



**A Professional Development Model for Increasing Substance Abuse and Mental Illness Knowledge of The Child Welfare Workforce**

<b>Journal:</b>	Professional Development: The International Journal of Continuing Social Work Education
<b>Article Title:</b>	<i>A Professional Development Model for Increasing Substance Abuse and Mental Illness Knowledge of The Child Welfare Workforce</i>
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<b>Volume and Issue Number:</b>	<i>Vol. 11 No. 2</i>
<b>Manuscript ID:</b>	<i>112013</i>
<b>Page Number:</b>	<i>13</i>
<b>Year:</b>	<i>2008</i>

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin's School of Social Work or its Center for Social Work Research.

Professional Development: The International Journal of Continuing Social Work Education is published three times a year (Spring, Summer, and Winter) by the Center for Social Work Research at 1 University Station, D3500 Austin, TX 78712. Journal subscriptions are \$110. Our website at [www.profdevjournal.org](http://www.profdevjournal.org) contains additional information regarding submission of publications and subscriptions.

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ISSN: 1097-4911

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# A Professional Development Model for Increasing Substance Abuse and Mental Illness Knowledge of the Child Welfare Workforce

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## **Problem Statement**

There is a great need for ongoing professional development of the child welfare workforce in the areas of substance abuse and mental illness. Child welfare workers are increasingly serving families for whom substance abuse and/or mental illness are major contributing factors in allegations and/or substantiations of child maltreatment. A decade ago, 40% of the confirmed cases of child maltreatment involved the use of alcohol or other drugs (Children of Alcoholics Foundation, 1996). Since then, between one-third and two-thirds of child maltreatment cases involve substance abuse (U.S. Department of Health and Human Services, 1999). In a national survey, 85% of the states reported that substance abuse was one of the major problems exhibited by families in which maltreatment was suspected (Peddle & Wang, 2001). Substance abuse among parental caretakers was the primary cause of the increases in child welfare cases during the 1990's (Reid, Macchetto, & Foster, 1999). The neglect which results from substance abuse among parents is the major reason that children are removed from a home in which parents have alcohol or other drug problems (Prevent Child Abuse America, 2001).

The presence of caregiver substance abuse and/or mental illness has a significant impact on child welfare practice. The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) and the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) require child welfare agencies to make reasonable efforts to support families and to keep them together. However, the ASFA law requires that services to reunify families should not extend beyond 15 months. Also termination

of parental rights can be filed on a parent whose child has been in foster care for 15 of the last 22 months (Welte, 1997). When substance use/abuse and mental illness come into play, these mandates become hard to balance as the course of treatment and cycle of recovery do not always line up with the child's needs or the timeliness for child welfare decision-making. As a consequence, maltreated children of substance abusing and/or mentally ill parents often remain in the child welfare system longer and experience poorer outcomes. Additionally, these children may be less likely to reunify with their parents and are subject to alternative permanency decisions in greater numbers than children from families not grappling with substance abuse and/or mental illness (National Clearinghouse on Child Abuse and Neglect, 2003).

Increased knowledge specific to substance abuse and mental illness needs is necessary to meet the challenges faced in the field. However, the literature indicates social service agencies are reluctant to deal with alcohol/drug problems (Wechsler & Rohman, 1982). Most workers receive little academic training to cope with alcohol or other drug problems and difficulties in their clients (Gregoire, 1994; Tracy, 1994; Tracy & Farkas, 1994), and lack the necessary interviewing and assessment skills needed to determine the level of risk posed to minor children (Tracy, 1994; Tracy & Farkas, 1994). Similarly, although caseworkers have not been trained to conduct mental health assessments, they are asked to make complex custody and parenting capacity decisions of parents with serious mental illness (Risley-Curtiss, Stromwall, Hunt, & Teska,

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2004). As noted by Risley-Curtiss and colleagues (2004),

*Although research-based knowledge about causes, symptoms, assessment, and treatment of serious mental illness has greatly expanded over the past 10 years, it has appeared primarily in the mental health literature. Child welfare workers may not have benefited from the new knowledge because it has not appeared in journals they are most likely to read. Without access to this advancing knowledge, caseworkers are not able to be the most effective advocates for their parents within both the child welfare and mental health systems. (p.107)*

Young, Gardner, Whitaker, and Yeh (2004) came to a similar conclusion after reviewing the Child and Family Services Reviews (CFSR) conducted by the Children's Bureau of the U.S. Department of Health and Human Services (DHHS). They found that there is a need for substance abuse training, more quality assessments that address substance abuse as an underlying issue, and use of better assessment tools. Furthermore, the review found one of the factors that may contribute to repeat maltreatment is the worker's "under assessment" of families. At times, issues of substance abuse, domestic violence, and mental health are not being accurately assessed and families are not provided with sufficient services to address these issues.

Given the realities of increased incidence and prevalence of substance abuse and mental health problems among families served by the child welfare system and the limited preparedness of child welfare workers to adequately address these problems, child welfare agencies must identify ways to educate their workforce in order to address the increasing complexities of ensuring child safety, permanency, and wellbeing. One state, Kentucky, has addressed this problem by partnering with its state universities to ensure that its workforce is adequately prepared to support families confronted with substance abuse and mental illness. In this paper, we describe the innovative

professional development program that has resulted from this partnership and the specific curriculum developed to meet the continuing education needs of the child welfare workforce.

### **The Credit for Learning Approach**

Kentucky, like most states, is grappling with the problems of substance abuse and mental health problems in families served by the child welfare system. Young et al. (2004) found that in Kentucky, 30% of the time parental use of alcohol and drugs were given as a reason among all reasons cited for families becoming involved with the child protection services in Kentucky. In 8% of the time, parental use was the primary reason cited. Plus, state child welfare workers identified substance abuse as one of the primary risks of harm to children, and relapse of substance abuse as one of the factors directly related to re-entries into foster care. Furthermore, in a case-file review study in one region of Kentucky on the effects of domestic violence, mental illness, and substance abuse on repeat maltreatment, it was found that in more than half of the cases (51.7%) substance abuse and mental illness were found to be present (Sar, Bartley, Dow, & Mudd, 2005).

Kentucky developed the Credit for Learning (CFL) integrated curriculum approach in partnership with three state universities in part to respond to these and other professional development needs of its child welfare workforce. The Credit for Learning approach is designed to increase the effectiveness of the child welfare system by enhancing the training system for state social workers and providing a career path for workers to pursue a master's degree in social work. This initiative is made possible through the partnership of the state child welfare agency, Department of Community Based Services (DCBS) of the Cabinet for Health and Family Services (CHFS), and the university training consortium made up of seven Kentucky state universities and two private universities. Three of these state universities (University of Louisville, University of Kentucky, and Western Kentucky University) offer the Master of Social Work degree and work

with the state to provide specialized education for their workforce. This approach offers child welfare workers the opportunity to fulfill continuing education and professional development needs by taking specialized graduate social work courses and earning graduate-level credit through the University of Louisville/University of Kentucky/Western Kentucky University. Participants are admitted to the university as non-degree graduate students, and are then enrolled in the courses through one of the three universities. The non-degree graduate credit hours earned by employees can be applied toward meeting elective requirements for a master's degree in social work once the employee is accepted into the social work program at any of the three universities. The student incurs no personal financial costs because his or her tuition is paid to each university through consortium utilization of Title IV-E funds.

Courses offered through the Credit for Learning Program utilize distributive education models combining intensive classroom sessions with online work and field work on a schedule similar to the professional development scheduling format utilized at the state child welfare agency. This structure provides a better fit with agency policies and procedures related to timelines for completing professional development requirements, budget, travel, and compensation for extra hours worked. Employees typically travel to a university location or a regional training center/office for the classes. All CFL classes meet the hours of instruction requirement for a course as established by each of the universities participating in this initiative.

A cornerstone of this particular approach is collaborative course development and delivery. A working group comprised of university faculty and agency practitioners and trainers actively participate in developing course materials and drafting lesson plans through a series of meetings, conference calls, and electronic sharing of documents. The university faculties collaborate to develop common syllabi, assignments, exams, and reading lists/bibliographies for the courses.

This educational model combines an emphasis on skill development (traditional training model) with a strong emphasis on the critical thinking, writing, and analytical skills (traditional academic model) necessary to address the complex issues workers face in practice.

Courses are co-taught by university instructors and agency trainers, many of whom are former child welfare practitioners. The teaching teams conference prior to the beginning of the course to determine who will teach the various sections of the curriculum. The division of teaching is generally based on the expertise of the members of the team, with the trainers typically teaching the sections related to agency specific policies, procedures, and practice. Combinations of lecture, group discussion, activities, video and audiotapes, as well as learning reinforcement exercises in the field are utilized. All classes have required readings, papers, and tests, and they utilize the Blackboard online instruction platform to enhance traditional instructional methods. University instructors are responsible for establishing and grading assignments and determining final grades for each participant.

### **Development of the Substance Abuse and Mental Health Curriculum**

As part of the curriculum development process, a workgroup consisting of university instructors, trainers, substance abuse specialists, mental health specialists, and child welfare workers was formed to first identify the educational needs of child welfare workers in regard to substance abuse and mental illness, and then to identify critical content to include in the course to assure that those needs are met. Syllabi and curriculum plans researched through the literature were reviewed and compared with the existing materials being used to train/educate child welfare workers. The initial course was piloted with a small group of child welfare workers. The workgroup, basing its efforts on feedback received from child welfare workers, made additional suggestions to further refine the course content prior to implementing the course on a wider scale.

## Model for Increasing Substance Abuse and Mental Illness Knowledge

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### Description of the Course and Assignments

The course, Collaborative practice with substance abuse and mental health services, was specifically designed to provide child welfare workers the knowledge to screen, assess, and refer for alcohol, substance abuse, and mental health problems. The required readings for this course were materials directly selected from the NIAAA (<http://www.niaaa.nih.gov>), NIDA (<http://www.nida.nih.gov>), and NIMH (<http://www.nimh.nih.gov>) websites. The course utilized a mix of face-to-face contacts and online sessions to deliver 45 hours of course content. The course objectives were as follows: Demonstrate knowledge about the incidence, prevalence, etiology, and cultural variations in substance abuse and mental health problems faced by families.

1. Demonstrate knowledge on screening and assessment process for substance abuse and mental health problems
2. Demonstrate knowledge on best practices on case management and referral for families dealing with substance abuse and mental health problems
3. Demonstrate skills in collaborative practice with substance abuse and mental health services providers

Table 1 lists the course units, corresponding modules, and topics covered in each module. Unit I (Theoretical perspectives and research findings) consisted of four modules. The emphasis in Unit I was on collaborating with other systems of care, and provided an overview of substance abuse and mental health problems. This material was covered in 1 ½ days of face-to-face meetings consisting of lectures, discussion, and reviews of concepts and theories.

Unit II (Common substance abuse and mental health problems experienced by families in the child welfare system) consisted of two modules covering commonly used substances and their

misuses and associated diagnostic criteria. Three modules covered adult and child mental health problems and illnesses commonly seen in the child welfare population. This unit was delivered online. Participants reviewed PowerPoint presentations and reading materials online, all of which could be accessed from home or work. They utilized e-mail and discussion board on Blackboard to dialogue with the instructor.

Unit III (Screening, assessment, case management, and referral) consisted of four modules focusing on casework with clients. These modules dealt with a variety of topics, from screening and assessing to managing substance abuse and mental health issues/problems in casework practice. This unit was delivered face-to-face over 1½ days. This portion of the class was more hands-on with actual case material and situations that workers deal with on a daily basis.

Four assignments were integral to this course. In the first assignment, which was completed after Unit I, participants wrote a brief paper – three to five pages --describing their prior experience working with substance abuse and/or mental health service providers. They discussed what worked well and what did not work well in the working relationship, how the working relationship with the substance abuse and/or the mental health specialist benefited/did not benefit the client system, what changes they would have liked to have seen the substance abuse and/or the mental health specialist make, what they would do differently if they had the opportunity to repeat the experience. This assignment met course objective number four as it relates to demonstrating skills in collaborative practice with substance abuse and mental health service providers by having participants identify and assess their previous or current actions and skills.

The second and third assignments were web-based, multiple-choice tests on content specific to course materials and readings, one on substance abuse and the other on mental illness. These tests, which were taken after reviewing online PowerPoints and notes and completing the readings in Unit II, are the means by which course

## Model for Increasing Substance Abuse and Mental Illness Knowledge

objectives numbers one and two are measured. The final assignment required participants to interview both a substance abuse specialist and a mental health professional regarding their clinical practice. The assignment has two purposes: to help the child welfare worker and the substance abuse/mental health specialist understand and exchange information about how each system works, and to build a working alliance one-to-one. This assignment allows the instructor to evaluate each student's ability to demonstrate competencies as it relates to course objectives #2, #3, and #4.

### Initial Impact of the Course

**Gains in Knowledge.** An initial assessment of the impact of the course on child welfare work-

ers' knowledge was conducted. The 40 child welfare workers who participated in the course were administered a 50-item pre/post knowledge test. Results indicated that the mean post test score ( $M = 66.05$ ,  $SD = 7.23$ , Range = 54-80) was six points higher than the pretest score ( $M = 60.05$ ,  $SD = 6.71$ , Range = 46-72). A paired t-test was run to determine differences in pre- and post-test scores. This increase in score was statistically significant,  $t(39) = -5.025$ ,  $p = .000$  suggesting that participants had a significant increase in knowledge after completing the coursework.

**Course Feedback.** As part of the end-of-course evaluations, these 40 participants were asked to provide written feedback on the following specific aspects of the course: the use of Blackboard/ Blackboard Instruction, the face-to-

**Table 1: Description of Collaborative Practice with Substance Abuse and Mental Health Services**

Unit	Module	Topics
Theoretical perspectives & Research findings	1	Introductions & Overview of Course Collaboration and systems of care
	2	Overview of the problems of alcohol, substance use & abuse Etiology and Models of Addictions
	3	Mental Health Problems & Issues-epidemiology and Etiology Theories of Mental Illness
	4	Co-occurrence of substance abuse & mental health problems Co-occurrence of substance abuse & child abuse Co-occurrence of mental health problems & domestic violence
Common Substance Abuse & Mental health problems experienced by families in the child welfare system	5	Commonly used substances and their physiological, social, and Psychological effects –Alcohol & Cocaine Diagnostic Criteria
	6	Commonly used substances and their physiological, social, and Psychological effects –Hallucinogens, Inhalants, Marijuana Diagnostic Criteria
	7	Common mental illnesses and effects on functioning-adult anxiety
	8	Common mental illnesses and effects on functioning- adult- depression, OCD, posttraumatic stress disorder, personality disorders
	9	Common mental illnesses and effects on functioning-children & Adolescents
Screening, Assessment, Case management & Referral	10	Screening/ Screening Tools, Assessment Procedures related to Substance abuse
	11	Screening/Screening Tools for Mental Health Co-occurrence of SA/MH
	12	Assessment Intervention Intervention skills and medication management Motivational Interviewing
	13	Case Management and making Referrals for services

## Model for Increasing Substance Abuse and Mental Illness Knowledge

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face in-class instruction and guest lectures, the class activities and exercises, the required readings, written assignments, and tests. Additionally, participants were asked to provide feedback on their overall view of the course, suggested course improvements, the learning environment, and other miscellaneous comments. Written responses provided by the participants in the course evaluations were qualitatively analyzed using the “constant comparative method” (Creswell, 1998, p, 57) to identify a set of themes reflective of the students’ experiences. The following five themes represent the responses of the students to the questions above: (1) information provided was useful, (2) level of effort required was significant but doable, (3) the course material was applicable to casework practice, (4) the organization and delivery of the course reflects workforce needs but needs further refinement, and (5) there are some professional benefits and practical advantages to using the credit for learning approach.

In the first theme—“information provided is useful”—students commented on various aspects of the information of the course. The amount of information was substantial; many felt it appropriate and useful (“I learned a lot of useful information”). While no frequencies were kept, there were many responses of this nature. In addition to the amount, comments were made that the information was detailed, specific, and in-depth. It was interesting and new for some (“It gave me insight into things that I had not previously known”). Additionally, the information was seen as up-to-date.

Another theme was the “Level of effort required (for this course) was significant but doable.”. There was a sense that the course covered a lot in a short time frame. The level of reading and work was perceived by many to be substantial; some felt overwhelmed by it while others felt it was appropriate and doable. Blackboard was perceived as helpful, particularly because of its flexibility and convenience in regard to the students’ schedules (“Blackboard is a wonderful idea. It is very helpful in this busy world. I loved the ability to go to ‘class’ when I found the time”). Some preferred face-to-face instruction

over Blackboard. Reasons for this included greater familiarity and comfortability with the traditional classroom format and difficulty in working with the computer and the Internet.

The third theme, that “the course material is applicable to casework practice” -- was frequently mentioned. The connection of the course to the experiences of a practicing social worker included the following comments:

*“Felt it to be of great benefit when understanding clients.”*

*“I feel I am better prepared to help them [clients] deal with their lives and better able to make the correct and appropriate referrals.”*

*“I can do things differently in relation to interviews.”*

*“I will keep the articles in my office.”*

*“Made me contemplate and rethink how I practice.”*

*“Interviewing professionals from mental health agencies gave me insight to their work and what they may need from me in future referrals.”*

The fourth theme -- “the organization and delivery of the course reflects workforce needs but needs further refinement” -- elicited many complimentary comments as well as critical ones. Some commented that the course was “well thought out and tailored to this group of people. “Some students valued the writing assignments, the group work and exercises, and the guest speakers. Some mentioned the following about the instructors: “Great to have class taught by individuals in field and professors instead of trainers. Was a ‘real’ course.” They liked the team teaching as it allowed the students to experience two different styles of teaching. They learned a great deal from interaction with their peers in the class.

## Model for Increasing Substance Abuse and Mental Illness Knowledge

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A number of comments indicated that some test questions lacked clarity: "Test /quizzes did not cover class instruction. Wish class instruction was concrete/more of what was on the test"; "Some of the [test] questions were confusing--I could have more than one answer." Similarly some class activities and exercises were not clearly explained or understood. The reading assignments received many comments: "Readings were redundant"; "Feel there was too much reading for this training"; "The reading tended to be from one source. Would have enjoyed reading conflicting opinions and texts from the books that instructors enjoy. Some liked doing the reading at home while some suggested the opposite: "Bring more of the readings' information into the class; reading alone does not enforce it." Some suggested having more interactive activities and exercises. Numerous respondents suggested meeting more often: "I wish we could have met more often instead of the beginning and the end of the course."

The final theme was "there are some professional benefits and practical advantages to using the credit for learning approach." Participants appreciated being able to receive graduate credit for this course: "I am very glad that these courses are being offered as training and college credits. We all have busy lives and I am glad to see that workers are being listened to and we are able to incorporate college credit with on-the-job training." This moves them along toward their master's degree within the structure of the job. They also appreciated not having to purchase a book and being able to download articles from the Internet. Even with these advantages, some still reported strain with pressure from their job and with their supervisors regarding the time and effort this course required.

In summary, initial assessment of the impact of the curriculum indicated that child welfare workers who had taken the course increased their knowledge of substance abuse and mental illness significantly. They found the content applicable to casework practice and mostly appreciated how the course was structured and delivered to meet

demands on their time. Although analyzing data from a course evaluation may have some shortcomings—not all students may be willing to say what they think --- the data analyzed did cover a wide range of comments in several domains and did produce some noteworthy insights into how the credit for learning approach was experienced and ways to modify it for its implementation in the future.

### Conclusion

In this paper, we have discussed how one state's continuing education and professional development program partnered with its state universities to prepare the child welfare workforce to address clients' substance abuse and mental illness problems. The partnership jointly developed specific curriculum focused on increasing child welfare workers' substance abuse and mental health assessment and case management skills. This experience suggests that agency-university partnerships can play a critical role in meeting emerging professional development needs of the child welfare workforce. In these times of increased complex problems, limited funding and resources, partnerships as the one described here can be an effective way to prepare the workforce to meet current and future needs of children and families.

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## Model for Increasing Substance Abuse and Mental Illness Knowledge

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