

## CHAPTER 12

# Effective Documentation

Case documentation provides accountability for both the activities and the results of the agency's work. In child protective services (CPS), case records and information systems must carefully document: (1) contact information; (2) the findings of the assessments; (3) decisions at each stage of the case process; (4) interventions provided to the family both directly and indirectly; (5) the progress toward goal achievement, including risk reduction; (6) the outcomes of intervention; and (7) the nature of partnerships with community agencies. This chapter describes the primary purposes of record-keeping, principles about the way both paper and automated records should be maintained, and content that should be documented at each step of the process. The strategies outlined here not only assure accountability to others, but also facilitate a way of thinking and a process to measure the results of the agency's work with families and children.<sup>163</sup>

---

### PURPOSES OF CHILD PROTECTIVE SERVICES RECORD-KEEPING

---

The key purposes for keeping records are to:

- **Guide the CPS process.** Case records provide an ongoing “picture” of the nature of CPS involvement with families, the progress toward achieving outcomes, and the basis of decisions that eventually lead to case closure. The process of record-keeping itself helps to clarify and focus CPS work.
- **Provide accountability for the agency and the caseworker.** Records should describe who is and is not served (including any other household members who may not be participating in services), the kinds of services provided (or not provided due to availability or level of service issues), the basis for all decisions, the degree to which policies and procedures are implemented, and other aspects of accountability and quality control. The record provides a statement about the quality of CPS work that may decrease personal liability should legal action be taken against the agency or a caseworker.
- **Serve as a therapeutic tool for the caseworker and the family.** Case records can demonstrate the way in which the caseworker and family collaborate to define the purpose of CPS work, including the goals and outcomes that will reduce the risk of maltreatment, and serve to evaluate the progress toward them. Some CPS agencies are using instruments and tools that seek input, and, therefore, the record itself provides an illustration of this collaborative process.
- **Organize the caseworker's thinking about the work.** Structured presentation of factual information leads to more in-depth assessment and treatment planning. Sloppy recording and

disorganized thinking go hand-in-hand and will likely lead to poor service delivery to clients.<sup>164</sup>

In addition to the primary purposes of record-keeping listed above, the case record becomes a means for supervisory review, statistical reporting and research, and interdisciplinary communication.

---

## CONTENT OF CASE RECORDS

---

Case records should factually document what CPS does in terms of assessment and intervention, as well as the results of CPS-facilitated interventions and treatment, which serve the outcomes of child safety, permanence, and well-being. Family records, whether paper or automated, should include:

- Information about the nature and extent of the referral or report; identify demographic data on the child, family, and significant others; and the response of the agency to the referral.
  - A record of all dates and length of contacts, including in-person and telephone interviews with all family members, collateral sources, and multidisciplinary team, as well as the location and purposes of these contacts.
  - Documentation that the family has been informed of the agency's policy on the release of information from the record.
  - Information about the initial assessment, including documentation of what may have already occurred (e.g., the report of alleged child maltreatment), as well as the assessment of the risk to and safety of the child.
  - Information about any diagnostic procedures that may have been part of the initial assessment (e.g., medical evaluations, x-rays, or other medical tests; psychological evaluations; and alcohol or drug assessments).
  - Clear documentation of initial decisions with respect to substantiation of the alleged maltreatment, risk assessment and safety evaluation, basis for any placement in out-of-home care or court referral (if necessary), and reasons for continued agency involvement or for terminating services.
- The safety plan, if one was developed, and documentation of referrals to other programs, agencies, or persons who will participate in the implementation of the safety plan.
  - A record of the family assessment (including risks and strengths) and a delineation of the treatment and intervention needs of the child, caregivers, and the family.
  - A description of any criminal, juvenile, or family court involvement and the status of any pending legal action in which the client may be involved.
  - The case plan with specific measurable goals, as well as a description of the process used to develop the plan.
  - Specification of the intervention outcomes, which, if achieved, will reduce the risks and address the effects of maltreatment. These intervention outcomes should lead to the achievement of child safety, permanency, and child and family well-being.
  - Documentation of the case activities and their outcomes, including information from all community practitioners providing intervention or treatment (written reports should be requested from all providers) and information about the family's response to intervention and treatment.
  - Information about the progress toward the achievement of outcomes, completion of case plans, risk reduction process, and reunification of children with their families or other permanency options.
  - Information provided to the court, if court involvement was necessary.

- Inclusion of a case-closing summary that describes:
  - Outline summarizing the original reason for referral;
  - Process of closure with the family;
  - Outcomes and goals established with the family;
  - Nature of the services provided and the activities undertaken by the various practitioners and the family;
  - Description about the level of progress accomplished with respect to outcomes and goals;
  - Summary of any new reports of maltreatment that may have occurred during intervention;
  - Assessment of risk and safety as it now exists;
  - Problems or goals that remain unresolved or unaccomplished;
  - Reasons for closing the case.<sup>165</sup>

intoxicated; his eyes were red; he had difficulty standing without losing his balance; his breath smelled of alcohol).

- Never record details of clients’ intimate lives or their political, religious, or other personal views, unless this information is relevant to CPS purposes.
- Record as much information as possible based on direct communication with clients.
- Inform clients about the agency’s authority to gather information, their right to participate (or not) in the process, the principal purpose for the use of the information that they provide, the nature and extent of the confidentiality of the information, and under what circumstances information in records may be shared with others.
- Never disclose any verbal or written information about clients to other practitioners without a signed “release of information” prior to disclosure. An exception usually exists in State child abuse-reporting laws to provide for the sharing of information between members of a multidisciplinary team. Specific State laws and policies should guide these actions.
- Retain and update records to assure accuracy, relevancy, timeliness, and completeness. Mark errors as such rather than erasing or deleting them.
- Use private dictation facilities when using dictation equipment to protect a client’s right to confidentiality.
- Never include process recordings in case files. The primary purpose of a process recording is to build the practitioner’s skills. As such, they do not belong in an agency record.
- Obtain the child and family’s permission before audiotaping or videotaping any session and inform the client that refusal to allow taping will not affect services.

---

## PRINCIPLES OF RECORD-KEEPING

---

The case record is a professional document and tool. As such, it should be completed in a timely and professional manner, and confidentiality should be respected at all times. This means that appropriate controls should be in place to ensure the security of paper and automated files.

Caseworkers should:

- Maintain only information that is relevant and necessary to the agency’s purposes. Facts should be recorded and distinguished from opinions. When opinions are offered, their basis should be documented (e.g., Mr. Smith appeared to be

- 
- Never remove case records from the agency, except in extraordinary circumstances and with special authorization (e.g., if the record was subpoenaed for the court).
  - Never leave case records or printouts from the automated file on desks or in other open spaces where others might have access to them.
  - Keep case records in locked files. Keys should be issued only to those requiring frequent access to files. There also should be a clear record of

the date that the file was removed and by whom. Similar security procedures (e.g., password-protected) should be provided for automated case records.<sup>166</sup>

Quality record-keeping is an integral part of professional CPS practice. When the case record is used as an opportunity to organize the worker's thinking and to integrate an approach to measuring the results of CPS work, it becomes an important part of the CPS process rather than something that only documents the process.

## CHAPTER 13

# Supervision, Consultation, and Support

Child protective services (CPS) supervisors are responsible for ensuring that the agency mission and goals are accomplished, and that positive outcomes for children and families are achieved through the delivery of competent, sensitive, and timely services. The supervisor is the link between the front-line of service delivery and the upper levels of administration. It is the supervisor who brings the resources of the organization into action at the front line—the point of client contact.<sup>167</sup>

The supervisor has two overarching roles: building the foundation for and maintaining unit functioning, and developing and maintaining staff capacity.<sup>168</sup> These roles are accomplished through the following activities:

- Communicating the agency’s mission, policies, and practice guidelines to casework staff;
- Setting standards of performance for staff to assure high-quality practice;
- Assuring that all laws and policies are followed, and staying current with changing policies and procedures;
- Creating a psychological and physical climate that enables staff to feel positive, satisfied, and comfortable about the job so that clients may be better served;

- Helping staff learn what they need to know to effectively perform their jobs through orientation, mentoring, on-the-job training, and coaching;
- Monitoring workloads and unit and staff performance to assure that standards and expectations are successfully achieved;
- Keeping staff apprised of their performance and providing recognition for staff efforts and accomplishments;
- Implementing safety precautions.<sup>169</sup>

This chapter examines the role of the CPS supervisor, including the supervisor’s involvement in decision-making, clinical consultations, monitoring, and feedback. Finally, the chapter looks at the ways in which supervisors and peers provide support to caseworkers, prevent burnout, and ensure worker safety.

---

### SUPERVISORY INVOLVEMENT IN DECISION-MAKING

---

Supervisors must be involved in any casework decision that affects child safety and permanence. The supervisor and caseworker should collaborate to reach consensus on decisions regarding safety and achieving permanence for the child. Since the caseworker is the primary holder of the information,

the supervisor should review the caseworker's documentation and meet with the caseworker to analyze the information. The supervisor and caseworker work together to understand and arrive at the most appropriate decision.<sup>170</sup> This approach requires that the supervisor respects the caseworker, works with the caseworker to gather thorough and accurate information from the family and collateral sources, analyzes the information thoughtfully, and draws reasonable conclusions (inferences and deductions). Ultimately, the supervisor is responsible for directing the activities of the worker and will share in any liability that results from the caseworker's action or failure to act.

---

## SUPERVISORY INVOLVEMENT IN CLINICAL CONSULTATION

---

Caseworkers are not expected to have all of the answers. There are many avenues available to CPS workers for consultation on cases. Within the CPS unit, caseworkers often turn to their supervisors when they are unsure about how to handle a situation, when they need help with a particular decision, or when they need to discuss their conclusions or ideas with an objective person.

### When to Consult Supervisors on Casework Decisions

Caseworkers must always consult their supervisors about the following decisions:

- Upon receipt of a report of child abuse or neglect, caseworkers must decide how soon to initiate contact. State laws typically dictate the time frame for initiating the investigation; however, the caseworker and supervisor must make a decision regarding which cases necessitate immediate contact with the child.
- During the first contact with the child and family, the caseworker must decide if the child will be safe while the initial assessment or investigation proceeds. Supervisors review the decision and approve or modify it.
- Upon conclusion of the initial assessment or investigation, and after the decisions regarding the validity of abuse or neglect and the risk assessment have been made, caseworkers and supervisors must determine whether the child will be safe in his or her home with or without continuing CPS intervention.
- If it is determined that the child is unsafe, the caseworker and supervisor must determine which interventions will assure the child's protection in the least intrusive manner possible.
- When the child has been placed in out-of-home care, the reunification recommendation must be made between the caseworker and supervisor.
- When the child has been placed in out-of-home care, the recommendation to change to another permanent goal other than reunification must be made between the caseworker and supervisor.
- At the point of case closure, the caseworker and supervisor must evaluate risk reduction and client progress toward assuring the child's protection and meeting the child's basic developmental needs.

---

CPS supervisors are responsible for assuring that children are safe, their families are empowered to protect them from harm and meet their basic needs, and effective interventions and services are provided to families. Key aspects of supervision through which this is accomplished are case consultation and supervision or clinical supervision. Case consultation and supervision focuses on the casework relationship including any direct interaction, intervention, or involvement between the caseworker and the children and families. It involves the supervisory practices of review, evaluation, feedback, guidance, direction, and coaching. Specifically, case consultation and supervision focuses on:

- Rapport or the helping relationship between the worker and the client;
- A caseworker's ability to engage the client;
- Risk and safety assessment and the associated decisions or plans;
- Comprehensive family assessment and development of the case plan;
- Essential casework activities to assist the family in changing;
- Client progress review and evaluation;
- Casework decision-making.<sup>171</sup>

In individual supervision, case consultation should occur on an ongoing basis. It may also occur when problems or needs arise. The following case consultation format gives shape to the consultation so it will be focused, goal driven, maximize the use of time, and encourage sharing of expertise:

- Describe briefly why the family came to the attention of CPS.
- Identify the safety issues that need to be immediately addressed.
- Outline what the family wants, what CPS wants, and how the differences can be reconciled.

- Determine the inner resiliencies, strengths, or resources in the family that will provide the foundation for change.
- Examine the success of previous contacts with the family. For example, what was accomplished? What still needs to be accomplished? What has the caseworker contributed to the results, and what has the family contributed to the results?
- Identify the purpose of the next contact with the family. Examine how it ties in with where the family is in the intervention process.
- Assess the caseworker's relationships with each family member. Define what family members need in order to assure that the family is willing and able to experience the process of change and achieve the necessary goals to assure greater permanence, safety, and well-being for the children.
- Describe the specific strategies that will help family members accomplish their goals.
- Discuss what services the family says have been most helpful.
- Determine the level of risk within the family. Identify the risks, the strengths, or protective factors within the family, and how the agency will know when the risk has been reduced.
- Establish what needs to happen in the family for the agency to return the child and what needs to happen in the family to close the case.
- Identify the signs of success for the family.<sup>172</sup>

---

## PEER CONSULTATION

---

In addition to receiving clinical consultation from their supervisors, caseworkers can also consult other caseworkers in the unit. Experienced and competent CPS caseworkers may have handled similar situations and be able to provide suggestions, guidance, and direction.

Also, group case staffings involving the whole unit are extremely beneficial sources of consultation. In group case staffings, caseworkers present a problematic case. The supervisor and other caseworkers in the unit share their expertise and suggest actions, services, resources, or decisions. Many CPS agencies use case staffings to help with such major case decisions as the return of children to the home and case closure within the entire unit.

Professionals in the community are another source of consultation. Depending on the relationship between the caseworker or the CPS unit and the professional community, informal consultation on cases may be possible. Formal consultation in the form of an evaluation may be necessary, such as in a drug screening or developmental evaluation.

The Child Abuse Prevention and Treatment Act (CAPTA) requires that every State establish a citizen review panel to evaluate State and local CPS agencies, their implementation of CAPTA, and their coordination of foster care and adoption services. The inclusion of community members can often bring a fresh perspective to the CPS case review process, as well as provide an opportunity for the community to better understand CPS. Citizen review of case plans in cases where the child has been placed in foster care can also be a source of information and assistance.

In addition, multidisciplinary case reviews are excellent resources for CPS staff. Not only do these case reviews provide consultation from other disciplines on a particular case, they also provide opportunities to address coordination and collaboration issues as well.

---

### SUPERVISORY MONITORING OF CASEWORK PRACTICE

---

Since supervisors are ultimately responsible for assuring accomplishment of program outcomes and are accountable for what happens in each case,

they must have systems in place to monitor practice. There are three methods that the supervisor can use to learn what caseworkers are doing with clients:

- Reviewing casework documentation
- Providing individual supervision
- Observing caseworkers with clients

Documentation is an essential part of casework practice. (See Chapter 12, “Effective Documentation,” for a more detailed description of what and how to document case activities and what information to include.) Supervisors should review case documentation on a regular and systematic basis. Review of case documentation provides the supervisor with information about the frequency and content of caseworker-client contacts; the family’s strengths, needs, and risks; the plan to assure safety; casework decisions; services or interventions to reduce risk; progress toward outcomes; and any changes in the child and family’s situation.

As stated previously, supervisors should have scheduled weekly individual conferences with staff. Supervisors should have a monitoring system in place that assures that each case is discussed in depth on at least a monthly basis. This will enable supervisors to remain apprised of actions taken or needed in cases, progress toward change or risk reduction, and casework decisions. It also will enable the supervisor to provide consultation, guidance, direction, and coaching to caseworkers regarding casework practice.

Finally, supervisors do not truly know a caseworker’s effectiveness in working with clients unless they observe caseworker-client interaction directly. Regular observation should be conducted with all caseworkers. There are many opportunities for observation, including:

- Home visits
- Office visits
- Court hearings



- Supervised family-child visits
- Case staffings and reviews
- Family group conferences or meetings

The observations can be structured in a number of ways, depending on what is negotiated between the caseworker, supervisor, and family. For example, the caseworker may feel “stuck” in a case and, with the family’s permission, would like consultation from an objective observer.

Based on the review and evaluation of the caseworker’s efforts with families, the supervisor recognizes the caseworker’s efforts and accomplishments and provides positive feedback on the specific casework practices that he or she is doing well. Areas and skills needing improvement also are addressed, as well as ways to do so.

---

### CASEWORKER SAFETY

---

Since any CPS case has the potential for unexpected confrontation, supervisors and caseworkers must work together to ensure worker safety. Difficulties may occur at any point in the CPS process, but threats and volatile situations are more likely to occur during the initial assessment or investigation, during crisis situations, and when major actions are taken (e.g., the removal of the child).

The first step in ensuring caseworker safety is to assess the risk of the situation before the initial contact. Before caseworkers conduct an initial assessment, they need to assess the risk to themselves. Questions caseworkers should consider include:

- Is there a history of domestic violence?
- Does the complaint indicate the possibility of a family member being mentally ill, using drugs, or being volatile?
- Are there firearms or other weapons noted in the report?

- Is the family’s geographic location extremely isolated or dangerous?
- Is this a second or multiple complaint involving the family?
- Is the initial assessment scheduled after normal working hours?<sup>173</sup>

If the answers to the first four questions are “yes,” law enforcement may need to be involved in the initial assessment. If the answers to the last two questions are “yes,” two caseworkers may need to conduct the home visit.

---

### PEER SUPPORT AND BURNOUT PREVENTION

---

Providing child protective services is a complex, demanding, and emotionally draining job. Making decisions that affect the lives of children and families takes a toll on caseworkers. Because working with families experiencing abuse and neglect is difficult, it may elicit multifaceted feelings. In order to maximize performance and minimize burnout, support systems must be developed within the CPS unit to provide caseworkers with opportunities to discuss and deal with feelings that may range from frustration and helplessness to anger and incompetence. Opportunities to discuss these feelings openly in the unit are essential. However, it is important that when support groups are established they do not degenerate into “gripe sessions,” where caseworkers leave feeling worse than when they came to the group. A certain amount of discussion of feelings is cathartic; a positive outcome, however, must result for caseworkers to benefit from the discussion. In addition, whenever crises occur in cases (e.g., a child is reinjured or a child must be removed from his or her family) the caseworker involved needs extra support and guidance.

Effective supervision is one of the key factors in staff retention. An effective supervisor demonstrates empathy toward the needs and feelings of CPS staff. In addition, the supervisor should facilitate the

---

## Taking Care of Yourself

CPS caseworkers need support in order to find a balance between their professional and personal lives. Due to stress inherent in CPS work, it is important that workers find effective ways to unwind and relax. It is important to:

- Be aware of the potential for burnout, stress, and trauma that can occur in child welfare work;
- Identify and use social supports to prevent burnout and stress while working in the child welfare system;
- Look to supervisors, peers, and interdisciplinary teams to talk about difficult client situations, including fatalities and serious injury situations;
- Be alert to signs of vicarious trauma and take steps to seek help when these signs endure and affect the quality of practice.

development and maintenance of a cohesive work team. Group cohesion provides emotional support to staff, as well as concrete assistance in carrying out case activities.

---

### CONCLUSION

---

Working with CPS is usually challenging for all involved—children and families, professional and citizen partners, and caseworkers. Children and families are often fearful of and upset by CPS involvement in their lives, particularly due to the uncertainty associated with the process. Professional and citizen partners sometimes struggle with

initiating and identifying their roles in addressing child maltreatment issues. The CPS caseworker must walk a fine line between following the legal mandate to protect maltreated children and recognizing parents' rights to rear their children as they deem appropriate. Additionally, CPS caseworkers are consistently confronted with numerous and multifaceted problems that affect many of the families involved with CPS, such as substance abuse, mental illness, domestic violence, and poverty. This manual is intended to address the concerns of these various audiences, as well as to serve as a practical and user-friendly guide in addressing and effectively responding to the ever-changing demands in the child welfare field.

# Endnotes

- <sup>1</sup> Child Welfare League of America. (1999). *CWLA standards of excellence for services for abused and neglected children and their families* (Rev. ed.). Washington, DC: Author.
- <sup>2</sup> Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & Plotnick, R. D. (2000). *The child welfare challenge* (2nd ed.). New York, NY: Aldine de Gruyter; Zlotnick, J. (2000). What are the core competencies for practitioners in child welfare agencies? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 571-576). Thousand Oaks, CA: Sage.
- <sup>3</sup> Rauch, J. B., North, C., Rowe, C., & Risley-Curtiss, C. (1993). *Diversity competence: A learning guide*. Baltimore, MD: University of Maryland School of Social Work.
- <sup>4</sup> Child Welfare League of America. (1999); Holder, W., & Costello, T. (1989). *Caseworker desk guide for self assessment of child protective services practice competencies*. Charlotte, NC: ACTION for Child Protection 1989; Costello, T. (1989). *Survey results-national child protective services competency-based training project: Defining and measuring critical CPS competencies*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children, Youth and Families.
- <sup>5</sup> Zlotnick, J. (2000).
- <sup>6</sup> Abramczyk, L. (1994). Should child welfare workers have an M.S.W.? In E. Gambrill & T. Stein (Eds.), *Controversial issues in child welfare* (pp. 174-179). Needham, MA: Allyn & Bacon.
- <sup>7</sup> National Association of Public Child Welfare Administrators. (1999). *Guidelines for a model system of protective services for abused and neglected children and their families*. Washington, DC: American Public Human Services Association; Child Welfare League of America. (1999); Rittner, B., & Wodarski, S. S. (1999). Differential uses for BSW and MSW educated social workers in child welfare services. *Children and Youth Services Review, 21*(3), 217-238.
- <sup>8</sup> Russell, M. (1987). *1987 National study of public child welfare job requirements*. Portland, ME: University of Southern Maine, National Resource Center for Management and Administration.
- <sup>9</sup> Child Welfare League of America. (1990). *Florida recruitment and retention study*. Washington, DC: Author.
- <sup>10</sup> Hess, P. M., Folaron, G., & Jefferson, A. B. (1992). Effectiveness of family reunification services: An innovative evaluative model. *Social Work, 37*, 304-311.
- <sup>11</sup> Booz, Allen & Hamilton. (1987). *The Maryland social services job analysis and personnel qualifications study, executive summary*. Baltimore, MD: Maryland Department of Human Resources.
- <sup>12</sup> Dhooper, S., Royse, D., & Wolfe, L. (1990). Does social work education make a difference? *Social Work, 35*(1), 57-61.
- <sup>13</sup> Abers, E. C., Reilly, T., & Rittner, B. (1993). Children in foster care: Possible factors affecting permanency planning. *Child and Adolescent Social Work Journal, 10*(4): 329-341.
- <sup>14</sup> Hopkins, K., & Mudrick, N. (1999). Impact of university/agency partnerships in child welfare on organizations, workers, and work activity. *Child Welfare, 78*(6), 749-773.
- <sup>15</sup> Rome, S. H. (1997). The child welfare choice: An analysis of social work students' career plans. *Journal of Baccalaureate Social Work, 3*(1), 31-48.
- <sup>16</sup> DePanfilis, D. (2000a). How do I develop a helping alliance with the family? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 36-40). Thousand Oaks, CA: Sage.
- <sup>17</sup> DePanfilis, D. (2000a).
- <sup>18</sup> Horejsi, C. (1996). *Assessment and case planning in child protection and foster care services*. Englewood, CO: American Humane Association, Children's Division.
- <sup>19</sup> Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103; Truax, C., & Carkhuff, R. (1967). *Toward effective counseling and psychotherapy*. Chicago, IL: Aldine de Gruyter.
- <sup>20</sup> DePanfilis, D. (2000a); Truax, C., & Carkhuff, R. (1967).
- <sup>21</sup> Fong, R. (2001). Culturally competent social work practice: Past and present. In R. Fong & S. Furturo (Eds.), *Culturally competent practice: Skills, interventions, and evaluation* (pp. 1-9). Needham Heights, MA: Allyn and Bacon.
- <sup>22</sup> Rogers, C. (1957); Truax, C., & Carkhuff, R. (1967).

- 23 Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York, NY: W. W. Norton; DePanfilis, D. (2000a); Rooney, R. (2000). How can I use authority effectively and engage family members? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 44-46). Thousand Oaks, CA: Sage.
- 24 Anderson, J. (1988). *Foundations of social work practice*. New York, NY: Springer.
- 25 Rooney, R. (2000).
- 26 Griffin, W. V., Montsinger, J. L., & Carter, N. A. (1995). *Resource guide on personal safety for administrators and other personnel*. Durham, NC: Brendan Associates and ILR.
- 27 Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research, and Practice*, 19, 276-288.
- 28 National Association of Public Child Welfare Administrators. (1999).
- 29 Child Welfare League of America. (1999).
- 30 Child Welfare League of America. (1999).
- 31 National Research Council. (1993). *Understanding child abuse and neglect*. Washington, DC: National Academy Press.
- 32 Pecora, P. J., et al. (2000).
- 33 Wells, S. (1997). Screening in child protective services: Do we accept a report? How do we respond? In T. Morton & W. Holder (Eds.), *Decision-making in children's protective services: Advancing the state of the art* (pp. 94-106). Atlanta, GA: Child Welfare Institute and Denver, CO: ACTION for Child Protection.
- 34 Wells, S. (1997); Wells, S. (2000a). How do I decide whether to accept a report for a child protective services investigation? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 3-6). Thousand Oaks, CA: Sage.
- 35 Wells, S. (2000a).
- 36 Child Welfare League of America. (1999).
- 37 Wells, S. (1997).
- 38 Wells, S. (2000b). What criteria are most critical to determine the urgency of the child protective services response? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 7-9). Thousand Oaks, CA: Sage.
- 39 Zuravin, S., & Shay, S. (1991, June). Preventing child neglect. In D. DePanfilis & T. Birch (Eds.), *Proceedings of the National Child Maltreatment Prevention Symposium*. Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.
- 40 Farrow, F. (1997). *Child protection: Building community partnership. Getting from here to there*. Cambridge, MA: Harvard University, John F. Kennedy School of Government; Gordon, A. L. (2000). What works in child protective services reforms. In M. P. Kluger, G. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 57-66). Washington, DC: CWLA Press; Pelton, L. H. (1998). Four commentaries: How we can better protect children from abuse and neglect. *The Future of Children: Protecting Children from Abuse and Neglect*, 8(1), 120-132; Waldfogel, J. (1998). Rethinking the paradigm for child protection. *The Future of Children: Protecting Children from Abuse and Neglect*, 8(1), 104-119; Weber, M. W. (1998). Four commentaries: How we can better protect children from abuse and neglect. *The Future of Children: Protecting Children from Abuse and Neglect*, 8(1), 120-132.
- 41 Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York, NY: W. W. Norton.
- 42 Turnell, A., & Edwards, S. (1999).
- 43 Drake, B. (2000). How do I decide whether to substantiate a report? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 113-117). Thousand Oaks, CA: Sage.
- 44 Filip, J., McDaniel, N., & Schene, P. (1992). *Helping in child protective services: A competency-based casework handbook* (p. 189). Denver, CO: American Humane Association.
- 45 DePanfilis, D. (2000b). What is inadequate supervision? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 134-136). Thousand Oaks, CA: Sage.
- 46 DePanfilis, D. (2000b).
- 47 DePanfilis, D. (2000c). How do I determine if a child is neglected? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 134-136). Thousand Oaks, CA: Sage.
- 48 Dubowitz, H. (2000). How do I determine whether a child has been physically abused? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 134-136). Thousand Oaks, CA: Sage.
- 49 Adams, J. (2000). How do I determine if a child has been sexually abused? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 175-179). Thousand Oaks, CA: Sage.
- 50 Hart, S., Brassard, M., & Karlson, H. (1996). Psychological maltreatment. In J. Briere, L. Berliner, J. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 72-89). Thousand Oaks, CA: Sage.
- 51 Brassard, M., & Hart, S. (2000). How do I determine whether a child has been psychologically maltreated? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 215-219). Thousand Oaks, CA: Sage.
- 52 Pecora, P. J. et al. (2000).
- 53 Hollinshead, D., & Fluke, J. (2000) What works in safety and risk assessment for child protective services. M. Kluger, G. Alexander, & P. Curtis (Eds.), *What works in child welfare* (p. 67). Washington, DC: CWLA Press.
- 54 Hollinshead, D., & Fluke, J. (2000).
- 55 Holder, W., & Morton, T. (1999). *Designing a Comprehensive approach to child safety*. Atlanta, GA: Child Welfare Institute and Denver, CO: ACTION for Child Protection.
- 56 Holder, W., & Morton, T. (1999).

- 57 Young, N., Gardner, S., & Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy* (p. 126). Washington, DC: CWLA Press.
- 58 Young et al. (1998).
- 59 Ganley, A., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund.
- 60 Ganley, A., & Schechter, S. (1996).
- 61 Pecora, P. J. et al. (2000).
- 62 DePanfilis, D. (1997). Is the child safe? How do we respond to safety concerns? In T. Morton & W. Holder (Eds.), *Decision making in children's protective services: Advancing the state of the art* (pp. 121-142). Atlanta, GA: Child Welfare Institute and Denver, CO: ACTION for Child Protection.
- 63 DePanfilis, D. (1997).
- 64 Berg, I. K., & Kelly, S. (2000).
- 65 Christian, S. M. (1997). *New directions for child protective services: Supporting children, families and communities through legislative reform*. Washington, DC: National Conference of State Legislatures.
- 66 Farrow, F. (1997).
- 67 Waldfogel, J. (1997). *The future of child protection: How to break the cycle of abuse and neglect*. Cambridge, MA: Harvard University Press.
- 68 Pintello, D. (2000). How do I interview non-maltreating parents and caregivers? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 80-84). Thousand Oaks, CA: Sage.
- 69 Child Welfare League of America. (1999).
- 70 Miller, W., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York, NY: The Guilford Press.
- 71 Saywitz, K. J., & Goodman, G. S. (1996). Interviewing children in and out of court: Current research and practice implications. In J. Briere, L. Berliner, J. Bulkley, C. Jenny, & T. Reid (Eds.) *The APSAC handbook on child maltreatment* (pp. 297-318). Thousand Oaks, CA: Sage; Kolko, D., Brown, E., & Berliner, L. (2002). Children's perceptions of their abusive experience: Measurement and preliminary findings. *Child Maltreatment*, 7(1), 42-55.
- 72 Berliner, L., & Loftus, E. (1992). Sexual abuse accusations: Desperately seeking reconciliation. *Journal of Interpersonal Violence*, 7(4), 570-578; Saywitz, K. J., & Goodman, G. S. (1996); Kolko, D., Brown, E., & Berliner, L. (2002).
- 73 Boat, B., & Everson, M. (1986). *Using anatomical dolls: Guidelines for interviewing young children in sexual abuse investigations*. Chapel Hill, NC: University of North Carolina, Department of Psychiatry.
- 74 American Humane Association. (1997). *Worker safety for human services organizations*. Denver, CO: Author; Griffin, W. V. et al. (1995).
- 75 American Humane Association. (1997).
- 76 Holder, W. (2000).
- 77 National Association of Public Child Welfare Administrators. (1999).
- 78 Dunst, C. J., Trivette, C. M., & Deal, A. G. (1994). *Supporting and strengthening families: Volume 1: Methods, strategies, and practices*. Cambridge, MA: Brookline Books; Horejsi, C. (1996).
- 79 Child Welfare League of America. (1999). (p. 41).
- 80 Kinney, J., Strand, K., Hagerup, M., & Bruner, C. (1994). *Beyond the buzzwords: Key principles in effective frontline practice*. Falls Church, VA: National Center for Service Integration and Chicago, IL: National Resource Center for Family Support Programs.
- 81 Whittaker, J., Schinke, S., & Gilchrist, L. (1986). The ecological paradigm in child, youth, and family services: Implications for policy and practice. *Social Service Review*, 60, 483-503; Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press; Garbarino, J. (1982). *Children and families in the social environment*. Hawthorne, NY: Aldine de Gruyter.
- 82 Hudson, J., Morris, A., Maxwell, G., & Galaway, B. (1996). *Family group conferences: Perspectives on policy and practice*. Monsey, NY: Willow Tree Press; Merkel-Holguin, L. (2000). How do I use family meetings to develop optimal service plans? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 373-378). Thousand Oaks, CA: Sage; Merkel-Holguin, L. (1998). Implementation of family group decision making in the U.S.: Policies and practices in transition. *Protecting Children*, 14(4), 4-10; Merkel-Holguin, L. (2001). Family group conferencing: An "extended family" process to safeguard children and strengthen family well-being. In E. Walton, P. Sandau-Beckler, & M. Mannes (Eds.), *Family-centered services and child well-being: Exploring issues in policy, practice, theory, and research* (pp. 197-218). New York, NY: Columbia University Press; U.S. Department of Health and Human Services, Administration on Children and Families, Children's Bureau. (2000). *Rethinking child welfare practice under the Adoption and Safe Families Act of 1997*. Washington, DC: Author.
- 83 Compton, B., & Galaway, B. (1999). *Social work processes* (6th ed.). Pacific Grove, CA: Brooks/Cole Co.; Congress, E. P. (1994). The use of culturagrams to assess and empower culturally diverse families. *Families in Society*, 75, 531-539; Hartman, A. (1978). Diagrammatic assessment of family relationships. *Social Casework*, 59, 465-476; Hartman, A., & Laird, J. (1983). *Family-centered social work practice*. New York, NY: The Free Press; Dunst, C. J. et al. (1994); Children's Bureau of Southern California. (1997). *Family assessment form*. Washington, DC: CWLA Press; Magura, S., & Moses, B. S. (1986). *Outcome measures for child welfare services: Theory and applications*. Washington, DC: CWLA Press.
- 84 Abney, V. (1996). Cultural competency in the field of child maltreatment. In J. Briere, L. Berliner, J. A. Bulkely, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 409-419). Thousand Oaks, CA: Sage.
- 85 Ivey, A. E., Ivey, M. B., & Simek-Downing, L. (1987). Individual and cultural empathy. In *Counseling and psychotherapy: Integrating skills, theory, and practice* (pp. 91-118). Englewood Cliffs, NJ: Prentice-Hall.

- 86 Shepard R. (1987). Cultural sensitivity. In D. DePanfilis (Ed.), *Enhancing child protection service competency: Selected readings*. Charlotte, NC: ACTION for Child Protection.
- 87 Merkel-Holguin, L. (2000).
- 88 DePanfilis, D. (1997).
- 89 Courtney, M. (2000). What outcomes are relevant for intervention? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (p. 373). Thousand Oaks, CA: Sage; U.S. Department of Health and Human Services, Administration on Children and Families, Children's Bureau. (2000).
- 90 Courtney, M. (2000).
- 91 DePanfilis, D. (2000c). How do I match risks to client outcomes? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 367-372). Thousand Oaks, CA: Sage.
- 92 Lutz, L. (2000). *Concurrent planning: Tool for permanency survey of selected sites*. New York, NY: City University of New York, Hunter College School of Social Work, National Resource Center for Foster Care and Permanency Planning.
- 93 Gelles, R. J. (2000). Treatment-resistant families. In R. M. Reece (Ed.), *Treatment of child abuse* (pp. 304-312). Baltimore, MD: The Johns Hopkins University Press.
- 94 National Association of Public Child Welfare Administrators. (1999). Reprinted with permission.
- 95 LeVine, E. S., & Sallee, A. L. (1999). *Child welfare clinical theory and practice*. Dubuque, IA: Eddie Bowers.
- 96 Rose, S. M. (Ed.). (1992). *Case management and social work practice*. White Plains, NY: Longman.
- 97 Cohn, A., & Daro, D. (1987). Is treatment too late? What 10 years of evaluative research tell us. *Child Abuse and Neglect*, 11, 433-442; Daro, D., & Cohn, A. (1998). Child maltreatment evaluation efforts: What have we learned? In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick, & M. A. Straus, (Eds.), *Coping with family violence: Research and policy perspectives* (pp. 275-287). Thousand Oaks, CA: Sage; Dubowitz, H. (1990). Costs and effectiveness of interventions in child maltreatment. *Child Abuse and Neglect*, 14, 177-186.
- 98 Malchiodi, C. A. (1997). *Breaking the silence: Art therapy with children from violent homes*. Bristol, PA: Brunner/Mazel; Johnston, S. S. M. (1997). The use of art and play therapy with victims of sexual abuse: A review of the literature. *Family Therapy*, 24(2), 101-113; Riordan, R. J., & Verdel, A. C. (1991). Evidence of sexual abuse in children's art products. *The School Counselor*, 39, 116-121; Culbertson, R. M., & Revel, A. C. (1987). Graphic characteristics on the Draw-a-Person test for identification of physical abuse. *Art Therapy: Journal of the American Art Therapy Association*, 4(2), 78-83.
- 99 Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60(5), 748-756; Ellis, L. F., Black, L. D., & Resick, P. A. (1992). Cognitive-behavioral treatment approaches for victims of crime. In P. A. Keller & S. R. Heyman (Eds.), *Innovations in clinical practice: A source book* (pp. 23-38). Sarasota, FL: Professional Resource Exchange.
- 100 Resick, P., & Clum, G. (2001). Cognitive processing therapy (CPT). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 30-31). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Resick, P. A., & Schnicke, M. K. (1993). *Cognitive processing therapy for rape victims: A treatment manual*. Newbury Park, CA: Sage.
- 101 Roditti, M. G. (2001a). What works in child care. In M. P. Kluger, B. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 285-292). Washington, DC: CWLA Press; Roditti, M. G. (2001b). What works in center-based child care. In M. P. Kluger, B. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 293-301). Washington, DC: CWLA Press; Roditti, M. G. (2001c). What works in child care for maltreated and at-risk children. In M. P. Kluger, B. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 311-319). Washington, DC: CWLA Press; Seitz, V., Rosenbaum, L. K., & Apfel, N. H. (1983). Effects of family support intervention: A 10-year follow-up. *Child Development*, 56, 376-391; Oats, R. K., Grey, J., Schweitzer, L., Kempe, R. S., & Harmon, R. J. (1995). A therapeutic preschool for abused children: The KEEPSAFE Project. *Child Abuse and Neglect*, 19, 1379-1386.
- 102 Chemtob, C. M., Naksahima, J., Hamada, R., & Carlson, J. (in press). Brief treatment for elementary school children with disaster-related PTSD: A field study. *Journal of Clinical Psychology*; Puffer, M. K., Greenwald, R., & Elrod, D. E. (1998). A single session EMDR study with 20 traumatized children and adolescents. *Traumatology* 3, (2) [On-line serial]. Available: <http://www.fsu.edu/~trauma/v3i2art6.html>; Scheck, M. M., Schaeffer, J. A., & Gilette, C. S. (1998). Brief psychological intervention with traumatized young women: The efficacy of eye movement desensitization and reprocessing. *Journal of Traumatic Stress*, 11, 25-44; Soberman, G. S., Greenwald, R., & Rule, D. L. (in press). A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems. *Journal of Aggression, Maltreatment, and Trauma*.
- 103 Chemtob, C. (2001). Eye movement desensitization and reprocessing (EMDR). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 32-35). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Greenwald, R. (1993). *Using EMDR with children*. Pacific Grove, CA: EMDR Institute; Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*. New York, NY: The Guilford Press.
- 104 Berrick, J. D. (2001). What works in kinship care. In M. P. Kluger, B. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 127-133). Washington, DC: CWLA Press; Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, 16, 13-63; LeProhn, N. S. (1994). The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. *Children and Youth Services Review*, 16, 107-122; Berrick, J. D., Needell, B., Barth, R. P., & Johnson-Reid, M. (1998). *The tender years*. New York, NY: Columbia University Press; Courtney, M., & Needell, B. (1997). Outcomes of kinship care: Lessons from California. In J. D. Berrick, R. P. Barth, & N. Gilbert

- (Eds.), *Child Welfare Research Review 2* (pp. 130-149). New York, NY: Columbia University Press; Berrick, J. D. (2001); Berrick, J. D. et al. (1994); Dubowitz, H. (1990). *The physical and mental health and educational status of children placed with relatives: Final report*. Baltimore, MD: University of Maryland School of Medicine, Department of Pediatrics; Meyer, B. S., & Link, M. K. (1990). *Kinship foster care: The double-edged dilemma*. Rochester, NY: Task Force on Permanency Planning for Foster Children, Inc.; Zwas, M. G. (1993). Kinship foster care: A relatively permanent solution. *Fordham Urban Law Journal*, 20(2), 343-373.
- 105 Berrick, J. D. (2001).
- 106 Fantuzzo, J., Sutton-Smith, B., Atkins, M., & Meyers, R. (1996). Community-based resilient peer treatment of withdrawn maltreated preschool children. *Journal of Clinical and Consulting Psychology*, 64, 1377-1368.
- 107 Fantuzzo, J. (2001). Resilient peer training intervention. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 38-39). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Fantuzzo, J., Weiss, A., & Coolahan, K. (1998). Community-based partnership-directed research: Actualizing community strengths to treat victims of physical abuse and neglect. In R. J. Lutzker (Ed.), *Child abuse: A handbook of theory, research, and treatment* (pp. 213-238). New York, NY: Pergamon Press.
- 108 Chaffin, M. (2001). Adolescent sex offender treatment. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 87-89). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-113; Alexander, M. A. (1999). Sexual offender treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 101-116.
- 109 Henggeler, S. W., Swenson, C. C., Kaufman, K., & Schoenwald, S. K. (1997). *MST supplementary treatment manual for juvenile sexual offenders and their families*. Charleston, SC: Medical University of South Carolina, Family Services Research Center; Kahn, T. J. (1996a). *Pathways: A guided workbook for youth beginning treatment*. Orwell, VT: Safer Society Press; Kahn, T. J. (1996b). *Pathways guide for parents of youth beginning treatment*. Orwell, VT: Safer Society Press; Marsh, L. F., Connell, P., & Olson, E. (1988). *Breaking the cycle: Adolescent sexual abuse treatment manual*. (Available from St. Mary's Home for Boys, 16535 SW Tualatin Valley Highway, Beaverton, OR 97006); O'Brien, M. J. (1994). *PHASE treatment manual*. (Available from Alpha PHASE, Inc., 1600 University Avenue West, Suite 305, St. Paul, MN 55104-3825); Steen, C. (1993). *The relapse prevention workbook for youth in treatment*. Orwell, VT: Safer Society Press; Way, I. F., & Balthazor, T. J. (1990). *A manual for structured group treatment with adolescent sexual offenders*. Notre Dame, IN: Jalice.
- 110 Tierney, J., & Grossman, J. B. (2001). What works in promoting positive youth development: Mentoring. In M. P. Kluger, B. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 323-328). Washington, DC: CWLA Press; Cave, G., & Quint, J. (1990). *Career beginning impact evaluation*. New York, NY: Manpower Demonstration and Research Corporation; Johnson, A. W. (1998). *An evaluation of the long-term impact of the Sponsor-a-Scholar (SAS) Program on student performance*. Princeton, NJ: Mathematica Policy Research; Tierney, J. P., Grossman, J., & Resch, N. L. (1995). *Making a difference: An impact study of Big Brothers/Big Sisters*. Philadelphia, PA: Public/Private Ventures.
- 111 Tierney, J., & Grossman, J. B. (2001).
- 112 Johnston, S. S. M. (1997). The use of art and play therapy with victims of sexual abuse: A review of the literature. *Family Therapy*, 24(2), 101-113.
- 113 Gil, E. (in press). *Moving mountains: Helping traumatized children through collaborative play*. Rockville, MD: Launch Press; Gil, E. (1991). *The healing power of play: Working with abused children*. New York, NY: The Guilford Press; Gil, E. (2001). Trauma-focused play therapy. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 47-48). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center.
- 114 Chamberlain, P. (2001). What works in treatment foster care? In M. P. Kluger, B. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 157-162). Washington, DC: CWLA Press; Clark, H., Boyd, L., Redditt, C., Foster-Johnson, L., Hard, D., Kuhns, J., Lee, G., & Steward, E. (1993). An individualized system of care for foster children with behavioral and emotional disturbances: Preliminary findings. In K. Kutash, C. Liberton, A. Algarin, & R. Friedman (Eds.), *Fifth Annual Research Conference Proceedings for a System of Care for Children's Mental Health* (pp. 365-370). Tampa, FL: University of South Florida, Research and Training Center for Children's Mental Health; Chamberlain, P., & Reid, J. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*, 6, 624-633; Hawkins, R., Almeida, C., & Samet, M. (1989). Comparative evaluation of foster family-based treatment and five other placement choices: A preliminary report. In A. Algarin, R. Friedman, A. Duchnowski, K. Kutash, S. Silver, & M. Johnson (Eds.), *Children's mental health services and policy: Building a research base* (pp. 98-119). Tampa, FL: University of South Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
- 115 Meadowcroft, P., Thomlinson, B., & Chamberlain, P. (1994). Treatment foster care services: A research agenda for child welfare. *Child Welfare*, 33, 565-581.
- 116 Adkerson, D. L. (2001). Adult child molester treatment. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 90-92). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Association for the Treatment of Sexual Abusers (ATSA). (in press). The ATSA report on the effectiveness of treatment for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*; Alexander, M. A. (1999). Sexual offender treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 101-116; Dwyer, S. M. (1997). Treatment outcome study: Seventeen years after sexual offender treatment. *Sexual Abuse: A Journal of Research and Treatment*, 9(2), 149-160; Hansen, R. K.,

- Steffy, R. A., & Gauthier, R. (1992). *Long-term follow-up of child molesters: Risk prediction and treatment outcome*. Ottawa, Canada: Corrections Branch, Ministry of the Solicitor General of Canada.
- 117 Association for the Treatment of Sexual Abusers (ATSA). (1997). *Ethical standards and principles for the management of sexual abusers*. Beaverton, OR: Author; Abel, G. G., Becker, J. V., Cunningham-Rathner, J., Rouleau, J. L., Kaplan, M., & Reich, J. (n.d.). *The treatment of child molesters*. Atlanta, GA: Authors; Bays, L., & Freeman-Longo, R. (1989). *Why did I do it again? Understanding my cycle of problem behaviors*. Holyoke, MA: NEARI Press; Bays, L., Freeman-Longo, R., & Hildebran, D. D. (1990). *How can I stop? Breaking my deviant cycle*. Holyoke, MA: NEARI Press; Barbaree, H. E., & Seto, M. C. (1997). Pedophilia: Assessment and treatment. In D. R. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 175-193). New York, NY: The Guilford Press; Freeman-Longo, R., & Bays, L. (1988). *Who am I and why am I in treatment?* Holyoke, MA: NEARI Press; Salter, A. C. (1988). *Treating child sex offenders and victims*. Newbury Park, CA: Sage.
- 118 Swenson, C. C., & Ralston, M. E. (1997).
- 119 Lipovsky, J., Swenson, C. C., Ralston, M. E., & Saunders, V. E. (1998). The abuse clarification process in the treatment of intrafamilial child abuse. *Child Abuse and Neglect*, 22, 729-741; Ralston, M. E. (1982). *Intrafamilial sexual abuse: A community system response to a family system problem*. Charleston, SC: Author; Ralston, M. E. (1998). A community system of care for abused children and their families. *Family Futures*, 2(4), 11-15; Ralston, M. E., & Swenson, C. C. (1996). *The Charleston collaborative project intervention manual*. Charleston, SC: Authors; Swenson, C. C., & Ralston, M. E. (1997). *The Charleston collaborative project implementation manual*.
- 120 Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Catalano, R., Haggerty, K., Flemming, C., & Brewer, D. (1996). *Focus on families: Scientific findings from family prevention intervention research*. Paper presented at National Institute of Drug Abuse conference: Drug Abuse Prevention Through Family Intervention, Gaithersburg, MD.
- 121 Haggerty, K. P., Mills, E., & Catalano, R. F. (1991). *Focus on Families: Parent training curriculum*. Seattle, WA: Social Development Research Group.
- 122 Wolfe, D. A., Sandler, J., & Kaufman, K. (1981). A competency-based parent training program for child abusers. *Journal of Consulting and Clinical Psychology*, 49, 633-640; Wolfe, D. A., St. Lawrence, J., Brehony, K., Bradlyn, A., & Kelly, J. A. (1982). Intensive behavioral parent training for a child abusive mother. *Behavior Therapy*, 13, 438-451; Wolfe, D. A., Edwards, B., Manion, I., & Koverola, C. (1988). Early intervention for parents at risk for child abuse and neglect: A preliminary investigation. *Journal of Consulting and Clinical Psychology*, 56, 40-47.
- 123 Wolfe, D. (2001). Parent-child education program for physically abusive parents. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 71-73). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Wolfe, D. A. (1991). *Preventing physical and emotional abuse of children: Treatment manuals for practitioners series*. New York, NY: The Guilford Press.
- 124 Kumpfer, K. L. (1999); Behavior Associates. (1976). *Parents Anonymous self-help for child abusing parenting project: Evaluation report*. Tucson, AZ: Behavior Associates; Cohn, A. H. (1979). Essential elements of successful child abuse and neglect treatment. In *Child Abuse and Neglect*, 3, 491-496.
- 125 Hanson, R., & Rosen, S. (2001). Parents Anonymous. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 84-85). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Lieber, L., & Baker, J. M. (1977). Parents Anonymous—Self-help treatment for child abusing parents: A review and evaluation. *Child Abuse and Neglect*, 1, 133-148; Rafael, T., & Pion-Berlin, L. (1996). *Parents Anonymous program bulletin*. Claremont, CA: Authors; Rafael, T., & Pion-Berlin, L. (1999). *Parents Anonymous: Strengthening families*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Hermann, E. (1993). *Manual for group facilitators*. Los Angeles, CA: Parents Anonymous.
- 126 James, B. (2001). Attachment-trauma therapy. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 36-37). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; James, B. (1994). *Handbook for treating attachment-trauma problems in children*. New York, NY: Free Press/Simon & Schuster.
- 127 Breston, E., & Payne, H. (2001). Behavioral parent training intervention for conduct-disordered children. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 52-56). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Alexander, J. R., & Parsons, B. V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Psychology*, 81, 219-225; Barkely, R. A., Guevremont, A. D., Anastopoulos, A. D., & Fletcher, K. E. (1992). A comparison of three family programs for treating family conflicts in adolescents with attention-deficit hyperactivity disorder. *Journal of Consulting and Clinical Psychology*, 60, 450-462; Bernel, M. E., Klinnert, M. D., & Schultz, L. A. (1980). Outcome evaluation of behavioral parent training and client centered parent counseling for children with conduct problems. *Journal of Applied Behavior Analysis*, 13, 677-691; Hughes, R. C., & Wilson, P. H. (1989). Behavioral parent training: Contingency management versus communication skills training with or without the participation of the child. *Child and Family Behavior Therapy*, 10, 11-23; Kazdin, A. E., Esveldt-Dawson, K., French, N. H., & Unis, A. S. (1987). Effects of parent management training and problem-solving skills training combined in the treatment of antisocial child behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 416-424; Kazdin, A. E., Siegel, T. C., & Bass, D. (1992). Cognitive problem solving skills training and parent management training in the treatment of antisocial behavior in children. *Journal of Consulting and Clinical Psychology*, 60, 733-747.



- <sup>128</sup> Breston, E., & Payne, H. (2001). Forehand, R. L., & McMahon, R. J. (1981). *Helping the noncompliant child: A clinician's guide to parent training*. New York, NY: The Guilford Press; Patterson, G. R. (1976). *Living with children: New methods for parents and teachers*. Champaign, IL: Research Press; Patterson, G. R., & Gillion, M. E. (1968). *Living with children: New methods for parents and teachers*. Champaign, IL: Research Press.
- <sup>129</sup> Bonner, B. (2001). Cognitive-behavioral and dynamic play therapy for children with sexual behavior problems and their caregivers. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 27-29). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Bonner, B., Walker, C. E., & Berliner, L. (1999a). *Treatment manual for cognitive-behavioral group therapy for children with sexual behavior problems*. Norman, OK: Oklahoma University Health Sciences Center, Center on Child Abuse and Neglect; Bonner, B., Walker, C. E., & Berliner, L. (1999b). *Treatment manual for cognitive-behavioral group treatment for parents/caregivers of children with sexual behavior problems*. Norman, OK: Oklahoma University Health Sciences Center, Center on Child Abuse and Neglect; Bonner, B., Walker, C. E., & Berliner, L. (1999c). *Treatment manual for dynamic group play therapy for children with sexual behavior problems and their parents/caregivers*. Norman, OK: Oklahoma University Health Sciences Center, Center on Child Abuse and Neglect.
- <sup>130</sup> Nelson, K. (2000). When do family preservation services make sense, and when should other permanency plans be explored? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 257-266). Thousand Oaks, CA: Sage; Walton, E., & Denby, R. (1997). Targeting families to receive intensive family preservation services: Assessing the use of imminent risks of placement as a service criterion. *Family Preservation Journal*, 2, 53-70; Barth, R. (1988). Theories guiding home-based intensive family preservation services. In J. Whittaker, J. Kinney, E. Tracey, & C. Booth (Eds.), *Improving practice technology for work with high risk families: Lessons from the Homebuilders Social Work Education Project* (pp. 91-113). Seattle, WA: Center for Social Welfare Research; Barth, R. (1990). Theories guiding home-based intensive family preservation services. In J. K. Whittaker, J. Kinney, E. M. Tracey, & C. Booth (Eds.), *Reaching high-risk families: Intensive family preservation in human services* (pp. 89-112). Hawthorne, NY: Aldine de Gruyter; Bronfenbrenner, U. (1979); Berry, M. (1991). The assessment of imminence of risk of placement: Lessons from a family preservation program. *Children and Youth Services Review*, 13, 239-256; Berry, M. (1992). An evaluation of family preservation services: Fitting agency services to family needs. *Social Work*, 37, 314-321; Grigsby, R. K. (1993). Theories that guide intensive family preservation services: A second look. In E. S. Morton & R. K. Grigsby (Eds.), *Advancing family preservation practice* (pp. 16-27). Newbury Park, CA: Sage; Schuerman, J. R., Rzepnicki, T., & Littell, J. (1994). *Putting families first: An experiment in family preservation*. New York, NY: Aldine de Gruyter.
- <sup>131</sup> Lipovsky, J. et al. (1998); Saunders, B. E., & Meinig, M. (2000). Immediate issues affecting long-term family resolution in cases of parent-child sexual abuse. In R. M. Reece (Ed.), *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners* (pp. 36-53). Baltimore, MD: The Johns Hopkins University Press; Saunders, B. E., & Meinig, M. (2001). Family resolution therapy (FRT). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 62-63). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center.
- <sup>132</sup> Schuerman, J. R., Rzepnicki, T., & Littell, J. (1994); Jordan, K., Alvarado, J., Braley, R., & Williams, L. (2001). Family preservation through home-based family therapy: An overview. *Journal of Family Psychotherapy*, 12(3), 31-44.
- <sup>133</sup> Booth, C. (2001). Intensive family preservation services. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 66-67). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Kinney, J. M., Haapala, D., & Booth, C. L. (1991). *Keeping families together: The Homebuilders model*. New York, NY: Aldine de Gruyter; Nelson, K. (2000).
- <sup>134</sup> Kolko, D. (2001). Individual child and parent physical abuse-focused cognitive-behavioral treatment. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 36-37). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Swenson, C. C., & Kolko, D. J. (2000). Long-term management of the developmental consequences of child physical abuse. In R. M. Reese (Ed.), *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners* (pp. 135-154). Baltimore, MD: The Johns Hopkins University Press.
- <sup>135</sup> Kolko, D. (1996). Individual cognitive behavioral therapy and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. *Child Maltreatment*, 1, 322-342.
- <sup>136</sup> International Society for the Study of Dissociation. (2000). Guidelines for the evaluation and treatment of dissociative symptoms in children and adolescents. *Journal of Trauma and Dissociation*, 1, 105-154; Owaga, J. R., Sroufe, L. A., Weinfield, N. S., Carlson, E. A., & Egeland, B. (1997). Development and the fragmented self: Longitudinal study of dissociative symptomatology in a nonclinical sample. *Development and Psychopathology*, 9, 855-879; Putnam, F. W. (1997). *Dissociation in children and adolescents*. New York, NY: The Guilford Press; Silberg, J. (2000). Fifteen years of dissociation in maltreatment children: Where do we go from here? *Child Maltreatment*, 5, 199-136; Silberg, J. (2001). Integrative developmental model for treatment of dissociative symptomatology. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 64-65). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Silberg, J. (in press). Treating maladaptive dissociation in a young teenage girl. In H. Orvaschel, J. Faust, & M. Hersen (Eds.), *Handbook of conceptualization and treatment of child psychopathology*. Oxford, UK: Elsevier Science LTD; Wieland, S. (1998). *Techniques and issues in abuse-focused therapy*. Thousand Oaks, CA: Sage.
- <sup>137</sup> Swenson, C. C., & Henggeler, S. (2001). Multisystem therapy (MST) for maltreated children and their families. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 68-70). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Brunk, M.,

- Henggeler, S. W., & Whelan, J. P. (1987). A comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. *Journal of Consulting and Clinical Psychology, 55*, 311-318; Kumpfer, K. L. (1999).
- <sup>138</sup> Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York, NY: The Guilford Press.
- <sup>139</sup> Bavolek, S. J., Comstock, C. M., & McLaughlin, J. A. (1983). *The Nurturing Program: A validated approach to reducing functional family interactions*. Rockville, MD: National Institute of Mental Health; Kumpfer, K. L. (1999).
- <sup>140</sup> Bavolek, S. (1983). *The Nurturing Parenting Program: Parent trainer's manual*. Eau Claire, WI: Family Development Associates, Inc.
- <sup>141</sup> Urquiza, A. (2001). Parent-child interaction therapy (PCIT). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 74-76). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Borrego, J., & Urquiza, A. J. (1998). Importance of therapist use of social reinforcement with parents as a model for parent-child relationships: An example with parent-child interaction therapy. *Child and Family Behavior Therapy, 20*(4), 27-54; Borrego, J., Urquiza, A. J., Rasmussen, R. A., & Zebell, N. (1999). Parent-child interaction therapy with a family at high-risk for physical abuse. *Child Maltreatment, 4*, 331-342; Eyberg, S. M. (1998). Parent-child interaction therapy: Integration of traditional and behavioral concerns. *Child and Family Behavior Therapy, 10*, 33-46; Eyberg, S., & Robinson, E. A. (1982). Parent-child interaction training: Effects on family functioning. *Journal of Clinical Child Psychology, 11*, 130-137.
- <sup>142</sup> Hembree-Kigin, T., & McNeil, C. B. (1995). *Parent-child interaction therapy*. New York, NY: Plenum; Urquiza, A. J., Zebell, N., McGrath, J., & Vargas, E. (1999). *Parent-child interaction therapy: Application to high-risk and maltreating families*. Sacramento, CA: University of California Davis Medical Center, Department of Pediatrics, Child Protection Center; Urquiza, A. J., Zebell, N., McGrath, J., & Vargas, E. (1999). *Parent-child interaction therapy: Application to high-risk and maltreating families*. Videotape series. Sacramento, CA: University of California-Davis Medical Center, Department of Pediatrics, Child Protection Center; Urquiza, A. J., & McNeil, C. B. (1996). Parent-child interaction therapy: An intensive dyadic intervention for physically abusive families. *Child Maltreatment, 1*, 132-141.
- <sup>143</sup> Johnson, D. A. (2001). Parents United (child sexual abuse treatment program). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 79-84). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Child Sexual Abuse Treatment Services. (1994). *Treatment manual for child sexual abuse treatment services*. Modesto, CA: Author.
- <sup>144</sup> Kolko, D. (1996).
- <sup>145</sup> Kolko, D. (2001); Swenson, C. C., & Kolko, D. (2000).
- <sup>146</sup> Lutzker, J. R., & Rice, J. M. (1984). Project 12-Ways: Measuring outcome of a large-scale in-home service for the treatment and prevention of child abuse and neglect. *Child Abuse and Neglect, 8*, 519-524; Lutzker, J. R., & Rice, J. M. (1987). Using recidivism data to evaluate Project 12-Ways: An ecobehavioral approach to the treatment and prevention of child abuse and neglect. *Journal of Family Violence, 2*, 283-290; Dachman, R. S., Halasz, M. M., Bickett, A. D., & Lutzker, J. R. (1984). A home-based ecobehavioral parent-training and generalization package with a neglectful mother. *Education and Treatment of Children, 7*, 183-202; Campbell, R. V., O'Brien, S., Bickett, A., & Lutzker, J. R. (1983). In-home parent-training, treatment of migraine headaches, and marital counseling as an ecobehavioral approach to prevent child abuse. *Journal of Behavior Therapy and Experimental Psychiatry, 14*, 147-154; Tertinger, D. A., Greene, B. F., & Lutzker, J. R. (1984). Home safety: Development and validation of one component of an ecobehavioral treatment program for abused and neglected children. *Journal of Applied Behavior Analysis, 17*, 159-174; Lutzker, S. Z., Lutzker, J. R., Braunling-McMorrow, D., & Eddleman, J. (1987). Prompting to increase mother-baby stimulation with single mothers. *Journal of Child and Adolescent Psychotherapy, 4*, 3-12; Lutzker, J. R., Bigelow, K. M., Doctor, R. M., Gershater, R. M., & Greene, B. F. (1998). An ecobehavioral model for the prevention and treatment of child abuse and neglect. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 239-266). New York, NY: Plenum.
- <sup>147</sup> Lutzker, J. R., & Rice, J. M. (1984); Lutzker, J. R. et al. (1998).
- <sup>148</sup> Kumpfer, K. L. (1998). Selective prevention interventions: The Strengthening Families program. In R. S. Ashery, E. B. Robertson, & K. L. Kumpfer (Eds.), *Drug abuse prevention through family interventions* (pp. 160-207). Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse; Kumpfer, K. L. (1999).
- <sup>149</sup> Kumpfer, K. L. (1998); Kumpfer, K. L. (1999).
- <sup>150</sup> Steele, M. L. (2001). *Beech Acres Family Center evaluation analyses*. Los Angeles, CA: Author; Kumpfer, K. L. (1999).
- <sup>151</sup> Steele, M., & Marigna, M. (1999). *Workshop manual program components: Strengthening multiethnic families and communities: A violence prevention parent training program*. Los Angeles, CA: Authors.
- <sup>152</sup> Moore, E., Armsden, G., & Gogerty, P. L. (1998). A 12-year follow-up study of maltreated and at-risk children who received early therapeutic care. *Child Maltreatment, 3*, 3-16.
- <sup>153</sup> Sheehan, L. (2001). Therapeutic child development program. In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 40-41). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Childhaven. (n.d.). *Childhaven therapeutic child development manual*. Seattle, WA: Author.
- <sup>154</sup> Berliner, L., & Saunders, B. E. (1996). Treating fear and anxiety in sexually abused children: Results of a controlled 2-year follow-up study. *Child Maltreatment, 1*(4), 294-309; Celano, M., Hazzard, A., Webb, C., & McCall, C. (1996). Treatment of traumagenic beliefs among sexually abused girls and their mothers: An evaluation study. *Journal of Abnormal Child Psychology, 24*, 1-16; Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study

- for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 428-50; Cohen, J. A., & Mannarino, A. P. (1997). A treatment study of sexually abused preschool children: Outcome during a 1-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 1228-1235; Cohen, J. A., & Mannarino, A. P. (1998). Interventions for sexually abused children: Initial treatment findings. *Child Maltreatment*, 3, 17-26; Deblinger, E., McLeer, S. V., & Henry, D. (1990). Cognitive behavioral treatment for sexually abused children suffering post-traumatic stress: Preliminary findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 19, 747-752; Deblinger, E., Lippman, J., & Steer, R. (1996). Sexually abused children suffering traumatic stress symptoms: Initial treatment outcome findings. *Child Maltreatment*, 1, 310-321; Deblinger, E., Steer, R. A., & Lippmann, J. (1999). Two-year follow-up study of cognitive behavioral therapy for sexually abused children suffering post-traumatic stress symptoms. *Child Abuse and Neglect*, 23, 1371-1378; Stauffer, L., & Deblinger, E. (1996). Cognitive behavioral groups for nonoffending mothers and their young sexually abused children: A preliminary treatment outcome study. *Child Maltreatment*, 1, 65-67.
- 155 Cohen, J., & Deblinger, E. (2001). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 42-44). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Cohen, J., & Mannarino, A. P. (1993). A treatment model for sexually abused preschoolers. *Journal of Interpersonal Violence*, 8, 115-131; Deblinger, E., & Heflin, A. H. (1996). *Treatment for sexually abused children and their nonoffending parents: A cognitive-behavioral approach*. Thousand Oaks, CA: Sage.
- 156 Friedrich, W. N. (2001). Trauma-focused integrative-eclectic therapy (IET). In B. E. Saunders, L. Berliner, & R. F. Hanson (Eds.), *Guidelines for the psychosocial treatment of intrafamilial child physical and sexual abuse* (pp. 38-39). Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center; Friedrich, W. N. (1998). Treating sexual behavior problems in children: A treatment manual. (Available from the author at the Mayo Clinic, Department of Psychiatry and Psychology, Rochester, MN 55905); Friedrich, W. N. (1995). *Psychotherapy with sexually abused boys*. Thousand Oaks, CA: Sage; Friedrich, W. N., Luecke, W. J., Beilke, R. L., & Place, V. (1991). Group treatment of sexually abused boys: An agency study. *Journal of Interpersonal Violence*, 7, 396-409.
- 157 Morton, T. (2000). When can a child be safely reunited with his or her family? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 522-525). Thousand Oaks, CA: Sage.
- 158 Glazer-Semmel, E. (2000). How do I prepare families for case closure? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 531-534). Thousand Oaks, CA: Sage.
- 159 Rooney, R. (1992). *Strategies for working with involuntary clients*. New York, NY: Columbia University Press.
- 160 Cournoyer, B. (2000). *The social work skills workbook* (3rd ed.). Belmont, CA: Brooks/Cole.
- 161 Rooney, R. (1992).
- 162 Glazer-Semmel, E. (2000).
- 163 DePanfilis, D. (2000d). How do I use the case record to guide intervention and provide accountability? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 598-603). Thousand Oaks, CA: Sage; Child Welfare League of America. (1999); Hepworth, D. H., Rooney, R. H., & Larsen, J. (2002). *Direct social work practice* (6th ed.). Pacific Grove, CA: Brooks/Cole.
- 164 DePanfilis, D. et al. (2000d).
- 165 DePanfilis, D. et al. (2000d).
- 166 DePanfilis, D. et al. (2000d).
- 167 Morton, T., & Salus, M. (1994). Supervising child protective services caseworkers. Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.
- 168 Morton, T., & Salus, M. (1994).
- 169 Colorado Department of Human Services, & National Child Welfare Resource Center for Management and Administration. (1994). *Standards for supervision in child welfare*. Portland, ME: University of Southern Maine, National Child Welfare Resource Center for Management and Administration.
- 170 Holder, W., & Morton, T. (1999).
- 171 Salus, M. (1996). *Case consultation and supervision*. Denver, CO: University of Denver, School of Social Work.
- 172 Salus, M. (1999). *The educational role of the supervisor*. Baton Rouge, LA: Louisiana Department of Social Services, Office of Community Services; Berg, I. K., & Kelly, S. (2000).
- 173 Griffin, W., & Bendas, J. (1985). *Risk assessment—early warning program*. Helena, MT: Montana Department of Social and Rehabilitative Services, Community Services Division.



# APPENDIX A

## Glossary of Terms

**Adjudicatory Hearings** – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

**Adoption and Safe Families Act (ASFA)** – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

**CASA** – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

**Case Closure** – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

**Case Plan** – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

**Case Planning** – the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

**Caseworker Competency** – demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

**Central Registry** – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

**Child Abuse Prevention and Treatment Act (CAPTA)** – the law (P.L. 93-247) that provides a foundation for a national definition of child abuse and neglect. Reauthorized in October 1996 (P.L. 104-235), it was up for reauthorization at the time of publication. CAPTA defines child abuse and neglect as “at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”

**Child Protective Services (CPS)** – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

**Concurrent Planning** – identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

**Cultural Competence** — a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

**Differential Response** — an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as “dual track” or “multi-track” response, it permits CPS agencies to respond differentially to children’s needs for safety, the degree of risk present, and the family’s needs for services and support. See “dual track.”

**Dispositional Hearings** — held by the juvenile and family court to determine the legal resolution of cases after adjudication, such as whether placement of the child in out-of-home care is necessary, and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

**Dual Track** — term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See “differential response.”

**Evaluation of Family Progress** — the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

**Family Assessment** — the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

**Family Group Conferencing** — a family meeting model used by CPS agencies to optimize family

strengths in the planning process. This model brings the family, extended family, and others important in the family’s life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

**Family Unity Model** — a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

**Full Disclosure** — CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

**Guardian ad Litem** — a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the “best interest” of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

**Home Visitation Programs** — prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family’s home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

**Immunity** — established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

**Initial Assessment or Investigation** — the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child’s protection, and determines services needed.

---

**Intake** — the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

**Interview Protocol** — a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

**Juvenile and Family Courts** — established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

**Kinship Care** — formal child placement by the juvenile court and child welfare agency in the home of a child’s relative.

**Liaison** — the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

**Mandated Reporter** — people required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers, but some States require all citizens to be mandated reporters.

**Multidisciplinary Team** — established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

**Neglect** — the failure to provide for the child’s basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

**Out-of-Home Care** — child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

**Parent or caretaker** — person responsible for the care of the child.

***Parens Patriae Doctrine*** — originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State’s power to ensure the protection and rights of children as a unique class.

**Physical Abuse** — the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child’s age.

**Primary Prevention** — activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as “universal prevention.”

**Protocol** — an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

**Protective Factors** — strengths and resources that appear to mediate or serve as a “buffer” against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

**Psychological Maltreatment** — a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another’s needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term “psychological maltreatment” is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

**Response Time** — a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

**Review Hearings** — held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

**Risk** — the likelihood that a child will be maltreated in the future.

**Risk Assessment** — to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

**Risk Factors** — behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

**Safety** — absence of an imminent or immediate threat of moderate-to-serious harm to the child.

**Safety Assessment** — a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

**Safety Plan** — a casework document developed when it is determined that the child is in imminent risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child’s protection.

**Secondary Prevention** — activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

**Service Agreement** — the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

**Service Provision** — the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

**Sexual Abuse** — inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child’s genitals, making the child fondle the adult’s genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

**Substantiated** — an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that



---

credible evidence exists that child abuse or neglect has occurred.

**Tertiary Prevention** — treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

**Treatment** — the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

**Universal Prevention** — activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as “primary prevention.”

**Unsubstantiated (not substantiated)** — an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.



## APPENDIX B

# Resource Listings of Selected National Organizations Concerned with Child Maltreatment

Listed below are several representatives of the many national organizations and groups that deal with various aspects of child maltreatment. Please visit [www.calib.com/nccanch](http://www.calib.com/nccanch) to view a more comprehensive list of resources and visit [www.calib.com/nccanch/database/index.cfm](http://www.calib.com/nccanch/database/index.cfm) to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

---

### CHILD WELFARE ORGANIZATIONS

---

#### American Humane Association Children's Division

address: 63 Inverness Dr., East  
Englewood, CO 80112-5117

phone: (800) 227-4645  
(303) 792-9900

fax: (303) 792-5333

e-mail: [children@americanhumane.org](mailto:children@americanhumane.org)

Web site: [www.americanhumane.org](http://www.americanhumane.org)

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

#### American Public Human Services Association

address: 810 First St., NE, Suite 500  
Washington, DC 20002-4267

phone: (202) 682-0100

fax: (202) 289-6555

Web site: [www.aphsa.org](http://www.aphsa.org)

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.

---

**American Professional Society on the Abuse of Children**

address: 940 N.E. 13th St.  
CHO 3B-3406  
Oklahoma City, OK 73104

phone: (405) 271-8202

fax: (405) 271-2931

e-mail: [tricia-williams@ouhsc.edu](mailto:tricia-williams@ouhsc.edu)

Web site: [www.apsac.org](http://www.apsac.org)

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

**AVANCE Family Support and Education Program**

address: 301 South Frio, Suite 380  
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4612

Web site: [www.avance.org](http://www.avance.org)

Operates a national training center to share and disseminate information, material, and curricula to service providers and policy-makers interested in supporting high-risk Hispanic families.

**Child Welfare League of America**

address: 440 First St., NW, Third Floor  
Washington, DC 20001-2085

phone: (202) 638-2952

fax: (202) 638-4004

Web site: [www.cwla.org](http://www.cwla.org)

Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

**National Black Child Development Institute**

address: 1023 15<sup>th</sup> St., NW, Suite 600  
Washington, DC 20005

phone: (202) 387-1281

fax: (202) 234-1738

e-mail: [moreinfo@nbcidi.org](mailto:moreinfo@nbcidi.org)

Web site: [www.nbcidi.org](http://www.nbcidi.org)

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

**National Children's Advocacy Center**

address: 200 Westside Sq., Suite 700  
Huntsville AL 35801

phone: (256) 533-0531

fax: (256) 534-6883

e-mail: [webmaster@ncac-hsv.org](mailto:webmaster@ncac-hsv.org)

Web site: [www.ncac-hsv.org](http://www.ncac-hsv.org)

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

**National Indian Child Welfare Association**

address: 5100 SW Macadam Ave., Suite 300  
Portland, OR 97201

phone: (503) 222-4044

fax: (503) 222-4007

e-mail: [info@nicwa.org](mailto:info@nicwa.org)

Web site: [www.nicwa.org](http://www.nicwa.org)

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

---

## NATIONAL RESOURCE CENTERS

---

### **National Resource Center on Child Maltreatment**

address: Child Welfare Institute  
3950 Shackleford Rd., Suite 175  
Duluth, GA 30096

phone: (770) 935-8484

fax: (770) 935-0344

e-mail: [tsmith@gocwi.org](mailto:tsmith@gocwi.org)

Web site: [www.gocwi.org/nrccm](http://www.gocwi.org/nrccm)

Helps States, local agencies, and Tribes develop effective and efficient child protective services systems. Jointly operated by the Child Welfare Institute and ACTION for Child Protection, it responds to needs related to prevention, identification, intervention, and treatment of child abuse and neglect.

### **National Resource Center on Domestic Violence: Child Protection and Custody**

address: Family Violence Department  
National Council of Juvenile and Family Court Judges  
P.O. Box 8970  
Reno, NV 89507

phone: (800) 527-3223

fax: (775) 784-6160

e-mail: [info@dvlawsearch.com](mailto:info@dvlawsearch.com)

Web site: [www.nationalcouncilfvd.org/res\\_center](http://www.nationalcouncilfvd.org/res_center)

Promotes improved court responses to family violence through demonstration programs, professional training, technical assistance, national conferences, and publications.

### **National Child Welfare Resource Center for Family-Centered Practice**

address: Learning Systems Group  
1150 Connecticut Ave., NW, Suite 1100  
Washington, DC 20036

phone: (800) 628-8442

fax: (202) 628-3812

e-mail: [info@cwresource.org](mailto:info@cwresource.org)

Web site: [www.cwresource.org](http://www.cwresource.org)

Helps child welfare agencies and Tribes use family-centered practice to implement the tenets of the Adoption and Safe Families Act to ensure the safety and well-being of children while meeting the needs of families.

### **National Child Welfare Resource Center on Legal and Judicial Issues**

address: ABA Center on Children and the Law  
740 15<sup>th</sup> St., NW  
Washington, DC 20005-1019

phone: (800) 285-2221 (Service Center)  
(202) 662-1720

fax: (202) 662-1755

e-mail: [ctrchildlaw@abanet.org](mailto:ctrchildlaw@abanet.org)

Web site: [www.abanet.org/child](http://www.abanet.org/child)

Promotes improvement of laws and policies affecting children and provides education in child-related law.

---

## PREVENTION ORGANIZATIONS

---

### **National Alliance of Children's Trust and Prevention Funds**

address: Michigan State University  
Department of Psychology  
East Lansing, MI 48824-1117

phone: (517) 432-5096

fax: (517) 432-2476

e-mail: [millsda@msu.edu](mailto:millsda@msu.edu)

Web site: [www.ctfalliance.org](http://www.ctfalliance.org)

Assists State children's trust and prevention funds to strengthen families and protect children from harm.

### **Prevent Child Abuse America**

address: 200 South Michigan Ave., 17<sup>th</sup> Floor  
Chicago, IL 60604-2404

phone: (800) 835-2671 (orders)  
(312) 663-3520

fax: (312) 939-8962

e-mail: [mailbox@preventchildabuse.org](mailto:mailbox@preventchildabuse.org)

Web site: [www.preventchildabuse.org](http://www.preventchildabuse.org)

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

### **Shaken Baby Syndrome Prevention Plus**

address: 649 Main St., Suite B  
Groveport, OH 43125

phone: (800) 858-5222  
(614) 836-8360

fax: (614) 836-8359

e-mail: [sbspp@aol.com](mailto:sbspp@aol.com)

Web site: [www.sbsplus.com](http://www.sbsplus.com)

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of child abuse and to increase positive parenting and child care.

---

## COMMUNITY PARTNERS

---

### **The Center for Faith-Based and Community Initiatives**

e-mail: [CFBCI@hhs.gov](mailto:CFBCI@hhs.gov)

Web site: [www.hhs.gov/faith/](http://www.hhs.gov/faith/)

Welcomes the participation of faith-based and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start, programs for refugee resettlement, runaway and homeless youth, independent living, childcare, child support enforcement, and child welfare.

---

### **Family Support America**

(formerly Family Resource Coalition of America)

address: 20 N. Wacker Dr., Suite 1100  
Chicago, IL 60606

phone: (312) 338-0900

fax: (312) 338-1522

e-mail: [info@familysupportamerica.org](mailto:info@familysupportamerica.org)

Web site: [www.familysupportamerica.org](http://www.familysupportamerica.org)

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

### **National Exchange Club Foundation for the Prevention of Child Abuse**

address: 3050 Central Ave.  
Toledo, OH 43606-1700

phone: (800) 924-2643  
(419) 535-3232

fax: (419) 535-1989

e-mail: [info@preventchildabuse.com](mailto:info@preventchildabuse.com)

Web site: [www.nationalexchangeclub.com](http://www.nationalexchangeclub.com)

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

### **National Fatherhood Initiative**

address: 101 Lake Forest Blvd., Suite 360  
Gaithersburg, MD 20877

phone: (301) 948-0599

fax: (301) 948-4325

Web site: [www.fatherhood.org](http://www.fatherhood.org)

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

---

### **FOR THE GENERAL PUBLIC**

---

### **Childhelp USA**

address: 15757 North 78<sup>th</sup> St.  
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD  
(800) 2-A-CHILD (TDD line)  
(480) 922-8212

fax: (480) 922-7061

e-mail: [help@childhelpusa.org](mailto:help@childhelpusa.org)

Web site: [www.childhelpusa.org](http://www.childhelpusa.org)

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

### **National Center for Missing and Exploited Children**

address: Charles B. Wang International  
Children's Building  
699 Prince St.  
Alexandria, VA 22314-3175

phone: (800) 843-5678  
(703) 274-3900

fax: (703) 274-2220

Web site: [www.missingkids.com](http://www.missingkids.com)

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

---

**Parents Anonymous**

address: 675 West Foothill Blvd., Suite 220  
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: [parentsanon@msn.com](mailto:parentsanon@msn.com)

Web site: [www.parentsanonymous.org](http://www.parentsanonymous.org)

Leads mutual support groups to help parents provide nurturing environments for their families.

---

**FOR MORE INFORMATION**

---

**National Clearinghouse on Child Abuse and Neglect Information**

address: 330 C St., SW  
Washington, DC 20447

phone: (800) 394-3366  
(703) 385-7565

fax: (703) 385-3206

e-mail: [nccanch@calib.com](mailto:nccanch@calib.com)

Web site: [www.calib.com/nccanch](http://www.calib.com/nccanch)

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.



## APPENDIX C

# State Toll-free Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have an in-State toll-free telephone number, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid.**

For States not listed or when the reporting party resides in a different State than the child, please call **Childhelp, 800-4-A-Child (800-422-4453)**, or your local CPS agency.

**Alaska (AK)**  
800-478-4444

**Arizona (AZ)**  
888-SOS-CHILD  
(888-767-2445)

**Arkansas (AR)**  
800-482-5964

**Connecticut (CT)**  
800-842-2288  
800-624-5518 (TDD)

**Delaware (DE)**  
800-292-9582

**Florida (FL)**  
800-96-ABUSE  
(800-962-2873)

**Illinois (IL)**  
800-252-2873

**Indiana (IN)**  
800-800-5556

**Iowa (IA)**  
800-362-2178

**Kansas (KS)**  
800-922-5330

**Kentucky (KY)**  
800-752-6200

**Maine (ME)**  
800-452-1999

**Maryland (MD)**  
800-332-6347

**Massachusetts (MA)**  
800-792-5200

**Michigan (MI)**  
800-942-4357

**Mississippi (MS)**  
800-222-8000

**Missouri (MO)**  
800-392-3738

**Montana (MT)**  
800-332-6100

**Nebraska (NE)**  
800-652-1999

**Nevada (NV)**  
800-992-5757

---

**New Hampshire (NH)**  
800-894-5533  
800-852-3388 (after hours)

**New Jersey (NJ)**  
800-792-8610  
800-835-5510 (TDD)

**New Mexico (NM)**  
800-797-3260

**New York (NY)**  
800-342-3720

**North Dakota (ND)**  
800-245-3736

**Oklahoma (OK)**  
800-522-3511

**Oregon (OR)**  
800-854-3508, ext. 2402

**Pennsylvania (PA)**  
800-932-0313

**Rhode Island (RI)**  
800-RI-CHILD  
(800-742-4453)

**Texas (TX)**  
800-252-5400

**Utah (UT)**  
800-678-9399

**Vermont (VT)**  
800-649-5285

**Virginia (VA)**  
800-552-7096

**Washington (WA)**  
866-END-HARM  
(866-363-4276)

**West Virginia (WV)**  
800-352-6513

**Wyoming (WY)**  
800-457-3659

## APPENDIX D

# National Association of Social Workers Code of Ethics

The National Association of Social Workers Code of Ethics provides guidance regarding the everyday professional conduct of all social workers, including child protective services (CPS) caseworkers. The following standards are based on guidelines for professional conduct with clients:

**Commitment to clients.** A CPS caseworker's primary responsibility is to assure child safety, child permanence, child well-being, and family well-being.

**Self-determination.** CPS caseworkers respect and promote the right of clients to self-determination and help clients identify and clarify their goals. The right to self-determination may be limited when the caseworker, in their professional judgment, determines that the clients' actions or potential actions pose a serious and foreseeable, imminent risk to their children.

**Informed consent.** CPS caseworkers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. In instances where clients are receiving services involuntarily, CPS caseworkers should provide information about the nature and extent of services and about the extent of clients' right to refuse the services.

**Competence.** CPS caseworkers should provide services and represent themselves as competent only within the boundaries of their education, preservice and inservice training, license, and certification.

**Cultural competence and social diversity.** CPS caseworkers should understand culture and its function in human behavior, recognizing the strengths in all cultures. Caseworkers should be knowledgeable about their clients' cultures and demonstrate competence in providing services that are sensitive to the cultures and to differences among people and cultural groups.

**Conflicts of interest.** CPS caseworkers should be alert to and avoid any conflict of interest that may interfere with the exercise of professional discretion and impartial judgment. Caseworkers should not take any unfair advantage of a professional relationship or exploit others for personal gain.

**Privacy and confidentiality.** CPS caseworkers should respect the child and family's right to privacy. They should not solicit private information from clients unless it is essential to assuring safety, providing services, or achieving permanence for children. Caseworkers can disclose information with consent from the client or person legally responsible for the client's behalf. Caseworkers should discuss with clients and other interested parties the nature of the confidentiality and the limitations and rights of confidentiality. Caseworkers should protect the confidentiality of all information, except when disclosure is necessary to prevent serious, foreseeable, and imminent harm to the child.

---

**Access to records.** Caseworkers should provide clients with reasonable access to the records about them. Caseworkers should limit client access to records when there is compelling evidence that such access could cause serious harm to the child or family. When providing access to records, caseworkers must protect the confidentiality of other individuals identified in the record, such as the name of the reporter.

**Sexual relationships.** Caseworkers should not, under any circumstances, engage in sexual activities or sexual contact with current or former clients, client's relatives, or others with whom the client maintains a close personal relationship when there is a risk of exploitation or potential harm to the client. Caseworkers should not provide clinical services to individuals with whom they have had a prior sexual relationship.

**Sexual harassment.** Caseworkers should not make sexual advances or sexual solicitation, request sexual

favours, or engage in other verbal or physical conduct of a sexual nature with clients.

**Physical contact.** Caseworkers should not engage in physical contact with children and parents when there is a possibility of psychological harm.

**Derogatory language.** Caseworkers should never use derogatory language in their verbal or written communication about clients. Caseworkers should use behavioral, respectful, and sensitive language in their communications to and about clients.

**Clients who lack decision making capacity.** When acting on behalf of clients who lack the capacity to make informed decisions, caseworkers should take reasonable steps to safeguard the interests and rights of those clients.

**Termination of services.** CPS caseworkers should terminate services to clients when child safety is assured or permanence has been achieved.

---

Source: National Association of Social Workers. (1999). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.



**To view or obtain copies of other manuals in this series, contact the  
National Clearinghouse on Child Abuse and Neglect Information at:**

**800-FYI-3366**

**[nccanch@calib.com](mailto:nccanch@calib.com)**

**[www.calib.com/nccanch/pubs/usermanual.cfm](http://www.calib.com/nccanch/pubs/usermanual.cfm)**