



Glossary

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

Abandonment—When a parent’s identity or whereabouts are unknown, the child has been left by the parent in circumstances in which the child suffers serious harm, or the parent has failed to maintain contact with the child or to provide reasonable support for a specified period of time.

Active efforts—Actions that the Indian Child Welfare Act (ICWA) requires of states regarding American Indian families. ICWA mandates the states to make active efforts in every ICWA case in two ways: 1) Provide services to the family to prevent removal of an American Indian child from his or her parent or tribal custodian, and 2) reunify an American Indian child with his or her parent or tribal custodian after removal.

Addiction—A chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain.

Adjudication hearing—The trial stage, in child welfare proceedings, 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. The adjudication hearing 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.

Administration for Children and Families (ACF)—A federal agency within the U.S. Department of Health and Human Services that funds state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families. Actual services are provided by state, county, city, and tribal governments and by public and private local agencies. ACF assists these organizations through funding, policy direction, and information services.

Adoption—The social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family.

Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89)—A law that made changes in a wide range of policies established under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) to improve the safety of children, promote adoption and other permanent homes for children, and support families. ASFA amended Titles VI-B and IV-E of the Social Security Act to clarify certain provisions of P.L. 96-272.

American Society of Addiction Medicine (ASAM)—A professional medical society representing over 5,500 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access to and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. The ASAM criteria are the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer and discharge of patients with addiction and co-occurring conditions and are required in over 30 states.

Anxiety disorders—Disorders that share features of excessive fear and anxiety and related behavioral disturbances. Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods.

Assessment in child welfare—The gathering of 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.

Behavioral therapy—Psychotherapy that aims to stop or reduce a problem behavior, such as a substance use disorder. There are various types of behavioral therapies, including behavior modification, psychotherapy, assertiveness training, cognitive behavioral therapy, and aversion therapy.

Biopsychosocial—An approach or model that takes into account the biological, psychological, and social factors or perspectives, in this case, related to substance use disorders.

Bipolar and related disorders—A category that includes bipolar I disorder, bipolar II disorder, cyclothymic disorder, substance/medication-induced bipolar and related disorder, bipolar and related disorder due to another condition, other specified bipolar and related disorder, and unspecified bipolar and related disorder.

Caseload—The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).

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

Child abuse—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 that presents an imminent risk of serious harm.

Child Abuse Prevention and Treatment Act (CAPTA)—Law that provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including American Indian tribes and tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and establishes a national clearinghouse of information relating to child abuse and neglect.

Child neglect—The failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child’s health, safety, and well-being are threatened with harm.

Child Protective Services (CPS)—The name of a governmental agency in many states responsible for providing child protection, which includes responding to reports of child abuse or neglect.

Comprehensive Addiction and Recovery Act (CARA)—Federal law, signed into law in 2016, that is part of a comprehensive effort to address the opioid epidemic, encompassing prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. While CARA ([P.L. 114-198](#)) authorizes over \$181 million each year in new funding to fight the opioid

epidemic, monies must be appropriated every year through the regular [appropriations process](#) in order for it to be distributed in accordance with the law.

Community-based agency—A private organization (including a church or other religious entity) that is representative of a community or a significant segment of a community and is engaged in meeting human, educational, environmental, or public safety community needs.

Community-based approach—An approach in which agencies and their partners not only provide relevant and individualized services in the community in which a young person lives, but also include community input in the administrative and policy-making work of building a system of care.

Co-occurring disorders—The existence of both a mental health and a substance use disorder.

Culture—Characteristics related to race, ethnicity, age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.

Dependency case—A case that goes 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 as a result of child abuse or neglect or lack of proper care.

Depressive disorders—The presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. Includes disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)—The 2013 update to the *Diagnostic and Statistical Manual of Mental Disorders*, the taxonomic and diagnostic tool published by the American Psychiatric Association.

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, and discusses service plans, treatment plans, and conditions of placement.

Dissociative disorders—Disorders characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. Frequently found in the aftermath of trauma.

Dopamine—A neurotransmitter that is released when the reward circuit is activated in the brain.

Emotional abuse—Injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial change in behavior, emotional response, or cognition.

Evidence-based practice—An approach to clinical practice that integrates clinical expertise, scientific evidence, and client perspectives to provide high-quality services.

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

Family-centered practice—A way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. This approach focuses on children’s safety and needs within the context of their families and communities and builds on families’ strengths to achieve optimal outcomes.

Family-centered treatment—A comprehensive strategy that addresses the biopsychosocial-spiritual nature of substance use disorders. Provider approaches may differ along a continuum, from family involvement (a minimum standard of service) to family-centered services (in which children or other family members may receive their own services) to full comprehensive family-based treatment (in which all members of the family have individualized case plans and share an integrated family plan).

Family reunification services—Multifaceted strategies that are implemented by child welfare agencies and build on family strengths and concerns. Strategies include family engagement, maintenance of family and cultural connections, referrals to evidence-based services for families, regular and frequent visits among family members and with the worker, and parent education.

Family violence—Also called domestic violence, intimate partner violence, relationship violence, or interpersonal violence. A pattern of intentionally violent or controlling behavior used by a person against a family member or intimate partner to gain and maintain power and control over that person, during and/or after the relationship.

Foster care—Also known as out-of-home care. A temporary service provided by states for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.

Gender-specific treatment—Treatment that is tailored to the unique needs of an individual’s gender.

Health Insurance Portability and Accountability Act (HIPAA)—A law passed by Congress in 1996 (PL 104-191) designed to provide privacy standards to protect patients’ medical records and other health information that is provided to health plans, doctors, hospitals, and other healthcare providers.

Indian Child Welfare Act (ICWA)—A federal law passed in 1978 to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” (25 U.S.C. 1902). ICWA provides guidance to states regarding the handling of child abuse and neglect and adoption cases involving American Indian children and sets minimum standards for the handling of these cases.

Intake—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 disorder or mental illness.

Long-term residential treatment—Treatment that provides care 24 hours a day, generally in nonhospital settings, and has a duration of more than 90 days.

Medication-assisted treatment (MAT)—The use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

Mental health services—Assessment, diagnosis, treatment, or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions, or disorders.

Mental illness—A syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Minimum sufficient level of care—The point above which a home is considered adequate for the care of a particular child. This level 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 to be protected under the Adoption and Safe Families Act.

Motivational interviewing—A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Naloxone—A medication approved by FDA to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose.

National Center on Substance Abuse and Child Welfare (NCSACW)—A national resource center providing information, expert consultation, and training and technical assistance to child welfare, dependency court, and substance use disorder treatment professionals to improve family recovery, safety, and stability.

Neonatal abstinence syndrome (NAS)—A constellation of withdrawal symptoms in a newborn due to substance or medication withdrawal.

Neonatal opioid withdrawal syndrome (NOWS)—A specific form of neonatal abstinence syndrome that refers to withdrawal from opioids. The utility of the more specific NOWS term is to more accurately identify the number of infants experiencing withdrawal from opioid exposure in utero.

Neurocognitive disorders—The group of disorders in which the primary clinical deficit is in cognitive function, and that are acquired rather than developmental.

Obsessive-compulsive and related disorders—Disorders with symptoms that differ from developmentally normative preoccupations and rituals by being excessive or persisting beyond developmentally appropriate periods. The distinction between the presence of subclinical symptoms and a clinical disorder requires the assessment of a number of factors, including the individual’s level of distress and impairment in functioning.

Office of the Assistant Secretary for Planning and Evaluation (ASPE)—An office within the U.S. Department of Health and Human Services. The Assistant Secretary for Planning and Evaluation is the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis.

Opioids—Narcotics that act on opioid receptors to produce morphine-like effects. Medically, they are primarily used for pain relief, including anesthesia. Other medical uses include suppression of diarrhea, replacement therapy for opioid use disorder, reversal of opioid overdose, suppression of cough, and suppression of opioid-induced constipation.

Out-of-home care—A court-monitored process that encompasses the placements and services provided to children and families when children are removed from their home due to abuse and/or neglect. Also known as “foster care,” out-of-home care includes family foster care, kinship care, treatment foster care, and residential and group care.

Outpatient treatment programs—Programs that allow people to stay at home and in their community and maintain a regular commitment to family, work, and educational responsibilities while they receive treatment for their substance use disorder. These programs are an alternative to inpatient or residential treatment.

Permanency planning hearing—A special type of post-dispositional proceeding designed to reach a decision concerning the permanent placement of a child. The Adoption and Safe Families Act 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 or placed for adoption, and whether and when a termination of parental rights petition will be filed or the child will be referred for legal guardianship; or, when other options are not appropriate, another planned permanent living arrangement will be 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.

Personality disorder—An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

Pharmacotherapies—Medications intended to ameliorate or abate the effects of a particular illness or health behavior; in this case, substance use disorders. Pharmacotherapies may be used on a short-term basis to manage intoxication, overdose, or withdrawal, or on a long-term basis to manage the addiction itself and maintain sobriety (such as the use of bupropion nicotine gum or an inhaler, spray, or patch for smoking cessation, and methadone maintenance to achieve and maintain recovery from heroin addiction).

Plan of safe care (POSC)—In July 2016, the Comprehensive Addiction and Recovery Act was signed into law, including amendments to the Child Abuse Prevention and Treatment Act (CAPTA). The CAPTA amendments focused on improving the outcomes of infants who are identified as affected by substance abuse, experience withdrawal symptoms, or have a fetal alcohol spectrum disorder (FASD), by requiring the development of a plan of safe care that includes the treatment needs of the family/caregiver in the plan.

Posttraumatic Stress Disorder (PTSD)—A mental health condition that is triggered by experiencing or witnessing one or more traumatic events. Symptoms include flashbacks, nightmares, uncontrollable thoughts, and severe anxiety.

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." The hearing occurs either immediately before or immediately after the child is removed from home on an emergency basis, and may be preceded by an ex parte order directing placement of the child. In an extreme emergency, cases may constitute the first judicial review of a child placed without prior court approval.

Prenatal substance exposure—Fetal exposure to maternal substance and alcohol use that can significantly increase the risk for developmental and neurological disabilities in the child.

Protective factors—Characteristics that are associated with a lower likelihood of negative outcomes or reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Reasonable efforts—A federal requirement 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)).

The Adoption and Safe Families Act 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—A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery model—A holistic, person-centered approach to mental illness and substance use disorders that acknowledges an individual’s potential to recover.

Relapse—A gradual process where a person in recovery returns to his or her substance use. Predictable and identifiable warning signs occur prior to the initiation of renewed substance use, and recognizing these signs can provide an opportunity to intervene.

Reunification—A process of reconnecting children in out-of-home care with their birth families. When children can be safely reunified, this goal should be achieved in a timely manner, but without increasing the chance of re-entry into placement. The federal government measures timeliness of reunification as part of a series of outcome measures for children served by state child welfare agencies.

Review hearing—A court proceeding that takes place after the disposition hearing 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 little time as possible in temporary placement.

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

Risk factors—Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Safety assessment—The systematic collection of information on threatening family conditions and current, significant, and clearly observable threats to the safety of the youth or child.

Schizophrenia spectrum and other psychotic disorders—Disorders that are defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms. This term includes schizophrenia, other psychotic disorders, and schizotypal (personality) disorder.

Screening—A process for evaluating the possible presence of a particular problem, such as a potential substance use disorder, mental illness, or co-occurring disorder. Screening typically involves a set of observations and questions administered by a child welfare worker, substance use treatment provider, mental illness provider, healthcare provider, or other community-based provider. There are a number of evidence-based screening tools that screen for specific substances or mental illnesses.

Screening for child abuse and/or neglect—A process that involves observations and questions leading to a determination that a child may 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 the child’s well-being.

Somatic symptom and related disorders—Disorders that are characterized by the prominent focus on somatic concerns and their initial presentation, mainly in medical rather than mental healthcare settings.

Substance use disorders—A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. An important characteristic is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders.

Substance use disorder treatment—The broad continuum of programs and strategies designed to prevent and treat substance use disorders and ameliorate adverse consequences associated with substance use.

Substance use disorder treatment provider—Counselors and other personnel with specialized knowledge and skills to provide services that prevent, intervene, and treat substance use disorders.

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. The Adoption and Safe Families Act 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.)

Trauma—Results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening, with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma and stressor-related disorders—Disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion. These include reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders.

Treatment plan—An individualized plan of action with measurable goals and outcomes developed by a client and substance use disorder treatment provider to reduce substance use and related adverse consequences.

Withdrawal syndrome—A predictable group of signs and symptoms that result from either the sudden removal of or the abrupt decrease in the regular dosage of a drug.