guide](#), and use the vignettes below to **practice** using the CPRG for specific concerns. Then see attached answer key with recommended responses and learning points. When possible, discuss in small groups to share learning and questions across users (30–60 minutes, depending on structure and discussion).
3. We are excited to hear your questions, ideas, or concerns about using the CPRG in the setting where you work! Please respond to the [Post-Training Survey](#) to complete a short knowledge quiz and training evaluation. Please take a screenshot of the thank you page to track your completion of this training series.

SCENARIO INSTRUCTIONS

Use the following scenarios to practice use of the [Child Protection Reporting Guide](#) (CPRG) for specific situations. Identify which potential concerns or “decision trees” you would select for each scenario, and respond to the questions presented using the definitions.

Note: As with concerns about a child that you may have in real life, users should not fill in or hypothesize about details that are not known. Consider the principle discussed in training reminding us that “unasked is different from unknown.” If you are able to ask about the information needed or the current supports a family may have, we encourage you to do so whenever safely possible. If you are unable to ask, please respond using the “unknown” response.

SCENARIO 1: MICHELLE

Michelle, age 7, told her teacher during recess that she was feeling sad because her mom cries a lot at home. When her teacher asked her more about it, Michelle said that last night, she woke up when her younger brother, Timothy, age 2, was crying because her mom had smacked him. Michelle said her mom and dad were drinking.

When asked how often her parents drink and what usually happens, Michelle said they get drunk sometimes and that her dad gets mad at her mom and sometimes slaps and pushes her, and her mom will cry. Michelle said her mom sometimes yells at her for no reason at all, or if she is “bad,” her mom sometime spanks her until her bottom is swollen and hurts so badly that it is hard to sit down.

SCENARIO 2: IAN

Ian, age 10, told his school counselor that he is often hungry and skips meals. He is very thin and one of the smallest in his class. He has a low energy level during school, but he does not appear to have any serious medical conditions.

During the reporter’s conversations last month with the mother, Lucia, she appeared attentive and reviewed the information the reporter provided on possible financial assistance for which she can apply. However, this week Lucia disclosed to the reporter that she has not applied for assistance because she cannot read well enough to complete the paperwork and is too ashamed to ask for help. Lucia has expressed willingness to work with someone, and the reporter is willing to help her secure financial assistance.

SCENARIO 3: MAE

A 5-year-old girl, Mae, regularly appears at school in the same outfit: a yellow T-shirt and blue shorts. The clothes are often stained with dirt and sometimes have an odor. When the teacher contacted the family, the mother said it is Mae’s favorite outfit and she insists on wearing it every day. The mother is sometimes able to launder the clothes while Mae is asleep, but Mae often chooses to sleep in the shirt. The teacher stated that Mae appears withdrawn in class and is often teased because she smells of body odor and mildly of urine.

SCENARIO 4: SHANA

Shana is a 13-year-old girl who has been observed pulling her eyebrow out and picking at the skin on her arms at school. During lunch, she eats plain cooked carrots and rice, and when a teacher commented on the small lunch portion, Shana stated that she was on a diet. The reporter notes that Shana is already thin and has lost some weight in the past few months. Shana said she wants to be a model so she needs to make sure she doesn't get fat.

Teachers have also observed that Shana appears more anxious and quiet in school this year, and that she no longer associates with her previous friend group. Her grades have declined substantially from the past year. When asked about it, Shana's mother reports that Shana was diagnosed with anxiety about a month ago and has recently started meeting with a therapist weekly.

SCENARIO 5: AMAYA

The reporter, a neighbor of the family, is concerned about a 13-year-old girl, Amaya, who has a series of thin scars of varying depths on the inside of her arm. When questioned, Amaya reported that sometimes, when she gets stressed, she cuts her forearm with a razor. She said that this activity helps her cope but did not explain further.

Amaya's mother explained that seeking professional mental health care is not an option. Their belief system regards modern mental health intervention with suspicion at best. She did agree to lock up all medications in the home, check Amaya's room regularly for razor blades and other concerning objects, and increase direct supervision of her daughter. She said that she would also talk to Amaya, but she did not feel that professional help was needed.

The mother is interested in learning about additional service options, but not anything related to mental health. The reporter is concerned that Amaya's mental health is impacted by family violence, as she has heard yelling and fighting on two occasions, but both the mother and the father always deny this.