

Appendix H

Glossary of Terms

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Following is a glossary providing definitions of terms and concepts used in this guidebook or in the fields of alcohol and drug treatment, child welfare services, and dependency courts.

Active efforts – the Indian Child Welfare Act (ICWA) requires, among other things, that States provide “active efforts” to prevent the break up of an Indian family. Active effort means not just an identification of the problems or solutions, but efforts showing an active attempt to assist in *bridging the gap*.

Adjudication hearing – in child welfare proceedings, the trial stage at which the court determines whether allegations of dependency, 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 and provides the basis for State intervention into a family, as opposed to the disposition hearing that 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.

Aftercare or continuing care – the immediate period after an intensive period of substance abuse treatment designed to support an individual’s recovery through provision of formal supports such as relapse prevention services. These supports are combined with informal community-based recovery supports, such as participation in 12-Step programs, church, or other activities that support the recovery process.

Alcohol and drug services (ADS) – includes the broad continuum of programs and strategies designed to prevent and treat substance abuse and dependence and to ameliorate adverse consequences associated with substance use.

Alcohol and drug services staff (ADS staff) – counselors and other personnel with specialized knowledge and skills to provide services that prevent, intervene, and treat substance use disorders.

Alcoholism – an illness characterized by preoccupation with alcohol and loss of control over its consumption such as to lead to intoxication if drinking is begun, by chronicity, by progression, and by tendency towards relapse. (This is a definition of the American Medical Association.)

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 its strengths and needs. The types of assessment in child welfare follow:

Safety Assessment – evaluates immediate threats to the life or well-being of a child.

Risk Assessment – evaluates potential future threats to the life or well-being of a child in the context of existing protective factors.

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.

Case plan – an individualized plan of action based on a comprehensive assessment, with measurable goals and outcomes developed 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) – social workers and other personnel with specialized knowledge and skills who provide services to prevent and intervene with families at risk of and involved with child abuse and neglect.

Community-based recovery support – informal support available to an individual that helps that individual to maintain recovery from a substance use disorder. This support frequently involves participation in 12 Step programs, but may also include supportive friends, family, church, sports activities, hobbies, or other activities that reinforce the individual's recovery either directly or indirectly.

Dependency court – the court system that adjudicates cases of child abuse and neglect. In some States, these courts may be known as juvenile courts or family courts.

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 young person subject to the jurisdiction of the court because of child abuse or neglect, or lack of proper care through no fault of the parent.

Diagnosis of a substance use disorder – using criteria established by the American Psychological Association, *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, to determine whether a person is classified as a substance user, substance abuser, or is substance dependent.

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 and elicits judicial decision on 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.

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

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 including interpersonal relationships, family responsibilities, employment, criminality, or emotional well-being, or any combination of these.

Immediate need triage – observations and questions leading to a determination that an individual is at immediate risk of biomedical or psychiatric complications associated with substance use that could be life threatening (e.g., overdose or withdrawal complications); or because of a lack of readiness to change, relapse, or continued use potential or recovery environment problems, there is a strong probability that certain behaviors will occur (e.g., continued alcohol or drug use or relapse or noncompliance with psychiatric medications) that will present a significant risk of serious adverse consequences to the individual or others, or both, and that such adverse events will occur in the very near future.

Permanency planning hearing – a special type of postdispositional 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 will be filed, or referred for legal guardianship or, when other options are not appropriate, will have another planned permanent living arrangement. 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.

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; 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 – the process by which an individual has learned to develop and maintain a lifestyle that is free from substance use which enables individuals with substance abuse and dependency problems to return to full functioning.

Relapse – to fall back into a previous problem behavior pattern; a return of a disease or illness after partial recovery from it.

Reliability – the consistency of test scores over different test administrations, multiple raters, and different test questions. Reliability usually refers to one of two types of reliability—*test-retest reliability* and *internal consistency reliability*. The two are often confused even though they represent very different concepts:

Test-Retest Reliability – whether one gets the same results with different administrations of the same screen. It is usually expressed as a correlation between scores from the first and second administrations of the same screen. The higher the score (between zero and 1), the greater the correlations from the two test periods. Considerations of test-retest reliability of an instrument should be looking for scores over 0.85.

Internal Consistency Reliability –how strongly the items of a screen correlate with each other. If the items are designed to measure a single characteristic (e.g., depression) or risk (e.g., probability of having a substance use disorder), then the questions or items in the instrument should be highly correlated with the concept being measured and with each other. It is expressed as a statistic in which the average correlation of half of the items is compared to the average correlation of the other half. Again, the statistic can vary from zero (no reliability) to 1.0 (perfect reliability).

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.

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

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.

Sensitivity of a tool or instrument – how sensitive the screen is to detecting a given condition is expressed in a percentage. Sensitivity is the proportion or percentage of cases detected by the screening tool out of all individuals with the condition. In the case of screening for substance use disorders, sensitivity is expressed as the proportion of people who are properly identified as being at risk.

Specificity of a tool or instrument – how specific the tool is to detecting only the condition being screened for. It is expressed in a percentage and the higher the number, the fewer false positive mistakes. Among those without the condition, specificity is the proportion or percentage of cases correctly

identified as not being at risk. Specificity of a screen concerns the ability to correctly identify negative cases as negative.

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 (DSM-IV)*:

Substance use – the consumption of legal or illegal, or both, psychoactive substances.

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/social problems.

Substance dependence – a pattern of use resulting in at least three of seven dependence criteria as specified in the *DSM-IV*: (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/psychological problems related to use.

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 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 for cases in which 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 based on a comprehensive assessment, with measurable goals and outcomes developed by a participant and substance abuse specialist to reduce or eliminate substance use and related adverse consequences.

Validity – the degree in which a test or other measuring device is truly measuring what it is intended to measure. There are four basic subtypes of validity: *concurrent*, *construct* (or *criterion*), *face* (or *content*), and *predictive*:

Concurrent validity – means that two or more screens arrive at the same or similar answer. It does not mean that either screen is accurate with respect to some criteria; it simply means that they agree.

Construct, or criterion, validity – is the extent to which a screen agrees with a definitive criterion or definitely measures a given construct (e.g., depression or presence of a substance use disorder). To establish this type of validity, we must have a definitive determination of what we are trying to identify. For example, in oncology, the biopsy is the definitive determination of whether a growth is malignant or not. All types of cancer screens are judged against the biopsy results to assess their accuracy. For this case in which the criterion for a test involves a categorical distinction, criterion validity may also be called discriminant validity—the test should discriminate between a positive or negative biopsy.

Face, or content, validity – means that the screen asks obvious questions related to the issue in question. In other words, if we are interested in substance use disorders, the items (or questions) of the screen ask about problems with the use of substances. If we are interested in depressive disorders, face valid questions would ask, for example, about feeling depressed or about having trouble sleeping. This type of validity typically is not represented by a statistic, but rather subjectively.

Predictive validity – determines whether the tool predicts what will happen? For example, various tests are employed to determine whether a given individual will be successful in college. Determining this type of validity requires monitoring future events (college success) and to verify whether the instrument correctly predicted what happened.