

Creating Trauma-Informed Systems of Care: Reflections on the Special Issue

J. Bart Klika, MSW, PhD

Few would disagree that the abuse and neglect of our nation's children is truly one of the most concerning public health problems of our time. The physical, emotional, psychological, and economic burdens of abuse and neglect are staggering, yet are also preventable. Building coordinated systems of care for family support, inclusive of early intervention services (e.g., home visitation), are key to moving upstream to ensure that abuse and neglect never occur (Klika, Lee, & Lee, 2017). Creating systems and processes for transitioning children and families across the service continuum (and at various levels of intensity) depending upon need is essential in our pursuit of preventing trauma and adversity.

We must also be realistic that, despite our best efforts to prevent all cases of abuse and neglect, some children and families will find themselves at high risk for, or involved in, child welfare, juvenile justice, and mental/behavioral health systems. When families find themselves in our agencies, offices, or communities, it is our collective responsibility to provide high-quality, culturally responsive, and coordinated treatment services based upon the best available evidence, or what the contributors of this special issue term *trauma-informed care*.

This collection of articles provides a window into the complexity of translating concepts advanced by the trauma-informed care movement into actionable practice strategies at the local, state, and policy level. I would like to thank the authors of this special issue for their contributions to the field and for sharing their wisdom, insights, and lessons learned so we all can

capitalize on their innovations. They provide many take-away messages, and here are a few of the most important cross-cutting themes identified throughout the articles.

Screening

Children who have experienced trauma, abuse, and significant adversity present with a host of physical, behavioral, and emotional problems (Szilagyi et al., 2015). Identifying traumatized children who are in need of referral for assessment and evidence-based trauma treatment by a trained clinician can be accomplished through screening in child welfare or mental/behavioral health systems. But, as the authors of this special issue highlight, a number of critical components of screening must be taken into account, such as what should we screen for (Hazen, Crandal, & Rolls-Reutz; Kerns et al.), the timing of the screening (Kerns et al.), and the target of the trauma exposure and symptoms screening (Parton, Barnett, & Jankowski; Kerns et al.). There is also a major challenge of gaining worker buy-in or engagement in new initiatives such as screening. Some workers may not understand the purpose or be skeptical of screening or simply may not have the time to complete screening due to the demands of the job (Trautman, Rides At The Door, Zimmerman, & Realbird; Parton et al.). In addition to addressing the critical screening issues identified by the authors, Finkelhor (2017) suggests that agencies must also weigh the cost-benefit of screening children (e.g., time, energy, ongoing training) along with the availability of effective services for those children identified through screening as needing further assessment and treatment services.

Creating Change Within Dynamic Systems

The authors also discuss the challenge of how to create pockets of stability and consistency within dynamic service systems such as child welfare, where rates of worker turnover are consistently high. Vicarious and secondary trauma resulting from listening to horrific accounts of client abuse and trauma can lead even the most seasoned worker to experience empathic strain, compassion fatigue, and eventually burnout. Turnover creates worker shortages that place stress on the child welfare system by leading to increased caseloads for those left behind and through losses of institutional knowledge. As Jankowski, Butcher, and Barnett highlight, external factors such as the opioid crisis can place additional stress on already hemorrhaging child welfare caseloads. With all of the added stressors placed on child welfare workers, it is no wonder why engagement in initiatives such as screening were such a challenge for a number of the authors of this special issue (Trautman et al.; Parton et al.; Campbell, Lang, & Zorba). Under the right leadership, steps can be taken to create stability for workers despite their challenging job. However, as Crandal, Rolls-Reutz, Wilson, and Hazen and Jankowski et al. highlight, supportive and visionary leaders can turn over, leaving systems vulnerable to a loss of productive momentum. Institutionalizing change initiatives by creating teams (Hemenway et al.), implementation intermediaries, or key stakeholder groups (Crandal et al.), or through documenting these initiatives in organizational policies and procedures (Campbell et al.; Crandal et al.) appear to be strategies to create stability for the system and to minimize institutional knowledge loss occurring through turnover at multiple levels of the system.

Need for Concept Clarity

Although advances have been made in the definition and operationalization of trauma-informed care (see Hanson & Lang, 2016), there appears to be great variability in how professionals use and represent the concept in their day-to-day practice and at an organizational level (Berliner & Kolko, 2016). Claiming that an organization or its menu of services

is “trauma-informed” is ubiquitous in the field, yet we cannot say with certainty that the concept means the same thing across professionals or service contexts. By gaining professional consensus on a working definition and key components of a trauma-informed system, the field will be able to create and test logic models and theories of change for how components such as screening, workforce development, and availability of evidence-based services are related to improved outcomes for children and families (Bartlett). Further, Tullberg reminds us that more effort is needed to include the voices and perspectives of those who are affected by the system, for example, the foster parents. Integrating the knowledge and expertise of this “forgotten front line” is essential for creating systems that respect the commitment and wisdom of our foster families.

Our collective vision is to create environments where all children can thrive. I hope these articles have created opportunities for reflection, learning, and a renewed commitment to improving services for children and families. In closing, thank you again to the authors and anonymous reviewers who helped push forward the field of trauma-informed care through their contributions to this special issue of the *APSAC Advisor*.

About the Guest Editor

J. Bart Klika, MSW, PhD, is Chief Research and Strategy Officer with the national organization Prevent Child Abuse America. Prior to joining Prevent Child Abuse America, he was Assistant Professor in the School of Social Work at the University of Montana and Research Scientist at the National Native Children’s Trauma Center. His research examines the causes and consequences associated with child abuse and neglect in an effort to prevent its occurrence. He is on the national Board of Directors for APSAC and is Chair of the APSAC Prevention Committee. Recently, Dr. Klika served as senior editor for the APSAC Handbook on Child Maltreatment, Fourth Edition.

Policy Change to Support Trauma-Informed Care in Child Welfare

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APSAC Research-to-Practice Brief – Effectiveness of a Trauma-Informed Care Initiative in a State Child Welfare System: A Randomized Study

Areesah Abdus-Shakur, LMSW

Original study authors:

M. Kay Jankowski, PhD; Karen E. Schifferdecker, MPH, PhD; Rebecca L. Butcher, MS, MPH; Lynn Foster-Johnson, PhD; Erin R. Barnett, PhD

Background

In the past 20 years, trauma-informed care (TIC) initiatives have gained increased interest in the social service arena. Interest in trauma by child welfare agencies is fitting; children entering the child welfare system have often experienced trauma such as abuse, neglect, and witnessing domestic violence. The child welfare system itself can also be traumatic, such as when children are removed from their homes, placed in foster care, and experience placement disruptions. Children involved in the child welfare system have significantly higher rates of trauma than children in the general population.

TIC initiatives have gained interest, but TIC’s definition, measurement, impact, and ability to be cost effective are still unclear.

The purpose of this study is to rigorously examine, using a randomized, matched-pairs, crossover design, whether a 5-year, multi-pronged, statewide trauma-informed care initiative in a child welfare agency changed trauma-informed attitudes, skills and behaviors, and perceptions of system performance related to trauma among child welfare staff. The state system studied was the New Hampshire Division for Children, Youth and Families (DCYF), which includes both the child protective and juvenile justice systems.

Intervention

Ten district offices of DCYF were randomly assigned to either Cohort 1 (early intervention group) or Cohort 2 (late intervention group). Data were collected three times: Time 1 was prior to any intervention, Time 2 was post-intervention for Cohort 2, and Time 3 was post-intervention for Cohort 3.

Interventions included (1) monthly training focused on principles of TIC and their application to child welfare and juvenile justice, along with training in using the Mental Health Screening Tool, (2) installation and implementation of a new web-based Mental Health Screening Tool, (3) weekly consultative support to each district office for 3 months after training to provide guidance for staff members implementing the TIC practices in their work, (4) identifying and providing advanced training to three staff members (Trauma Specialists) responsible to maintain application of TIC practices, and (5) subcommittee work to review and implement system-level processes and policies on TIC (i.e., establish formal policies to integrate the new screening, case planning, and progress monitoring).

Measures

Measures were based on self-report of involved staff. Six TIC domains were measured:

1. trauma screenings (frequency and proficiency),
2. case planning (frequency),
3. referrals for trauma-informed treatment and involving families in meeting behavioral needs of the child (frequency),
4. progress monitoring (i.e., frequency of rescreening, updating case plans, communication with mental health providers for child's progress),
5. collaboration between DCYF staff and mental health providers (i.e., information sharing, attitudes toward a shared vision), and
6. system-level TIC practices (attitudes about the state child welfare system carrying out several TIC practices).

Results

At Time 1, 51.3% of eligible staff responded to the survey; after certain responses had been eliminated for not meeting the criteria of working with children and families or for missing data, 145 were included: 77 in Cohort 1 and 68 in Cohort 2.

Linear mixed modeling was used to examine the effect of the intervention on the six outcome variables. There were significant findings in three areas: initial case planning and communication, trauma screenings, and perceptions of DCYF's TIC system performance.

Across all three domains, there was little change for Cohort 1 across all three time points. For Cohort 2, ratings dropped from Time 1 to Time 2, and then increased significantly at Time 3. Researchers hypothesize that the TIC intervention may have buffered Cohort 1 from the effects of an increasing number of stressors on the child welfare system, from Time 1 to Time 2. For Cohort 2, the intervention improved attitudes and behaviors for trauma screening, case planning, and TIC system performance at Time 3. While Cohort 2 was receiving the intervention, the child welfare system was burdened with even more stressors. Researchers hypothesize that staff in Cohort 2 District Offices were particularly receptive to a TIC approach and the additional support provided via the project given the continued opioid crisis and more children entering the child welfare system.

The mixed findings are consistent with the mixed findings of prior studies. With few significant results, the authors question if such a comprehensive TIC intervention is cost effective. The authors acknowledge that the ongoing systemic challenges in child welfare, such as budget reductions, increased need for services partly due to the opioid crisis, and chronic workforce shortages, are a factor in any TIC initiative being effective in child welfare services. Further research is warranted, perhaps to identify whether certain domains of TIC are more effective than others and can achieve measurable, objective child and family outcomes.

Bottom Line

While these results were mixed, showing effects in three of the six measured domains (case planning, trauma screening, and perceptions of TIC), the authors maintain support for adopting a "trauma lens" in the child welfare and juvenile justice systems. They also acknowledge that the effects will likely be limited if these systems continue to face challenges such as under-funding, increased need for service, and issues with workforce shortages and turnover. Until a larger effort is made to address the core issues facing child welfare, the authors suggest TIC interventions must take into consideration the challenges child welfare inevitably faces.

About the Research-to-Practice Brief Author

Areesah Abdus-Shakur, LMSW, has been a social worker for 25 years in a variety of community based services. She is currently working with Quality Assurance for Behavioral Health Services within county government. She resides in Pennsylvania.

News of the Organization

Janet Rosenzweig, MS, PhD, MPA, Executive Director

Our Past, Our Future

The staff members at APSAC are hard at work updating the online platform to better serve our members. We hope you login soon and explore the exciting new resources and opportunities to connect on our new membership platform.

As part of the process of migrating files, I had the opportunity to review some historical documents; when I randomly came across a list of Board members from 1987 to 1994, I saw APSAC's past and future on one page. Current Board members, including *Kathleen Faller* and President *Dave Corwin*, were on that list. Former 1987–1994 Board members—*Charles Hendrix, Patti Toth, David Kolko, Bea Yorker, Sandra Alexander, Ben Saunders, Vince Palusci, Jordan Greenbaum, Julie Kenniston, Lucy Berliner, and Barbara Kelly*—are currently active with APSAC committees or projects. Cohort members—*Charles Wilson, David Finkelhor, Jon Conte, and Paul Stern*—have all agreed to produce modules for our online course for early career professionals, launching next year.

I had a “full-circle moment” when I saw that my first boss and mentor, the late *Charles Gentry* from Tennessee, had served as a director from 1988 to 1991, long after I'd left Tennessee and we had lost touch. Gentry was widely known and respected for developing creative solutions in child welfare. His outside-the-box decision in 1978 to hire a sex educator with no background in child protection set the stage for my career focusing on child sexual abuse. Under his tutelage, I directed one of the first comprehensive child sexual abuse programs in the country, funded with NCCAN grants and managed by 1988–1991 APSAC Board member *Kee McFarlane*.

I can't wait to see the names on lists that surface from other years!

APSAC has been an important pillar in the professionalization of services and policies affecting maltreated children and their families, built on the dedication of these and other committed volunteers. Facing current issues ranging from CAPTA reauthorization to preventing abuse in youth sports, APSAC needs your expertise now more than ever. Immediate Past President *Tricia Gardner* will be reaching out to past Board members, and anyone reading this is encouraged to [contact me](#) and get involved!

The 25th Anniversary Colloquium Is a Happy Memory; Plan Now for the 26th in Utah!

Thanks to everyone who attended the 25th Anniversary Colloquium! We had so much to celebrate this year. Our two plenary speakers, the *Rev. Dr. Darrell Armstrong* and *Dr. Elizabeth Letourneau*, brought the perfect blend of inspiration and information to attendees. Our new media-ready micro sessions ([now available on the APSAC YouTube channel](#)) offered new opportunities to disseminate research and practice information quickly and widely. The *Doris Duke fellow* track ensured that we will maintain focus on prevention. Our presenters—from pre-conference institutes, to workshops, to roundtables, to posters—brought both the evidence and the passion needed to improve outcomes for children and families. And, of course, our attendees brought the curiosity, questions, and challenges that help make all of us stronger professionals.

APSAC is excited to announce the call for abstracts for our 26th Colloquium to be held in Salt Lake City,

Utah, in 2019. APSAC's 26th Colloquium will continue our tradition of bringing high-quality learning opportunities to child maltreatment researchers and practitioners across experience levels and professions. Priority will be given to presentations including an emphasis on integrating the principles of trauma-informed interventions for all fields working with child maltreatment.

The Deadline to Submit an Abstract Is November 15.

[More Information](#)
[Submit Your Abstract](#)

The APSAC Amicus Committee

The New Jersey Supreme Court recently decided a case in which APSAC filed an amicus brief earlier this year. It was a partial victory for our position on the admissibility of testimony on child sexual abuse accommodation syndrome (CSAAS). In this case, *State vs. JLG*, the court found that an expert may testify to one element of CSAAS – *delayed disclosure*. The other components—secrecy, helplessness, inability to defend themselves against adults, retraction, and denial—were disallowed for various reasons, including lack of consensus among experts and in the professional literature.

The APSAC Amicus Committee stands ready to support you! The APSAC Amicus committee comprises APSAC members who are skilled and dedicated attorneys. If a case involving a critical issue in child maltreatment is being heard in your state, consider asking the APSAC committee to file an amicus brief. Contact: [Frank Vandervort, JD](#), Chair.

The Psychological Maltreatment Alliance

APSAC, in collaboration with New York Foundling and Columbia University, has established the Psychological Maltreatment Alliance. Its main goal is to inform, guide, and empower child caregiving and child services at all levels and sectors of society toward the elimination of psychological maltreatment, and in so doing, to advance the development, health, and safety of children.

Psychological maltreatment is defined as “a repeated pattern or extreme incident(s) of caretaker behavior” that thwart the child’s basic psychological needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, and respect) and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another’s needs, or expendable.

Psychological maltreatment is the most pervasive and widespread form of child abuse. Research indicates that, with few exceptions, it is the most damaging form of abuse and the foremost contributor to negative psychological and physical health outcomes in childhood and adulthood. Substantial evidence supports the claim that more people have experienced psychological maltreatment than other forms of childhood violence, abuse, or neglect.

The Psychological Maltreatment Alliance will achieve its goals through professional training, research, policy formation, and advocacy and the development of a webinar with an archived, searchable online source of historical, present, and emerging knowledge. The Alliance has received a grant for \$50,000 to convene a national and international Summit to End Psychological Maltreatment, bringing together the leading experts in the field. For more information, please contact APSAC Board member Dr. Mel Schneiderman via info@apsac.org.

From the National Summit to End Corporal Punishment

Under the leadership of an Executive Committee, the *New York Foundling*, and the *U.S. Alliance to End Hitting of Children*, in partnership with APSAC, 40 leading experts gathered for a National Summit to End Corporal Punishment 10 months ago. The goals and priorities developed at that summit have led to the development of a strategic plan to reduce the most prevalent risk factor for child abuse: social norms around corporal punishment. In less than a year, hardworking committees have contracted for a professional media campaign to change attitudes and behaviors regarding the use of corporal punishment, developed platforms to assist in the proliferation of No Hit Zones, collected and reviewed resources for parents, and offered

numerous seminars and workshops.

In the fall of 2018, APSAC NY and the Foundling are launching a campaign to end corporal punishment in New York State, and they will share their plans and materials with other interested states.

The Executive Committee recently launched an [online platform](#) to generate support for the movement by inviting supporters to become “ambassadors” and by making a one-time contribution.

If you would like assistance in starting a No-Hit Zone, find [more information here](#).

Join APSAC’s efforts to eliminate corporal punishment in the United States!

Please Take Note!

Ready to Start a State Chapter?

State chapters are eligible for financial support from APSAC and help provide a unified voice on behalf of all aspects of child maltreatment in your state. For information, please contact info@apsac.org

Visit Our Database of Educational Programs

[Click here](#) to find a program. To add your program to our database, [complete this survey!](#)

Remember APSAC for End-of-Year Giving

APSAC relies on the generosity of donors to continue to provide services, such as free Guidelines for Professional Practice and inexpensive memberships for students, young professionals, and front-line professionals. We hope you respond when we ask for your support this fall. We also invite you to consider a collaborative campaign using our fundraising platform. Please contact info@apsac.org for more information.

We Can Help With Conferences and Training!

APSAC makes a great partner for a statewide organization planning a conference. [Contact Jim Campbell](#) if you’d like us to bring our national resources to your state or community. APSAC is now certified to offer CEUs in certain disciplines, further adding value to your event!



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Washington Update

Ruth J. Friedman, PhD

Overview

The House of Representatives and the U.S. Senate are both in recess through the November mid-term elections. Congressional activity in November and December is likely to be influenced by the outcome of the elections. A new Congress will be sworn in on January 3, 2019. The agenda for the new Congress is uncertain because the composition of the Congress may change.

Congress Passes F.Y. 2019 Appropriations for D.H.H.S.

On September 28th, the President signed the FY19 funding bill for the Department of Health and Human Service (among others). Congress has not yet passed a spending bill for the Department of Justice. A summary of the “Labor-H” package is available [here](#), and the conference report is available [here](#). Child abuse programs received funding levels identical to FY2018. Twenty million dollars were appropriated for Regional Partnership Grants, and \$20 million for kinship navigator programs. In addition, Congress indicated interest in the Secretary of HHS to take more action to help states improve reporting of suspected or known child abuse or neglect. Specifically, Congress included the following non-binding report language:

Child abuse reporting—in order to improve compliance with the State assurance in regards to section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act, the conferees strongly support efforts by HHS to develop evidence-informed best practices in State training and procedures to improve reporting of suspected or known incidents of child abuse or neglect to the appropriate law enforcement or child welfare agency (as applicable under State law) and, if applicable, to the individual’s

supervisor or employer, including reporting by individuals employed by or volunteering in youth-serving organizations. The conferees request an update in the fiscal year 2020 Congressional Justification on this topic and a briefing on ACF’s child abuse programs within 90 days after the date of enactment of this Act. (164 Cong. Rec. H153, 2018)

Congress Passes Opioid Legislation

On October 3rd, Congress passed H.R. 6, the SUPPORT for Patients and Communities Act, a broad legislative package aimed at addressing the opioid crisis. The bill includes a number of provisions relevant to child abuse and trauma, including, notably,

- A new funding stream to support state implementation the plan of safe care provision in CAPTA (the final agreement was for this to become a separate grant program under section 105 of CAPTA).
- Several provisions related to trauma and trauma-informed care, including the following: authorizing the CDC to support state efforts to collect data on ACEs; creating an interagency task force to make best practices to identify, prevent, and mitigate the effects of trauma on children and families; increasing the authorization level for the National Child Traumatic Stress Initiative; creating a new grant program to increase student access to evidence-based trauma support services; and requiring the HHS secretary to disseminate information and resources to early childhood providers working with youth children on ways to recognize and respond to early childhood trauma.
- Provisions to support family-focused substance abuse treatment, including the follow-

ing: requiring HHS to develop an issue guidance to states identifying funding opportunities to support family-focused residential substance abuse treatment programs; a new grant program to replicate a “recovery coach” program for parents with children in foster care due to parental substance abuse; and a new grant program to help states develop, enhance, or evaluate family-focused treatment programs to increase the number of evidence-based programs that will later qualify for funding under Family First.

NIH Announces New Grants for Research Centers on Child Abuse

The National Institutes of Health is funding three centers that will conduct research on all forms of child abuse and neglect. The Capstone Centers for Child Maltreatment Research promise to identify best practices for prevention and screening, as well as treatment of children affected by abuse. You can find more information here.

Chairman Smith and Ranking Member Davis Send Letter to Child Welfare Administrators

On September 20, U.S. House of Representatives Human Resources Subcommittee Chairman Smith (R-NE) and Ranking Member Davis (D-IL) sent a letter to child welfare administrators and stakeholders to aid implementation of an important effort to help our communities nationwide combat the opioid crisis. It includes non-binding guidance on FFPSA, based on Jerry Milner’s testimony before the Committee.

Associate Commissioner of Children’s Bureau Testifies on Family First Prevention Services Act

On July 24th, Jerry Milner, Associate Commissioner of The Children’s Bureau in the Administration for Children and Families at the U.S. Department of Health and Human Services testified before the U.S. House of Representatives Committee on Ways and Means. His testimony focused on the implementation on the

Family First Prevention Services Act.

Administration Proposes Significant Change to “Public Charge” Rule

The Administration announced a new immigration rule that would restrict green cards and visas for those who use public benefits legally. The rule would change the long-standing way in which immigrants seeking residence were evaluated and excluded if determined to be a “public charge” – i.e., more than half of individual’s income derived from TANF, SSI, long-term care benefits Medicaid. Additional public benefits like Medicaid and SNAP would be considered, including for citizen-children. There are numerous implications for children and families.

CRS Website Goes Live

The Congressional Research Service (CRS), which is a non-partisan research arm of Congress, launched a new public-facing website to make its reports available to the general public. Currently the website includes only a certain subset of CRS content, but the Library of Congress says they are planning to add more. The new site is available at crsreports.congress.gov. CRS has long provided summaries and analyses to Congress on various laws and proposals. This is the first time these reports have been made available to the public.

References:

164 Cong. Rec. H153 (daily ed. Sep. 13, 2018).

About the Author

Ruth Friedman, PhD, is Executive Director of the National Child Abuse Coalition. She is an independent child and family policy consultant and national expert on early education, child welfare, and juvenile justice. She spent 12 years working for Democratic staff of the U.S. House Committee on Education and the Workforce, helping spearhead early learning, child safety, and anti-poverty initiatives. Dr. Friedman has a doctorate in clinical psychology and a master’s degree in public policy. Prior to working for Congress, she was a researcher and therapist, focusing on resiliency in children and families living in high-poverty neighborhoods.

Conference Calendar

November

November 10—14, 2018

APHA Annual Meeting & Expo

San Diego, CA

202-777-2475

www.apha.org/events-and-meetings/annual

December

December 2—5, 2018

ISPCAN Caribbean Regional Conference

Child Protection Realities Within A Changing Caribbean and World

Montego Bay, Jamaica

ipscan@ipscan.org

<https://www.ipscan.org>

January

January 26—27, 2019

Ray E. Helfer Society Annual Meeting

Pre-Conference Institutes: Abusive Head Trauma and Medical Evaluation of Child Physical Abuse

www.helfersociety.org

In Conjunction with Rady Chadwick Conference

<http://www.sandiegoconference.org>

January 27, 2019

APSAC's Pre-Conference

Advanced Training Institutes

San Diego, CA

877-402-7722

apsac@apsac.org

www.apsac.org

In Conjunction with the Rady Chadwick Conference

<http://www.apsac.org>

January 26, 2019—January 31, 2019

34th Annual San Diego International Conference on Child and Family Maltreatment

San Diego, CA

858-966-4972

<http://www.sandiegoconference.org>

March

March 18—21, 2019

35th International Symposium on Child Abuse

Huntsville, AL

256-533-KIDS(5437)

www.nationalcac.org

April

April 9—13, 2019

Child Welfare League of America

Meeting the Challenge of the Family First Prevention Services Act

Washington, D.C.

www.cwla.org

April 7—April 10, 2019

Ray E. Helfer Society Annual Meeting

Orlando, FL

www.helfersociety.org

May

May 31—June 4, 2019

National CASA Conference

Atlanta, GA

www.casaforchildren.org

May 29—June 1, 2019

56th AFCC Annual Conference

The Future of Family Justice: International Innovations

Toronto, Ontario, Canada

afcc@afccnet.org

June

June 5—7, 2019

The Field Center for Children's Policy, Practice and Research

One Child, Many Hands: Multidisciplinary Conference on Child Welfare

<https://fieldcenteratpenn.org/one-child-many-hands/>

June 18—22, 2019

26th APSAC Colloquium

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