Glossary

The following is a glossary of definitions for key terms and concepts used in this course.

Adjudication hearing—In child welfare proceedings, the trial stage at which the court determines whether allegations of abuse or neglect concerning a child are sustained by the evidence and, if so, are legally sufficient to support state intervention on behalf of the child; provides the basis for state intervention into a family, as opposed to the disposition hearing, which concerns the nature of such intervention; in some states, adjudication hearings are referred to as "jurisdictional" or "fact-finding" hearings.

Adoption and Safe Families Act of 1997 (P.L. 105-96)—On November 19, 1997, the President signed into law the Adoption and Safe Families Act of 1997 (ASFA), which amended Titles VI-B and IV-E of the Social Security Act to clarify certain provisions of P.L. 96-272. ASFA made changes in a wide range of policies established under the Adoption Assistance and Child Welfare Act to improve the safety of children, to promote adoption and other permanent homes for children, and to support families.

Assessment in child welfare—Broadly refers to gathering information that affects a child's immediate safety, potential risk of future harm, and a family's level of functioning and well-being based on their strengths and needs. These include safety, risk, and family assessment.

Biopsychosocial—Describes an approach or model that takes into account the biological, psychological, and social factors or perspectives related to substance use and/or mental disorders. A biopsychosocial perspective on addiction promotes the integration of different perspectives on the illness; explains and preserves some common clinical dimensions; necessitates multidimensional assessment; and promotes effective matching of the client with individually prescribed treatment.

Behavioral therapies—Psychotherapy that aims to stop or reduce a problem behavior in both substance use and mental disorders. There are various types of behavioral therapies, including behavior modification, psychotherapy, assertiveness training, cognitive behavioral therapy, and aversion therapy, to name a few.

Case plan—An individualized plan of action with measurable goals and outcomes developed together by a family and child welfare services worker to ameliorate risk to children and ensure their safety, permanency, and well-being.

Child abuse—To hurt or injure a child by maltreatment. As defined by statutes in the majority of states, the term is generally limited to maltreatment that causes or threatens to cause lasting harm to a child.

Child neglect—To fail to give proper attention to a child; to deprive a child; to allow a lapse in care and supervision that causes or threatens to cause lasting harm to a child; to fail to perform or discharge a duty to a child, such as medical neglect or educational neglect.

Child protective services (CPS)—The division within child welfare services that is responsible for maintaining a child abuse and neglect referral system and for determining whether a child is in need of protection.

Child welfare services (CWS)—Includes the broad continuum of programs and strategies designed to protect children from child abuse and neglect and to strengthen families.

Child welfare services staff (CWS staff)—Child welfare workers, social workers and other personnel with specialized knowledge and skills that provide services to prevent and intervene with families at risk of and involved with child abuse and neglect.

Co-occurring disorders—Refers generally to coexisting substance use and mental disorders, including the spectrums of mental illnesses and the spectrums of substance abuse and dependence as defined by the diagnostic criteria of the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV/DSM-IV-TR).

Dependency cases—Cases that go before a juvenile court in which allegations of child abuse or neglect are heard. The specific definition of a dependency case and a dependent child varies by State statute.

Dependent child—A person under the age of 18 who is subject to the jurisdiction of the court because of child abuse, or neglect, or lack of proper care.

Diagnosis of a mental disorder—Using criteria established by the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision to determine if a person is classified as having a mental illness.

Diagnosis of a substance use disorder—Using criteria established by the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision to determine if a person is classified as a substance user, substance abuser, or is substance dependent.

Diagnosis of a co-occurring disorder—Using criteria established by the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision to determine if a person is classified as having a co-occurring substance use disorder and mental disorder.

Disposition hearing—The stage of the juvenile court process in which, after finding that a child is within jurisdiction of the court, the court determines who shall have custody and control of a child; elicits judicial decision as to whether to continue out-of-home placement or to remove a child from home; service plans, treatment plans, and conditions of placement are discussed and determined.

Family assessment—Evaluates how well a family is functioning in several domains that affect child and family well-being, including needs and strengths of the family.

Identification of a child who is potentially a victim of abuse and/or neglect—An awareness of behaviors, signs, or symptoms indicating that there is reasonable suspicion that a child has been the victim of abuse and/or neglect. Some health, social service and education professionals are required by law to report such suspicions to child protective services.

Identification of a person with a potential mental disorder—Observations or knowledge that a person's mental illness is associated with adverse consequences in areas of life functioning,

such as interpersonal relationships, family responsibilities, employment, criminality, and/or substance use.

Identification of a person with a potential substance use disorder—Observations or knowledge that a person's substance use is associated with adverse consequences in areas of life functioning, such as interpersonal relationships, family responsibilities, employment, criminality, and/or emotional well-being.

Identification of a person with a co-occurring mental disorder and substance use disorder—Observations or knowledge that a person's mental illness and substance use are associated with adverse consequences in areas of life functioning, such as interpersonal relationships, family responsibilities, employment, and/or criminality.

Intake—Refers to the step that follows referral in which a person is admitted to a treatment program; a type of "in-processing", in which a person formally enters treatment for a substance use or mental disorder.

Mental disorders—Include the spectrums of mental illnesses as defined by the diagnostic criteria of the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV/DSM-IV-TR).

Mental health treatment (also treatment)—Includes the broad continuum of programs and strategies designed to prevent and treat mental illness and ameliorate adverse consequences associated with mental illnesses.

Mental health treatment professional (also counselor, provider)—Refers to counselors and other personnel with specialized knowledge and skills to provide services that prevent, intervene, and treat mental disorders.

Minimum sufficient level of care—A "minimum sufficient level of care" is the point below which a home is considered inadequate for the care of a particular child. It is a practice value and decision-making guide that helps workers and judges ensure that children are safe but also not removed from their families unnecessarily. This practice value is reinforced by Federal policy that requires the safety and well-being of children be protected under ASFA.

Permanency planning hearing—A special type of post-dispositional proceeding designed to reach a decision concerning the permanent placement of a child. ASFA established a permanency planning hearing within 12 months of a child's placement, rather than within 18 months as in current law. At the hearing there must be a determination whether and when a child will be returned home, placed for adoption and a termination of parental rights petition filed or referred for legal guardianship, or, when other options are not appropriate, another planned permanent living arrangement made. For children for whom a court determines reasonable efforts to reunify are not required, a permanency planning hearing must be held within 30 days of such determination.

Pharmacotherapies—Are medications intended to ameliorate or abate the effects of a particular illness or health behavior, in this case, substance use or mental disorders. Pharmacotherapies may be used on a short-term basis to manage intoxication, overdose, withdrawal, or symptoms of a mental disorder, or on a long-term basis to manage the addiction itself and maintain sobriety, such as with bupropion SR, nicotine gum/inhaler/spray/patch for

smoking cessation, and methadone maintenance to achieve and maintain recovery from heroin addiction, or to help the individual manage symptoms of a mental disorder.

Preliminary protective hearing—The first court hearing in a juvenile abuse or neglect case, referred to in some jurisdictions as a "shelter care hearing," "detention hearing," "emergency removal hearing," or "temporary custody hearing," occurs either immediately before or immediately after the child is removed from home on an emergency basis; may be preceded by an ex parte order directing placement of the child; and in extreme emergency cases may constitute the first judicial review of a child placed without prior court approval.

Reasonable efforts—The reasonable efforts requirement of the Federal law is designed to ensure that families are provided with services to prevent their disruption and to respond to the problems of unnecessary disruption of families and foster care drift. Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, required that "reasonable efforts" be made to prevent or eliminate the need for removal of a dependent, neglected, or abused child from the child's home and to reunify the family if the child is removed. To enforce this provision, the juvenile court must determine, in each case where Federal reimbursement is sought, whether the agency has made the required reasonable efforts. (42 U.S.C. 671(a)(15), 672(a)(1).)

ASFA expanded reasonable efforts provisions by requiring that when a court determines that reasonable efforts to reunify are not required, a permanency planning hearing must be held within 30 days of such determination. Reasonable efforts also must be made to place the child in a timely manner in accordance with the permanency plan and to complete whatever steps are necessary to finalize the plan.

Recovery—Describes the process by which a person becomes aware of the substance use, mental disorder, or co-occurring disorders as a problem and initiates and maintains a substance-free or symptom-managed life and, as a part of that process, generally achieves a stronger sense of balance and control of his or her life. Recovery is a life-long process that takes place over time and often in specific stages. In addition to abstinence from inappropriate substance use and management of mental disorder symptoms, recovery includes a full return to biopsychosocial functioning (HHS/SAMHSA, 1996). The Developmental Model of Recovery includes six steps: Transition; Stabilization; Early Recovery; Middle Recovery; Late Recovery; and Maintenance.

Review hearing—Court proceedings that take place after disposition in which the court comprehensively reviews the status of a case, examines progress made by the parties since the conclusion of the disposition hearing, provides for correction and revision of the case plan, and makes sure that cases progress and children spend as short a time as possible in temporary placement.

Referral—Describes the step that follows screening in which a person receives instructions and possibly support to seek treatment for a substance use disorder, mental disorder or co-occurring disorders.

Relapse—Not an isolated event, but rather a process in which an individual becomes dysfunctional or unable to cope with life in sobriety or to successfully manage symptoms of a mental disorder, and thus can no longer avoid using a substance or function effectively. This process may lead to renewed alcohol or drug use, physical or emotional collapse, return of mental disorder symptoms, or even suicide. Predictable and identifiable warning signs, such as

physical, psychological, or social distress, and seeking out social situations involving substance-using or non-supportive people, often begin long before the relapse occurs (HHS, 1999).

Risk assessment—Evaluates potential future threats to the life or well-being of a child in the context of existing protective factors.

Screening for co-occurring disorders—A set of routinely administered observations and questions that may lead to a determination that a person has a potential substance use disorder and co-occurring mental disorder. Screening is conducted by child welfare service staff as well as community-based providers, hospital staff, other health or social services agency staff, or may be a specialized service conducted by an alcohol or drug counselor or mental health counselor.

Screening for mental disorders—A set of routinely administered observations and questions leading to a determination that a person has a potential mental disorder. Screening is conducted by child welfare service staff as well as community-based providers, hospital staff, other health or social services agency staff, or may be a specialized service conducted by a mental health counselor.

Screening for substance use disorders—A set of routinely administered observations and questions leading to a determination that a person has a potential substance use disorder. Screening is conducted by child welfare service staff as well as community-based providers, hospital staff, other health or social services agency staff, or may be a specialized service conducted by an alcohol or drug counselor.

Screening for child abuse and/or neglect—Observations and questions leading to a determination that a child may be or have been the victim of abuse and/or neglect. These observations or questions are centered on issues of physical or sexual abuse, deprivation and neglect of basic needs or child's well-being.

Substance abuse—A pattern of substance use that results in at least one of four consequences: (1) failure to fulfill role obligations; (2) use placing one in danger (e.g., driving under the influence); (3) legal consequences; or (4) interpersonal or social problems.

Substance abuse treatment (also treatment)—Includes the broad continuum of programs and strategies designed to prevent and treat substance abuse and dependence and ameliorate adverse consequences associated with substance use.

Substance abuse treatment professional (also counselor, provider)—Refers to counselors and other personnel with specialized knowledge and skills to provide services that prevent, intervene, and treat substance use disorders.

Substance dependence—A pattern of use resulting in at least three of seven dependence criteria as specified in the DSM IV/TR: (1) tolerance; (2) withdrawal; (3) unplanned use; (4) persistent desire or failure to reduce use; (5) spending a great deal of time using; (6) sacrificing activities to use; or (7) physical or psychological problems related to use. In this course, the term dependence is used interchangeably with addiction.

Substance use—The consumption of legal and/or illegal psychoactive substances.

Substance use disorders (SUDs)—Include the spectrums of substance abuse and dependence as defined by the diagnostic criteria of the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV/DSM-IV-TR).

Termination of parental rights (TPR) hearing—A hearing or trial in which severance of all legal ties between child and parents is sought, and in which the burden of proof must be by clear and convincing evidence; also referred to in some states as a "severance," "guardianship with the power to consent to adoption," "permanent commitment," "permanent neglect," or "modification" hearing. ASFA requires that a termination of parental rights petition must be filed, except in certain cases, when a child of any age is under the responsibility of the state for 15 months out of the most recent 22 months. (The clock starts to run on the date of the first judicial finding of abuse or neglect or 60 days after the child is removed from the home, whichever is earlier.) ASFA also requires that a termination petition be filed when a court has determined a child to be an abandoned infant, or in cases where a parent has committed murder or voluntary manslaughter of another child of the parent or a felony assault that has resulted in serious bodily injury to the child or another child. ASFA lists some exceptions that can be made to these requirements.

Treatment plan—An individualized plan of action with measurable goals and outcomes developed by a client and substance abuse or mental health specialist to reduce substance use and related adverse consequences or to address symptom management from a mental disorder.

Withdrawal—Refers to the voluntary (through seeking treatment) or involuntary (through not being able to obtain the substance) absence of substance use after a tolerance has been established through prolonged and/or heavy use. When an individual is described as "going through withdrawal," she or he may exhibit mild, moderate, or severe physical and psychological symptoms depending on the level of previous use, the substance used, and the person's condition.

Withdrawal symptoms—Refer to the physical and psychological effects of withdrawal. Mild to moderate psychological symptoms include the feeling of jumpiness or nervousness; feeling of shakiness; anxiety; irritability or excitability; emotional volatility; depression; fatigue; difficulty thinking clearly; and bad dreams. Mild to moderate psychological symptoms include headache; sweating (especially palms and face); nausea; vomiting; loss of appetite; insomnia and sleep difficulties; paleness; rapid heart rate; enlarged pupils; clammy skin; hand tremors or eyelid twitching. Severe symptoms include a state of confusion and visual hallucinations called delirium tremens; agitation; fever; convulsions; and blackouts.