The Institute for Translational Research (ITR) and the Ambit Network have partnered with the Center for Advanced Studies in Child Welfare to plan for and develop training materials for child protection professionals, related to children’s mental health. Currently, a wide range of training formats are utilized in Minnesota to deliver content to the child protection workforce and yet it remains largely unknown which formats are most desired and perhaps most effective in reaching these busy professionals. Fact sheets, online modules, in person trainings and seminars, and other training products are all examples of these various training formats. In order to better serve state, county, and tribal child protection professionals, listening sessions (focus groups) were designed to solicit feedback from these professionals about what type of children’s mental health information they wanted to receive, to identify what resources they currently use, and to ascertain what additional resources they need and how they would like to receive them.
In summer of 2015, nearly 100 child protection professionals (including foster parents) participated in listening sessions facilitated by the University of Minnesota in eleven locations across the state (Figure 1). Sessions included nine participants on average, and lasted approximately 60 minutes. Data gathered in the listening sessions were analyzed to identify themes among participants.

The target populations for the nine of the listening sessions (1-8 & 11) were child welfare workers (n=55) and supervisors (n=31) with varying levels of experience in their field. The target population for the two remaining listening sessions (9 & 10) was foster parents (n=7). The range of experience in child welfare among participants was three months to 37 years and 15 years on average. The majority of workers reported positions within ongoing child protection, but other positions were identified as well including a truancy officer, social services department coordinator, guardian ad litem, parent support outreach coordinator, juvenile probation worker, corrections worker, foster care licensor, and child care licensor. 39 participants identified themselves as working specifically within child protection while nineteen reported working in the field of mental health.

Figure 1. Listening Session Locations

1) Dakota County
2) Swift County
3) Otter Tail County
4) Olmstead County
5) St. Louis County
6) Bois Forte Reservation
7) Beltrami County
8) Stearns County
9) Wright County
10) Sherburne County
11) Ramsey County
Participant responses were organized into three areas: Existing Resources, Content of Interest, and Format Preferences (see figures 2-4).

Current resources, as described by participants, can be categorized into four main themes: in-person workshops, trainings, and conferences; person to person and collaborative resources; websites and other online resources; and print resources. Participants identified regional differences in access to high quality resources. Participants in rural areas reported that quality trainings were rarely made available and that their agencies lacked the infrastructure (mental health professionals, specialized services, etc.) to allow them to attend additional trainings.
Conversely, some participants in metro areas reported difficulty with selecting the best and highest quality resources.

In general participants favored existing resources that were culturally responsive, provided opportunities for face-to-face networking, offered tools and other concrete materials, and included applied examples with hands-on practice with strategies. Participants disliked resources that were inaccessible due to distance, time requirements, or cost, were “boring” or “general”, and those that didn’t have immediate applied use.

In relation to content delivery preferences (online, face to face etc.), participants focused on if the content should be provided in a variety of formats to meet the various learning and logistical needs of the workers. Participants also expressed a desire that mental health resources assume an appropriate level of expertise, that they are practical, and that they are tailored for the work of child protection. Highly valued resources included concrete materials such as tools that can be used in the field or informational materials that can be given directly to parents.
In general participants expressed a desire for additional resources and training opportunities focused on explanations of medical information, medications, culture and diversity, trauma and ACES, problem behaviors, educational systems, interdisciplinary issues, whole family and intergenerational issues, specific diagnoses, the DSM V, transitions and information for foster parents.

There were also areas of content specific to a region or group. Foster parents were interested in resources related to mental health and well being the whole family. Participants in rural Minnesota requested resources for addressing children's mental health needs with limited resources and specialized staff.

**Next Steps:** Results from these listening sessions will be used to inform resource development and dissemination within the ITR, CASCW and other partners across the University of Minnesota.
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